3rd FOHNEU Congress
Connecting Minds
-Sharing the Vision

YHDESSÄ ENEMMÄN

Finlandia Hall
September 25th – 27th, 2003
Helsinki Finland

Finlandiatalo
25 – 27.9.2003
Helsinki Finland

THE BOOK OF ABSTRACTS

TIIVISTELMÄT

FOHNEU
The Federation of Occupational Health Nurses within the European Union

STTHL
Suomen Työterveyshoitajaliitto – Finlands Företagshälsovårdareförbund r.y.
The Finnish Association of Occupational Health Nurses (FAOHN)

Welcome to Helsinki

It is with great pleasure we welcome you to Helsinki; often referred to as the "Pearl of the Baltic" and known for its impressive architecture, wide boulevards and beautiful harbor. We also warmly welcome you to the 3rd FOHNEU Congress and hope that it will be a time for both work and pleasure.

The Congress has been organised in close collaboration between FOHNEU and the Finnish Association of Occupational Health Nurses (FAOHN). The theme: **"Connecting Minds – Sharing the Vision"** is the result of a "brainstorm" at the FOHNEU board meeting in London in autumn 2002. The education group of FOHNEU has had an active part when setting up the program while the FAOHN has been in charge for the practical arrangements.

The Federation of Occupational Health Nurses within the European Union (FOHNEU) was established in 1993. This means, that the 3rd FOHNEU Congress also is the occasion to celebrate 10 years of European collaboration. It is through sharing of knowledge and experience, close networking and collaboration, that FOHNEU and we as OHNs, will become stronger and be able to comply with the aim in the FOHNEU constitution: to raise the profile of Occupational Health Nurses within the European Union.

On behalf of the Organising Committee

Anne Boström

Tervetuloa Helsinkiin

Luentopäivätyöryhmällä on ilo toivottaa Sinut tervetulleeksi Helsinkiin – Itämeren helmeksi kutsuttuun pääkaupunkiimme. Samalla toivomme, että käsillä oleva FOHNEUn kongressi olisi sekä antoisa että virikkeitä tuova.

Kongressi on järjestetty läheisessä yhteistyössä FOHNEUn ja Suomen Työterveyshoitajaliiton kanssa. Teema: **Yhdessä enemmän** syntyi FOHNEUn valtuuston aivoriihen tuloksena, FOHNEUn koulutustyöryhmä on osallistunut aktiivisesti ohjelman rakentamiseen ja suomalainen työryhmä on vastannut käytännön järjestelyistä.

The Federation of Occupational Health Nurses within the European Union (FOHNEU) perustettiin vuonna 1993, joten kongressin aikana juhlistetaan myös eurooppalaisten työterveyshoitajien 10 – vuotista yhteistyötä. FOHNEUn yhtenä tavoitteena on nostaa työterveyshoitajien arvostusta Euroopassa; tähän tavoitteeseen pääsemiseksi tarvitaan tiedon ja osaamisen jakamista, verkostoitumista sekä yhteistyötä – yhdessä tekemistä ja vaikuttamista.

Luentopäivätyöryhmän plsta

Anne Boström

General Information		**Info**	
Registration	1st floor	Ilmoittautuminen	1 krs
Meeting point	1st floor	Kohtaamispaikka /taulu	1 krs
Sessions	3rd floor	Luennot	3 krs
Lunches & Coffees	2nd floor	Lounaat & Kahvit	2 krs
Exhibition	2nd floor	Näyttely	2 krs
Poster Presentations	1st floor	Poster Näyttely	1 krs
Exhibition open all day Thursday - Friday		Avoinna koko päivän torstai - perjantai	
Presenters present		Posterin esittäjät paikalla	
Thursday 25.9.	12.45 – 13.30	Torstai 25.9.	12.45 – 13.30
Friday 26.9.	12.45 – 13.30	Perjantai 26.9.	12.45 – 13.30
The best Poster will be awarded		**Paras posteresitys palkitaan**	

Reception thursday the 25th, 18.00 – 19.30

City Hall, Pohjoisesplanadi 11-13

Helsingin kaupungin vastaanotto torstai 25.9
Klo 18.00 – 19.30
Pohjoisesplanadi 11-13

Congress Dinner Friday the 26th, 20.00 –
Restaurant Pörssi
Fabianinkatu 14
00100 Helsinki

Juhlaillallinen perjantai 26.9. klo 20.00 -
Restaurant Pörssi
Fabianinkatu 14
00100 Helsinki

ORGANISING COMMITTEE/ LUENTOPÄIVÄTYÖRYHMÄ

Anne Boström
Pia Donoghue
Tuula Leppänen
Anders Lindqvist
Maija Marjamo
Hanna Pelkonen

FOHNEU EXECUTIVE OFFICERS

Julie Staun, President (Denmark)
Anne Boström, Vice-President (Finland)
Bonny Jansen vd. Wolf, (the Netherlands)
Dirk Vermeulen, Treasurer (Belgium)

Thursday 25.9.

Room I **Opening Ceremony**

Chairpersons Anne Boström and Maija Marjamo

Ms Anne Boström
President of the Organising Committee, FOHNEU Vice-President

Ms Liisa Hyssälä
Minister of Health and Social Services
Ministry of Social Affairs and Health

Ms Julie Staun
President of FOHNEU

Ms Birgitta Tarvainen
President FAOHN

Room I **Health Promotion and Health Programmes**

Chairpersons Bonny Jansen van de Wolf (the Netherlands) and Arja Pasanen (Finland)

Friday 26.9.

Room II **Psychosocial Risks and Stress / Free Paper Session**

Chairpersons Bernadette Jackson (the United Kingdom) and Eeva Himmanen (Finland)

Sickness Absence and Work Ability / Free Paper Session

Chairpersons Jean – Baptiste Deasy (Ireland) and Anders Lindqvist (Finland)

Saturday 27.9.

Room I **New Approaches and Closing Ceremony**
Best Poster Award

Chairpersons Julie Staun (Denmark) and Kirsti Herlin (Finland)

Torstai 25.9.

Sali I **Päivien avaus**

Puheenjohtajina Anne Boström ja Maija Marjamo

Anne Boström
Luentopäivätyöryhmän puheenjohtaja

Valtiovallan tervehdys
Peruspalveluministeri Liisa Hyssälä

Julie Staun
FOHNEU puheenjohtaja

Birgitta Tarvainen
STTHL puheenjohtaja

Sali II **Konsultatiivinen työote**

Puheenjohtajina Pia Donoghue ja Hanna Pelkonen

Perjantai 26.9.

Sali I

Puheenjohtajina Pia Donoghue ja Hanna Pelkonen

Puheenjohtajan tervehdys
Terveyden edistäminen tänään?
Työkyvyn heikentyminen; kognitiivisten häiriöiden erotusdiagnostiikka
Neuropsykologinen työkykyarvio: milloin ja miten?
Työelämän koveneminen ja työterveys-huollon rooli ahdistuksen säilöjänä

Liittokokous

Lauantai 27.9.

