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FAMILY NURSING APPROACHES IN OCCUPATIONAL HEALTH NURSING: A LITERATURE REVIEW

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Introduction Workers and work environment are changing as a result of demographic, economic, social and technological changes. Considering that the healthcare issue among workers are currently extending further beyond individuals and their families, it is necessary to examine the practice with family nursing approaches for workers in occupational health settings.

The purpose of this literature review was to explore the practice with family nursing approaches in occupational health nursing.

Methods Relevant articles from PubMed and the Cumulative Index to Nursing and Allied Health Literature were identified using the key words 'family,' and 'occupational health nursing,' published from 2000 to 2016. 77 articles were reviewed. 6 met inclusion criteria and were included for final review.

Result Six research articles have been published from 2005 to 2013. Three papers were focused on mental health issues of workers while others focused on working mothers physical activities, immigrant workers, and personal safety.

Discussion Several family related practice in occupational health nursing have been identified, while it revealed that findings were limited due to a lack of studies. The review highlighted the need to specifically study the healthcare issues of workers related family.

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RELATIONSHIP BETWEEN ORGANISATIONAL RESOURCES AND OCCUPATIONAL STRESS AMONG JAPANESE NURSES

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Introduction Several studies have shown that occupational stress is low in workplaces where organisational resources are high. On the other hand, there are few studies that have specialised in investigating similar matters in health care workers. This study was conducted to examine whether the relationship between organisational resources and occupational stress can also be observed in Japanese nurses.

Methods The subjects were 851 nurses and midwives who were enrolled in two general hospitals as of 2015. The investigation period was July 2015 to August 2015. There were 727 respondents. Missing items were invalidated and excluded from the analysis. The independent variables were defined as WIN, age (20–50 years old), gender, and workplace (university hospital and branch hospital) and the dependent variables were the four subscales of the JCQ (job demands, job control, social support from the supervisor, and social support from coworkers). Multivariate analysis of variance was performed. WIN was used as a measure of organisational resources, which were classified into the three groups of (1) low score (–1.0

SD or less), (2) medium score (–1.0 SD to +1.0 SD), and (3) high score (+1.0 SD or more).

Results There was a significant association between all groups of WIN and job requirement, job control, supervisor's support, and colleague's support ($F(2, 569)=15.35$, $p<0.001$, $F(2, 562)=9.85$, $p<0.001$, $F(2, 568)=135.90$, $p<0.001$, and $F(2, 565)=50.74$, $p<0.001$ respectively).

Discussion The nurses working in two general hospitals in Japan provided similar results to those in previous studies. However, this research was limited to only two hospitals, and the same may not be found for nurses in general. In future, it may be necessary to collaborate with other institutions to target more nurses in medical institutions.

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FUTURE OCCUPATIONAL HEALTH NURSING ROLES

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Aim of special session The role of the occupational health nurse (OHN) is often defined by the workplace setting and needs of the employer. Components of the OHN role include health promotion, prevention of injury and illness, and protection of workers from health and safety hazards while using an interdisciplinary approach. Future roles of the OHN will be presented within these contexts through a global perspective.

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FUTURE OCCUPATIONAL HEALTH NURSING ROLES

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Introduction The role of Occupational Health Nurses (OHNs) depends on many factors, including legislation, population, geography, history, culture, industrial profile of hazards and risks, and on how occupational health (and safety) relates to the national health system. In most countries, occupational health services emerged towards the end of the 19th Century following the Industrial Revolution, and the stage of development of occupational services varies, with corresponding variation in the OHN role. Notwithstanding this, the role is well defined in the context of other members of the multidisciplinary team. Major changes to the world of work at the end of the 20th Century, including changing demographics, new ways of working and the rise of chronic diseases including mental health issues, are impacting occupational health in the 21st Century, and, with an increasing pace of change, has implications for the future role of occupational health nursing.

Methods A review of relevant literature.

Results The functions of the OHN can be tracked over time, require a wide range of skills and encompass numerous roles. Interdisciplinary and inter-professional collaboration is important. Changes are emerging in many countries that re-orientate the focus to the health of the working age population, and is not confined to those exposed to work-related risk or even to those at work. While there is a public health dimension, occupational health professionals see themselves as well placed, trained, and experienced to play a key role in this development.

