



Review Article

Training in occupational health nursing competencies: an ongoing review

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ABSTRACT

Occupational Health Nursing has a long history in the field of specialized care due to its specific training and presence in the workplace. Although the process of acquiring professional competences admits different peculiarities within the European Union, the article invites a joint periodic review in order to consolidate a discipline that provides care for the working population based on the best available scientific evidence.

Keywords: Occupational Health Nursing; Professional training.

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Introduction

Occupational Health Nursing has a long history in the field of specialized care due to its specific training and presence in the workplace. Although professional training to develop their skills is endorsed by extensive regulatory support, the specialty is immersed in a complex, diverse and variable work environment where significant changes and new challenges for the health and safety of workers are emerging (1).

The historian Henry E. Sigerist, promoter of the social aspect of health care (2), proposes an account of the history of humanity through the history of work. The author considers the central character that work occupies in society and the influence it exerts both

in the personal and relationship spheres (3). From this premise, the space occupied by Occupational Health Nursing is necessary for the process of improving not only working conditions but also increasing the quality of life at work.

The historical trajectory of this specialty in Spain runs parallel to the evolution of the nursing profession itself, and its presence became evident in companies when the Occupational Safety and Hygiene Regulations (1940) (4) were approved. Spanish legislation in the field of occupational health dates back to the publication of a norm that requires the creation of a Company Medical Service (1956) in centers with 500 or more workers (5,6). Years later, in 1959, the status of Company Health Technical Assistant was recognized to the professional who accredits the specific training given by the National School of Occupational Medicine (NSOM) (7). Consequently, the NSOM itself regularly convenes a specific course to obtain the degree between 1962 and 2005, issuing 35,343 Company Nursing diplomas during this period (8). Once the training of professionals has begun, the National Institute for Safety and Hygiene at Work (1969) determines their functions of a medical, physiological, psychological, health, administrative and educational nature (9).

The training process supervised until that moment by the NSOM is decentralized, and the Autonomous Communities (1989) convene regular courses of similar content. In this legislative evolution, the publication of a specific royal decree on nursing specialties (2005) (10) revises a previous regulation from 1987 (11) that did not contemplate Occupational Health Nursing, a circumstance that allows this nursing specialty to be recognized for the first time in Spain. The provision also regulates the training of future specialists as Resident Intern Nurse through a residency system in an accredited multi-professional teaching unit. Access to the system is carried out uninterruptedly through an annual state call since 2009.

Finally, in 2009 the National Commission for the Occupational Health Nursing Specialty defined its own competencies and a specific training program in a consensual way. This circumstance constitutes a turning point in this nursing discipline (12). The acquisition of skills allows access to a level of knowledge, skills and attitudes through training in the following areas: preventive, care, legal and expert, management, teaching and research. Being assigned to an accredited teaching unit implies completing a two-year training period

that includes theoretical and practical content. During the first year, competences are acquired through a system of rotation both in the hospital and in the community, in the second the training is developed entirely linked to a prevention service, a more practical aspect of the training period of the future specialist.

At the community level, the Federation of Occupational Health Nurses within the European Union describes the competences of the specialty in different countries (Table 1) and analyzes the teaching programs taught, observing generalized access to the specialty through a university master's degree (13). Although the structure of the program differs depending on the country, the contents related to public and community health have a great weight in all cases, in addition, the experience is a prerequisite for access to postgraduate training in countries such as Germany, Denmark, Finland and Switzerland. However, the professional federation itself points out two considerations: in six countries they have specific contents during the undergraduate period (14), and in twelve they have established specific specialization programs (15), having their origin in the United Kingdom (1934) already then Finland (1948) (16).

In a complementary way, the priority lines of action of different institutions stimulate the competence development of the specialty. The European Union's health and safety strategy invite occupational health professionals to establish a repertoire of good practices among the working population (17). In parallel, the National Institute for Occupational Safety and Health promotes the improvement of quality and effectiveness in a specific area, the surveillance of the health of workers (18). An action where it is appropriate both the application of specific guides and protocols and the establishment of initiatives that facilitate preventive actions based on scientific evidence. Aspects that are in line with the action plan proposed by the World Health Organization (WHO) (19) and the National Institute for Occupational Safety and Health (NIOSH) (20) that advocate the establishment of initiatives that promote comprehensive care to the worker. The circumstance that is favored by the protection of labor rights with a safe work environment as advocated by both the United Nations and the International Labor Organization (21).

