Industrial Nursing

WEDNESDAY AFTERNOON SESSION

October 18, 1939

The session on industrial nursing convened with Joanna M. Johnson, R.N., of the Nursing Service, Employers Mutuals, Milwaukee, Wis., and Chairman of the Industrial Nursing Section, N.O.P.H.N., presiding. Miss Johnson welcomed the delegates, spoke briefly of some interesting industrial nursing problems coming under her recent observation, and then introduced the first speaker.

The Industrial Nurse's Records and Reports

By MRS. ISABEL POOLE, R.N.

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This discussion will cover records and reports of the industrial nurse, who is working without the supervision of a full time medical director, and who is personally responsible for the organization and administration of her department.

Records and reports form a very important part of the nurse's work, vital to herself as well as to management. Too often, the nurse fails to realize this and loses a golden opportunity to present a permanent, if incomplete picture of the service she renders. We all know that much of a nurse's efforts and accomplishments cannot be tabulated; but on the other hand, a careful summing up of her activities should lead to wider activity.

While all nursing positions require accurate, intelligent record keeping, the industrial nurse must also compile her records into comprehensive reports, for business is interested in trends and costs. Although she may have her position because her employer knew that her professional training, and ability to handle people and their problems, would benefit his organization, an understanding of business aims and practices will enhance her value to the industry. By keeping records that will provide a basis of comparison for future years, she will soon prove her worth in dollars and cents, even as any other department.

Although records and reports perforce will vary, dependent upon the type and size of the industry, the scope of the nurse's work, and the problems and aims of individual management, there are certain standards that should remain constant and applicable to all. Records should be accurate, concise and confidential. A simple, but easily accessible filing system is indispensable. The minimum record keeping for efficiency should include an individual record for each employee, daily, monthly and annual reports.

The individual record, which will assure constructive nursing service for both the employee and the employer, should contain the following:

A. Pre-employment medical examination report.

B. Morbidity experience:
1. Date.
2. Ailment.
3. Emergency treatment and advice.
4. Disposition.

C. Accident experience:
1. Date.
2. Emergency treatment.
3. Disposition.
4. An accurate account of the cause of accident, recording the employee's own words.
5. A detailed description of the injury and condition of the surrounding area.
6. Any additional remarks made by the employee, which may have bearing on the case.

7. Any personal observations, which would tend to present a better picture of the employee's general condition and attitude.

The daily report, which provides the basis for the monthly and annual reports, should contain the following:

A. Names of employees who visited the clinic.

B. Classification of the visits:

1. Medical aid.
2. Surgical aid.
3. Physical examination.
4. Absence interview.
5. Follow-up for correction of defect.
6. Others.

The monthly and annual reports, which present a summary of the nurse's activities to management, should contain the following:

A. The number, type and disposition of cases handled.

B. Pertinent facts relative to accident and illness experience.

C. Policies established and recommendations for future procedure.

D. A comparison of the findings of each report with those of corresponding reports of previous years.

(These comparisons will determine the effectiveness of the existing program and enable the nurse to plan improved methods.)

The wise nurse will remember that executives are busy people, who prefer to see trends at a glance. A few well planned graphs are far more effective than pages of written explanation. However, a brief narration concerning aid given to a deserving employee, occasionally added to the tabulated report, is of extreme interest. For although the nurse's statistical data may be valuable to the employer, the nurse's first and most important duty is the welfare of the employees, from both the employer's viewpoint and hers.

Most industrial nurses, whether engaged in a factory or an office, are called upon to give medical and surgical aid, to assist with or arrange for physical examination, to follow up for correction of impairments, and to take a small or large part in personnel management.

The factory nurse's chief problem is accidents, their treatment, their cause and prevention, and getting the injured employee back on the job. Therefore, it is logical that her employer will be interested in reports that classify injuries by cause, nature, department, and amount of lost time.

This type of analysis will do much to reduce accident incidence and severity, and lost time, for it will point out the location of hazards, and emphasize where lack of cooperation exists. Such information is invaluable to the safety director. Furthermore, accurate accident reports will prevent exorbitant costs in cases involving litigation.

The office nurse is mainly occupied with the problem of absenteeism. She should have a daily report of absence from all departments and should interview all employees upon their return to work following illness. She should make an analysis of the absence experience of each individual by department, showing the number of absences, the number of days lost and the cause.

This type of report will increase her knowledge of the general health of the personnel, and point out a lapse in good hygiene in any particular department showing a high incidence of absence due to a common ailment. It will also bring to light chronic malingerers. Therefore, the nurse will be better equipped to help the employee and the department manager with their problems and thus reduce the absence experience. All of which reflects favorably in dollars and cents to both employee and employer.

