Discussion We found that the learning environment and self-improvement in terms of the sense of skill retention regarding mental health activities differed according to years of experience, and it appeared that at each career stage, there are characteristics in the learning environment/self-improvement required to improve the sense of skill retention.

738 SENSE OF DIFFICULTY, SKILL RETENTION, AND LEARNING STRATEGIES IN WORKPLACE MENTAL HEALTH ACTIVITIES BY OCCUPATIONAL HEALTH NURSES (1ST REPORT)

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

10.1136/oemed-2018-ICOHabstracts.1011

Purpose To clarify the sense of difficulty in mental health activities by occupational health nurses, as well as the characteristics of skills retention and future learning tasks.

Methods Self-administered questionnaire surveys were conducted. A cluster analysis was performed of 36 items regarding mental health activities, which were classified into categories. The years of experience were divided into 5 levels, i.e. 0–4 (novice), 5–9 (early–mid), 10–14 (late–mid), 15–19 (pre-management), and 20 or more years (late management), then the responses were compared between the 5 levels.

Results Mental health activities were classified into 6 categories, including the ‘construction of relationships of trust between workers and the manager, and data collection’, ‘assessment and support of individual consultations’, ‘support for job reinstatement and cooperation with relevant individuals within and outside of the enterprise’, ‘provision of information to workplace groups and organisations’, ‘construction of a mental health support system as a workplace organisation’, and ‘support for cases that are difficult to manage’. As the years of experience increased, the number of nurses who had difficulty in their activities decreased. However, even in the management level, there was a strong sense of difficulty in ‘support for cases that are difficult to manage’. The sense of retaining skills increased with the increase in experience. With regards to future learning tasks, for all levels of experience many nurses indicated ‘support for cases that are difficult to manage’. Novices indicated ‘assessment and support of individual consultations’.

Discussion Suggestions for training measures according to each career level were obtained. Among novices, training is needed for the ‘assessment and support of individual consultations’, while for nurses in their early- to mid-career or after, ‘support for cases that are difficult to manage’ as well as focusing on group and organisational support was considered appropriate.

571

CONSTRUCTION OF OCCUPATIONAL HEALTH NURSING DIAGNOSIS SYSTEM FOR GROUP AND ORGANISATION IN MENTAL HEALTH IN JAPAN

¹Y Yamaguchi*, ²M Ito, ³F Akimoto, ³K Hara, ³K Masuzawa, ⁴M Ito, ⁴H Nakamura, ⁴M Yanai, Murakami⁵, ⁶A Nagano, ⁷M Seto, ⁸R Yoshida, ⁹K Kono, ¹⁰A Chiba, ¹¹N Ochiai, ¹²M Tachikawa, ¹³K Inomata. ¹Sophia University, Tokyo, Japan; ²Tokyo Health Care University, Tokyo, Japan; ³Nippon Telegraph and Telephone East Corporation, Tokyo, Japan; ⁴Occupational Health Nursing Systematisation Consideration Committee in JAOHN, Fukuoka, Japan Tokyo; ⁵Metro Co., Ltd., Tokyo, Japan; ⁶Suzuki Motor Corporation, Shizuoka, Japan; ⁷LOIN Corporation Health Support Office (Hirai), Tokyo, Japan; ⁸Epson Sales Japan Corp., Tokyo, Japan; ⁹Research Centre for Occupational Health Nursing, Yokkaichi Nursing and Medical Care University, Mie, Japan; ¹⁰Aomori University of Health and Welfare, Aomori, Japan; ¹¹The University of Shimane, Shimane, Japan; ¹²Ube Frontier University, Yamaguchi, Japan; ¹³Teikyo Heisei University, Tokyo, Japan

10.1136/oemed-2018-ICOHabstracts.1012

Introduction In order to conduct effective occupational health nursing (OHN) services to groups and organisations, it is necessary to do assessment, planning, implementation and evaluation in line with the nursing process continuously. For that, systematisation of OHN diagnosis is necessary so that the three processes of planning (nursing diagnosis, nursing goal, nursing care) can be systematically utilised in particular. The purpose of this study is to develop OHN diagnosis (diagnostic index, related factor), nursing goal, nursing care in the mental health for groups and organisations, taking ‘chronic high stress state’ as an example.

Methods Development was advanced by 7 OHN researchers and 10 OHN practitioners, receiving supervision, referring NANDA-I nursing diagnosis and Arizona University NIC. ‘Chronic high stress state’ which is one of nursing diagnosis in mental health in OHN, an OHN science system was constructed in a format systematically showing three processes.

Result In the nursing diagnosis name ‘chronic high stress state’, examples of diagnostic indicators were the bad results in stress survey at workplace and the number of workers on leave due to mental disorders. Examples of relevant factors are the qualitative burden of work, the quantitative burden of work. In addition, the nursing goal showed that mental health disorder decreased, new incidences of mental health disorder decreased, nursing care showed recommendations to managers, recommendations to health and safety committee, and so on.

Discussion By systematically arranging the three processes of ‘chronic high stress state’, the problems of group and organisation (nursing diagnosis and diagnostic index) and its factors (related factor), targeted form (nursing goal), appropriate nursing support, these relationships became clear. In addition, ‘Chronic High Stress Condition’ is considered to be the basis for constructing a highly versatile system with high support needs in the development of OHN diagnostic system in mental health.