SURVEY

The state of OH nursing

A national survey of occupational health nurses

The first of a two-part report on the largest ever survey of occupational health nurses in the UK examines the extent to which they feel professionally represented and whether or not a new body – a 'faculty of occupational health nursing' is needed to take the profession forward.

THERE is no single organisation representing occupational health (OH) professionals in the UK. The outcome of a vote by the respective memberships of the Faculty of Occupational Medicine (FOM) and Society of Occupational Medicine (SOM) in September 2014 prevented those societies merging and creating an all-inclusive membership body for all UK OH practitioners. The Royal College of Nursing (RCN) wound up its Society of Occupational Health Nursing in 2009 and despite the setting up of an alternative OH nurse membership body, the Association of Occupational Health Nurse Practitioners (UK) (AOHNP (UK)) in 1992, most of the estimated one OH nurse for every 9,700 UK workers[1] are not represented by a dedicated professional body.

This is the most comprehensive survey ever carried out on the experiences and opinions of OH nurses. It was designed to gauge to what extent they feel represented and whether or not a new body – a 'faculty of occupational health nursing' (FOHN) – was needed. Could such an organisation represent the interests of all OH nurses, what should its functions be and how could it work alongside existing OH and general nursing bodies?

This report is based on a survey carried out in April/May 2016 jointly by the Faculty of Occupational Health Nursing Development Group and the independent research and publishing organisation The At Work Partnership. It was completed by 1,429 OH and allied nurses. Details of the survey are given in box 1 (on p.18).

DEMOGRAPHIC CHARACTERISTICS

Around 1,200 OH nurses responding to the survey provided demographic information, such as how long they had been in OH nursing, their job title, age, education, employment type and industrial sector where they worked. While this information was primarily used to provide denominator data for the survey analysis, given the large scale of the survey it also gives a broad picture of the OH nursing profession itself.

Nearly two-thirds of the respondents (64%) worked full time in occupational health, 35% worked part-time and 1% said the question was not applicable to them (suggesting they were not currently working). A total of 1,192 nurses answered this question (83% of all survey respondents).

Two-thirds (66.4%) of respondents said they were on the 'Specialist Community Public Health Nursing – Occupational Health' (SCPHN-OH) part of the Nursing and Midwifery Council (NMC) register; 32.3% were not and 1.3% did not know (based on 1,196 responses to the question).

The vast majority of respondents (98%) worked in the UK. Their regional breakdown is as follows (number of respondents (n) = 1,176):

- London – 10%
- rest of SE (excluding London) – 17%
- rest of England – 53%
- Wales – 7%
- Scotland – 11%
- Northern Ireland – 2%.

The age profile of the survey respondents is shown in figure 1 (see p.19), and a breakdown of their years of experience in the profession is given in figure 2 (see p.19).

Two-thirds of OH nurses responding to the survey worked in just two sectors – the private sector (41%) and the NHS (23%). The full breakdown is given in table 1 (see p.20). Sixty per cent of respondents were directly employed by the company where they provided OH services – effectively working for an in-house OH service (table 2, see p.20). A further 30% of respondents were employed by a commercial OH provider, while 12% described themselves as either self-employed, a sole trader or a single-person limited company; 19 respondents (1.6%) said they were currently looking for work.

Respondents held a broad range of job titles, the most common of which are given in figure 3 (see p.21).

A classification of OH nurses' post-registration qualifications is shown in table 3 (see p.20). Nearly half of all respondents (46%) have an OH degree,

Box 1: survey methodology and response

The survey was carried out using the online cloud-based survey tool SurveyMonkey. A link to the survey and supporting information was emailed to survey participants on 23 April 2016, with a closing date of 31 May. The survey included 41 multiple-choice questions, with space for additional comments, and five free-text questions. Release of the online survey was supported by a comprehensive communication plan, devised to achieve the best possible response. This included various social media sites, newsletters and email marketing.

Response

A total of 1,429 nurses responded to the questionnaire.

It is not possible to report an exact response rate because the distribution of the survey was not controlled. The survey was, however, completed by 23.8% of the OH nurses on the 'Specialist Community Public Health Nursing – Occupational Health' (SCPHN-OH) part of the Nursing and Midwifery Council (NMC) register. (Replies were received from 794 nurses stating they had SCPHN-OH registration; according to data provided by the NMC in response to a Freedom of Information request[2] there were 3,332 nurses on this part of the NMC register in August 2016.)

Analysis

Statistical analysis was undertaken using the SPSS analytical tool. Responses to the free-text questions were analysed using thematic analysis methodology (examination and recording of patterns and themes).

while 29% hold a diploma; 8% of OH nurses responding to the survey do not hold a post-registration qualification in OH.

CURRENT PROFESSIONAL SUPPORT

A potential problem of working in a relatively niche area such as occupational health is a feeling of professional isolation, particularly among practitioners who are not part of a large OH team or service. Survey respondents were thus asked to state whether or not they felt 'professionally supported in OH nursing'.

Just under 44% of practitioners said they did feel professionally supported; however, the majority (56.3%) said that they did not feel supported (figure 4, see p.21). Slightly more (60%) of those working for in-house services (ie directly employed by the company where they provide OH services) said they did not feel professionally supported compared with those working for commercial OH providers (51% felt unsupported).

Among OH nurses who did feel professionally supported at work (n = 616) support was most commonly provided by an OH nurse colleague (69%), followed by an OH physician (64%), OH qualified line manager (55%) and peer/group network (55%).

The survey also asked respondents whether or not they felt 'represented by a body in OH nursing'. The vast majority (83%) of OH nurses responding to the survey said that they did not feel represented by any such body (figure 5, see p.21).

Further analysis revealed that of the 274 respondents who were members of the AOHNP (UK), only 33% of them said they currently felt represented by an OH nursing body. Of the 60 SOM members answering the question just 20% felt represented by an OH body. Only 14% of respondents who were also members of the Institution of Occupational Safety and Health (IOSH) said they felt represented by an OH body (n = 73).