Many nurses, who know better, have neglected to compile statistical data owing to the many demands of their job and the consequent lack of time during the working day. If, at first, reports must be done on your own time, by all means do them on your own time. Soon the management will become interested in them and may request additional statistics. If the nurse can arouse this interest and demonstrate the value of her reports, she will eventually be able to obtain the necessary clerical assistance.

Experience has proved that the nurse must be certain that her reports reach the person with managerial authority, or much of her effort and work will be wasted. The nurse's reports, in their entirety, should be routed to management's attention and not be abstracted or subordinated to other reports, such as safety and personnel. It is advisable that this matter be clarified at the start of her employment.

Intelligent records and reports will tend

to make industry realize that the medical department can be run on a business-like basis, without the loss of humane attitude. Then it will no longer be the first department to be dispensed with in times of economic depression.

The remainder of the session was devoted to two interesting features. The first was a talk, "Living With Your Job," by Dr. Lydia G. Giberson, Industrial Psychiatrist, Metropolitan Life Insurance Company, New York City. Dr. Giberson also presented one of the striking addresses delivered during the Early Morning Classes, entitled "Man's Mental Attitudes," which will be found in this volume, under the section, "The Human Side of Safety."

The second feature was a general discussion period, called "Your Hour," in which a group of selected consultants answered questions from the audience on problems of industrial nursing and related topics. The consultants consisted of the following: Grace Anderson, Territorial Supervisor of Nursing, Metropolitan Life Insurance Company, New York City; Francis Bethune, R. N., Firestone Cotton Mills, Gastonia, N. C.; Mrs. Lillian L. Brewer, R. N., Industrial Nurse, Oswego Falls, Sealright Division, Fulton, N. Y.; Catherine R. Dempsey, R. N., Simplex Wire and Cable Company, Cambridge, Mass., and President, New England Industrial Nurses' Association; and Marion Dowling, R. N., Lowe Paper Company, Ridgefield, N. J.

THURSDAY LUNCHEON SESSION

October 19, 1939

Presiding, GRACE E. MCVAY, R. N., Pyrene Manufacturing Co., Newark, N. J., and President, New Jersey Industrial Nurses' Club.

Improving the Health of Industrial Workers

By DR. DONALD M. SHAFER

Committee on Healthful Working Conditions, National Association of Manufacturers, New York City

To talk about "improving the health of the industrial worker" we have, of necessity, to review the past to see if there is any "improvement" to talk about. I skip over the third century observations of Galen and the fifteenth century work of the German physician Ellenbog, to land squarely on Ramazzini. He has been quoted for his excellent treatise on industrial disease which he released in 1710 with these words: "I chose to publish this treatise for the good of the Republic, or at least for the benefit of the tradesmen." Possibly, even at that time, there was some debate about Government ownership versus private enterprise.

Ramazzini, who held the Chair of Medicine in the University of Padua, was especially interested in the relationship between physics, meteorology, and medicine, and probably found industrial workers to be excellent examples of the conflict between nature's physical laws and human health. He understood the association between stone cutting, mining, and lung disease, as well as between cleanliness and dermatitis.

However, from the time of Ramazzini till the twentieth century there was little progress in industrial health, except for the minor benefits derived in England from the Factory Acts passed during the late 1800's. By this time, the United States was conscious of the industrial health problem and, even as early as 1837, literature on the subject was published here. The industrial accident toll, however, was a more dramatic and appealing subject than was health, and it found the public's interest and recognition about 1913, when the National Safety Council was organized.

The progress of the safety movement has extended into many fields. A vivid example is the complexity and varied interests of the

many sessions at this Congress. In the industrial field there has been a reduction in fatalities of well over 50 per cent since 1913. However, there is evidence that the accident rate of industry was becoming fixed, and, since 1928, the number of deaths in industry has been practically parallel to the number of men employed. Additional evidence is that there was a reduction of only about 10 per cent in the severity rate, and practically no change at all in the frequency of accidents, from 1932 to 1937. This would indicate that under the 1932 to 1937 methods of prevention, industrial safety was reaching its saturation point. Without some basic change in approach, the 1937 loss of approximately 19,000 industrial workers was well on the way to becoming an annual toll. However, in 1938 the frequency of industrial accidents again declined, and I feel that the improved record may in no small part be due to a broader safety approach—one that includes health.

Concentrate on Health

Probably the most promising way of continuing the downward trend in industrial accident rates in the future is to concentrate more effort on the health of the workman. This approach is perfectly logical, for it is obvious that a sick workman is more likely to have, or to cause, an accident than is a healthy man. This has been proved by careful analyses showing that 98 per cent of all industrial accidents are preventable, and that only 10 per cent of the injuries are due to mechanical hazards, while 90 per cent are caused in whole or in part by man failure, either supervisory or otherwise.

