

**ORGANIZATIONAL ANALYSIS, OCCUPATIONAL MEDICINE
AND UNION ACTION: A POSSIBLE ENCOUNTER***

**ANALISI ORGANIZZATIVA, MEDICINA DEL LAVORO
E AZIONE SINDACALE: UN INCONTRO POSSIBILE**

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Abstract

Italian union's and occupational medicine's traditions about safety and health in work situations are compared with the study programs upon which a joint research by Franco Mosca, unionist, and Maria Angela Breveglieri, occupational physician, is based. This research, which concerns the intermediate organizational processes between production and distribution of agricultural products, stimulates reflections and interventions about both the logic of production and the workers' needs for prevention and well-being. The introduction to the book that illustrates the research (*Lavoro organizzato, salute e azione sindacale in un comparto agricolo - Organized Labour, Health and Union Action in an Agricultural Sector*, Torino, 1994) discusses the possible encounter between organizational analysis, biomedical action and union action.

Keywords

Workers' health, Organizational action, Union action, Occupational medicine.

*This text reproduces, with the authorization of the original publisher, the introduction by B. Maggi to: F. Mosca, M.A. Breveglieri, *Lavoro organizzato, salute e azione sindacale in un comparto agricolo*, Torino: Tirrenia Stampatori, 1994.

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Organizational analysis, occupational medicine and union action: a possible encounter

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The study of Franco Mosca and Maria Angela Breveglieri, *Lavoro, salute e azione sindacale in un comparto agricolo* (Work, Health and Union Action in an Agricultural Sector), stimulates interests that go well beyond its field of research.

In summary, an analysis of specific work situations whose output is the packaged fruit we see and buy in supermarkets is performed. Without a doubt, it is important for many reasons to bring into focus a segment like this, laying between agricultural production and final distribution. But even more important is the way the study was conducted. The work situations were analyzed according to the dimensions of their organizational process (the goals of each phase of work, the planned and performed actions, the techniques), so as to identify the effects of organized labour on the health of the concerned subjects.

With an analysis done in this way it is possible to stimulate thought and corrective interventions about both the logic of efficacy and efficiency of the work process and the need for prevention and protection of the workers' well being. The study begins with an organizational perspective and arrives at issues that normally concern bio-medics and unions competences. It's not an accident that the authors are a unionist and an occupational physician who share a particular methodology of organizational analysis.

These references bring attention to the fact that the study done by Mosca and Breveglieri show characteristics that aren't widely present in several fields: in the management of work situations and the planning of organizational configurations, in the preventive and corrective interventions of occupational

medicine, and in the field of union's action for the safety and the protection of workers as well. It is very rare, indeed, that when organizing and managing work the consequences of decisions regarding the physical, mental and social well being of worker is taken into account. It is also rare that the biomedical approach to work and the union demands/negotiations are based on organizational analysis. The study is quite uncommon, at least in the Italian scenario for each of the concerned fields. Thus, it is necessary to clarify the different paths that lead to this study, and to position the study itself in relation to the various disciplines and orientations for action regarding work.

The origins and the developments of the theoretical and methodological reflection can be quickly described. Along with other results, they lead to the encounter, occurring among organizational analysis, occupational medicine and union action, that Mosca and Breveglieri recorded in their contribution.

During the 1980's two different activities of study and research were developed. One had the objective of investigating the organizational aspects of the unions and their actions. The other focused on the relationship between organized work and health. On the one hand some union members committed themselves to the study of organizational theory to understand both local union structures and specific work situations, which constituted the object of unions' demands and negotiations. Members of the CGIL union (General Italian Confederation of Labour), especially from the Lombardy and Emilia Romagna regions, were involved in this experience. On the other hand, an Interdisciplinary Research Program called "Organization and Well-being" was started, a Program focused on the relationship between work and health (www.taoprograms.org). It involved researchers (not just academics) from social disciplines, psychology, bio-medics and engineering - that is, the disciplines that are necessarily interested in the interpretation of work / health relations, or, in broader terms, of organization / well-being relations.

