

REPORT

for the period of 1 June 2013 to 31 May 2018 made by the Government of Finland, in accordance with article 22 of the Constitution of the International Labour Organization, on the measures taken to give effect to the provisions of the

Nursing Personnel Convention, 1977 (No. 149)
(Ratification of which was registered on 8 June 1979)

I LEGISLATION AND REGULATIONS

Nothing to report.

II

Occupational safety and health enforcement has targeted the social welfare and healthcare sectors. For example, in 2017, 9% of occupational safety and health inspections examined social welfare and healthcare services. In 2017, a national two-year project was launched which examined private social welfare and healthcare workplaces. The aim of the project was to support the prevention of harmful workload. In 2017, a total of nearly 2,300 inspections were carried out in the scope of the project of which 800 targeted private workplaces.

The recognition and reduction of physical and psychosocial load, preparedness for the threat of violence as well as the utilisation of occupational health cooperation in the reduction of harmful loading were identified as key development areas for occupational safety and health in the sector.

Occupational safety and health activities in the social welfare and healthcare sectors have proved challenging at the moment due to changes in the service structure, as the fact pace of change also requires reforms to safety management. The YKSOTE project monitors the occupational safety and health challenges caused by changes to the service structure especially in social services provided for housing and institutional services, at doctors' offices, children's day-care and in homes.

The YKSOTE project observed that at many workplaces the great workload carried by supervisors influenced the development of occupational safety and health at the workplace. A series of seminars was organised in cooperation with the Finnish Institute of Occupational Health as part of the project.

III

The occupational safety and health divisions in regional administration are responsible for occupational safety and health enforcement. Occupational safety and health enforcement is carried out both at the initiative of authorities and the initiative of customers.

IV – V

Nothing to report.

VI

A copy of this report has been sent to the following labour market organizations:

1. The Confederation of Finnish Industries (EK)
2. The Central Organization of Finnish Trade Unions (SAK)
3. The Finnish Confederation of Salaried Employees (STTK)
4. The Confederation of Unions for Academic Professionals in Finland (Akava)
5. The Commission for Local Authority Employers (KT)
6. The State Employer's Office (VTML)
7. The Federation of Finnish Enterprises (SY)

Statements by labour market organisations:

Joint statement by SAK, STTK and Akava:

A vocational education reform, which will fundamentally modify vocational education and training including, for example, the training of basic nurses, entered into force at the beginning of 2018. The training of nurses in Finland comprises degree studies at a university of applied sciences and also include expertise in general medicine in accordance with the Professional Qualifications Directive (2005/36/EC). Qualifications for paramedics, midwives and public health nurses also include a degree in nursing.

An amendment to the Communicable Diseases Act, which obligates all nursing staff to take certain vaccinations to promote patient safety, entered into force on 1 March 2018. Employers have interpreted this law to mean that if an employee refuses vaccinations, the employer has the possibility to terminate their employment.

Much of the social welfare and healthcare sector implements a three-shift system including night work. According to the most recent medical studies, night work has a negative impact on employee's health and their well-being at work. A medical study has observed a connection between cardiovascular diseases and night work and a possible increased risk of breast cancer related to night work. Although studies have shown that the negative effects of shift work can be reduced with shift arrangements, these possibilities have not been utilised comprehensively in the social welfare and healthcare sector.

According to a public sector survey on well-being at work (2016) 71% of respondents in the health sector found their work to be mentally taxing. According to the same survey, 51% of employees felt that their work was physically taxing. The threat of violence and violence have become parts of everyday life in the healthcare sector. The threat is especially great in centralised hospital emergency units, where patients under the influence of alcohol or narcotics threaten the health and safety of staff. According to the survey, 49% of staff had experienced violence or a threat of violence during the past year. The corresponding figure in social welfare services was 29 %. In spite of numerous requests and negotiations by Finnish trade union confederations, Finland's Government has not wanted to promote more accurate legislation to protect employees from the aforementioned risks to their health and life.

There has also been much talk about the poor indoor air at hospitals and the sector's other workplaces, which has led for example to the closure of the Kättilöopisto Maternity Hospital in Helsinki. Numerous employees, who work at hospitals and other social welfare and health care services workplaces, have been exposed to indoor air of poor quality and microbes caused by moisture damage. Interpretations on the cause-and-effect relationships between the damage and symptoms vary

and have caused criticism in, for example, the application of social security benefits-related legislation.