The great improvement that can be realized by additional attention to the health of the men has been demonstrated repeatedly under actual operating conditions.

Along with further accident reduction, a second great need in industry is apparent today. It is an improved employer-employee relationship. Probably at no time in the industrial history of America has there been so much discussion and controversy between the worker and the employer. We all are cognizant of the disturbances that have arisen all over the country, and likewise we all have felt that honest assistance and understanding of the other's problem would produce practical cooperation so that both can prosper and have a successful working employee-employer relationship.

That health is one of the most insistent problems of a laboring man cannot be doubted. Without it, his income drops, or stops altogether, and he and his family lose their home and gradually their independence itself. It is therefore vital to him to keep his health. The interest of labor has been demonstrated in several ways. One is the establishment of labor union health centers, some of them handling thousands of cases per year. Recently, an automobile workers' union established a medical center to determine the physical condition of its men and to determine the presence of occupational disability. Another way that labor signifies its interest in health is through the employee representatives to the employing companies.

As an example of this, one company found that of several thousand cases cleared with the men's representatives, 73 per cent were with reference to the plant working conditions. Another company found that during a seven months' period, 24 per cent of the grievances of the employees were due to wages and 8 per cent due to hours, but 68 per cent were due to working conditions. This was in spite of the fact that both of these companies pay at least average attention to the working environment of their men.

It is apparent that labor is greatly interested in health, so it seems fitting that this subject should be firmly stressed in any company's labor relations program. An effective operating plan to improve the health and working conditions can cause a decided heightening of the employee-employer relationship, and will work to the advantage of both.

Why Not a Health Program?

Both topics that have so far been mentioned, namely, accident prevention and labor relations, are not the primary results of improved employee health but they are in reality by-products. The man's health itself is both the means and the end. It makes possible the lower accident rate, the better labor relations, the improved production of goods, and, just as important, the improved consumption of those goods. Why then does not every company have a health program in operation?

The answer requires consideration of two fundamental points—lack of understanding and economics—as applied to three groups: the employees, the private practitioners, and the employers. In none of these groups is there complete opposition. It is rather a feeling of hesitancy, or inertia, or suspicion—always based on misunderstanding or ignorance of the potential benefits that each group can derive from factory health programs.

Within the first group, the employees, there is considerable interest in health, as I have already mentioned, but it is sometimes colored by a hesitancy or suspicion of participating in a factory health plan for fear of economic loss. Some men feel that preemployment physical examinations will prevent men from getting a job and that checkup examinations will cause older workers to lose their jobs. They do not know that the best type of health plan rarely excludes even 5 per cent of the applicants and that even without examinations the physical condition of this 5 per cent would soon cause them to be out of work because of illness, accident, or inability to do the job. Also, they do not realize that the examination is in reality an inventory of their ability to work and can frequently show them a way to improve their conditions and consequently their ability to work and earn.

Practically the same situation is true with the older worker, who through the physical examination and health correction can make his years of earning power last longer. It is only through education that these points of view can be altered.

Education Effective

In addition there is, on occasion, the feeling that since the doctor is paid by the company he must be against the men. This attitude, likewise, must be met by education which honestly demonstrates that a healthy worker is the most valuable to the company and that the doctor's job is to help him be healthy.

It must be added that any health program that does discriminate against the men, or that is using the physical examinations to "weed out" men, is poor labor policy and is in its short-sighted way defeating the best interests of the company.

The second group, the private practitioners, who play a part in the development of factory health programs, frequently maintain an attitude of hesitancy or suspicion because of the fear of economic loss. To this is occasionally added a lack of understanding of the ethical arrangement between a company doctor and himself. Because of this misunderstanding and hesitancy, a factory health program of real merit is sometimes handicapped.

This situation can ultimately be solved by education by such an agency as the Council on Industrial Health of the American Medical Association. One large part of this education consists of enlightenment in industrial health work itself, both to interest more doctors in the field and to have them realize that an "on call for emergencies" arrangement is not a factory health program. Furthermore, they should be shown that a factory health program still may have emergencies and that the two are not *necessarily* incompatible. The true picture of the contribution that a factory health plan can make to the welfare of the community's private doctors must be presented before their inertia can be overcome.

Two Classes of Employers

The third and final group that can prolong factory health development is the employer. Within this group there are two classes of employers, as we all know; one class has not only developed excellent health programs in its own plants but also actively and willingly supports industrial health and hygiene research and education. The second class has not made any advance in factory health and frequently has no conception of the part that a health program can play in the company's prosperity. This second class is, in general, made up of the smaller sized companies and is in great need of education on the entire subject, especially on the economic aspects. I will speak of them in more detail later, as it is with them that the Committee on Healthful Working Conditions is dealing.

