ORIGINAL ARTICLE

Exploring career anchors among occupational health nurses in Japan: A qualitative study

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Abstract

Aim: This study examined the career anchor characteristics that are possessed by Japanese occupational health nurses.

Method: Sixteen occupational health nurses participated in the semistructured interview. Data analyses were conducted using descriptive qualitative methods.

Results: The data showed the following five categories: practices concerning relationships and positions; development of occupational health practices; management skills for effective work; practices that are approved inside and outside the organization; and work and private life considerations.

Conclusions: This study described the career anchors among occupational health nurses in Japan. The participants emphasized the following: the importance of maintaining good cooperative relationships with workers and supervisors; balancing professional and organized labor; and practicing effective occupational health services. Moreover, the occupational health nurses emphasized receiving approval from inside and outside of the organization. These results were consistent with the actual practices of occupational health nursing.

Key words: career anchor, career development, career orientation, occupational health nurse, qualitative descriptive study.

INTRODUCTION

Dramatic changes in technology and the globalization of economics have affected workers' health and safety in Japan. As a result of these changes, Japanese occupational health nurses (OHNs) must deal with the risks associated with work environments, such as emerging infectious diseases and work-related physical and mental stress. In addition, the Occupational Health and Safety Law (OHSL) was revised recently in Japan (Ministry of Health, Labour, and Welfare, 2014a). This

revision obliges employers to evaluate their employees by using psychological testing to reduce mental illness among workers and to promote a comfortable workplace. Therefore, the roles and services of OHNs are increasingly expanding.

In Japan, employers with >50 workers have to hire at least one certified occupational health physician (OHP) and occupational safety and health manager under the OHSL. Consistent with this rule, OHNs do not need to be hired and the role of OHNs is unclear in the original OHSL. Hence, the social status and educational system of Japanese OHNs are insufficient (Ikushima, Ishihara, & Kawamoto, 2002). However, according to the Japanese Nursing Association (2012), the number of OHNs in Japan has increased from ~8800 in 1995 to

12,300 in 2012. The Occupational Health Nursing Research Center (OHNRC) (2011) indicated that while ~70% of OHNs have both registered nurse (RN) and public health nurse (PHN) qualifications, the other 30% have only the RN qualification. The OHNs with only RN qualifications are intermingled: some of the OHNs have a registered qualification and were educated by the Japan Society for Occupational Health, whereas some of the OHNs have not received a registered qualification. The OHNs with a PHN qualification have been educated not only in personal support (e.g. health consultations, health checks, and reinstatement support) but also in public health (e.g. group education, precautionary practices, and population health approaches). The undergraduate education for occupational health nursing in Japan is very different among the nursing universities. Consequently, OHNs in Japan differ in terms of their qualifications and undergraduate education (OHNRC, 2014). Furthermore, ~30% of OHNs work alone without an OHP, thereby limiting opportunities for on-the-job training and role expansion. The majority of OHNs work full-time, whereas most OHPs work part-time. About 50% of OHNs are supervised by non-healthcare staff. The non-healthcare supervisor might not fully understand the OHN's role and might not value the role of continuing professional development and the importance of being promoted and hired as full-time staff (OHNRC). As a result, OHNs in Japan could find it difficult to plan and develop their career.

Previous studies on the directionality of careers include the classifications of individuals within an organization and the orientations of professionals (Gouldner, 1958), the two broad classifications of generalist and specialist orientations (Kotter, 1973), and classification based on diverse concepts that capture professional life, including the individual's personal life (Schein, 1996). However, all of these studies targeted male employees and were conceptualized and scaled. Furthermore, previous studies on career directionality in nursing have focused on administrative public health nurses (APHNs; Okura, Noro, Hagita, & Arai, 2011; Okura, Saeki, Omote, Oda, & Sakakibara, 2006) and hospital nurses (Asano *et al.*, 2012; Kaplan, Shmulevitz, & Raviv, 2009; Sakaguchi *et al.*, 2004); there is no study of OHNs and concepts and scales that match the characteristics of the duties of OHNs are lacking. Therefore, it is important to reconsider the directionality of careers that are specific to OHNs. A foundational model for understanding individuals' careers is Schein's career anchor theory. Schein defined a career anchor as an individual's set of self-perceived talents, abilities, motives, needs, and values that form the nucleus of one's occupational self-concept. Schein's seminal work on career anchors suggested that there are eight major types of career anchors that drive individuals' career decisions. Schein's career anchor theory is based on the premise that congruence between individuals' career orientation and work environment will result in job satisfaction and increased commitment, while incongruence will result in job dissatisfaction and turnover. Hirano (1994) has shown that appropriate career anchor clarifications and work assignments are consistent with job satisfaction. A career anchor is the direction in which a worker wants to go and the important work content in a career (Ohta, 1993). Moreover, reflection on career anchors and career development management is essential to research on RNs (Sakaguchi, 2000). Thus, when OHNs look deeply into career anchors and subjectively select their career, this leads to subjective learning and the ability to develop their career in order to improve quality in occupational health activities.

Therefore, the aim of this study was to explore the career anchor characteristics among OHNs through descriptive qualitative research. By clarifying the career anchor characteristics among OHNs, this study contributes to career development and career crisis prevention. A descriptive qualitative study was used as this was the most appropriate methodology in order to describe the career anchors among OHNs in detail, given the lack of previous studies regarding the career anchors among OHNs.