Sali I Uusia tuulia ja päivien päätös
Paras Poster- palkinto

Puheenjohtajina Julie Staun ja Kirsti Herlin

NÄYTTEILLEASETTAJAT **EXHIBITORS**

Paikkanro	Yritys / company
1	Pfizer
2	Tamro MedLab Oy
3	Cederroth Oy
4	Danalink Oy
5	Teletekno Oy
6	VITA-Terveyspalvelut Oy
7	Oriola Oy Sairaalaväline&Prolab
8	Sosiaali- ja terveysministeriö, työsuojelu
9	Oy Verman Ab
10	Suomen Sterisol Oy
11	Orion-yhtymä Oyj Orion Pharma
12	Unilever Bestfoods
13	Oy Sankyo Pharma Finland Ab
14	Hengitysliitto Heli ry
15	Kuulonhuoltoliitto ry
16	Suomen Diabetesliitto
17	Suomen MSD Oy
18	Walopalast Oy
19	Oy Pharma Nord Ab
20	Valio Oy
21	HemoCue Oy
22	Algol Oy
23	Oy Leiras Finland Ab
24	Entomed
25	Semper/Oy Arla Foods Ab
26	E. Virta & Co Oy
27	GlaxoSmithKline
28	Schering-Plough Oy
29	Instru Optiikka Oy
30	Oy NHS-Nordic Health Systems Ab
31	Kaukomarkkinat Oy
32	Suomen Sydänliitto
33	Roche Oy
34	Silmäasemat Marketing
35	Siuntion Kuntoutumiskeskus
36	Tampereen SK-Tukku Oy/Tammed
37	In-Ilo Tmi/Inkeri Juutilainen
38	Haikon Kylpylä ja Kuntoutumiskeskus
39	Orion-yhtymä Oyj Noiro/Lumene
40	Margariinitiedotus (to)
40	EFG Toimistokalusteet Oy (pe)
41	Janssen-Cilag
42	Pro Mama

Last name: Atwell **First name:** Cynthia

Occupation: Occupational Health Consultant, Staffordshire, England

Institution /Company:

BODY MAPPING

'Body Mapping' is an aid to identifying health problems being encountered in the workplace. It was first developed, and has been successfully used in Canada by the Trade Unions, Researchers and Academics, and was first used in the Casino Industry.

Workers 'map' the part of the body where they are having problems and patterns and trends in ill health can be identified

Objective

The purpose of this paper is to provide information on 'body mapping' and to encourage occupational health nurses and other professionals to support this initiative by providing guidance and advice on the interpretation of results. Body mapping may also be used as a research tool by professionals to help them identify potential workplace health problems.

Method

The paper will outline the process of body mapping and introduce 'hazard' and 'my world' mapping. It will also highlight the need for the process to be managed and the results analysed, to ensure the validity of the findings. Case studies will be used to demonstrate how it has been successfully used.

Conclusion

Body mapping is an effective way of gathering information about health problems and is a form of 'Participatory Action Research' (PAR) The primary goal of PAR is to improve working conditions and encourage workers to take part in this process.

In order for body mapping to be successful the process must be managed, and workers will need to be given guidance and support by occupational health professionals, and the results properly analysed.

Notes / muistiinpanoja:

Last name: Bakker **First name:** Marja

Occupation: Occupational Health Nurse/ Work & Organisation Professional in Occupational Health

Institution /Company: Bakker Partner in Arbeid & Organisatie

EXPATRIATES AND FREQUENT FLYERS HEALTH PROGRAM AT UNIQEMA GOUDA

Uniqema is an international chemical company with many business travelling and a Member of the ICI Group.

Content: Health program used for all Expatriates and frequent Flyers

Method used:

All expatriates and family, who are send abroad and those who fly overseas to Tropics, Eastern Europe and Russia > 3 times a year.
Each employee gets a medical assessment yearly, before departure, and after return.

- Travellers receive a person medical file.
- Availability of consultation from a doctor in the Harbour Hospital in the Netherlands,24 h/day.
- Repatriation to the Harbour Hospital quaranted.
- Information about lifestyle, food, hygiene,vaccination and malariaprophylaxis is given to each employee and in groupsession.
- Travellers receive a medical kit with covering note.
- Close workrelationship with the Travel Clinic from the Harbour Hospital Rotterdam, specialized in tropical diseases.

Results: No Travel Related Diseases

Conclusion: This Health Program is a good example from the Safety Health and Enviroment policy of Uniqema , which has SHE as a high priority.

Notes/muistiinpanoja:

Last name: Daniels **First name:** Rudi

Occupation: Occupational Health Nurse

Institution /Company: IDEWE, External Service for Prevention and Protection at the Workplace - Belgium

THE OCCUPATIONAL HEALTH NURSE: TEAM PLAYER IN RISK MANAGEMENT ROLE OF THE OHN IN WORKPLACE RISK MANAGEMENT IN SMALL AND MEDIUM-SIZED ENTERPRISES

Modern Occupational Health Nurses' roles are very diverse. Their responsibilities have expanded immensely to encompass a wide range of duties. During this congress, I pick up one of them: risk management. Legislation in Europe is increasingly being driven by a risk management approach. This is why OHNs must be well-trained in risk assessment and risk management practices. To make a difference, we will have to make sure that we keep on top of the developments and trends in this area of knowledge and competence.

A few years ago the Belgian government created a new framework in respect of occupational safety and health. 'Occupational well-being' was redefined and nowadays it's covering the following areas: medical surveillance, occupational safety, occupational health, occupational hygiene, ergonomics and psychosocial aspects at the workplace.

IDEWE, the largest multidisciplinary external prevention service in Belgium is able to provide services in all these fields. Its 511 professionals address issues relevant to the practice of occupational health and safety in more than 34.000 companies in the private and public sector, covering almost 550.000 employees. Interesting to know is that approximately 90% of the affiliated employers has less than 20 employees.

Every day we face the challenge to support them with a wide variety of services, starting with the recognition and definition of the occupational health care needs at the workplace and proceeding gradually with the implementation of preventive measures corresponding to these needs. It also means that our group of OHNs has an important role to play in workplace health and risk management, since these 'frontliners' visit the majority of the small and medium-sized enterprises (SMEs) and conduct the initial and periodic workplace surveys.

Every international meeting on occupational health and safety dwells on the need of a specific approach for SMEs. What is our experience? How does IDEWE approach SMEs?
I focus on the initial and periodic workplace surveys carried out by our group of OHNs and on another practical tool that we have developed.

Questions to be raised: what is the purpose of the workplace surveys that we conduct? What types of hazards do we look for? How do we make the information available to employers and employees?

The important discussion nowadays is: external prevention services are meant to serve SMEs... Do they reach SMEs (then I mean the number of companies affiliated and surveyed), what is the range (the impact, the extent of what happens as a result of our interventions), does the external prevention concept make sense for SMEs?

A customer satisfaction survey has led to the conclusion that external prevention, when properly organized, leads to the general satisfaction of the companies taking advantage of the concept, whatever their size is. Due to the efforts of a multidisciplinary team of which the Occupational Health Nurse is part of.

Notes / muistiinpanoja:

Last name: van Gaalen-Mulder **First name:** Pieteknella

Occupation: Occupational Health Nurse

Institution /Company: Uniqema, The Netherlands

EXPATRIATES AND FREQUENT FLYERS HEALTH PROGRAM AT UNIQEMA GOUDA

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Notes / Muistiinpanoja:

Last name: De Groot **First name:** Mirjam

Occupation: Occupational Health Nurse

Institution /Company: Dutch association OHN (BAU)

ENCOURAGING INNOVATIVE HEALTH AND SAFETY APPROACHES AT THE WORKPLACE

Special approach of preventive care in agricultural sector.
Agreements are made with the three parties involved: the employers, the employees and the public authorities to arrive at a means of diminishing physical and spiritual burdens.
Concrete agreements are made how to diminish sickness absenteeism and work related injuries. The following methods of arriving at these goals are discussed: RAE, support to individual industries, company or business projects for education and training and providing manuals.
For these projects, practical examples will be given for a few sectors.