To answer my earlier question of why doesn't every company have a health program, we find that these three groups must be educated:—labor, the private practitioners, and the employers. The first—labor—seems most approachable through the general public at the present time, possibly through

Government agencies; the second, through national, regional, and industrial medical societies; and the third — employers — by means of trade and manufacturers' associations. Until each component fully realizes the value of industrial health to itself and its future, the work will be incomplete.

The work of Dr. Heiser and myself in this endeavor is directed toward the manufacturer. Through the National Association of Manufacturers' Committee on Healthful Working Conditions, the more progressive companies of its 7500 members are trying to assist the manufacturers of the country, especially those in the small plants, to recognize the value of an employee health program and to put such a program to work in their plants.

Small Plant Problem

The consensus of the Committee's opinion is that the small plant, employing over 60 per cent of the nation's industrial workers, is the crux of the present factory health problem. This, I believe, coincides with your own, and has been supported by repeated analyses of the situation by the American College of Surgeons, state industrial hygiene departments, and others.

For the past year, the committee, assisted by its advisory committee of industrial physicians, has been compiling all available information on the subject of small plants, and has endeavored to find just what the "key log" in the jam has been. After setting aside the hindrances that I have mentioned above, we have found two such key logs.

The first has been obvious—cost; the second is not so readily defined. Primarily, it is lack of education, but it is entangled in a feeling held by manufacturers, as laymen, that "this is a doctor's problem" and that they don't know anything about it. Furthermore, they are not sure that they, as individuals, should know anything about it. It is probably the converse of the feeling that, because a man has a medical degree, he can't be a business man or anything but a doctor.

The best answer to this seems to be a straight dollar and cents statement of factory health as a business proposition. In this way, we believe, it is closer to the manufacturer's interest and experience and should receive more consideration from him.

The committee has also prepared pamphlets of instruction for the manufacturer, showing him exactly what he can do in his plant to set up a health program. A new pamphlet shows very briefly and to the point how a health program can bolster the safety work in the plant and how the company can be benefited in a practical manner by such a health plan. We hope to have this new pamphlet available very soon for those requesting it.

In addition to the production of such educational material, the committee is seeing active service as a source of information on specific health problems in industrial plants. One day's mail contained one inquiry on how to prevent the so-called "cyanide rash" from a mill in the state of Alabama, and another on the identical problem among mine workers 150 miles north of the end of the railroad in Canada.

The public has been interested in the activities of the committee, and this has resulted in publication of numerous articles in magazines and in the press. One feature article, containing the aims and work of the committee, was syndicated and went to a guaranteed circulation of six million readers. We feel that the maintenance of each of these activities—education of manufacturers, a clearing house of factory health problems, and public information—cannot help but assist the work of improving the health of industrial workers.

In summary, a concentrated effort to improve the health of industrial workers appears to be the most promising way of further reducing industrial accidents in the future and, in addition, can be a major contribution to labor relations at a time when a good employee-employer relationship is of prime importance. This improvement, however, is slowed down by the inertia of many employees, private physicians, and smaller employers, and can only be accelerated by thorough education of each group. Education of the employer group is the goal of the Committee on Healthful Working Conditions. It is actively encouraging employers to improve the health of their men, and is providing direct educational material, advice on factory health problems, and public information toward that end.

THURSDAY AFTERNOON SESSION

October 19, 1939

President, GRACE E. MCVAY, R.N., Pyrene Manufacturing Company, Newark, N. J., and President, New Jersey Industrial Nurses' Club.

Health Education Methods Used by Industrial Nurses

By ALMA M. BALMER, R.N.

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Most of the industries today have pre-employment examination; the eyes, teeth, gums, throat, heart and lungs, blood pressure, as well as predisposition to hernia are carefully examined. In many instances minor defects are accepted, but the employee is given a reasonable length of time in which to have these corrected. These findings, when recorded by the examining physician, are followed up by the nurse and if necessary a re-examination by the doctor is made.

The employee usually makes his first contact with the nurse and this is perhaps one of the best ways—the nurse will put him at his ease. He learns early where the dispensary is located, and while waiting his turn he sees there preparations to meet emergencies. As he departs she says with a smile, "Don't forget to bring me your little cuts, scratches, bruises." Therefore he feels that is the place to come, and she is the person who is going to be his friend.

During dressings, the topic turns to health in general; this seems to be the most popular way of advising the employee. He will ask many questions on various subjects, which she can answer. This personal contact gives him information that he passes on to others. Often the employee asks about diets and wants to know the reason some particular member of his family has been advised to use certain foods by his physician.

