

**Occupational Health Nursing  
Education, Practice and Profile  
in the EU countries.**

**Education Group, FOHNEU  
FINAL REPORT 2012**

This report is based on data collected by the questionnaire designed by the education group in 2004 and revised to include the questionnaire used for collecting policy data as well as to include a new section on the problems OHNs face during everyday practice. Twenty-six questionnaires were sent out and 20 (77%) were received completed of which 18 were fully completed, 5 questionnaires more than in 2004. Table 1 shows the countries that provided data in 2004 and 2012.

**Table 1. Countries included in the report.**

<b>COUNTRY</b>	<b>2004</b>	<b>2012</b>
1. Belgium (BE)	√	√
2. Croatia (CR)	-	√
3. Cyprus (CY)	√	√
4. Denmark (DK)	√	√
5. Finland (FI)	√	√
6. France (FR)	√	√
7. Germany (GE)	√	√
8. Greece (GR)	√	√
9. Hungary (HU)	-	√
10. Ireland (IR)	√	√
11. Italy (IT)	√	-
12. Malta (MA)	-	√
13. Netherlands (NL)	√	√
14. Portugal (PT)	√	√
15. Romania (RO)	-	√
16. Slovenia (SLO)	-	√
17. Spain (SP)	√	√
18. Sweden (SWE)	√	√
19. Switzerland (SWI)	√	√
20. Turkey(TK)	-	√
21. United Kingdom (UK)	√	√

The questionnaire is divided into four parts a) general nursing education, b) occupational health nursing education, c) occupational health nursing practice and d) difficulties that OHNs face in their everyday practice. Data collected is presented in the same order.

#### **A- General Nursing Education and Training.**

In most countries (13 out of 20) nurse education is organised by the Ministry of Education or jointly with the Ministry of Health. In France, Germany, Hungary and the Netherlands responsibility lies with the Ministry of Health. In Ireland, Malta and the UK professional organisations set and monitors standards.

Nursing education in Europe is still diverse and although professional titles that are awarded are according to the EU directives, the institutions that award the titles as well as the duration of the studies differ from country to country as well as within each country occasionally. There are changes however, showing an upgrade of registered nurse education mostly at university degree level. In Table 2 the duration of the studies by country and type of institution that awards the nursing title are presented.

**Table 2.Type of Institution that provides basic nursing education and awards the title “Nurse”.**

Country	Responsible organisation	University (length of course)		HE/College/ Polytechnic (length of course)		Secondary/ technical (length of course)	
		2004	2012	2004	2012	2004	2012
Belgium	MoE <sup>1</sup>	-	2/5 (MSc)	3	3	-	3
Croatia	MoE+H	-	2	-	3	-	5
Cyprus	MoE+H	-	4	3.25	-	-	-
Denmark	MoE	-	-	3.5	3.5	-	-
Finland	MoE	-	-	4	4	-	-
France	MoH <sup>2</sup>	-	-	3*	3*	-	-
Germany	MoH			-	3	3	3
Greece	MoE	4	4	4	4	2-3	2-3
Hungary	MoH	-	4	-	4	-	3
Ireland	PO	4	4	-	4	-	-
Italy (2004)	MoE	3+2	-	-	-	-	-
Malta	PO	-	3	-	-	-	-
Netherlands	MoH	-	-	4	4	-	-
Portugal	MoE	-	-	4	4	-	-
Romania	MoE	-	3	-	-	-	3
Slovenia	MoE+H	-	-	-	7	-	4

Spain	MoE+H	3	4	-	-	-	-
Sweden	MoE	3	3	-	-	-	-
Switzerland	MoE	-	-	4	4	-	-
Turkey	MoE	-	4	-	4	-	4
United Kingdom	PO	4	4	3	3	-	-

<sup>1</sup>Ministry of Education, <sup>2</sup> Ministry of Health

\*equivalent

### ***B- Occupational Health Nursing Education and Training.***

Although occupational health is considered a specialised field it was thought appropriate to investigate how the subject is taught in the nursing curricula. As it was found out occupational health is included as a full course in in half of the countries and depending on the school in Belgium and the UK, which shows a positive development in the last seven years. It is incorporated in community/public health courses in France and Switzerland. In a few countries this course was added after 2004. Content and length of study in these courses varies and it is not possible to compare, which is the same as in 2004 findings.

