NURSING PRACTICES IN INDUSTRY

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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
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The duties performed by nurses fell into 8 categories.
(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
advice to workers, 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, indus-
trial 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 per-
sonnel and safety were performed by nurses who
should have been delegated to the medical department.
The report points out that confusion arose as a result of this.

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 diverse
needs of industry, but certain principles can be applicable in
all cases. There is much need for special training and

eduction 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 as 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 em-
ployees 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, venti-
lation, 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 indus-
trial 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

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 indus-
trial nurses maintained by the various State nursing consultants.

D. S.

REVIEWS

American Journal of Nursing
American management in the hope that more of them will take this view and will subscribe to the slogan 'There is profit in prevention.' It contains twelve sections dealing separately with a wide variety of subjects such as industrial skin diseases, dust hazards, metal poisoning, toxic gases and vapours, solvents, fatigue, monotony and noise, the control of airborne industrial hazards, safety administration, personal protective equipment, mechanical and plant safety. Classifications of potential hazards according to the main industries and occupations are given. It is well indexed and illustrated with photographs, which give some good examples of safety devices.

The questions are answered simply and briefly, sometimes too briefly, but a short list of books and articles for further reading is given. It is regretted that at the end of each section. It will be a useful book for all concerned with the health and safety of workers, particularly industrial management and safety officers; but it does not give all the detail necessary for the industrial medical officer in Great Britain who will find it very difficult to obtain the literature suggested for further reading as it is almost entirely American.

R. S. F. S.

FACTORY ORDERS: 1944 EDITION
Regulations and Orders under the Factories Act 1937 and certain other Acts
The number of regulations and orders issued in connection with health, welfare and safety in factories in recent years has become so great that only with the greatest difficulty can any person keep up to date. And so this bound volume, produced by the Ministry of Labour and National Service, is most welcome. It should be on the book-shelves of every industrial medical officer and Examining Surgeon in the country.

There is no doubt that His Majesty's Stationery Office and certain other printers have been very quick in printing this volume. The quality of the type is clear and of sufficient size to be read easily, and the price is most reasonable. It is a pity that only paper covers are provided; they cannot stand up to the continuous usage that the book must demand. One more point. Is it possible for the Stationery Office, now the producer of so many best-sellers, to open branches in cities other than London, Manchester, Edinburgh, Cardiff and Belfast? Why are there none in Birmingham, Liverpool, Sheffield, Leeds, Bristol, Newcastle and Glasgow?

D. S.

DISPERAL
An inquiry made by the National Council of Social Service
(Oxford University Press, London. 1944. Pp. 96. 3s. 6d.)
In winter 1944, when housing is as urgent a problem as the need for aircraft was in 1940, it is timely to have the result of an inquiry into the problem of dispersal. A royal proclamation in the reign of Queen Elizabeth called upon "all maner of persons...to desist and forbear from any new buildynge of any house or tennement within three miles from any of the Gates of the sayd City of London." Since then the spread has continued and was particularly marked between the two wars. The same had occurred in the other large cities, though less severely. This inquiry deals with the dispersal of clerical and administrative staffs belonging to government departments, banks, insurance companies and similar organizations. The desirability of dispersal for the common good is obvious; but for the staffs such problems as housing, entertainment facilities, educational and health services have to be considered. For the company the main problem is of satisfactory liaison between evacuated staff and the central office. From the point of view of doctors perhaps the most interesting part of the book is the discussion of health services. It correctly points out that the standard of general practitioners broadly speaking is higher in the provincial town than in the suburb. It is a large and timely task to present all points of view in the form of articles by experienced writers and to give factual and statistical information in as concise a form as possible for the many thousands of people engaged in this field of work.

Among notable articles are 'Public Health To-day and To-morrow' by Sir Arthur MacNalty, 'Planning for Health' by Dr. Edith Summerskill, M.P., 'The B.M.A. and the Medical Services' by Dr. Charles Hill, 'State Medicine' by Dr. Somerville Hastings, 'Progress in Public Health, 1844-1944' by M. Caston, the 'School Medical Service' by Dr. J. E. A. Underwood, while Mr. R. R. Hyde writes on 'The Development and Scope of Industrial Welfare Work.' Later sections contain valuable summaries of Government Committee Reports (e.g. Beveridge, Tomlinson, Norwood, Fleming, etc.), followed by a section on health legislation and a series of valuable articles on health and welfare overseas in which Dr. Joan McMichael writes on 'Soviet Health and Social Welfare Services,' and Martin Götz gives us a clear survey of the 'Scope of U.N.N.R.A.' Official directories of the various ministries and official bodies connected with health are given and there are useful statements on policy and work by the ministries and by representative organizations including the B.M.A., Medical Research Council, Industrial Health Research Board, Miners' Welfare Commission, National Institute of Industrial Psychology and other bodies. This section gives the concise information required by a doctor or health worker who wishes to learn or to explain what the societies and organizations are doing. The final reference section gives a comprehensive and up-to-date list of books, periodicals and films dealing with health and social welfare. The book is enlivened by some excellent cartoons by 'Saloon' of the Minister of Health, Dr. Charles Hill, Sir William Beveridge and others, and is well printed and bound.

J. G. B.