Notes / muistiinpanoja:

Last name: Heikkinen **First name:** Anne

Occupation: MNSc, Occupational Health Nurse

Institution /Company: Pulssi Medical Centre, Finland

DIVORCE IN MAN´S LIFE – HAS IT INFLUENCE ON THE ABILITY TO WORK?

AIM: The ability to work is widely studied from different viewpoints (for example biomedical, working environment, professional skill and social support), but any research about what influence a private life crisis may have to the ability to work was made. This study was designed to describe males´ experiences of the ability to work during the divorce process. The ultimate aim was to consider the ability to work widely including whole individual life.
METHOD: In this study the the ability to work was considered as subjective well.being, role mastery of working and well-being in relationship. The study-tasks were: 1. How do men describe their subjective well-being during the divorce process? 2. How do men describe their role mastery of working during the divorce process? How do men describe their well-being of relationship during the divorce process? The material was collected in autumn in 2001 and the study method was semi-structured interview. The data interpretation was based on inductive content analysis.
RESULTS: The results showed that the divorce process had an influence on the ability to work. Because of delicacy of the subject the self-esteem got worse and the men had high threshold to look for help. In future we have to develope the occupational health service to have competence to help clients in different kinds of life situations, make it easier to get help and take into consideration men´s opinions of competent care. Occupational health service can by an education encourage the superiors and the whole work community to speak also about these delicacy subjects, as divorce.

Notes/muistiinpanoja:

Last name: Jyrkinen **First name:** Marja

Occupation: Occupational Health Nurse, MNSc

Institution /Company:

FINNISH NURSES´ DESCRIPTION OF CARING IN THE OCCUPATIONAL HEALTH CARE

Introduction: The aim of this study was to describe the subjective caring experiences of nurses who work in occupational health care. By describing these experiences it is possible to increase our understanding of day-to-day realities of contemporary nursing.
Material and method: The research is qualitative in nature and the approach of this study is phenomenological. The material for this study is based on nonstructural interviews with seven occupational health nurses and the researcher´s own study journal. Phenomenological method is inductive, dynamic and in this study it is based on Rauhala philosophy. The research get its´ shape from research material. Van Kaam´s method of analysis was used to group and name important issues raised by the study on the research material.
Results: The caring experiences described by the occupational health nurses were classified into following groups: collaborative relationships, prevention and nursing sick persons and multidisciplinarity. These three groups describe the phenomenon of caring in occupational health care.
Conclusions: According to the research caring in occupational health care based on collaborative relationship between nurse and client, nurse and enterprise. Nurses cared workers holistically and relationship was confidential and humanly. The work was often influenced by acute need of either an individual client or a working community. Community-based caring has replaced caring based on needs of the individual. In their opinion the changes taking place in caring were partly induced by the changes occuring society, working life and in individual personal lives. Mostly caring was planned over long houl systematically and objectively. The focus of the caring was in prevention. Nurses liked to go around working places and see workers in their work. Nurses worked in the broad multidiciplinarity team. Experts didn´t have always shared main principles. When the team worked well, it was a resource to the whole occupational health care team.

Notes / muistiinpanoja:

Last name: Lavelle **First name:** Bernadette

Occupation: Occupational Health Nurse for the Irish Civil Service

Institution /Company: Irish Civil Service

ABSTRACT

The Department of Public Enterprise (DPE) in the Irish civil service provide a health promotion programme for their employees on an annual basis in the workplace. In 2001 five hundred and seven employees were invited to attend the programme, which took place in three work locations in Dublin city centre, Ireland. The talks/presentations were timed to coincide with coffee breaks in the mornings and tea breaks in the afternoon. Tea, coffee and scones were provided for the participants at the locations and employees were allowed time of work to attend. The programme was reviewed by the DPE in 2002 and included an evaluation survey of the whole population who were invited to attend by the author, who is an occupational health nurse for the civil service.

A framework for the study emerged from a review of the literature and various studies on health promotion, their methodologies and any gaps found in the studies.

The aim of the study was to evaluate the health promotion programme for employees run by the DPE in 2001.

A questionnaire, designed by the researcher, was used to collect the data. The respondents were asked to rate the topics delivered in the programme, suggest topics for future programmes, list life style changes following the programme and rank the roles/functions of the Occupational Health Department (OHD), all of which were compared by age, gender, grade and location of employees within DPE.

42% (n-214) people replied giving a significant high rating for the programme with healthy eating and stress management being rated the highest topics. Lifestyle changes were reported by almost half of the attendees equally across both genders. The middle grades and the middle age group 36-45 years found the programme the most beneficial. Non-attendance was due mostly to work commitment. Occupational health education and medical screening were ranked as the most significant roles of the OHD.
Recommendations include consultation with employees prior to future programmes; inclusion of the topics suggested in the survey for future programmes and an input from the OHD on health promotion with regards to occupational and general health.

Notes / muistiinpanoja:

Last name: McFadzean **First name:** Mary

Occupation: Organisational Health Manager

Institution /Company: HBOS plc, U.K.

UP-SKILLING HR TO MANAGE THE CAUSES OF ABSENCE

Objectives:
To up-skill Human Resources in managing the non-medical causes of absence
Better management of absence by categorising it as ad-hoc (no underlying cause) short term (underlying cause) and long term.
HR/Managers going directly to GP's/Specialists and requesting information only associated with ability to return to work.
Making adjustments at work as soon as possible to enable people to return from long term absence.
Getting managers at a local level to pay for treatment where NHS wait times prevented the person from returning to work.

Methods:
The project ran from July to December 2002 and covered a headcount of 6000. Training and on-going support was provided to HR and emphasis was placed on the management of social and work related problems in-house. Triggers of >20 days were used to identify people with long term absence and over 4 occasions in a 12 month period for those with short term absence. All people meeting these triggers would be entered into the project. Active rehabilitation of employees was encouraged by implementing reasonable adjustments for all underlying causes, not just health. Accessing medical advice was only requested where there was a clear underlying health problem. Where medical advice was required, HR would request it via standard letters produced by Organisational Health. The letters to GP's and Specialists included information on what the business had done already, to identify the route cause of the problem, work, social, health related and the reasonable adjustments that had been put into place to help the person. Two areas of the business were involved-branches and processing centres. For branches the project group was split into two- one where the intervention took place and the other which acted as a control. The two groups were matched for size,work type, absence data etc. Absence data was collected and analysed pre and post the project .The analysis of data involved comparisons of direct salary costs and days lost taken from the software system SAP.

Results:
In summary the results showed:
Cost saving of £880,000 for headcount of 6000. If applied to the whole of the Retail network this would have resulted in over £1mill savings.
Overall days saved 21,400
Significant impact on short term absence. All project areas made a saving resulting in a third reduction in costs over 2001
Less impact on long term absence.

Conclusion
A model of attendance management which concentrates on the up-skilling of Human Resources by Occupational Health is successful. Traditionally, Occupational Health have not played an active role in reducing the costs associated with absence, particularly short-term absence. This project demonstrates that we can add value by educating Human Resources in identifying the non-medical from the medical causes of absence and seeking solutions "in-house" to tackle the problems.
Human Resources were able to access simple advice from GP's/Specialists as to the fitness of employees for the role, particularly where it had been made clear that reasonable adjustments had already been put into place.
The project was less successful in the management of long term absence. This was because: 1. NHS wait times delayed the return to work process. 2. It is difficult to gain impartial medical advice from **GP's/Specialists acting as patient advocates on behalf of the NHS 3. The longer people are away from work the more difficult it becomes to rehabilitate them back into their normal duties.**

Outcomes:
The business are now considering the adoption of a model of attendance management which combines the up-skilling of Human Resources colleagues into case manager roles, plus the purchasing of external medical advice.

