

The challenges of Occupational Safety and Health PhD. Program (DemSSO)

(PhD. program of the University of Porto resulting from the cooperation of 12 of it's 14 faculties, based at FEUP)

UP – FEUP

António Barbedo de Magalhães

1.- The goal of safety and health Studies:

Sustainable wellbeing for all

2.- The new context:

The reality of the state is changing

2.1.- Until 1945 the state rules over its subjects:

obedient, non critical, workers and soldiers

2.2.- 1945-2010: The European welfare State, takes care of its children-citizens

The state had to provide security, health, education,

justice and welfare assistance for its citizens.

This was the ‘European Social Model’.

**With the increase of life expectancy
and the growing costs of:**

- Public health;**
- Education;**
- Retirement pensions and social assistance;**

This model has no more sustainability.

2.3.- From now on: The cooperative citizens' state

**Universal education and informatic
revolution**

empowered the people.

**Citizens have now the capacity to
cooperate with the state
and to become its full partners**

**and no more just subjects or
beneficiaries.**

**Without a strong cooperation
between
citizens and state,**

there will be no more viable welfare state.

Alternatives.

Example a)

The ‘Expert Patients Initiative’:

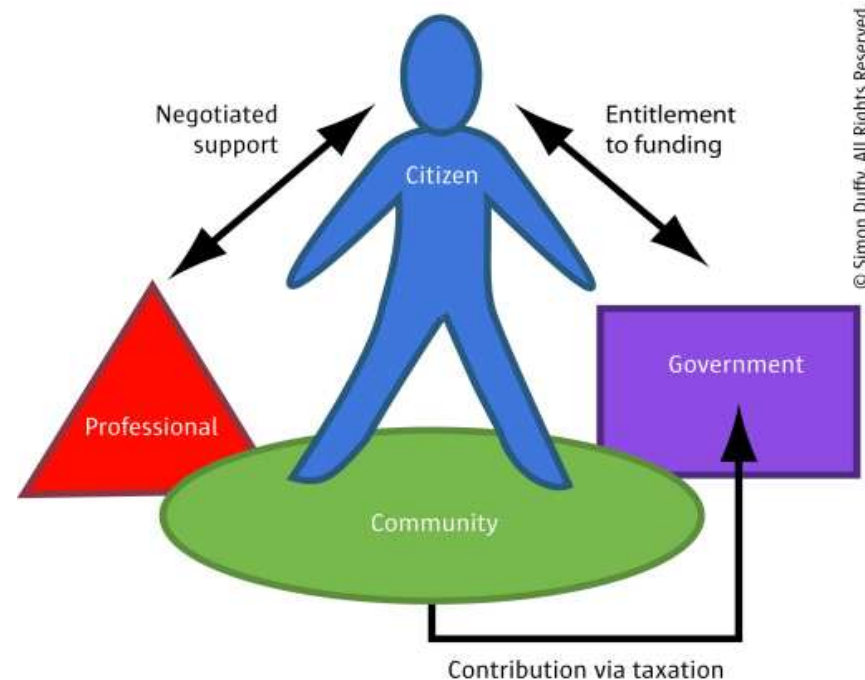
- **A New Approach to Chronic Disease Management for the 21st Century**
- **“my patients understand their disease better than I do.”**

Example b)

Citizenship Model (Simon Duffy)

<http://www.centreforwelfarereform.org/>

- **The Citizenship Model is a paradigm for organising the welfare state; the citizens manage and control their entitlements, in the context of their community of family and friends.**



This model contrasts with the Professional Gift Model, which remains the prevalent model for public services, whereby support is defined by professionals and given as a unilateral gift to needy people.

2.4.- Conclusion:

The state must change with the active participation of well informed and formed, realistic, critical, creative, cooperative and responsible citizens.

Otherwise, both state and welfare are unsustainable.

3.- What a PhD degree must be

3.1.- How it was in the nineties

1992 – PhD degree confirms

a) that innovator and original contribution for the progress of knowledge has been done,

b) high level culture and

c) the capacity to do independent scientific work.

