

**STUDY ON
OCCUPATIONAL HEALTH NURSING SERVICE
IN WORKPLACE**

Japanese Nursing Association
Survey & Research Section
Development & Promotion
Department

OUTLINE OF STUDY

Purpose

To obtain data on the current status of occupational health nursing service in workplace.

The data thus obtained would be used to increase recognition and awareness by the parties concerned of the nursing contribution to occupational health promotion programmes.

Subjects

All the industries in which nursing personnel are employed and occupational health nursing service for employees is known to be provided by them.

Method

Questionnaires were sent to the nursing personnel employed by the industries and offices of study subjects in July 1988, and those in responsible positions were asked to complete the questionnaires and return them to the investigator by mail.

Recovery

Questionnaires were sent to 1879 industries and offices and 925 valid replies (49.3%) were returned.

STUDY FINDINGS

1. Occupational Health Nurses' Assignment

Employers (Workplace)	No. of Workplace	Ave. No. of Nurses per Workplace	Ave. No. of Workers per Nurse
Industries			
Health Center	88 (9.5%)	10.8	913.3
Health Administration Office	285 (30.8%)	2.2	702.2
Industrial Health Clinic	152 (16.4%)	1.9	781.0
Health Clinic	105 (11.4%)	2.2	623.5
Personnel Management	71 (7.7%)	1.5	828.1
Health Insurance Organization	62 (6.7%)	3.0	4277.2
Government	84 (9.1%)	5.0	1024.2
Others	78 (8.4%)		
Total	925 (100.0%)	3.3	1101.9

2. Employees' Health Problems

Priority set by employers :hypertension, obesity & cholesterolemia psychosomatic diseases, hepatopathy, backpains

Priority set by nurses : hypertension, obesity & cholesterolemia, diabetics, hepatopathy, psychosomatic diseases

Health problems that are considered to be caused directly or indirectly by work-related factors : backpains, eye troubles, neck, shoulder and arm troubles, stomach & intestinal troubles, hepatopathy

3. Number of Nursing Personnel Employed by One Workplace

1	48.9% of total workplaces
2	20.8% "
3—9	24.8% "
10 and over	4.3% "

The total number of qualified nursing personnel employed by 914 (exclusive of 11 no-answers)

respondents was 3,058. Of this, public health nurses were 33.9%, nurses 53.7% and assistant nurses 12.4%. 34.1% (1,042) of them were qualified as health and hygiene supervisor.

4. Status of Nursing Personnel in Industries and Offices

71.6% of 3,058 nursing personnel employed by 914 industries and offices responded were regular staff. Temporary full-timers were 23.6%, and temporary part-timers were 4.8%. 225 industries and offices did not employ nursing personnel as regular staff.

Nursing personnel in these settings reported to : physicians 23.9%, health and hygiene supervisors (non-nurse) 11.7%, safety supervisors 7.0%, and other administrative staff 55.9%.

5. Characteristics of Nursing Personnel Who Completed Questionnaires

Average age : 44.7 years old

Average years of experience in occupational health : 12.2 years

Average length of service with current employer : 12.3 years

6. Function of Nursing Personnel

The following functions were performed by nursing personnel at the following industries and offices of the following percentages of the respondents.

Health education—Adult disease prevention	89.6%
—Mental health service	57.8%
—Health promotion programme	70.7%
Safety and health promotion programme in workplace	30.5%
Care of employees with health troubles	
Provide consultation when requested	84.4%
Invite them to visit clinic	52.6%
Visit them at their workplace for observation	36.8%
Consulted by their superiors about their conditions	63.7%
Recommend transfer to other positions	41.4%
Recommend improvement of work environment	44.3%
Recommend improvement of work styles	35.3%

Nursing personnels were consulted with by the employees on the following topics at the industries and offices of the following percentages of the respondents.

Information about the disease, regimen and diets	97.5%
Results of health checkups	96.2%
Foods and nutrition	94.2%
Information on and referrals to medical institutions	91.7%
Symptoms perceived but not being treated	91.3%
Health of family members, friends, coworkers	86.6%
Worries about the disease not improving	86.0%
Healthy life styles	85.4%

It was noted from the study findings that the nursing personnel in these settings tended to spend more time on providing consultation to employees' individual health troubles rather than on improving work environment and conditions that would contribute to over all health of the employees. Increasing number of employees have such health troubles as adult diseases and mental disorders that may be attributed to individual unhealthy life styles, and of which cause-and-effect relationship with work is difficult to be identified. It should be also mentioned here that if the nursing personnel in industries and offices are placed in more responsible positions and given more authority, they would be able to function better for the improvement of work environment and work styles.

The expected role of nursing personnel varies according to the industries. In the organizations where nursing personnel report to medical personnel, they are expected to assist physicians, and their scope of practice tends to be restricted. On the other hand, they seem to be able to perform extensive role when the nursing personnel in supervisory position is a qualified health and hygiene supervisor. It should be noted, however, that employees seek health consultation from nursing personnel because they are experienced, capable, knowledgeable and mature, and without regard to their postion in the industry.

7. Participation in Decision-making and Scope of Responsibility and Authority

Participation in Safety, Health and Hygiene Committee :

Sit as a committee member	23.9%
Participate regularly as an observer	15.1%
Participate irregularly	10.4%
Do not participate	46.6%

Involvement in Occupational Health Programme Planning

Involved in decision-making	24.8%
Involcd in programme planning	18.5%
Be responsible for planning a part of programme	16.2%
Being consulted and submit health data, etc.	22.5%
Not involved at all	15.2%

Involvement in Health Budget Preparation

Propares the whole budget	10.9%
Propares the budget for certain items	16.3%
Opinions requested	24.6%
Not involved	44.5%
Others	1.3%

Reponsibility and Authority

Reponsibility and authority should be expanded	10.1%
Authority proportionate to responsibility should be given	21.9%
Reponsibility too heavy	6.2%
No problems	51.7%

The majority of nursing personnel in industries and offices are not given opportunity to participate in decision-making on health related matter. Thus they are not well-infomed of about health matters and are not able to reflect their views in them, They are dissatisfied with the current situation where they are not fully utilized for promotion and improvement of the health of workers.