It is intended that we recruit one case manager per business area who would act as the "influential peer" for their colleagues on all issues of absence management. This case manager will receive updates from Organisational health on a quarterly basis as to how best to tackle the medical and non-medical causes of absence.
This initiative should keep the momentum going in terms of addressing absence on an on-going basis.

In addition a pilot will be carried out in one part of the business to establish the return on investment that can be achieved by using private specialists. Colleagues absent for over 7 days with a psychological or musculo-skeletal problem will be referred into a third party case manager programme. A cost-benefit analysis will be carried out and if the person is able to return to work sooner, with treatment, the company will fund.The Specialist networks chosen to provide the service will be particularly skilled in the rehabilitation of employees back into work and this will be their primary objective. We are confident that the reduction in length of absence by using such a model will reduce our absence costs still further.

Muistiinpanoja / Notes:

Last name: de Meersman **First name:** Maria

Occupation: Occupational Health Nurse

Institution /Company: KBC Bank, PMD- Medische Dienst, Belgium

LIPOATROPHIA SEMICIRCULARIS: REPORT OF 1000 CASES IN BELGIUM

Our story is a remarkable one, In the spring of 1995, a total of 1100 employees of our bank company moved to our new office building in Brussels. In June of 1995, lipoatrophia semicircularis (Ls) was found for the first time in some women. Six months later as many as 135 persons were recorded and at time of writing, nearly 8 years later, we registrated more than 1000 cases. Also in our local bankoffices and in other companies the problem appears.

Typically the lipoathropic zone is localised anterolateral of the thigh, 72 cm from the floor, measured by a patient wearing his shoes. This 72 cm is also the standard height of our office furniture. The lesion could be uni- or bilateral and has a lenght between 5 and 20 cm, a width of about 2 cm and a depht of 1 to 5 mm. The skin remains intact.

During the last 8 years a large-scale technical research project was carried out but we are still searching for the solution.

Notes / muistiinpanoja:

Last name: Minshell **First name:** Caroline

Occupation: Regional Occupational Health Advisor

Institution /Company: BP

Co presenter: Christina Butterworth
Occupation: Occupational Health, Safety & Security Team Manager, BBC

BP AND BBC (UK) PERSPECTIVE ON MANAGING HEALTH IN EMERGENCY SITUATIONS. LESSONS LEARNT FROM RECENT INVOLVEMENT IN EMERGENCY SITUATIONS OVERSEAS.

Introduction
The World has witnessed dramatic events recently that heighten our awareness of these as individuals and nations and impact upon the business we conduct. Emergency planning is an important component of occupational health management and ever more apparent now. However, health often tends to be overlooked in business emergency and contingency plans.

This presentation will outline:
The differences and synergies of BP's and the BBC's emergency medical processes and client base, using real and recent events.

BP is an energy company with operations all over the globe often in remote and hostile environments thereby creating ever more challenging issues for health management.

The BBC is a public sector broadcaster using televisual, radio and electronic media to inform, educate and entertain its audiences. BBC staff operate in premises and on productions all over the World including hostile and remote locations.

BP – Leading up to the event
- Assessment of and arrangements for primary, secondary, emergency and occupational health care
- Preparation of business travellers and families going on assignment (expatriates)
- Emergency planning that includes provision for medical emergencies
- Medical evacuation and/or repatriation
- EAP services and PTSS counselling

Practical application of emergency planning will be illustrated in the relocation of BP employees and families from two countries, and experiences of the BBC in relation to sending correspondents to report on emerging situations.

The BBC during the emerging situation
- Correspondents living locally or visiting.
- In country logistics – people, equipment, communication
- Health risks and health care
- Contacts in the UK
- Archive footage.

BP – during and following the event
- Supporting national and local employees, those left behind
- Re-locating expatriated families
- Re-expatriating families to the affected country/area
- Re-establishing health care and support services after the event
- Open communication between all those affected

The BBC – following the event

Conclusion

Our role as occupational health practitioners is to advise our businesses and employees accordingly in preparation for any transition process due to potential events that may compromise the health of our employees and local communities where we operate.

Learning objectives

- Sharing BPs' and the BBC's processes for remote and emergency health planning
- Sharing lessons learnt from recent events
- Exploring health management in hostile and remote locations
- Assessing health facilities and services including the consideration of their ability to stabilise medical and trauma conditions and integrate treatment with medical evacuation services and referral elsewhere
- The importance of psychological support services
- Consideration of cultural differences and diverse infrastructures

Muistiinpanoja /Notes:

Last name: Naumanen-Tuomela **First name:** Paula

Occupation: Researcher, PhD

Institution /Company:

THE BASIC ELEMENTS IN OCCUPATIONAL HEALTH NURSING

Aims: The purpose of this presentation is to describe the basic elements in occupational health nursing. The exact aims were to describe the central nursing concepts, principles as well as working models and methods in an expert occupational health nurse´s work.
These elements were based on dissertation study concerning the expertise of occupational health nurse in 2001.
Methods: The data were collected from five sources in 1999-2000. The first of these comprised 20 international articles concerning the expertise and work of occupational health nurses. The data were analysed using Rodgers´s evolutionary concept analysis method. The second data was essays handwritten by occupational health nurses (n=20). The third data was e-mails from occupational health nursing teachers (n=4) in four polytechnics and from researchers (n=5) working in four Finnish Institutes of Occupational Health. All of them had earlier worked as occupational health nurses. The fourth data consisted of employees´ interviews (n=26). All of these three qualitative sources of data were analysed by content analysis. On the basis of these four qualitative data analysis, a questionnaire with structured and some open-ended questions were created and, following two pre-tests, sent to occupational health nurses (n=468). The questionnaire was returned by 80% of the nurses (n=373). The quantitative data were analysed statistically and the qualitative data were analysed by content analysis.
Results: The central nursing concepts are human, health, nursing intervention and nursing environment. In occupational health nursing, human means a worker, employee, employer or occupational health client. Health was linked to human who has no health problems or health threats. Also working ability, mental strength, holistic welfare and productivity were connected to health. Nursing intervention meant health promotion including preventive activities, working ability maintenance, holistic action, councelling and informing both in individual and in group levels. The health promotive action was focused on workers and workplaces as well and it was implemented both worker´s and nurse´s environments. The principles of nurse´s work were reliability, ethics, neutrality, holisticity, client-centredness and health promotion. As working models were found client-centred, community-centred and holistic action as well as multiprofessional and multiscientific approach. Nurse´s used as their working methods health checks, workplace vivits, nursing, negotiation, councelling, informing, education, consulting, co-operation, group, project and team work, measuring and testing. They also listened, discussed, supported, motivated and activated their clients in order to promote their health.
Conclusion: It is important for occupational health nurses to dvelope their working methods by continual education and training in such areas as research, information technology, consulting, councelling, interaction, relationships, quality assurance, marketing, and working ability maintainance. Nurses should also visit more in their client workplaces and work more close with their clients in order to contribute to prevent possible health threats.