3.2.- What is demanded now (D-L 74/2006)

a) Capacity for **systematic understanding in one knowledge domain;**

b) Research aptitudes and methods in one scientific domain;

c) Capacity to conceive, design and do research according to academic quality and integrity;

d) To have done original research contributing for the enlargement of the borders of knowledge and deserving international divulgation;

- e) To be able to critically analyze , evaluate and synthesize new and complex ideas;**
- f) To be able of communicating with academic community and with society;**
- g) To be able to promote the technological, social or cultural progress in a society based on knowledge.**

3.3.- What it must really lead to

Capacity for deep observation of reality in context:

a) Historical

b) Cultural

c) Economic

d) Socio-political

e) Environmental

PhD must lead also to

Prospective vision,

Cooperative skills,

Ethics,

Concretisation skills and

Leadership

4.- Challenges of Occupational Safety and Health PhD. Program (DemSSO)

4.1.- 1st Challenge

From monodisciplinarity to transdisciplinarity

1.1.- from specialized monodisciplinarity to multidisciplinarity,

using informations from different disciplines;

1.2.- from multidisciplinarity to interdisciplinarity,

through the mutual interaction and enrichment of clearly different disciplines;

1.3.- from interdisciplinarity to transdisciplinarity,

the holistic vision integrating scientific knowledge, philosophical conceptions, ethical values and behaviors, discipline and praxis.

4.2.- 2nd Challenge

**From hygiene and safety at workplace
to the occupational safety and health
for all, everywhere and in whatever
situation**

I – 1900 -1917

**Safety and Health Conditions
One Century Ago**



Wire drawers at the Cambria Iron Works, 1880s.

**William B. Hard came to investigate in 1907
and attracted nation-wide attention with his
article "Making Steel and Killing Men"**

Hard estimated that each year 1,200 men were killed or injured out of a work force of about 10,000.

When a man was killed on the job, there was **only one chance in five that the company would ever have **to pay compensation to his survivors.****

From 1906 to 1910, the accident rates for immigrants at the South Works were double those for English-speakers.

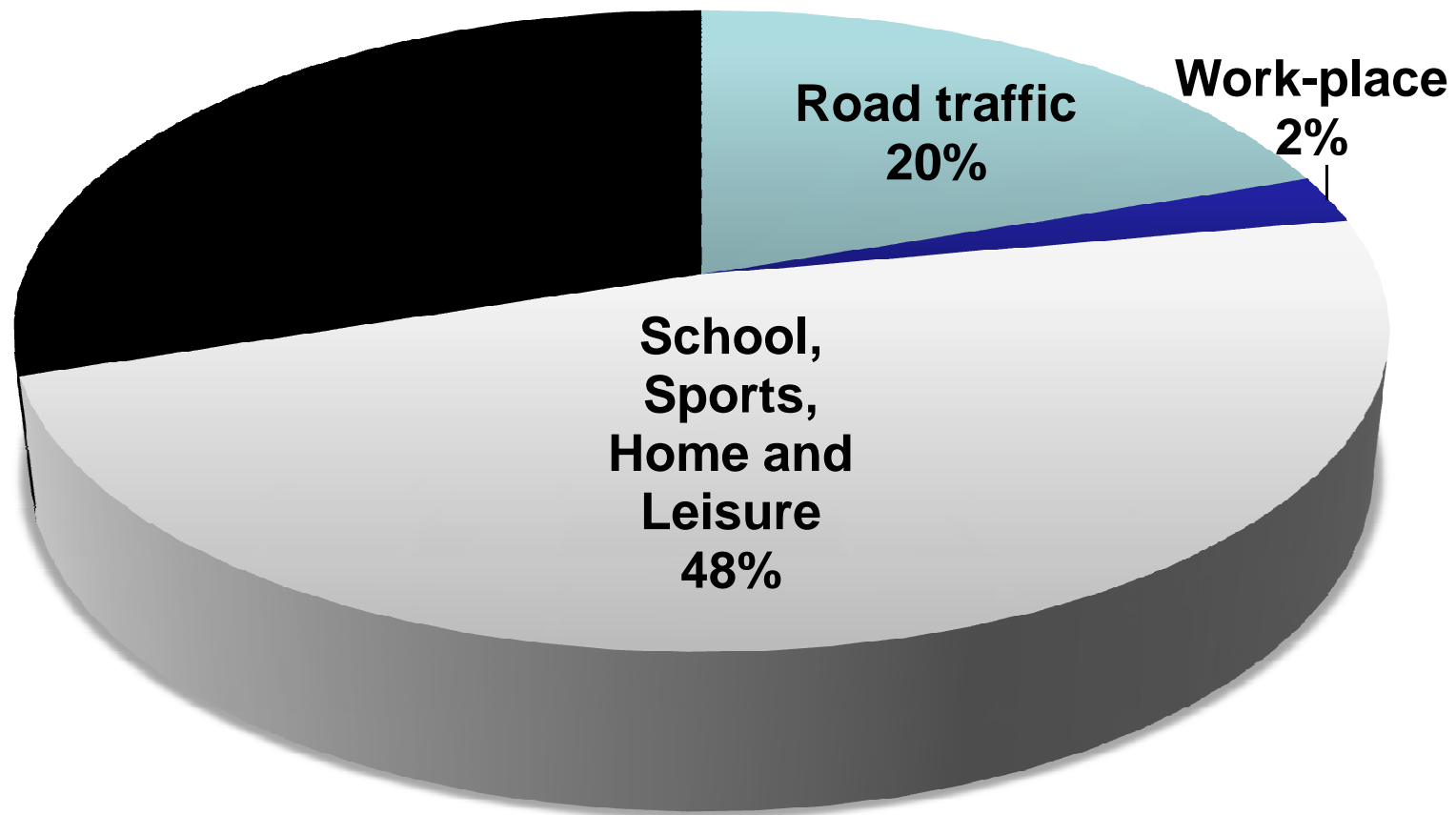
Each year, about one-fourth of the immigrant workers were killed or injured on the job.



