TOWARDS AN EFFECTIVE CO-OPERATION BETWEEN COMPANIES AND OCCUPATIONAL SAFETY AND HEALTH SERVICES

DORINE WILLY van der DRIFT

TNO Work and Employment
Hoofddorp, the Netherlands

Abstract. In the Dutch Working Conditions Act, every employer is required to organize preventive occupational safety and health services (OSH-Services). The OSH-Services need to have a certification that can be compared with ISO-9000. This article is focused on the question: How can companies and OSH-Services co-operate more effectively to obtain a better OSH management system inside the companies?

To answer this question, TNO has developed an approach to support organisations in the health care branch to obtain a better service from their OSH-Service. TNO has chosen to focus on supporting the companies, because of the recognition that the effectiveness of OSH-Services has been found in effects on their customers, the companies. As a result of the research project a stepwise approach with several tools was developed.

After the development phase, parts of the approach and the tools were used in several other consultancy projects. Evaluative studies have not been performed yet. However, from the development activities and several consultancy projects some remarkable evaluative findings can be given.

The approach can be useful for companies and OSH-Services to make their goals and expectations more explicit. The approach also helps to make the management of companies clear that their own behaviour is relevant to the achievement of their goals in occupational health and safety policy, in addition to the services provided by the OSH-Service and their professionals.

The approach cannot fulfil the possible need for qualification of OSH professionals. However, the approach can make the OSH professionals clear in what way they have qualification needs.

Key words: Occupational safety and health services, Occupational safety and health policy, Service Level Agreement

INTRODUCTION

Background

In the Dutch Working Conditions Act [1], every employer is required to organize preventive occupational safety and health services (OSH-Services), either by hiring competent personnel to form an internal OSH-Services or by contracting an external OSH-Services.

Compared to most other countries, the OSH-Services in the Netherlands have a more integral scope. Besides occupational health, there is a focus on occupational safety as well. Therefore in this article the term “occupational safety and health services” (OSH-Services) will be used instead of the internationally used term “occupational health services” (OHS).

In the Dutch OSH-Service one can find four obligatory occupational safety and health professionals, namely: occupational physician, safety engineer, industrial hygienist and so called work and organisation expert. These four OSH professionals must be certified, based on rather strict criteria concerning quality and quantity of their professional studies and their work experience.

Almost 100% of all Dutch employers are covered by OSH-Services. Most of the employers have come to a commercial contract with an external OSH-Service.
In this contract some obligatory items are included:
- The OSH-Service must approve the risk assessment document produced by the employer.
- The OSH-Service must assist the employer with a policy on sickness absenteeism and support workers who are ill.
- Periodic medical examinations must be initiated by the OSH-Service based on the risk assessment.
- The employer must organize, with the assistance of the OSH-Service, occupational health surgery for all workers.

OSH-Services need to have a certification to prove that they have all four obligatory professionals at their disposal and that their services are up to standards. The Dutch government has developed a specific certification scheme for OSH-Services, which is now administrated by accredited certification institutions [2]. The certification scheme is strongly influenced by ISO-9000 (the 1994 version).

Important parts of the certification scheme are: the competences of professionals, the organization of OSH-Services, and the continuity of OSH-Services. The effectiveness of the services provided is an important demand. Therefore, a selection of the client organizations is visited by the external auditor.

Despite the legislation and the certification obligations imposed on OSH-Services, the satisfaction of companies from the OSH-Services is low. When the above described “market mechanism” was introduced in 1994, many employers regarded the contract with an OSH-Service as an obligation and not as a useful tool to improve their OSH policy. Many companies signed minimal contracts with their OSH-Services, for the lowest possible prices, and paid little attention to the content of the contract. The OSH-Services, as a reaction, competed on price and not on quality. The Dutch market research bureau Heliview performs annual studies on company satisfaction from OSH-Services [3]. In 2001 they concluded that one third of the interviewed companies would certainly no longer contract an OSH-Service if it was not compulsory. Only 20% of the companies would still consult the OSH-Services, even without the obligations. Almost two third of the interviewed companies think that the services of the OSH-Services had no effect. Over the last four years, companies have become more critical towards services provided by the OSH-Services. Companies criticize mostly the communication, the quality of the services and the promptness and quality of the sickness absenteeism control.

