

## NORWAY'S OCCUPATIONAL HEALTH SERVICE: SUPPORTING OCCUPATIONAL SAFETY AND HEALTH COMPLIANCE (CASE NO5)

### Introduction

Promotion of effective occupational safety and health (OSH) practices is a key element of safer and healthier workplaces. Improving arrangements and practices for managing OSH across a whole range of industry sectors and firm sizes — large, medium and small — is stimulated, supported and sustained by a range of institutional actors and processes both internal and external to firms. Scientific research highlights, among other things, the critical role that state regulators, such as labour inspectorates but also prevention services, can play in OSH (EU-OSHA, 2021). This case study is part of a research project<sup>1</sup> conducted in Norway to provide further insight into this topic.

The Working Environment Act (WEA) regulates that some industries are obligated to have an occupational health service. Occupational health services are included as an important part of the principle of internal control. It is an expert advisory service within preventive OSH that aims to assist employers and employees in monitoring the working environment in their business. It is difficult to estimate how many companies are linked to an occupational health service. As a rule, companies themselves must assess whether their risk situation indicates that they should be connected to an occupational health service or not. In 2018, Oslo Economics estimated that around 95,000 businesses were covered by the occupational health services scheme. This amounted to approximately 60% (1.6 million) of the Norwegian workforce.

### Description of the case

#### Aims

The requirement for an occupational health service became part of the WEA in 1977 and is laid out in section 3-3. Legislators have been concerned with how occupational health services can be an important tool in systematic OSH work. According to the WEA (section 3-3), businesses must connect to an occupational health service approved by the Labour Inspection Authority if the risk situation dictates it. The assessment of whether such a risk exists must be carried out as part of the business's implementation of systematic health, environmental and safety assessment. The cost of the occupational health service is covered by the business.

Some industries have a working environment characterised by a greater risk of illnesses, injuries and adverse stress than others, and thus require special monitoring and health checks of their employees. Therefore, the WEA states that businesses within certain industries must have an approved occupational health service. This is based on risk analyses in the industries.

Interviewed representatives from the Ministry of Labour and Social Inclusion described that their concern has mainly been whether employers use the occupational health service as intended. This is required both by law and by the Norwegian Labour Inspection Authority's approval scheme for occupational health services. The representatives from the ministry also pointed out the importance of inspectors from the Authority having the right approach when conducting inspections. It is not enough for them to check that businesses are linked to an occupational health service. They must also question employers as to whether the occupational health service is being used as intended by the WEA.

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<sup>1</sup> The full report is available at: <https://osha.europa.eu/en/publications/norways-approach-supporting-occupational-safety-and-health-compliance-role-labour-inspectorate-and-prevention-services> . Other case studies can be found in the report.

## Organisations involved

This case study is based on interviews with representatives from the Ministry of Labour and Social Inclusion and for the social partners at the national level, including the Norwegian Confederation of Trade Unions and the Confederation of Norwegian Enterprise. These representatives are all members of the Norwegian Labour Inspection Authority's council. In addition, four interviews with representatives from the Labour Inspection Authority were conducted, including one representative from the Authority's department for working environment and regulations. The case is also based on interviews with representatives of businesses that are obligated to have an occupational health service, including company managers, safety representatives and people working for the occupational health service. Finally, a regional safety representative was interviewed.

## What was done, and how?

### Basic structure

The primary task of the occupational health service scheme is to support and assist businesses to ensure a good and responsible working environment based on interdisciplinary expertise. The occupational health service should also provide employers with advice on how they can organise their business to ensure the best possible working environment both at the system level and by promoting the role and contribution of both the management and individual workers. The composition of the occupational health service's staff should enable the service to provide advice in occupational medicine/occupational health, occupational hygiene, ergonomics, psychosocial and organisational working environment, and systematic OSH.

### An example of how an occupational health service can work

This section presents an example of how an occupational health service can work. The example is based on several interviews and is intended to illustrate how an occupational health service can work in compliance with the occupational health service scheme as regulated by the WEA. We would like to underline that this is an example, not a description of how every occupational health service works. This is an internal occupational health service in a large construction company. Internal occupational health service affiliations are atypical in the sense that most enterprises utilise external services. Nonetheless, the example provides insight into how an enterprise chose to organise its relation to the occupational health service in its efforts to comply with OSH.