II – 2000 -2010

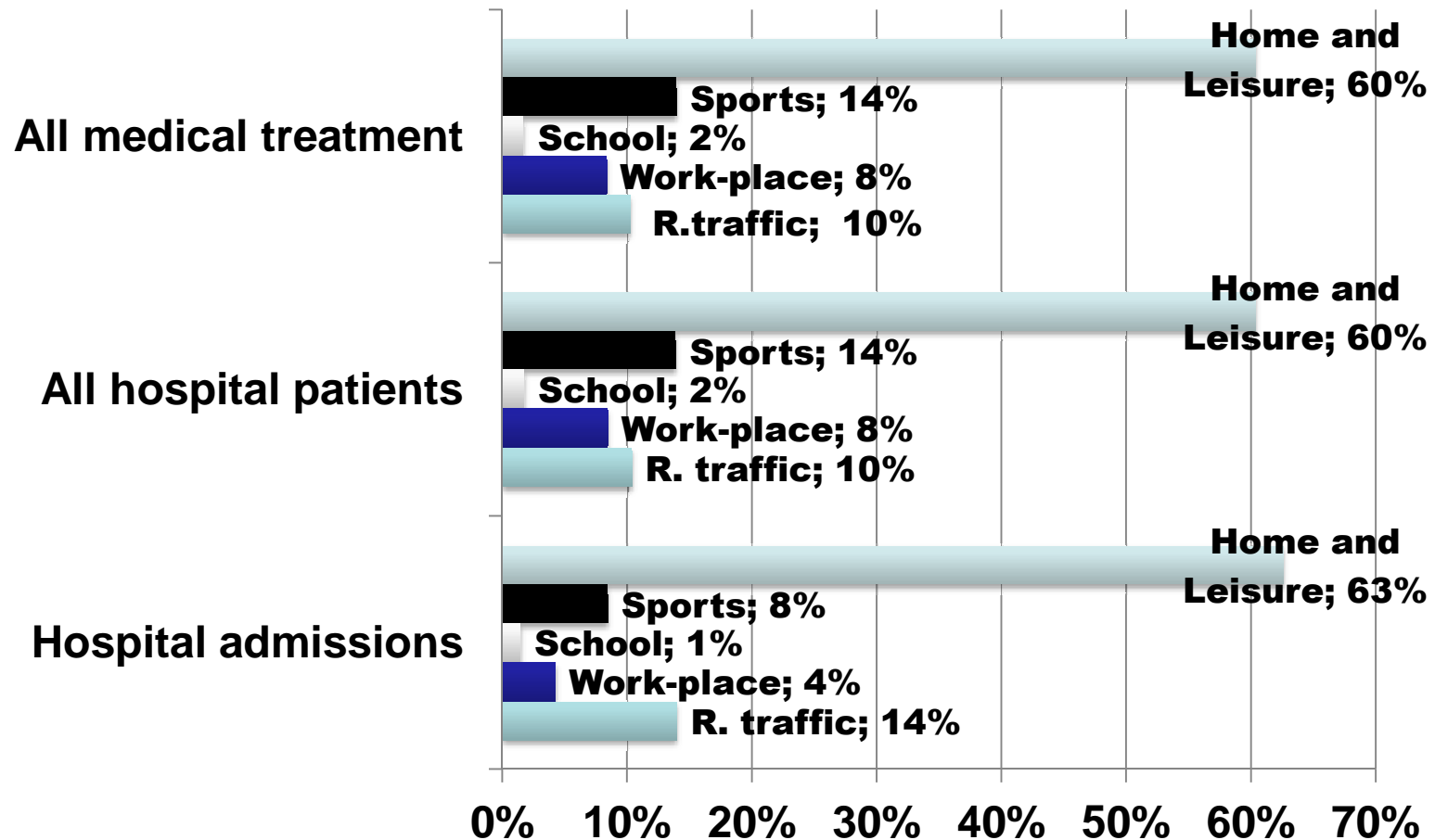
Safety and Health Conditions Nowadays

FATAL INJURIES 2005-2007, in the EU by responsible prevention domain



