

Global Occupational Health and Safety Responsibilities of Occupational Health Nurses Based in the United States

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The health and safety of workers is the primary concern of occupational health nurses. The purpose of this study was to identify the global occupational health and safety responsibilities of occupational health nurses based in the United States and factors contributing to these global responsibilities. A total of 2,123 American Association of Occupational Health Nurses, Inc. members completed a web-based survey and were included in the study. Approximately 12% ($n = 256$) of the respondents worked globally. Occupational health nurses with three or four national certifications, OR (odds ratio) = 2.07, 95% confidence interval (CI) [1.08, 3.98], more than 15 years of occupational health nursing experience, OR = 1.23, 95% CI [1.08, 1.39], and a doctoral degree, OR = 2.89, 95% CI [1.40, 5.99], were most likely to work globally. Advanced practice nurses, OR = 1.55, 95% CI [1.12, 2.15], occupational health nurses who worked for large employers, OR = 1.74, 95% CI [1.29, 2.33], and those who supervised other nurses, OR = 1.74, 95% CI [1.29, 2.34], were also more likely to work globally. In contrast, occupational health nurses who personally provided direct care to workers were less likely to work globally, OR = 0.60, 95% CI [0.44, 0.81]. The findings of this study provide direction for future education, practice, and research to increase global responsibilities among occupational health nurses in the United States. [*Workplace Health Saf* 2013;61(7):287-295.]

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In May 2011, the American Association of Occupational Health Nurses, Inc. (AAOHN) hosted the first Global Occupational Health Nursing Summit. The theme was occupational health nursing contributions to a global healthy work force and the focus was on global efforts around occupational health nursing roles, education and training, research, evidence-based best practices, and work force issues from an occupational health nursing leadership and management perspective. The overarching goal of the Summit was

to explore the profession's impact on the health of workers all over the world. The Summit was supported by a Centers for Disease Control and Prevention–National Institute for Occupational Safety and Health grant. The Summit was designed to promote healthy workplaces and excellence in occupational health nursing practice through knowledge exchange and information dissemination.

Globalization has led to a new development paradigm that links corporations, international organizations, governments, communities, professionals, and families (Waters, 2001). In particular, economic globalization introduces opportunities and challenges for occupational health professions, including occupational health nurses. Health is a global concern and nursing is a global profession. Globally, the health and safety of working populations is a fundamental human right that must be protected. According to the International Labour Organization (ILO), in 2008 at least 2.34 million individuals died as a result of work-related incidents or illnesses (6,300 deaths per day) and an additional 317 million workers were injured (ILO, 2011). The 60th World Health Assembly endorsed a 2008–2017 global plan of action; the plan called for implementing occupational health services at the global level to improve workers' health (World Health Assembly, 2007). The global plan of action en-

Table 1
Characteristics of the Global Occupational Health Nurses (N = 256)

	n (%)
National certification ^a	
COHN-S	142 (55.5)
Case management	78 (30.5)
COHN	35 (13.7)
Nurse practitioner	22 (8.6)
Ergonomics	17 (6.6)
Safety professional	16 (6.3)
Clinical nurse specialist	6 (2.3)
New to field (and need more hours to certify)	3 (1.2)
Not applicable (e.g., LVN/LPN role)	0 (0.0)
No certification	56 (21.9)
Position to which you report	
Department head	86 (33.6)
Physician	41 (16.0)
Nurse manager	36 (14.1)
Chief company officer	35 (13.7)
Self	16 (6.3)
Other	42 (16.4)
Educational needs you have in relation to your occupational health nursing practice ^a	
Wellness/health promotion	161 (62.9)
Illness/injury management	134 (52.3)
Leadership development	126 (49.2)
Case management	125 (48.8)
Safety/environmental management	122 (47.7)
Management	110 (43.0)

Table 1 (cont'd)
Characteristics of the Global Occupational Health Nurses (N = 256)

	n (%)
Ergonomics	101 (39.5)
Certification	64 (25.0)
Advanced practice	51 (19.9)
None	4 (1.6)
Health risk appraisal priority areas for 2012	
Weight management/healthy eating	148 (57.8)
Physical activity	108 (42.2)
Mental health/stress management	106 (41.4)
Chronic disease management: hypertension and other cardiac diagnoses	70 (27.3)
Tobacco cessation	54 (21.1)
Chronic disease management: diabetes	53 (20.7)
Chronic disease management: asthma or other respiratory conditions	13 (5.1)
Do not perform health risk appraisals	13 (5.1)
Do not know	3 (1.2)
OSHA-recordable injuries resulting in days away from work	
Musculoskeletal	167 (65.2)
Slips, falls, trips	135 (52.7)
Overuse injuries	91 (35.5)
Lacerations	40 (15.6)
Stress/mental health	40 (15.6)
Not applicable	11 (4.3)
Do not know	3 (1.2)

