

## **Occupational Health Care in Greece and Finland. The role of the Health Visitor and the Occupational Health Nurse**

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### **Abstract**

This paper aims to describe the general framework of occupational health and further to identify the role of the Occupational Health Nurse (OHN) and the Health Visitor (HV) in Finland and in Greece, respectively. The Greek and the Finnish Occupation Health Care System (OHCS) aim to prevent occupational risks and to promote employees' well-being.

The role of the OHN and the HV in the two countries is similar. HV and OHN are the core professions in the occupation health care multidisciplinary team being in close collaboration with the Occupational Physician. OHN, in Finland, works more independently, than the HV, in Greece, who depends more on the physician's decisions. In order to manage the occupational risks in the workplace, they use similar tools; the HV uses the Workplace Survey and the OHN uses the Occupational Risk Assessment Study.

By reviewing the literature, it was found that, in Greece, there is lack of literature supporting the role of HV in occupational health care, while in Finland, there are

many relevant master theses. In the future, a challenge that needs to be addressed within occupational health care, is to promote the health and wellbeing of the ageing workforce.

**Keywords:** occupational health, health visitor, occupational health nurse, public health nurse, health and safety

## **1. Introduction**

Occupational health deals with all aspects of health and safety in the workplace and has a strong focus on primary prevention of hazards [1]. According to the Luxembourg Declaration on Workplace Health Promotion in the European Union, “Workplace Health Promotion (WHP) is the combined efforts of employers, employees, and society to improve the health and well-being of people at work.” This can be achieved through a combination of improving the working environment and promoting active participation of employees, employers, and society [2].

The improvement of working conditions and the consequent reduction in the number and severity of occupational diseases and accidents, are the result of broad cooperation in the workplace [3]. Changes in society, work, life, and workplace, as well as the modern needs of business customers configure the role of Occupational Health Nurses (OHN), who are in continuous cooperation with other professionals involved in occupational health and safety services. However, OHN remains a key member of the interdisciplinary team who deals with occupational health and safety, with a clear and distinct role, which is continuously strengthened [4].

In Finland, the role of the OHN is covered by Public Health Nurses (terveydenhoitajat). A licensed public health nurse working full time in occupational

health care should be a qualified Public Health Nurse and should have passed the specialist studies in occupational health care, within two years of starting work in occupational health care [5]. In Greece, this role can be covered by Health Visitors. They have the necessary scientific knowledge and skills to design, develop, implement, and evaluate health care and health promotion programs in the context of primary, secondary, and tertiary prevention. Emphasis is placed on providing services at home, at the school, at the workplace, and more generally in the community [6, 7].

The aim of this paper is to describe the general framework of occupational health and further to identify the role of OHN and HV in Finland and in Greece.

## **2. Regulations in Occupational Health Care**

The EU Framework Directive on safety and health at work (Directive 89/391 / EEC) adopted in 1989, contributed significantly to the improvement of safety and health at work [8]. In 2004 the European Commission issued a Communication [9] on the practical implementation of the directives, namely 89/391 EEC [8] (framework directive), 89/654 EEC (workplaces), 89/655 EEC (work equipment), 89/656 EEC (personal protective equipment), 90/269 EEC (manual handling of loads) and 90/270 EEC (display screen equipment) [10-14]. Communication stated that EU legislation had contributed to instilling a culture of prevention throughout the European Union as well as to rationalizing and simplifying national legislative systems. Member States may adopt stricter rules to protect employees but their legislation must comply with the minimum standards [10].

Both, Finnish and Greek legislation aim to prevent and protect employee's health and safety. In Greece, the law obliges the employers to promote employees' health and safety. Therefore, it includes general principles concerning the prevention of

occupational risks, the elimination of occupational accidents and disease risk factors, the protection of health and safety, information, consultation, balanced participation and training of employees and their representatives [15]. Legislation of Occupational Health Care (OHC) in Finland is concerned with the prevention of work related diseases and accidents, monitoring the health of employees and their ability to work in different phases of their life, studying the health and safety of work and the working environment, and promoting work well-being [16]. Moreover, Greek legislation emphasizes the participation of employees and their representatives in implementing health and safety legislation [15]. On the other hand, in Finland the legislation emphasizes the role of the employer rather than the role of employee [17, 18].