Respondents were asked to select (from a list of 11 bodies and associations) which organisations currently represented them in OH nursing. Of the 245 OH nurses responding to the question (17% of all respondents), the most commonly cited organisation providing OH professional support was the AOHNP (UK) – listed by 127 respondents (9% of the total sample). Of the 274 respondents to the survey who reported being members of the AOHNP (UK) less than half of these (46%) cited this organisation as a source of their OH 'representation'.

Other respondents listed the RCN, which does not have a dedicated OH section, as representing them in OH nursing (120 responses). A further 118 cited the NMC, which is a regulator for all nurses and midwives and neither represents nor campaigns on behalf of practitioners. Some respondents cited NHS Health at Work (34 responses), which represents OH teams in the NHS, the SOM (29), indemnity provider/insurer (27), the Higher Education Occupational Physicians/Practitioners group (16), IOSH (14), other (non-RCN) trade unions (eight) and the Commercial Occupational Health Providers Association (seven).

Respondents were asked which organisations they currently paid an individual subscription to. Of the 1,160 respondents answering the question, the vast majority (93% – 1,076 respondents) said that they were paid-up members of the RCN. Just under one-quarter (23.6% – 274 respondents) of respondents paid individual subscriptions to the AOHNP (UK). In addition, 75 respondents (6.5% of those answering the question) paid individual subscriptions to IOSH, 61 respondents (5%) were individual members of the SOM, and six (0.5%) were members of the British Occupational Hygiene Society (BOHS).

Most of the 1,304 respondents to a question on professional indemnity arrangements said their indemnity cover was currently provided either directly by their employer (69.5%) or through the RCN (39.7%). The figures add up to more than 100%, which suggests there is possible duplication between employer-provided indemnity and RCN insurance. Further analysis confirms that this is indeed the case, with 261 (29%) of respondents directly employed by their employer also reporting that the RCN provides their

indemnity insurance. This could either be interpreted – at least in the minds of respondents – that they believe erroneously that their RCN membership provides additional indemnity to that provided by their employer or that some practitioners are doing some self-employed work in addition to work for their employer. In the latter case, RCN members would indeed be able to rely on the indemnity insurance provided by the RCN for work not carried out for an employer.

A minority of respondents (6.8% – 89 practitioners) reported that they had indemnity arrangements through a private insurance company. Unsurprisingly, more than half of these (47 respondents) described themselves as either self-employed, a sole trader or single-person limited company. Twenty-four respondents working for in-house OH services had indemnity insurance through a private insurer, suggesting that, as with the RCN scheme, they were either paying unnecessarily or wanted additional insurance to that provided by their employer. Other indemnity arrangements included provision from another (non-RCN) trade union (3.2%) or 'some other arrangement' (3.4%).

One in five respondents (19%) were either quite or very dissatisfied with their current indemnity cover (figure 6, see p.22). However, the vast majority of respondents were either neutral on the subject (41% 'neither satisfied nor dissatisfied'), quite (26%) or very satisfied (14%) with their current arrangements.

A NEW FACULTY...

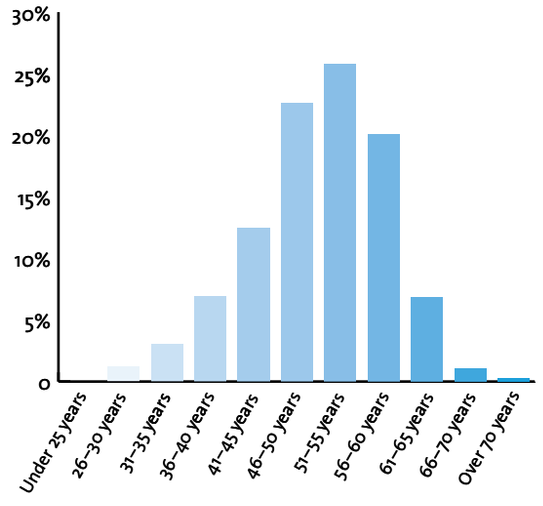
Most OH nurses responding to the survey did not feel represented by a dedicated OH professional body. But is there a need for a new faculty to represent the profession?

The vast majority of respondents (87%) said that a FOHN would either be quite or very beneficial for the future of OH nursing (figure 7, see p.22). Less than 2% of respondents said such a faculty would be of no or limited benefit.

Nearly 700 respondents provided additional comments on this question, many expressing the need for the OH nursing profession to have 'a voice' and be properly recognised as a specialty. A selection of the comments is included in box 2 (see p.23).

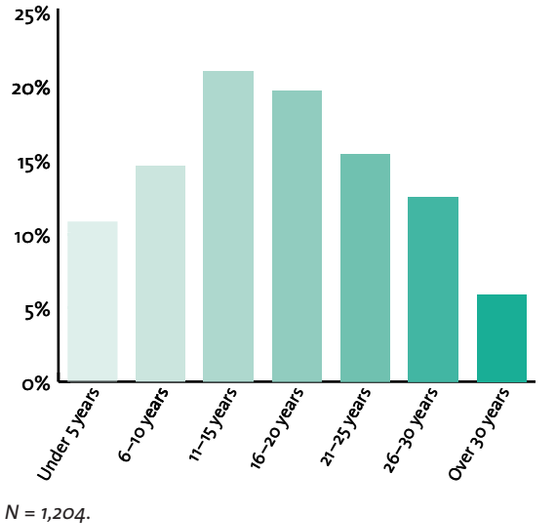
According to a thematic analysis – essentially a method of identifying themes and patterns from qualitative data – the top theme identified from the free-text comments was having 'a voice', professional representation, and raising the professional profile and recognition of OH nursing. The next most important theme covered professional support, guidance and resources for OH nurses. There was also overwhelming support for having one centralised, unified professional OH nursing body.

Figure 1: age profile of respondents



N = 1,179.

Figure 2: how long have respondents been working in OH?



N = 1,204.

... BUT WOULD OH NURSES JOIN?

Nearly three-quarters (74%) of respondents said they would join a FOHN if it were launched in 2018; just 2% said they would not join, while 24% were undecided (figure 8, see p.22). Among current members of the AOHNP (UK), 84% said they would join a FOHN; 14% were unsure and 2% said they would not join (n = 254).