Note. Percentages may not total 100% due to missing data or the option to select more than one response. ^aMultiple choice.

compasses all aspects of workers' health, including primary prevention of accidents and injuries from occupational hazards, protection and promotion of workers' health and safety, employment conditions, and effective responses from health systems to preserve workers' health.

Despite an increase in the global work force, large gaps exist between and within countries in terms of workers' health, exposure to occupational hazards, and access to occupational health services. The total number of fatal work-related illnesses and accidents has increased in developing regions, especially in Asia and South America, while occupational acci-

dents have decreased or remained stable on other continents (Hämäläinen, 2009; Hämäläinen, Takala, & Saarela, 2006). The global plan highlighted collaboration and cooperation between developed and developing countries in implementing the global plan of action regionally, subregionally, and within countries.

Protection of workers' health and safety has been the primary focus of occupational health professionals, including nurses, worldwide. With globalization, occupational health nurses employed by companies operating multinational business units must monitor occupational health and safety activities at work sites in

other countries as well as their own. As a result of the Global Occupational Health Nursing Summit, occupational health nurses have learned about global occupational health and safety, including regional occupational health concerns, scopes of practice, and opportunities and challenges in occupational health nursing education, practice, and research, in Asia (Cheung, Ishihara, Lai, & June, 2012), South America (Hong, 2012), South Africa (Michell, 2012), Europe (Staun, 2012), and North America (Thompson & Wachs, 2012; Verrall, 2012).

Although many occupational health nurses in the United States have been involved in global oc-

Table 2
Description of Global Responsibilities

	n (%)
Elements of international occupational health nursing most important to global occupational health nurses ^a	
Understanding local laws and regulations (country-specific) regarding occupational health practice	157 (61.3)
Common and acceptable nursing/medical practices in other countries	147 (57.4)
Understanding international privacy laws around transmission of health-related information	120 (46.9)
Information related to vendors that can deliver occupational health (or related) services around the world	97 (37.9)
Understanding international occupational health and safety practice acts and credentials	89 (34.8)
Understanding metrics/indicators used to measure the quality of international occupational health services	88 (34.4)
International recruiting processes (national and international assignees) and employee verification	30 (11.7)
Not applicable	31 (12.1)
Global occupational health nurses' geographic areas of responsibility ^a	
Europe	72 (28.1)
Asia/Asia Pacific	68 (26.6)
South or Central America	59 (23.0)
Middle East	26 (10.2)
Russia (CIS)	20 (7.8)
Africa	18 (7.0)
All global regions (based on need)	128 (48.8)
Number of workers impacted by global occupational health nurses	
≤ 1,000	51 (20.2)
1,001 to 5,000	39 (15.4)
5,001 to 10,000	28 (11.1)
10,001 to 25,000	21 (8.3)
25,001 to 50,000	27 (10.7)
50,001 to 100,000	23 (9.1)
> 100,000	29 (11.5)
Not applicable	35 (13.8)

Table 2 (cont'd)
Description of Global Responsibilities

	n (%)
Languages in which you currently offer health and safety education ^a	
Only English	117 (45.7)
Spanish	81 (31.6)
Mandarin Chinese	18 (7.0)
French	16 (6.3)
Other	18 (7.0)
Percentage of work time devoted to (n = 107) ^b	
Direct care	
≤ 20%	42 (39.3)
21% to 40%	27 (25.2)
41% to 60%	16 (15.0)
61% to 70%	5 (4.7)
71% to 80%	2 (1.9)
81% to 100%	5 (4.7)
Administration	
≤ 20%	17 (15.9)
21% to 40%	30 (28.0)
41% to 60%	21 (19.6)
61% to 70%	8 (7.5)
71% to 80%	9 (8.4)
81% to 100%	17 (15.9)
Education	
≤ 20%	38 (35.5)
21% to 40%	53 (49.5)
41% to 60%	8 (7.5)
61% to 70%	1 (0.9)
71% to 80%	3 (2.8)
81% to 100%	2 (1.9)
Research	
≤ 20%	57 (53.8)
21% to 40%	16 (15.1)
41% to 60%	1 (0.9)
61% to 70%	1 (0.9)
71% to 80%	0 (0.0)
81% to 100%	0 (0.0)