Twelve countries have specialization programmes generally at postgraduate level of variable duration and these programmes are presented in Table 3 (only specialization programmes specific to nurses are included). In Greece and Ireland there OH&S multidisciplinary master courses accessible to nurses and in Greece at least half of the intake in each course is nurses. In Turkey there are efforts to organize a formal specialization programme although they have run a part-time - 19 working days with a total of 143 hours - certificate programme a few times in the recent years. In Cyprus, Portugal, Turkey and also in Greece, occupational health is included in postgraduate courses –either specialization or MSc programmes of at least one-year duration - in community/public health nursing.

As a general prerequisite only registered nurses can apply for a specialization course, but in some countries there could be additional requirements. In Finland only public health nurses can specialise, while experience is also required. Experience is also a requirement in Denmark, Germany and Switzerland. Most courses are validated with ECTS units which becomes the uniform requirement in EU countries following the Bologna Treaty for higher education.

**Table 3. Specialisation programmes in Occupational Health Nursing.**

	Year OHN programme first established	Organization	Duration	Theory	Practice	ECTS Units
Belgium,	1999	p/t diploma	40 weeks			
Denmark	1998	p/t diploma	6 months	140 hours	40	15
Finland	1948	p/t certificate FIOH certificate	9-12 months	100-300 hours	Mostly students work in OH, specialization	11-30

					is required within 2 years from starting working in an OHS	
France	1994	p/t diploma	15-16 months	646 hours		60
Germany	1979	f/t certificate	8 w	260 hours	20-30 hours	
Hungary	1953	p/t Certificate	10 months	210 hours	1196 hours	
Netherlands	1984	f/t diploma	2 years	3360 hours	2 days pw	120
Slovenia*	2012	diploma	3 years	4500 hours	1800 hours	180
Spain	1959	f/t degree	2 years	10/15% <sup>1</sup>	19 months	
Sweden	1970	p/t degree	2 years	280 hours	120 hours	60
		MSc	4 years	320 hours	varies	120
Switzerland	2000	p/t diploma	12 months	200 hours	200 hours	15
UK	1934	f/t Diploma p/t Diploma	12 months 2 years	50%	50%	
		f/t degree p/t degree	17 months 4 years	50%	50%	120 level 5

\*planned to start this year.

The content of specialised education had differences from country to country, but in all programmes there were subjects related to “Health Promotion and Health Education”, “Prevention Policies at the workplace”, “Environmental surveillance and health protection” and “Emergency care in the workplace”. The subjects taught in each country are presented in Table 4. As is shown in this table the core curriculum components are included in most programmes.

**Table 4: Subjects<sup>1</sup> that are included in the specialisation programme in 2012.**

<input type="checkbox"/> Health promotion and health education	BE DK FI FR GE HU NL SLO SP SWE SWI UK
<input type="checkbox"/> Prevention policies at the workplace	BE DK FI FR GE HU NL SLO SP SWE SWI UK
<input type="checkbox"/> Environmental surveillance and health protection	BE DK FI FR GE HU NL SLO SP SWE SWI UK
<input type="checkbox"/> Emergency care in the workplace	BE DK FI FR GE HU NL SLO SP SWE SWI UK
<input type="checkbox"/> Health assessment and surveillance	BE DK FI FR HU NL SLO SP SWE SWI UK
<input type="checkbox"/> Occupational Epidemiology	BE FI FR HU NL SLO SP SWE SWI UK
<input type="checkbox"/> Organisation and Administration of OH Services	BE DK FI FR HU NL SLO SP SWE UK
<input type="checkbox"/> Risk Assessment methodology	BE DK FI FR GE NL SLO SP SWE UK
<input type="checkbox"/> Ergonomics	DK FI GE HU NL SP SW UK
<input type="checkbox"/> Occupational psychology	DK FI GE NL SP SWE UK
<input type="checkbox"/> Ethics & data protection	DK FI GE SP SWE UK

<input type="checkbox"/> Health and safety legislation	DK FI GE HU SP UK
<input type="checkbox"/> Research methods	DK NL SP UK
<input type="checkbox"/> Biological monitoring-biometric testing	FI BE GE NL SP
<input type="checkbox"/> Occupational toxicology	FI GE HU NL SP
<input type="checkbox"/> Attendance management and rehabilitation	SP SWE UK
<input type="checkbox"/> OH diseases	DK FI GE
<input type="checkbox"/> Counselling & communication skills	FI NL SP
<input type="checkbox"/> Sociology	FI SP
<input type="checkbox"/> Traffic and sports medicine	GE (only traffic) SLO
<input type="checkbox"/> Assessment & management of Work Ability	FI SP
<input type="checkbox"/> Management & marketing skills	FI
<input type="checkbox"/> Case management	FI
<input type="checkbox"/> Quality assessment	FI

1. In this question there was a list of subjects provided – based on the previous report – but respondents had the possibility to add more subjects that were included in their specialized programme.