I assure you, this puts the nurse on the spot. Her professional ethics comes to her aid when tactfully she replys to the effect the doctor must think that is the diet most needed. Then by explaining how each food is meant for certain needs, how it may be prepared and made appealing to the patient at home, she gives that employee a little knowledge of dietetics and more confidence in his doctor.

Health is the prime asset of the worker. We take him into the plant with a clean bill of health, and through our efforts must help him to maintain it. Today conditions in our factories are sanitary; washrooms, showers, and toilet facilities are provided; often these are under the supervision of the nurses, particularly where large numbers of women are employed. Restrooms are comfortable and a nurse will see to it that those returning from illness do rest during the lunch hour, explaining if necessary why they should.

Group insurance provides money for the doctor and drug bills. To obtain this a doctor's certificate of diagnosis is necessary, and if needed one can have the services of the visiting nurse for bedside care, baths, treatments and etc. as prescribed by the physician in charge. In some cases, where a total disability occurs, the patient may need further care and medication. Along with this the plant nurse keeps in touch with him and advises him as to clinics, or organizations intended for his particular illness.

Many early cases of tuberculosis have been arrested. When an employee has reported often with colds the nurse will question him about night sweats, loss of weight, and general fatigue, as well as any pains, etc., and tactfully advise him to go to the clinic where he can be examined and advised. She, herself, makes the appointment for him, which we know, if left alone he probably would not do for himself. The report is returned to the plant nurse for further reference.

It may be only frequent colds due to a rundown condition; and again, it may be

an active case of tuberculosis, needing a sanitarium for rest and treatment. Many have returned in good health and have continued to earn their living. Their absence and return assure the others that we are interested and show what can be done—it alone is a lesson.

Many plants carry their own benefit insurance and here the nurse visits the absentees to see that they are receiving proper care and arranges for hospitalization if necessary.

Salt tablets are placed in dispensers throughout the plants, particularly in departments operating at exeremely high temperatures. One case of heat exhaustion is enough to convince all others of the necessity of salt. No nurse is ever too busy to explain to individuals the benefits to be derived from this simple preventive; every kitchen shelf has its salt box.

One nurse, after reading the article on salt in the "National Safety News" some years ago decided it was the most sensible thing she had ever heard, and secured authority to make use of salt among the employees. In her plant it was common practice to send many home after giving hot ginger and providing rest until they were able to be taken home; then it usually took two or three days before the worker was able to return. Imagine the surprise of an employee who, within fifteen minutes after a small dose of salt had been taken, was able to return to his job and work better than he had before. That discontinued loss of time from heat exhaustion. Many could hardly believe that ordinary common salt was keeping them on their feet. As soon as dispensers appeared this nurse put on a sales campaign. Today the tablets are accessible at the drinking fountains and heat exhaustion has been conquered.

In all factories handling food a health card is necessary certifying as to Wassermann and general health. Periodical reexaminations and new certificates are required by law.

Posters on the bulletin boards carry a message of safety and health.

Various plants have their own cafeterias; here a hot nourishing lunch is obtained at small cost. This often is under the supervision of the nurse.

Many consult the nurse about their families as well as their own health problems. They are referred to their own physician, community nurse or clinic; all this information is ever available from the nurse.

Pregnant women are instructed when leaving employment about their group insurance which pays for a number of weeks of disability, thus enabling them to have some necessary money to meet their expenses. They are also advised about the clinics and told about pamphlets to be obtained from insurance companies as well as those from the government. These instruct them about care of themselves and their babies. One of the first calls the new citizen makes is on the nurse back at the plant, the young mother beaming with gratitude.

First aid classes are conducted by many nurses, open to all who are interested, modeled on the Red Cross courses.

Recreation as well as athletics, while not directly under the nurse's supervision, also touch her department as she arranges with the plant physician to examine members of the various teams. The activities help to keep them healthy, and the minor casualties are always brought to the nurse for dressings.

Employees who have been absent with serious illness, operations etc. are examined by the plant physician before returning to work. The nurse also advises them about taking care of themselves, explains in detail about diets, rest, and proper sleep. She watches on their return that they do not overdo, thereby guarding their health.

The nurse in industry works with the doctor; he may be full time, on call, or part time. She instructs on cleanliness, exercise and diet, and other matters that make for a healthy happy employee. She has his interest constantly in mind and her attitude makes it easy for the employee to come to her for advice as well as for first aid dressings.

