

OCCUPATIONAL HEALTH CARE FROM THE NURSES' POINT OF VIEW

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ABSTRACT

The history of occupational health care in general and of the development of occupational health care in the Netherlands in particular has undergone great changes in recent years. As result nurses had to adjust themselves to these changes. The main problems at this moment may be summarized as uniformity in occupational health care and in the nurses' role and duties.

Curative care has had to make room for preventive care, and adaptation to the new mode requires time. The variety of industries with which a nurse has to cope heightens the problems of adaptation. The Occupational Health Nursing Course, promoted by the Dutch Association of Occupational Health Nurses and introduced as recently as in 1970, helps to maintain a high standard of uniformity.

In the first instance, industries employed first aiders to cope with acute illnesses and/or accidents. Soon after doctors started working in industry, they felt the need for better qualified assistants. They obviously looked for helpers with whom they were familiar i.e. the nurses, who had the same training ground and field of work and consequently spoke and understood the same language. Thus, first-aid workers were soon replaced by registered nurses.

While first-aid service was mainly concerned with the treatment of accidents at work, occupational health services now mainly provide preventive care, not only for workers in industry, but also for workers in other enterprises and government services. The nurse had to move with the times, and the successive stages of this development can still be observed: some nurses are still employed as first-aid workers, others are concerned with hygiene surveys, while others again act as social workers.

However, since the introduction of a regular training program for occupational health nurses in 1970, a clearer picture of what an occupational health nurse should be and should do has been emerging. A large number of Dutch occupational health nurses have since qualified for the course. Depending on the organization or the industry in which the nurse works, on the views of the occupational health officer in charge, and on the individual nurses' ambitions, the tasks of the occupational health nurse may differ considerably, while also being one of the reasons why occupational health nursing in Holland is still in the development stage.

WHAT IS OCCUPATIONAL HEALTH CARE?

The object of occupational health care is the protection and promotion of the health of all those who perform work for gain, as far as their problems are related to the work situation. Occasionally, the preventive attitude the occupational health nurse must adapt is contrary to her inclination. The basic training of nurses has been to "nurse" and "treat" the sick and the needy. But in occupational health care in Holland the curative "treatment" of major injuries and ailments is legally not permitted, although one may feel tempted to do so. Apart from that, nurses must be fully aware that they form part of an occupational health team. Work within such a team implies the acceptance of the other members as experts in their particular fields of knowledge. It implies a willingness to give and accept information and to share responsibility. Team work requires clarity about the aim and awareness of one's own limitations. In order to be effective, an occupational health team must develop its actions on the information received from the work place. In general, the simpler forms of biometrical testing should, where possible, be left to what is known in the Netherlands as "doctors' assistants" or laboratory personnel.

Also the occupational health nurse should, unlike her/his colleagues in hospitals, not limit her/his attention to care of individual employees, but view their symptoms and complaints in relationship to the general health problems existing within the enterprise concerned. The relationship between the occupational health nurse and employees is determined primarily by the starting point of occupational health care, i.e. prevention. Preventive health care amounts to selling an article which is not asked for; however, we may also say that curative health care often asks for an article which, in fact, cannot be supplied.

THE OCCUPATIONAL HEALTH NURSE

Although we are not always fully aware of it, our contacts with employees always aim at prevention. It considers: pre-employment examination, periodical examinations of workers doing hazardous work, absenteeism, checking the environmental conditions at the work place, counselling during consulting hours, co-operation in rehabilitation and resettlement, recommendations regarding the prevention of occupational diseases and co-operation in prevention of accidents.

The chairman of our Society of Occupational Medicine has summarized the nurses as being a line of outposts in the struggle for a better health of workers. "Typical duties in this line of outposts", he said, "are observations in the field, recognition and recording of signals, selection of signals and passing on information which is considered important, sounding the alarm whenever danger threatens, meeting the first attack, and falling back on the next echelon." This seems a very apt model into which to fit the nurses' duties. It also proves the nurse to be an inseparable and indispensable member of the occupational health team.

The nurse's additional duties may consist of acting as adviser to safety committees, as organizer and teacher in first aid, adviser to welfare funds within the enterprise, and as adviser in hygienic and sanitary matters.