Notes / muistiinpanoja:

Last name: Peurala **First name:** Marjatta

Occupation: Researcher

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THE IMPORTANCE OF COOPERATION IN PROMOTION OF WORKERS´ WELL BEING

OBJECTIVES: The purpose is to evaluate the processes to improve employees` well being at the workplaces in social and health care organisations. The aim is to investigate the cooperation between the different parties, and especially the role of occupational health personnel in this cooperation.

MATERIAL AND METHODS: Social and health care organisations from six municipalities participate in the study. The data will be comprised of minutes of joint seminars, meetings within the organisations, minutes of visits made by researchers, diaries of communications, structured interviews of representatives of pilot-organisations, occupational health personnel, safety organisations as well as personnel management. Also other data about well being at work collected by organisations themselves will be used. The project evaluation applies the CMO
(context, mechanism, and outcome) model of realistic evaluation.

RESULTS UNTILL NOW: The OH-units have developed their working methods and tools to measure workers´ well being, the organisations have had possibility to benchmark their activities and establish network of well being actors. Also the cooperation at the workplaces has increased between different parties.
CONCLUSION: It seems obvious that the possibility to meet and discuss about shared concerns is a useful tool for learning new methods in health promotion at the workplaces.

Notes / muistiinpanoja:

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A HEALTH AND SAFETY MANAGEMENT SYSTEM CARRIED ON BY NURSES
- an Innovative Approach in a Banking Organisation in Portugal -

Ferin Cunha M.C.(1), Guimarães E. (2), Rasteiro M. (3)

OBJECTIVE: To develop a new integrated approach of health and safety by nurses in a big company in Lisbon
METHODOLOGY: On demand of the company's administration the Certificated Public Health / Occupational Health Nurses carried on a study based on their practice in place (ten years)
RESULT: On going

The new directives from the International Labour Office (ILO) mention the necessity of creating a System for Workplace Health and Safety Management which should involve partnerships, commitments, workers participation, continous improvement, evaluation (audit,research), integration and revision of the management process.
This culture must be shared by employers and employees.

In Portugal, new orientations stimulate organizations to be able to cope continuously with Health and Safety challenges in work and to give efficient answers through dynamic management strategies.
The specificity of the Occupational Health Nurse's view results from the holistic perspectives inherent to her/his practice, studying the characteristics of the client, family, group and community, with a continuous, precise and global analysis of the relations of space and time in a systemic approach of reality.
Now emphasis of Occupational Health Nursing is on an autonomous decision, an independent performance, and an analysis and research capacity, on health promotion, on accident and disease prevention and on the workplace safety and health management.
In order to create added values with small financial investments this project previews the use of new technologies, which will give a new appliance to human and technical resources. A new way of looking and organizing the Health and Safety in the company is proposed with the commitment of all employees, leaders and employers.

Notes / muistiinpanoja:

Last name: Saarelainen **First name:** Oili

Occupation: Occupational Health Nurse

Institution /Company: Finnish Sports Institute, Vierumäki, Finland

EFFECTS OF A 12-MONTH EXERCISE INTERVENTION ON MENTAL HEALTH OF THE EMPLOYEES IN SMALL FINNISH COMPANIES.

SAARELAINEN O. (1), VASANKARI T. (1,2)
(1) Dep. of exercise medicine, Sport institute of Finland, Vierumäki, Finland
(2) Dep. of physiology, University of Turku

Introduction: Stress among employees has increased during last decades. Work is often more demanding mentally than physically. Regular physical activity improves mental and physical health and effects positively to workability.
The aim of this study was to evaluate the relationship between 12-month physical exercise intervention and mental health measured by Occupational Stresses Questionnaire (OSQ).
Methods and design: We investigated the effects of 12-month exercise intervention on stress, physical fitness and weight in 166 employees (71 women, 95 men); both blue-, and white collar occupations. We hypothesized, that increasing physical activity would decrease symptoms of stress and increase physical condition and health. The stress level was measured by parts of OSQ, using sum points. The subjects completed a 12- month exercise intervention, during which, they were studied 4 times (0-, 4-, 8- ,12-mo). The exercise program was tailored individually based on the baseline test of physical fitness. Supervised exercise sessions were held 2-4 times per month.
Results: There were no differences in results between gender and occupation. During the 12-mo intervention stress and psychological symptoms decreased ($p<0.001$). These decreases were greatest in subgroups, which had the greatest symptoms at baseline (0-mo)
Conclusion: This study strengthens the evidence that increasing physical activity can be used to prevent stress and to improve mental health. People with the lowest mental health (by sum points of OSQ) at the beginning of the physical intervention had the greatest benefit of it.
Key words: exercise intervention, stress, mental health, and physical fitness

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Last name: Staun **First name:** Julie M.C.

Occupation: Manager, Occupational Health Service

Institution /Company: Haldor Topsoe Concern

HEALTH PROMOTION INTERVENTIONS FOR INDUSTRIAL SHIFTWORKERS

AIM: To develop and implement"help to self-help" strategies, to reduce the negative influences of shiftwork on the industrial employee.

METHOD: On the initiative of the OHS, work groups were set up to discuss solutions for improvements for shiftworkers within the following areas: Senior Policy, Communication, Nutrition and Psychosocial care. The groups comprised of a cross section of the organisation and management, and included managers, safety representatives and shop stewards. The OHS is co ordinator of the project.
A questionaire consisting of 84 points to establish the level of communication /level of interest was sent to 217 shiftworkers. Response rate was 90%. Strategies for improvement were implemented and a control investigation has been carried out. The 3 existing canteens have been relaunched as attractive restaurants. Focus is on nutrition and well being.

RESULTS: A policy for senior shiftworkers has been adopted. Strategies to improve communication have been effective and the café system provides attractive surroundings and the opportunity to relax and eat nutritious food together with colleagues.

Notes / muistiinpanoja:

Last name: Staun **First name:** Julie M.C.

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Notes / muistiinpanoja:

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RISK ASSESSMENT IN GREEK HOSPITAL AREA USING TRIANGULATION, A METHODOLOGICAL APPROACH IN HEALTH CARE RESEARCH.

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(3) : ASSOCIATE PROFESSOR, Address as above

OBJECTIVES. Risk assessment in hospital area, which means the evaluation and recognition of hazards, which entails the promotion of health workers' informing in issues of health and safety in their workplace.

METHOD USED. A cross sectional study, using multiple triangulation, by different data sources (different categories of health workers, protocols of practices on health and safety in hospital area and by different methods (observation, questionnaire, measurement). Data collected are both qualitative (e.x. sex, education level on issues of health and safety, groups of health workers and their characteristics) and quantitative (measurement of doses to which are exposed health workers working with physical hazards, such as noise, temperature, humidity, lighting, radiation). TOOLS: Based on international and Greek bibliography, a tool has been developed which consists of four parts: 1.Three Inspection' s Checklists on Health and Safety Hazards (General, for Clinical Laboratory and for Operation Room)- a quantitative record -, with education guidelines for identifying hazards, 2. A Hazard Identification and Action Record sheet - a statement of where the problem occurred, defining the potential or existing problem and outlining the action is requested -, 3. A Occupational Health and Safety Hazard Bed Safety Staff Questionnaire - a tool of risk assessment around patient's bed where many work accidents occur -, 4. A staff Safety Questionnaire on Occupational Hazards - estimates the personnel's knowledge on health and safety issues.

CONCLUSION. In Greece, risk assessment in hospital area has recently started taking place. Triangulation, as a study design and research strategy, improves the possibility of the disclosure of multiple dimensions of the reality and enhances validity and reliability. Qualitative and quantitative methodologies tend to correct, clarify, expand and stimulate each other and in combined form "triangulate onto truth".

