

# FINLAND



## Table of Contents

<b>Companies</b> .....	<b>2</b>
City of Pori.....	2
Tapiola Group.....	10
<b>Smoking</b> .....	<b>15</b>
City of Pori.....	15
<b>Stress</b> .....	<b>20</b>
City of Pori.....	20
Tapiola Group.....	25



## Model of Good Practice

### A. General information about the company

Company/organisation:	<b>City of Pori</b>
Address:	Antinkatu 2, 28100 Pori
Name of contact person:	Ulla Roininen
Function of contact person:	Occupational Safety and Health Manager
Telephone number:	+358 2621 1231
Email:	ulla.roinen@pori.fi
Sector:	The local government services
Number of employees:	6500-6700

Age	Sex		total
	male	female	
up to 35	376	779	1155
35 to 50	747	1866	2613
50+	784	2022	2806
<b>total</b>	1907	4667	6574

## B. Integration of WHP into the company policy and culture

The Personnel Services of the City of Pori and the Occupational Safety and Health units develop well-being at work and occupational safety and health by

- maintaining and promoting the health, safety and working capacity of employees
- preventing workplace accidents and occupational diseases
- safeguarding mental well-being, ergonomics and work loads

In 2008 the Personnel Services, together with Occupational Safety and Health units, started an extensive health promotion programme with several monthly events.

The continuing aim is to enhance health at all possible levels, provide help in stressing circumstances, reduce smoking, and promote healthy habits by supporting workplace actions.

The well-being evaluation was organised in Autumn 2008. Atmosphere in the working places has improved, which has meant better mental well-being. Most of the employees gladly come to work, get on well and give the best they can. More and more employees want to continue in this working life.

Almost all working places are non-smoking ones, according to the recommendations. Smoking has decreased.

Along the process the organisers have developed tools for constructing the “Workability house” of the City of Pori.

## C. Described health topics

X	Smoking-prevention
	Healthy eating
	Physical activity
X	Stress

## D. Smoking prevention

### D.1. Organisation & structures

In 2006, the City Council made a jointly prepared decision that the City of Pori aims to be a fully smoke-free workplace by the year 2012. Administrative counties are required to develop programs on how to reduce smoking and how to help the employees to totally give up smoking. Workplaces are instructed to co-operationally address the prevention legislation and to ensure that the working areas and the social areas, including the automobiles, machinery, etc., are smoke-free. Smoking areas, which are possibly located outdoors, should be marked clearly and the role of the superiors is to communicate to the employees that smoking does not fall within working hours.

Smoking health hazard issues have been recognised: the risk of cancer, the increased risk of acute and protracted infections and the combined effects of smoking on work-related illnesses, together with work-related exposures such as vibration, noise, solvent liquids, etc. The issue of the loss of working time has also been raised for discussion.

Both the health action plan of the occupational health services and the action programs of the workers' protection group include sections on smoking prevention.

*Well-being at work* group (representatives from occupational health services, workers' protection and HR) coordinates smoking prevention and participates in training.

There is no separate budget for the smoking prevention. Prevention activities are funded from the budgets of human resource management, recreational activities and occupational health services.

Smoking prevention is executed co-operationally. On the county administrative level, representatives of joint committees, consisting of employer and employee representatives, play a crucial role in decision-making. Committees also act as statutory occupational health and safety committees.

## D.2. Strategy & implementation

The City Council's decision on smoking prevention has been communicated to the staff, and the administrative counties have launched required actions: smoking prevention legislation has been discussed in the joint committees and at workplace-level meetings. Smoking is prohibited in the working area or other common areas of the workplace. The locations of the outdoor smoking areas are mutually agreed upon and properly marked. A total ban on smoking during working hours is not yet fully in action, although some working units have already declared themselves as totally smoke-free.

- During the activities of the occupational health services (customer contacts, workplace on-site visits and other meetings) the issue of giving up smoking is discussed. It is possible to get medication (at own cost) and hypnosis has also been used in previous years.
- Articles on smoking prevention have been published in the staff journal and on the intranet. Wall posters have also been used.
- Material on smoking prevention is distributed in occupational health service centres and at different events.
- The employer organises different types of activities that support a non-smoking lifestyle: employees are offered physical exercise in their free-time. Participation in physical training at the gym, swimming and cultural events are financially supported.

### **D.3. Evaluation & results**

The impact of smoking prevention actions are measured by the number of contacts and by workplace on-site visits of the occupational health services, on-site visits of worker protection personnel and by various follow-up questionnaires.

In a lifestyle survey (500 respondents) conducted in 2008, 84% of respondents reported that they do not smoke, and almost every other smoker considered quitting.

In February 2009, a survey was addressed to the superiors of the administrative counties and they reported that employee smoking has decreased.

The smoking of the employees, the achievements of the smoking prevention activities and the activities aiming to reduce smoking are regularly dealt with by cooperative committees that also work as occupational safety and health committees. The results are communicated through the staff journal and the intranet. Throughout the city level, results of an annual staff report containing knowledge gained from the workforce and management is the basis that decision makers use.