In this article, careers were considered to relate to the attitudes and actions that were developed through objective aspects, such as job title, status, and employment history, but also through the processes of employment-related experience and activities. Thus, careers were defined as life-long self-realization, and career anchoring, which incorporates individual lifestyles, was considered to be an important component of occupational health nursing. Occupational health nurses were defined as those who were practicing occupational health nursing services in a corporation, health insurance association, industrial health organization, or as a self-employed business owner.

METHODS

Design

This study explored Japanese OHNs' career anchors. This study used a descriptive qualitative approach

because it is suitable for describing the important content of OHNs' work, including the influence of work on their private life (Gregg, Asahara, & Yokoyama, 2001).

Research participants

The inclusion criteria for the participants were as follows: (i) currently working as an OHN for >10 years; (ii) recommended by six trustees who were affiliated with the Japan Society for Occupational Health, the Japan Association of Public Health Nurses for Occupational Health, and the Japan Academy of Occupational Health Nursing, three well-respected organizations for occupational health in Japan; (iii) understood the aims of the study and consented to participate; and (iv) data saturation had not yet been reached. Hospital nurses generally have realized their own career anchors after 5 years (Sakaguchi, 2000). One of the research team members (Y. K.) conducted preliminary interviews with two OHNs who had 5 years of experience; however, these OHNs found it difficult to describe a vision of the future of their life and career anchors. In prior work, Okura *et al.* (2006) proposed that APHNs, who are similar to OHNs, are able to respond to their own practices and reflections after 10 years. Therefore, the research participants who were chosen were those who had been working as OHNs for >10 years. Data saturation was considered to have been achieved when the final number of codes for the participants in the study was 100% of the total of the capture rate (Toyota, 2011).

Interview procedure

The data were collected from the participants through semistructured interviews in Japanese between July and December 2014. Two interviewers (Y. K. and T. K.) who were experienced in conducting interviews asked the participants the following questions: (i) their reasons for selecting occupational health nursing as a career; (ii) whether the content of their work felt rewarding and satisfying and their reasons; (iii) whether the content of their work felt distressing and unpleasant and their reasons; and (iv) whether they regarded the content of their work as an OHN as important in their life at the present time and in the future.

The interviews were digitally audio-recorded and transcribed verbatim in Japanese. The transcripts were checked for accuracy by the investigators (Y. K., Y. H., and T. K.). All the data were coded for confidentiality,

with the names and work locations removed. The data files were kept in a locked, password-protected location.

Data analysis

The data analysis was conducted by using descriptive qualitative methods (Gregg *et al.*, 2001). After carefully reading the transcripts of the digitally recorded interviews, qualitative coding was used to identify the specific important practices, philosophies, values, and career anchors among the OHNs. All of the extracted data and codes were compared in order to identify similar content areas by Y. K., Y. H., and T. K. The final codes with similar content were grouped together as subcategories. Those subcategories with similar content were grouped into categories, which were consequently grouped as main categories by Y. K., Y. H., and T. K. Each category was named by using a content-characteristic word by Y. K., Y. H., T. K., S. S., and J. N. Five research members (Y. K., Y. H., T. K., S. S., and J. N.) carefully discussed whether the names accurately reflected the career anchors that were observed in the data. The data processing involved an inductive process of creating potential codes, wording and clarifying the codes, and subsequently generating categories and constructive analysis (Lincoln & Guba, 1985). Further processes to refine the categories included comparing the codes that were applicable to each category, integrating categories and their properties, and conducting a thorough literature review.

In order to verify confirmability, two experts in qualitative research were consulted about the data's accuracy, relevance, and meaning. Moreover, they confirmed that the findings reflected the participants' voices and the condition of inquiry, rather than the researchers' biases. In order to ensure credibility, all the participants were asked to review and comment on the study's findings (main categories, subcategories, and final codes). Finally, five research members (Y. K., Y. H., T. K., S. S., and J. N.) discussed and chose the categories and codes that took into account the results of the peer debriefing that had been conducted by two experts in qualitative research with all the participants.

Ethical considerations

This study was approved by the ethical review board at The Jikei University, Tokyo, Japan (ID number 7587). The participants were informed of the purpose, procedures, and potential publication of this study, as

well as their rights of refusal and confidentiality. Written informed consent was obtained from the participants.

RESULTS

Participant characteristics

While conducting this study, 41 codes were generated from the discussions with 16 participants. After completing the discussions with three participants, it was noticed that the data usually fit into pre-existing codes and therefore the generation of new codes was not necessary. The capture rate was estimated as 100%. With the codes given by the 16th participant, the capture rate was considered to be sufficient for the study. The participants' ages ranged from 36 to 61 years old. All the participants were female; there were no men who met the inclusion criteria. The interview time was 56.5 ± 6.1 min. Table 1 displays the research participants' characteristics.

