Diagnosis were made, definitions were clarified, and the nursing outcomes were identified based on the related factors, risk factors, and defining characteristics. After clarifying the challenges faced by the group/organisation, a diagnosis sheet was developed (figure 1).

Discussion The availability of this new sheet should encourage development of more systematised nursing diagnosis in occupational nursing, which is considered to be an urgent issue in Japan.

143 THE STUDY OF COMPETENCY OF THE EMERGENCY FOR OCCUPATIONAL HEALTH NURSES

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Introduction Emergencies care in occupational health care for organisations and groups and their individual departments and support for personal injuries and illnesses including life crises. However, the details of emergencies care in occupational health care are unclear. Therefore, the present study aimed to examine the competencies required of occupational health nurses (OHNs) in emergency care.

This study forms a part of efforts to construct a continuing education system for OHNs to improve their competencies in emergency care.

Methods A semi-guided interview was conducted with 10 OHNs. Referencing the data obtained from the research on continuing education for OHNs and the data obtained from the research on core curricula of nursing universities in Japan, these interview results were categorised base on their similarities and examined for their competencies in emergency care.

Results All participants in this study were women with 7–28 years of experience in occupational health nursing. The number of total employees at the workplace of each participant was assessed and it was established that for 2 of the participants there were <300 employees for each of their companies, for 1 of the participants there was 300–500 employees, for 3 other participants there were 500–1000 employees, for another 3 participants there were 1,000–3000 employees, and ≥10 000 for another one 1 of the participants. Items extracted from the results of the interviews included emergency treatment skills, motivation, preventive activities as well as team training and general employees education.

Conclusion The results suggested that to provide emergency care, OHNs must be able to identify life crises when they are occurring and provide emergency treatment, engage in preventive activities to prevent emergencies from occurring or aggravating, and exhibit ethical behaviour and professionalism in emergencies. Based on these details, we intend to further investigate the content of education and develop a continuing education program for OHNs.

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A NATIONWIDE SURVEY ON THE CURRENT IMPLEMENTATION AND COMPETENCY OF OCCUPATIONAL HEALTH NURSES ON THE COLLABORATION WITH PUBLIC HEALTH SERVICES

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Introduction We examined the current implementation and competency of occupational health nurses(OHNs) on the collaboration with public health services(PHS).

Methods A self-administered questionnaire was mailed to 2574 registered OHNs querying basic information, past PHS collaboration experience, direct PHS collaborative personnel, and competencies used in the collaboration. Our study was approved by the Ethics Committee, School of Health Sciences, Tokai University.

Results Of 815 recovered questionnaires (31.7%), 806 were valid (31.3%). Respondents' age group was most commonly 40–49 years (36.6%). Mean total years of OHN experience was 14.7 years; 150 respondents (18.6%) had public health nurse experience. Although 658 respondents (82.6%) understood the necessity of the collaboration with PHS, only 285 (36.4%) had PHS collaboration experience. Common collaborative partners were prefectural public health nurses(PHNs) (55.3%) and PHNs who belong to cities and municipalities (52.5%), suggesting OHNs collaborate with PHNs within the nursing field. The competency most commonly used by OHNs for general duties was 'including personal questions during interviews to establish a rapport so workers can discuss personal issues' (255 respondents, 90.4%). The competency most commonly used in PHS collaboration was 'assisting workers in acquiring knowledge regarding problem-solving and utilising local resources' (74.3%). Forty percent of respondents used a unique OHN competency, 'understanding that family members' health issues affect workers, and emphasising the need for support when relaying this to the personnel division'. Highly likely (≥80% validity) bases for PHS collaboration were 'open attitudes toward collaboration with professionals outside occupational health and nursing' and 'believing OHNs asking for outside help is normal when needed' in 77.4% and 73.5% of respondents, respectively.

Discussion Over 60% of OHNs did not collaborate with PHS despite understanding the necessity. Nurses who collaborated had unique competencies. Training for OHNs to acquire such competencies is necessary to ensure smooth PHS collaborations.

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OCCUPATIONAL HEALTH NURSING CHALLENGES IN DEVELOPING COUNTRIES: THE CASE OF ZIMBABWE

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Introduction The field of occupational health nursing is poorly developed in Zimbabwe. This is evidenced by lack of trained professionals and grossly limited occupational health nursing services in the country. This is against a background of high work activity in the mining and agricultural sectors that pose significant occupational health and safety risks. Lack of adequate and comprehensive occupational health nursing services compromises the health and safety of most workers in the work environment.