The Greek Ministry of Labor, Social Insurance, and Social Solidarity is responsible for all issues concerning occupational safety and health at a national level. The General Directorate of working conditions and health is responsible for the Occupational Safety and Health (OSH) legislation, strategy, planning, information dissemination, education, training, and research issues [19]. The directorate of Finnish OHC belongs to the Ministry of Social Affairs and Health (MSAH). MSAH also oversees and develops legislation concerning OHC. Occupational safety and implementation of its legislation are also supervised by MSAH and the Regional State Administrative Agency (RSAA) of occupational health and safety authority. Occupational Health Services (OHS) units and its personnel are supervised by the National Supervisory Authority for Welfare and Health (NSAW) "Valvira". The NSAW and the RSAA have both similar tasks. The NSAW operates on national level while RSAA regionally [20]. In Greece, the implementation of legislation on occupational health and safety is checked by Safety and Health Inspectors who belong to the Regional or Local Labor Inspectorate "S.EP.E". All of them are supervised by the Ministry of Labor, Social Insurance, and Social Solidarity [21, 22].

Moreover, the Finnish government program emphasizes the scope, effectiveness, and quality of OHC. Preventive work in OHC should focus on maintaining and supporting the ability to work, identifying the risks which reduce ability to work, and assessing risks of occupational hazards. In addition, the government program underlines the well-functioning cooperation between OHS, employer and other areas of health care. Improving conditions for partially incapacitated employees and enabling rehabilitation as early as possible for those in need, are also a crucial part of the governmental program [16 - 18, 23, 24]. The most important values in Occupational Health and Safety are the a-priori value and pro-health mission of occupational health as justification for the development and maintenance of the occupational health system [25].

Finally, in Finland, workplaces that employ at least 20 people, must have a separate document describing workplace management practices for work ability management, tracking of the incapacitated, and early support. In workplaces with less than 20 employees, it is sufficient to describe the policy in the workplace survey report [17, 18, 26]. In contrast, this is not determined in Greece.

### **3. Services provided in Occupational Health Care (OHC)**

The most important task for the OHS is to prevent risks that may cause harm to health. In Finland, the basic method to investigate the risks and resources is the workplace survey. Its purpose is to affect and enhance work and the working environment by recommending different measures, to improve work well-being and occupational safety, and to make recommendations regarding these issues. The implementation of those recommendations is monitored in co-operation with the employer [27].

The workplace survey is the basic method in OHC. For the workplace survey, OHC needs information from the employer about work environment, personnel, work processes, occupational accidents, and sickness absentee statistics. Workplace survey usually contains the risk assessment, carried out by the employer and OHS [28]. The risk assessment and other preliminary information are gathered and the OHS team will perform a visit to the work place to observe the working conditions and evaluate the occupational hazards and the significance to health. After the visit, an official report is given to the employer with recommendations from the OHC regarding preventive work on occupational diseases and accidents and the health of employees. The workplace survey report includes information on the risk factors to health and how the employer should act to avoid or reduce these risks. It also provides the basis for health checks and includes investigating first aid readiness [29].

Occupational health care responsibilities and tasks are described in the OHC action plan [17, 18, 26]. The collaboration between the OHS and the organization as its best is continuous attendance and taking responsibility of the working conditions by the work community and by the individual employee [30]. The collaboration of these two actors is based on the OHC's action plan. The content and meaning of OHC is defined in the document called action plan. The OHC action plan is usually formed after the workplace survey and is the design for action of the OHS. Together the workplace survey and the action plan form the framework for the OHC [17].

Similarly, in Greece, the most important tool for effective management of Occupational Health and Safety risks is the occupational risk assessment study. As it is seen in Finland, it includes the identification, analysis and risk assessment in the workplace, as well as the necessary measures to prevent such risks. The conduct of this study is a legislative requirement of every employer in private or public sector, regardless of the number of employees, which is in line with Finnish legislation too. In Greece, the workplace survey is carried out either by the company's Safety

Technician and Occupational Physician or by an external partner providing occupational health services [31], while in Finland, it is carried out by OHN in co-operation with the OHS team, but can also be carried out independently [24].