Career anchors among the occupational health nurses

The results suggested five main categories, 19 subcategories, and 41 final codes. The following description of the results uses **bold** type for the main categories, ***bold italic*** type for the subcategories, and *italic* type for the final codes. Research members (Y. K., Y. H., T. K., and

B. J. B.) verified that the English translation matched the original Japanese interview data. The participants were coded for anonymity by using identification numbers. Table 2 and Figure 1 display the career anchors among the OHNs. The essential career anchors among the OHNs were **Practices concerning relationships and positions** and **Development of occupational health practices.** The OHNs maintained good cooperative relationships with their workers and supervisors and balanced their professional nursing roles within a complex business environment. In addition, the career anchors that affected position, experience, education, and professionalism were **Management skills for effective work** and **Practices approved inside and outside the organization.** The OHNs who practiced effective occupational health services received approval from inside and outside their organization. Moreover, the career anchor regarding work and private life was **Work and private life considerations.**

Practices concerning relationships and positions

Practices concerning relationships and positions comprised three subcategories: ***supporting employees through the development of good relationships***; ***collaborating with occupational health team members and personnel***; and ***position-related practices***. The OHNs considered

Table 1 Demographic characteristics

Participant	Age (years)	Affiliation	Position	Experience	Educational level
A	≥50s	Corporation	Nurse manager	Hospital nurse	Graduate school
B	40s	Corporation	Staff nurse	Hospital nurse	University
C	40s	Corporation	Staff nurse	Hospital nurse	Nursing junior college
D	≥50s	Corporation	Nurse manager	–	Nursing junior college
E	≥50s	Corporation	Nurse manager	Hospital nurse	Vocational school
F	≥50s	Corporation	Staff nurse	Administrative public health nurse	Nursing junior college
G	30s	Corporation	Staff nurse	–	Graduate school
H	30s	Corporation	Staff nurse	–	University
I	≥50s	Health insurance association	Nurse manager	Hospital nurse Administrative public health nurse	Nursing junior college
J	30s	Health insurance association	Staff nurse	Hospital nurse	University
K	40s	Health insurance association	Staff nurse	Hospital nurse	Vocational school
L	≥50s	Industrial health organization	Nurse manager	Administrative public health nurse School nurse	Vocational school
M	30s	Industrial health organization	Staff nurse	Hospital nurse	University
N	40s	Industrial health organization	Staff nurse	Hospital nurse	University
O	40s	Self-employed business owner	NA	Hospital nurse	University
P	40s	Self-employed business owner	NA	Hospital nurse	Vocational school

NA, not applicable.

Table 2 Career anchors among occupational health nurses in Japan

Main category	Subcategory	Final code
Practices concerning relationships and positions	Supporting employees through the development of good relationships	Acting as a familiar, informal adviser to employees
		Knowing each employee personally
		Being depended on by workers
		Working with employees to consider their health and lifestyle
	Collaborating with occupational health team members and personnel	Practicing good teamwork
		Speaking freely with one's boss and occupational physician
		Support for employees in cooperation with managers and supervisors
		Support for employees in cooperation with other departmental personnel within the organization
		Support for employees in cooperation with personnel outside the organization
	Position-related practices	Observing the rules as a member of an organization
		Compatibility of professional and business-related responsibilities
		Demonstrating expertise in one's work
Development of occupational health practices	Providing employee-focused support	Acting as an advocate for employees
		Empowering employees
	Supporting long-term and preventative health	Providing support for preventative health
		Providing support for long-term health
	Supporting health improvement in groups and organizations	Supporting groups and organizations
		Discovering and solving workplace health problems
		Empowering groups and organizations
Management skills for effective work	Contributing to the organization's productivity	Preventing loss in human resources
		Involvement in activities to enhance employee job satisfaction
		Conducting activities in accord with the management philosophy and policy
	Management of organizations and systems	Working with executives to draw up employee health and safety policy
		Supporting organizational health and safety practices
		Working with risk management
	Management of occupational health team members and personnel	Establishing the occupational health team
		Coordinating jobs based on staff ability
		Participating in the training of occupational health staff
		Coordinating work to ensure satisfaction of the occupational health staff and personnel
Practices approved inside and outside the organization	Gaining the approval of employees and organizations	Working to be evaluated by the worker and organization
		Developing the role of occupational health nurses in the workplace
	Enhancing the value of occupational health and nursing practices	Explaining the components and effects of occupational health nursing practices, both inside and outside the organization
		Contributing to quality improvement of occupational health and nursing practices
		Contributing to the improvement of the social status of occupational health nurses
Work and private life considerations	Additional value offered by work	Gaining life experience through work
		Striving for personal improvement
		Taking advantage of personal strengths (e.g. qualifications, abilities etc.)

Table 2 Continued

Main category	Subcategory	Final code
	Compatibility between work and private life	Balancing work and private life
		Working freely at one's own pace
	Economic security	Working as an economic means to support one's own life
		Reduction of anxiety and uncertainty about the future provided by economic security

Activation of work and private life

Management skills for effective work
Contributing to the organization's productivity; Management of organizations and systems; Management of occupational health team members and personnel

Practices approved inside and outside the organization
Gaining approval of employees and organizations; Enhancing the value of occupational health and nursing practices

Development of occupational health practices
Providing employee-focused support; Supporting long-term and preventative health; Supporting health improvement in groups and organizations

Practices concerning relationships and positions
Supporting employees to develop good relationships; Collaborating with occupational health team members and personnel; Position-related practices

