(1)

A SURVEY OF CIVILIAN OCCUPATIONAL HEALTH NURSES EMPLOYED BY THE ARMY AS TO PREPARATION AND NEED FOR SUPERVISORY ASSISTANCE

By

Ruth A. Locke

Submitted in Partial Fulfillment of Requirements

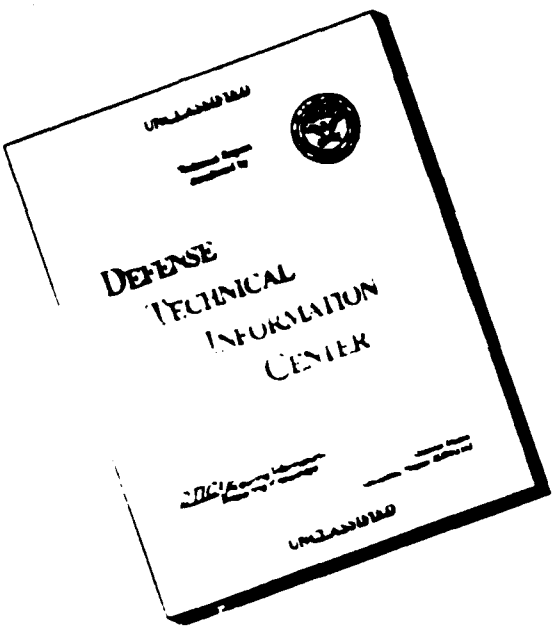
for the Master of Public Health Degree

School of Public Health

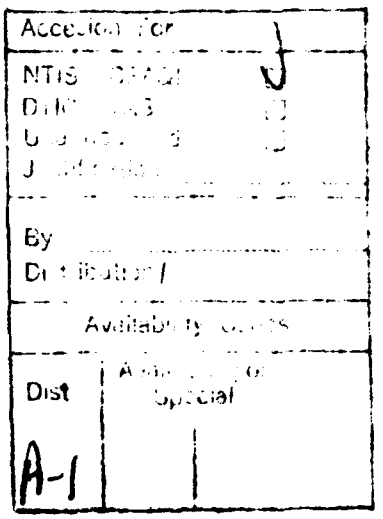
University of Minnesota

1961

DISCLAIMER NOTICE



THIS DOCUMENT IS BEST QUALITY AVAILABLE. THE COPY FURNISHED TO DTIC CONTAINED A SIGNIFICANT NUMBER OF PAGES WHICH DO NOT REPRODUCE LEGIBLY.



ACKNOWLEDGMENTS

The writer wishes to acknowledge her appreciation to Doctor Marion Murphy, Professor and Director, Public Health Nursing, School of Public Health, University of Minnesota, for her guidance and interest in this study.

Grateful acknowledgment is also made to Major Mercedes Fischer, Army Nurse Corps, Preventive Medicine Division, Surgeon General's Office for obtaining a list of Army installations employing occupational health nurses and other pertinent information.

The writer also wishes to express her appreciation to those civilian occupational health nurses in the Fifth United States Army, whose interest and cooperation made possible this study.

TABLE OF CONTENTS

		Page
ACKNOWLEDGMENTS		iii
LIST OF TABLES		v
Chapter		
I.	INTRODUCTION	1
	Background	1
	Statement of the Problem	3
	Reason for Selecting Problem	4
	Specific Objectives	5
	Scope and Limitation of the Study	5
	Method of Study	6
	Problems Encountered	7
	Definitions of Terms Used in Study	7
II.	REVIEW OF LITERATURE	10
III.	ANALYSIS OF FINDINGS	18
IV.	SUMMARY, CONCLUSION AND RECOMMENDATIONS	31
APPENDIX		34
BIBLIOGRAPHY		46

LIST OF TABLES

Table		Page
1.	Educational Level Attained	19
2.	Three Year Diploma School Plus Additional Credit Hours.	19
3.	Three Year Diploma School Plus Additional Credit Hours.	20
4.	Length of Time Employed in Civilian Field of Occupational Health Nursing.	21
5.	Length of Time Employed by the Army as Occupational Health Nurse	21
6.	Installations Employing Civilian Physician	22
7.	Number of Days Part-Time Physician Employed Per Week.	22
8.	Standing Orders.	23
9.	Source of Nursing Supervision.	24
10.	Desire Nursing Supervisory Service	25
11.	Desired Source of Supervisory Service.	26
	Bar Diagram.	30

CHAPTER I

INTRODUCTION

Background

The Army of 1960 is vastly different from the Army of Pre-World War II. Prior to the war the standing Army was relatively small and provided with conventional type weapons and other equipment. The number of civilians employed to help support the Army in accomplishing its mission was correspondingly small. In comparison, the civilians required to support the modern Army with its increased manpower, highly complex weapons and equipment, number in the thousands (300,000).

