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Occupational health nurses' contribution to health care workers' health

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Objectives Data are unavailable concerning legislation and the roles and activities of occupational health nurses in relation to health care workers. This survey was undertaken to identify these aspects of occupational health nurses and collect data on the topic in various countries.
Methods A questionnaire was sent to prominent professionals in European countries and then to professionals in other countries.
Results The study confirmed that very little is known about the number of occupational health nurses in this field. Training varies, but the more training they have, the more diversified their activities are.
Conclusions This survey emphasizes the need to develop training and education for occupational health nurses so that they can efficiently help occupational health physicians and contribute towards assessing occupational risks among occupational health care workers, particularly in light of the lack of trained occupational health physicians.

Key terms activities; education; health care workers; legislation; risk assessment; training.

When we were invited to talk about the contribution of occupational health nurses to health care at the conference on health care workers in Strasbourg in September 2004, we soon realized that there was hardly any data available on the topic. In addition, during our preparation of a literature review, it became obvious that there is much work to be done concerning occupational health nurses' activities in general and health care for health care workers in particular.

We found very little literature on the specific role of occupational health nurses within the structure for health care workers. In addition, the number of published articles related to comparative analyses on occupational health nurses' practice and training between different countries were limited. In the editorial of a special issue of the *American Association of Occupational Health Nurses Journal* (1), Hong emphasized the necessity for occupational health nurses to know about health and safety at work elsewhere in the world. In this special issue, the occupational health organization in different countries [ie, Japan (2), Korea (3), South Africa (4), and Thailand (5)] and the nurse's role are described. In addition, Whitaker & Baranski (6) have given a good account of the activities of occupational health nurses in general in Europe.

Even though health care is the second fastest growing activity around the world, many countries employing millions of workers are facing a wide range of hazards, and occupational injuries are increasing. We concluded that this subject is of much interest. How can occupational health experts raise an awareness of the need to develop occupational health among their colleagues in public or private health structures if the occupational health services offered are not of high quality.

As a result, we decided to start a European survey. We concentrated the first step of our study on the European Union (EU). But considering the general interest in this project, we decided to extend it to non-European countries as well and readjust our questionnaire. Thus we regarded the first result as a pilot study.

The aims of this study were to identify occupational health nurses who deal with health care workers, define their place and role, compare activities in different countries, localize existing training courses, and define and propose further needs or projects depending on the results.

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Material and methods

We first identified prominent occupational health professionals in Europe. Our choice criterion was to identify professionals who were recognized as experts having sufficient knowledge of their country's occupational health legislation and organization.

A questionnaire was devised covering the provision of health care for all health care personnel in a country and issues such as whether health care is mandatory and who finances this service and whether there were qualified occupational health nurses working within health care establishments, hospitals, or clinics, and the number if known. Occupational health nurses' activities were also covered. The respondents were asked to mention the five most commonly practiced activities, from the most frequently practiced to the least frequently practiced. They were also asked to specify any changes that had taken place during the past 5 years. The offering of education in the form of a qualifying diploma course for occupational health nurses was also the topic of one of the key questions. We wished to determine whether continuous specific training was compulsory for work in health care establishments**.** We were interested in determining whether occupational health nurses were members of interdisciplinary teams in various countries.

Over 110 questionnaires were sent by e-mail to well known occupational health nurses and occupational health practitioners in EU countries and worldwide. Our objective was to identify a minimum of three prominent occupational health professionals in each country. Ideally we targeted prominent occupational health nurses. But in reality this was not always possible since, in some countries, they simply do not exist.

Results

Out of 68 replies, 28 came from occupational health nurses, and 40 were sent by medical practitioners and teachers. The replies came from the following 33 countries: Algeria, Australia, Austria, Belgium, Bénin, Brazil, Canada, China, Denmark, Finland, France, Germany, Greece, Guinea, Ireland, Italy, Ivory Coast, Japan, Luxembourg, Macedonia, Morocco, the Netherlands, Norway, Poland, Portugal, Romania, Spain, Sweden, Switzerland, Taiwan, Tunisia, the United States, and the United Kingdom.

In response to the question on whether health care workers' health was taken care of, in 60% of the cases, it was compulsory, but the level of application varied. There was no legal obligation in 24% of the countries. In Poland health care has to be provided when the number of employees exceeds 100. In other countries (ie, 13%) the obligation exists, but it is not applied. In 65% of the cases, occupational health services are financed by employers, but in 13% the state provides care and most often the service is provided internally.

In most countries, health care for health care workers is organized through the use of internal commercial services, except in Belgium and Germany, where it is covered by external structures. Within the United Kingdom, the National Health Service covers the whole range of hospitals. In France, public structures are covered by internal services and private ones by external services.

There are occupational health nurses working in structures set up for health care workers in most countries except Austria, China, Germany, Greece, Macedonia, Morocco, Romania, Taiwan, and Tunisia.

Belgium, Denmark, Italy, Norway, Poland, and Spain are special cases, either because legislation has changed or because of some other reason. It is worth noting that only three countries (Luxembourg, Norway, and Finland) responded to the question on the number of occupational health nurses working in services for health care workers.