Most countries declared that they have changes planned in OHN education, although not clearly stated in all cases as it is presented below:

- Belgium** because of occupation physician shortage delegates more tasks to OHNs with appropriate training
- Denmark** Negotiations are currently taking place with a Danish University to establish a degree programme at Master's level
- Finland** is developing the OH education; the content, duration and multiprofessionality of the education in polytechnics and FIOH.
- France** in conjunction with new legislation plans for compulsory and standardised OHN specialisation
- Germany** tries to legalise the OHN job title with enlarged education
- Hungary** plans to decrease theory hours down to 600
- Netherlands** is trying to develop a MSc in Advanced OHN practice with the University of Utrecht
- Slovenia** is awaiting for evaluation to start the specialisation programme
- Turkey** is planning to start formally the specialisation programme
- UK** as a result of registration as a specialist practitioner in community public health nursing the current OHN education may changes.

***C- Occupational Health Nursing practice.***

Occupational health and safety is considered a worker's right by EU legislation. OH services are widely available for employees in the public and private sector. However, there is not a legal requirement for the organisation of Occupational Health Services in all countries. Countries where this is obligatory are Belgium, Finland, France, Germany, Greece, Hungary, Netherlands, Portugal, Slovenia, Spain, Turkey and in Cyprus and Romania only for the public sector. In the rest – Denmark, Ireland, Malta, Sweden, Switzerland and UK - OH services are organised on a voluntary basis, although in these countries OH has a tradition and, therefore, they have traditionally had an OH service.

Similarly, only a few countries oblige the employer to hire an OHN such as Belgium, Finland, France, Germany, Greece, Hungary, Portugal, Spain and Turkey. In some other countries there is also specified the minimum number of employees required for the employment of a nurse as follows:

- France – 200 in industry, 500 in tertiary sector
- Hungary – 1000 or 2000 workers depending on the risks the workforce is exposed
- Portugal – 200
- Spain - 2000 [Currently this ratio has changed into time devoted to covering obligatory time per worker]

Despite that occupational health is organised in different ways in EU countries, OHN could be employed in an Occupational Health Service in all countries – except Romania - that provided data. In most of these countries there are special qualifications (e.g. specialist education) or other requirements (e.g. experience) for the employment of a nurse in an Occupational Health Service (in Belgium, Finland, Germany, Hungary, Ireland, Malta, Netherlands, Portugal, Spain, Sweden and Switzerland). Also, in most countries it is possible for an OHN to lead/be in charge of an Occupational Health Service, such as in Cyprus, Denmark, Greece, Hungary, Ireland, Netherlands, Romania, Spain, Sweden, Switzerland, UK. In Finland by relations it's not possible for an OHN to run OHS, but an OHN can lead the OH nurses and an OH unit.

The duties that an OHN could carry out in each country are presented in Table 5 in comparison to those reported in 2004. In instance “Health education and Promotion” and “Disease and Injury Prevention” were reported by almost all countries, followed by “Health surveillance and assessment” and “First aid services”. The findings from this survey show that there is a development since 2004 that reflects the changes in OH practice. However, concepts that have being brought form the US like “case management” and “employee assistance” although not unknown are widespread still and this may be explained by the differences in occupational health services provision.

**Table 5: The main duties that a nurse is called to carry out in an Occupational Health Service<sup>1</sup>.**

Health education & promotion	BE CR CY DK FI FR GE GR HU IR MA NL PT SP SLO SWE SWI TK UK
Disease and injury prevention	BE CY DK FI FR GE GR HU IR MA NL PT RO SP SLO SWE SWI TK UK
Health assessment and surveillance	BE CR CY DK FI FR GR HU IR MA NL PT SP SLO SWE SWI TK UK
Administrative duties in	BE CR CY DK FI FR GE GR HU IR NL PT SP SLO SWE SWI TK

