

Characteristics of Multiprofessional and Client-Oriented Approach in Occupational Health Services: A Cross-Sectional Survey Among Occupational Health Professionals

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Background: Multiprofessional and client-oriented approaches are considered key factors for successful occupational health services, and for impressive occupational health cooperation between a client organisation and occupational health service provider. The purpose of this study was to find out the views of occupational health physicians, occupational health nurses, occupational physiotherapists, and occupational health psychologists about multiprofessional and client-oriented working methods. These working methods describe the guidelines for good occupational health practice in Finland, also serving the framework of the present study.

Material and Methods: The survey was conducted in May and June 2022. The data consisted of answers to open-ended questions of a larger questionnaire. The data was analysed with the method of theory-related thematic analysis. Seven occupational health service providers committed to the study. Altogether 121 professionals responded to the question surveying the multiprofessional approach, and 119 professionals responded to the question of client-oriented approach.

Results: The results showed that both the multiprofessional and client-oriented approaches are closely related to each other, and the views of these approaches are in line with the good occupational health practice. Multiprofessional approach was most commonly described with the theme of sharing expertise. Respectively, the theme of smooth cooperation most commonly described the client-oriented approach. At its best, the answers showed that a multiprofessional working strategy takes into account the expertise of different professionals so that the client can be offered high-quality, accurate content and timely occupational health services.

Conclusion: The results provide up-to-date information on working strategies of occupational health services in Finland. The results can be used in further development of multiprofessional and client-oriented work in occupational health services.

Keywords: occupational health services, multiprofessional work, client-oriented work, qualitative research

Introduction

In Finland, according to the Occupational Health Care Act (1383/2001), employers are obligated to organise preventive occupational health services (OHS) for its employees.¹ Furthermore, the Occupational Health and Safety Act (738/2002) aims to promote the health and safety of work and the working environment in cooperation with the employer, the employee and the occupational health services, and to promote the health and work ability of each employee at different stages of their working career.² The need for cooperation between different operators is written in both the aforementioned laws.^{1,2} The decree on the Finnish principles of good occupational health practice that came into force in 2013 directs to even more concrete and closer cooperation within OHS, and between OHS and the workplace.³ In accordance with good occupational health practice, OHS is required to function in a multiprofessional and client-oriented manner.³ These principles of good occupational health practice serve also the theoretical framework of the present study.

The operations in Finnish OHS have been under great pressure for change in recent years. Social and health care services have been integrated at the beginning of 2023, aiming, eg, to functionally integrate the entire social and health

system, and to provide timely as well as properly equipped and executed services for the relevant working ages.⁴ The demands of a changing working life, such as the digitalisation of the nature of work, have also increased the pressure for change in OHS operations.⁵ The changing operating environment and the increased service provision realised through remote connections require OHS professionals to have a new type of special expertise and to develop it alongside substance knowledge.⁴ The everyday life of practical OHS has also been shaped by the reform of Kela's compensation policy for OHS⁶ and the change in the law concerning the change in the professional status of occupational physiotherapists that entered into force in 2022.¹ The changes have created even more expectations for the development of the core tasks of OHS, ie, workplace cooperation that supports prevention and work ability, as well as multiprofessional cooperation within OHS.⁴

A multiprofessional operating method in OHS refers to teamwork, the benefit of which is based on the special skills behind the different professions.^{7,8} Multiprofessional cooperation has been defined from several perspectives.^{9,10} Cooperation can be multidisciplinary, interprofessional or transdisciplinary. According to the review of Martin et al¹⁰ in a multidisciplinary model, the professionals work independently while the information shared with the team leader is in the centre. In an interprofessional practice, the professionals work interdependently with shared decision-making, whilst in a transdisciplinary working model, the members share responsibility within tasks and decision-making.¹⁰

Multiprofessional cooperation is considered one of the prerequisites for an effective activity in the field of social and health care as well as rehabilitation.^{11–15} Working cooperation has been perceived to increase work well-being and a positive attitude towards work, among other things. Correspondingly, functional multiprofessional cooperation has been described as a prerequisite for client-oriented operations,^{12,16} which is another central concept of this research, alongside multiprofessionalism. In accordance with the Occupational Health 2025 development guidelines of the Ministry of Social Affairs and Health in Finland, OHS must also be client-oriented and meet the needs of workplaces.^{3,4} Client orientation refers to a way of working where the customer is at the centre and is an active partner who participates in the activity and makes decisions, not just the object of the activity. A client-oriented approach is an operating method where the focus is the customer. In client-oriented services, professionals try to understand their customers' needs, wishes and expectations and to produce services in accordance with them. A client-oriented approach is also a part of the good practice of OHS. In the operating environment of OHS, a client-oriented approach is emphasised both for the customer organisation and its employees.^{17,18} Client-oriented competence requires a comprehensive response to the customer's needs, utilising the competence of different professional groups.¹⁹

