

INDUSTRIAL NURSING ITS AIMS AND PRACTICE

A. B. DOWSON-WEISSKOPF

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BY

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INDUSTRIAL NURSING CERTIFICATE "A" OF THE ROYAL COLLEGE OF
NURSING AND BEDFORD COLLEGE FOR WOMEN

FOREWORD BY

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FOREWORD

I have much pleasure in writing a foreword, as I believe this book will serve a very useful purpose. The industrial medical service will become of increasing importance in the post-war years, and the nurse who decides to devote herself to promoting the welfare of the industrial worker will lead a satisfying and absorbing life. She will have the opportunity which is denied to the general practitioner—who is generally only consulted when disease is established—of helping and guiding her charges towards a state of positive health, for she will be able to teach the simple laws of hygiene and healthy living which are fundamental to human well-being.

I welcome the chapter which deals with the needs of the adolescent who has in the past been neglected because he is unable to speak for himself.

The author writes from her own experience, and this no doubt accounts for the informative and interesting manner in which she presents her subject. The book should prove invaluable to all of those who are anxious for a career in the world of industrial nursing.

EDITH SUMMERSKILL

AUTHOR'S NOTE

I have obtained valuable material for this small book from a number of persons and a variety of articles which have come from the pens of those experienced in industrial health services, including an article by the Legal Adviser to the *Nursing Mirror*. To them all I take this opportunity to tender my thanks; but for the conclusions I have drawn from the facts presented to me I must be held entirely responsible.

I have to thank, first and foremost, Miss Irene Charley, ever the friend, helper and adviser of industrial nurses, for provocative criticism and advice while the book was in progress; also the Royal College of Nursing and the Birmingham Accident Hospital and Rehabilitation Centre, for permission to publish facts about their training schemes for industrial nurses.

Dr. Lewis Butler has kindly made some valuable suggestions which have been included in Chapters 3 and 4.

Lastly I must thank Kurt Weisskopf for first suggesting that I be bold enough to undertake the task, and for constant stimulation and encouragement.

A. B. DOWSON-WEISSKOPF

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INTRODUCTION

The purpose of this book is to give an account of the practice of industrial nursing, indicating how this varies from institutional nursing and how a Health Department may be organised and maintained. It also shows in as practical way as possible the part industrial nurses can play in the Health Services of the country.

The terms "Health Service" and "Health Department" have been used throughout. Experience since the last war has confirmed the view that the care for the "welfare" of industrial workers is divided most satisfactorily between the two departments of Labour Management and Industrial Health. Each calls for knowledge and experience of a high order for its proper administration, and is complementary and in part dependent on the other.

The industrial nursing service is a comparatively new field. Nurses who wish to learn something of its history and expansion will find it discussed in Marion West's *Handbook for Industrial Nurses*, Edward Arnold, 1941, and in Agnes Pavey's *The Story of the Growth of Nursing*, Faber & Faber, 1937.

Primarily the needs of nurses who are working in the smaller factories and who do not as yet profit from the direction of a full-time medical officer have been in mind; for there are still many works without any medical supervision and others with a medical officer visiting only once or twice a week, or even less frequently.

Standing Orders and Medical Supervision

It is advisable that the nurses' practical work in a factory be endorsed by medical authority. Its scope should be defined by a whole- or part-time industrial medical officer in a "set of principles" or "standing orders" which should govern all routine treatment and deal with the reference of patients for medical advice (see Appendix I). Even where a Health Department is visited only occasionally by a medical officer,

the nurse should obtain his approval of the routine treatment she proposes to use, and the drugs and medicaments in her care.

The nurse who works without a medical officer should press upon her management the desirability of such an appointment, so that the service she has inaugurated or expanded can have the added weight of a doctor's knowledge and authority. Even if a medical officer's visits were infrequent the nurse would be enabled to act under "standing orders" endorsed by medical authority, would have someone to write and sign prescriptions for any drug on the poison register, and the way would be prepared for the appointment of a medical officer with industrial experience later.

Though it would be foolish to suggest that industrially trained and experienced nurses cannot provide an effective health service in the smaller industries unless they are responsible to a medical officer, since the spheres of doctor and nurse are different, the team in which the senior officer is a doctor will certainly give a more comprehensive service. The time, it is hoped, is near when every industrial nurse will have the support of an industrial medical officer. Certainly industrial medical officers will achieve quicker results where the State Registered, industrially trained and experienced nurse has prepared the way with an organised health service.

Training

Because of this and because it is wasteful that the special powers of the medical profession should be occupied in doing any of the work which trained industrial nurses can undertake, nurses working in industry, or who propose doing so, must equip themselves to give the fullest service that comes within their terms of reference. Special knowledge of industry, social conditions and the social agencies able to assist them in their work must be acquired. Only a part of this can be learned from books and lectures.