Conclusion This paper will speculate on the implications, for the role of the OHN, of the evolving model of occupational health; from health, environment and safety management, through sickness absence management and vocational rehabilitation, and more recently to the healthy workplace, which extends to a wider workplace health focus, including wellbeing and health risk management in and beyond the work setting.

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A NORTHERN INSIGHT – THE FUTURE OF OCCUPATIONAL HEALTH SERVICES AND THE ROLE OF OCCUPATIONAL HEALTH NURSING IN FINLAND

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Introduction The Global OH Service development started in 1950's when WHO and ILO formulated a definition of Occupational Health Services and described the fundamental points. The later agreed European Framework Directive doesn't provide obligations to arrange OH Services and the national legislations still defines the obligations despite the consensus.

Finland is a forerunner with separate legislation for OH Services since 1978 and later 2001, which obligates employers to arrange OH. The coverage of OH Services varies greatly in many countries, in Finland it is 92%. The current number of OHNs in Finland is 2000. Occupational Health2025 – A Strategic Guideline was recently published in Finland. The future challenges of OH services are supporting work ability and work disability prevention. There still is a great need for OH Services development despite progress, also in Finland.

Methods Literature Analysis, FAOHN Member Survey 2016

Results The first Finnish OH Act was set in 1978 obligating to arrange preventive OH services to all employees and many new OHNs were recruited to OH units. The OH Decree was set in 1990's to improve the quality of OH and the maintenance of work ability became a focus. The OH legislation was renewed in 2001 and OH Services were redefined to cooperation; starting by defining the OH needs based on risk assessment and work place survey and planning the actions. The recent Finnish OH research and follow-up data from Kela shows that OHNs have bigger role in OH cooperation than earlier. Most of the workplace surveys, health surveillances and action planning hours are done by the OH Nurses. The recently published strategic guideline, OH2025 contains three main Objectives

100% coverage of OH services, OH services for small enterprises and digital OH services. The FAOHN Survey 2016 for OHNs showed a large increase in OHNs' work demands; result and productivity demands.

Conclusion The OH paradigm is developed from curative to preventive. The role of OHNs is crucial producing cost-effective services for small enterprises. The future OH challenges in Finland are supporting workers work ability and work

disability prevention. The number of educated OHNs is decreasing in Finland and the resources are challenged.

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LEGISLATION OF OCCUPATIONAL HEALTH NURSES

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Introduction In Japan, there were over 30 000 suicides per year, from 1997 to 2011. Suicides by working adults accounted for 60% of the total. The main reason was depression. The Occupational Safety and Health Law was partially revised in December 2015, and workers' stress checks were implemented at workplaces with more than 50 workers. The stress check system is required not only for personal health support but also for group-based analysis to improve ease-of-work in the workplace environment. It imposes two roles on occupational health nursing professionals: individual support and workplace environment improvement.

Methods Occupational health nurses (1) interview all high stress workers for about 30 min and extract organisational problems, (2) combine group analysis of stress checks and the results of interviews and (3) communicate the workplaces' problems to management. In workplaces with several high stress people, OHNs advise management to hold workplace meetings in order to discuss how to create a comfortable workplace environment. These are meetings are conducted through the method of Participatory Action-Oriented Training. OHNs also educate managers in creating comfortable work environments.

Results Through the efforts of OHNs, workplace communication has improved and group stress levels have been alleviated. Also, productivity has improved and the number of worker suicides is gradually decreasing.

Conclusion Today, as 75% of our workers are in the service industry, a major health problem in occupational health is becoming mental health. Therefore, it is important for OHNs to grasp the stress levels of workers and assess stress factors in the workplace. It is occupational health nursing professionals that workers can honestly talk to about their feelings. Moreover, it is important to communicate the stress factors of the workplace to management, in order to improve the workplace environment.

To that end, occupational health nursing professionals need to collaborate to improve service quality, so the Japan Society for Occupational Health has created a system of in-service education based on the occupational health nursing career ladder. Occupational health nursing professionals constantly develop skills that can support health, individuals, groups and organisations.

Utilising stress check leads to comprehensive mental health measures, ultimately leading to a decrease in suicide. In the current Occupational Safety and Health Law, occupational health nursing professionals are positioned as hygiene managers, but since nursing has a large role in health management,