The changes that have taken place in the operating environment of OHS place even more competence and development requirements on multiprofessional and customer cooperation. However, the professionals' views on the multiprofessional and client-oriented way of working in connection with the ongoing changes have not been clarified. The purpose of this study is to find out the views of occupational health service professionals and what characteristics are included in a multiprofessional and client-oriented approach to working in their line of work.

The research questions are:

1. What characteristics are included in a multiprofessional approach in occupational health service client work?
 - How do the characteristics of a multiprofessional approach differ among OHS professionals (occupational health physicians, occupational health nurses, occupational physiotherapists and occupational health psychologists)?
2. What characteristics are included in a client-oriented way of working in occupational health service client work?
 - How do the characteristics of a client-oriented approach differ between OHS professionals (occupational health physicians, occupational health nurses, occupational physiotherapists and occupational health psychologists)?

Materials and Methods

The study is part of the Service Development in the Changing Operating Environment of Occupational Health Services (PALMU) project implemented by the Finnish Institute of Occupational Health and financed by the Social Insurance Institution of Finland. The study was approved by the Ethical Board of Finnish Institute of Occupational Health (FIOH).

Invitation to take part in the study was randomly sent, by e-mail, to 13 OHS providers in Finland. Seven OHS providers responded positively to the invitation and were committed for the study. These OHS providers represented the sample of different producer forms in Finland: private, public and union-based OHS providers. The designated contact persons of each OHS provider forwarded an electronic survey (hereinafter: the basic survey) to their occupational health services personnel in May and June 2022. One reminder was sent to answer the survey. All respondents were provided with a formal covering letter explaining the background of the study, and that answering the survey is completely voluntary and anonymous, and that a responding to the questionnaire is interpreted as informed consent to take part in the study, and that the data collected will be used for research and publication, including quoted text. Consent to use the responses for scientific research was requested in the survey. The Ethical Board of FIOH approved the consent process of the survey. The basic survey was pretested with five OHS professionals and the questions were refined based on the feedback received.

The material of this study consists of two open-ended questions of the basic survey, which were used to find out the views of OHS professionals on client-oriented and multiprofessional ways of working in their OHS work. The basic survey was answered by 380 OHS professionals, of which 121 people (32%) responded to the open-ended questions surveying the multiprofessional approach and 119 people (31%) responded to questions pertaining to the client-oriented approach. The response rate of the basic survey was 37.5%, when the respondent group was compared to OHS professionals who opened the electronic survey link ($n=1013$). Most of the respondents to the basic survey (80%, $n=304$) stated that they had completed additional training to qualify for OHS or were completing it at the time of answering the survey. About a quarter (26%, $n=100$) of the respondents ($n=379$) had worked in OHS for no more than two years. Just under a third of the respondents (30%, $n=113$) reported between 2 and 10 years of work experience in OHS, and a good quarter (27%, $n=104$) reported having worked in OHS for 10 to 20 years. Sixty-two respondents (16%) reported a career in OHS of more than 20 years.

The analysis of the data began with a careful reading of all the answers. The open answers were treated as original quotations, which helped to generate an overview of the material. A total of 10 pages of responses were collected from all the professional groups. After that, the material was classified into themes according to content, and the number of separate mentions included in them was counted.²⁰ Classification of the open answers into themes was performed using Microsoft Excel spreadsheet program. The unit of analysis was individual sentences. Several findings related to different main themes could be found in one answer. The multiprofessional and client-oriented approaches of OHS, in accordance with good occupational health practice, served as the theory-related framework that guided the processing of the data.^{8,17} As a guiding idea for the analysis of the data, the multiprofessional approach was divided into the following themes: sharing expertise; systematic cooperation; collaborative forums; need-based operation; derived activity. Correspondingly, the client-oriented mode of operation was divided as follows: operational planning, smooth cooperation, need-based operation and flexible services.