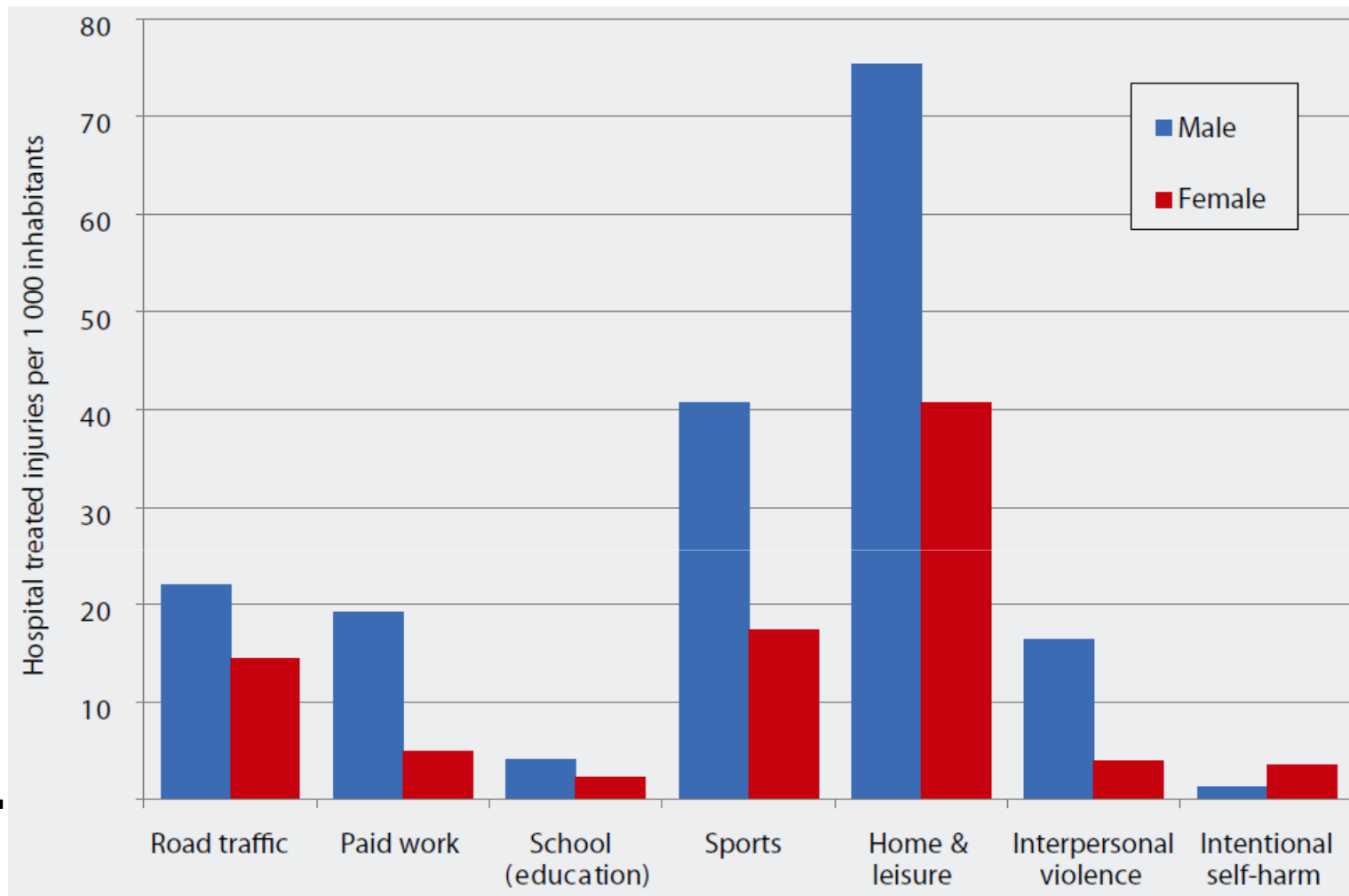
Source: based on data from "Injuries in the European Union: Statistics Summary 2005 – 2007" ([Bauer & Steiner, 2009](#))