Summarising, we may state that in the Netherlands occupational health nursing includes the following: recognizing, tracing and pointing out threats to and hazards for, the state of health of the employed, and watching those whose function in the working community is affected by an existing handicap, a threatening disorder, or by the work situation itself.

The first part of this definition shows the occupational health nurse as a furnisher of information for the benefit of team strategy, while the second part presents her as a co-operator in the implementation of that strategy.

The way in which the occupational health nurse will fulfill her/his duty depends on a number of structural and fundamental factors:

Is the nurse employed in an occupational health service attached to a large organization i.e. to a single service? Does the nurse work in a group service for the benefit of several enterprises? Are these a few medium-size organizations or a group of small, or even very small, enterprises?

Is examination done for persons with prolonged absence from work due to sickness or accident? What other preventive aims are considered necessary? Which other functionaries are employed in the Occupational Health Service?

In order to function properly the occupational health nurse must fulfill certain conditions and have the required qualifications e.g.:

1. A registered nurse must be in possession of a state certificate for general practice, or a state certificate for mental diseases, or a certificate of an equivalent education.
2. Through special training and additional courses the occupational health nurse must acquire knowledge of occupational hygiene, physiology of labour, social insurance acts, and the like.
3. The nurse has to be familiar with a number of matters concerning the respective enterprise e.g. the structure of the organization, interhuman relationships, production processes and manufacturing methods. This knowledge can in the long run be obtained by frequent visits to plants and workshops, and through contact with the employees and the managerial staff.
4. The nurse should have the social disposition required for team work and for the establishment of a relationship that has to be maintained.

In the Netherlands there are 441 state registered occupational health nurses: 225 male and 216 female, i.e. a proportion of roughly 50 : 50, while, for instance, in Great Britain the proportion is 20 male nurses to 80 female nurses. Of these 441 occupational health nurses 329 are employed in single services (167 male, 162 female), and 112 in group services (58 male, 54 female). In contrast to many other countries many Dutch occupational health nurses are males for several reasons. In Dutch hospitals male nurses predominate in nursing education, not only in the men's wards but also in the women's wards, and even in the

obstetrical department; it is just in occupational health care that the male nurse is offered better opportunities of developing his profession than are offered his male colleagues working in hospitals; the technical and research work involved in occupational health seems to appeal more to men than to women; and last but not least, male nurses, in contrast to female nurses, tend to maintain continuity of the job.

OCCUPATIONAL HEALTH COURSE FOR NURSES

Since 1970 a regulated, voluntary occupational health course has been open to nurses in the Netherlands. The aim of the course is to teach the basic principles of occupational health care. The fee for the course is usually paid by the employer. A government subsidy, granted since 1978, gives scope for further expansion.

Admission requirements are that one must be a registered nurse, and must be employed in an occupational health centre.

The course consists of a theoretical program with 8 college periods of one week each, spread over a period of one year, and of inservice and practical training lasting 10 workdays which have to be spent in an occupational health centre, other than the one in which one is employed.

As part of the course, the nurse must write an essay to be criticized by a team of senior occupational health nurses and medical officers. On successful completion of the course, nurses are issued a certificate.

THE DUTCH ASSOCIATION OF OCCUPATIONAL HEALTH NURSES

This association was founded in 1946 by the first occupational health helpers, i.e. first-aid workers. In view of the disastrous effects of World War II on the population's health, individual occupational health workers realized the need for pooling experience with the objective of improving the health of workers in industry. Thus they founded an association, which became official in March 1946. The main aims of the Association to-day are to improve contact among nurses working in occupational health care, improve the working conditions of the occupational health nurse, raise the occupational nursing standards by organizing seminars and meetings, and promote occupational health care. Just over one half of the occupational health nurses in the Netherlands are members of the Association. It is expected, however, that those who are not yet members will come to realize the advantages of membership in the Association and become its members in the near future. The course for occupational health nurses is due to the work and energy of the Association, which is developing a type of occupational health nurse that will be acceptable to employers, occupational health officers and the nurses themselves. We are by no means claiming that the Netherlands have achieved an ideal situation in occupational health. However, we may well state that occupational health care in our country is developing in the right direction always remaining open to other and possibly better ideas.