Both of these study and research activities began from a theoretical and methodological proposal on organization that can be summarized in three points. First, the proposal concerns the clarification of the epistemological foundations characterizing the development of the organizational reflection. Thanks to such clarification, it is possible to familiarize with the numerous theoretical streams, the many paths and approaches, in order to distinguish both origins and the consequences of every organizational choice, in theory and in practice. Second, a development of the Theory of Organizational Action is proposed, according to its potential for encountering with other theoretical fields in order to achieve an exhaustive interpretation of the context of social action (examples are the encounter between organizational and economic theory for business studies, between organizational theory and the theory of union action for the study of unions, between organizational theory and medical action theory for the study of hospitals and healthcare services). The encounter can also happen with the various biomedical, psychological, social and engineering fields in order to study the relationships between organizational choices, with a particular attention on the work situations, and the processes of health / well being of the subjects. Third, a research procedure taken from the Theory of Organizational Action is proposed, which can be compared to the numerous mechanistic, functionalistic, interactionistic and phenomenological tools.

This proposal appeared for the first time developed in a book from 1984 which was rewritten and expanded upon in 1990 (B. Maggi, *Razionalità e benessere. Studio interdisciplinare dell'organizzazione*, Milano: EtasLibri). It can be said that both study and research activities had their start with the first edition of the book, in the mid 1980's, even if the roots of this Interdisciplinary Research Program "Organization and Well-Being" can date back to discussions that started a decade earlier among occupational physicians, physiologist, psychologist, sociologist, engineers and organization scholars.

Together, the researchers in the various disciplines and the unionists, were guided by a shared reflection, and their research had a common methodological basis. The study by Mosca and Breveglieri is the result of the meeting of two separate investigations. This was made possible by a common theory and methodology. Such an encounter was inevitable, because of the specific Italian traditions of occupational medicine and unions, and their mutual relationship about the problems concerning health and work.

The Italian unions are known for an original trait of a strong commitment to health and, in general, to the conditions of workers. Italian occupational medicine claims among its characteristics a close relationship with the unions, with whom they shared criteria for the analysis of work situations. This is not the place to properly delve into a reconstruction of these traditions (which is nonetheless desirable), however it is useful and necessary to recall some aspects so one can understand the distinctive characters of the study done by Mosca and Breveglieri.

The most relevant aspect of the union tradition concerning the problems of health regards a culture about such issues which started to spread among workers in the early 60's. The starting point is the desire to stimulate an autonomous and self sufficient capacity among workers to be able to analyze both their own health and the harmful working conditions, by refusing to delegate this to the "technicians", that is, the researchers in the field of medicine and hygiene. This strategy, directed towards a self-awareness about health in the work place, realizes the inadequacy of official medicine in recognizing the risks and damages coming from widely diffused work conditions, not measurable by the tools of epidemiological research, such as rhythms, repetitions and monotony. The alternative is the interpretation of subjective experiences, group experiences, and their mutual validation of the analysis by the same subjects having a homogeneous implication in the same work conditions.

The tool used to train workers to “read” and become aware of their work conditions was compiled and distributed by the unions, in collaboration with “technicians” (mostly doctors and psychologist), which voluntarily gave up their competence-based formal responsibility. The tool widely influenced the language relating to the well-being in factories, even outside the unions and the population of workers involved. This tool has had the great advantage of simplicity, because classified “four groups of harmful factors”, each corresponding to instructions for their measurement easy to communicate. The first group includes “factors” that are also in non-work situations, like light, noise, temperature, ventilation and humidity. The second group includes “factors” typical of work situations like dust, gases, vapours, and smoke. The third group includes fatigue. The fourth group “includes all work conditions, different from physical work, but able to produce fatigue”, for example monotony, work rhythms, responsibility and uncomfortable positions.

The relevance of the unions’ commitment is out of the question, especially because of the results achieved in terms of workers’ awareness, and for the influence on an extended social awareness over problems concerning the protection of health conditions in the work place. At the same time, the criticisms about the tools, the underlying idea of work situations, and the methodological choices, cannot be ignored.