In total, 804 respondents added free-text comments in support of their answers to this question. A thematic analysis of their responses is given in figure 9 (see p.24). The two most important reasons for joining were that a FOHN would provide

Table 1: where respondents work	
Sector	**% of respondents**
Private sector	40.6%
NHS	22.6%
Various different sectors/industries, including, freelance or work for an OH provider	16.4%
Public sector (excluding the NHS eg fire, police, council services)	8.9%
Education	4.8%
Armed services	1.0%
Charity sector	0.3%
Other	5.3%
N = 1,197.	

Table 2: respondents' type of OH employment	
Type of employment	**% of respondents**
Directly employed by the company where they OH provide services (effectively an in-house OH service)	59.8%
Employed by an OH provider	30.5%
Self-employed/sole trader/limited company	11.8%
Contracted by an agency	3.6%
Current student on an OH educational course leading to NMC part 3 (SCPHN-OH)	2.5%
Looking for work services	1.6%
Current student on an OH educational course not leading to NMC part 3 (SCPHN-OH)	0.6%
Also employed in another specialist nurse role – eg practice nurse, midwifery, mental health	0.4%
Other	3.4%
N = 1,194. Respondents could select more than one option.	

Table 3: respondents' post-registration qualifications	
OH degree	46.3%
OH nursing diploma	29.1%
Other degree	17.9%
MSc in OH/workplace health or related subject	12.3%
OHNC (certificate)	9.6%
No formal post-registration qualification	7.8%
Other MSc (not OH/workplace health related)	3.8%
PhD in health or related subject	0.4%
Other PhD (not health related)	0.1%
N = 1,152. Respondents could select more than one option.	

guidance and support, and that it would provide OH representation.

Some respondents commentated that they felt 'excited' about the prospect of joining a new FOHN. 'It would be fantastic to promote the specialism and feel that we belong to a relevant professional body,' said one respondent. One potential member made clear their reasons for wanting to join. 'I feel this would give me a place where I belong professionally as a nurse working in OH. I would have a voice,' they said. Many respondents offered their support to the proposed FOHN while one said it would be 'amazing to be a member of body that truly stands for and understands what we do'.

One practitioner felt that a FOHN could address the shortage of professional support currently available to OH nurses. 'It would provide a structural basis for OH nurses and give us the relevant guidance specific to our practice. The NMC is not aware of what we do and does not provide any support for us. The RCN only gives us indemnity and nothing relating to professional support or development,' said the respondent.

One OH nurse in favour of joining a FOHN highlighted the need for much-needed unity within the profession. 'The specialty requires a voice, direction and focus,' said the respondent. 'It needs a positive framework within which OH nurses – can professionally develop. It would provide a much needed "sense of belonging" and a professional parallel to the FOM.'

One prospective member said: 'Since the demise of the RCN Society of OH Nursing [in 2009] I feel we have been diluted as a profession, and that public health courses do not equip practitioners with suitable skills.'

One OH nurse said there was a pressing need for a single body that could truly represent OH nurses. 'The NMC does not support OH practitioners, the RCN is a toothless lion and there is nothing for me to tap into to support my practice. A lot of OHAs work alone,' said the respondent. Others said membership of a FOHN would address their perceived current lack of professional support. This was particularly so for OH nurses not working as part of teams or departments. 'I feel isolated and unsupported,' lamented one.

Many respondents supported the setting up of a new faculty to address the perceived dilution of OH nursing within a wider public health field. 'I want to be part of a credible professional organisation that is there to represent the speciality that I work in. I feel that the FOHN could take OH nursing to where it needs to be as well as the recognition that it is a profession in its own right. I felt we lost something when the RCN removed our specialty. We have so much to offer and the FOHN would be a good, strong clear voice to deal with the NMC, government bodies etc.'

But others wanted to see the detail of the proposed FOHN before committing their support. One commented: 'I would want confidence that it is professionally supporting all OH nurses equally and

driving the OH agenda, universally recognised as a quality assurance organisation, and not merely competing with other OH organisations such as the AOHNP (UK) for membership, or being another set of letters after a name that have no particular meaning or assurance.'

Despite a few pessimistic and even hostile comments – including one from a respondent who said they had 'seen it all before', another who described the proposed FOHN as 'jobs for the boys/girls', and one that it would entail 'yet more money for another organisation that offers nothing in return – support for a new FOHN was generally high. Many of the free-text comments suggested, however, that cost might be a determining factor in whether or not to join.

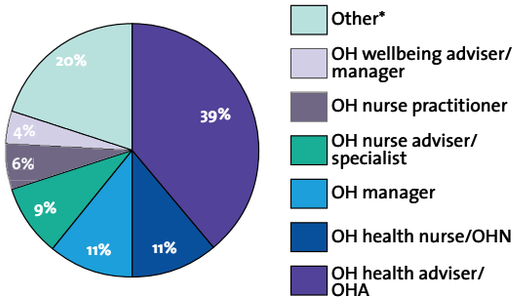
Some respondents pointed out the existing expense of NMC registration and/or RCN membership (plus indemnity insurance for independent practitioners), which they would continue to pay irrespective of a new FOHN. 'I already pay the NMC and the RCN and I don't know what I would get for the money,' said one. 'I worry about cost – I already pay NMC/RCN/IOSH fees; it is becoming rather expensive,' said another. One respondent argued that membership of the proposed FOHN should be free of charge, adding: 'I pay a significant amount of money already to be on the NMC register, for my union subscription, my other professional subscriptions, as well as self-funding my own ongoing postgraduate education. Personally I do not want to pay any more money out of my wages for more things related to my work/profession.'

Some practitioners seemed to think that a FOHN could replace the need to join the NMC and RCN entirely. 'I would hope it would remove the need for RCN [membership] and possibly NMC registration,' said one respondent. Another said 'I would like a one-stop shop for training, registration, insurance and support.' One practitioner suggested their decision to join would depend on it having a relatively low membership fee, unless it could 'replace the NMC subscription'.

So how much would OH nurses expect to pay for membership of a FOHN? Respondents were told that a typical membership organisation would charge around £130 a year for access to a range of member benefits and services. There was a roughly equal split between those who said this figure was about right (45%) and those who said it was too high (47%) (figure 10, see p.24). Only 10 of the 1,301 respondents said the figure was too low. Seven per cent of respondents did not know the answer.