In some industries it is necessary for the nurse to tour the plant and note general conditions; disorder and untidiness, tactfully mentioned in privacy, are cheerfully corrected. Most plants require the nurse to be ever present in the dispensary, which is located at some central point easily accessible to all departments. The dispensary must be equipped to meet all characteristic emergencies. It need not be large nor pretentious but should be on a par with the rest of the plant.

In factories handling and packing food under sanitary conditions, one would expect to find a first-aid room second only to a hospital operating room. In a chemical plant however, where workers become covered with materials of many colors and leave a trail behind every footstep, the first aid room need not be too forbidding, yet clean at all times. The worker must be made to feel he is ever welcome, and if his work is dirty he is getting clean money for his labors.

Nurses in general are versatile; they can and are willing to do other things beside the routine of the plant dispensary. Some were commercially trained before entering their chosen profession and can perform other duties along with their own work, provided it does not interfere with the need of the employee. Some nurses supervise the plant cafeteria, others relieve at the switchboard, while some attend to the group insurance or keep production records, etc. All these, along with their professional duties, make them valuable adjuncts to any plant personnel. Their duties bring them in contact with the employee and often in an ordinary conversation the nurse can give a hint on health and teach someone how to take simple precautions to benefit himself.

We are looking forward to the day when even a fairly small concern will realize the nurse is a necessity in its organization. Those of us who are already in industry can readily understand that from the payroll point of view there are sometimes several non-productive hours between cases or requests for services to be rendered by the nurse. Yet at any time there may be a case in which the services of a nurse may mean much—either in a life saved, lost time reduced, or a saving in compensation paid out.

The young nurse recently graduated is not quite as well suited to industry as one who has acquired some other nursing experience. The older nurse has a better knowledge and understanding of people and working conditions. She is better qualified to recognize the early symptons of cases that may not reach the hospital until they are well advanced and require drastic treatment.

In industry a nurse must take an entirely different attitude toward her work than that to which she was previously trained. The hospital training school taught her that the patient was sick and therefore not responsible or able to suggest his needs, that it was up to her to do his thinking for him. But in industry the employee is usually a normal person, one who is earning his living, one whose wishes cannot be denied.

It is, therefore, sometimes against her better judgment that she is willing to please him. A pleased employee is a better worker and it is part of the nurse's work to keep him happy on the job. She accepts his suggestions, as far as possible, and with tact manages to persuade him that her way is best after his own has proved not to be what he wanted.

Management's Attitude on Industrial Nursing Service

By J. M. CONWAY

President, Hoberg Paper Mills, Green Bay, Wis.

The qualities going to make up a good nurse or good doctor are not given to all of us—so to those of us on the outside is delegated the duty of assisting wherever and whenever we can. As employers we appreciate the good work doctors and nurses have done, both within and without our plants—we appreciate the opportunity to be of some service and hope that as time goes on we can be of more assistance in this great work of reducing industrial accidents and sickness. We need help and guidance—and if doctors and nurses will point out the way, I am sure industry will follow.

I am sure that both the nurse and the worker have found the attitude of the employer regarding industrial nursing service a constructive one. Certainly it is the duty and obligation of management to provide adequate facilities for the safety of life and limb of those who make it possible for him

to remain in business. If insurance companies, based on years and years of experience, find it profitable to spend millions each year to lengthen the lives and better the health of their policyholders, certainly we in industry should find it more profitable because we have a larger stake, a larger investment per worker than the insurance company.

Every successful company takes great pride in its tools—oiling and repairing them constantly—discarding junk. When a machine approaches obsolescense they replace it promptly with a modern machine. How much more important it is to take care of the human power without which the machinery would be of no value—how much more important it is to take care of those lives and limbs which cannot be repaired or replaced.

Industrial nursing service should have the unqualified support of every forward-looking executive. It is one of the greatest builders of goodwill in existence, and God knows we need all the goodwill of our employees we can muster. The value of the personal contact between the nurse—a company representative—and the employee at the time he or she needs help and care and advice is of inestimable value. There is no substitute for this personal contact.

The benefits to industry through industrial nursing can be summarized as follows:

1—Builder of goodwill.
2—Makes a satisfied employee.
3—Increases efficiency of workers.
4—Reduces cost of production.

These are all very desirable results and worth going after. The big question, however, is not so much the assurance of the benefits which flow from a well-organized industrial nursing staff, as it is a question of how to acquire one. We all know what we want, but how do we go about obtaining the results desired? Here are a few of the problems confronting management on which its attitude will be of immense interest to you:

1—How big shall the department be?
  a—Complete First Aid Room.
  b—Full Time Nurse.
2—What are the qualifications of a good nurse?
3—Where can I obtain such a person?
4—To whom shall she be responsible?