The occupational health service has 10 employees. Six of the employees are occupational nurses with various additional special education, each serving their own department in the company. In addition, there are two physiotherapists: one occupational hygienist and the head of the occupational health service, who is a specialist in occupational medicine. All 10 employees are in full-time positions. In addition, there is a half-time secretary for administration. The leader of the occupational health service described their work philosophy as follows:

*"We have always worked according to the preventive principle and have worked like this for more than 30 years. We don't deal with individual treatment or do any regular general practitioner (GP) tasks, it is all about prevention, follow-up, etc. But we can deal with health problems that are work-related. This is a company that has always wanted to better the working environment and ensure that people feel comfortable and want to stay and to ensure good production and deliveries." - Leader, occupational health service.*

In the building and construction industry, security and safety are highly important factors as work sites can be dangerous if work procedures and safety are not always high on the company's agenda. Ensuring that the proper safety measures are taken is not the job of the occupational health service as this is handled by the company's occupational health and safety department. Nonetheless, the informants from the occupational health service described that they also try to get the OSH department to work with the occupational health service at the construction sites. The informants described that these efforts have been successful in part but that it is a difficult task. How easy this task is often depends on the OSH employees and their interests.

The company management also emphasised the importance of having an occupational health service with close ties to the company becoming involved at an earlier stage in the processes and knowing

what goes on in different units and business areas. Occupational health services with close ties to companies can more easily understand and follow up on specific cases.

The OSH management also pointed out that several of the Labour Inspection Authority's requirements have been tightened, including those concerning occupational hygiene. For instance, the Authority now demands more documentation on these matters, which requires a specialist approach that cannot be provided by the OSH department alone. This is an instance where the occupational health service's expertise can be utilised. The leader of the company's occupational health service gave an example:

*"There are new requirements for handling certain chemical products. This came upon us very suddenly, and we could never have reached the goal or rigged an approach for how to solve this within the given time frame without the occupational health service."* - **Leader, occupational health service.**

Another part of the occupational health service's work is related to arranging courses. The service participates in the company's 40-hour OSH courses for safety representatives and working environment committee members. The CEO of the company also wanted to increase the company's managers' knowledge of OSH-related matters. Therefore, the occupational health service, together with the OSH department, developed a two-day management course on OSH. They arranged two courses per year with approximately 20-25 participants on each course. These courses focus on leadership responsibilities. The aim of these courses is to make the leaders aware that they, as managers, are responsible for the OSH in their department and on the construction sites they manage. The occupational health service also arranges several other courses, such as: sickness absence follow-up for managers; prevention and management of conflict, including harassment and bullying; stress management; and other project-specific courses on occupational hygiene and ergonomics.

## Improvements

Changes to the regulations on occupational health services (FOR-2023-03-01-275) came into force in 2023. The changes clarified that the priority of the occupational health service should be on preventive OSH rather than individual health care for workers. It is too early to say how these new regulations will change the current practice of preventive OSH. The changes are also under evaluation. Nonetheless, they should at a minimum make it clear that the responsibility of the occupational health service ought to mainly be to help companies comply with OSH regulations and laws.

In the interviews, one of the inspectors stated that the occupational health service is getting more involved in OSH. The inspector considered that this had always been of interest to the occupational health service, but that it may not always have been clear from the businesses' side. The new regulations underline that businesses must make use of occupational health services for risk evaluations and the like. The inspector also pointed out that the new regulation has changed the ways in which inspectors do inspections concerning the occupational health service scheme:

*"We are now looking for the plan for how the occupational health service shall contribute to the business's systematic work with OSH in all inspections. My impression is that occupational health services have started to follow this up and it is easier for them to have an impact now. Routines are good, the businesses often say, but we will see if they have a plan for what they have assessed as well. I think the occupational health services now experience that they can 'force' their way into the business to play the role they are supposed to."* - **Inspector, Labour Inspection Authority.**

This may not be the case for every business, occupational health service or inspector. The forthcoming evaluation will provide more insight into whether and how the change may play out in the interactions between businesses and occupational health services.