Since early in World War II, the Army, by authority of Public Law 658, 79th Congress, has provided for its employees a service known as the Army Federal Civilian Employees' Health Service, also referred to as the Occupational Health Service of the Army. The purpose of the service, according to the law, is "to promote and maintain the physical and mental fitness of employees of the Federal Government."[1] The law also states that this type of program will be limited to:

1. Treatment of on-the-job illness and dental conditions requiring emergency attention.

---

[1]Army Regulation 40-557, Occupational Health Service of the Army, November, 1956, para. 2a.

2. Preemployment and other examinations.

3. Referral of employees to private physicians and dentists.

4. Prevention program relating to health.[1]

The Army recognizes, as have many civilian industries, that the application of preventive medicine principles and procedures promotes efficient utilization and conservation of manpower. It has, therefore, since 1945, issued regulations granting the authority, and prescribing the scope and objectives of an occupational health service and outlining the procedure for accomplishing these objectives.

These objectives are:

> To assure that personnel under Army jurisdiction are physically, mentally, and psychologically suited to their work; that their work environment is safe, hygienic, and wholesome; and that their physical and mental health and well-being are maintained throughout employment.[2]

The objectives are accomplished through the following functions:

1. Care and treatment of occupational illness or injury.

2. Emergency treatment of nonoccupational illness and injury, and if indicated, referral to the family physician or dentist.

3. Preplacement examinations.

4. General health activities including periodic health examinations, mass chest x-ray, health education and immunization

---

[1] Ibid.

[2] Ibid., para. 3.

programs.

5. Special preventive measures where hazardous environmental influences may be present.[1]

6. Surveys and inspections as necessary so recommendations can be made to insure the control of possible health hazards and maintenance of hygienic conditions.[2]

To help carry out occupational health programs, Army installations within the continental United States employ over two hundred civilian nurses to function in the capacity of occupational health nurses. There is no reason, at present, to assume that there will be any decrease in the numbers so employed.

The only qualifications required by regulation for employment as a occupational health nurse are that whenever possible civilian personnel will be used, and that the nurse be a, "registered graduate nurse."[3]

Statement of Problem

Because of the wide variation in the type of industry conducted at installations, from those employing highly skilled technicians and scientists to common laborers, there is a wide variation in pay scale, caliber of people employed and industrial hazards encountered.

The occupational health nurses employed by the Army work

---

[1] Ibid., para. 6.

[2] Ibid.

[3] Ibid., para. 7.

with little or no nursing supervisory or consultation service available, and many times a physician is available only a few hours a day or a few days per week.

At present, there are no statistics compiled as to these nurses' academic backgrounds, qualifications or preparation for the field of occupational health nursing, or the type and amount of supervisory assistance they are receiving.

The problem of this study is concerned with the status of educational preparation of these civilian occupational health nurses, the scope of their functions, and whether they feel a need for assistance through nursing supervision.

Reason for selecting problem

Military preventive medicine services are analogous to public health activities in a civilian community. They are not confined to the military alone, but include the entire population of the installation. And even as the public health nurse in the community is concerned with an effective industrial health nursing program as an element of the total public health nursing program, so too, her counterpart in the Army can experience the same concern.

It was felt that if some information with respect to experience, academic preparation, type of supervision (if any) now being received, and areas in which the occupational health nurses feel assistance would be helpful, could be obtained from a representative sample, some plan for supervision or consultation service might be devised.

Specific Objectives

The objectives of this study are:

1. To determine academic background of the occupational nurse.

2. To determine the amount of experience in industrial nursing and/or other nursing experience.

3. To determine if the occupational nurse is responsible to a physician who is available full-time or part-time.

4. To determine if there is a plan for nursing supervision and the source of such supervision.

5. To determine if the occupational nurse feels nursing supervision would be helpful and by whom it should be given.

6. To determine for which aspects of her job the occupational nurse would find supervision especially helpful.

Scope and Limitations

It is not the intent of this study to cover all of the Army industrial installations employing a nurse in their industrial health programs. It is recognized that a complete survey of the two hundred and thirty nurses employed as occupational health nurses would be of great value. But, since a limitation of this study was necessary because of time, effort, and expense, it was thought that a survey of fifty-five nurses would be an adequate sample.