Lately, in Finland, working ability assessments and rehabilitation guidance of the working aged is centralized in OHS. Rehabilitation guidance and early support is in line with the government program and, therefore, is one of the main roles of OHC professionals [32,33].

Finally, in Greece, there is need for digital health records which include the occupational history, at national level. The literature [34,35] supports that if the OHS activities are monitored and evaluated by authorities, there will be useful statistics and surveys, quantitative as how many workplace surveys or health examinations have been carried out, and information on the quality of activities or their impact on working conditions or employees' health. In Finland, OHC data are kept by "Kela" (The Social Insurance Institution) and it covers the whole country. "Kela" releases them every year and the most recent one is the one that describes the year 2014 [27].

#### **4. The Occupational Health Care Team**

In Greece, the team providing OHC consists of a medical doctor, who holds the specialty of occupational medicine, and the Health Visitor or auxiliary nurse [15]. Similarly, the team in Finland consists of a certified doctor, specialized in occupational health care, and a certified public health nurse [17].

Health Visiting education lasts four years (240 ECTS) [6] and after graduating the HV are licensed to work, among others areas, in the field of risk prevention and health

promotion at the workplace [7]. Studies in prevention and health promotion at the workplace include both theoretical and practical studies [6]. However, the auxiliary nurse is a graduated of a one year program [15]. In Greece, there are no clear guidelines for the qualifications of HVs or Nurses – except for OH physicians and Safety officers [36]. A Finnish Public Health Nurse after graduation (4 years – 240 ECTS) can start working in OHC after completing complementary studies (10-14 ECTS and EQF 6-7) within two years in order to become occupational health nurse. Studies contain both theoretical studies and practical training [37].

In Finland, the occupational health team also includes the occupational physiotherapist, who has completed same level studies as the occupational health nurse and the occupational psychologist. A new decree was published in 2013 in order to ensure that social workers may also contribute with their expertise to e.g. rehabilitation issues. This decree (708/2013) underlines the importance of maintaining the ability to work and early rehabilitation guidance as the core functions of OHS. The employer in Greece can voluntarily provide to the employees the services of other professionals involved in the multidisciplinary team, such as ergonomists, social workers, or psychologists who hold Bachelor degrees [18].

The Finnish Institute of Occupational Health is responsible of the education of OHC personnel in Finland [38]. Besides occupational health, it is also a research and development institute of occupational safety. In Greece, the Hellenic Institute for Occupational Health and Safety (“EL.IN.Y.A.E.”) has similar aims. Furthermore, “EL.IN.Y.A.E” participates in the development of national legislation and regulations, and follows the international developments and experiences. It undertakes studies in the field of work-related health problems and the impact of working environment, as well as the impact of new technology. Finally, it provides expertise services on occupational health and safety issues after request of employers or employees [39].



Finally, it is important to highlight that the OHC team cooperation should be based on mutual respect, confidentiality, impartiality, integrity, and professional independence. Moreover, it is important that professionals with different educational backgrounds must understand the views of others, particularly concerning health issues. Such views can sometimes be substantially different. The work of the team is based on the basic principles derived from the Greek law [15].

## **5. The Role of Health Visitor and Occupational Health Nurse**

Table 1 presents briefly the tasks of the Health Visitor in Greece and the Occupational Health Nurse in Finland. In Greece, the HV is employed in workplaces mainly on daily basis and has direct contact with the employees and the employer. Hence, the HV is an important link between the employees, the occupational physician, the safety technician, and the employer with common aim to prevent, promote, and protect the employee's health and safety. In Finland, this may vary. The OHN works either in-house or for a private company; private companies usually have their own clinics, so the employees visit the OHN [17]. In Greece, HV may belong to the personnel of a company or offer services through an external partner which is called "protective and preventive external services for occupational hazards". In this case the tasks for the HV in Greece [15], as well as for the OHN in Finland, are specified in the employer's contract with the external partner [17].