The answers have been analysed and reported jointly, and also according to the professional groups, including occupational health physicians, occupational health nurses, occupational physiotherapists and occupational health psychologists. Those respondents ($n=5$) who designated their professional group as “someone else” were excluded from the data. When viewed by professional groups, the mentions classified into each main theme were divided by the total number of mentions of that professional group (percentage of total mentions are presented in [Tables 1](#) and [2](#)). Open answers were used to support the presentation of the results, shown as examples in italics in the text.

Results

Characteristics of a Multiprofessional Approach in Occupational Health Service Work

With the help of the first research question, we found out what characteristics are included in the multiprofessional way of working in OHS. There were a total of 121 respondents, of which 24 (20%) were occupational health physicians, 69 (57%) occupational health nurses, 15 (12%) occupational physiotherapists and 13 (11%) occupational health psychologists. The views of OHS professionals on the multiprofessional approach were divided into five main themes, which are discussed on their own in the following paragraphs.

Sharing Expertise

Among the professionals' answers, mentions related to the sharing of expertise emerged the most often. The jointly agreed roles and responsibilities and the utilisation of the expertise offered by different professional groups came to the fore as part of multiprofessional OHS activities. Working together, but on the other hand dividing the work, utilising the skills of each professional, was felt to make it possible to solve even demanding work ability and health problems. The sharing and the utilisation of expertise were also associated with practical working life challenges, which seemed to manifest themselves, for example, in the varied commitment to cooperation exhibited by practitioners and persons in employment.

A multiprofessional team must know and understand the roles, responsibilities and areas of strength of one another and use this knowledge for the benefit of the organisation and individual customers.

In the context of sharing expertise, points were made both for and against working remotely and using remote connections. On the one hand, remote working was believed to reduce interaction between different professional groups and multiprofessional cooperation, but on the other hand, digitalisation was believed to enable smoother and faster communication and the possibility of consultation between different professionals. When using remote connections, professionals' threshold for communication is lower compared to face-to-face activities.

Unfortunately, this [multiprofessionalism] is not supported by the remote world, and it makes work significantly more lonely than before, before remote.

The communication of a multiprofessional team is fast and natural via Teams. I can also quickly consult a colleague on various issues via Teams

Planned Ways of Working

As a characteristic feature of planned ways of working, proactive planning and scheduling of joint meetings emerged in the answers. OHS professionals felt that good advance preparation and clear procedures and processes promote working together. From the perspective of the costs of OHS activities, answers pertaining to planning emerged as well. The answers revealed that, especially for smaller client companies, the use of different experts requires more detailed planning and an assessment of the costs incurred by the client.

Occupational health service is planned as a team and time is reserved for it, and not just wandering in the corridors about how the matter is progressing and whether you have already looked.

Collaborative Forums

Answers of collaboration and working methods for both internal OHS, and between OHS providers and client organisations were included in the theme of collaborative forums. From the perspective of internal cooperation in OHS, regular team meetings and joint consultation times with different professional groups were described as characteristics of multiprofessional cooperation. Multiprofessional teamwork models and clear planning of operations came up in the responses as features of multiprofessional cooperation within OHS as well as cooperation between OHS and client companies. Remote working was perceived as an efficient way of working, because using remote connections renders reserving conference rooms and physically moving between different locations unnecessary.

If multiprofessional teams have been agreed upon and they meet regularly, then multiprofessionalism works really well.

The answers showed that multiprofessional cooperation can be realised in daily interaction even without formalities, for example, through weekly virtual coffee meetings. The cooperation without formalities showed itself at its best as fast and natural communication and the utilisation of various information communication channels, where it is possible to discuss and consult with other professionals. Free-form interaction came to the fore especially in the treatment of individual clients.

We have multiprofessional channels where you can discuss and consult with each other and they also include virtual coffees in expert collaboration every week for 30 minutes. Over a cup of coffee, we get to know each other and the threshold for cooperation lowers.

Need-Based Operation

The professionals of OHS answered that multi-professional cooperation takes place as part of the statutory basic processes of OHS, such as in the workplace surveys, the preparation of an OHS action plan, and work ability assessments. The multiprofessional approach and teamwork were felt to speed up and facilitate the assessment of the needs of both individual- and employer-clients and the planning of follow-up actions. The professionals also saw a multiprofessional way of working as the client's right to timely help and support, as well as promoting the health of employees, monitoring sickness absence, and preventing possible future challenges. The mentions included in this theme also contained features of a client-oriented operating method. The professionals answered that a multiprofessional approach is a prerequisite for client-oriented and high-quality OHS. According to the respondents, by acting in a multiprofessional manner, the professionals get a better overall picture of the client's situation and utilise the expertise of different professionals, and thus the quality of the OHS also improves.