**Basic assumptions**

The effectiveness of OSH-Services is found in effects on their customers, the companies. The certification scheme for OSH-Services points out that customer satisfaction is important. The certification requirements are, besides the commercial motivation, a strong impulse for the OSH-Services to focus on the customer needs and the effectiveness of the services provided. On the other hand, companies are not always explicit in their expectations regarding the support in occupational health.

For these reasons, TNO Work and Employment has chosen to focus on supporting the companies. In the consultancy work the companies are supported to act as better customers and to make effects of the OSH-Services explicit in the companies.

Therefore, this article tries to answer the following question from a company point of view: How can companies and OSH-Services co-operate more effectively to obtain a better OSH management system in the companies?

**MATERIALS AND METHODS**

On request of the sector organisation in the health care branch (in Dutch: “Sectorfondsen Zorg en Welzijn”), TNO developed a step wise approach and associated tools to support organizations in the health care branch to obtain a better service from their OSH-Services [4]. The approach was developed in close co-operation with organizations in the health care branch, the organization sector, employer and employee organizations and the most active OSH-Services in the branch.

Eight organizations, account managers of four OSH-Services, representatives of three employer organizations and one representative of an employee organization were interviewed to learn how they perceive their experiences with OSH-Services for organizations in the health care branch and their needs for an approach with tools.
The draft version of the approach was tested by five of the interviewed organizations. Their experiences were incorporated in the final version of the approach. Since the development phase, some parts of the approach and the tools were used in several other consultancy projects:

- A large municipality wants a new contract with an OSH-Service. In 2000, the TNO helped them to formulate a requirement program.
- A community service had formulated criteria for selecting an OSH-Service: in 2000, the TNO performed a second opinion on these criteria.
- For a large publisher in 2000, the TNO compared several offers from OSH-Services.
- In 2001, the TNO was developing and implementing an OSH-Service quality instrument in a large company in the commercial services based on the approach for the health care branch.

In this article the author will reflect on the experiences with the approach during the development phase and other consultancy projects.

RESULTS

The approach developed consists of five steps:

1. The organization formulates relevant developments within itself and its context. It formulates its ambitions for OSH-policy. All relevant functions are involved in this process: top management, other managers, internal OSH-staff, employees council.

2. The organization formulates what its expectations are concerning the involvement of the OSH-Services (what can we do ourselves, and what do we need from our OSH-Services?).

3. The organization and OSH-Services formulate together an agreement on the contribution of the OSH-Services and under what conditions.

4. The agreements are recorded in the Service Level Agreement (SLA).

5. All concerned start working according to the SLA, the services are evaluated periodically and the SLA is being adjusted if necessary.

Within this stepwise approach several practical tools are developed:

- A procedure to identify the ambitions concerning the OSH policy and the need for support by the OSH-Services.
- A stepwise approach is given to formulate ambitions and the need for support. Tasks for relevant functions involved are defined. Pro's and contra's of activities performed by the organization itself or the OSH-Services are given.
- A procedure for selecting an OSH-Service. A stepwise approach is given to select an OSH-Service. Advise is given who should be involved in the conversations and negotiations (internally and persons from the OSH-Services). Items to discuss are also given.
- Checklist “What do the OSH-Services need to know/have/do?”
- This checklist helps the organization to ask the OSH-Services right questions. See the items in the checklist given below.
- A procedure for making a SLA.
- A stepwise approach is given to make SLA: formulate what your goal is concerning an item in the SLA, give an analysis why this is a problem for the organization, formulate what needs to be done with what expected outcome, formulate who is doing what to realize this outcome. This means that activities for the OSH-Service, as well as activities for the people in the organization are formulated.
- Criteria to choose the desired financial construction.
- Several financial constructions are used in contracts with OSH-Services: contracts where the organization pays for the hours worked, contracts where the organization pays a fixed price regardless of the amount of hours worked, or contracts where the OSH-Services get paid more when the goals (e.g. a specified decrease in sickness absenteeism) are reached. Pro's and contra's of these constructions are given.
- A procedure for monitoring, evaluating an adjusting the services.
- A stepwise approach for monitoring, evaluating and adjusting the services is given. Examples on how to monitor the agreements in the SLA are presented.
Items in the checklist “What do the OSH-Services need to know/have/do?”