It is necessary to remember the first criticisms came about in the same union world. In the mid 1970’s, two criticism deserve particular attention. The first regards the extensive documentation accumulated through surveys that collected information about harmful conditions. These did not produce the criteria for intervention in the work situation. Indeed, a documentation does not provide guidelines for interpretation. The second criticism focuses on the classification of “harmful factors”. The claims advanced on the elements of group four (for example, the negotiations over rhythms of work) ran the risk of being often followed by the company’s management interventions in other aspects of the work place (for example, a different division and assignment of

tasks), with negative consequences for the workers. This criticism concerns the “reading” tool itself, which is revealed to be inadequate as an interpretation tool. But the criticism affects the most innovative and symbolic nucleus of the unions’ proposals: the hypothesis that the workers’ subjective analysis has the capacity to control harmful factors specific to the organization, that has hitherto escaped the occupational medicine’s gaze.

Other criticisms come from the arena of institutional research which studies organized work, in particular psychology and occupational medicine. These criticisms concern the possibility to define homogeneous work groups in relation to harmful factors to be found and uncovered: the differences, sometimes large ones, between perceived harms and real harms suffered by the human body (for example, widely studied cases relating to heavy loads on the vertebrae, to visual fatigue and to work shifts); the presumed capability to solve, through the blue collars’ experience, problems connected to the various manifestations of physical and mental fatigue, debated since the beginning of the 20th century. Above all, the object of criticism is the group four of “harmful factors”, which expresses through a tautology (“tiring conditions” that cause “fatigue”) an unresolved casual link.

A more radical criticism, at the end of the 1970s, points to a profound weakness in the unions’ proposal. It does not have interpretive categories of the work situation. Therefore, it is limited to the accumulation of contextual data, more or less reliable, without knowing how to influence the organizational choices that create harm. Nor it has the capacity to interpret the links among the configuration of work situations, the company’s organizational choices and the general industrial strategic choices. As a consequence, the claims that are not limited to the physical conditions of work could produce negative solutions for the workers, and the consequences are unpredictable for the unions. This criticism was presented during discussions over the study of the relationships between organized work and health among researchers of various disciplines involved in such study, which took place from the mid 1970’s to the early

1980's, mostly carried out by the Institute of Occupational Medicine of the University of Milan. These discussions happened to touch only incidentally upon the union proposal relating to the work conditions, because their objective was a critical examination of each of the disciplines involved, like physiology, occupational medicine, psychology of work, sociology of work and ergonomics. We already mentioned those discussions above, because with their interdisciplinary focus they laid the groundwork for the study on the relationship between organized work and health.

All these criticisms were only partially examined by the unions. We must remember that during the 1980's the union's main focus was distanced from the issue of health and the work conditions. Following widespread industrial renovations, that generated serious employment problems, the unions lowered their demands concerning working conditions and salaries in order to obtain more of a participatory role in the general process of economic and political decision making. About health and the working conditions, on one hand, the unions relied on the technological innovations to the extent to which these innovations could improve some working conditions of extreme fatigue and danger; on the other hand, the union relied on the institutional actions from the occupational medicine units working in the National Healthcare System.

The system of prevention and protection of health in the workplace expressed by the National Healthcare System law in 1978 influenced some important aspects of the Italian occupational medicine's actions in contrast to other national configurations within the same discipline. It is sufficient to remember that occupational physicians work within the local healthcare units, which are spread throughout the territory in multi-disciplinary groups along with hygienist, chemists, engineers, for the management of sanitary, environmental, plant and security conditions. Also, since the 1980's, their responsibility extended to various tasks previously performed by work inspectors, including judicial police competences. Their preventative actions in

the workplace were performed together with the union representatives according to the law. It should also be said that the commitment of many doctors who practiced in the workplace with the factory representatives dates back to the beginning of the 1970's. In some northern areas like Lombardy, this line of action within the field of occupational medicine was already part of the institutional system, with the workplace medicine services under the purview of their healthcare committees within their communal zones, well before a healthcare system at the national level was created.