The customer has the right to receive timely help and support from the right expert, in which case, multiprofessionally planned and implemented work for the customer is essential. It means that the multi-professional team must know and understand the roles, responsibilities and areas of strength of each and use this knowledge and understanding for the benefit of the organisation and individual customers.

Managed Activity

The mentions included in this theme showed that the responsibility for the practical arrangements of multiprofessional activities often rests with the occupational health nurse, and the success of the practical multiprofessional implementation depends on the designated contact person and the designated team. The answers also revealed that a multiprofessional way of working requires the commitment of all professional groups, unlearning old ways of working and introducing new ways of working. The importance of induction was also included as part of managed, multi-professional activities. The management of work between different professional groups and common operating methods were felt to promote multiprofessional activities and reduce overlapping activities between different professionals.

Multiprofessional work should be made more efficient and structures should be adapted to it according to which things are done. We have too many individual differences in how and how much cooperation is done. All professional groups should be led towards better and more active working together.

Characteristics of a Multiprofessional Approach Among Different Professional Groups in Occupational Health Services

In relation to the first research question, the views of multiprofessional ways of working in OHS were also examined by the professional groups of occupational health physicians, occupational health nurses, occupational physiotherapists, and occupational health psychologists. For each professional group, the characteristics of the multiprofessional approach were most commonly related to the main theme – sharing expertise. Almost half (47%) of the mentions of occupational health physicians concerned the theme of sharing expertise, while the corresponding ratio of mentions of occupational health nurses was 39%, occupational physiotherapists was 33% and occupational health psychologists was 36%. The next most frequent mentions, in all professional groups, were connected to the theme of planned way of working and collaboration forums. Table 1 shows the mentions connected to the multi-professional mode of operation in proportion to the total number of mentions of each professional group.

Characteristics of a Client-Oriented Approach in Occupational Health Service Work

In the second research question, we investigated the client-oriented way of working in OHS. The views of OHS professionals were condensed into four main themes: Planning of Activities, Smooth Cooperation, Action According to Needs and Flexible Services. There were a total of 119 respondents, of whom 25 (21%) were occupational health physicians, 68 (57%) were occupational health nurses, 12 (10%) were occupational physiotherapists and 14 (12%) were occupational health psychologists.

The answers to the Planning of Activities theme described the working together – principle, ie, clarifying the needs for employee- and employer-clients, planning further measures to steer the client in the right direction, and agreeing on the necessary means to improve the client's health and work ability situation. The responses also mentioned that the clarity of the OHS agreement is important in client-oriented planning of operations.

In a client-oriented way of thinking, the activity is therefore an individual or joint workplace issue, things cannot be done from the so-called conveyor belt, but by agreeing together.

Smooth Cooperation

As the main theme meant, that the partners know each other and the interaction is based on trust, the parties have an interest in cooperating, the communication is good, the agreed matters are adhered to, continuity of care is ensured, and the customer is satisfied. Smooth Cooperation also proved to be a cost-effective operation given that OHS activities are provided close to the workplace and OHS has the opportunity to reach the workplace.

A customer-oriented approach works best when we know each other better. Then the interaction relationship is confidential and the operating methods are familiar.

Business customers want cost-effective cooperation, i.e., good service, but not unnecessary sales. Sometimes it's sad when it seems that the company's money goes to something other than the basic functions of occupational health, and then contracts are tendered when the money is gone "too much". This kind of thing takes away trust from cooperation.

But there are companies that do not want any services, even statutory services are challenging to implement. These are frustrating if you don't get to do workplace surveys or statutory inspections.

Most commonly, the professionals' answers were classified under the main theme of Action According to Need. It meant that the client would be heard, and that the professional would also have time to listen. In addition, it meant identifying client needs and implementing activities focusing on the client and in accordance with one's needs, and not by dictating how to do things. The answers included in this theme also showed that clients and professionals had a clear understanding of the role and responsibility of each party in cooperation.

In my opinion, the client organisation is not allowed to dictate what it wants unless it is based on a joint discussion and a real, identified need. Action should always arise from need.