Total of **UNINTENTIONAL INJURIES**, in the EU, by responsible prevention domain (% of all injuries)



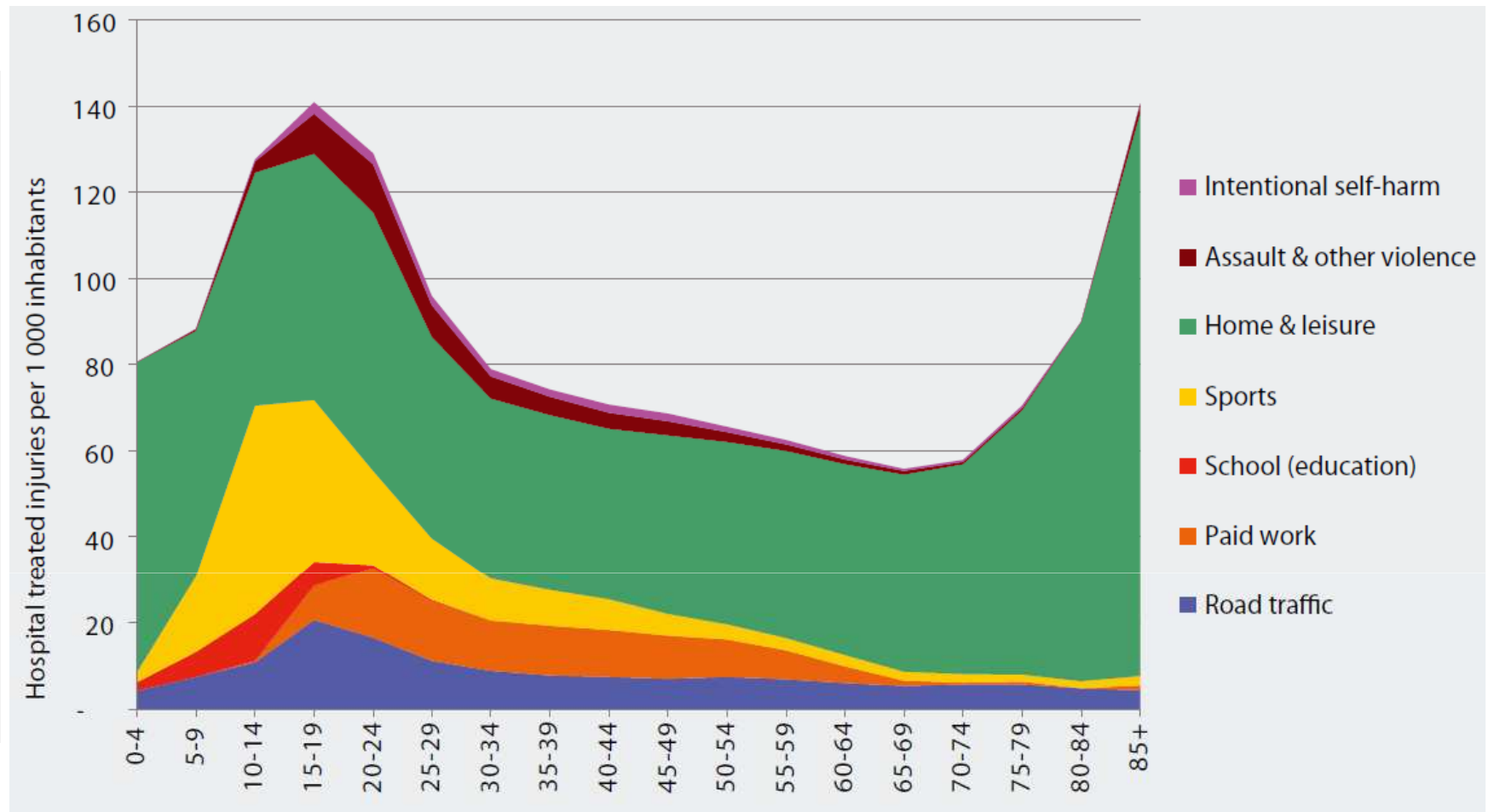
Source: based on data from "Injuries in the European Union: Statistics Summary 2005 – 2007" ([Bauer & Steiner, 2009](#))