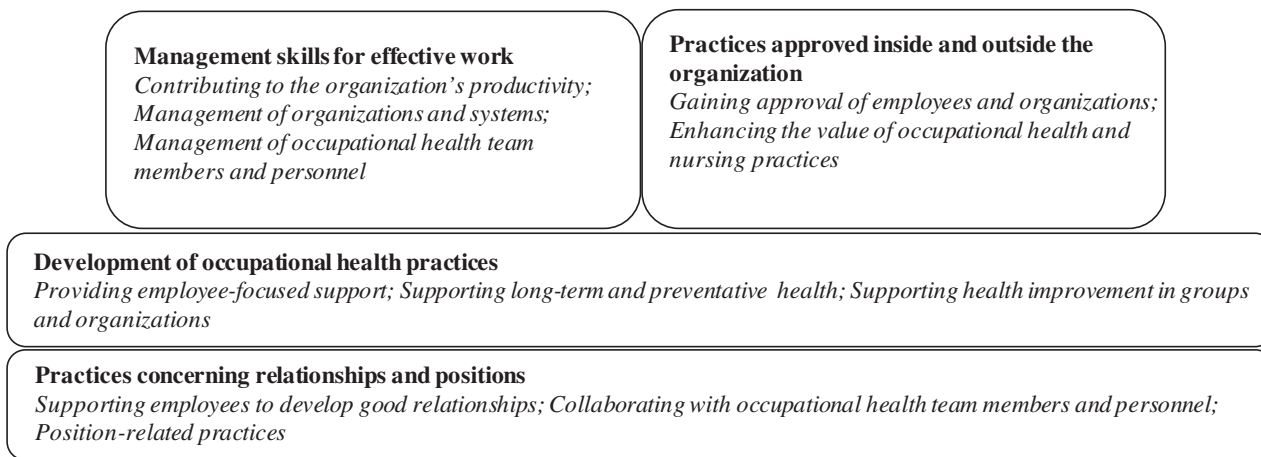**Figure 1** Career anchors among occupational health nurses.

collaboration through good relationships and position-related practices important.

Supporting employees through the development of good relationships

Supporting employees through the development of good relationships comprised four final codes: *acting as a trusted, informal adviser to employees; knowing each employee personally; demonstrating dependability for employees*; and *working with employees to consider their health and lifestyle*. In particular, *acting as a trusted, informal adviser to employees* was reflected by the OHNs' interview data that compared the presence of OHNs with the presence of OHPs. One participant reported the following:

There is no healthcare staff, except me in my workplace. I am a special presence in my company. Employees easily feel a sense of distance from me. So, I strive for a feeling of hospitality and

kindness by facial expressions, behavior, and casual clothes ... I talk to employees without constraint (B).

Others said:

When I go on walk-through surveys at my workplace, employees talk to me in familiar terms ... I like good relationships with employees (C).

Employees confide in me that they are not able to talk to OHPs. OHNs' strength is in knowing each employee because the position of OHPs and OHNs is different (J).

Employees visit the health promotion room when they have problems and concerns and so on ... I feel that I am depended upon and needed by employees (H).

In addition, OHNs, in comparison to their previous experience as APHNs, have health-supporting responsibilities for fewer numbers of clients. The OHNs, in

contrast to the OHPs, have more exposure to employees in the workplace. Therefore, OHNs are more likely to reflect on their practices in order to make use of important strengths, such as *knowing each employee personally* and *working with employees to consider their health and lifestyle*. One participant noted the following:

> *In the case of APHNs, one has to cover more than 10,000 residents. I am not familiar with APHN practices within my living area. [Authors' note: most APHNs in Japan take charge of residential districts because some working APHNs are stationed in OHNs' living areas.] On the other hand, I have to cover 700 employees. I am able to know all the employees … and the OHP is a part-time staff member, working only once a week. He does not know the employees' faces. His main workplace is the clinic; the clinic is so busy (I).*

Another participant said:

> *We are able to see our employees through many opportunities. For example, health guidance, health check-ups, health education, workplace walk-through surveys, overwork interviews etc. So, we can support health effectively because we know each employee; we can also discuss their health and lifestyle with them (K).*

Collaborating with occupational health team members and personnel

Collaborating with occupational health team members and personnel comprised five final codes: *practicing good teamwork*; *speaking freely with one's supervisor and the OHP*; *supporting employees in cooperation with managers and supervisors*; *supporting employees in cooperation with other departmental personnel within the organization*; and s*upporting employees in cooperation with personnel outside the organization*. The OHNs valued collaboration with occupational health team members, OHPs, managers and supervisors, departmental personnel within the organization, and personnel outside the organization. One participant stated:

> *When we planned an interesting project involving personnel and health insurance unions, we enjoyed the process and products. We felt it was rewarding (A).*

Others said:

> *In exercising project plans not only with occupational health teams, but also personnel outside the organization, we are planning them so that employees can participate happily (I).*

> *I would like to have a good relationship with OHNs and the OHP without stress (G).*

Speaking freely with one's supervisor and the OHP is important for OHNs. One participant reported:

> *I think it is important to communicate with OHPs from an equal position. If we are not able to talk with them under these conditions, we will experience many troubles all the time (M).*

Another participant said:

> *My supervisor is the personnel manager, so he is not interested in occupational health services. But, he is easier to consult about our services than the previous manager (B).*

Position-related practices

Position-related practices comprised three final codes: *observing the rules as a member of an organization*; *the compatibility of professional- and business-related responsibilities*; and *demonstrating expertise in work*. The OHNs considered it important to balance being a professional and a member of an organization. One participant noted:

> *If an OHN comes from the hospital, she has a strong consciousness of her profession. If she always maintains a strong consciousness of her profession, she is not able to perform as a member of a general organization. If a healthcare worker is the only one in the workplace, she will find it difficult to understand her organization because there are few to teach her about appropriate company behavior. But, OHNs need to practice and be conscious of the chain of command, vertically and horizontally, in their own organization (A).*

Another participant said:

> *We have to practice the tasks required by our company as a profession while we have to consider our position as a member of a company (I).*

Development of occupational health practices

Development of occupational health practices comprised three subcategories: *providing employee-focused support*; *supporting long-term and preventative health*; and *supporting health improvement in groups and organizations*. The OHNs demonstrated a desire to practice those tasks that were required by employees and the organization.