There were no statistically significant associations between the opinions on the cost of membership either with respondents' age, employment sector or geographical location. Among the 272 AOHNP (UK) members answering this question, 59% said that £130 was 'about right'; 34% said it was too high.

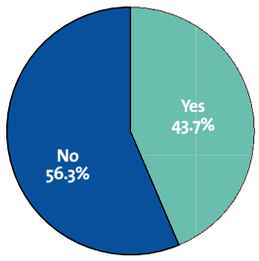
Figure 3: common job titles among OH nurses



N =1,101.

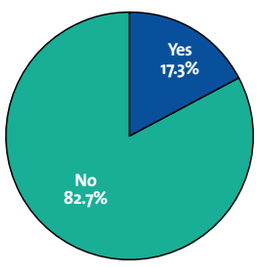
** This category includes: Case manager, head of department/ OH, Clinical nurse/specialist, OH nurse consultant and Other.*

Figure 4: do OH nurses feel professionally supported in OH nursing?



N = 1,420.

Figure 5: do OH nurses feel represented by a body in OH nursing?



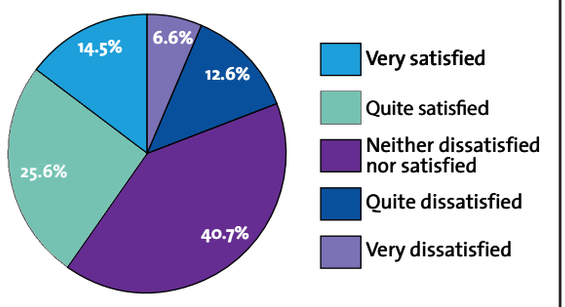
N = 1,392.

MEMBERSHIP GRADES AND LETTERS

A possible FOHN could offer different categories of membership, similar to other professional bodies, such as associate, member and fellowship grades. There was a broad range of opinions on this topic, with just over half (53%) saying this would be important, as shown in figure 11 (see p.24).

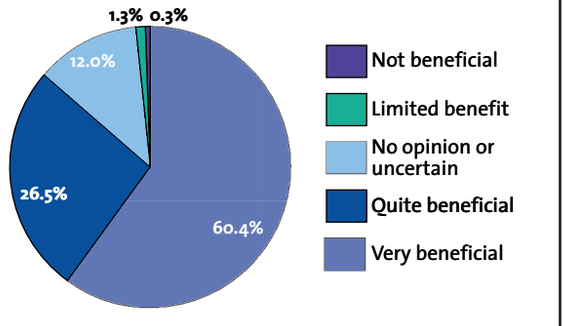
There was no consensus on whether or not membership of a FOHN should confer the right to use post-nominal titles (letters placed after one's name to indicate, for example, qualifications or professional accreditation) (figure 12, see p.25). Just 41% of OH nurses responding to the survey felt this would be important. Further analysis identified little correlation between the qualification of respondents and whether or not they thought it important to be able to indicate membership status. For example, 41%–48% of those with an OH or other

Figure 6: how satisfied are OH nurses with their current professional indemnity cover?



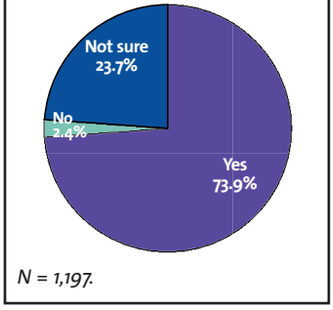
N = 1,249.

Figure 7: would a FOHN benefit the future of OH nursing?



N = 1,382.

Figure 8: would respondents join a FOHN?



N = 1,197.

qualification at certificate, degree or MSc level said that post-nominal letters were important, compared with 37% of those with no formal OH qualification.

One respondent commented: 'I find it disheartening to read about qualified nurses trying to move away to an elitist title. Why would any healthcare professional want to pay to have letters, such as FOHN after their name? I'm proud to be a nurse and use the title RGN [registered general nurse] in professional correspondence.'

MEMBERSHIP SERVICES

Respondents were asked to consider 13 possible services and products that might be offered by a future FOHN – rating them as either a top, medium or low priority, or not worth considering at all. A mean average score was calculated for each product or service (top priority = 1; medium = 2; low = 3; not worth considering = 4). These are shown in table 4 on p.26.

The vast majority of respondents felt that all 13 products and services could be offered by a FOHN, though not all were considered as high priorities. The top three high-priority products and services that should be offered by a FOHN were: representation of OH nursing to key stakeholder groups (such as the NMC, national public health bodies and the Council for Work and Health); standards setting on OH educational requirements; and standards setting on OH practice requirements. Four out of five practitioners answering the question saw these as top priorities.

Two in three practitioners rated the provision of advice and support with queries about OH practice, and providing a learning/research resource, as top priorities for a FOHN. Offering social media networking opportunities was considered the least important service for a FOHN, with just 12% of respondents rating this as a top priority. Only 41% of respondents to the question said that offering professional indemnity insurance should be a top priority for a FOHN, putting this service in 10th place in the overall list of priorities.

STANDARDS SETTING

As can be seen from the previous section, a popular function of a FOHN would be to set standards for OH nursing professional practice: 98% said it should be either a top or medium priority for a new faculty. But in what areas could and should OH nursing standards be set?

Respondents were asked to rate the importance of setting standards in 12 areas of OH nursing professional practice, ranging from health promotion and case management to medical confidentiality and data protection.

The relative importance of each practice area was assessed using a five-point Likert scale, ranging from very unimportant (score = 1) to very important (score = 5). Based on their average score, the most important areas for standards setting, according to respondents, were: OH records management; OH ethics; medical confidentiality; and case management (table 5, see p.27).

Just over 57% of respondents considered OH records management to be a 'very important' area for a FOHN to set standards, with a further 12% saying this was a 'quite important' area. The promotion of health and wellbeing was rated as the lowest priority area for standards setting, but even here most respondents felt it was at least 'quite important' (30% said it was very important, and 30% quite important).