the service	
Sickness absence management & advice	CY DK FI FR GR HU IR MA NL PT RO SP SLO SWE SWI TK UK
First aid services organisation	BE CY DK FI FR GR HU IR NL PT RO SP SLO SWE SWI TK
Rehabilitation/resettlement	BE CY DK FI FR GR HU IR NL PT RO SWE SWI TK UK
Environmental surveys/controls	BE CY DK FI FR GE GR HU IR RO SP SLO SWE TK
Workplace Risk Assessment	BE CY DK FI FR GR IR NL RO SP SWE UK
Epidemiological surveys	BE DK FI FR GR HU PT SP SLO SWE TK
OH training e.g. Skin care, Hearing conservation, Stress management	DK FI GR IR NL SP
Students' tutoring	BE DK FI GR SP
OH service management & development of health strategies and policies	DK FI UK SP
Psychosocial work environment	DK FI GR RO
First aid services provision	FI GE GR SP
Case management	DK FI IR
Employee assistance programmes	DK IR SP
Sports & traffic prevention	GE(only traffic), SLO
Research and development	FI DK
Work ability assessment and maintenance	DK FI
Critical incidence	DK IR
Crisis management	FI
Work ability management (executive training)	FI
Debriefing	FI

1. In this question there was a list of duties/activities provided – based on the previous report – but respondents had the possibility to add more according to current practice in each country.

Special Salary Agreement for Occupational Health Nurses exist in Croatia, Finland, Germany, Spain, the Netherlands, while in Greece, Hungary, Ireland, Malta and Slovenia exist only in the public sector. Special Employment Conditions e.g. allowances, pension, car, mobile phone, etc. for Occupational Health Nurses exist or could be negotiated in

Croatia, Finland, Greece, Hungary, Ireland the Netherlands, Portugal and Spain mainly in the private sector.

Continuing education is required for all nurses in Croatia, Cyprus, Finland, Germany, Hungary, Netherlands, Romania, Slovenia, Spain and the UK. Continuing education programmes for OHNs exist in Belgium, Finland, France, Greece, Hungary, Ireland, Netherlands, Portugal, Romania, Slovenia, Spain, Switzerland and the UK. There is also a survey undertaken on OHNs educational needs Belgium, Finland, Germany, Greece, Netherlands, Slovenia, Spain, Sweden and Turkey.

Professional associations are organised in 16 countries and in some of them more than one. In 9 countries the association/group is a member of the National Nurses Association. Only one country (Slovenia) reported that the majority of members attend the annual general meeting of the association and of the rest the percentages vary from 1-45%. In Belgium, Denmark, Finland, Germany, the Netherlands and Spain the association has carried out a survey on the areas of work of OHNs.

Relevant professional journals or newsletters are published in 9 countries, and in some more than one. Journals per country are listed in the annex.

Changes in OHN practice are planned in Belgium, Denmark, Germany and Turkey are directly related to education and have already been mentioned in the relevant sector. Finland reported changes that are related to work ability maintenance, back to work-models in all organisation and raised pension age. In France OHNs were employed by in-house OH services but since the law changed and external services are developed it is also compulsory to employ OHNs. In the UK changes are related with the changing public health nurse role in which OHN are included.

Finally in Table 6 Occupational Health Nurses are presented in numbers as provided by members.

**Table 6: OHNs in numbers in the EU countries.**

Country	No of OHNs working in OH		with OHN qualification		members of the professional body*	
	2004	2012	2004	2012	2004	2012
Belgium	800	800	-	5 MSc	BFr=152, BFI=250-300	250-300
Croatia	-	200	-	-	-	35
Cyprus	1	2	-	-	1	2
Denmark	100	154	60	90	80	68
Finland	2500	2636	2250	94%	2300	2039
France	5000	5000	50	500	475	450
Germany	10000	12000		2400	400	200
Greece	100	100	4	>10(10+ MSc 4PhD)	20	20
Hungary	-	2646	-	2034	-	2646



Ireland	200	200	-	200	?	190
Malta	-	2	-	?	-	-
Netherlands	1200	400	800	200	400	200
Portugal	600-700	300	300	300	70	70
Romania	-	?	-	?	-	?
Slovenia	-	230	-	64 (4 MSc)	-	200
Spain	5.000	?	11.000	15.000	298	320
Sweden	1500	1200	700	800 (14 MSc 1 PhD)	1200	840
Switzerland	80	130	13	?	60	130
Turkey	-	3000	-	-	-	250
United Kingdom	5000	3332	?	?	3500	?

\*OHNs association or group within the NNA.