Providing employee-focused support

Providing employee-focused support comprised two final codes: *acting as an advocate for employees*; and *empowering employees*. In terms of *acting as an advocate for employees*, the OHNs considered it important to stand up for employees. One participant said:

If I am asked, "Do you work from the viewpoint of an employee or an executive?," I answer, "I work from the position of an employee." I think that working as an employee contributes to turning a profit in the long term (A).

Another mentioned:

I think employees are in a weak position. We need to practice as advocates for employees. Occupational health services have been unfair to employees recently. It is easy when we practice in an executive position. But, the basic philosophy of occupational health services is employee protection (F).

In terms of empowering employees, the OHNs promoted understanding people and empowering them. One participant stated:

I always consider how to make things better for employees, such as workplace and family life. At that time, I try to capture the whole person (N).

Others said:

I think that it is necessary to set up the workplace so that employees are aware of their own health and life. For example, posting about healthy meals in the cafeteria, collaborating with the nutritionist, managing the smoking area, and posting exercise suggestions on stairs and elevators (D).

I think that it is important to assess employees' self-care abilities and family abilities with accuracy and empower the employee (H).

Supporting long-term and preventative health

Supporting long-term and preventative health comprised two final codes: *providing support for preventative health*; and *providing support for long-term health*. Some interview data could be compared to the OHNs' work experience with hospital nursing regarding the provision of support for preventative health and long-term health in anticipation of the employees' retirement. One participant reported the following:

When I was a hospital nurse, I cared for many patients with serious diseases. If they consulted a doctor and improved their lifestyle early, they were able to save their lives and keep active in daily living. So, I think I want to be an OHN (E).

Others said:

The terms of a hospital nurse's support for patients in the hospital are very short. In addition, patients spend very little time in the hospital. In contrast, OHNs are able to provide support for long-term health to employees (A).

We support employees to have good health not only during their tenure, but also after retirement (E).

Moreover, there were some interview data showing the practice of not only individual support but also group and organizational support in terms of preventative and long-term health. One participant said:

When the business conditions of our company are bad, we can conduct only preferential practices and we can't conduct desirable practices because of cost. Now it is bad, but I am sure the economy will improve. When the economy does improve, we will be able to conduct desirable practices. So, I am waiting for a good chance of this happening in the long-term and I keep holding on to good ideas (I).

Another OHN said:

New employees were laid off in our company due to the bad economy. There are a lot of 40 and 50 year old employees that were employed during the good economy. As the employees' average age increases each year, the prevalence of disease tends to increase. If the employees' average age increases each year, we can plan and practice prevention and management of chronic disease through education,

health coaching, surveillance, and worksite wellness programs (K).

Supporting the health improvements of groups and organizations

Supporting the health improvements of groups and organizations comprised three final codes: *supporting groups and organizations*; *discovering and solving workplace health problems*; and *empowering groups and organizations*. One participant stated:

> *We have made many diet groups at our company. Group support and group dynamics are more effective for diet programs than individual support (D).*

Others said:

> *There are risk factors for mental health problems in the workplace. Therefore, we give feedback to managers and supervisors about workplace causes of mental health problems once a year (L).*

> *I am interested in using public health techniques, such as group dynamics and population approaches. I am able to use them in the workplace (A).*

> *Our workplace promotes health data beginning this year. [Authors' note: the Japanese government is promoting the policy that health insurance associations analyze the health data of all insured people beginning in 2014 (Ministry of Health, Labour, and Welfare, 2014b).] I am able to consider a plan for occupational health services using data about personal characteristics and lifestyle etc. And, we are able to discuss planning with OHPs and other departmental personnel. (C).*

> *I think that workplace issues should be improved by our own employees at their own workplace. We supply information and data for consideration and improvement (N).*

> *We develop subcommittees to solve health issues for employees in the workplace (I).*

Management skills for effective work

Management skills for effective work comprised three subcategories: *contributing to the organization's productivity*; *management of organizations and systems*; and **management of occupational health team members and personnel**. The OHNs highlighted the importance of managing and organizing the system and team for effective work.