Identifying the object of intervention for occupational medicine within the variety of all characteristics of work situations that have an effect on health and security, with the necessary negotiation with other disciplines and the collaboration with the workers' union representatives, has made Italian occupational medicine very different from other traditions in the last two decades. The other traditions are more anchored to the clinical study of professional illnesses and to a presence within the industrial realities as part of the managerial services. There is even a big difference with what Italian occupational medicine focused on within the same field before the 1970's. Without a doubt, the considerable push towards change should be attributed to the proposals made by the union movement on health and working conditions of workers, that strongly urged reflection within the discipline and on the practices.

The thesis of a "refusal to delegate to the technicians", expressed by the union movement in a self critical way, with reference to previous union praxis, also implies a criticism of the usual procedures of occupational medicine. The proposal to interpret "harmful factors" with the tool used by groups of workers brings into focus the risks and damages widely diffused, but almost ignored by the officially competent discipline. In general terms, it is emphasized that there was a change in the disciplinary goals which moved toward re-adapting workers for situations that have not been fully studied or discussed, while in the beginning of the 20th century the founder of occupational medicine, Luigi

Devoto, indicated that the “real” patient wasn’t the worker but the work conditions, as understood as a pathogenetic context upon which it is necessary to act with prevention goals. Without neglecting the often relevant contributions accumulated from the study of work related pathologies, the discipline feels it should return to its origins. While offering a way to directly “read” work situations, the union’s proposal touches a sensitive spot.

Indeed, occupational medicine has always looked for means by which it could analyze and interpret the situations of work, which obviously it has to find outside itself and for which it has had mostly inadequate responses. After having turned to the economy in general, the most frequent reference, since the mid 20th century, has been the engineering disciplines. From these disciplines occupational medicine can draw ideas about the processes of industrial transformation, but at the same time it receives a vision of organized work produced by Scientific Management: pre-determined goals and non questionable technologies, from which derive duties and ways to carry out tasks set into repetitive tasks. Work physiology studies, if thoroughly examined, have often highlighted the contradictions of Scientific Management. But it has been a non-explicit criticism. Even today a part of occupational medicine considers the condition of transformative processes and tasks as fixed, objective elements, far from considering them as consequences of variable, always changeable, organizational choices.

The union proposal also accepts the work situations designed by Taylorism and its derivations as a given. However, it seems to allow revealing unknown aspects, in particular the relationship between some ways of executing tasks (rhythms, repetition, posture etc.) and pathological manifestations. This possibility seems easy: the same group of workers points to a solution, it is not necessary to borrow interpretive criteria from anywhere other than the list of the “four groups of harmful factors”.

All this, in the end, appears to place itself in agreement with the strongest stimuli for innovation and for disciplinary reorientation which

reached occupational medicine in the 1950's and 1960's: the push towards prevention, following a redefinition of health on the part of the World Health Organization, in positive terms concerning physical, mental and social well-being; the invitation to overturn the adaptation relation of the human subject to work, as intended by Taylorism, into the adaptation of work and its conditions to the characteristics and needs of the human subject, as ergonomics advocates; the indications from the biochemical study of stress, by H. Selye, uncovering an insufficiency in the classic causal explanation of the relationship between physical morbigenic agents and specific reactions, which put into focus how, in order to explain the increasingly diffused pathologies in the working population, we need to refer to non-specific reactions and non-specific aetiology.

Without the many convergences on the traditions of Italian occupational medicine, it would be difficult to exhaustively explain the reception of the union proposal even without considering the strong ideological and political impact that existed in the years when it was proposed. In fact a medical discipline welcomed, not only in practice but in academic texts as well, the interpretive tools offered by the union, just like when the medical discipline previously welcomed the description of productive processes from the engineering disciplines.

This reception is not complete. The tools used by unions underwent some modifications when used by occupational medicine. The definitions of the "factors" from group 3 and group 4 were improved. Now "factors related to muscular activity" are mentioned for group 3, not "fatigue", which is considered as a consequence. For group 4 there were no "tiring factors" indicated but "factors different from muscular activity that could cause a premature onset of fatigue or an alteration of the psychic equilibrium". However, the most relevant change regards the interpretation and use of homogeneous groups of workers. Doctors interviewed groups of workers to collect from them data that would confirm "classic aspects of harmful factors"

and “tolerability levels”, and also to recognize the presence and frequency of “factors from group 4” that would have otherwise remained un-investigated. While in the union proposal the workers’ subjectivity is the fulcrum and the exhaustive point of view in the reading of the entire work situation, according to occupational medicine’s version, the descriptions, opinions and evaluations of the workers are gathered together as data to add to the anamnestic and physical environmental data.