After enrolment on the General Part of the State Register a theoretical and practical course in the specific aspects of industrial nursing followed by actual experience in industrial health services is the best way to acquire proficiency. The

hospital curriculum does not, of itself, equip the nurse to work successfully in any post of responsibility, as an industrial nurse.

In 1935 the Royal College of Nursing in conjunction with Bedford College for Women inaugurated a scheme of training for nurses on the General Part of the State Register in industrial nursing. It covered an academic year from September to July and included lectures at the Royal College of Nursing by experienced industrial medical officers and industrial nurses and lectures in economics, the modern industrial system, social conditions and psychology by the general lecturers in these subjects at Bedford College for Women. Frequent periods for practical work and short visits for observation were arranged in many factories and business houses. A certificate known as Certificate "A" in Industrial Nursing of the Royal College of Nursing and Bedford College for Women was awarded to those nurse students who successfully completed the course and passed the qualifying examination. A certificate known as Certificate "B" was also awarded to those candidates who completed a shorter course of six months which ran concurrently with the year's course. One student successfully completed the first year's course.¹ For three subsequent years the course was continued, then came the war, and because of the urgency of the situation and the need for more industrially trained nurses to take their share in the expansion of industry that resulted, the course of training was shortened to three months. Finally a course of one month, sponsored by the Ministry of Labour and National Service was arranged and grants were made from the Ministry to enable an increasing number of students to gain at least an introduction to the work though it was not considered desirable to grant any certificate. Later the one month's course was extended to six weeks.

Concurrently with the full-time courses part-time courses were held for nurses already engaged in industry, and later correspondence courses were arranged. Bursaries and scholarships for College members were available, most of the money being provided by some of those

¹ Miss Doreen Pemberton.

firms which had benefited from the services of industrial nurses.¹

In 1942 the Birmingham Accident Hospital and Rehabilitation Centre in conjunction with the University of Birmingham arranged a scheme of training for industrial nurses who serve on the hospital staff for one year and take part in the routine work of the hospital wards. Selected nurse students on the General Part of the State Register receive lectures and instruction in the industrial aspects of nursing, spend one month working in a factory health service and are taken on a number of conducted visits to factories. They receive special instruction in the immediate treatment of major casualties and the rehabilitation of the injured worker.

It has to be admitted that the ideal scheme for the training of industrial nurses has yet to be worked out. The one year's course at the Royal College of Nursing and Bedford College for Women, admirable as it was, had its drawbacks. The cost of maintenance for twelve months and the cost of the course itself was necessarily expensive for those students who did not obtain bursaries.

The three months' course and the six weeks' course sponsored by the Ministry of Labour and National Service are, admittedly, far too short, and at the course in Birmingham 75 per cent of the students' time is spent in the hospital wards; while one month's practical work divided between one or two factories is hardly sufficient to give the requisite experience of the very varying types of industry.

Yet an excellent beginning has been made and the nurses who have profited from the various courses have proved in their subsequent work the value of the training received.

The syllabuses of the two schemes, that of the Birmingham Accident Hospital and Rehabilitation Centre and of the Royal College of Nursing will be found in Appendix II.

No one now questions the need for special courses of post-graduate study for the Health Visitor and the District Nurse, the Nurse Dietician or the Sister Tutor, but in this still young

¹ Particulars about the short courses which still continue can be had upon application to the Director in the Education Department of the Royal College of Nursing, 1a, Henrietta Place, London, W.1.

and expanding service of industrial nursing the need for a wide and special training is not so generally recognised.

Nurses who have worked for years in industry have obtained valuable experience often at great cost; and this experience must become available to the new generation of nurses entering industry. The speed at which the service is expanding and the difficulty of providing adequate training has caused many nurses to undertake industrial nursing with no post-certificate training. Where they have entered firms with an established Health Service directed by an experienced industrial medical officer and industrial nurse they can be expected to learn while they work and to seek opportunities for studying the subject in part-time or correspondence courses and at week-end conferences. They can also meet at Discussion Groups run by industrial nurses themselves at some industrial centres which provide a useful means for the exchange of information. It is desirable that those firms which employ such nurses should give them every opportunity to attend short courses of study and industrial nursing conferences.

Industrial medical officers, superintendents of nursing and sisters-in-charge who direct the new nurses' activities should look upon them in part as trainees, and see that they are given opportunities of learning about all the activities of the Health Service where they work. In this way they will later become able to undertake work of greater responsibility.

It is probable that some nurses enter industry because of the freedom of personal life which they have outside duty hours, but without any very great interest in the work itself. If their responsible officers, both medical and nursing, are real enthusiasts and health teachers this lack of enthusiasm soon passes and the work becomes of absorbing interest to the new entrants. They quickly discover that they have much to learn and that the organisation of a health service involves special knowledge and attributes, that it cannot be learnt quickly and that, first and foremost, a real desire to be of the greatest service to working men, women and children is needed. Unless they have this desire nurses had better seek other fields of work, for they will never succeed as industrial nurses.