Other suggested areas for standards setting, given by respondents in free-text comments, included:

Box 2: how a FOHN would benefit the future of OH nursing

A selection of respondents' written comments:

'As a profession we would have a united voice. Nurses working in the field of OH will for the first time have a professional body that represents OH practice in the UK. The faculty would provide a centre for OH advice, information and have an overview on education in the field of OH nursing.'

'To provide a cohesive and united voice and bring together the discipline, which by the nature of the work is geographically widespread and very diverse, encompassing lone workers, private companies, NHS and independent practitioners.'

'It depends on who makes the decisions. I'm very tired of the same old people making decisions and spouting nonsense.'

'The FOHN will be a benefit if it provides the OH practitioner with professional support to make a real difference to the health of the working population. If the FOHN is a talking shop for nurses, it has zero value.'

'Why would we want a fellowship run by a few self-promoting people? Diversity and the ability to change quickly to meet the needs of employers doesn't happen through committees. I already have a governing body in the NMC.'

'It would be a voice for OHNs. It would be able to set out standards for OHNs to aspire to. It would offer up-to-date news, research and thinking to educate and keep OHNs informed. It could be used to show best-practice examples and be used by OHNs in their workplace to help managers understand their role and responsibilities.'

'It would provide a single voice for OH nursing so that we can ensure that the correct messages are being given, we maintain quality and demonstrate the valuable contribution OH nurses make to the health of the nation.'

'To champion the work of OH nurses and to get a better deal in terms of training, opportunities to progress, attracting good-quality nurses to the profession, and having a voice within the wider nursing community.'

'OH nurses need one professional body to represent them rather than the fractured approach we currently have.'

'Occupational health is a very underrepresented area of nursing. Any other area of nursing is understood and respected. I frequently get asked if I am an occupational therapist!'

'I don't think it will attract enough members to be credible.'

'There does not seem to be one single recognised organisation representing OH nursing. The benefits could potentially be great.'

'The scope of OH nursing has broadened in the last 10 years. We need overarching policies specifically designed for OH nurse practitioners to ensure safe parameters for working. Some of what we do falls outside of the current remit/parameters of traditional nursing.'

'We need formal representation by a body that fully understands the role and scope of the profession.'

'To provide a voice for a minority specialty which is often overlooked.'

'It's important because all OH nurses need to be working together, to set standards, lay the foundations of OH provision and provide support for one another.'

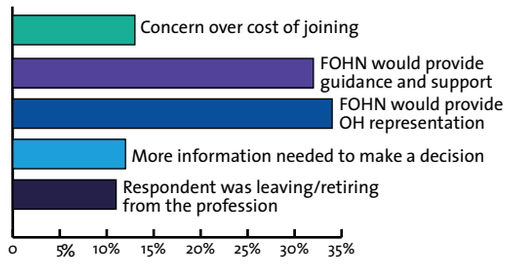
'Previously OH nurses had a dedicated forum in the RCN, which has now gone [as discussed on p.25], leaving nothing specifically for OH.'

consent; whistle-blowing; remuneration/salary; interdisciplinary team-working; mental health assessments; consultation skills; management and leadership; research; travel medicine; disability assessments; fitness-for-task medicals; safety-critical fitness assessments; writing case notes; the selection process for OH nursing; minimum training standards; mediation; case management; absence management; functional assessment; drugs and alcohol testing; clinical governance; and defining who can be called an 'OH nurse'.

There was also strong support for a FOHN setting standards for OH educational requirements, with 98% of respondents saying this should be either a medium or top priority for the proposed organisation. There was also strong support – in answers to a separate question – for a FOHN to provide approval for NMC-validated courses relevant to OH nurses. The vast majority (85%) somewhat or strongly agreed that a future FOHN should provide such approval (figure 13, see p.25).

There was a more mixed response when respondents were asked whether a FOHN could provide approval for

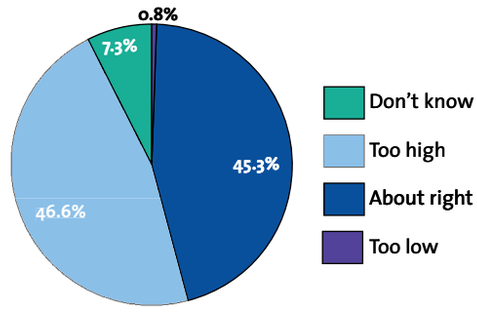
Figure 9: thematic analysis – main factors influencing decision whether or not join a FOHN



N = 804.

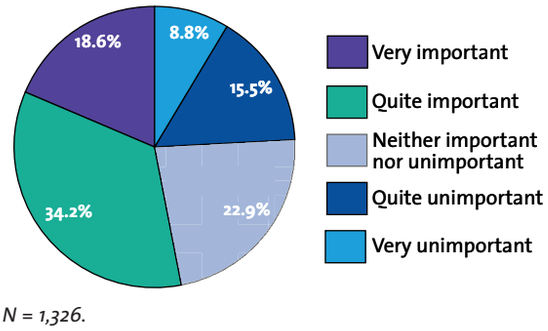
Free-text patterns and themes were analysed and then categorised into the main factors.

Figure 10: would £130 be a sensible annual membership fee for a FOHN?



N = 1,301.

Figure 11: how important would different membership categories be in a FOHN?



N = 1,326.

non-NMC courses relevant to OH nurses. Just over half (55%) somewhat or strongly agreed that a future FOHN could provide approval for these (figure 14, see p.25). Other aspects of OH nursing education will be covered in part 2 of this survey report.

IMPLICATIONS

This nationwide survey sought to gauge the views of OH nurses regarding the state of the OH profession in the UK. Did they feel professionally supported and, crucially, was there a need for a new 'faculty of occupational health nursing' to better represent practitioners and help raise and set standards for OH nursing practice, training and education?

The report compiles the views of 1,429 OH nurses and is believed to be the largest survey of OH nursing practitioners ever conducted in the UK. Although it was not possible to calculate an exact survey response rate, we do know that nearly one-quarter (23.8%) of all nurses on the SCPHN-OH register responded to it. At the time of writing there were 3,332 nurses on the Specialist Community Public Health Nursing – Occupational Health (SCPHN-OH) part of the NMC register[2].