There are many other question marks in the establishment of an adequate first aid and industrial nursing staff, but to me, these are the most important. I would place the question of qualifications for a good nurse in first place. The selection of the proper individual to carry on this goodwill work and to practice her profession with efficiency is the difference between success and failure. The easiest way to define the qualifications of an ideal industrial nurse would be to paraphrase a one time popular song, "You've got Everything." She must have everything.

In speaking of these qualifications, there is one which is going to be side-tracked and that is the question of age. Some like them young—some old—some like them single and some married—this is not the major issue. Other qualifications are much more important. Let us, for the moment, make believe that we are workers in a large industrial plant, and that we have been injured and are being taken to the first aid station. What kind of a place would you like to be taken to? What kind of an individual would you like to meet upon your arrival?

On the way down our minds would work something like this. "Gee, I'm glad Miss Smith is here instead of that substitute nurse we had for the past two weeks. Everyone said she was a terror—blamed you for everything—said you were careless—indifferent—didn't care. Miss Smith isn't like that. She is tough on us when the accident ratio slips, but her approach takes the sting out of it. She has tact and she really likes all of us—works hard to keep us and our families safe and healthy. She is a graduate nurse and keeps up on all the latest methods. It won't take her long to fix me up. She won't say much, but I know what she will be thinking, because just last week at the safety meeting she told us to be careful of loose clothing—neckties—large cuffs, etc."

You would begin to feel sorry—not for yourself—but for that kind, gentle, friendly nurse who has tried so hard to keep you from injury. You let her down—you broke her record—you caused a lost-time accident in her department. If Miss Jones, the temporary nurse, were on duty, your blood pressure would probably rise to tremendous heights, but knowing Miss Smith is on duty, you are naturally a bit excited, but in

a much better mood and position for recovery. You are much more receptive to correction and your determination not to be a second offender will be much stronger if the approach—the time—and setting are just right, and these three conditions are present from the time you reach a well-organized first aid department until you leave it.

Now you enter the first aid room. Miss Smith is there to greet you—she knew you were coming and has everything ready. No bawling out—no unnecessary conversation. That can come later. Now there is a job to do. Miss Smith, as you watch her, is a young woman of a certain age and without a doubt in the best of health. She is neat in her appearance and housekeeping. She is cheerful—loyal to her employer and at the same time tolerant toward the worker. She knows her duty and goes about it with an air of professional dignity to be marveled at. She makes you comfortable, dresses your wound, and when everything is done, sits down beside you to hear your story, and takes notes which will be used, not to crucify you at the next safety meeting, but to study and consider in the light of what has happened and how it can be avoided in the future. An accident to her means a failure on the part of someone or something to act in accordance with expectations—this failure must not reoccur.

This ability to win your confidence enables you to tell your story truthfully—you don't have to lie to Miss Smith, or put the blame on someone else—she understands that people do get hurt; but her job is to find out why and correct it as soon as possible. You are now ready to leave, but her work has just begun.

This is a rather long story, but to me it brings out much more vividly those things which are so necessary in a successful industrial nurse. Let us say that she should have tact—that she should be forceful, and yet command respect of the worker and employer. She must be efficient and keep abreast of latest developments in safety and medicine. She should never feel that she is set for life with an industry and that she knows enough to handle the ordinary injuries in a day's work. She must without doubt have the full loyalty and cooperation of the employees—they must be convinced that she is there for their good and for the good of their families, who suffer when the worker is out of employment—they must be taught and made to feel that an ounce of prevention is better than a pound of cure.

A good nurse will rise above petty things and will be impartial in her dealings with the employer and employee. She is the so-called "go-between" for both the employer and the insurer. As contact woman, she must have their confidence that they will be justly treated and willing to do what she asks them to do. She must be familiar with every department in the mill—every hazard—every peril and every piece of machinery.

These qualifications can be summarized into six divisions, as follows:

1—She must be interested in and be able to understand people.
2—She must have personal strength and character.
3—She must have initiative—be democratic and perform her job with enthusiasm and geniality.
4—She must have common sense and good judgment—be smiling and encouraging.
5—She must have an inquiring mind to find the facts without submitting the patient to a third degree.
6—She must think objectively—from the point of view of herself—the company and the employee.

Now—where can we obtain such an individual? Obviously this is not an easy task and one which the ordinary employer cannot undertake. Such women are found through specialized agencies or through the company physician who has numerous contacts. In this line of work especially, experience is a prime essential. It is not always necessary, but it does relieve the management of the responsibility of developing an industrial nurse and allows more time for establishing policies and getting things done.

My only suggestion would be to proceed cautiously—don't be in a hurry. If you haven't had a first aid department for the past ten years, a week or longer won't hurt you any. Take your time and be sure you have the right individual or you are just wasting your money.

