

**EASOM Summerschool 2009 Linz**

**Theory-practise relationships in various training /  
*adviser approaches* for professionals  
– experiences from the PAVLA-project**

Hans Jørgen Limborg

TeamArbejdsliv, Trekonergade 15, DK-2500 Valby, Denmark

[www.teamarbejdsliv.dk](http://www.teamarbejdsliv.dk)



# Hans Jørgen Limborg

- M.Sc. In Environmental Planning at Roskilde University Centre 1979
- 13 years as OHS consultant in OHS centres
- 16 years as researcher in working environment issues
- Ph.d. in psycho social working environment 2001
- Co-owner of TeamArbejdsliv (Team-Workinglife)

# The Danish Occupational Health Service

- Established in 1979 – Dismantled from 2003 -2008
- It was built upon a technical prevention strategy
- Based on mandatory company membership
- Ergonomist, engineers, architects, chemist, toxicologists & psychologist were the main professionals
- Few Doctors and nurses
- Systematic approach to Working Environment were prevalent (risk assessment).
- Quality approval required since 1998
- Kabel, A., Hasle, P. & Limborg, H. J. 2007: Occupational health service in Denmark – the rise and fall of a multidisciplinary and preventive approach. In: Supporting health at work: International perspectives on occupational health service. 25-38. Eds. Westerholm, P. & Walters, D. Wigston, Leicestershire: IOSH.

# Professional **AdVice** as an agent towards the **Local** working environment **Activity**

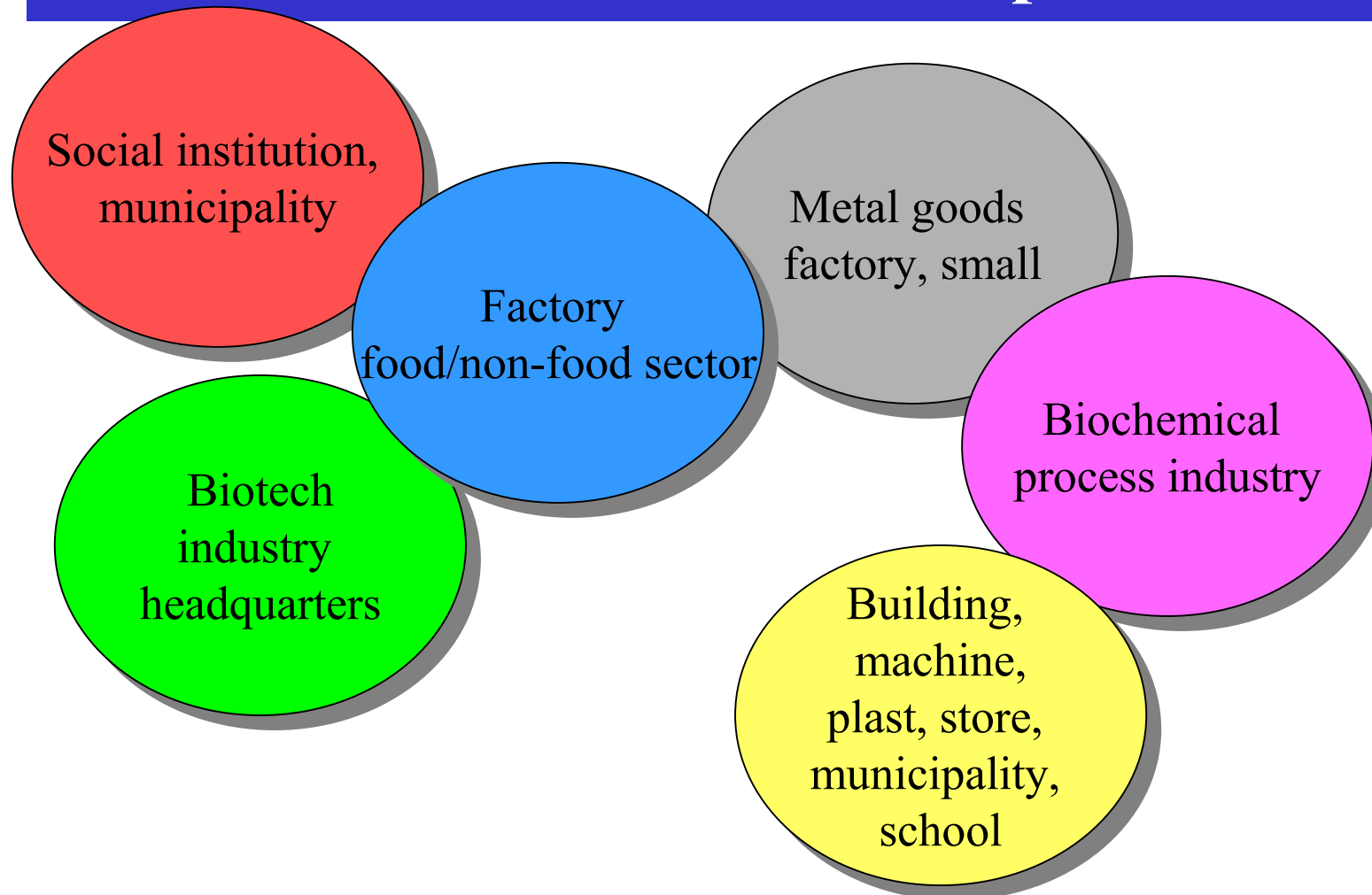
## *Research Questions:*

- How can external consultants support an improved and self sustained management of the working environment within companies and institutions?
- Did the OHS system develop this ability over time?
- (What should be 'kept alive' in OHS consulting going from public task to private business?)

