**REVIEWS**

**NURSING PRACTICES IN INDUSTRY**

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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 management, but with few recognized standards. So far 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 involving the activities of over 300 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 assistance 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, 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 performing health 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 diverse needs of industry, 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 the full-time industrial position 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 prior 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
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. 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 data 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 connexion 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 their publishers, The Macmillan Co., Ltd., have made a good job of this volume and 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 manner of persons ... to desist and forbear from any new builings of any house or tenement within three miles from any of the Gates of the said Citie 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 suburbs, but this is a large order 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, 'Slate 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 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 other bodies connected with health are given and there are useful statements on policy and work by the ministers 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.