Contributing to the organization's productivity

Contributing to the organization's productivity comprised three final codes: *preventing the loss of employees at a business*; *involvement in activities to enhance employee job satisfaction*; and *conducting activities in accordance with the management philosophy and policy*. Some interview data suggested that occupational health services are not able to produce profit directly; however, the OHNs are able to contribute to the company, to take advantage of prevention practice, to manage sickness, and to encourage a positive psychology. One participant said:

> *OHNs' practices do not create direct benefits to corporations. [Authors' note: most OHNs working at corporations in Japan are not part of production and services with direct profits. Most OHNs belong to indirect departments, such as personnel and welfare departments.] But, we show the company executive and manager that our contribution is preventing the loss of employees (G).*

Others said:

> *We suggest how to exploit new mental health ideas for positive psychology and we increase job satisfaction … Our practices should not only reduce mental health issues and prevent lifestyle disease but also promote organizational activity for work engagement (O).*

> *I think it is important that proposals are submitted and retracted for projects according to the business situation … I think that the president's messages are very important. I can catch the top message at various times, as well as the corporate magazine and home page etc. I implement the top idea into the health service plan (A).*

> *I create health service philosophies and policies to correspond with corporate philosophies and policies (N).*

Management of organizations and systems

Management of organizations and systems comprised three final codes: *working with executives to draw up employee health and safety policy*; *supporting*

organizational health and safety practices; and *working with risk management.*

Some of the interview data suggested the importance of understanding the value of occupational health services and safety practices. In addition, those data implied the importance of informing policies that enable effective practices. One participant said:

I provide the groundwork for occupational safety and health management policy and mental health policy. And, we suggest this to our supervisor. [Authors' note: the OHSL requires that the company executive is responsible for occupational safety and health management policy and mental health policy (Japan Industrial Safety and Health Association, 2014).] (B).

Others said:

I request that the president write some articles about non-smoking and smoking areas. I keep these articles as a top message on the company website (A).

I think it is important that the president understands health management. Companies are increasingly introducing the concept of health management. I think that the company's value increases with health management (I).

Some of the interview data suggested that some companies had not organized safety management systems or OHN-supported organizational health and safety practices. Moreover, in order for a company to not incur legal penalties, the OHNs often worked with risk management. One participant said:

This workplace is only a sales department. When I was employed, there was not an organized health and safety committee or safety management system. So, I insisted that this company needed to organize them. My suggestion was understood by my supervisor, but on the other hand, it was not able to be promoted easily at that time. However, it was promoted at all workplaces following an earthquake (E).

Another said:

When I was younger, I did not consider risk management. I came to understand it by experience. It is important that a company is not accused and that practices for risk management are in place to protect the company's profits (G).

Management of occupational health team members and personnel

Management of occupational health team members and personnel comprised four final codes: *establishing the occupational health team*; *coordinating jobs based on staff ability*; *participating in the training of occupational health staff*; and *coordinating work to ensure satisfaction of the occupational health staff and personnel.* One participant said:

I am involved in the employment of OHPs and mental health counselors … The health issues in the workplace are various. I arrange occupational health team members to solve workplace issues (L).

Others said:

My company continues to employ young OHPs every year. Therefore, we have to educate OHPs (I).

I educate and instruct to support the growth of my staff. I hope my staff brings a research perspective. But, I am not able to coach my staff. So, I was studying research methods at graduate school (A).

We made a career ladder for OHNs in our company. We are planning the education system for them (L).

One of the OHN roles is coordination. We are spending the most time on coordination. In particular, mental health cases have to be coordinated with the OHP, manager, psychiatrist, and human resources personnel (D).

We have meetings periodically so that occupational health staff members are able to work with a common perception. I usually adjust each opinion (L).

Practices approved inside and outside the organization

Practices approved inside and outside the organization comprised two subcategories: *gaining the approval of employees and organizations*; and *enhancing the value of occupational health and nursing practices*. The OHNs considered it important to gain the approval of employees and organizations and to enhance the value of occupational health and nursing practices through results and practices that are presented both inside and outside their organization.

Gaining the approval of employees and organizations

Gaining the approval of employees and organizations comprised two final codes: *performing work for evaluation by employees and organizations*; and *developing the role of OHNs in the workplace*. One participant said:

> When this company's employees increased, mental health disease increased. So, here my company decided to employ an OHN. First, I worked to reduce mental health disease and I engaged in those tasks. I performed work for evaluation by my organization. Then, I trusted that I was able to proceed to the next step (B).

Others said:

> I have to gain approval not only of employees, but also of the top manager, as I receive my salary from the company, not the employees (P).

> When I hesitated to perform an obscure job, I was advised by the older OHNs that, "Professionals have to expand their role." My eyes were opened after this advice. [Authors' note: corporations in Japan do not show employees their job description. Therefore, most OHNs are not shown their job description.] (J).

Enhancing the value of occupational health and nursing practices

Enhancing the value of occupational health and nursing practices comprised three final codes: *explaining the components and effects of occupational health nursing practices, both inside and outside the organization*; *contributing to quality improvement of occupational health and nursing practices*; and *contributing to the improvement of the social status of OHNs*. One participant said:

> We presented occupational health practices in the health and safety committee (E).

Others said:

> We get the opportunity, as OHNs, to present our practices at related conferences … We participate in the conferences. If there are good practices, we adopt them … I am involved in the administration of the related congress and professional society. I strive to improve the position of OHNs (D).

> I have influenced the government, for instance, on policies for lifestyle modification programs for metabolic syndrome. [Authors' note: the Japanese government is promoting metabolic syndrome programs across the country (Ministry of Health, Labour, and Welfare, 2006).] (L).

Work and private life considerations

Work and private life considerations comprised three subcategories: *additional value offered by work*; *compatibility between work and private life*; and *economic security*.