Thus, occupational medicine tries to complete, in a provisional way, its knowledge of work pathologies and, at the same time, tries to give answers to questions about non-specific aetiology pathologies. Occupational medicine comes as close as it ever has to the organizational nature of the work situation. In the mid 1970’s, following various criticisms of the union proposal, as mentioned above, occupational medicine realizes that attention has to be moved from “environmental factors” to the work activities, and that it is necessary to study the “relation between ways of organizing and the state of health of the workers”.

Hence occupational medicine asks for help from the field of work psychology. From this field it receives interpretive, functionalistic criteria of Human Relations, both old and new; the distinction between “formal” and “informal” organization, the search for informal solutions in the work activities, the emphasis on flexibility, on the enlargement and enrichment of tasks, on discretion and satisfaction. There were medical studies in factories in the 1970’s that used socio-technical paths which, in good faith, mistook the analysis of informal behaviours with the workers’ subjectivity.

Twenty years before, G. Friedman, while attempting to found an interdisciplinary science of work, had already uncovered the ambiguities and errors of those psycho-social orientations. These were not only unable to explain the complexities of the work situation, but proposed interventions that pushed for an adjustment of the human subject to the functional needs of the system. Those interventions were presented as “motivational incentives” and as

a way to “empower human resources”. However, occupational medicine doesn’t receive the appropriate criteria from the Italian disciplines of psychology and sociology, whose interests related to work are generally closer to functionalistic orientations. However, occupational medicine finds some significant contradictions following this path, it ascertains that satisfaction does not necessarily bring health, and that discretion could bring pathological outcomes and, therefore, it has growing perplexities concerning indications that come from psychology of work.

With this accumulated experience, Italian occupational medicine has worked within National Healthcare System units as well as in hospitals and in medium and large sized companies since the end of the 1970’s. Its attitude in terms of reading working situations can only be differentiated according to generations, schools of thought or routes. The relationship with the unions has remained strong. Above all and aside from the aware or unaware uses of criteria is borrowed from Scientific Management or Human Relations or the union proposals, the commitment to the work place remains a priority.

In the second half of the 1970’s, as was mentioned before, a very interdisciplinary debate developed at the Institute of Occupational Medicine of the University of Milan about the relationships between organized work and health. In the 1980’s the Interdisciplinary Research Program, named Organization and Well-being, started. With these meetings, a part of the Italian occupational medicine realized that the study of the relation of work/health couldn’t be resolved by borrowing some tools from one or another of the engineering or social disciplines. What was needed was an exchange between theories, at its’ core already interdisciplinary, of organizational knowledge.

The two routes followed by unions and occupational medicine, of which the main features and elemental criticisms have been noted above, undoubtedly cover a large interest for the characteristic of each and even more so for their reciprocal relationship. These two routes obviously have major

strengths and relevant elements, like the centrality of subjects implicated in the work situation in the union proposal, and the focus of the study and the intervention into work within the medical perspective. Less obvious are the weaknesses of the two routes, that have had an effect on their relationships. In order to maintain the strengths, while overcoming the critical aspects, it is necessary to explicitate these weaknesses and, above all, the conditions that create them. In other terms, the above mention criticisms need to be put in order and have their reasons examined. The epistemological and theoretical reflections that are the basis for what the union organization has been studying, shared by Mosca, and for the research Program about the relationship of work and health, that Breveglieri had a part in, can offer a comprehensive reading of the merits and the weaknesses of the two medical and union routes.