Note. Percentages may not total 100% due to missing data or the option to select more than one response. ^aMultiple choice. ^bNumber of global occupational health nurses who considered themselves to be advanced practice nurses.

occupational health and safety activities, no study has been conducted to provide an overview of these activ-

ities and factors that affect U.S. occupational health nurses' global practice. The purposes of the current

study were to (1) describe global occupational health and safety responsibilities of occupational health

Table 3
Comparison of Characteristics Between Global Occupational Health Nurses and Non-Global Occupational Health Nurses (N = 2,123)

	<i>Total^a</i>	<i>Global Occupational Health Nurses (n = 256, 12.1%)</i>	<i>Non-global Occupational Health Nurses (n = 1,771, 83.4%)</i>	
	<i>n (%)</i>	<i>n (%)</i>	<i>n (%)</i>	χ^2 (p)
Age (years)				5.639 (.343)
18 to 25	2 (0.1)	0 (0.0)	2 (0.1)	
26 to 35	48 (2.3)	4 (1.6)	42 (2.4)	
36 to 45	193 (9.2)	27 (10.7)	161 (9.1)	
46 to 55	703 (33.4)	74 (29.2)	602 (34.2)	
56 to 65	979 (46.5)	131 (51.8)	805 (45.7)	
> 65	179 (8.5)	17 (6.7)	149 (8.5)	
Highest education				50.871 (< .001)
Less than BS	636 (30.4)	52 (20.5)	569 (32.2)	
BSN, baccalaureate other field	834 (39.8)	91 (35.8)	716 (40.5)	
MSN/MN, master's other field	550 (26.3)	87 (34.3)	437 (24.7)	
DNP, DNS/DNSc/DSN, doctorate in other field	73 (3.5)	24 (9.4)	44 (2.5)	
Experience in occupational health nursing (years)				15.731 (< .001)
≤ 15	908 (43.0)	81 (31.8)	793 (44.9)	
> 15	1,206 (57.0)	174 (68.2)	972 (55.1)	
Licensure				5.622 (.060)
LPN/LVN	30 (1.4)	0 (0.0)	29 (1.6)	
RN	1,858 (89.2)	223 (88.8)	1,576 (89.6)	
APRN	194 (9.3)	28 (11.2)	153 (8.7)	
Multiple national certifications				30.612 (< .001)
0	657 (30.9)	58 (22.7)	520 (29.4)	
1	937 (44.1)	106 (41.4)	818 (46.2)	
2	450 (21.2)	68 (26.6)	379 (21.4)	
3 to 4	79 (3.7)	24 (9.4)	54 (3.0)	
Considered to be an advanced practice nurse				25.789 (< .001)
Yes	617 (29.4)	107 (41.8)	469 (26.5)	
No	1,485 (70.6)	149 (58.2)	1,302 (73.5)	
Plans to pursue additional education (degree)				6.133 (.189)
Currently enrolled	171 (8.4)	21 (8.3)	150 (8.5)	
Definitely will enroll within the next 2 years	190 (9.3)	25 (9.8)	162 (9.2)	
Will consider enrolling within the next 5 years	163 (8.0)	11 (4.3)	151 (8.6)	
May enroll at some time in the future	722 (35.5)	99 (39.0)	614 (35.0)	
Definitely will not enroll	790 (38.8)	98 (38.6)	679 (38.7)	
Employment status				5.517 (.019)
Full-time	1,752 (89.2)	230 (93.5)	1,518 (88.5)	
Part-time	213 (10.8)	16 (6.5)	197 (11.5)	
Number of workers in employer's or client's work force				25.921 (< .001)
≤ 10,000	1,182 (64.4)	113 (49.3)	1,069 (66.6)	

Table 3 (cont'd)
Comparison of Characteristics Between Global Occupational Health Nurses and Non-Global Occupational Health Nurses (N = 2,123)