Hospital treated injuries per 1 000 inhabitants



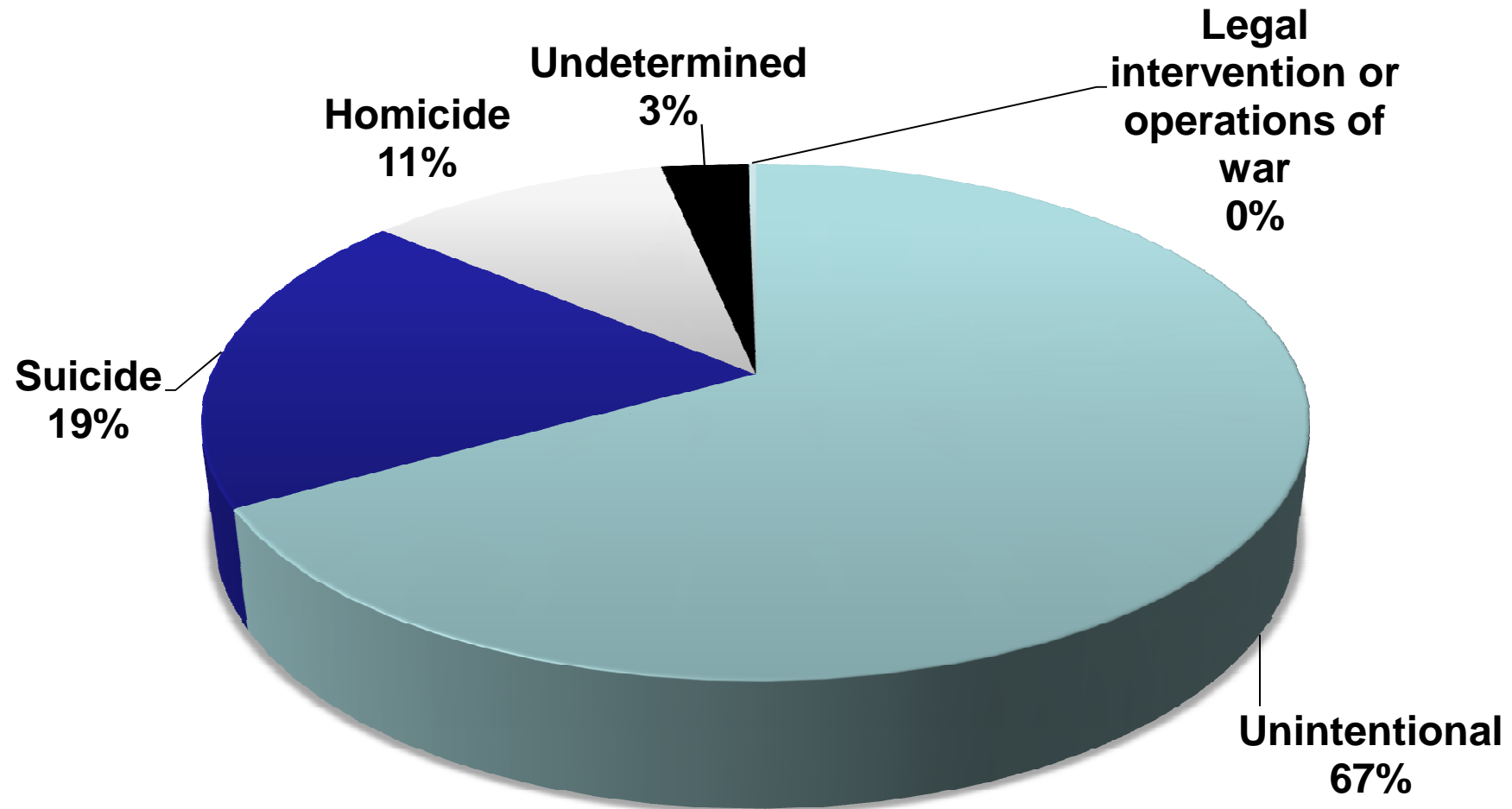
Source: "Injuries in the European Union: Statistics Summary 2005 – 2007" ([Bauer & Steiner, 2009, p. 11](#))