The question regarding occupational health nurses' activities was the following:

"Can you name 5 principal activities from the most frequently practiced to the least?" An analysis of the results showed that 17 such activities. Figure 1 presents the results. Specialized training seems to be compulsory only in Brazil, Finland, and Norway. In the following

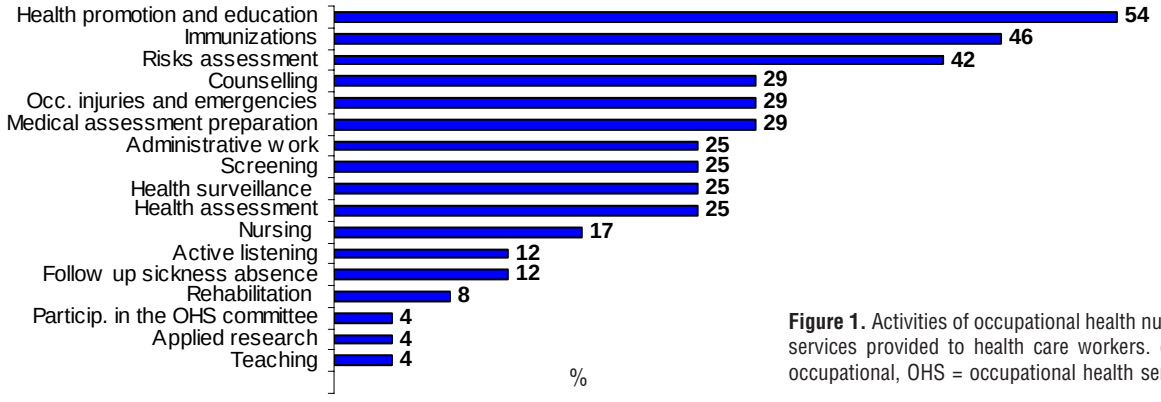

Figure 1. Activities of occupational health nurses in services provided to health care workers. (Occ = occupational, OHS = occupational health services)

countries, training is possible: Denmark, France, Ireland, Spain, Sweden, the United Kingdom, and the United States. No specific training is available in other countries.

As for work in an interdisciplinary team, medical practitioners are present in all countries. Engineers and technicians are also present everywhere except Finland, Japan, Luxembourg, Macedonia, Norway, Romania, Taiwan, and Tunisia. Occupational health nurses were mentioned as a part of interdisciplinary teams in the following countries: Brazil, Denmark, Finland, France, Luxembourg, Poland, Portugal, the Netherlands, Spain, Switzerland, and the United Kingdom. Ergonomists are included in Belgium, Canada, Denmark, Portugal, Spain, Sweden, Switzerland, and the United Kingdom. Psychologists are involved in Belgium, Denmark, Finland, France, the Netherlands, Norway, Portugal, Spain, Switzerland, the United States, and the United Kingdom. Hygienists participate and contribute to the work in Belgium, Canada, Macedonia, Norway, Poland, Portugal, Spain, Switzerland, the Netherlands, and the United Kingdom. Physiotherapists are a part of the team in Belgium, Denmark, Finland, Norway, and Romania. Toxicologists contribute in Belgium, Japan, Norway, Romania, and Tunisia, and social workers are active in France, Spain, and Switzerland.

Discussion

Comparison is already difficult within a country, and evidently the task becomes much more difficult when 33 countries are involved. In addition, within the same country, the responses were sometimes simply contradictory. For example, two well known occupational health practitioners in France gave opposite answers. They were nevertheless included in the research as their responses reflect their reality. Depending on the team's environment, motivation, training, and competence, the activities practiced differed. For economic reasons, institutions were reported to have more or less appropriate numbers of staff members, and the number affects activities and team composition.

There is confusion about the definition of the term "occupational health nurse". It does not have the same concept in all countries, and the activities practiced are extremely different. For example, the Italian nurses referred to in the responses were not registered nurses. Nevertheless, they were included in the data since we were not aware of this difference until we contacted the respondents after the survey because of some contradictory responses.

Counseling carried out by occupational health nurses does not have the same meaning in various countries either. In certain countries, it is associated with active listening, while, in others, counseling is interpreted as guiding and giving advice to employers and employees. Here again, in some countries, occupational health nurses do health surveillance and only call in occupational health specialists when needed. In others, health surveillance is an exclusively medical territory. These differences point to the lack of definition for occupational health nurses' role and mission as opposed to those of other professions, such as, for example, hygienists, who have managed to define and impose their particular competencies and specificity.

In conclusion, it seems that there is an evident lack of obligation concerning the presence and training of occupational health nurses. Data are totally unavailable concerning the number of occupational health nurses working in most countries, except Luxembourg, Norway, and Finland, and specialist training is hardly available.

What is significant is the wealth and various activities practiced by occupational health nurses in countries where specific education exists. Legal obligations within countries or directives by international organizations such as the World Health Organization, the International Labour Office, the International Commission on Occupational Health, and the European Union may help to boost and raise awareness concerning compulsory education and training for occupational health nurses.

Occupational medical practitioners and nurses are professionals who also partly undertake joint studies and also have common interests in their community's health. As a result, this close collaboration should be encouraged and developed within the occupational health field as well.

We have experimented with common educational modules for three professional groups in our inter-university occupational health diploma course at the Louis Pasteur University in Strasbourg. These three groups are comprised of future occupational health nurses, medical practitioners from developing countries, and occupational health residents. The evaluation results are extremely positive. And we recommend that more common study modules be established that bring in various occupational health professionals in the future. It is cost-effective, and studying together improves future teamwork.

This survey demonstrates that, not only is there grounds for establishing specific occupational health nurse profile, but it seems of utmost importance to define professional competencies for occupational health nurses' contribution to the health of the workers within the interdisciplinary team.

Occupational health nurses' training and education should be developed so that they can participate

efficiently in occupational health teams and contribute to assessments of occupational risks among occupational health care workers, especially in light of the lack of occupational health physicians in occupational health services all around the world on one hand, and their particular position beside their colleagues in health care on the other.

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