- Experience of the OSH-Services: branch experience, knowledge on and experience with relevant health and safety risks, use of instruments developed for the branch.
- Vision of the OSH-Services concerning: sickness absenteeism, supposed unfair absenteeism, absenteeism as a result of conflicts, prevention of sickness absenteeism.
- Organization of the OSH-Services: certified qualifications of the OSH professionals, interdisciplinary consultation, maximum available time spend on the organization by the physician, choice of the physician.
- Management information provided: registration of sickness absenteeism, analysis of sickness absenteeism.
- Employee’s friendly relations and contacts with the employees council: use of protocol for contact with the work council, does the work council get copies of management reports, accessibility of the OSH-Services to employees, privacy of employees, complaint procedures.
- Commercial demands: prices for services provided, possible contract forms, costs for file transfer when changing to another OSH-Services.
- Attitude of OSH-professionals: do they really understand the context of the organization, does their vision match with the vision of the organization, do they give practical and useful advice, do you thrust what they promise is what they do?

EVALUATIVE OBSERVATIONS FROM THE CASES DESCRIBED

Evaluative studies of the effects of using this instrument are not performed yet. Therefore the effects of the consultancy-work are hard to quantify. However, some evaluative observations based on the cases mentioned above can be made. They are described below. A five-step approach presented proves to be helpful for companies and organizations to make their OSH goals and expectations more explicit. It also makes clear to the management of the companies that their own choices and behavior are relevant to the achievement of their goals in OSH policy: they realize that it is not realistic to contract all responsibilities to the external OSH-Services, or to make the OSH-Services accountable for the realization of the company OSH goals. This is likely to create more favorable conditions for the services provided by the OSH-Services. The approach is useful for companies to better specify their needs for external OSH support, and the consequent requirements that are relevant to contracting and cooperation with an OSH-Services.

For the OSH-Services, the method helps them to better specify the services offered, to check whether they can meet the expectations of the company, to assess potential shortcomings in their services and (consultancy) competencies. It also helps to communicate with the companies about the necessary or desirable conditions within the company itself, in order to achieve the company goals. In this way the expectations of the impact from the services provided will be more realistic for both the company and the OSH-Services.

During the period that the services are provided according to the SLA, both the company and the OSH-Service can refer to the SLA when problems appear, or when discussion arises about the impact of the services provided. As in the SLA the responsibilities for both parties are documented, this gives a good basis for communication, and co-operation on a fair basis.

Whenever it turns out necessary to renegotiate elements of the contract, there is a better basis for “fact-based decision making” and fruitful communication.

Companies and organizations, as well as individual OSH professionals from the OSH-Services, report that the discussions and stepwise decision-making on the standard of the desired services, result in a more thoroughgoing relationship than before.

Several HR managers from the company in the commercial services, which the TNO supported, note that the OSH-Service quality instrument does not help to change the services from “very poor” to “excellent”, but it can help to improve from “reasonable” to “good” or from “good” to “excellent”.

All together, the first results of a five-step methodology seem very promising.
DISCUSSION

The experiences are based only on a limited number of cases. Evaluative studies have not been performed yet. So the positive findings need further confirmation.

There are certainly limits to what can be achieved with this approach. It is not a tool to evaluate the company policy or to review its OHS management system. It cannot guarantee that all necessary preconditions are met.

Pitfall of this instrument is when it is only used by the organization to tell the OSH-Services what to do, and when the instrument is not used to look seriously at the people’s own behavior in the organization: what do we do wrong that our sickness absenteeism is so high and what do we do wrong that the OSH professionals do not act as we desire.

By making the expectations explicit, the approach and tools can help OSH-Services to assess whether their qualifications and procedures are sufficient to meet the customers requirements. The approach however, is not a full assessment of needs. Nor does the method guarantee that the OSH-Services take corrective action based on that information.

REFERENCES


Received for publication: September 12, 2001
Approved for publication: May 10, 2002