	<i>Total^a</i>	<i>Global Occupational Health Nurses (n = 256, 12.1%)</i>	<i>Non-global Occupational Health Nurses (n = 1,771, 83.4%)</i>	
	<i>n (%)</i>	<i>n (%)</i>	<i>n (%)</i>	χ^2 (p)
10,001 to 100,000	653 (35.6)	116 (50.7)	537 (33.4)	
Supervising other nurses				18.996 (< .001)
Yes	714 (35.3)	121 (47.5)	593 (33.5)	
No	1,311 (64.7)	134 (52.5)	1,177 (66.5)	
Personally providing direct worker care (not your clinic)				26.246 (< .001)
Yes	1,334 (66.0)	132 (51.8)	1,202 (68.0)	
No	688 (34.0)	123 (48.2)	565 (32.0)	

Note. ^aNumbers for characteristics do not total the same number due to missing data. Ninety-six participants did not reply to the question, "Do you work globally?"

nurses based in the United States; (2) compare the characteristics of occupational health nurses who provide global occupational health and safety services with those of nurses who do not; and (3) identify factors associated with global occupational health and safety responsibilities of occupational health nurses based in the United States.

METHOD

Details of the data collection methodology have been described elsewhere (Burgel & Kennerly, 2012). Briefly, AAOHN conducted a membership profile survey to identify occupational health nurses' priorities and activities. The purposes of this survey were to (a) describe membership trends over time, including occupational health nurse education, certification, and employment patterns; (b) determine how AAOHN members engage in continuing education and lifelong learning; (c) identify whether AAOHN members are mentoring future occupational health nurses; (d) determine how AAOHN members are involved in global occupational health and safety; and (e) explore occupational health and safety issues facing AAOHN members. AAOHN members (N = 5,183) were invited to participate in a member survey be-

tween March 1 and May 1, 2012. A total of 2,123 members completed a web-based survey. This article focuses on AAOHN members' global occupational health and safety responsibilities reported in that survey.

Measures

A web-based, 50-item survey was developed through extensive discussions among all AAOHN committees (i.e., Membership, Practice, Foundation/Sponsorship, International, and Grants), a pilot test, and subsequent refinement. To address the purposes of the study, this article includes the survey data on demographics, type of licensure and national certification, employment patterns, global occupational health and safety activities, educational needs, perceived health risk priorities, and Occupational Safety and Health Administration (OSHA)-recordable injury data.

Data Analysis

Data were analyzed using SPSS, version 20. Descriptive statistics (frequencies and percentages) were calculated for all study variables. Bivariate analysis was used to compare the characteristics of occupational health nurses who reported global occupational health and safety responsibilities with those of nurses who did not;

chi-square tests were used for categorical variables.

After bivariate analysis, multivariate logistic regression analysis was conducted to identify factors associated with nurses' global occupational health and safety responsibilities, using the listwise deletion method. Variables for adjustment in the multivariable analysis were selected based on their significance levels in bivariate analyses ($p < .05$). Prior to multivariate logistic regression, multicollinearity (i.e., high intercorrelations among independent variables) was examined, with none noted. A p value of less than .05 was considered statistically significant.

RESULTS

Of the 2,123 AAOHN members whose self-reported data were included in the analysis, approximately 12% ($n = 256$) worked globally. Table 1 summarizes characteristics of those occupational health nurses who reported global occupational health and safety responsibilities. Approximately 56% of these nurses were certified as occupational health nurse specialists (COHN-S) and approximately 31% held case management certification. Approximately 15% practicing globally held both COHN-S and case management certification.

Table 4
Factors Associated With Global Occupational Health and Safety Responsibilities

	<i>OR</i>	<i>95% CI</i>	<i>p</i>
Highest education			.016
Less than BS	Reference		
BSN, baccalaureate other field	1.42	[0.97, 2.08]	.071
MSN/MN, master's other field	1.63	[1.09, 2.45]	.018
DNP, DNS/DNSc/DSN, doctorate in other field	2.89	[1.40, 5.99]	.004
Experience in occupational health nursing (years)			
≤ 15	Reference		
> 15	1.23	[1.08, 1.39]	.002
Multiple national certifications			.009
0	Reference		
1	0.77	[0.51, 1.15]	.198
2	0.93	[0.59, 1.47]	.751
3 to 4	2.07	[1.08, 3.98]	.028
Considered to be an advanced practice nurse			
No	Reference		
Yes	1.55	[1.12, 2.15]	.008
Employment status			
Part-time	Reference		
Full-time	1.67	[0.87, 3.20]	.123
Number of workers in employer's or client's work force			
≤ 10,000	Reference		
10,001 to 100,000	1.74	[1.29, 2.33]	< .001
Supervising other nurses			
No	Reference		
Yes	1.74	[1.29, 2.34]	< .001
Personally providing direct worker care (not your clinic)			
No	Reference		
Yes	0.60	[0.44, 0.81]	.001