The Fifth United States Army was chosen because of its relatively large representation in the number of nurses employed and types of installations. It was also felt that it would be

easier to obtain security clearance for one Army area than for a cross-section of the six Army areas.

The study, because of security restrictions regarding the nature of the industry at certain installations, deals only with individual professional aspects of occupational health nursing.

It would have been desirable to have conducted this study by personal interview, but since distance and lack of time made this impossible a written questionnaire[1] was sent to the fifty-five occupational health nurses employed at twenty-five Army industrial installations in the Fifth United States Army. Clearance for the questionnaire was obtained from the Fifth United States Army Surgeons' Office.[2]

Method of Study

Questionnaires were sent to occupational health nurses without regard to the type of installation or to the number of nurses employed in this capacity at a given installation.

It would have been preferable to have used personal interviews rather than a mail questionnaire so that the individuals could have had the opportunity of expressing their opinions more freely and of giving additional information. However, this method was not as feasible because of the great distances involved.

The questionnaire was not pretested by any occupational

---

[1]See Appendix, p. 35.

[2]See Appendix, p. 42.

health nurses because none were readily available. However, pretesting was done by two classmates, and resulted in some changes in arrangement and wording which it is hoped improved the clarity of questions.

Problems Encountered

The greatest problem was to construct a questionnaire that would elicit the necessary information in areas that are extremely sensitive for many nurses. Such areas are educational preparation and the need for supervisory service.

Another problem was limiting the survey to the information desired and avoiding any questions that might violate security restrictions.

As mentioned previously, a list of all installations in the Continental United States employing civilian occupational health nurses was obtained from the Surgeon Generals Office, Department of the Army.[1] It would, no doubt, have been desirable to have had the names of individual nurses so that the questionnaire could have been personalized to a greater extent.

Definitions of Terms Used in Study

Army Health Nurse.--A graduate, registered nurse with preparation and experience in public health nursing. A commissioned officer of the Army Nurse Corps, who functions in the military community in a similar manner as the public health nurse in a civilian community.

---

[1] See Appendix, p. 45.

Preventive Medicine.--Traditionally, preventive medicine has meant to anticipate and halt disease before it starts. In modern usage preventive medicine also includes preventing and minimizing damage and disability when disease or injury itself cannot be prevented.

Public Health.--The application of preventive medicine to communities or populations through organized group effort.

The public health programs in the military are usually referred to as "the preventive medicine service." They may be considered comparable to an official public health agency in a civilian community.

Installation.--Land and improvements thereon, under the control of the Department of the Army, at which functions of the Department of the Army are carried on (posts, camps, hospitals, depots, arsenals, etc.)[1]

Army Industrial Installation.--Any installation of the Department of the Army primarily used in connection with the production of material, munitions, or supplies. As used in study refers to any installation employing occupational health nurses.[2]

Civilian Physician.--A civilian medical doctor appointed either as a contract surgeon or in an appropriate Civil Service grade.

Occupational Health Nurse.--A professional, registered

---

[1]Department of the Army Pamphlet No. 210-1, United States Army Installations and Major Activities in the Continental United States, (May, 1960).

[2]Ibid.

nurse employed by the Army, who is responsible for the development, interpretation and administration of the nursing service of an occupational health program at an Army industrial installation.

CHAPTER II

REVIEW OF LITERATURE

There apparently have been no studies done or any specific material written relating to academic preparation or supervisory assistance with respect to the civilian nurses employed by Army industrial installations. However, much of the literature pertaining to occupational health nursing in civilian industry in these two respects would, no doubt, be paralleled by the Army civilian occupational nurses. Certainly the academic preparation presently offered and contemplated for the future will have implications for the Army occupational health program.

The Army offers no long-term education for civilian occupational health nurses, but short courses in occupational health have been given by the U.S. Army Environmental Hygiene Agency at the Army Medical Center, Maryland. However, these courses are designed to be of assistance to medical officers with little formal training in occupational medicine. In the last two courses, four to five nurses (military and civilian) participated as students. The last course given in January, 1961, included a presentation on "The Role and Functions of the Nurse in Occupational Health Programs." It is interesting to note that these nurses, in their critique comments, have been enthusiastic about the courses

on the whole and have recommended that more information be included on nursing aspects of occupational health.[1]

Such comments may well indicate that these nurses feel the need for additional preparation and help in the field of occupational health.