Table1: Tasks of the Occupational Health Nurse in Finland and the Health Visitor in Greece at the workplace

	Occupational Health Nurse	Health Visitor
<b>Prevention</b>		
Periodic health checks to employees exposed to harmful agents	✓ According to the Blue book	✓ According to the legislation
Working ability assessment	✓	Occupational physician task
Rehabilitation guidance	✓	✓
Occupational risk assessment	✓	May contribute
First Aid in case of accidents or sudden illnesses	✓	✓ In the workplace
Absence monitoring	✓	✓
Supporting incapacitated employees	✓	✓
Management and analysis of risks for ability to work	✓	✓
Emergency management in organizational level and hazard evaluation	✓	Safety Technicians' task
Organization and implementation of employees training on Occupational Health issues	✓	✓
Voluntary general health checks (e.g. IT-workers)	✓	✓
Primary health care (e.g. wound care)	Voluntary employer's offer	✓
Work related vaccinations	✓	✓
Conducting epidemiological and other studies	✓	✓
Maintaining employees health records	✓	✓
<b>Health promotion</b>		
Planning, implementing and evaluating health promotion programs	✓	✓
Key role in coordinating OHS to promote well-being at work and productivity.	✓	✓

After each employee is recruited, the HV in Greece and the OHN in Finland, considering the profession and the job description, creates an individual health record which may include: health history, work history, anthropometry, blood pressure, pulse, electrocardiogram, spirometry, audiometry, assessment of visual acuity, and colour perception [15, 40]. Secondly, the occupational physician assesses the employee taking under consideration the medical history and the clinical examination issues (with modification or restrictions) the Employee Work Ability Certification for the job that the employee is intended to do [15]. In Finland, the health checks are part of the action plan. The content of the health check depends whether the work contains exposure to occupational hazards. All the other necessary examinations for a specific job (if considered as hazardous to health) are listed in the “Blue Book” published by Finnish Institute of Occupational Health in

2006 [41]. Later, the occupational physician will perform a clinical examination and issue a certification for the suitability of the employee to the planned work. In case of non-hazardous work, OHN is also allowed to issue these certifications under the supervision and in collaboration with occupational physician [42].

In Greece, the occupational physician or the HV are responsible for planning and performing the health tests depending on the occupational exposure or voluntary general health examinations. In case there is a lack of the proper equipment, the health tests are carried out by external preventive and protective services, by private health clinics or the National Health System services. In any case, the employer is obliged to cover the cost [15]. In Finland, the OHN has the key role of planning and implementing the health checks. OHN is responsible for scheduling and informing about any preparation (e.g. in case of blood tests) and, if needed, contacts the employees beforehand. The employer has the legal obligation to cover all the expenses arising from the health check and the employee has the obligation to participate in it. The health checks are based on the individual's work and the requirements set for health and working ability [43]. After the health check, an individual health plan is drawn up together with the employee [44]. In many Greek companies there is an office with basic medical and pharmaceutical equipment where the HV can provide first aid in case of an accident or sudden illness [45]. The HVs, as well as the OHNs, provide primary health care e.g. wound care, suture removals, injections etc. [32, 45]. In addition to the care delivered by the HV, the OHN in Finland, evaluates the employee for sick leave and absence from work [32]. It is also shown that the role of OHN is important in cases of insomnia, burnout, and depression, [46] maintains and promotes occupational safety in terms of emergency management in organizational level and hazard evaluation. Furthermore, in Finland, the provision of first aid at the workplaces is defined by the Occupational Health Care Act (1383/2001) [17] and RSAA which have published a guideline on how to execute the planning and readiness of occupational accidents [20]. The OHN is responsible for the first aid preparedness of the workplace and if necessary, works as a first aid instructor [47]. Furthermore, vaccinations planning and administration to

the employees is one of the main tasks for both the OHN and the HV. In both countries, vaccinations which are work-related are mandatory and for traveling voluntary for the employer to organize [45, 48]. In Finland, significant work-related infections prevented by vaccinations are chicken pox, rubella, HAV, and HBV [48] while, in Greece, are HAV, HBV, tetanus, influenza etc. [49].