About 34% of these nurses said they reported directly to their department head and 16% said they reported to a physician. The rest reported to nurse managers (14.1%), chief company officers (13.7%), and self (6.3%).

These occupational health nurses with global responsibilities identified the following educational needs: wellness/health promotion (62.9%), illness/injury management (52.3%), and leadership development (49.2%). The three most frequently identified health risk appraisal priority areas were weight management/healthy eating (57.8%), physical activ-

ity (42.2%), and mental health/stress management (41.4%). The most frequent OSHA-recordable injuries (resulting in days away from work) were musculoskeletal (65.2%); slips, falls, and trips (52.7%); and overuse injuries (35.5%).

Description of Global Responsibilities

Table 2 summarizes the global responsibilities of occupational health nurses based in the United States. The priority areas of expertise for the global occupational health nurse were (1) country-specific laws and regulations

related to occupational health and safety practice (61.3%); (2) common and acceptable nursing and medical practices in other countries (57.4%); and (3) international privacy laws regarding transmission of health-related information (46.9%). In response to the question about regional coverage, about 50% reported they were responsible for all global regions based on need; approximately 30% for Europe; approximately 27% for Asia/Asia Pacific; and 23% for South or Central America. About 40% reported that they were responsible for 10,000 or more workers. About 46% currently

offer their health and safety education in English and about 32% in Spanish.

Among global occupational health nurses who are considered advanced practice nurses ($n = 107$), more than half devoted more than 20% of their work time to direct care (51.5%) or more than 40% of their work time to administration (51.4%). The majority of global occupational health nurses devoted less than 40% of their work time to education (85%) and research (68.9%).

Factors Associated With Global Occupational Health and Safety Responsibilities

Table 3 provides a comparison of characteristics between those occupational health nurses who worked globally and those who did not. Multivariable logistic regression was used to identify factors associated with global occupational health and safety nursing responsibilities. Results of the multivariable logistic regression analysis are presented in Table 4.

Compared to occupational health nurses who did not have global responsibilities, occupational health nurses with global responsibilities were significantly more likely to report more than 15 years of occupational health nursing experience (68.2% vs. 55.1%), OR = 1.23, 95% CI [1.08, 1.39], and to have earned master's (34.3% vs. 24.7%) and doctoral (9.4% vs. 2.5%) degrees. Compared to those who had earned an associate degree or diploma, nurses with a doctorate degree were significantly more likely to work globally, OR = 2.89, 95% CI [1.40, 5.99], followed by those with a master's degree, OR = 1.63, 95% CI [1.09, 2.45]. Occupational health nurses with global responsibilities were significantly more likely than those without to have two or more national certifications (36% vs. 24.4%), consider themselves advanced practice nurses (41.8% vs. 26.5%), OR = 1.55, 95% CI [1.12, 2.15], work full-time as employees of their organizations (93.5% vs. 88.5%), and work for large employers with more than 10,000 workers (50.7% vs. 33.4%), OR = 1.74, 95% CI [1.29, 2.33]. Occupational health

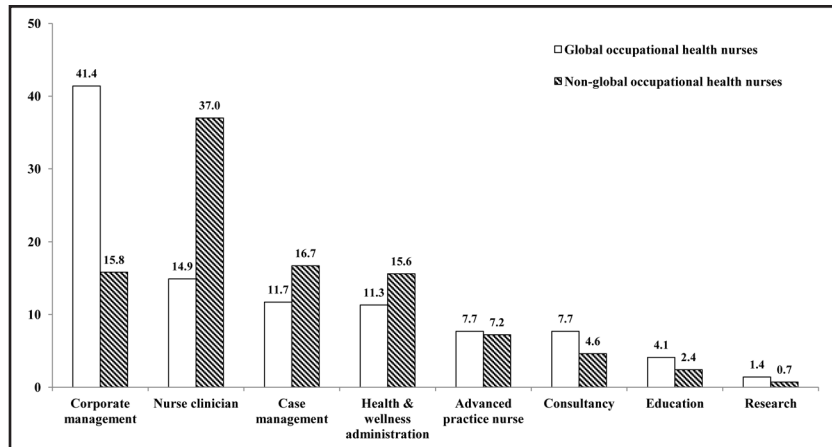


Figure 1. The occupational health nurses' primary roles.