Flexible Services

As the main theme of the client-oriented approach was described as the opportunity for the client to choose how the service should be implemented, and that OHS activities are flexible when the client's affairs change.

We listen to the needs of the client company and are flexible when things change. The client usually has the option to choose between remote and local reception.

Characteristics of a Client-Oriented Approach Among Different Professional Groups in Occupational Health Service

The examination of the client-oriented approach by OHS professional group showed that the mentions by occupational health nurses and occupational health physicians were most commonly related to the main theme of Smooth Cooperation, while

occupational physiotherapists were most often related to the main theme of Flexible services. For occupational health psychologists, the mentions were more evenly distributed, with the main themes of Flexible Services, Smooth Cooperation and Operational Planning being the most frequently mentioned characteristics. Table 2 shows the mentions associated with the client-oriented operating method in proportion to the total number of mentions of each professional group.

Discussion

The purpose of the study was to find out the views of OHS professionals on a multiprofessional and client-oriented way of working in their OHS work. In addition, the study aims to find out the differences of the views of multiprofessional and client-oriented approaches among different OHS professional groups. The study was carried out at a time when significant changes had taken place in the operating environment of OHS in Finland, such as the national reform of social and health services, the digitalisation of health services and the professional reform of occupational physiotherapists related to the division of labour of OHS. The results provide up-to-date information on the characteristics of a multiprofessional and client-oriented approach for the further development of impressive OHS work.

A Multiprofessional Approach in the Work of Occupational Health Service

OHS professionals who responded to the survey described the multiprofessional approach most often in relation to the theme Sharing expertise. Mentions related to the sharing of expertise came up especially in the responses of occupational health physicians. Regarding all professional groups, the answers showed that working together, but on the other hand, sharing tasks, utilising the skills of each professional, contributes to solving even demanding work ability and health problems. The second most frequent mentions of a multiprofessional way of working were equally common to the themes Planned Working Method and Collaborative Forums. Looking at each professional group, the answers of the occupational health psychologists were most frequently related to the importance of planned work. In other professional groups, the answers were relatively evenly distributed among different main themes.

The need for sharing expertise and utilising multiprofessional skills has also been highlighted in the Occupational health 2025 – guidelines “in cooperation workability and health” in Finland.⁴ The expertise of OHS professionals and the readiness to coordinate work ability and occupational health activities are considered a prerequisite for appropriate and flexible cooperation between OHS professionals and experts.⁴ However, our results from the Sharing of Expertise theme showed that there are also some practical challenges associated with everyday OHS work showing, for example, less commitment to cooperation and non-billable activities among practitioners of OHS professionals. The flow of information, in addition to cooperation with professionals who do not work as an integral part of the occupational health care team, must be considered even more systematically.⁸

The characteristic features of a multiprofessional approach, such as the Sharing of Expertise and a Planned Way of Working, are also in line with previous studies, which generally highlight the benefits of multiprofessional cooperation, such as the clarification of the division of work, the correct allocation of resources, and the reduction of duplication of work.^{12,20} It is also known that trust and commitment to multiprofessional teamwork, mutual support and clear roles of professionals as well as forums for creating collaboration, are connected to the success of multiprofessional

Table 1 Characteristics of a Multiprofessional Approach by Professional Groups

	Sharing expertise f (%)	Planned way of working f (%)	Collaborative forums f (%)	Need-based operation f (%)	Managed activity f (%)	Mentions by professional groups (f)
OHP (n=23)	18 (47)	6 (16)	7 (18)	5 (13)	2 (5)	38
OHN (n=68)	38 (37)	20 (19)	20 (19)	16 (15)	9 (8)	103
OP (n=15)	9 (33)	6 (22)	6 (22)	5 (19)	1 (4)	27
OHPS (n=13)	9 (36)	7 (28)	6 (24)	2 (8)	1 (4)	25
Total (f)	74	39	39	28	13	193

Abbreviations: OHP = occupational health physician; OHN = occupational health nurse; OP = occupational physiotherapist; OHPS = occupational health psychologist; n = number of respondents; f = number of mentions; (%) = percentage, share of mentions out of all mentions of the professional group in question.

collaboration.^{21–24} Collaborative forums also came up in the mentions of the professionals who responded to our survey. Regardless of the professional group, the opportunity to participate in regular team meetings and collaboration meetings was considered the characteristic of a successful multiprofessional approach. In addition to regular cooperation meetings, the answers also identified interaction without formalities. Both ways of cooperation support each other, but good cooperation practice nevertheless requires planned and documented work.^{13,25,26}

Digitalization and increased remote working were considered to have affected multiprofessional cooperation in OHS work. Digitization and the use of remote connections were felt to provide new opportunities and channels for collaboration and collaboration meetings. On the other hand, remote connections were also felt to have reduced the natural cooperation between professional groups. The use of digital health services has clearly increased in the last 10 years.^{27,28} For this reason, digital skills should be integrated even more into other professional skills of occupational health care,²⁹ which can thus further promote and support a multiprofessional approach between different professional groups.