12 SCOPE OF THE INDUSTRIAL NURSE'S WORK

8. Assisting in securing health examinations of persons entering industry and keeping confidential records of their condition.

9. Assisting in securing periodic re-examination of all employees.

10. Interviewing all who have to leave work through illness and on their return to work.

11. Relating the work in the factory to the home environment, especially in the case of women and young persons, so as to conserve their maximum happiness and efficiency, and advising on their employment in particular work in relation to their physical condition or special needs.

12. Keeping adequate and complete records by which analysis, deductions and interpretations can be available to the employer and the Factory Inspectorate so that lost time for accident, illness or industrial disease and any unsatisfactory situations in the factory can be discovered, and the scope of her own work be fully understood by her management.

13. Taking her appropriate share during war-time in preparation of Air Raid Precaution first-aid services, and the training of first-aid personnel.

14. Co-operating in any other activities under the direction of the medical officer as suggested by him.

Some methods of coping with these various activities are described in the subsequent chapters.

It will be realised that some of these activities have been assigned to the nurse who works in industry by the Statutory Provisions of the Factories Act. Others, such as No. 3, the securing of medical and nursing follow-up care of the employees in their own homes and the maintaining of contact with sick or injured workers, No. 6 the teaching of personal hygiene, No. 10 the interviewing of those leaving work for reasons of illness and No. 11, the relating of the work of the factory to the home environment of the workers may be said to have become a recognised part of the industrial nurses' activities as a result of experience in industrial health services and recognition of the value of such nursing supervision.

process carried on there has given rise to some specific industrial disease, e.g. industrial dermatitis. The centres of training for industrial nurses are well known to the Factory Inspectorate and application is often made to them direct for a trained industrial nurse.

There is as yet no Central Bureau of Industrial Nursing recognised by the State and industry whose officers are fully cognisant of the needs of industry and who hold a list of nurses with specific industrial training and experience; perhaps the future will see one established. When training for industrial nursing follows a recognised and standardised scheme comparable to that for Fever, Children's and Mental Nursing, the General Nursing Council may prepare a separate Register of Industrial Nurses; but that day is not yet.

At present posts are usually filled through the rather unsatisfactory channel of response to advertisements in the local press or in the nursing journals. Application is sometimes made by a factory owner or manager direct to a local hospital, or he may appoint the nurse who entered his household during the illness of one of his family. As Miss West has said in her *Handbook for Industrial Nurses*, "It speaks well for the adaptability of nurses that so many of these have made a real success of their duties"; but it is a method which cannot be recommended unless the firm has an established Health Service efficiently organised and directed, and the nurse is given training while she works, as has been suggested. It is not easy for a firm to dismiss a nurse who is able to give a measure of satisfaction, but whom the management, becoming alive to all that an industrially trained nurse might be able to undertake, would like to replace.

It is recommended that employers who have decided to appoint a nurse to their factory or business house should get in touch with the Medical Inspector of Factories for their area, the Royal College of Nursing, 1a, Henrietta Place, Cavendish Square, W.1., or the Birmingham Accident Hospital and Rehabilitation Centre, Bath Row, Birmingham. Should the plant be located in the Bristol, Leeds, Glasgow, Manchester or Cardiff areas the Royal College of Nursing will refer them to the local organisers for industrial nursing training in their areas.

It is preferable that nurses local to the district who have had the requisite training should be appointed. A knowledge of the district is an advantage, but it does not take the place of the advantage an industrial training gives over the local nurse who has not profited by it.

Attributes and Character

What are the attributes desirable in the industrial nurse?

The Production and Engineering Bulletin issued by the Ministry of Labour and National Service has published a very interesting list of "Personality Traits Desirable in Supervisory Workers." It requires but little adaptation when considered in relation to the industrial nurse, and is therefore given in full:¹

1. Applies himself to his work to an unusual degree. Perseveres in the face of obstacles.
2. Is dependable. Keeps promises.
3. Is willing to accept responsibility. (This includes willingness to admit his own errors.)
4. Has initiative and independence. "Does his own thinking."
5. Is systematic and orderly.
6. Is sincerely interested in other people (their attitudes, satisfaction and progress), but is not sentimental or inquisitive. Respects the personalities, views and rights of others. Safeguards any confidences given him. Can talk with others and answer their questions.
7. Co-operates well. Is not unduly self-centred.
8. Is interested in fair play, and a "square deal" for others, as well as himself.
9. Is frank yet tactful.
10. Exercises self-control. Has poise, maturity and stability.
11. Is decisive, but not bigoted. Is willing to change a decision if he discovers a sound reason for the change.
12. Is able to adapt his views and methods to changed conditions. Is progressive and interested in improvements.
13. Is resourceful in emergency.
14. Exercises foresight in his work.
15. Reacts well to managerial criticism. Can view himself and his work objectively.