The HV also conducts epidemiological and other studies such as absenteeism due to illness, the causes of diseases related to work, the impact of work on the physical and mental health of employees and, in cooperation with other responsible professionals, proposes measures for their prevention. Relevant studies have been published in international peer reviewed journals [50 - 52]. Similarly, in Finland, research and analysis tasks of an OHN are the management and analysis of risks for ability to work, absence monitoring, supporting incapacitated employees with different methods e.g. partial sickness allowance and modifying job descriptions in co-operation with the occupational physician and employer [17, 18, 26].

Both the HV and the OHN have a key role in coordinating OHS to promote well-being at work and productivity. They have the responsibility to plan, implement, and evaluate health promotion programs e.g. smoking cessation, healthy nutrition, physical exercise, stress management prevention, musculoskeletal of low back pain [26, 53, 54]. Furthermore, they organize and participate in training the employees on Occupational Health and Safety issues, as protection against biological, physical, and chemical agents, work with visual display units, necessity of individual protection equipment (PPE) use etc [26, 49, 55-59].

Finally, the HV updates all files related to the employee's health, which are required to be maintained in the company. The "Accident Book" where the HV keep record of the causes and the description of the accident that resulted in an employee being unfit for work for more than three working days, a record of employees exposed to

harmful factors, the results of checks carried out, file of dangerous chemicals (Material Safety Data Sheet - MSDS), a list of occupational accidents etc [15].

### **5.1 Health and Safety Committee and the role of the Health Visitor/Occupational Health Nurse**

In workplaces employing more than 50 employees, they have the right to establish the Employees Health and Safety Committee (EHSC). EHSC has an advisory role with the following responsibilities as defined by law [15]:

- considers the working conditions in the workplace and proposes measures for their improvement,
- monitors compliance measures for health and safety, and assists in their application by the employees,
- notes the occupational hazard, proposes appropriate measures to prevent occupational hazard and accidents,
- in case of imminent and serious occupational risk, the committee asks from the employer to take appropriate measures,
- participates in the formation of the company's health and safety policy,
- the employee informs the committee about the occupational accidents and occupational diseases that occurred and also about all new production processes, machines, tools, and materials or for any change in the workplace which affect the health and safety conditions
- may request the assistance of experts on employees' health and safety, following the consent of the employer.

Cooperation between the Health Visitor and the EHSC, or its representative, is a direct and continuing commitment in the context of the employee's health and safety prevention and protection. Health care provision by the H.V. to employees creates a trusting relationship between them and makes the H.V. a "representative" and a "facilitator" in their demands for healthy and safe working conditions. The H.V. attends meetings of EHSC with the employer, Occupational Physician, and Safety

Technician, maintaining professional integrity, based on one's best scientific knowledge and knowledge of current legislation [15].

The Finnish governmental programme, as noted earlier, underlines the well-functioning cooperation between the OHS and the employer. This is one of the reasons that Workplace Health and Safety Committees (WHSC) in Finland are necessary for those companies employing regularly at least 20 people. The employer takes the initiative in establishing the WHSC and authorizes its representative to the WHSC. The term of office for WHSC is two years. WHSC has representatives from the employer and the employees of the workplace. A quarter of the WHSC members represent the employer and half of the members represent the employees. The matter can be locally agreed differently [60]. The main tasks of WHSC is to make proposals for development of occupational safety and health to the employer, to monitor the implementation of occupational safety and occupational health care action plan and make suggestions for improving these matters. WHSC should also propose and plan safety trainings, work instructions and participate in the induction and promote ability to work as well as well-being at work [27].

## **6. Discussion and conclusion**

European Union member states may adopt stricter rules to protect workers, but their legislation must comply with the minimum standards as defined by the EU. As a result, national safety and health legislation varies across Europe. Greek and Finnish Occupation Health Care System (OHCS) have common aim which is to prevent occupational risks and to promote employees' well-being, as "prevention" is the guiding principle for occupational health and safety legislation in the European Union [9]. In Greece, the OHCS follows the guidelines by the Ministry of Labor, Social Security, and Social Solidarity, whilst in Finland the Ministry of Social Affairs and Health has this responsibility. Both countries have supervisory bodies for the proper implementation of the legislation.