Table 1. Competencies of Occupational Health Nursing

Country	Germany	Belgium	Croatia	Cyprus	Denmark	Slovenia	Spain	Finland	France	UK	Grece	Holland	Hungary	Ireland	Malata	Portugal	Romania	Sweden	Switzerland	Turkey
Health education/promotion	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Disease/injury prevention	•	•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Health assistance/surveillance		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		•	•	•
First aid services	•	•		•	•	•	•	•	•		•	•	•	•		•	•	•	•	•
Administration of occupational health service	•	•	•	•	•	•	•	•	•		•	•	•	•		•		•	•	•
Sickness absence management				•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Rehabilitation/resettlement		•		•	•			•	•	•	•	•	•	•		•	•	•	•	•
Environmental surveys/controls	•	•		•	•	•	•	•	•		•		•	•			•	•		•
Workplace risk assessment		•		•	•		•	•	•	•	•	•		•			•	•		
Epidemiological surveys		•			•	•	•	•	•		•		•			•		•		•
Occupational health services managem/policy development								•	•	•										
Employee occupational health training							•				•									
Case management									•											
Phychosocial work environment					•												•			

Source: Staun J. Occupational Health Nurses status in European Union states 2005-2012. Final results. Federation of Occupational Health Nurses within the European Union (FOHNEU), 2014.

Specifically, the Federation of Occupational Health Nurses within the European Union (22), the American Association of Occupational Health Nurses (23,24), the Canadian Nurses Association (25), the Association of Occupational Health Nurse Practitioners (Royal College of Nursing) (26), the Scientific Committee on Occupational Health Nursing (27,28), the WHO Regional Office for Europe (29), the Occupational Health Nursing Research Center (30) and the Faculty of Occupational Health Nursing (31) They have also defined the different roles of occupational nursing in their areas of influence.

In the first study in the European Union where the opinion and perception of the professional competences of the Occupational Health Nursing itself are analyzed, the

specialists reach a higher degree of development in those tasks related to the care area (32). On the other hand, they consider content related to prevention and health promotion to be more important. These last perceptions coincide with the contribution of Rogers et al., who in their conclusions, highlights the greater autonomy of execution achieved in these areas (33). Along the same lines, both contributions are in line with the action proposals recommended by the Scientific Committee on Occupational Health Nursing to achieve greater professional independence (34). In fact, the American Association of Occupational Health Nurses indicates that 47% of specialists incorporate preventive advice in each nursing act (35). These benefits are ratified by both the International Social Security Association (36) and Harvard University (37), in both reports they confirm the cost-benefit ratio of implementing preventive actions represents a relevant performance in organizations.

In this account of priorities of the specialty, other influential circumstances emerge: a globalized socio-economic reality, complex labor relations in a changing scenario, the characteristics of the current labor market, business and professional expectations and attitudes, the dimension of the relationship established with the working population, the appearance of new diseases or emerging pathologies linked to work and the inheritance of previous organizational and care models. All of them determine the development and execution of the competences of the largest group that provides health care in the workplace (38).

Despite the professional, economic and labor conditions, the specialty aims to make visible some of its less developed skills by establishing new lines of research. Although initially, they focused on projects related to the prevention and promotion of healthy habits, incorporating the modification of lifestyles in their proposals (13), currently the priority lines deepen the evaluation of the actions implemented based on cost-benefit criteria, the impact and consequences of psychosocial risks, the adaptation of people with limited capacities and the presence of vulnerable or especially sensitive workers. At this same level, they also point to an interest in prolonging working life under healthy conditions, the incorporation of migrant workers as a consequence of demographic changes and the analysis of the effects of new technological applications together with recent forms of work (39, 40), priorities that are framed in the research proposals of the European Agency for Safety and Health at Work (40).

In this journey through the Occupational Health Nursing specialty, formative strengths and weaknesses emerge, however, 67% of developed countries have an official degree and a specific program of the specialty (38). Since 1999, the American Association of Occupational Health Nurses reviews their skills every four years using the Delphi method with a clear purpose, to analyze the professional practice of the actors involved (32). Therefore, from a proposal with a labor approach but close and complementary to the community sphere, it is a question of provoking a reflection on the opportunity to harmonize the training contents periodically in order to consolidate a discipline that provides care to the labor population-based on the best available scientific evidence.

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