It is necessary to start from the fundamental visions and, above all, from the ways to see and to understand the main object, that is, the work situation. A crucial weakness of the union proposal consists just in the way to understand the work situation with its harmful conditions. In brief, it is an unsuitable and contradictory way. While the consequences of the organization of work are refused in ideological and political terms, its mechanistic functionalistic origin isn't challenged. It is accepted as a given, and it is as if there are no other possible ways to organize. The dogma of Taylorism is accepted.

Even the vision of occupational medicine is subject to contradictions, as long as it accepts the perspective of Scientific Management from the engineering disciplines or the unions, and the perspectives of Human Relations from social psychology. In the first case the work situation is seen as an inalterable reality, and in the second as a variable reality; but, in both cases, it is perceived as a predetermined reality where the subjects are meant to adapt. This is not consistent with the purpose of occupational medicine, which in terms of prevention concerns the change of work conditions, in order to make them more adapt to the subjects involved in that work.

Another radical contradiction, connected to the previous one, regards the way to see the relationship between work conditions and harmfulness. In the union proposal, while they want to refuse the traditional paths of official medicine, they adopt its necessary causal explanation that link pathogenic agents and specific reactions. Not only, but this description is extended to repetitive tasks, monotony, work rhythms, to a combination of elements from the work situation that are notorious for escaping this kind of explanation. A clear sign of this is the use of the term “factor”, belonging to the positivistic logic of necessary explanation.

Occupational medicine, and more in general modern western medicine, has positivistic origins. The epidemiological process, starting from assessed damages and leading to determined risks and risk “factors”, is a positivistic cause/effect process of analysis. From this comes the inability to approach the non-specific consequences and aetiologies. H. Selye, with his studies on stress, implicitly indicated to biomedical science a way to explain that doesn't belong to its tradition. From the beginning of the 20th century, social sciences, physics and law discipline, have distinguished between a necessary causation and an adequate causation. In explanatory terms of adequate, or conditional, causation, unspecific relations and influences of organizational choices on health can be interpreted. Even though occupational medicine is open to interdisciplinary exchanges, it finds it difficult to accept a change of explanatory strategy.

A third contradiction emerges from the union proposal. It claims that the legacy of positivistic causal explanation, mentioned before, should be part of the interpretation of the group of workers' experiences, in the value of subjectivity. This is a way of understanding decidedly anti-positivistic, closer to the social phenomenology and dynamic psychology. In other words, the work situation should be seen and understood with the use of both logics, which are irreconcilable.

Occupational medicine has remained faithful to its original logic even on this point. Like it was stated before, it accepted but transformed the reference to

the workers' subjectivity. It was interpreted by detecting data concerning the behaviour and the opinions of workers so as to confirm other discoveries, and to add information on aspects that were not verifiable with traditional methods of detection. With this approach, the voice of workers becomes a part of the investigation that remains completely and consistently in the positivistic field. A portion of the investigation on the changing attitudes and behaviours is added to another portion of the investigation concerning the variables in the environment and the human organism. The subjectivity of the worker, however, implies otherwise. It means that the work situation in every aspect can only be seen on the grounds of subjective understandings, as understood by the actors in the same work situation. Occupational medicine, even though it has discussed workers' subjectivity a lot, has never practiced it.

Moving from the epistemological choices to the substantive choices, what emerges is the relative weakness of interpretive criteria of the union and medical routes. The union proposal seems to neglect any kind of interpretive line of thought, maybe by attempting to refuse the only interpretation it sees as available, the one dictated by Scientific Management. In fact, the work situation seems broken in three parts: the "organization of work", the "environment" understood as a separated field, and the working subjects. It is difficult to see how these things relate to each other and, in particular, the way subjects are in the work situation and how they can request changes.

It is not considered that the work situation exists as an organized reality. Everything that it includes (people, objects, means of transformation, information) exists because of organizational rules. This lack of organizational knowledge, hence a lack in the understanding of the work situation, has two main consequences in the union proposal. On one hand it calls for an identification of the "harmful factors" from group 4, and asks for intervention without considering the organization, while affirming that these "harmful factors" are a product of Tayloristic organizational choices. On the other hand it gathers the four groups of "factors" in two categories: only those from the

fourth group would have organizational roots, as if fatigue, the presence of dust, intense noise etc... would not be the result of choices regarding work tasks and the ways these tasks are performed, that is, the outcome of organizational choices, whether they are Tayloristic or otherwise.