Notes / muistiinpanoja:

Last name: Verhage **First name:** Marko

Occupation: Managing Director / Advisor Occupational Health & Safety

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'NEW CHANCES AND OPPORTUNITIES! DO WE SEE THEM?

Because of amendments to the law, new insights, and European legislation regarding working conditions and absence, Occupational Health Nurses in the Netherlands are being offered new chances and opportunities.
As of April 1, 2002, both employers and employees are now more (financially) responsible for absence and reintegration because of amendments to the law. The higher the absence rate, the more time, money and energy the employer will have to spend to offer counseling to employees who were disabled.
In addition to a greater level of financial responsibility, the responsibility for absence counseling and reintegration has also increased enormously. Both employer and employee will have to be held accountable for the activities that are undertaken in order to reintegrate the employee preferably into their former job, but if necessary into a job within his/her own organization or in last instance into a job with another organization. In order to do this, structural steps have been introduced during the first year of absence that need to be taken by both employer and employee during the reintegration process. With these changes, the government hopes that companies will pay more attention to working conditions in order to prevent disablement.
The employer should not and cannot contract out these activities to external parties. The organizations' need to gain knowledge and skills in this field has increased significantly within a short period of time. The Occupational Health Nurse seems to be the most suitable person to take on this task within an organization and become the spider in the web when it comes to reintegration.

In addition to national amendments to the law, there are now also European developments that could start having an influence on the tasks of the Occupational Health Nurse. The European Court in Brussels has informed the Netherlands that compulsory affiliation for employers with the Occupational Health & Safety Centers does not fit within the strategy that gives more responsibility to the employers for their own occupational health and absence policy. Europe prefers that the employer has things in order on an internal level and that he/she hires a specialist. In many cases, the employer will then search for a relatively cheap generalist, such as the Occupational Health Nurse, instead of hiring an expensive specialist. Specialists can sometimes be hired on an as-need-basis from the free labor market.

These developments offer the Occupational Health Nurse the possibility to specialize within the field of Occupational Health Services as a reintegration specialist or case manager. However, the Occupational Health & Safety Center was and is still the familiar field of activity of the Occupational Health Nurse. In addition to the current field of activity, new work environments will be created and the Occupational Health Nurse will be able to start working as a professional generalist to support organizations on an internal level with regard to absence, reintegration and working conditions. As such, the Occupational Health Nurse in the Netherlands is offered many opportunities. It remains to be seen if this professional group has the nerve to take advantage of these opportunities.
In the past, the Occupational Health Nurses in the Netherlands has not been a professional group that is first in line when it comes to profiling itself. In any case, it is time that the Occupational Health Nurses show themselves to the market as the ideal professional generalist, which employers have been looking for or will be looking for in the future.
There is no lack of education in the Netherlands. Training programs are undergoing developmental changes and want to offer the Occupational Health Nurses the opportunity to effectively develop themselves into reintegration professionals or case managers within the field of Occupational Health & Safety Services or into professional generalists employed within an organization.

As an example I will use the current training program that is being given in Rotterdam to the Transfergroep (www.transfergroep.nl) in the Netherlands.
As of November 2003 they will start implementing a phased approach of the program. Phase 1 will consist of basic training regarding Employment, Absence and Reintegration. The stress in this phase will be on absence counseling and reintegration activities for the individual. In phase 2, the trainee will be educated to

become an Employment & Health Advisor, with the stress on working conditions, employment and absence policy at the organization's level.
Finally, Phase 3 will consist of a Master's Degree in Employment & Health, focusing on research and science.

In general, conditions are present that offer Occupational Health Nurses in the Netherlands a more important role in the Employment & Health field. However, the question is whether or not the professional group of Occupational Health Nurses in the Netherlands sees these opportunities and chances and will take advantage of them.
We have been talking about the Netherlands, but what about the rest of Europe? Apparently, Europe strives for one policy, so the Occupational Health Nurses in Europe are wondering if they too cannot be offered these chances and opportunities. Should this be the case, then it is time we all wake up and present ourselves as the most ideal specialists in the Employment & Health field that fit into the current developments.

The DESIRE is undoubtedly present, but will it also become REALITY? Between desire and reality, a lot of steps still need to be taken, so let us take on this challenge.

In my opinion, success and Europe can no longer ignore the Occupational Health Nurse.

Notes / muistiinpanoja:

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Institution /Company: The Danish Nurses's Organisation

POOR PSYCHOSOCIAL WORK ENVIRONMENT – CONSEQUENCES ?

Attractive jobs is a much discussed topic!. How do we secure attractive workplaces? How do we reduce nurses´ sickness absence, job exit and early retirement?
The purpose of the present study is to clarify strains and resources in the nurses´ working life which determinate their health and retention in the labour market.

Methods and materials: The survey is a follow-up study based on a questionnaire to 4559 nurses in Denmark. The response rate is 76,2%. The baseline was measured in March 2002. The study "Nurses´ Work Environment, Well-being and Health" is being carried out in cooperation with The Danish Nurses´ Organisation and The National Institute of Occupational Health.

Results: Sickness absence is associated with shift work, job dissatisfaction, conflicting work demand, high psychological demand, lack of social support, and a professional demand not to show feelings. The nurses want to exit the job because they do not like the unsuitable working hours and they want the possibilities of skills development. Shift work can explain 10% of the intention to exit the job. The intention to exit the job is associated with job dissatisfaction, lack of job control and social support, high psychological and emotional demand, a professional demand not to show feelings, and low management-quality.
Only 10% of the nurses intend to stay in the labour market until they are 65 years old.
The nurses quit their jobs before 65 because they want more time for leisure and family. Only early retirement at 62 is associated with job dissatisfaction, high psychological and emotional demand, and lack of information.

Conclusion: The manager can improve job satisfaction and reduce sickness absence, job exit and early retirement by introducing flexible working hours, improved balance between demands and resources, job control, possibilities of skills development, social support, adequate information and better family/work balance.

Notes / muistiinpanoja:

POSTERIT / POSTERS

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Institution /Company: Diakonissestiftelsen

EDUCATION AND PRACTICE OF OCCUPATIONAL HEALTH NURSES (OHNS) WITHIN EUROPEAN UNION COUNTRIES

The Education Group within FOHNEU (Margarida Rasteiro - Portugal, Annika Claesson and Gun Falck - Sweden, Cynthia Atwell – United Kingdom, Panayota Sourtzi - Greece and Birte Aarslew-Jensen - Denmark)

Information on current Education of Occupational Health Nurses throughout European Union countries is limited, while literature findings showed great discrepancies among countries in the past.

Aim: To find out to what extend OHNs are educated and practice under statutory requirements within EU, as well as the extent to which the Core Curriculum developed by FOHNEU has been implemented so far.

Method: A questionnaire was designed and sent to country members of FOHNEU. The questionnaire was seeking information on education and practice, such as statutory requirements, basic qualification and education of OHNs, description of existing courses regarding level, length and content of the courses, as well as information on validation of the courses, existing partnerships between countries and possibilities for grants or bursaries for nurses wishing to study occupational health nursing.

Results: There are great differences in statutory requirements for OHNs practice and education. The content, length and level are varying greatly so that comparisons are very difficult. The Core Curriculum is not implemented, not event by countries that have participated in its development. Validation and accreditation differ as well and therefore it would be very difficult to find a common basis for mutual recognition of the specialisation.