The industrial nurse who exhibits such traits of personality, and has besides a high technical skill and is training herself to

¹ By permission of the Editor.

become an "apostle of health" cannot fail to make a contribution towards industrial health in her sphere of work and to make herself indispensable to the industrial community.

The industrial nurse needs to be such a warmly human personality that she can sense from the cold hands or distressed face the burden so often carried in the patient's mind which no drug can relieve, but which is lightened when shared with the understanding listener who should know of some person or social agency who can help to lift the anxiety if she cannot do so herself. A sensitiveness to the reactions of other people is essential and a rigid professional attitude can be disastrous. The nurse may easily find that as the workers' confidence in her capacities and humanities grows she may come to be looked upon as a sort of "citizen's advice bureau" in her own person and may be consulted not only about love-affairs or the babies' illness at home, but about legal and housing difficulties, matrimonial tangles, unmanageable children, family limitation and an extraordinary number of other problems. The workers who keep their minor accidents or illnesses, domestic or work worries to themselves because they are not sure that they will receive a patient hearing from the works' nurse are potential absentees who will probably be spending time looking for help outside the firm when they might be at work. They may also keep symptoms to themselves long enough to delay or lengthen treatment when they are at last forced by incapacity to seek medical advice.

Industrial nurses need to be carefully selected for personality, adaptability and aptitude. They need to have, as Lilian Ward the eminent American nurse, social worker and writer, has said, "the genuine good manners which spring from a true sense of courtesy based on consideration for the needs and feelings of others: and to possess that interest in culture and justice which, especially if it be accompanied by an effort to further them, constitutes the art of humanity."

CHAPTER I

SCOPE AND CONDITIONS OF SERVICE OF THE INDUSTRIAL NURSE

Diagnosis

It is important to remember the place which diagnosis occupies in the work of the public health and industrial nurse, and to be clear about its nature. In this respect they are in a different position from their colleagues in institutional service.

It is useless to say that industrial nurses must not make provisional diagnoses. Every day in her factory department the industrial nurse has to make decisions on the evidence before her as to whether the cases which she sees are ones with which she is qualified to deal or whether they must be referred for medical or other advice. She has in fact to make a provisional diagnosis of every case which enters her department.

It is rare to hear this most important reason cited for appointing only nurses on the General Part of the State Register to industrial posts. Other reasons are given, such as that the trained nurse understands an aseptic technique and so on. The underlying reason, usually unexpressed, is that the trained nurse realises how much she does not know and the true line of demarcation between her sphere and the doctor's, whereas the less well-trained personnel make their most grievous mistakes at just that very point.

If this fact were more fully realised there would be an end to the suggestions that it is economic to employ partly trained personnel for medical work in the small factories.

The more the nurse knows about diagnosis the better an industrial nurse she will make. Those nurses, therefore, who have had experience in the Out-patient Department of a teaching hospital and have listened to the many lectures on diagnosis given to the medical students will have an advantage in industry over those who have not. In the writer's view "out-patient" experience is of as great importance in industry as "casualty" experience.

Nurses who on first entering industry are diffident about their capacity to make provisional diagnosis may console themselves and renew their confidence with the reflection that if they do not make the diagnoses some lay person with no medical background whatever, such as the foreman or labour manager, or a first-aider, will otherwise be obliged to make them in her stead, and will have to decide whether a worker is in a condition to continue at work or must seek medical treatment.

With the background of a sound nursing education it is astonishing what skill in provisional diagnosis can be developed and how seldom the thoroughly experienced industrial nurse has to regret those decisions, the making of which form the major part of her responsibility.

Scope of the Industrial Nurse's Work

Apart from this constant responsibility for making provisional diagnosis the industrial nurse's activities may briefly be summed up under the following heads:

1. Maintaining an efficient department, making herself responsible for stock in the department and first-aid equipment in the factory.

2. Attention to the immediate nursing needs of all grades of employees, both office and works, and the rendering of first aid and the giving of any subsequent care required to cases of accident occurring either in working hours or off duty.

3. Securing of medical or nursing follow-up care of employees in their own homes, and the maintaining of contact with sick or injured workers.

4. Prevention of sickness and the safeguarding of the health of employees by giving attention to environmental hygiene—including canteen facilities.

5. Co-operating with others in the prevention of accidents.

6. The teaching of personal hygiene with emphasis on healthy living, and the prevention of industrial disease.

7. Making herself conversant with the nature and hazards of the industry in which she works.