There is a separate approval scheme for the cleaning industry. It is mandatory by regulation (FOR-2011-12-06-1360) for all businesses that offer cleaning services to be approved by the Norwegian Labour Inspection Authority. One of the requirements to get approved is that the business documents their affiliation with an approved occupational health service. The regional safety representative<sup>2</sup> described that they rarely find businesses that do not meet this requirement. At the same time, the

<sup>2</sup> More information is available at: <https://osha.europa.eu/en/publications/norways-regional-safety-representatives-supporting-occupational-safety-and-health-compliance-case-no6>



regional safety representative described that there are often significant deficiencies in how cleaning companies use the occupational health service in their systemic OSH work:

*"I ask them to see the annual report, and if it is reported that the occupational health service has not done anything that year, I tell them they have not used them. Then I recommend that they use the occupational health service to get the risk assessment in place. When they start to get a little bigger, there are some companies that have had the occupational health service run training to prevent musculoskeletal disorders, but I think I can count them on one hand. Training of the workers by the occupational health service is the biggest challenge because of language problems. There are often so many different nationalities in a company so it's a challenge to train them properly."* - **Regional safety representative.**

## Target groups

The Labour Inspection Authority's target groups are businesses, and their compliance to the occupational health service scheme. The Authority addresses these targets in two ways: through sharing of information and through inspections. Information is shared on the Labour Inspection Authority's website (see, for example, the general information page on occupational health services<sup>3</sup>), through the call service or by the inspectors. The inspections of occupational health service compliance are, like other topics the Labour Inspection Authority is concerned with, risk-based (see more on the risk-based strategy in [case NO1](#)<sup>4</sup>).

## Degree of effectiveness / success factors

The inspectors described a situation with great variance in how enterprises and occupational health services cooperate on OSH-related matters. Some occupational health services provide good, adequate, relevant assistance and others do not. The inspectors pointed out that some of the larger occupational health services are a bit distant in their assistance. They all pointed out that for an occupational health service to provide good assistance, the service must be regularly present in the businesses with which it works to understand the OSH challenges in each company. At the same time, our informants also mentioned that there are major differences between businesses, even within the industries that are obliged to have an occupational health service. One of the inspectors described it as follows:

*"If it's a small cafe with two employees and you serve coffee and ready-made cakes, it's going to be something different than a construction business with 50 employees. You don't have to run down people's doors, and when it's not complicated there is less need for assistance. But you must adapt the aid to those concerned."* - **Inspector, Labour Inspection Authority.**

One of the inspectors described the importance of asking the employees if they are familiar with the occupational health service when inspecting whether a business is connected to an occupational health service and using it as intended. Inspectors also underlined the importance of requesting documentation regarding the business's risk assessments, assistance plans and annual reports to see its history of collaborating with the occupational health service. Furthermore, the inspectors described finding businesses that were not associated with an approved occupational health service, even though they were obliged to be. In these cases, the businesses are ordered to establish an association with an approved occupational health service. Inspectors often reach out to the occupational health service by calling and asking whether they can describe the collaboration with the business. The inspectors described that the success of an occupational health service often depends on a business's management not just seeing the occupational health service as a cost but rather as a contribution. Some management prioritises using the cheapest occupational health service. This motivation seldomly leads to a good cooperation between the business and the occupational health service.

<sup>3</sup> See: <https://www.arbeidstilsynet.no/en/hse-cards/roller-i-hms-arbeidet/occupational-health-services/>

<sup>4</sup> More information is available at: <https://osha.europa.eu/en/publications/norwegian-labour-inspectorates-risk-based-strategy-supporting-occupational-safety-and-health-compliance-case-no1>

## Supervision/sanctions or prevention?

In almost all tasks or topics it works with, the Labour Inspection Authority takes a dual approach: supervision/sanctions and prevention. Through its inspections, the Authority controls whether the businesses that are obliged to connect to an occupational health service in fact do so. If inspectors find that the OSH conditions in a company indicate that they should have an occupational health service, even if they are not required to by regulation, the Authority can order it to get one. Inspectors' dialogue with the companies during supervision, and possible orders, can also contain considerable guidance on how businesses should act to comply with OSH through the regulation and cooperation with the occupational health service.