## **G. Stress**

### **G.1. Organisation & structures**

Pori City's well-being at work programme was accepted in 2005 as an action programme supporting stress management. The programme portrays well-being at work according to the workability house (model developed at FIOH) and consists of the following elements:

- the worker as an individual
- the individual as a worker
- work environment and
- work community

Recognising dangers and evaluating risks is an important tool of stress management. In Spring 2008, a model designed to provide support at an early stage was implemented. Its framework is based on an interaction between supervisor and employee which enables the worker to feel in control of his/her work. Through the above, we strive to achieve the targets regarding stress management set by the EU framework agreement.

Activities supporting employee stress management are seen as part of the action plan of occupational health services.

Activities supporting stress management are based on co-operation between employers, employees, and occupational safety and health personnel. Instructions are jointly created.

Money has been separately budgeted for the activities. This work is an important part of other well-being at work measures.

## G.2. Strategy & implementation

The recognition of dangers and the evaluation of the severity of risks, in accordance with the law on occupational safety, may cause emotional strain; all employees have the opportunity to participate in the recognition of dangers.

Regular development discussions between supervisor and employee, addressing possible difficulties of coping at work at an early stage, increase employees' control over their own work and enables the supervisor and employer to search for solutions together. By including occupational health service personnel in the discussions, the meaning of the relationship between work and employee health can be highlighted.

Regular training of supervisors' and subordinates' skills development helps to prevent work-related stress.

Occupational health and safety personnel can use their expertise to give advice to alleviate the symptoms of those suffering from stress. Work load is evaluated and arrangements are made to motivate employees for possible job rotation.

Stress management training is arranged, and information is given on how to get support, using both electronic and traditional sources.

Exercise classes arranged by the employer outside of working hours, and support for different cultural events is also part of stress management.

The City of Pori also exploits the *Duunitalkoot* website. This website is a service provided by the Finnish Institute of Occupational Health. It offers information, good practices, applicable development methods, and consulting services. *Duunitalkoot* helps employees and employers create a qualitative and fruitful conversation environment and a participative culture aimed at improving work results and well-being.



### G.3. Evaluation & results

- Development discussion between supervisor and employer
- Well-being at work questionnaires (sample of 100-50% of personnel) every other year and smaller questionnaires within different administrative sectors
- Regular updating of risk evaluation
- Occupational health services' specific stress management questionnaires
- Observation workplace visits
- Monitoring of sickness absences
- Personnel reports

The collected information is utilised in the OHS planning and used as the focus of well-being at work plans which are part of the well-being at work programme.

Well-being at work questionnaire results are handled jointly and spread to the level of the workplace itself. Training on how to handle the results is provided to the supervisors.

The results are made public to employees, using the available channels.

The results of the well-being at work questionnaire in the autumn of 2008 were fairly good overall, and when compared to the 2006 results, many areas relating to coping at work had improved. Both physical and emotional work ability is reported as good, as is employees' resources for facing change and challenges. The strengths of the work community were the help and support of colleagues, and the improvement in the relationships between employee and supervisor. A quarter of the respondents believe they will be able to continue work even after their own retirement age.



## Model of Good Practice

### A. General information about the company

Company/organization:	<b>Tapiola Group</b>
Address:	Revontulentie 7, 02010 Tapiola
Name of contact person:	Leena Järvinen
Function of contact person:	Chief Occupational Health Physician
Telephone number:	+358 9 4532120
Email:	leena.jarvinen@tapiola.fi
Sector:	
Number of employees:	3300

Age	Sex		total
	male	female	
up to 35	400	740	1140
35 to 50	450	850	1300
50+	250	610	860
<b>total</b>	1100	2200	3300

## B. Integration of WHP into the company policy and culture

Workplace Health Promotion at Tapiola Group is based on personnel policy:

One of the strategic goals of Tapiola group is skilled personnel who enjoy working. The objective of developing well-being at work is to ensure the staff's good physical and mental work ability.

Well-being at work consists of participation, expertise and experiences of success. The above-mentioned matters, therefore, are supported in various ways.

To promote health and well-being at work, the Tapiola Group has developed a special concept *Tapiolan Vire* ©, which links well-being at work to the planning of long-term and daily activities. The aims are long-term development of well-being at work, the company's success, and ensuring a good life to all. Implementation and the co-ordination of *Tapiolan Vire* © is steered at company group level and supported by the personnel services.

The expertise of occupational health and safety is used actively and the work environment is measured annually by the *Team status survey*, and every other year by the *Common Success survey*. In addition, feedback and suggestions on how to develop well-being at work are regularly gathered by the occupational health services through workplace surveys.

The Tapiola Group has significantly invested in persistent leadership training of the managers. A high level of leadership has a significant impact on staff motivation, well-being at work and know-how. Training that also promotes staff well-being at work is offered regularly. In addition, a variety of lectures on well-being at work topics, such as ergonomics and coping with changes at work, are offered.

The employees and the supervisors have development discussions every year. In the discussions, individual training needs are discussed and, if necessary, employees are encouraged to participate in training which focuses on workplace health promotion and well-being at work.