Additional value offered by work

Additional value offered by work comprised three final codes: g*aining life experience through work*; *striving for personal improvement*; and *taking advantage of personal strengths* (e.g. qualifications and abilities). The OHNs considered it important to have many experiences and to learn and meet through work. One participant said:

> I talk to many positive senior OHNs. I get a lot of power from them … I think that hospitals are a specific environment. However, I feel occupational health connects with the world and society (B).

Others said:

> I talk to many employees about their private troubles and worries. I learn about my life and children's education etc. through their experiences (M).

> I think it is good that I am making use of my public health nurse qualification (O).

> I am making the most of my competencies at this workplace because I am good at English. [Authors' note: with global development, the number of corporations changing their official language from Japanese to English has increased. Therefore, OHNs with English competency are needed in their corporation.] (C).

Compatibility between work and private life

Compatibility between work and private life comprised two final codes: *balancing work and private life*; and *having the freedom to work at one's own pace*. One participant said:

This job is only day work, so I find it easy to balance work and private life. When I worked at a clinic, I worked shift work (G).

Others said:

I am able to coordinate my working time and my private time (C).

I am able to decide job tasks for myself, except in special cases. OHNs' practice requires high discretion (P).

Economic security

Economic security comprised two final codes: *working as a means to economically support one's life*; and *reduction of anxiety and uncertainty about the future provided by this economic security*. One participant said:

Our family is not able to live only on my husband's salary. I have to work for the children's educational foundation and for our lives … My company is large and has a service and benefit program. I do not want to leave here (G).

Another said:

This company is not dependent on the social economy situation. As I am a regular and full-time employee, I am guaranteed employment and a salary (C).

DISCUSSION

Characteristics of the career anchors among occupational health nurses in Japan

This study explored the career anchor characteristics among OHNs in Japan. Five categories emerged from the data analysis. The OHNs collaborated through good relationships and also considered position-related practices important. The OHNs managed the organization, the system, and the team for effective work. The OHNs gained the approval of employees and organizations and enhanced the value of occupational health and nursing practices through results and practices that were presented both inside and outside organizations. These findings included reflections from actual occupational health nursing services.

In terms of **Practices concerning relationships and positions**, the OHNs maintained good relationships, not only with employees but also with occupational

health members and personnel. At the foundation of nursing practice, which includes the specialty practice of occupational health nursing, is a trust relationship that is based on supporting the participants (such as patients and employees) in the development of good relationships and collaborating with team members. Moreover, for medical staff, working in a team is a requirement. In terms of **position-related practices**, Kono (2012) noted that the roles of OHNs are compatible with both professional OHN positions and employment within a company. Igarashi (2009) suggested that OHNs have to represent the profession of occupational health in a company, while not forgetting to be good corporate persons.

In terms of the **Development of occupational health practices,** the OHNs supported long-term and preventative care and the improvement of health for individuals, groups, and organizations. Previous research stated that ~80% of OHNs in Japan believe that their main practice is health consultation and guidance (OHNRC, 2011). As the obligation of health guidance is written in the OHSL, the OHNs **provided employee-focused support.** Moreover, the concept of being an advocate and grasping the whole person are among the basic principles of nursing. Consequently, the OHNs regarded reflecting the basic philosophy of nursing as important in relation to the provision of employee-focused support.

With regard to **supporting long-term and preventative health**, many companies have adopted the lifetime employment system in Japan, although employment liquidity is higher. The labor turnover of full-time workers in Japan is 3.0% (Japan Institute for Labor Policy and Training, 2014) and the retirement age has been raised (Ministry of Health, Labour, and Welfare, 2012). The OHNs regarded supporting the quality of life and work life as important in supporting long-term and preventative health goals. According to the Department of Occupational Health Nursing, Japan Society for Occupational Health (2005, p. 1), the definition of occupational health nursing is as follows:

Occupational health nursing is a health support practice for individuals, organizations, and groups. Employers and employees cooperate to carry out occupational health purposes voluntarily through supporting both employers and employees based on the nursing philosophy.

This means that occupational health nursing does not only support individuals, but also individuals as part of a larger population and organization. However, it was

mentioned earlier that ~30% of OHNs are not qualified PHNs and that ~50% are not registered as OHNs by the Japan Society for Occupational Health (OHNRC, 2011). Occupational health nurses who have nursing qualifications but who are not educated as OHNs find it difficult to support population and organizational health practices. In addition, many OHNs do not become members of the Japan Society for Occupational Health. Consequently, not all OHNs understand the above definition, nor do they have career anchors related to supporting populations and organizations.

In terms of **management skills for effective work**, the OHNs felt that it was important to contribute to the organization's productivity and to manage the organization, system, and team to work effectively from the standpoint of occupational health. In terms of contributing to the organization's productivity, the OHNs supported not only the employees, but also management. Mori (2010) stated that occupational health services have to practice not only "good health for employees" but also the following four points: (i) improving profits; (ii) avoidance of risk; (iii) compliance with laws; and (iv) carrying out social responsibility. Therefore, OHNs must contribute to management through health support. Recently in Japan, OHNs have been required to encourage positive psychology, such as work engagement and job crafting, in occupational health in order to develop team building and human resources (Shimazu, 2014). Shimazu noted that mental health services in the future need to strengthen positive work engagement, to assess multifaceted perspectives for the health of individuals, to contribute to the organization's productivity, and to enhance the vitality of employees, including the occupational health team members and personnel. Strengthened cooperation with human resources and the infusion of psychology are required. The OHNs also have to contribute to the organization's productivity through health supports. In terms of the *management of organizations and systems*, corporate safety and occupational health practices should aim to meet and exceed, voluntarily, domestic and international occupational health and safety standards and not just aim for compliance with mandatory regulations. Executives have to demonstrate the implementation of occupational health and safety management systems and mental health provisions. Therefore, occupational health staff have to support organizational health and safety practices and work with executives to develop employee health and safety policies. In addition, executives have to understand the health management philosophy that

