



Korean Society of
Nursing Science

Contents lists available at [ScienceDirect](#)

Asian Nursing Research

journal homepage: www.asian-nursingresearch.com



Research Article

Analysis of Workplace Health Education Performed by Health Managers in Korea

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ARTICLE INFO

Article history:

Received 7 July 2015

Received in revised form

28 May 2016

Accepted 28 May 2016

Keywords:

health education

occupational health services

workplace

SUMMARY

Purpose: To evaluate workplace health education as practiced by health managers based on standardized job tasks and suggest priority tasks and areas to be trained.

Methods: The study was conducted between November 10, 2013 and April 30, 2014. The tool used in this study was standardized job tasks of workplace health education for health managers which was developed through methodological steps. It was evaluated by 233 worksite health managers. Data were analyzed using SPSS 21.0.

Results: Predicting variables of workplace health education performance were the “analysis and planning” factor, type of enterprise, and form of management. Healthcare professionals and health managers who managed the nonmanufacturing industry showed high importance and low performance level in “analysis and planning” factor.

Conclusions: “Analysis and planning” skill is priority training area for healthcare professionals and health managers who managed nonmanufacturing industry. It is necessary to develop a training curriculum for health managers that include improving analysis of worksites and plans for a health education program.

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Introduction

According to the World Health Organization, occupational health education, an essential component of holistic care, is a method of promoting health and preventing occupational disease. It provides workers the right to know about potential hazardous risk factors within the work environment and helps empower self-health management by making individuals aware of their health problems [1–3]. All over the world, acts and regulations are being designed to alert employees and employers of hazardous risk factors, thereby promoting health by means of education [4–6]. Nevertheless, injuries and diseases caused by exposure to hazardous risk factors continue to happen and industrial accident treatment cases are being increasingly reported [7].

A health manager is an expert assigned to the workplace to perform the overall job of management concerning maintenance and promotion of health in South Korea [6]. To be stationed as a

health manager at a worksite, they need to be qualified as a physician, nurse, industrial hygienist, or air pollution environmental engineer (APEE). These component ratios are 3.8%, 64.5%, 7.2%, and 23.4%, respectively, with the majority of health managers trained as nurses [8]. Health managers having differing professional training and experience can cause gaps and limitations in performance of occupational health education [9]. Moreover, as they manage various sizes and types of enterprise with different forms of management, discrepancy in performing workplace health education may occur [8].

To overcome these limitations, it is necessary for health managers to perform health education through standardized job tasks. Job tasks are the individual steps that make up specific meaningful units of work that must be performed in a given job [10,11]. Evaluating and finding problematic parts of standardized job tasks so that health managers could be trained in continuing education program will narrow the gap and improve quality of workplace health education given by health managers. It is possible that standardized job tasks of workplace health education for health managers founded only upon job analysis are either lacking or inappropriate. Therefore, it is important to evaluate standardized job tasks which were developed through multidimensional methods, such as taking into account previous studies as a

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<http://dx.doi.org/10.1016/j.anr.2016.05.005>

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conceptual framework, building consensus through discussions, and statistic procedures for verification [12,13]. To find problematic parts of workplace health education from health managers' perspective, importance-performance analysis (IPA) would be a useful method [14]. The IPA method is applied to study customer satisfaction but now many researchers use it to improve healthcare quality. This method contributes to identifying problematic areas for strategically developing training curriculum and in improving quality of health service [9].

In previous studies, most workplace health education research was about the effect of intervention programs [15,16], surveys of needs and perceptions [17,18], literature reviews [19], or studies on health education methods [20,21]. Participants in previous job analysis research were made up of hospice nurses, hospital co-ordinators, and metabolic syndrome managers, among others [11–13]. Previous research has used IPA in evaluating job of health managers but it was limited to the job described in Korea Occupational Safety Health Act [9]. No research has examined workplace health education of health managers based on standardized job tasks and suggested areas to be trained, which the majority of health managers are nurses.