The path of occupational medicine is characterized, instead, by the constant use of interpretive criteria of the work situation. These are criteria that borrow from other disciplines in the engineering, the psychological and the social fields, that occupational medicine sees as competent. Its biggest and most unique problem is that its object of study and intervention doesn't belong to the biomedical field. This explains, at least partially, how in the course of decades occupational medicine has borrowed in an uncritical way criteria that are very different from each other and not compatible with the goals of occupational medicine, like Tayloristic design of tasks and the socio-technical analysis of informal behaviours. But it is true that it has offered with its research interesting points of attack against some of the borrowed concepts, like the definition of tasks, discretion and work satisfaction, but it didn't know how to check the foundation of these concepts before receiving them. Occupational medicine continued to use them even though there was evidence that showed their inadequacy. It understood the necessity of changing the focus from "environmental factors" to the overall situation of organized work, but it continued to think of two different sources of risk and damages: the physical variables, to which it associates specific pathogens, and the organizational variables, to which it associates non-specific aetiology and consequences. This double misunderstanding, organizational and biomedical at the same time, cannot help but influence negatively the actions of corrective intervention and prevention.

The centrality of subjects and the focus on the work situation, that is the strengths of the two paths, union and medical, are made ineffective because the essential choices and methods are inappropriate.

Discussed in the previous paragraphs, in brief, are the proposals and the paths taken by the unions and occupational medicine in general terms. In reality, over the course of many years, and in such large and complex fields, the positions of individuals, of groups, of schools, have been and continue to be very differentiated. The study by Mosca and Breveglieri is very different from the above mentioned positions. From the mid 1980's, such point of view was expressed by people working in the union and with a commitment to interdisciplinary research where occupational medicine has given considerable contributions.

After the comment on the union's approach to health and the bio-medical approach to work, it is not necessary to go in great length to present the line of thought of Mosca and Breveglieri, because many aspects have already been highlighted by differences. Other differences could be discussed in relation to other fields of study and intervention regarding work, like the sociological, the economic and the engineering approaches. However, it has to be noted that these approaches, at least in the Italian tradition and with the rare exceptions of individual researchers, do not consider the relationships between work and health. Sociology of work has produced considerable conceptual indications and research of great interest for the study on the many problems of organization/well being. But in Italy, the discipline labelled in that way, preferred to follow the psycho-social and functionalistic paths of the new Human Relations. Thus, when it presumes an orientation toward health, in reality it concerns the "satisfying quality of work" and the "perceived stress", without a proper dialogue with the bio-medical knowledge. The discipline of managerial economics has considered, until now, that the themes of health are not subjects of interest for the organizational configurations of work. Even security has been little studied. Lastly, only sporadically has the discipline of engineering neared the themes of health when referring to the field of ergonomics, but even when it has studied these themes, its vision of the work

situation never strayed from mechanistic, functionalistic predetermination, maintaining the assumption that subjects adapt to technical constraints.

The basic characteristic of the conceptual orientation followed by Mosca and Breveglieri is a way to consider the work situation that is different from the mechanistic and functionalistic approaches. A techno-centric vision of the work situation is replaced by an antropocentric one. Not only the work situation is entirely the object of study, but this is possible because it is conceived to put the subject at the center. This allows the encounter between organizational knowledge and union action, on which Mosca developed his research commitment, and it also allows for the encounter between organizational knowledge and knowledge related to physical, mental and social health, which is the base of research program shared by Breveglieri. The useful ways to appreciate and practice this possibility are shown by an epistemological reflection on organization and its relationship with well-being.