Notes / muistiinpanoja:

Last name: Aguirre **First name:** Gurutze

Occupation: Nurse

Institution /Company: Catalan Institute of Health

TERMIC STRESS ON OPEN-AIR WORKERS (I)

G. Aguirre, T. Gené, S. Hernández, I. Pascual, C. Llor, A. Gómez

Objective: To analyse the termic stress on workers who develop the majority of theirs tasks on the open air. Methods: An observational and prospective survey was set out in which activities developed in work places by means of random observations and inquiries to the workers were performed as well a comparison of metabolic consumption for each work place and WBGT index according to Yaglou and Minard. A sample of 128 workers belonging to 24 work settings exposed to sunshine in some degree was taken.

Results: The comparisons between calculated metabolic consumption and WBGT indexes indicated in Celsius degree and adjusted with table number 1 of Prevention Technical Data (INSHT) show that out of the 24 work settings analysed, 5 had a slight termic discomfort, 6 had a moderate termic discomfort and six more were located in the area of termic stress.

Conclusions: The moisture and the heavily sunshine radiation in the area of Tarragona (Spain), lead to high WBGT scores even though the outdoor temperature measured with mercury thermometers is not extreme, so the likelihood of possible termic discomfort is expected to increase several months more than expected. For instance, on September the 22nd the dry temperature was 23°C with an WBGT index of 27.8°C, indicating the need to be aware of possible situations of termic stress.

Notes / muistiinpanoja:

Last name: Aguirre **First name:** Gurutze

Occupation: Nurse

Institution /Company: Catalan Institute of Health

IMPROVING PREVENTIVE MEASURES AGAINST TERMIC STRESS (II)

T. Gené, G. Aguirre S. Hernández, I. Pascual, C. Llor, P.Espelt

Objective: To prevent the termic stress suffered by open-air workers and cooperate with company managers in the organisation and redesign of work settings likely to be at risk of termic stress.
Methods: Performance of prospective and observational surveys. Identification of 24 work settings with a moderate and high risk of termic discomfort. Analysis of preventive measures in each work setting. Explanation of specific proposals to leaders and managers of companies sensitive to these concerns.

Results: To program ergonomic timetables consisting of selective work-shifts in order to avoid a sunshine exposure greater than an hour in the period ranged from 12h-17h. with rotation of other work settings not exposed to the sunshine. To provide a water supply to the worker. To provide a health education to exposed workers in order to identify risks and to be aware of suspected symptoms.

Conclusions: **To make workers to be concerned about possible risks is as necessary as managers to be aware of possible risks avoidance.**

Notes/ muistiinpanoja:

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Institution /Company: The Hospital of Aalborg, Denmark

HOW TO DEVELOPE THE LEARNING OF THE SAFETY AND HEALTH ORGANISATION WITHIN A HOSPITAL

The poster shows a metaphor of a mind map. The mindmap shows the gains we achieve by engaging, encouraging and educating the health and safety organisation at the hospital.

Notes/muistiinpanoja:

Last name: Kesic **First name:** Hannele

Occupation: OHN Adviser, MPH

Institution /Company: : Occupational Health Service, Haldor Topsoe Concern

HOW YOU CAN REGISTER SICKNESS ABSENCE DATA?

Objectives: The National Institute of Occupational Health in Denmark has estimated the cost of sickness absence to be approximately 4,7 billion Euros yearly, which corresponds to approximately 117.000 employees staying at home every day. Workplace accidents, hazards and work-related stressors play their part in ill health and work-related absence and are estimated to be the cause of at least 33% of sickness absence.
Extensive sickness absence is also linked to early retirement from the labour market, involving long lasting economical support, indicating that the total cost is much higher than the above mentioned amount.
However, there is no national sickness absence register or a consistent method of recording sickness absence.
What is the purpose of a company based sickness absence register and how can the sickness absence be registered when there are no recommended national guidelines?

Methods: The Occupational Health Service (OHS) at Haldor Topsoe A/S has designed and implemented a systematic recording method of the employees´ sickness absence.

The aim is as follows:
The company has a continuous general view of the employees´ sickness absence.
The OHS develops statistics of the sickness absence
The system helps to identify work-related sickness absence and conditions within the company.

Notes / muistiinpanoja:

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THE HEALTH PROMOTION MODEL OF AN AGING WORKER

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ABSTRACT
Aims. The aims of this project are to find effective occupational health care services for aging employers, to develop multiprofessional co-operation and network among occupational health professionals, and to build a health promotion model of aging workers as a tool for occupational health professionals.
Methods. The data were collected from occupational health professionals (n=16) by e-mail essays in September 2002 in Northern Karelia, and analysed by content analysis. A prior health promotion model was built according to the results. It was completed and redeveloped in team sessions by discussing together with involved occupational health professionals and experts. Occupational health professionals will prove and evaluate the model in practice. The final model will be presented in the end of the project late 2003.
Results. During the project, the co-operation and network among occupational health care professionals between different units has increased enormously during the project planning process in period 1998-2001. Participants share their experiences in common sessions and keep contacts with each others in order to ask help and to solve their work problems. Also the aging workers and employers have paid more attention to toward health promotion in workplaces.
As the result of analysis, the concept of health promotion was defined as early prevention of health threats. The health promotion model of an aging worker included activities and responsibilities done by an aging worker, workplace, occupational health care professionals, and other expert organisations as well. An individual health promotion consisted of health habits, stabile way of life, education, positive attitude as well as mental, physical and social resources. Good personnel leadership was thought to be the most central in workplace health promotion. A good manager was expected to have a big influence to make possible individual work arrangements, good atmosphere, health and safe working conditions, professional education, collaboration, appreciation, listening, motivation and encouragement of workers in a workplace. The role of occupational health care system was to support workers' and workplaces' health by different methods, such as health checks, councelling, tests and measures, workplace visits, group activities, and education. Health, working ability, satisfaction, motivation, productivity and collaboration were found as the consequences of health promotion activities.
Conclusions. The results of this project can also be applied in health promotion among young worker. There is a need to develop new and effective models and working methods in occupational health care in order to help workers to maintain their health and working ability and to improve the quality and effectiveness of occupational health professionals' work.

Notes / muistiinpanoja:

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The Finnish Association of Occupational Health Nurses Helsinki(2), Diacor OHSHelsinki(3), Vaasa Ambulance Vaasa(4) Mehiläinen OHS Helsinki(5), Medivire OHS Helsinki(6), Mehiläinen OHS Turku(7), Viitasaari Local Social and Health Car Affairs Viitasaari(8). Finland

OHNS' WORK IN THE FIELD OF OCCUPATIONAL HEALTH SERVIVES (OF WORK LIFE) AND THE FINNISH ASSOCIATION OF OCCUPATIONAL HEALTH (FAOHN)

Aims: The Finnish Association of Occupational Health Nurses (FAOHN) is a trade union concerned of the professional, salary related, educational and social interests of members. The assosiation was founded in 1948. As an expert organisation it aims at developing the OHNs and promoting the employment of OHNs' expertise. The Association with approximately 2100 members acts also as a connection between OHNs, working in various fields. The aim of this paper is to describe the field were both FAOHN and OHNs work, the principles and main duties including the various collaborators.
Material: The work of OHN is based on the legislation. In the work of OHN three main principles are required: 1) Good occupational health practice (GOHP) 2) quality services and 3) good action plan, follow-up and evaluation. For implementing GOHP nurse's independent role is essential. Good collaboration and high level professional skills are needed in providing quality services. The bases of OHN's work are lying on ethical principles. Effectiveness is one of the most important targets of quality OH services. The work of OHN should improve workers' and work communities' health: workers being healthy and capable to work as well as well functioning work community and healthy and safety work environment. The main stress of nurse's duties lays on health promotion, which includes health examinations, surveillance of working environment, counselling and information, and maintaining first aid readiness at workplaces. The most important collaborators of FIOHN and OHN are: workplaces, ministries, educational and research institutes, social insurance institute, private insurance companies, labour market parties, rehabilitation institutes, insurance institution, other health care organisations and experts as well as international network organisations.
Conclusion: The work of OHN is very complex witrh broad areas to cover and several bodies to collaborate with. The work is targeted to preventive actions from holistic point of view. Legislation, good practices and quidelines as well as continuous training form the plattform of all activities. We have found it very fruitful to have an active and supportive Association that provides both professional, educational and social activities to its members. The Association also encourages the OHNs (bu its own activities) to a versatile approach and active in the field of working life, social matters as well as business life in general.