#### ***D-Opportunities and barriers in OH Nursing education and practice.***

In addition to OHN practice this time FOHNEU member countries were surveyed on the difficulties that OHN confront in their everyday work and these are may be perceived either as an opportunity or as a barrier. These are presented in tables 7 and 8. It is clear from these tables that there are many opportunities for OHNs and these are very similar in most countries.

**Table 7. Opportunities and barriers in OH Nursing education and practice.**

	YES	NO	Is this an opportunity?	Is this a barrier?
Is there a national programme for OH & Safety in your country [in the form of legislation or regulation]?	BE,CR,CY,DK,FI FR,GE,GR,HU,I R,MA, NL, SLO,SP,SWE,TK UK		BE, DK, FI, FR, GE, GR, HU, IR, MA, SLO, SP, SWE, TK, UK	NL
If yes, is it implemented?	BE, CR, CY, DK, FI, FR, GE, GR, HU, IR, NL, SLO, SP, SWE, TK, UK		BE, DK, FI, GE, GR, SLO, SP, SWE, TK	NL
Are there other workers (for example physician assistants etc) that substitute OHNurses in your country?	BE, CY, DK, FR, GE, GR, NL, RO, SP, SWE	CR, DK, FI, HU, IR, MA, SLO, SP, TK	IR, NL SP	BE, DK, GE, GR, HU,SWE
Is there a national requirement	FI, HU, NL, RO,	BE, CR, CY,	FI,HU, NL,	DK, GE,

for regular assessment of your competency in your country (for example by exams etc)?	SLO, SP	DK, FI, FR, GE, GR, IR, MA, SP, SWE, TK	SLO, SP	GR, IR, SP, SWE, TK
Do OH Nurses confront ethical problems in their practice (confidentiality etc)	BE, DK, FI, FR, GR, HU, IR, NL, RO, SLO, SP, SWE, TK, UK	GE, SP	BE, DK, FI, GE, GR, IR, SLO, SP, SWE, TK	DK, GR, NL SP, UK
Does your curriculum include managing ethical problems?	CR, CY, DK, FI, GE, HU, MA, NL, RO, SP, SWE, TK, UK	BE, GR, IR	FI, DK, GE, HU, MA, NL, SP, SWE, TK, UK	BE, DK, GR, IR
Do OH Nurses use protocols or written guidelines [QA standards such as OHSAS 18001-18002] in their practice?	BE, CR, DK, FI, FR, GE, GR, IR, NL, SLO, SP, SWE UK	HU, RO, TK	BE, DK, GR, IR, NL, SLO, SP, SWE, UK	HU, TK
Do OH Nurses have telemedicine/on-line assistance in their work place? Are they expected to use it?	HU, SLO, SP, SWE	BE, CR, DK, FI, FR, GE, SWE, GR, IR, NL, RO, SP, TK	DK, HU, IR, SLO, SP, SWE	BE, DK, GR, SP, TK
Do OH Nurses use cost-effective systems and methods in their practice?	BE, CR, DK, FI, FR, GE, GR, HU, IR, NL, SLO, SP, SWE	RO, TK	FI, DK, GE, GR, HU, IR, NL, SLO, SP, SWE	DK, GR, SWE, TK
Do OH Nurses participate in the work together with the OH physician, safety officer and /or others in the multidisciplinary team?	BE, CR, DK, FI, FR, GE, GR, HU, IR, NL, SLO, SP, SWE, TK, UK	RO	BE, DK, FI, FR, GE, GR, HU, IR, NL, SLO, SP, SWE, TK, UK	HU
Are OH & Safety involved in Corporate Social Responsibility activities (if there any of them) in the workplace?	DK, FI, FR, GE, GR, HU, IR, NL, SLO, SP, SWE, TK	BE, CR, DK, MA, RO	DK, FI, FR, GE, GR, HU, IR, NL, SLO, SP, SWE, TK	BE
Do the National Health & Safety Inspectors carry out frequent inspections in the workplaces where OH Nurses are employed?	BE, CR, DK, FI, GE, GR, HU, IR, NL, SLO, SP, SWE, TK, UK	FR, RO, SP,	BE, DK, FI, GE, GR, HU, IR, NL, SLO, SP, TK, UK	SP