Previous studies have shown that cooperation cannot be an activity led by only one professional group. Shared leadership and open interaction are prerequisites for effective teamwork.^{12,19,21,30} Contrary to what previous research results emphasise, the professionals who responded to our survey felt that multiprofessional activities are strongly driven by nurses. However, the answers attached to the main theme of Managed Activity also supported Timperi's view that multiprofessional cooperation competence involves an understanding of work where responsibility and competence are shared, and which is performed together as a team or group.¹⁹

Client-Oriented Approach in Occupational Health Service Work

The results from the client-oriented approach showed that the views of the professionals were most often related to the main theme of Smooth cooperation. The content of this theme was particularly emphasised in the responses of occupational health nurses and occupational health psychologists. In the smooth cooperation theme, mentions of activities based on trust, interest in cooperation, and good communication were highlighted, among other things. Similar elements of functional cooperation have also come up in the literature review on occupational health cooperation by Pesonen et al.³¹ Next, the views of professionals were mostly classified under the Action According to Needs theme, which was accompanied by mentions of, for example, identifying client needs and implementing OHS in accordance with clients, both the employee - and the employer-client's needs.

Our above-mentioned main themes that most commonly describe client-oriented activities are in line with Sanerma et al, where clients' participation in treatment and decision-making as well as joint communication, discussion between professionals and clients were designated as components of client-oriented activities.³² In addition, Sanerma et al lists evidence-based service and clinical skills as part of client-oriented activities.³² Previous studies also emphasise that comprehensive consideration of the client's needs and utilisation of the skills of other professional groups are the most central elements of client-oriented multi-tasking skills.^{33,34}

The Occupational Health 2025 guidelines in Finland aim to increase the readiness of OHS to respond to the health and work ability challenges related to working life.⁴ According to these development guidelines, client-oriented operations require that OHS professionals have the necessary skills to detect and assess the risks and health hazards caused by work.⁴ Client-orientation requires special skills and cooperation from each professional.³⁵ In accordance with good OHS practice, the implementation of operational processes should be agreed upon together in an OHS multiprofessional team.³ In this way, it is possible to better ensure timely and accurate services that meet the needs of customers. In addition to cooperation, this requires special expertise, because the wide-ranging mapping of the needs of a client, and the consideration of the client perspective, have been raised as the most growing need for expertise in the area of social and health care work.³⁴ The attitude of personal customer cooperation, ie, an individual-oriented work approach, has been considered a strength in OHS work. However, more client-oriented methods and clear cooperation structures are needed to manage the employer-client relationship.³⁶

Regarding the overall theme of planning activities, both in relation to multiprofessional and client-oriented way of working, the answers were generally most common among the group of occupational health psychologists. In the professional group of occupational physiotherapists, the client-oriented way of working was most often described as mentions according to the theme Flexible Services. It is worth noting that our study was carried out at a time when

occupational physiotherapists had been working as occupational healthcare professionals for more than a year, which has made it possible to utilise the skills of occupational physiotherapists more widely in preventive OHS, without need assessments by an occupational health physician or nurse. However, it is difficult to assess whether this change has influenced the professionals' responses. On the other hand, it is also known that the number of remote services has also increased in occupational physiotherapists' service offering,³⁷ and this trend may have an impact on occupational physiotherapists' views on flexible service provision.