The activities of study on union organization started with the crucial reflection on the ways to conceive the organization, in face of the ambivalence that has always characterized the relationship of the unions with its own reality, as an organized one. If the union representation of "organization" is traditionally associated with the legacy of Taylorism/Fordism in its various manifestations, the union knows they cannot develop their action in contrast to those organizational manifestations without an organizational configuration. Reflecting on the ways to conceive organization, union workers learn about its fundamentals and consequences. After having noted that there are several possible ways, they can acknowledge that the mechanistic approach of Scientific Management, as well as other ones, is not adequate for union's action, like the organicistic socio-technical approach, which the union often uses without knowing the damage done to their representatives. Finally they can acknowledge that for the goals of the union's actions, it is more convenient to conceive organization like a process of actions and decisions, where the

objectives of these actions, like the ways chose in order to achieve them, are continually renegotiated by the subjects who act and decide.

This reflection has lead many union workers to interpret in terms of organizational action some segments of the reality of the unions as well as numerous work situations, in different industrial and service sector contexts. This also has lead the unions to form claims based on a profound knowledge of these situations. The awareness of the various ways to conceive organization allows for an interpretation of organizational solutions, Tayloristic or not, found in the work place. It also allows demanding changes that aren't in contrast with the defence of workers' interests.

There is another crucial aspect. The union workers who have followed this line of thought haven't conducted research, which is not part of their union duties. They have been participants in an experience that has been gradually diffused and enlarged in an informal and spontaneous manner. Do not think about unionists introducing themselves as "organizational expert" in work places. This kind of attitude is in profound contrast with the logic of organizational action. Whatever the process of actions and decisions, for example in a work situation, it should be seen from within. Above all, it is the workers and their union representatives, in each specific work situation, those who can exhaustively interpret it. Other unionists can bring their useful competences to the organizational interpretation, and by being part of a common reading they can participate in the evaluations by the actors in the work process.

The same epistemological reflection and the same interpretation are at the base of the activity of those who participate in the Interdisciplinary Research Program on the relation between work and health. In order to study this relationship, the first issue consists in clarifying how every conception of organized work, the same as saying organization, considers the implicated subjects, and takes into account or not their physical, mental and social well being. The bio-medical, psychological, and social knowledge that regards health

must be able to meet with organizational knowledge for two purposes: to interpret the existing situations and to envisage better solutions. On one hand, an interpretive key of each way to conceive organization is necessary, and on the other hand it is also necessary to look at organization as a process of actions and decisions in order to exhaustively consider the centrality of subjects in the interpretation and in the transformation of the work situations.

In the work analysis a problem of exchange and participation of different competences always occurs. When studying the relation of work/health this happens much more than in the study of union action. The actors in the work process must learn the criteria of organizational action, but also the occupational physicians, the plant designers and all the others involved in the changes or the new project. At the same time occupational physicians and anybody else who isn't an actor in the process should acquire the point of view and the capacity of evaluation that allows them to participate in the process and its transformation. What allows and regulates these exchanges is the same concept of organizational action.

This is how the subject is made the central focus of attention in the analysis of the work situation and its transformation, and this is how the work situation in its entirety can be the object of study and intervention. Obviously this is not an acquired result, but one that needs to be conquered every time. But it can be pursued by adopting methods and making substantive choices that presuppose it. These choices also assume that organizational action, and in general every human action, cannot be explained in the strict terms of the positivistic causality. It requires instead an explanation in terms of adequacy and conditional causality. These are the terms that allow a reckoning of unspecific links, and to attribute every work condition to the organizational choice from which it originates. And this useful to add the possibility to identify and envision actions with preferable consequences.

The Research Program on the relation of work and health, by following this path, has by now accumulated a large series of studies on work, in

industrial and service sectors, both private and public. The Program has produced national and international publications. It has diffused its methodology both in training seminars and, on an institution level, in the School in Occupational Medicine at the University of Milan. It was inevitable that some initiative of unionists that followed the same methodology came in touch with the Interdisciplinary Research Program Organization and Well Being, with the goal to extend the organizational reading of work situations to the relation between work and health. Common objectives, but mostly a common language, have made this dialogue possible.

The most innovative aspect of this encounter is the base upon which it is realized. The bio-medical approaches to work, but also the union action, are not usually based on organizational analysis of the work situation, even though this may seem strange. The study by Mosca and Breveglieri at least shows that this is possible. And it also shows that it is possible to design work and its organizational configurations in a way that doesn't neglect well-being.