**Table 8. Opportunities and barriers in OH Nursing education and practice**

	BE	DK	FI	FR	GE	GR	HU	IR	NL	SLO	SP	SWE	TK
What proportion of workers in your country is covered by OHS services?	100	100*	>90%	?	100	70	74	?	100	100	100	65	48
What proportion of OH Nurses was unemployed last year?	?**	N/I	<1	?	?	N/A	0	?	10	3	25	0	N/I
What proportion of OH Nurses work in in-house OH services?	15	50	23	90	30	60	?	73	40	8	75	N/I	N/I
What proportion of OH Nurses work in external OH services?	85	25	77	10	70	40	?	36	60	40	5	N/I	N/I
What proportion of OH Nurses are employees?	100	95	-	100	97	100	100	90	90	97	N/I	N/I	N/I
What proportion of OH Nurses is self-employed?	0	5	<1	0		0	0	10	10	0	3	N/I	N/I
What proportion of OH Nurses own an external OHS service?	0	0	-	0	?	0	0	26	5	0	3	N/I	N/I
What proportion of OH Nurses runs an external OHS service?	0	0	-	0	?	0	?	58	80	98	80	N/I	N/I
What proportion of OH Nurses work full time?	75	40	95	50	?	95	?	42	20	2	20	N/I	>80
What proportion of OH Nurses work part time?	25	60	4.5	50	?	5	100	100	100	100	100	100	>80
What proportion of OH Nurses has access to internet and computer facilities in general?	100	100	100	80	100	90							

\*In principle the entire workforce is required to have access to an OHN as in the EU directive. Since 2009 the provision of OHS services has been totally liberalised so there is no longer a monitored national legal requirement.

\*\*There are vacancies for OHNs.

The workplace is a continuously changing environment and both workers and OHNs face new risks that they need to be attended. Although there are differences between countries, it is evident that the ageing workforce, new technologies and stress are predominantly affecting the work of OHNs. Although these new risks are acknowledged by OHNs, they also recognise that there are barriers in confronting them as it is shown in Table 9.

In Table 10 the existence of special programmes that are implemented within OH practice are presented. Most countries have programmes for young and ageing workers that they have different OH needs. There is also recognition of the needs of the workforce in the continuously changing work environment, such flexible work systems as well as for specific groups of the working population, such as immigrants and workers with special needs.

**Table 9. New occupational risks as reported by OHNs.**

<b>Country</b>	<b>New occupational risks</b>	<b>Barriers in confronting them</b>
Belgium	stress violence	recognition of the profession
Denmark	nanoparticles chemical exposures management in times of continuous changes downsizing	lack of knowledge and managerial experience & documentation the pace of changes is too rapid to sustain development
Finland	Challenges in co-operation with companies, work ability management Aging workforce Mental health issues Mobile work	Lack of knowledge and training (nanotechnology) Lack of relevant methods in work place assessment (mobile work)
France	nanoparticles ageing workforce	lack of training and available resources
Germany	lack of time bureaucracy mobbing-workplace bullying stress competition ageing workforce	
Greece	insecurity occupational stress ageing workforce MSDs	reduced funding lack of professional support unclear professional rights inadequate legislation
Hungary	new chemicals new technologies nanotechnologies psychological hazards	lack of information
Ireland	ageing workforce drug misuse stress and mental health issues	lack of resources budget constrains lack of legal requirements obliging them to deal with the risk lack of training
The Netherlands	stress violence nanoparticles, nanotechnologies ageing workforce mental health issues mobile work new chemicals new technologies psychological hazards multicultural issues immigrants economic uncertainties of crisis workers in flexible systems	
Slovenia	excessive amount of work	
Spain	lack of ability to self-start your own business	

Sweden	lack of physical activity ageing workforce multicultural issues new technology - new products	
Turkey	mobbing stress economic problems	lack of support by mgt and colleagues
UK	economic uncertainties	possible litigation claims

**Table 10. Special programmes – including health promotion, work adjustment, etc. - in workplaces**

	Yes	N=20 (%)
Young workers	BE, DK, FI, GE, GR, HU, IR, NL, SLO, SP, TK	11 (55)
Ageing workers	BE, DK, FI, GE, GR, HU, IR, NL, SLO, SP, TK	11 (55)
Workers in flexible systems	BE, DK, FI, GE, GR, IR, NL, SLO, SP, TK	10 (50)
Women	BE, FI, GE, GR, HU, IR, NL, SLO, SP, TK	10 (50)
Workers with special needs	BE, DK, FI, GE, IR, NL, SLO, SP, TK	9 (45)
Immigrants	DK, FI, IR, NL, SLO, SP, TK	7 (35)
Men	FI, IR, NL, SLO, SP, TK	6 (30)

FR: variable in all areas

In order that OHNs are able to respond to the existing opportunities and further development their role, they were asked to identify the areas that need improvement, as well as the research possibilities they have to inform their practice. These are presented below as reported by each country.