Common Characteristics of Multiprofessional and Client-Oriented Approaches

The results showed that the multiprofessional operating method of OHS was often described from the perspective of client thinking. In particular, the mentions connected to the theme Need-based Operation showed that the multiprofessional operating method is a prerequisite for both client-oriented and high-quality OHS. The results are in line with previous studies, in which it has been found that multiprofessional cooperation strengthens client-orientation and client satisfaction. It is also known that representatives of different professional groups who cooperate also benefit from a multiprofessional approach, for example, with increased job satisfaction and clarification of job responsibilities and roles.^{12,38}

Equivalent similarities in the characteristics of a multiprofessional and client-oriented way of working were also observed in the themes Collaboration Forums and Smooth Cooperation, as well as Planned Way of Working and Planning of Activities, respectively. Joint meetings, functional teamwork and good interaction were characteristic features of both multiprofessional and client-oriented operating methods from the perspective of cooperation. Correspondingly, features

Table 2 Characteristics of a Customer-Oriented Approach by Professional Group

	Planning of activities f (%)	Smooth cooperation f (%)	Action according to needs f (%)	Flexible services f (%)	Mentions by professional groups (f)
OHP (n=25)	8 (24)	14 (41)	9 (26)	3 (9)	34
OHN (n=68)	11 (14)	31 (42)	22 (29)	13 (17)	77
OP (n=12)	2 (12)	5 (29)	4 (24)	6 (34)	17
OHPS (n=14)	3 (17)	6 (33)	4 (22)	5 (28)	18
Total (f)	24	56	39	27	146

Abbreviations: OHP, occupational health physician; OHN, occupational health nurse; OP, occupational physiotherapist; OHPS, occupational health psychologist; n, number of respondents; f, number of mentions; (%), percentage, share of mentions out of all mentions of the professional group in question.

that promote collaboration among professionals, such as proactive planning and systematicity, were equally important features in client-oriented activities as well. Previous studies have also shown the common meaning of multiprofessional and customer-oriented operating methods. Professional cooperation is an important component in client-oriented social and healthcare services.^{33,35}

The Government Decree (708/2013) on the principles of good occupational health practice defines multiprofessional and client-orientation as key features of OHS.³ Accordingly, "Occupational health service must operate in a client-oriented, independent, ethical, confidential, multidisciplinary and multiprofessional manner". In changes to the operating environment of OHS, as well as the entire social and healthcare environment, professionals are expected to have more expertise in both client-oriented service provision and multiprofessional teamwork alongside expert knowledge.³⁹ Responding to client needs requires such customer knowledge that is shared with both clients and other professionals.¹⁹

Strengths and Weaknesses of the Study

This study has both strengths and weaknesses. The strength of the research is its topicality, when considering the changes that have taken place in the operating environment of OHS in recent years, as well as the continuing pressure for change. It is also necessary to consider the topicality of our research in the broader field of social and health care. Social and

health care integration requires even more multidisciplinary cooperation expertise and consideration of the client service perspective both in social and health care workplaces and in the educational planning of vocational training institutions. In the analysis of the data, researcher triangulation was also a strength^{40,41} with which we aim to bring a deeper and more reliable picture of the nature of the multiprofessional and client-oriented way of working. The analysis is based on the joint analysis process of the research team of the research project in accordance with the research questions.

The number of professionals who responded to the survey remained low overall. Because of this, the research's weakness is that the survey results cannot be generalised. Despite the low number of participants, the same views were repeated in the answers during the analysis-phase, so we can assume that inductive thematic saturation has occurred among this study population.^{42,43} Correspondingly, the comparison of the results carried out by the professional group can only be considered indicative, as the size of the professional group of occupational health nurses was significantly larger compared to other professional groups. We were also unable to check how many professionals the survey was sent to, so the response rate of the survey cannot be accurately calculated.

Conclusion

This theory-related qualitative study provides up-to-date information of OHS professionals' views on the use of a multiprofessional and client-oriented approach in their OHS work. The results of the open-ended questions showed that multiprofessional and client-oriented approaches are closely related to each other, and the views of both approaches are in line with Finland's good occupational health practices.³ At its best, multiprofessional cooperation takes into account the expertise of different professionals so that the client can be offered high-quality, accurate content and timely service. As a follow-up study, it would be necessary to learn the practices of the multiprofessional operating method in OHS work even more deeply, for example, by means of an interview study, and to examine the effectiveness of the operating method, taking into account the client perspective as well. These results, however, can be used in further development and self-assessment of multiprofessional and client-oriented work in occupational health services.

Ethics Statement

The study was approved by the Ethics Committee of the Finnish Institute of Occupational Health.

Funding

This study was funded by the Social Insurance Institution of Finland, grant number 73/26/2021.

Disclosure

All authors declare that they have no conflicts of interest in this work.

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