Hospital treated injuries per 1 000 inhabitants



Source: "Injuries in the European Union: Statistics Summary 2005 – 2007" ([Bauer & Steiner, 2009, p. 30](#))

Injury **DEATHS** and percent distribution, **by intent**: United States, 2003–2004



From those results we conclude that effectively it is essential to develop the capacity for

deep observation of reality in context:

a) Historical

b) Cultural

c) Economic

d) Socio-political

e) Environmental

**With an open mind,
Without prejudice**

4.3.- 3rd Challenge

**To develop multidisciplinary
cooperation**

**Between students and more than 80
researchers from 12 faculties and other
knowledgeable people.**

4.4.- 4th Challenge

**To become a learning and
competencies development community**

**Students and teachers are supposed to learn,
to develop capabilities and to innovate in
cooperation with each other**

**in the adventure of discovery they are all
invited to pursue.**

4.5.- Finally

**students and researchers, are
challenged to lead the change**

**and give a strong contribution for a
better, safer and healthier world**

for all

5.- Students are invited

To broaden their multidisciplinary and interdisciplinary knowledge;

to develop:

cooperative skills;

holistic vision and approach,

realistic, innovative and cooperative attitudes;

to become leaders of change

6.- Two types of thesis

a)- deeper and innovative knowledge in a very specific and specialized subject ;

and/or

b)- the innovative linking and integration of already existing specialized knowledge from different fields.

Sexualidade, segurança e saúde ocupacionais

17h45 – Chegada dos participantes e público e conversas informais

18h00 – Sebastião Feyo de Azevedo, Diretor da FEUP

Palavras de Abertura

18h05 – António Barbedo de Magalhães, Diretor do DemSSO

Os desafios do DemSSO

– Apresentação dos objetivos do debate e justificação do tema

18h20 – Alexandra Oliveira, Professora Auxiliar da FPCEUP, Investigadora do Centro de Ciências do Comportamento Desviante. Os seus interesses de investigação relacionam-se com o género e a sexualidade, a norma, o desvio e a reação social, tendo vindo a dedicar as suas pesquisas ao trabalho sexual, em particular à prostituição. É autora dos livros «Andar na Vida: Prostituição de Rua e Reacção Social» (Almedina, 2011) e de «As vendedoras de ilusões: estudo sobre prostituição, alterne e strip tease» (Ed. Notícias, 2004).