Which fields of education and practice do OH Nurses feel that need improvement?

BE: the fact that sickness absence management is not allowed by law limits the possibility to use this information to confront the problem both individually and the workforce.

CR: specialisation OHN

CY: N/I

DK: Education of the workforce at all levels

FI: Work ability management, co-operation with companies, OHS for immigrants

FR: Standards of education and practice are lacking

GE: epidemiology, well versed in the law/recognition of the profession

GR: awareness of OHNs within the profession, health education and promotion methodology, teaching methods, management of organisations

HU: research methodology, workplace risk assessment, rehabilitation

IR: OH specific courses, standards and practice, research and development, continuous professional development, management skills

NL: stress related problems, workplace surveys

SLO: occupational epidemiology

SP: all areas of OHN education could still be improved

SWE: management, business strategic planning and marketing

UK: funding for education programmes, willingness of practice to support students

What are the main research fields the OH Nurses participate?

- BE: legislation on first aid at work, was partly written by OHNs with the backup of VVVB
- CR: none
- CY: N/I
- DK: shift work, psychosocial work environment, accidents prevention, evidence based practice and collecting empirical data
- FI: quality of OH practice, OHN skills improvement, development of OHN work, maintenance of work ability, OH co-operation
- FR: nurse interviews. This new practice has been under experimental practice for the last 2 years.
- GR: risk assessment, behaviour modification programmes (e.g. smoking cessation, CVD factors) occupational stress, hospital risks, epidemiology of health related occupational hazards
- HU: health promotion, needle stick injuries, biological risks
- IR: occupational stress
- SLO: sickness absence, chronic diseases, risk drivers
- SP: prevention, health promotion, epidemiology
- SWE: work ability, rehabilitation, health promotion, alcohol addiction
- TK: OHN roles and functions, health promotion programmes
- UK: needle stick injuries, cancer support

Barriers to perform/participate in research

- BE: professional recognition
- DK: There is a lack of tradition for OHNs to perform independent research but many participate in research projects. OHNs in general do not have enough insight into health economy, but some do obtain financial support for research
- FI: Lack of knowledge and research experience
- FR: varied resources and levels of collaboration with others in the multidisciplinary team place research out of reach of many OHNs.
- GE: lack of appropriate basic education and physicians' lobby
- GR: funding, experience, support, competition with OHPs.
- HU: lack of research experience
- IR: funding and time constraints, lack of resources
- SP: financial resources and media
- SWE: lack of knowledge
- TK: financial, time, legal permission, training
- UK: support from employers

In conclusion, Occupational Health Nursing (OHN) practice is widespread in the EU, but specialist education in some countries is not yet developed to meet contemporary demands of OHN practice. There is however, a tendency towards University degree programmes at Master's level. In some countries these are multidisciplinary degrees.

Finally, it should be noted that data presented in this report reflects the situation in countries at the time that the questionnaire was completed. The current situation could therefore differ. It is the intention of the FOHNEU Education and Research group to repeat this survey from time to time in order to monitor current data and the changes that occur over time.

Sincere thanks to all FOHNEU Board Members and to those representing Observer States as well as those from countries not currently represented in the Federation for the

time they have devoted in completing this questionnaire. Also thanks to those ex-board members who helped develop further this questionnaire.

## ANNEX

### Occupational Health Nursing Journals published per country.

Belgium:	Preview (published by VVVB)
Finland:	Työterveyshoitaja [OHN] (published since 1975, regularly)
France:	Annual Magazine and quarterly Flash Info (published by GIT)
Germany:	Ergomed and Zentralblatt (multidisciplinary)
Hungary:	Foglalkozas-Egeszsecucy [OH]
Netherlands:	Nieuwsbrief van de Beroepsorganisatie van Arboverpleegkundigen
Spain:	Occupational Medicine, Coat Digital Thermometer, Journal of the Institute for the Prevention of labor hazards across territories [multidisciplinary]
Sweden:	Foretagsskoterskan
UK:	Occupational Health, Occupational Health (At Work)

Occupational Health related topics and research articles are published by OHNs in other Nursing and OH Journals in almost all countries.