The preventive approach is also very visible on the Labour Inspection Authority's webpage, where there are considerable amounts of information regarding occupational health services. This information is provided in Norwegian, English and Polish. The information is first and foremost directed at employers. One of our informants, the head of an occupational health service, was very impressed by how the Labour Inspection Authority had improved its information site. He had previously described the Authority as rather absent and boring, but emphasised that they had made major improvements:

*"They have become much better at sending out good information and they have some very good webinars. They have really recovered; before, there was little to hear from there, and it was boringly laid out. We in the occupational health service, and many others in the company, read the newsletters. It is small news clips, and they even make things like new rules on limit values for chemical substances into something interesting and worth reading."* - **Head of OSH, construction.**

## Degree of innovation

The development of the occupational health service scheme has to a large degree been part of a tripartite cooperation between the authorities and the social partners. The importance of the occupational health services as a preventive service is illustrated, among other things, by the fact that a very large number of businesses are obligated to have an occupational health service, and that close to 60% of Norwegian employees work in a business under this obligation.

The occupational health service scheme has also undergone several evaluations and regulation changes recently. The scheme is perhaps less focused on innovation than step-by-step development. The recent changes in the WEA regarding the occupational health service's tasks are an example of this approach. The intent regarding the occupational health services has been that they mainly should be involved in businesses' systematic work with OSH. In response to studies (Mandal et al., 2016; Oslo Economics, 2018) that pointed out a tendency for occupational health services to focus more on personal healthcare for workers than systematic OSH work, the government launched several initiatives. This resulted in changes to the WEA to specify that the main goal of occupational health services is to assist businesses in their systematic work with OSH, not to supply workers with personal healthcare services (see chapter 5.1 in the main report).

## Results / What was achieved?

As seen above, the occupational health service scheme is a longstanding preventive service in Norway. Within the framework of this project, it was not possible to assess all the achievements of the scheme. An independent research organisation (SINTEF) evaluated the occupational health services' operation in 2016 (Mandal et al., 2016) and showed that a large proportion of managers and safety representatives believe that the occupational health services strengthen efforts to create good, healthy working conditions in Norwegian working life. In a study, Oslo Economics (2018) calculated the proportion of the non-optimal working environment an occupational health service can prevent based on various assumptions, and based on that they calculated the social benefit of the occupational health service scheme. As it works in current practice, the cost of the scheme is calculated to amount to €186 million (2.1 billion Norwegian kroner (NOK)), while the value of the total benefit amounts to €300 million (NOK 3.4 billion). The net benefit to society is €114 million (NOK 1.3 billion).<sup>5</sup> Oslo Economics points out that estimates are uncertain and that they used conservative estimates.

<sup>5</sup> All values are conversion from NOK at the time of writing.

## Transferability to EU Member States

The informants were asked whether they thought that the Norwegian occupational health service scheme could be transferable to other European countries. They expressed a large degree of uncertainty regarding this question, mainly because many of them had little knowledge about the practice of using occupational health services in EU Member States. One of the inspectors had been part of a Senior Labour Inspectors' Committee inspection campaign on the risk of musculoskeletal disorders that was carried out in 26 EU Member States and Norway.<sup>6</sup> The inspector learned that many EU Member States had an occupational health service system similar to Norway's with the same challenges:

*"They have somewhat the same dilemmas as us, that there are businesses that are required to link up with a private occupational health service that costs money. Many of the other countries also had a system with occupational health services, and I think they were organised in much the same way, and with many of the same requirements. So I think that it is transferable. But there is no doubt that if there were some kind of governmental grant to the businesses, the scheme would probably have worked even better. Because for some private businesses it is a cost. You see it particularly in industry, with mandatory mapping of the workers' health and extensive risk mapping. But that is how you should operate."* - **Inspector, Labour Inspection Authority.**

One of the chief safety representatives also reflected on the transferability of the occupational health service scheme to other European countries. He was sure that working preventively in cooperation with an occupational health service was an advantage. However, he also underlined that it must be part of the systematic work on OSH in each individual company:

*"You can't just have someone sitting in an occupational health service who you know where to find, there must be a plan. I am very positive about the occupational health service as we have it."* - **Chief safety representative.**

## References

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<sup>6</sup> See: <https://ec.europa.eu/social/main.jsp?catId=148&intPagId=685>

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