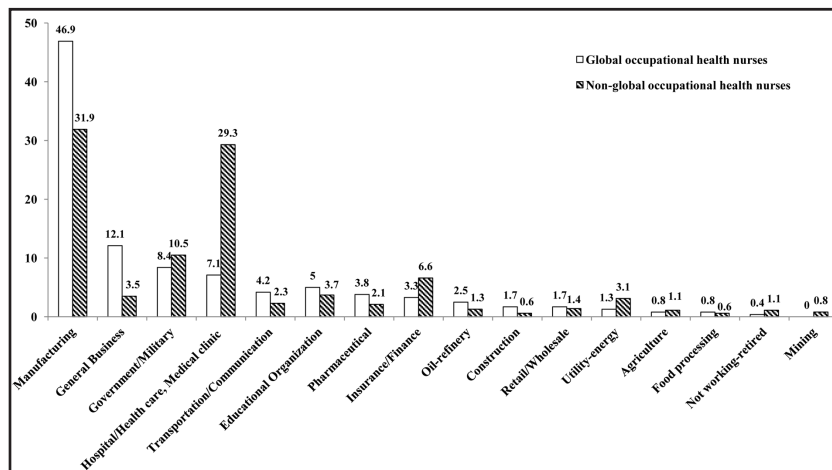


Figure 2. Business sectors.

nurses who had three or four national certifications were twice as likely to work globally than those who did not have national certifications, OR = 2.07, 95% CI [1.08, 3.98]. Also, nurses with global responsibilities were significantly more likely to supervise other nurses (47.5% vs. 33.5%), OR = 1.74, 95% CI [1.29, 2.34], and less likely to provide direct care to workers (51.8% vs. 68.0%), OR = 0.60, 95% CI [0.44, 0.81].

Figures 1 and 2 show the distribution of the occupational health nurses' primary roles and the business sectors in which they are employed, respectively. The most commonly reported role of occupational health nurses with global responsibilities was corporate management (41.4%), whereas occupational health nurses without global responsibilities were most likely to be nurse clinicians (37.0%).

The three most frequently cited industries in which global occupational health nurses were employed included manufacturing (46.9%), general business (12.1%), and government/military (8.4%). Non-global occupational health nurses reported manufacturing (31.9%); hospital/health care, medical clinic (29.3%); and government/military (10.5%).

DISCUSSION

This was the first AAOHN survey to include questions about occupational health nurses' global responsibilities. The results reflect growth in occupational health nursing practice as more corporations have opened business units around the world. Occupational health nurses have continued to meet the needs of employees and their employers through global practice. Although a

small percentage (12%) of responding occupational health nurses are currently engaged in global practice, the number will continue to grow as corporations expand their business operations around the world, resulting in economic interdependency.

Global occupational health nurses who participated in the 2012 AAOHN survey reported that understanding country-specific occupational health and safety laws and regulations was the most important element of global practice. Compliance with each country's laws and regulations is as essential to global occupational health nursing practice as compliance with federal (OSHA), state, and other regulations in the United States. Corporations' multinational operations and global competition can result in lower or compromised standards for worker protection. Unfortunately, acceptable employee exposure to occupational hazards and the status of workers' health and safety differ both between and within countries. Only a small portion of the global work force has access to occupational health services (World Health Assembly, 2007). Thus, global occupational health nurses must develop and implement standardized processes based on scientific evidence, regional regulations, and standards of practice. Global occupational health nurses must learn about regional and country-specific standards and regulations through close collaboration with occupational health nurses who practice in those regions and countries.

Understanding nursing and medical practices common and acceptable to the region for which the occupational health nurse is responsible was the second most important element of occupational health nursing practice for the occupational health nurses in this survey. Once occupational health nurses are cognizant of these practices, they can modify their interventions to those acceptable within the region or country. This modification of practice is analogous to corporations modifying their business plan to be successful in the global arena. Corporations adjust business strate-

gies, product marketing, and even product design to succeed in the global marketplace. These adjustments are necessary because employees and consumers differ around the world (HermanMiller, 2010).

