REVIEWS

NURSING PRACTICES IN INDUSTRY
U.S. Public Health Bulletin No. 283
By Olive M. Whitlock, Victoria M. Trasko and F. Ruth Kahl

In the United States in 1943 over 12,000 nurses were employed full-time in industry.* This number was a very great increase over previous years, because of the war. In 1941, for example, the number was over 6000, and in 1930 about 3000. Nursing service in industry has developed, as in Great Britain, according to the interest and vision of industrial medical officers and managers, but with few recognized standards. So a survey by means of a questionnaire was carried out by the Government’s Public Health Service with a view to obtain factual data of the nurses’ work. The report based on this survey discusses various problems that arise, and also makes recommendations for the future. The survey was conducted (in 36 States) during 1942 in 924 establishments employing some 2) million workers, and during the activities of over 100 full-time nurses, a number of part-time nurses, and a number of 'non-professionally trained workers.'

The duties performed by nurses fell into 8 categories. (The percentage of plants carrying out these activities is given in brackets.)
(1) Routine organization and maintenance of the medical department, including care of the ambulance room, purchase and preparation of supplies, keeping of sick records and preparation of reports. (100 per cent.)
(2) Treatment and care of occupational injuries and illnesses, and emergency care of non-occupational conditions. (100 per cent.)
(3) Assistance with medical examinations. (50 per cent.)
(4) Health education, including meetings with workers, distribution of health literature, follow-up of remediable defects, and teaching of home nursing classes. (15 per cent.)
(5) Assistance with safety education and accident control, which included serving on safety committees, teaching first aid, and duties concerned with the care and distribution of personal safety equipment. (42 per cent.)
(6) Assistance with environmental sanitation, including inspection of ventilation, lighting, plant housekeeping, and sanitary arrangements for women workers. (39 per cent.)
(7) Participation in welfare matters, including personal accident problems, assistance with canteen management and sick benefits. (75 per cent.)
(8) Provision of a home nursing service, mainly to find out causes of absence, to determine eligibility for benefits, to assist the worker with social problems, or to give nursing care to the ill or injured. (25 per cent.)

In addition, in 14 per cent. of 868 plants surveyed, industrial nurses were found to have other activities not requiring nursing skill such as typing, relieving in the canteen or at the switch-board, personnel work, checking pay-rolls and photographing and finger print impressions. At the same time in many of these cases departments such as personnel and safety were performed by functions which should have been delegated to the medical department. The report points out that confusion arose as a result of this. It also points out that the nurse in the small plant is likely to have a greater variety of duties than her colleague in a large concern.

In discussing the various problems arising out of this extensive survey the authors make the following points. No rigid outline of duties can be laid down because of the diversity of industries, but certain principles can be applicable in all cases. There is much need for special training and education for industrial nurses. Standing orders or written procedures for industrial nurses should be laid down by the medical profession. There is need for more and better supervision of the nursing service. Generally speaking the nurse has inadequate appreciation of the need for and use of records. Much time is taken up in non-nursing duties, thus causing wastage of trained personnel especially during the war emergency. While non-professional attendants are useful because of the shortage of nurses, they should be more adequately supervised.

On completion of the survey the advisory committee set up to deal with these problems made a large number of recommendations the more important of which are as follows. Nurses working in a factory of a full-time physician should have written standing orders. Where no doctor is responsible for the medical service the nurse should receive her standing orders from the Committee on Industrial Health of the County Medical Society. Nurses assisting at medical examinations save the time of the physician and are of the greatest value. The nurse’s part in this should be limited to the taking of personal occupational histories previous to examination; doing routine tests and explaining their significance; taking specimens for serological and other laboratory examinations and explaining their significance; telling the worker about the management’s health and welfare policy; making periodic inspections for symptoms and indications of occupational disease; interviewing employees on their return to work after sickness and injury.

The nurse should take part in the firm’s health education programme, and assist with accident prevention. She should assist with plant sanitation and should know the various legal requirements relating to lighting, ventilation, cleanliness, sanitary provisions, etc. While the report does state that direct responsibility for industrial hygiene should be delegated to other departments wherever possible, it makes no mention of the nurse’s limitations in this respect. There is not enough emphasis on the fact that industrial nursing is only a part of industrial medicine, and that in all her work the nurse should be responsible not directly to management but to a medical officer.

Home nursing service should be provided by the firm. This is another important difference between industrial nursing in the U.S.A. and in Great Britain. While in certain cases sick visiting by nurses is undoubtedly part of medical supervision in industry in this country there are definite limits to which the nurse should go in the interests of the patient, and for ethical reasons. There is no mention in this report of the vital importance of the general practitioner service and the link that it should have with industrial medicine. It would have been interesting, too, to know something of the methods by which American nurses are to be trained for industrial work and the part that the medical profession is taking in this. However, the report is of much interest to industrial medicine and should have wide publicity.

D. S.

1021 ANSWERS TO INDUSTRIAL HEALTH AND SAFETY PROBLEMS

By Jack E. Weiss

(Cleveland, Ohio. 1944. Pp. 699. £3 1s. 6d.)

Already some American manufacturers view industrial health and safety with a new gleam in the corporate eye. They see profits; they have come to realize that unhealthy and unsafe working conditions cost them money. This is the motif of this book, dedicated to

* Based on returns from the 1943 National Survey of Registered Nurses, with the addition of figures secured from the rosters of industrial nurses maintained by the various State nursing consultants.
NURSING PRACTICES IN INDUSTRY

D. S.

*Br J Ind Med* 1945 2: 56
doi: 10.1136/oem.2.1.56

Updated information and services can be found at:
[http://oem.bmj.com/content/2/1/56.1.citation](http://oem.bmj.com/content/2/1/56.1.citation)

**Email alerting service**

These include:
Receive free email alerts when new articles cite this article.
Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
[http://group.bmj.com/group/rights-licensing/permissions](http://group.bmj.com/group/rights-licensing/permissions)

To order reprints go to:
[http://journals.bmj.com/cgi/reprintform](http://journals.bmj.com/cgi/reprintform)

To subscribe to BMJ go to:
[http://group.bmj.com/subscribe/](http://group.bmj.com/subscribe/)