Smith in a survey on "Occupational Health Integration in the Yale University School of Nursing," states:

> Some nurses have been very successful in transferring their knowledge of basic nursing principles to the occupational health field; others feel very insecure in an industrial environment.[2]

She further states that a nurse working in industry finds that she is no longer giving bedside nursing care but emergency care, and that her work emphasis is in the field of preventive medicine; accident control, occupational diseases, and health education. She finds that objectives and policies of an industrial organization are different from those of a hospital, and that a new set of relationships exist for her as a member of a medical department in an industrial environment.[3]

In reviewing the literature, it was found that most nurse educators think that occupational health nurses should have preparation for staff level responsibility. Other positions, particularly occupational health nursing administrators, supervisors

---

[1] See Appendix, p. 47

[2] Emily M. Smith, Occupational Health Integration in The Yale School of Nursing (New York: National League of Nursing Educational, 1952), p. 5.

[3] Ibid.

and nursing consultants need advanced preparation. But most nurses now in the occupational health field have had to accept the responsibility of applying public health principles and adapting nursing practices to meet the needs of the workers without benefit of special preparation because so little was known about their functions.[1]

The lack of additional preparation in approved public health nursing programs is well documented in a recent report. The report showed that of the total number of registered nurses (13,061) employed full-time in industry, only 123 held baccalaureate degrees in approved public health nursing preparation, 629 had less than thirty hours, ninety-seven held baccalaureate degrees in nursing and 5,965 had no university credits in any field. No information was available from 4,815 nurses.[2]

During the past few years, occupational health nursing has become a specialty that can be defined.

> Occupational health nursing is the application of nursing and public health procedures for the purpose of conserving, promoting and restoring the health of individuals and groups through their places of employment.[3]

As a result of such definitions and clarification of the occupational nursing field considerable emphasis has been given to the integration of occupational health nursing in basic programs.

---

[1]Mary Louise Brown, Occupational Health Nursing (New York: Springer Publishing Company, Inc., 1956), p. vii.

[2]U.S. Department of Health, Education, and Welfare, Public Health Service, Nurses in Public Health, 1960, p. 43.

[3]Brown, loc. cit., p. 15.

In January, 1956, a request from nurse educators and industrial nurses, as well as an increasing demand for prepared occupational health nurses, led to the development of a "Guide for Evaluating and Teaching Occupational Health Nursing Concepts" by the National League for Nursing. The guide suggests methods for including occupational health in the basic curriculum.[1]

Two years later, a survey made in Texas attempted to obtain information concerning the kind and amount of orientation to occupational health nursing that schools of nursing were giving their students. In answer to the four questions that were asked in sixteen schools, it was found:

> 1. That occupational health is integrated in varying degrees into nursing education programs.
> 2. That a varying amount of consideration is being given in the basic curriculum principles of administration, public relations, and economics, mostly as these apply to nursing.
> 3. That there is only a relatively small handful of qualified persons available to teach occupational health to nurses--this includes both faculty members and industrial nurse practitioner.
> 4. That only a very few occupational health in-plant programs have been identified for educational or affiliation purposes.[2]

These findings point out the tremendous amount of work yet to be done before integration of occupational health in the basic curriculum is accomplished.

It would seem that the most serious drawback to accomplishing

---

[1]National League for Nursing, Guide for Evaluating and Teaching Occupational Health Nursing Concepts (League Exchange No. 24, New York: The League, 1957).

[2]Mina May Klutas, "A Guide that Leads to a Goal," Nursing Outlook, Vol. VII, (September, 1959), p. 9.

this integration is qualified instructors. And yet an experienced instructor in every collegiate school is hardly feasible at present. An important step forward would be to give all faculty members an intensive orientation to occupational health as it relates to their respective clinical fields, as well as preparing selected industrial nurses to work with schools.[1]

Yale University has offered an occupational health program leading to a Master's degree, however, it is the author's understanding that this program has recently been discontinued. A program in occupational health nursing at the Master's level is in the process of being developed at the University of Washington School of Nursing. This may help in meeting the need for qualified nursing personnel in teaching and positions of key responsibility.

Functions, Standards and Qualifications for Occupational Health Nurses have been formulated by the Occupational Health Nurses' Section of the American Nurses' Association. This body suggests that it is advisable for nurses, especially those employed alone in the "one-nurse" service, to have additional preparation for occupational health nursing; such as university courses in occupational health nursing, public health nursing, and related fields.

The functions and standards described spell out the role of the nurse in a one-nurse service, but the material is fundamental to any type of occupational health program. It was the intent of the American Nurses' Association to have the statement on Functions,

---

[1]Ibid.