Global occupational health nurses are aware that they may need to adjust their practices to succeed in meeting the health and safety needs of their corporations' employees worldwide. This element of global practice, to provide culturally competent care worldwide, is consistent with the Institute of Medicine's (2011) charge regarding nursing competencies. Although the IOM's report focused on nursing in the United States, the recommendations are equally valid for occupational health nurses practicing globally.

Cultural competency has become a theme in nursing education during the past two decades (Florczak, 2013) and is an expected component of nursing education by the American Association of Colleges of Nursing (AACN) at both the baccalaureate (AACN, 2008) and the master's (AACN, 2011) levels. However, AACN advocates for cultural sensitivity and cultural humility as more appropriate goals for nursing than cultural competence (AACN, 2008). Cultural humility:

incorporates a lifelong commitment to self-evaluation and self-critique, to redressing the power imbalances in the patient-clinician dynamic, and to developing mutually beneficial and advocacy partnerships with communities on behalf of individuals and defined populations. (AACN, 2008, p. 36)

To learn the nursing and medical practices of a country in which a multinational company does business with cultural sensitivity and cultural humility is an appropriate way to begin. However, when caring for individual employees in other countries, nurses may experience a "fluidity of cultural beliefs" (Florczak, 2013, p. 13), so it is critical to ascertain whether individual employees are part of the dominant cultural norms.

Each individual's beliefs about nursing and health care should be determined for most effective treatment outcomes.

Understanding international laws regarding the privacy of health-related documents and their transmission was the third most significant element of international occupational health nursing practice for survey respondents. Confidentiality of worker health information is considered a central tenet of occupational health nursing practice (AAOHN, 2013), and the requisite compliance with jurisdictional privacy and confidentiality laws regarding personal health information is essential. Nurses who practice globally are aware of the potential for laws to vary depending on where they practice.

Understanding international occupational health and safety practice acts and credentials was the fifth priority for survey respondents (34.8%). Maintaining legal compliance is consistent with the scope of practice of occupational and environmental health nurses:

The nurse is the key to the coordination of a holistic, multidisciplinary approach to delivery of safe, quality, and comprehensive occupational and environmental health programs and services that include: . . . compliance with laws, regulations, and standards governing health and safety for the workers and the environment . . . " (AAOHN, 2012, p. 98)

In this survey, occupational health nurses with more experience, graduate education, executive positions in their organizations, and national certifications were more likely to be engaged in global practice. Intuitively this makes sense as the global role is the frontier in occupational health nursing and requires the most proficient nurses. Occupational health nurses are just beginning to explore this new role. The 2011 Global Occupational Health Nursing Summit was an opportunity for occupational health nurses engaged in global occupational health activities to share their knowledge and exper-

tise. The published Summit articles previously mentioned disseminated the knowledge shared during this event.

With globalization, occupational health nurses must become knowledgeable about occupational health and safety trends and issues in other countries. Construction, agriculture, fashion industry, and manufacturing workers in many countries suffer from occupational injuries and illnesses similar to and even more extensive than those experienced by U.S. workers (Iunes, 2002; Marziale & Hong, 2005). Many U.S. corporations are multinational; occupational health nurses must be prepared to discuss global trends and issues and positively impact the occupational health and safety of workers around the world. Major global occupational health and safety trends and issues, including provision of basic occupational health services, the aging work force, income insecurity and microeconomic consequences of occupational injuries, and emerging occupational hazards without known consequence, have been well addressed (Guidotti, 2011). The World Health Organization is a reliable source of current information on occupational health and safety issues: www.who.int/occupational_health/publications/newsletter/en.

AAOHN is planning the second Global Occupational Health Nursing Summit on May 4–5, 2014, in Dallas, Texas. The theme for the Summit is “Occupational Health Nursing Across Borders: Fostering a Global Culture of Health.” The Scientific

Committee on Occupational Health Nursing (SCOHN), International Commission on Occupational Health (ICOH), will hold its mid-term meeting during this Summit. The call for abstracts is posted on the AAOHN website. It is hoped that the results of this survey will serve as a guide to possible topics of value to the membership of AAOHN currently involved in occupational health nursing globally.

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