Notes / muistiinpanoja:

Last name: Rossi **First name:** Kitta

Occupation: MPH

Institution /Company: Occupational Health Services in the Nordic Countries in 2000

The aim of this study was to describe and compare changes in occupational health services (OHS) in the Nordic countries since 1990 when the first respective survey was completed. The work was based mainly on literature survey. Colleagues in each Nordic country were, however, consulted before finalising the work. The areas of the survey included legislation, administration, coverage, contents, personnel and their training, as well as financing the services. Changes had occured in each Nordic country except Iceland within most of the factors mentioned above. The legislation concerning OHS had been amended and modernised in each country. In Denmark and Norway new branches of work had been included into the obligatory services.In Finland, all branches of work had been covered by obligatory OHS since 1979. In Sweden, at the beginning of the 1990s OHS was defined in a generall way in Work Environment Act. There was an obvious trend for bigger OHS units especially in Denmark and Sweden, and Finland and Norway seemed to follow this trend. In each country except Iceland the contents of services had been expanded to include e.g., the management of the quality and the assesment of the effects of the services. In Denmark the contents and personnel of OHS differed noticeably from that in the other Nordic countries. There was an increase in the multidisciplinarity of the services, and especially more psychologists and/or ergonimic experts were working in OHS in each Nordic country. The training of the OHS personnel had been improved and modernised, too. The coverage of OHS for those gainfully employed varied from 33 % in Denmark to over 85 % in Finland.

Notes/muistiinpanoja:

Last name: Simola, M. (1), Vesterinen, V. (2), Kuusinen, P. (3),

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Institution /Company: (1,2,3) Kiipula Foundation, Kiipula Rehabilitation Centre

PERSONAL GOALS OF OCCUPATIONAL HEALTH NURSES IN OCCUPATIONAL REHABILITATION: THE RELATION TO WORK HEALTH MODEL

Background: Occupational rehabilitation of occupational health nurses has carried out in Kiipula Rehabilitation Centre since 1997. From the beginning the objectives of rehabilitation have been enhanced ability to work, greater insight of work health status and its primary causes, expanded work and life control, and adaptation to ageing and changes in work. Järvikoski & Härkäpää (1995b) have argued that preventive and environmental (e.g. working conditions) interventions should apply in occupational rehabilitation in greater extend. Simultaneously, the importance of personal goals and aspirations has become more evident in psychology (Emmons, 1992; Little, 1989) and rehabilitation (Järvikoski & Härkäpää, 1995a). The knowledge about compatibility of social trends of occupational rehabilitation and expectancies of participators of occupational rehabilitation programs is unfortunately still sparse.
Purpose: The purpose of this study is to reveal the personal goals of occupational health nurses participating an occupational rehabilitation program in the pers-pective of work health model presented by Ilmarinen (1995). According to this model work health has four dynamically reciprocal component: ageing, health status, work, and lifestyle.
Method: Subjects for this study were 26 occupational health nurses admitted to the Finnish Social Insurance Institution –financed multidisciplinary occupational rehabilitation program. Personal goals were assessed with Personal Project Inventory (Little, 1983) and each project was classified indepen-dently by two assessors in 4 categories (ageing, health status, work, and lifestyle) on the basis of content.
Results: The subjects produced total of 107 goals (an ave-rage of 4,1 goals /subject). From these 42 (39,3%) were related to lifestyle, 38 (35,5%) to work, 25 (23,4%) to health and 2 (1,9%) to ageing. Typical goals in lifestyle were: more time with family, die-ting, and exercising. Goals in work aimed at greater know-how and personal control, and clearer job description. In the health domain the subjects strived for relief of pain and other physical symptoms and greater life control. Both goals in ageing were related to seeking more personal acceptance toward own ageing.
Conclusions: Almost 75% of the personal goals were related to lifestyle (prevention) and work (environment), which is in line with social progress and demands. Despite this, taking personal goals as starting point in occupational rehabilitation is challenging both rehabilitation as system and people working in the field: former patients are now seen as an equal partners and active co-workers in planning both the objectives and means of their rehabilitation prog-ram.

Notes / muistiinpanoja:

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MASTER´S THESIS: CONFIRMATION AS A PATH TO HEALTH. A STUDY IN A CONTEXT OF OCCUPATIONAL HEALTH

The purpose of the study is to deepen the understanding of confirmation in order to support the patients on their path to health in a context of occupational health.
Background: Discussions with patients of the occupational health indicated that the bank clerks feel context-specific suffering related to experiences of not being confirmed in their worth. The theoretic perspective is based on the ontological health model created by Eriksson et al. (Eriksson, 1994). It is based on health as doing, being and becoming. The starting point is that a human being must be able to become in health to be reconciled with the suffering surrounding her at her place of work. The Basic assumption that " *Man's absolute worth is his right to be confirmed as a unique human being. Not to confirm another person's worth involves suffering*" also form the theoretical basis of this study.
The **question at issue** is the following: What do health, suffering and confirmation in a context of occupational health imply? How do health and suffering at work manifest themselves? How do confirmation and lack of confirmation at work manifest themselves? The approach is hermeneutic, according to Öhman (1997). The data has been collected partly through a literary survey a a basis for the empirical study, partly through the narratives of six informants. The data analysis was made by a study of the texts. The interpretation methods were rational interpretation, structural interpretation and existential interpretation, where the message behind the informants´ narratives has been emphasised.
The result indicated a dialectic pattern of confirmation and violation, where the informants´ narratives were interpreted in the following way: certainty, being seen and heard, nearness and being allowed to feel competent are feelings proving that the person feels confirmed in his or her worth at work. Being frozen out, uncertainty, lack of information and not being seen and heard create feelings of being violated in one's worth. Feeling confirmed gives safety, security and solidarity and being allowed to serve another human being. The person violated in his or her work is alone, insecure and unsafe and carries feelings of guilt. Safety, security, solidarity and being allowed to serve give feelings of well being. Loneliness, insecurity and unsafeness and feelings of guilt bring suffering.
The message behind the text brought out, above all, that in order for the bank clerk to have her needs answered, she must be confirmed by another important person- her work co-worker. When this happens she gets into contact with her innermost self and a becoming towards health is started, she feels herself to be valuable, competent individual, whose innermost wish is to exist for another. The important task of the occupational health nurse is to support the bank clerk to confirm her co-workers. A small gesture, e.g. a smile, a handshake or a cheerful "good morning" can help a human being to endure a hectic day at work.

Notes / muistiinpanoja:

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