Thus, the purpose of this study was to evaluate workplace health education as practiced by health managers based on standardized job tasks, and suggest priority areas to be trained. The specific purposes are as follows: (a) to find the differences of performance level of workplace health education based on participant characteristics, (b) to find correlations between performance, importance, and difficulty level of workplace health education, (c) to find variables predicting performance level of workplace health education, and finally (d) to find standardized job tasks and areas of workplace health education that should be prioritized for training.

This study might be of value as its results might be utilized as basic data in developing a systematic evidence-based training curriculum of workplace health education for health managers [10,11].

Methods

Study design

This study was a cross-sectional survey based on standardized job tasks of workplace health education for health managers. It took

place from November 10, 2013 to April 30, 2014 in Seoul, South Korea.

Setting and samples

Convenience sampling of 233 participants who worked for over a year as health managers participated in this study. The G-Power program was used to estimate the required sample size for correlation analysis using a small effect size of 0.2, statistical power of 80%, and a significance level of .05, with an anticipated dropout rate of 20%. For factor analysis, five times the number of variables for health managers were additionally considered for the sample [22]. Component ratios of their professional field were based on assignment statuses from Ministry of Employment and Labor (MOEL) [8].

Ethical considerations

This study was approved by the Institutional Review Board of Hanyang University (No. 13-093-2). The confidentiality and anonymity of the participants were assured. After the objectives and the participants' rights were explained to them, they provided informed consent. It was agreed that data would not be used for any other purpose.

Instruments

Standardized job tasks were used to measure workplace health education for health managers. The tool used in this study was developed by the authors using the methodological steps: literature analysis, job analysis and validity verification (Figure 1). A total of 163 members participated in developing this tool. They were 2 individuals for literature analysis, 6 focus group members for job analysis, and 155 practicing professionals for validity verification.

First, two authors of this study analyzed 28 publications to establish the conceptual framework of workplace health education. Publications consisted of three manuals for health managers [1,2,23] and 25 articles which were found by searching the Korea Citation Index published between January 1, 1995 (i.e., Establishment of Korea National Health Promotion Act) and December

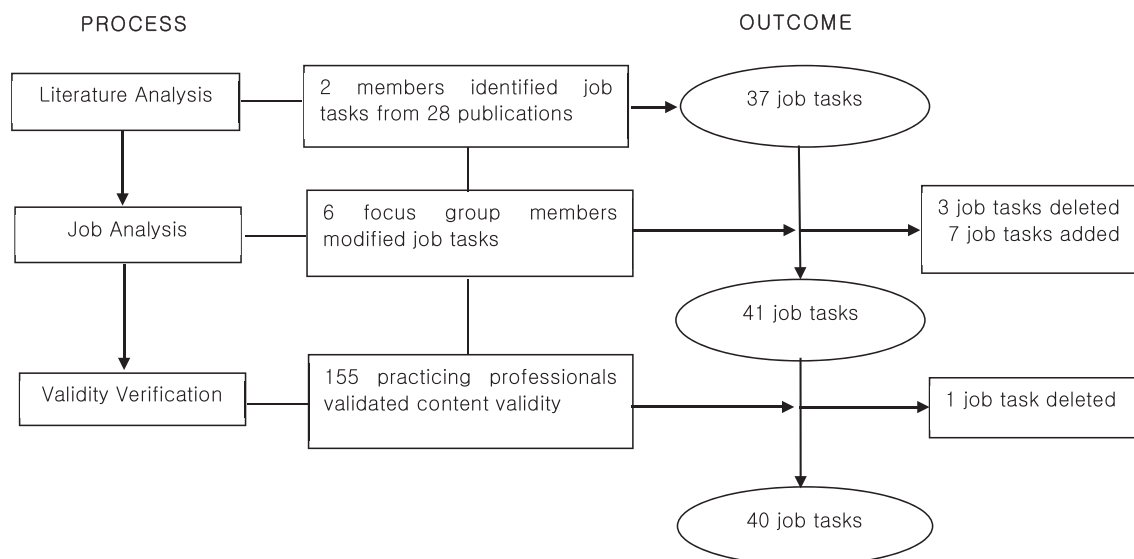


Figure 1. Development procedure of standardized job tasks of workplace health education for health managers.

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