**PAVLA**

*Funded by the Danish Working  
Environment Research Fund*

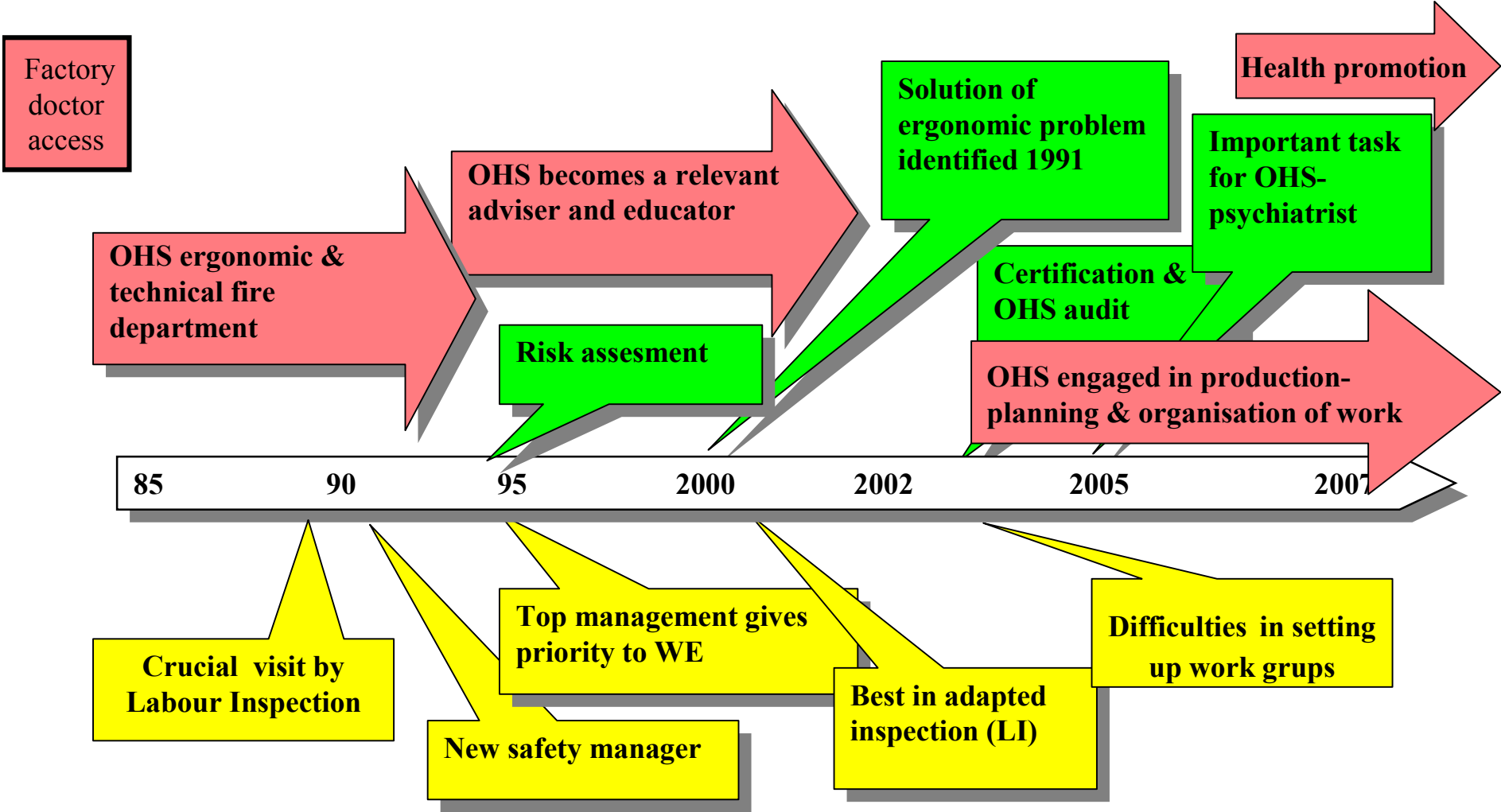
# 6 case studies based upon interviews and a chronicle workshops