Standards and Qualifications, "represent a reasonable balance between present practice and emerging patterns in occupational health."[1]

Many times the nurse is the only professional health worker in the industry employing her. As yet no realistic formula has been devised to estimate the number of nurses needed to staff an occupational health department in industry. One author suggests a formula of eight hours of coverage per week for each hundred workers, as a minimum number of nurses needed to staff a occupational health program.[2] Thus, industry employing five hundred workers would require forty hours of nursing time. The fact that over ninety-nine per cent of all work establishments in the United States, employing over seventy per cent of all workers, have less than five hundred employees,[3] no doubt, accounts for so many nurses working alone in industry.

Of the 4,330 industries employing nurses as of January, 1960, only 973 had nurses employed in positions of administration and supervision. These figures plus the lack of special preparation among nurses employed in industry indicate an obvious need for supervisory assistance and/or consultative service. One nursing authority in the field of occupational health has said, "Nurses

---

[1]Occupational Health Nurses' Section, American Nurses' Association, Functions, Standards and Qualifications for Occupational Health Nurses (New York: American Nurses' Association, 1958), pp. 1-14.

[2]Brown, loc. cit., p. 132.

[3]U.S. Department of Health, Education, and Welfare, Public Health Service, The Local Health Officer in Occupational Health (Washington: U.S. Government Printing Office, 1959), p. 79.

should always be given supervision in nursing by nurses."[1] The occupational health nurse should be able to turn to a consultant or supervisor for help and guidance on nursing matters.

The nursing consultant or supervisor should be a registered professional nurse whose knowledge, experience, preparation, personality, and performance qualify her to give guidance, leadership and service.[2] Consultant resources in occupational health nursing are available in some instances to those nurses needing such service. There are two occupational nursing consultants in the U.S. Public Health Service and thirty-eight state and municipal health agencies employ consultant nurses in this field. The National League for Nursing retains a consultant on a part-time basis, and hopes to provide a full-time worker and expanded services in the near future. Even some voluntary agencies employ such consultants. The American Heart Association, for example, employs a nurse consultant with special preparation in occupational health.[3]

Consultant activities are designed to assist the nurse in evaluating the nursing program, to bring to the nurse a broader concept of her program, to promote the establishment and improvement of occupational preventive medical programs by nurses where there is medical supervision. The consultant is active in

---

[1] Brown, loc. cit., p. 11.

[2] Brown, loc. cit., p. 11.

[3] Heide L. Henriksen, "A Memorandum to Professional Nursing from Plant Nurses," Nursing Outlook, Vol. VIII (November, 1960), pp. 612-613.

promoting educational opportunities for the industrial nurse. She improves by group activities or other means, the professional skill, understanding, and competence of the industrial nurse.[1]

One author raises some interesting questions in reference to advisory resources: what appraisal has been made of the adequacy of consultative personnel in relation to the growing number of occupational health nurses? What factual data and supportive materials have been prepared for the administrator who must justify to the budget director the development of continuation of consultative service? What efforts have been made to provide advisory service for occupational health nurses, where none is available? These questions and many others represent what many occupational health nurses have identified as unmet needs.[2]

At the present time the Army does not employ a nursing consultant in the field of occupational health. Although the Army has approximately eighty Army health nurses in the Army Nurse Corps, they do not function as occupational health nurse, and, to the authors knowledge, they do not usually function in a consultative capacity to the civilian occupational health nurses. Some installations employing more than one civilian occupational health nurse may have a senior nurse acting as a director or supervisor.

---

[1]The Local Health Officer in Occupational Health, loc. cit., p. 36.

[2]Henriksen, loc. cit., p. 613.

CHAPTER III

ANALYSIS OF FINDINGS

Questionnaires were sent to occupational health nurses at fifty-five Army installations within the Fifth United States Army Area. Forty-one or seventy-five per cent completed questionnaires were returned. Two installations, Fitzsimmons General Hospital, Denver, Colorado and Fort Leonard Wood, Missouri, reported by letter that these installations did not employ occupational health nurses. This was an apparent error in the master list. Only fifty-three occupational nurses are actually employed in the Fifth Army Area; on this basis seventy-seven per cent of the nurses returned the questionnaires. The information obtained from the respondents will be grouped under the study objectives.

Objective 1.--To determine academic background of the occupational health nurse.

Table 1 shows that the majority of nurses employed, 97.5 per cent, are graduates of a three year diploma school. Only one nurse has a baccalaureate degree, and this degree is in philosophy. None of the respondents have baccalaureate or graduate degrees in nursing or public health.