Trabalho Sexual, segurança e saúde

18h30 – Cátia L. Pires, Licenciada em Gerontologia (Escola Superior de Saúde da Universidade de Aveiro, ESSUA), Pós-graduada em Gestão da Qualidade em Serviços de Saúde (Universidade Católica Portuguesa, UCP) exerce funções de consultoria e auditoria de Sistemas de Gestão da Qualidade (SGQ) em vários modelos (NP EN ISO 9001:2008; MAQRS, ISS; EQUASS), com especial relevo em equipamentos sociais. Paralelamente, dedica o seu tempo a trabalhos relacionados com a sexualidade na pessoa idosa, sendo autora do capítulo "Explore a sua Sexualidade" no livro «Envelhecimento Activo».

Sexualidade das pessoas idosas, qualidade de vida e riscos

18h40 – Jorge Cardoso, psicólogo clínico, doutorado em Ciências Biomédicas pelo ICBAS da Universidade do Porto, terapeuta sexual acreditado pela Sociedade Portuguesa de Sexologia Clínica. Possui o grau de Especialista em Psicologia Clínica, pelo Ministério da Saúde, tendo exercido atividade clínica no Hospital Júlio de Matos até 2008. É Professor Associado no Instituto Superior de Ciências da Saúde Egas Moniz e investigador nos domínios da sexualidade humana, psicologia da saúde e psicologia da reabilitação, sendo docente convidado em diversos mestrados e pós-graduação nestas áreas. É autor do livro «Sexualidade e Deficiência» (Edit. Quarteto 2006).

Sexualidade(s) e Deficiência(s)

18h50- Henrique Barros, Professor Catedrático e Diretor do Departamento de Epidemiologia Clínica, Medicina Preditiva e Saúde Pública da FMUP, Presidente do Instituto de Saúde Pública da Universidade do Porto, Editor-associado do European Journal of Epidemiology e membro do conselho editorial das revistas BMC Public Health, Cadernos de Saúde Pública e Journal of Epidemiology and Community Health. Atualmente é o Coordenador Nacional para a Infeção VIH/Sida.

Vivência da sexualidade, segurança e saúde públicas

19h00 a 20h00 - Debate

Debate sobre

***Sexualidade, segurança e
saúde ocupacionais***

PhD. Program (DemSSO)

UP – FEUP

António Barbedo de Magalhães

18h20 – **Alexandra Oliveira (Psicóloga)**

Centro de Ciências do Comportamento Desviante , FPCEUP :

- género e sexualidade, norma, desvio e reação social,
- trabalho sexual, prostituição.

Livros: 1. «Andar na Vida: Prostituição de Rua e Reacção Social» (Almedina, 2011)

2. «As vendedoras de ilusões: estudo sobre prostituição, alterne e strip tease» (Ed. Notícias, 2004).

Trabalho Sexual, segurança e saúde

18h30 – **Cátia Pires** (Gerontóloga)

- Auditoria de Sistemas de Gestão da Qualidade (SGQ);
- Sexualidade na pessoa idosa

**Capítulo “Explore a sua Sexualidade” no livro
«Envelhecimento Activo».**

***Sexualidade das pessoas idosas,
qualidade de vida e riscos***

18h40 – Jorge Cardoso (Psicólogo clínico)

Instituto Superior de Ciências da Saúde Egas Moniz:

- sexualidade humana, psicologia da saúde e psicologia da reabilitação

Livros: «Sexualidade e Deficiência» (Edit. Quarteto 2006).

Sexualidade(s) e Deficiência(s)

18h50 – Henrique Barros (Médico)

Diretor do Departamento de Epidemiologia Clínica, Medicina Preditiva e Saúde Pública da FMUP,

Presidente do Instituto de Saúde Pública da Universidade do Porto,

Coordenador Nacional para a Infecção VIH/Sida.

Editor-associado do European Journal of Epidemiology,

Membro do conselho editorial das revistas BMC Public Health, Cadernos de Saúde Pública e Journal of Epidemiology and Community Health

Vivência da sexualidade, segurança e saúde públicas

References

Bauer, R., & Steiner, M. (2009). ***Injuries in the European Union: Statistics Summary 2005 – 2007***. Vienna: European Commission, Health and Consumers Directorate-General (DG Sanco).

Bergen G., Chen L. H., Warner M., Fingerhut L.A. (2008). ***Injury in the United States: 2007 Chartbook***. Hyattsville, MD: National Center for Health Statistics. Available from: <http://www.cdc.gov/nchs/data/misc/injury2007.pdf>