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.

1109

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

^{1,2,3}Yumi Nakao*, ^{2,3,4}Yuriko Hachiya, ³Yukiko Ogawa, ³Satomi Kakimori, ³Yumiko Iwasa, ²Fumiko Ichikawa, ²Susumu Oda. ¹Work and Health Occupational Health Consultant Office NAKAO, Fukuoka, Japan; ²Fukuoka Occupational Health Support Centre, Fukuoka, Japan; ³Fukuoka-Central Division of the Fukuoka Occupational Health Centre, Fukuoka, Japan; ⁴School of Health Sciences Occupational and Community Health Nursing, UOEH, Fukuoka, Japan

10.1136/oemed-2018-ICOHabstracts.1009

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.

766

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

Noriko Nishikido*, Mako Ishikawa, Satoko Shimamoto. Graduate School of Nursing, Tokai University, Kanagawa, Japan

10.1136/oemed-2018-ICOHabstracts.1010

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.