Tables 2 and 3 illustrate that of the forty nurses graduated from the three year diploma schools, fourteen or thirty-five per cent

have additional college credit hours seven have less than thirty semester hours, and three have thirty or more semester credit hours. Only four have obtained credit hours in nursing programs approved by the National League for Nursing. No college credits have been earned by sixty-five per cent of this group of occupational health nurses; this figure can be compared with forty-six per cent for nurses in industry on a national level.[1]

TABLE 1

EDUCATIONAL LEVEL ATTAINED

Level	Number of Nurses	Percentage of Nurses
Three year diploma school	40	97.5
Baccalaureate degree in nursing	--	--
Baccalaureate degree--other	1	2.5
Graduate degree	--	--
Total	41	..

TABLE 2

THREE YEAR DIPLOMA SCHOOL PLUS ADDITIONAL CREDIT HOURS

Level	Number of Nurses	Percentage of Nurses
Three year only	26	65
Three year plus	14	35
Total	40	..

[1]U.S., Department of Health, Education, and Welfare, Public Health Service, Nurses in Public Health, 1960, p. 43.

TABLE 3

THREE YEAR DIPLOMA SCHOOL PLUS ADDITIONAL CREDIT HOURS

Credit Hours	N.L.N. Approved	Not Approved
	Number of Nurses	Number of Nurses
Less than thirty	7	3
More than thirty	3	1
Total.	10	4

Objective 2.--To determine the amount of experience in occupational health nursing and/or other nursing experience.

The majority of nurses, as shown in Table 4, have had less than five years experience in the field of civilian occupational health, and most of the nurses have been employed by the Army for less than ten years as occupational health nurses.

All respondents have had graduate nursing experience in hospitals, mainly as staff nurses and head nurses. A limited number, seven, have held positions in supervision and teaching.

Six or less than fifteen per cent of the nurses have had any public health nursing experience. This experience was limited to less than five years for four of the six nurses, and only one had held the position of supervisor in public health nursing.

Other nursing experience included private duty, tuberculosis nursing, military nursing and one who had traveled for a baby clothing company as a counselor to mothers regarding layettes. This respondent

stated that the latter was, "a lonesome job."

TABLE 4

LENGTH OF TIME EMPLOYED IN CIVILIAN FIELD OF OCCUPATIONAL HEALTH NURSING

Years	Nurses	
	Number	Percentage
0	16	39.2
1 or less	1	2.4
1 to 4.	16	39.2
5 to 9.	4	9.7
10 to 14.	2	4.8
15 to 19.	2	4.8
Total	41	..

TABLE 5

LENGTH OF TIME EMPLOYED BY THE ARMY AS OCCUPATIONAL HEALTH NURSE

Years	Nurses	
	Number	Percentage
1 or less	1	2
1 to 4.	17	17
5 to 9.	18	44.6 ✓
10 to 14.	10	23.3
15 to 19.	5	12
Total	41	..

Objective 3.--To determine if the occupational health nurse

is responsible to a physician who is employed full-time or part-time.

All the nurses were responsible to either an Army medical officer or a civilian physician. As Table 6 indicates, twelve civilian physicians are employed full-time and six part-time, and Table 7 shows the availability of the part-time physician. Of those physicians employed part-time, all but one was accessible by telephone when not at the installation.

TABLE 6

INSTALLATIONS EMPLOYING CIVILIAN PHYSICIAN

Civilian Physician	Number	Percentage
Full-time	12	66.6
Part-time	6	33.3
Total	18	..

TABLE 7

NUMBER OF DAYS PART-TIME PHYSICIAN EMPLOYED PER WEEK

Days	Number of Physicians
1 or less . .	-
2	1
3	-
4	3
5	2
Total. .	6

It was interesting to note that twenty-three installations

utilized Army medical officers, and in some instances both Army and civilian physician were working in the industrial health program. In the tabulation, wherever an Army medical officer was assigned, he was listed as the physician to whom the nurse was responsible. At twenty-three installations the occupational health nurse is responsible to an Army medical officer and at eighteen installations to a civilian physician.

Table 8 shows that seventy-eight per cent of the installations have standing orders available for the guidance of the nurse.

TABLE 8

STANDING ORDERS

Standing Orders	Number of Installations	Percentage of Installations
Available	32	78
Not available . .	9	21.9
Total . .	41	..

In the majority of installations, 96.3 per cent, the standing orders are signed by a physician, and in seventy-five per cent of the installations they are revised yearly. In only one installation where an Army medical officer was utilized in the occupational health program were the standing orders not signed.

Objective 4.--To determine if there is a plan for nursing supervision.

No regular nursing supervision is received by 43.9 per cent of the occupational health nurses, but supervision is received by forty-six per cent from occupational health nurse (senior nurse) employed at the installation by the Army. This type of supervision occurs in those installations where more than one nurse is employed. With reference to Table 3, it is doubtful that these nurses rendering supervision have had the necessary preparation to qualify them for supervision.