In addition to these 794 SCPHN-registered OH nurses, we received responses from 386 OH nurses not on this register. Extrapolating further, and assuming that these 386 practitioners represented just under 24% of the total non-SCPHN OH population, we can derive a crude estimate for the total OH nurse population in the UK of approximately 4,950; of whom some 1,620 (33%) are not on the SCPHN-OH register[3]. There are no audited figures for the true number of nurses working in OH – the only official record is of those on the SCPHN-OH part of the NMC register – but this rough estimate at least gives some indication of the total UK OH nursing population.

The survey also provides a useful snapshot of the OH nursing demography. Two-thirds (64%) of OH nurses work full time, and despite the growth of the commercial OH provider industry 60% of practitioners remain directly employed at the organisation where they provide OH services; ie essentially working for in-house OH services. One in eight OH nurses work for themselves – either being self-employed or working as a sole trader or single-person limited company. Professional support and representation is likely to be particularly important for this group of OH nurses.

'Occupational health adviser' remains the most commonly used job title for OH nurses, followed by the generic title 'OH nurse' and then 'OH manager'. Just 4% of OH nurses responding to the survey have the job title 'OH wellbeing adviser or manager'.

Nearly half (46%) of OH nurses have an OH nursing degree, with 29% holding an OH nursing diploma. Just over 12% of nurses responding to the survey hold a master's degree in OH or a related subject.

More than three-quarters (76%) of OH nurses are aged over 45, 54% are over 50, and just 4% are aged 35 or younger. This older age distribution is similar to that reported for occupational medicine, where 64% of OH physicians are over the age of 50 and the profession is the 'oldest' of the 12 specialties on the General Medical Council specialist register[4]. Although we do not know if the OH nursing population is itself 'ageing' – given that OH traditionally attracts many nurses who have previously worked in other nursing disciplines – the

statistic highlights the need to establish whether or not the discipline is creating enough traineeships and attracting sufficient numbers of trainees to offset the inevitable loss of nurses as current practitioners reach retirement age.

Most OH nurses responding to the survey were not members of any specific OH body – though the vast majority (93%) were members of the general nursing union and membership organisation the RCN. The RCN does not have a dedicated OH nursing section. Less than one-quarter (24%) of survey respondents were members of the AOHNP (UK) – the UK's only current national OH nursing association. Six per cent were members of IOSH, the membership association for health and safety professionals. Five per cent were members of the Society of Occupational Medicine (SOM), which caters for occupational physicians and, since January 2012 has opened its membership to OH nurses and other healthcare professionals working in OH.

The vast majority (83%) of respondents said that they did not feel represented by an OH nursing body. The finding is unsurprising given that only a minority of respondents report being members of a specific OH member organisation. However, even among members of the AOHNP (UK) responding to the survey, 67% said they did not feel currently represented by an OH body. Eighty-six per cent of respondents who were members of IOSH, and 80% of those belonging to the SOM, also felt unrepresented by an OH body.

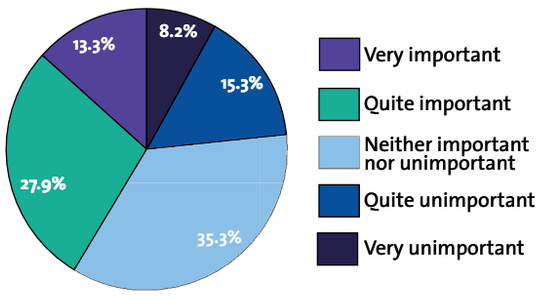
The third most-cited body (after the AOHNP (UK) and the RCN) said by respondents to 'represent' them in OH nursing was the NMC. This finding suggests that many OH nurses are confused about the role of the regulator. The NMC's website states clearly: 'We are not responsible for ... representing or campaigning on behalf of nurses and midwives.'[5]

More than half (56%) of OH nurses said they did not feel professionally supported, with more respondents (60%) working for in-house services than commercial OH providers (51%) saying they felt unsupported. One possible explanation for this difference could be that many practitioners working for in-house services are not part of an OH team, in some cases being the only OH professional at the organisation. Those working for commercial OH providers will generally have colleagues working in the same field. Nevertheless, the lack of professional support reported across the survey is worrying and is an area that a potential FOHN could seek to address.

Is there a need for an OH nursing faculty?

The RCN wound up its former Society of Occupational Health Nursing in 2009, leaving the AOHNP (UK) as the UK's only dedicated OH nursing body. It has 474 members[6], but this represents, less than 10% of all OH nurses (assuming around 4,950 nurses currently practise in occupational health[3]). And as already highlighted, only a minority of AOHNP (UK) members responding to the survey actually felt 'represented' by an OH nursing body. The SOM opened its doors to nurses and other healthcare professionals in 2012 and to date has attracted around 100 OH nurse members – approximately 10% of its total membership. However,

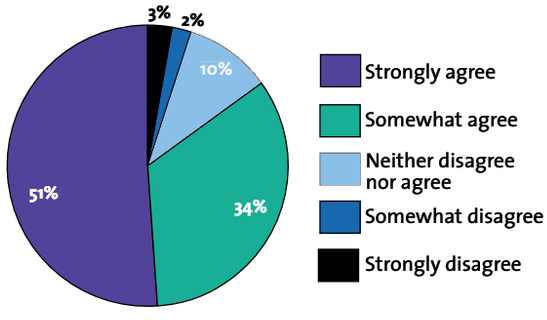
Figure 12: how important would it be for a future FOHN to offer post-nominal letters*?



N = 1,326.

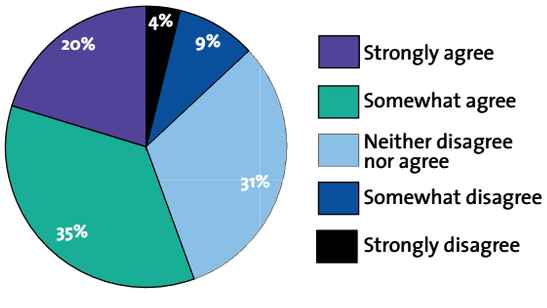
** Post-nominal letters are used to indicate a person's academic qualification, professional accreditation etc.*

Figure 13: should a future FOHN provide approval for NMC-validated courses?