To whom shall the company nurse be responsible? There doesn't seem to be much doubt that a department of such importance

should be directly responsible to the president of the organization. That is a problem of personnel and organization and a company policy which cannot be decided by any other individual. This also allows it the maximum of freedom from business politics and enables it to act free of the influence of department heads or superintendents. This does not mean that all individuals concerned are not consulted on industrial nursing policy, but it does mean that the first decision on any matter rests squarely upon the president of the corporation.

Now we come to what is probably least important. What shall be the size of the first aid department and personnel? All I can say is that if an organization has the right kind of a president and hires the right individual for the industrial nurse, the size of the department will take care of itself, because it will be conducted with intelligence and foresight with a view to taking care of all necessities, and that in the end is all that matters.

Millions of hours of work each year are lost through minor accidents, both on and off the job—colds and sicknesses of various sorts. Industrial injuries, according to the U. S. Department of Labor statistics, cost industry five billions of dollars each year. According to the Medical Aid information the advent of industrial nursing has decreased accidents by 50 per cent—compensation payments 30 per cent and absenteeism 50 per cent.

Our experience and results with industrial nursing have been very gratifying. The saving in insurance premiums more than offsets the cost of operating the department and we have the satisfaction of knowing that our employees like their work. We have the satisfaction of knowing that they work for us because they want to and not because they have to. Our safety and health program, which has won more than one trophy for us, is a big contributing factor in the peace and frame of mind of our employee. Remember—a man who is hurt or who has been injured is a scared worker for quite a while and during this time his efficiency is greatly impaired.

There is, however, one controversial problem which arises in regard to industrial nursing. How far should it go? Some industries do not believe in being paternalistic and extending the nursing services to the employees and their families—others practically take care of everyone and everything. Each firm should study its own situation and draw a line somewhere. Many employees still feel that their home is their kingdom and they and they alone reign supreme after the quitting whistle blows. Others welcome the helpful service and advice. (Maybe a happy medium of giving advice and help when asked, and letting the private practice take care of private cases will prove the best.)

The future of industrial nursing is what you make it. If you can take up your job in earnest and dig in and get results, the profession is bound to grow. If you take the lines of least resistance and limit your work to dressing wounds and giving out pills, you are just as surely doomed to failure.

You have the backing of management—they have confidence in your ability to help them—what you do with this backing and confidence—what you do with the future of your profession is entirely up to you.

So far we have considered the industrial nurse from the attitude of the employee and the attitude of the management. Now, let us consider the attitude of the industrial nurse towards the employee and the management.

The employees should give their wholehearted support to the safety and first aid program and cooperate in every way with everything that is being done for them. They should not resent constructive criticism or suggestions. They should be eager and willing to come to the nurse with their ideas and suggestions for improvement.

As far as management goes, the industrial nurse has a right to expect the following help and cooperation:

1—Definite scope of duties and responsibility of her department.
2—Complete freedom of action within those limits.
3—Complete cooperation in enforcing safety rules and regulations.
4—Insofar as it is possible she should be furnished with comfortable, convenient quarters, large enough for the needs of the plant.

Without these requirements she cannot hope to succeed and management cannot expect results. Management wants, and has a right to expect, results, but it must also be

willing to do those things which make results possible.

I have purposely avoided any reference to industrial doctors and personnel men, because to inject them into the problem would only complicate it and solve nothing. Their problems are the same as those of the industrial nurse from all points of view, except that in a concern large enough to employ nurses, doctors and personnel men, the problems of coordination and division of authority and responsibility are much more difficult.

To those doctors who are not on the organization payroll, and who are selected from a panel authorized by the insurance company, let me say that your duties and your obligations to the employee are just the same as those of a company paid doctor. You must get the company and employee viewpoint—you must make yourself feel that you are a part of the organization. Without this attitude you cannot be successful in handling industrial cases.

Now let me tell you something about what the state of Wisconsin is doing to help all of us along the road to better health.

The Industrial Commission of Wisconsin, in conjunction with the Industrial Hygiene Division of the State Board of Health, together with the help of labor and industry, have designed a physical examination program for the state. So far as we know, it is the only venture of its kind. It is by no means perfect, but it is a start in the right direction. Briefly it provides for the following:

1—Mandatory pre-employment and subsequent periodical physical examination.
2—Provides manner of deciding on a panel satisfactory to employer, employee and insurance carrier.
3—Cost of examination—lost time because of examinations—transportation costs in connection therewith are borne by the employer.
4—Provides standard forms for records of examinations and follow-up.
5—Defines the scope of examination.
6—Defines area of disqualification from work.

ADJOURNMENT