states that health management can contribute to the organization's productivity. The OHNs regarded working with executives on these policies as necessary. In terms of the management of occupational health team members and personnel, it is important to carry out this obligation so that they can work effectively. Kono (2013) reported that the competencies of OHNs are necessary in order to adjust opinions among people, departments, and organizations and to empower the team. The most important role of OHNs is coordinating, because in many cases, conflict exists; there are both advantages and disadvantages in occupational health. Furthermore, educating and mentoring younger OHNs to carry out this role is critical.

In terms of **practices approved inside and outside the organization**, the OHNs valued *gaining the approval of employees and organizations* and *enhancing the value of occupational health and nursing practices* through results and practices that are presented both inside and outside organizations. Occupational health nurses have to gain the approval both of employees and organizations so that they can grasp their needs. The interview data demonstrated that the OHNs valued solving actualized needs in the workplace first in order to win the confidence of their supervisor and to connect to the next job. The objectives of nursing are related to the patient and family in general. However, OHNs have to engage with other stakeholders as well, such as business associates and managers. Moreover, the OHNs saw it as important to gain the approval of these stakeholders. In terms of *enhancing the value of occupational health and nursing practices*, the OHNs saw value in not only following good practices, but also in evaluating and presenting results inside their organizations. In addition, the OHNs try to improve the quality of occupational health practices through results and practices that are presented outside organizations. Kono (2013) stated that one of the competencies that is required of OHNs is to enhance the social value of occupational health nursing and to establish expertise in the field.

In terms of **Work and private life considerations**, the OHNs valued maintaining compatibility and also mentioned the additional value that work brought into their life. Not only OHNs, but also hospital and PHNs, value having a work–life balance (Asano *et al.*, 2012; Okura *et al.*, 2011).

Comparison with previous studies

Career anchors were conceptualized and scaled based on the targeting of male employees by Schein (1996).

Schein advocated the classification of career anchors into eight elements: (i) technical/functional competence; (ii) general managerial competence; (iii) autonomy/independence; (iv) security/stability; (v) entrepreneurial creativity; (vi) service/dedication to a cause; (vii) pure challenge; and (viii) lifestyle. The characteristics of Schein's results were compared and contrasted with those of this study regarding career anchors. Seven of the eight elements were similar with respect to career anchors among Japanese OHNs, while entrepreneurial creativity differed. Two OHN participants were self-employed business owners. However, they were identified through entrepreneurial creativity, rather than autonomy/independence.

Moreover, previous studies on career directionality in nursing were compared with this study. In quantitative research with university hospital nurses, using Schein's scale, lifestyle, security/stability, and service/dedication to a cause were more common (Asano *et al.*, 2012). In a quantitative study of emergency nurses that used Schein's scale, Sakaguchi *et al.* (2004) found that technical/functional competence, security/stability, and service/dedication to a cause were most common. In quantitative and qualitative research with APHNs, using the original scale, entrepreneurial creativity was not identified (Okura *et al.*, 2006, 2011). Consequently, the similarities between previous studies in nursing and this study were the absence of elements of entrepreneurial creativity and distinctions regarding Schein's career anchors.

Strengths and limitations of the study

A strength of this study is that it was the first to explore career anchor characteristics among Japanese OHNs using descriptive qualitative methods. A limitation of this study is the potential for selection bias. The participants were recommended by six trustees of the Japan Society for Occupational Health, The Japan Association of Public Health Nurses for Occupational Health, and the Japan Academy of Occupational Health Nursing; more career-oriented OHNs might have been selected, which might not fully capture the career anchors of the general population of OHNs in Japan. The OHN participants were all women. The results of OHNRC (2011) and this study indicated that there were three male OHNs; however, their careers as OHNs lasted for <10 years. Therefore, it is hypothesized that male OHNs might have more difficulty with career development, compared to female OHNs; however, there has been no previous study of male OHNs. Further

investigations are needed in order to explore the career development of male OHNs in Japan.

CONCLUSION

This study described the career anchors among OHNs in Japan. Data were collected from 16 OHN participants through semi-structured interviews. An analysis was conducted by using a descriptive qualitative method. As a consequence, five main categories, 19 subcategories, and 41 final codes emerged from the data analysis. The OHNs emphasized maintaining good cooperative relationships with workers and supervisors, balancing their professional nursing roles within a complex business environment, and practicing effective occupational health services. Moreover, the OHNs emphasized receiving approval from inside and outside their organizations. These findings were similar to actual occupational health nursing services.

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CONFLICT OF INTEREST

The authors declare that there is no financial support or relationships that could pose a conflict of interest.

AUTHOR CONTRIBUTIONS

Y. K., Y. H., T. K., S. S., J. N., and B. J. B. contributed to the conception and design of the study, as well as the statistical analysis and drafting of the manuscript; all the authors read and approved the final manuscript.

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