Table 9 also illustrates that some supervision is given to the occupational health nurses by Army Chief Nurses, but this does not appear to be a very constant type of supervision. Of the four nurses receiving supervision from this source, only one installation reported weekly visits from a Chief Nurse. One installation received a visit from a Chief Nurse once in ten years.

TABLE 9

SOURCE OF NURSING SUPERVISION

Source of Supervision	Number of Nurses	Percentage of Nurses
None	18	43.9
Army health nurse. . . .	--	--
Chief Nurse dispensary hospital area	4	9.7
Occupational nurse employed by Army. . .	19	46
Total.	41	..

supervision from a Chief Nurse, five occupational health nurses said the Chief Nurse was not available to them by telephone, and four Chief Nurses were available by telephone.

Objective 5.--To determine if the occupational health nurse feels nursing supervision would be helpful and by whom it should be given.

TABLE 10

DESIRE NURSING SUPERVISORY SERVICE

Supervision	Number	Percentage
Yes	11	26.8
No.	18	43.9
Not sure.	12	29.2
Total	41	..

As the above table indicates, the majority of occupational nurses seemed to desire no nursing supervisory service. The rest of the nurses were divided between a desire for such service and not being sure such a service would be helpful.

As to the source of such nursing supervisory service, Table 11 shows that most of the nurses did not respond to this question. The majority of those responding desired such service from the Army health nurse. Four occupational health nurses who previously had indicated that no supervisory service was desired responded to this question.

TABLE 11

DESIRED SOURCE OF SUPERVISORY SERVICE

Source	Number	Percentage
Army health nurse	13	31.7
Other source - civilian . .	2	4.8
No response	26	63.8
Total	41	..

Three nurses wrote in comments after checking Army health nurse as a desired source of supervision. One nurse stated, "but not if it is a police action." Another wrote "civilian but not Army," and the third wrote, "If she is like a public health nurse."

It might, no doubt, have been less threatening to these nurses if the writer had used the term consultation service rather than supervisory service, for the word supervisory has connotations of authority for some nurses. This may explain why the greatest number of respondents were not sure or desired no supervisory service.

Also in this connection, it might have been helpful to have defined the term Army health nurse in the cover letter. That 31.7 per cent indicated the Army health nurse as a desired source of supervisory service may be due to the fact that the questionnaire was sent out by an Army health nurse.

Only eight nurses out of a total of forty-one occupational health nurses reported that they had had some contact with a state

or municipal occupational health nursing consultant. These same eight nurses were the only ones who knew whether the state or local government had such a consultant available.

Objective 6.--To determine for which aspect of her job the occupational health nurse would find supervision especially helpful.

Only eighteen nurses responded to the request that they rank the functions where supervision would be most helpful. Chart 1, illustrates that administering emergency treatment ranks first as the area where help could be most used. This may indicate a lack of experience in emergency treatment in previous nursing situations. It may also be possible that the standing orders do not give adequate directions as to the type of treatment to be given, and that no emergency treatment procedural manual is available.

Prevention and control of injuries, occupational hazards and safety education was the second function that the occupational health nurse apparently felt insecure about. This possibly reflects the lack of academic preparation in the field of public health and occupational health.

The ranking of maintenance of records and reports as the third function where help would be desirable is somewhat surprising to the writer. The "Occupational Health Service Guide," issued by the Army Environmental Health Laboratory in 1956, has a section on the medical file and reporting procedure which is quite explicit. Samples of standard forms to be used plus instructions

on using each form also are given. It is always a possibility that some installations may have local forms to supplement those required by the Army and Civil Service, and that these nurses may not have received adequate instruction in their use. Of course, it is possible also that the nurses may have been indicating a need for clerical help in this area rather than nursing supervisory help.

Help in participation in the selection of supplies, equipment, reference books and literature was ranked fourth by two nurses. It is possible that some difficulty is encountered in the requisition of supplies and equipment if the nurse is unfamiliar with current supply policies and procedures of the Army Medical Service. Also if the nurse feels at all insecure about emergency treatment, she may not be too certain about the type of supplies and equipment needed.