N = 1,210.

Figure 14: could a future FOHN provide approval for non-NMC validated courses?



N = 1,195.

Table 4: products and services that could be offered by a FOHN

Rank	Product or service	% rating as a top priority	Average mean score*
1	Representation of OH nursing to key stakeholder groups eg NMC, national public health bodies, Council for Work and Health	82%	1.20
2	Standards setting on OH practice requirements	81%	1.21
3	Standards setting on OH educational requirements	79%	1.24
4	Learning/research resource	68%	1.35
5	Advice and support with OH practice queries	69%	1.36
6	Study days and conferences	54%	1.52
7	Collaborative working with other organisations eg SOM, FOM, AOHNP (UK)	49%	1.56
8	Support with revalidation	49%	1.65
9	Support with the Safe, Effective, Quality Occupational Health Service (SEQOHS) accreditation scheme	45%	1.73
10	Indemnity insurance package	41%	1.84
11	OH research grants and support	33%	1.84
12	Face-to-face working opportunities	17%	2.14
13	Social media networking opportunities	12%	2.25

N = 1,310.

** Average score on a four-point rating scale, with a score of 1 being the highest priority – see text for details.*

again, this number represents only a small fraction of OH nurses practising in the UK.

There is certainly an appetite for a new FOHN, with 87% of respondents stating that such a faculty would benefit the future of OH nursing – less than 2% said it would be of no or limited benefit (some respondents did not know). Many felt that a new FOHN could provide a 'voice' for OH nursing and raise the profile of the profession.

Some practitioners seemed to think that a FOHN could even replace the need to join the NMC and RCN entirely. One respondent called for the FOHN to be a 'one-stop shop for training, registration, insurance and support', while others wanted membership of a new faculty to obviate any need to pay NMC registration costs. These comments may reflect a degree of frustration with the NMC among some respondents but perhaps highlight again a level of misunderstanding about its role. The NMC is the statutory regulator of nursing and midwifery and its primary role is to protect patients and the public. A new FOHN would not have a regulatory function.

Three-quarters of respondents said they would join a FOHN, assuming a launch in 2018, with just less than one-quarter saying they were undecided. There was overwhelming support for a FOHN among AOHNP (UK) members responding to the survey – 84% of them said they would join (14% were unsure). Free-text comments on the survey reflected the high level of support for a new FOHN, though there was a small minority of dissenting voices.

One particularly difficult issue for any membership body is establishing an appropriate subscription fee. An annual charge of £130 was considered as a typical subscription for a professional membership body; but how would this go down with OH nurses? There was a roughly equal split between respondents who said this was about right and those who felt it was too high. Many commented that the charge would be additional to what they already paid for their RCN trade union membership and for their statutory registration with the NMC.

A recent survey by this journal established that the average salary for an OH nurse is £43,400 a year, around £10,000 a year less than that of an occupational hygienist (mean £54,300) and much less than that of an occupational physician (mean £123,100)[7]. Professional membership of the BOHS ranges from £74 (associate members) to £120 (fellows)[8]. For the FOM, the cost of UK membership ranges from £380 for associate members to £620 for fellows (these include subscriptions to an academic journal), with a reduced rate of £120 for affiliate members (doctors holding a faculty diploma)[9]. UK subscriptions to the SOM vary from £65 for associate members to £209 a year both for affiliate ('professionally qualified associated healthcare professionals' working in OH) and medical memberships[10]. Full members of the AOHNP (UK) pay £66 a year[11]. Membership fees in OH seem, to some extent at least, to reflect the average earnings of their members.

Striking the right balance between affordability and receiving enough income to offer an attractive level of member services will be a key challenge for a new FOHN.

What might a FOHN offer?

The survey reveals that the most important functions of a FOHN would be: representation of OH nursing to key stakeholder groups; setting standards on OH educational requirements; and setting standards on OH practice requirements. OH records management, OH ethics, medical confidentiality and case management were the four most important areas for standards setting, according to respondents. The promotion of health and wellbeing was rated as the lowest priority area for standards setting.

Advice and support with queries about OH practice, and providing a learning/research resource were also seen as important functions. The survey also revealed strong support among OH nurses for a FOHN to provide approval for NMC-validated courses relevant to OH nurses, though agreement with the NMC itself

would be needed for this to work in practice.

At the time the survey was conducted (April/May 2016), revalidation for OH nurses had only recently been introduced by the NMC. It was perhaps surprising, therefore, that 'support with revalidation' was ranked only eighth out of the 13 suggested products and services that could be offered by a FOHN, with less than half saying it should be a top priority.

Providing professional indemnity services was ranked 10th. The finding is unsurprising, as the survey findings also show that most practitioners already have indemnity arrangements in place, chiefly provided by their employer or in other cases by the RCN. There does not seem to be a great need for the FOHN to offer such a service.

There were mixed views on whether or not a FOHN should offer different membership grades and post-nominal letters.

Survey strengths and limitations

The statistics and views reported in this survey were based on the responses of 1,429 nurses working in OH, and as such provide compelling evidence on the state of the OH nursing profession. However, the survey distribution was uncontrolled and probably represents the views of no more than one-quarter of all practising OH nurses in the UK. Bias cannot be ruled out – practitioners supportive of a proposed FOHN may have been more predisposed than others to completing the questionnaire. No research was carried out to determine the views of non-responders (the uncontrolled distribution of the online survey made that impractical).

VIABILITY OF A FOHN?

This survey has provided strong evidence that a FOHN would benefit the OH nursing profession and is much needed. There was an overwhelming level of support and enthusiasm among the 1,429 respondents to the survey. But organisations do not survive on goodwill and the FOHN Development Group has some hard decisions to make concerning the viability of their ambitious project.