Methods A cross sectional survey was carried out in major mining companies in Zimbabwe. A telephonic survey was carried out amongst ten nurses in these mining companies to ascertain the main challenges faced by the nurses working in these mines.

Results All the nurses noted lack of recognition of occupational health qualifications by the nursing council as a major hindrance in the development and practice of occupational health nursing. Lack of educational institutions offering diploma or degree courses in occupational health nursing was highlighted by all the survey participants as one of the major challenges. Eighty per cent of the nurses noted the most doctors manning the mine clinics did not have a qualification in occupational health thereby presenting difficulties in running the occupational health clinics.

Conclusion Capacitation of occupational health nurses with occupational health training in Zimbabwe remains key. In addition, it is of paramount significance for regulatory bodies like the Nurses Council to embrace and recognise the discipline of occupational health nursing. Recognition of occupational health nursing by regulatory bodies in the country has the capacity of stimulating the growth and maturation of the field of occupational health. Technical assistance in this field critically needed in order to develop the occupational health human capital in this field.

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A TRIAL FOR IMPROVEMENT OF WORKPLACE PATROL FOR SMALL-SCALE ENTERPRISES BY OCCUPATIONAL HEALTH NURSES, USING SELF-MADE CHECKLIST AND UTILISATION MANUAL

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Introduction In Japan, employees are obliged to listen to a doctor's advice when abnormal results are found in periodical medical examinations. Then, Health guidance by occupational health nurses(OHNs) etc. is required as necessary in enterprises with 50 or more workers. However, workers have not received the same services in the small-scale enterprises with less than 50 workers. The Authors will report on workplace patrol using a self-made checklist and its utilisation manual in the small-scale enterprises.

Methods

1. targets: 71 small-scale enterprises with less than 50 workers, Fukuoka, Japan
2. period of survey: 28/6/2016 ~ 16/6/2017 3)Tools: checklist of workplace patrol and its utilisation manual.

Results Summary of 71 small-scale enterprises:

1. type of occupation: 61% tertiary industries 13% secondary industries
2. Appointment of safety and health promoters: 73% of enterprises were appointed
3. implementation of workplace patrol: 17.6% in the first visit, 59.4% in the second or third visit ($p<0.001$).

Discussion Most doctors registered in Regional Occupational Health Centres are supposed to do workplace patrols, but they cannot share the time workplace patrol because they were busy with medical examinations and treatment. So because of that we coordinated 10 OHNs. Experiences of OHNs are variable so we made checklist of workplace patrol and its utilisation manual, moreover we asked engineering industrial health hygienists to patrol with them. In general, OHNs are good at health control but they do not have sufficient knowledge and technique to regulate work and working environment.

Conclusion Although our checklists are fundamental, and common to various types of occupation, they are useful for improvement of workplace patrol by OHNs, accompanied with engineering industrial health hygienists. As our services are provided once a year for free, continued support once a year might make employers and employees aware as to what they should do by themselves.

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SENSE OF DIFFICULTY, SKILL RETENTION, AND LEARNING STRATEGIES IN WORKPLACE MENTAL HEALTH ACTIVITIES BY OCCUPATIONAL HEALTH NURSES (2ND REPORT)

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Purpose To clarify the relationship between skill retention in mental health activities and the learning environment/self-improvement of occupational health nurses.

Methods As per the 1st report, data obtained by questionnaire survey was used. Participants answered yes or no to 11 items regarding the learning environment, and to 6 items regarding self-improvement, respectively. We compared scores of skill retention according to the presence or absence of a learning environment and self-improvement for different levels of experience by U-test.

Results Through all levels of years of experience, approximately 70%–80% of nurses received advice regarding mental health activities in the workplace, approximately 80%–90% of them set tasks and targets on their own and performed self-evaluations. On the other hand, approximately 30% of nurses received support such as from university. Furthermore, while the rate of individuals with experience in performing studies was approximately 20% among novices, the rate tended to increase with years of experience. Novices had opportunities to consult occupational health nurses of other companies, and subscribed to relevant magazines, which significantly correlated with the sense of skill retention. Among mid-career nurses, having experience in performing studies significantly correlated with this. In the management period, a significant correlation was found with having case study groups and study groups at the workplace, and in the late-management period, increased sense of skill retention was observed in the group that set tasks and targets and performed evaluations on their own.