Workplace Health Promotion is a long-term task and an investment:

During the Move Europe campaign, the Tapiola Group has gathered and combined information from different sources: personnel services, occupational health services and workers' protection. They have carried out a considerable amount of health promoting work over the past years and will also continue in the future. They are aware that workplace health promotion is consistent and long-term work.

The Move Europe campaign has encouraged the Tapiola Group to also pay more attention to the individual support factors in health promotion. The aim is that, through active self-management, each individual is able to take care of their health by paying attention to stress management, exercise, healthy food and smoking.

**C. Described health topics**

	Smoking-prevention
	Healthy eating
	Physical activity
X	Stress

## G. Stress

### G.1. Organization & structures

Ethical activity is one of Tapiola's core values and an essential part of the personnel policy. Ethical values are also emphasised in the leadership training, which highlights human leadership, the role of the supervisor, and support for the mental well-being of employees. Development discussions are held annually, as well as other required discussions. All supervisors receive training on how to bring up different issues in discussion. In 2008, the Equal Treatment model regarding sickness absences and the deterioration of work ability was implemented. The model aims at early intervention, and preserving the idea of working together. It also contains policies for co-operation with occupational health services. Through so-called tripartite meetings, knowledge of the relationships between health and work, and changes to work can be planned together, bearing in mind the health of the employee. Tapiola has programmes for the prevention of substance abuse and bullying at work.

Another important area is the activities of the *Vire* group. This working group consists of both management and employee representatives, as well as representatives from occupational health, occupational safety, personnel management and shop stewards. The *Vire* group raises the awareness of the need for well-being at work in all the company's activities. Each year a theme is chosen, and material produced, which the different work units can use in the development of their own well-being. For example, in 2008, the theme was "We can do it together". Courses are arranged regularly, usually lasting about 6-9 months and about 4 x 2 days, focusing on individual coping at work, reducing stress and improving well-being.

## **G.2. Strategy & implementation**

In the workplace survey, the occupational health and safety personnel evaluated the health risks at the workplace. In Tapiola, these are mainly mental load and ergonomic problems. When required, the workplaces are advised on how to decrease the risks found, and the changes are then later evaluated.

Occupational health care is free of charge and available to the majority of personnel at the head office. The occupational health nurse and physician perform regular health checks, during which depression is screened for, personal health risks assessed, and work ability forecasted. When needed, guidance is given on improving one's health, and rehabilitation or treatment is started. The occupational health centre offers general curative services, and a patient can consult a psychologist or psychiatrist if needed. Twice a year, the occupational health services organise an early rehabilitation course for those with the beginnings of burn out symptoms. The course caters to 12 people, and usually consists of 7 days over a 9-month period. Thanks to these courses, employees have been able to learn to use their own resources to help themselves.

## **G.3. Evaluation & results**

The well-being of employees and the functioning of the teams are evaluated annually through a questionnaire. Work communities that are not satisfied receive support from personnel management on how to develop their own work methods, and the progress is monitored. Every other year, a questionnaire relating to the employees' vision of the organisation is given out. This also reveals how the personnel regard their own supervisor. According to the health checks of 2008, the personnel's health was good, and their own estimate of work ability was 8.76 (on a scale of 1-10).



## Model of Good Practice

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Function of contact person:	Occupational Safety and Health Manager
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- maintaining and promoting the health, safety and working capacity of employees
- preventing workplace accidents and occupational diseases
- safeguarding mental well-being, ergonomics and work loads

In 2008 the Personnel Services, together with Occupational Safety and Health units, started an extensive health promotion programme with several monthly events.

The continuing aim is to enhance health at all possible levels, provide help in stressing circumstances, reduce smoking, and promote healthy habits by supporting workplace actions.

The well-being evaluation was organised in Autumn 2008. Atmosphere in the working places has improved, which has meant better mental well-being. Most of the employees gladly come to work, get on well and give the best they can. More and more employees want to continue in this working life.

Almost all working places are non-smoking ones, according to the recommendations. Smoking has decreased.

Along the process the organisers have developed tools for constructing the “Workability house” of the City of Pori.

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## D. Smoking prevention

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	Physical activity
X	Stress

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## **G.2. Strategy & implementation**

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Occupational health care is free of charge and available to the majority of personnel at the head office. The occupational health nurse and physician perform regular health checks, during which depression is screened for, personal health risks assessed, and work ability forecasted. When needed, guidance is given on improving one's health, and rehabilitation or treatment is started. The occupational health centre offers general curative services, and a patient can consult a psychologist or psychiatrist if needed. Twice a year, the occupational health services organise an early rehabilitation course for those with the beginnings of burn out symptoms. The course caters to 12 people, and usually consists of 7 days over a 9-month period. Thanks to these courses, employees have been able to learn to use their own resources to help themselves.

## **G.3. Evaluation & results**

The well-being of employees and the functioning of the teams are evaluated annually through a questionnaire. Work communities that are not satisfied receive support from personnel management on how to develop their own work methods, and the progress is monitored. Every other year, a questionnaire relating to the employees' vision of the organisation is given out. This also reveals how the personnel regard their own supervisor. According to the health checks of 2008, the personnel's health was good, and their own estimate of work ability was 8.76 (on a scale of 1-10).