A thematic analysis of respondents' comments on whether or not they would join a new FOHN suggests that the ability of the proposed faculty to provide professional representation as well as guidance and support are more important than concerns over the cost of subscription. That said, the viability of a FOHN will inevitably depend on it having enough money to offer what members will expect in terms of services and representation. Opinion was divided on whether an annual subscription of £130 was 'about right' or 'too high' – making the correct decision on the size of the annual fee (or fees if different membership grades were considered) crucial to the success or otherwise of the proposed organisation. And despite the relatively low memberships of the AOHNP (UK) and SOM (as regards OH nurses) a FOHN will either have to compete or cooperate with those organisations to attract members willing to pay over and above their RCN subscriptions and NMC registrations.

Table 5: priority areas for a FOHN to set standards for professional practice

Rank	Practice area	% rating as "very important'	Average score*
1	OH records management	57.4%	3.75
2	OH ethics	56.0%	3.73
3	Medical confidentiality	55.7%	3.71
4	Case management	51.1%	3.71
5	Data protection	53.7%	3.70
6	Health surveillance	50.5%	3.69
7	Report writing	50.2%	3.68
8	Quality and audit	46.9%	3.65
9	Pre-placement/pre-employment health assessments	40.6%	3.59
10	Health risk assessments	38.1%	3.58
11	Health needs assessment	35.6%	3.56
12	Promotion of health and wellbeing	30.3%	3.46

N = 1,341.

** Average score on a five-point Likert scale – see text for details.*

Part 2 of this survey report will analyse respondents' opinions on OH nurse education, funding and regulation.

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Acknowledgements

The FOHN Development Group is grateful to all those nurses who took the time and trouble to contribute to this important survey. Their contributions and comments are invaluable.

The group would also like to thank the various practitioners who helped design the survey as well as those organisations that distributed it.

CONCLUSIONS

- **Just** under one-quarter of all OH nurses practising in the UK are believed to have responded to this nationwide survey of OH nurses – thought to be the biggest survey ever carried out in the UK on the experiences and opinions of OH nurses
- **The findings** are based on 1,429 nurses polled in April/May 2016
- **An estimated** 4,950 nurses are currently working in occupational health in the UK; at the time of writing, 3,332 of them were on the specialist community public health nursing (SCPHN) part of the NMC register
- **Two-thirds** of OH nurses are working full time, with around six in 10 working for an in-house OH service and three in 10 for a commercial OH provider. One in eight OH nurses work for themselves
- **Three-quarters** (76%) of OH nurses are aged over 45; just 4% are 35 or younger
- **'Occupational health adviser'** is the most common job title for OH nurses, followed by 'OH nurse' and 'OH manager'
- **Less** than half (44%) of OH nurses say they feel 'professionally supported' at work
- **Just** 17% of OH nurses currently feel 'represented' by an OH body. Membership of existing bodies, such as the AOHNP (UK), SOM and IOSH, did little to improve this figure
- **Nine** out of 10 OH nurses (87%) say a 'faculty of occupational health nursing' (FOHN) would benefit the future of OH nursing – such an organisation could give 'a voice' to the profession, raise its profile and provide professional support, guidance and resources for OH nurses
- **OH nurses** are equally divided on whether an annual subscription fee of £130 (considered typical of professional membership organisations) would be 'about right' or 'too high'
- **Three** out of four OH nurses (74%) would join a FOHN if it were launched, as proposed, in 2018; one in four are undecided
- **Most** OH nurses do not belong to a dedicated OH body or association, though 93% are members of the Royal College of Nursing
- **Just** under 85% of respondents who are also current members of the AOHNP (UK) say they would join a FOHN
- **The cost** of the annual subscription could be a deciding factor in whether or not to join a FOHN, with many respondents saying the fee would be on top of existing NMC and RCN charges
- **Just** over half (53%) of OH nurses say that a FOHN should offer different membership categories (eg fellows, associates) with many undecided on the issue, but there is no consensus on whether it should offer post-nominal letters
- **The most** important priorities for a FOHN, as identified by respondents, are: representation of OH nursing to key stakeholder groups; standards setting on OH educational requirements; standards setting on OH practice requirements; provision of advice and support; and providing a learning/research resource
- **According** to respondents, the most important areas for standards setting would be: OH records management; OH ethics; medical confidentiality and case management
- **Most OH** nurses (85%) believe the proposed FOHN should provide approval for NMC-validated courses relevant to OH nurses
- **A** 'faculty of occupational health nursing' appears to be a viable proposition, but setting appropriate subscription fees and providing services that meet the needs of practitioners would be crucial to its success

Notes

1 Harrison J (chair). Planning for the future: implications for occupational health; delivery and training. London: Council for Work and Health, 2016. ohaw.co/PTFrep2 (Note: the figure given in the CWH report is based on the number of OH nurses registered on the SCPHN part of the NMC register.)

2 Freedom of information request to the Nursing and Midwifery Council. Reference FOI/2016/332, 31 August 2016.

3 This very rough estimate has been calculated by extrapolating response data from this survey, which included replies from 794 (23.8%) of the 3,332 nurses on the SCPHN-OH part of the register. The survey also received 386 replies from non-SCPHN-OH nurses; assuming these represent 23.8% of all non-SCPHN OH nurses we can estimate that there are approximately 1,620 non-SCPHN OH nurses, giving a crude total of about 4,950 OH nurses practising in the UK.

4 The state of medical education and practice in the UK report: 2014. London: General Medical Council, 2014. ohaw.co/GMCSME14 (accessed 26.8.16).

5 Nursing and Midwifery Council. Our role: what we do. www.nmc.org.uk/about-us/our-role (accessed 5.8.16)

6 Personal communication, Susanna Everton, vice-president AOHNP (UK), 31 August 2016.

7 Ballard J, Sinclair A. OH pay and benefits 2016. Part 1. Occupational Health at Work 2016; 13(2): 19–25.

8 British Occupational Hygiene Society: membership grades. www.bohs.org/membership/membership-grades (accessed 20.9.16)

9 Faculty of Occupational Medicine: subscriptions and fees. www.fom.ac.uk/membership/subscriptions (accessed 20.9.16)

10 Society of Occupational Medicine: subscription rates. www.som.org.uk/membership/subscription-rates (accessed 20.9.16)

11 Association of Occupational Health Nurse Practitioners (UK): join us. aohnp.co.uk/membership (accessed 20.9.16)