# Chronicle workshop



# Case: Storyline for industrial company (food industry)

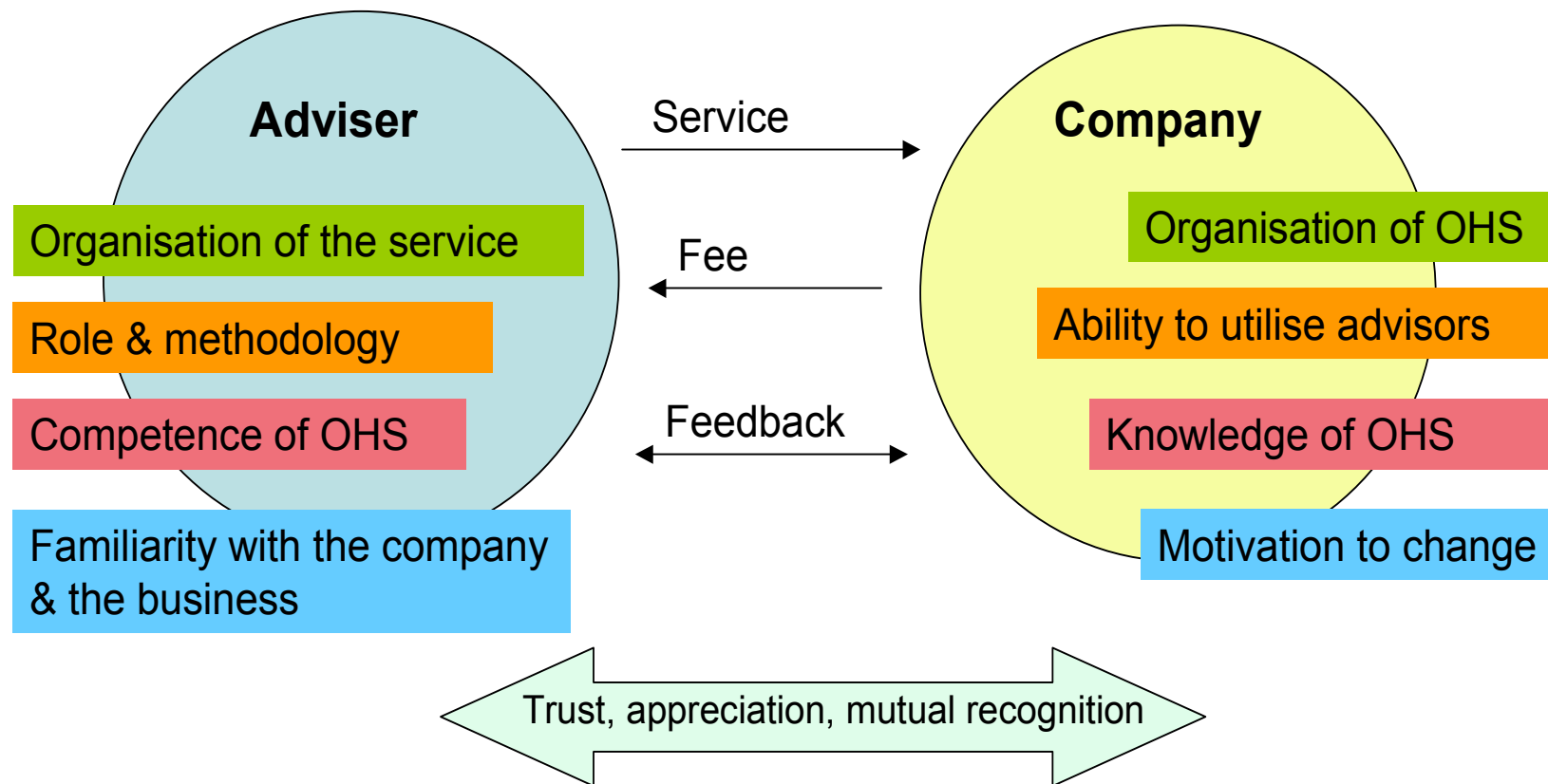


## Conclusions

- The adviser is not causing general *changes* in the attitude of the companies
- The relation between the adviser and the relevant partners in the company is essential to make the *changes* sustainable and operational



# The important elements in the relations between adviser and company



# Community of task 1: The health relation

- Individuals and professional health person
  - Doctor & patient
  - Health promoter & group of workers
- Traditionally curative but developing into preventive and resourcebuilding



## Community of task 2: The Technical brotherhood

- The Safety Rep. and the OHS expert
  - Focus on one problem at a time
  - Based on "toolbox skills"
- Takes its point of departure in regulation and experience of solutions



## Community of task 3: The responsible management

- Well functioning works council
  - HR and OHS merges
  - Responsible management
  - Adviser with “Strategic skills”
- OHS is integrated into strategic decisions
- Companies decides to become certified (OHSAS), includes OHS in company values



## Community of task 4: Integration of OHS into the core undertaking of the company

- Production managers, internal "OHS ambassadors", and specialist with knowledge of production sector
- Integration of OHS into the daily work. Focus on:
  - Workroutines, values, culture etc.
  - Dialogue, modification, continuity



## The successful adviser - organisation

- Possess a broad experience and knowledge of relevant OHS - issues
- Are modest and able to integrate in different communities of task.
- Possess ability to work in a field of crossing interests
- Participates in relevant networks and sharing of knowledge
- Are able to identify the relevant partners in the companies (not restricted to formal positions).