Both countries implement the European Framework Directive OSH 89/391/EEC which introduces as a key element the principle of risk assessment; they use the Occupational Risk Assessment Study (ORAS) for Greece and Workplace Survey for Finland as the main tool to manage the risks in the workplace. At this point, there is a fundamental difference between the two countries. Under the Greek law the ORAS is carried out by occupational physician and safety technician [15], while, the HV contributes significantly. However, in Finland, the conduct of the ORAS is one of OHN's duties as they are external experts described in the section 10 of Occupational Health and Safety Act: "If the employer does not have adequate expertise for the action referred to in subsection 1, he or she shall use external experts. The employer shall make sure that the experts have adequate competence and other qualifications needed for carrying out the task properly" [23].

OHN has a key role in coordinating OHS to promote well-being at work and productivity [60, 61]. Health Visitor and Occupational Health Nurse are the core professions in the occupational health care team being in collaboration with the Occupational Physician. However, other's professional contribution such as physiotherapist, psychologist and social workers (in Finland, specialised on occupational health) may play an important role.

In the current paper we have shown that the role of the OHN and the HV in the two countries is similar aiming to provide occupational health care. Prevention and health promotion are tasks of OHN and HV. However, OHN, in Finland, works more independently, than the HV, in Greece, who depends more on the physicians' decisions. In Finland, the Occupational Physician focuses only on diagnosis and treatment. Additionally, the role of OHN is more wide in relation to the HV's since she/he performs tasks such as emergency management in organizational level and hazard evaluation, occupational risk assessment and working ability assessment. On the other hand, in Greece, these responsibilities are more scattered, that is, emergency management is the responsibility of safety technicians', hazard

evaluation and occupational risk assessment are the responsibility of both the safety technicians' and occupational physicians', while working ability assessment is the responsibility of the occupational physicians'.

In regards to the educational background, in Greece, the Health Visitor's education entitles them to work at occupational health care with no further specialization. However, in Finland, Public Health Nurses may start working after graduation within the field of occupational health care, but they must complete complementary specialized studies within two years in order to continue working as Occupational Health Nurses.

As outlined in this paper, the OHS may share the same aims and content, but differences can be found in the way they are delivered and monitored in the two countries. The OHN's and HV's role are central in OHC in both countries and they are involved in similar activities, although there is a difference in their independency as a health professional.

Furthermore, since OHC is seen as an integral component of a successful business, a new OH paradigm embracing health and well-being in the workplace, in order to promote the employability of people, poses questions about the future role of Occupational Health workforce. They will need to support employee's capacity to work and maintain ability to work. In addition, they may act as coordinators in health related issues, referring them to other specialists where necessary with all necessary data. They may act as consultants for workplace surveys and activities targeted at the working community, to the responsive team [62].

In Finland, the focus of future challenges is the social and health care system reform which is a continuous process until 2020 [63]. A challenge that needs to be



addressed in occupational health care is to promote the health and wellbeing of the ageing workforce. Working ability assessments, management and analysis for occupational risks and rehabilitation guidance are playing a crucial part in taking care of the ageing workforce [64]. Thus, the OHN has an essential role to play. Similarly, in Australia, OHNs perceive that in the future activities related to wellness, management and research will be more important to their practice and that they will need to devote more time to them [65]. Greece, as well as other countries should also consider it as a priority in planning workplace health promotion policies.

By reviewing the literature, it is concluded that in Greece, there is lack of literature supporting the role of HV in occupational health care and thus, researchers need to focus on closing this gap. On the other hand, in Finland, the work of the occupational health nurse is examined in many Finnish master's theses, but there are less PhD dissertations on this subject [32, 66, 67]. Furthermore, there is no international comparisons published in regards the professional group of OHNs and their expertise. In Finland, the FIOH is the research and development center for OHC which always implements various projects (in which OHNs play an important role), covering the gap for evidence.

To conclude, Occupational Health Care in both countries aims at the prevention of occupational hazards and the promotion of employees' well-being. The Occupational Health Nurse/Health Visitor is a key member of the multidisciplinary Occupational Health Care Team, and they have to support and promote their role further by producing evidence of their work by conducting studies and increasing the number of publications. The differences that emerged from this paper are useful since information and knowledge exchange may improve scientific knowledge in the provision of occupational health care. Occupational health professionals across the world may benefit by the information provided in this paper in terms of organizing and choosing different approaches in their countries.

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