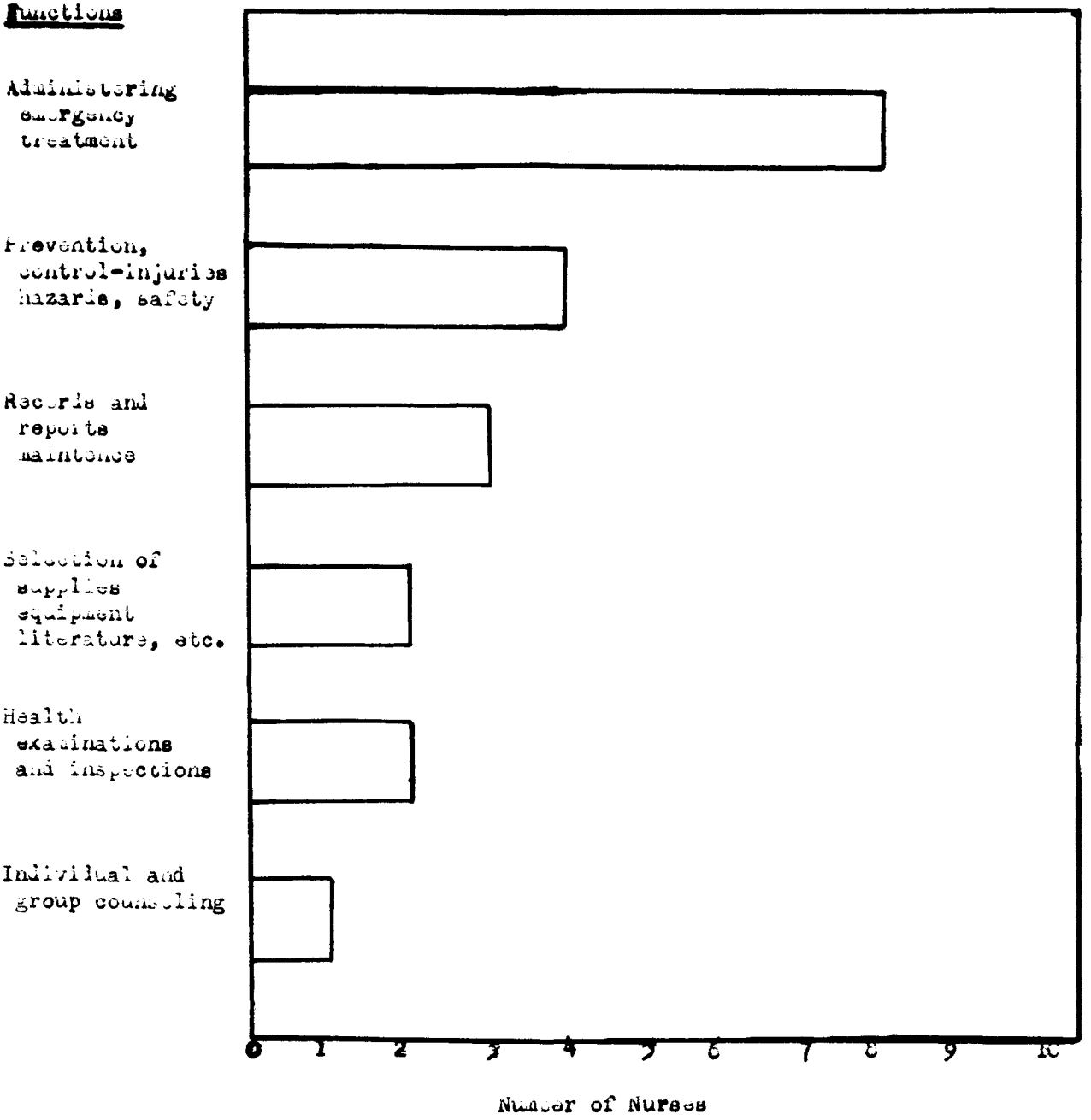
Health examinations and inspections were ranked fifth in importance. This may well indicate that no medical policy exists with respect to the health evaluation program spelling out the responsibility the nurse is to carry. Specific procedures, such as vision and hearing testing, may pose problems if the nurse is unsure about how to operate the necessary devices, and does not know where to seek instruction in their use.

Considering that health counseling is considered by most authorities to be one of the most important health services carried on in occupational health, it is surprising to find it ranked in last place. Is it possible that the majority of nurses do not think

of health counseling as one of their functions? The writer realizes however, that a nurse may avoid thinking of this as one of her functions if she lacks preparation and understanding of the principles of personality development and the fundamentals of interpersonal relationships, and is unfamiliar with the health and welfare agencies available in the community.

Chart 1

FUNCTIONS IN OCCUPATIONAL HEALTH NURSING WHERE SUPERVISORY ASSISTANCE WOULD BE HELPFUL



CHAPTER IV

SUMMARY AND CONCLUSIONS

Summary

This study considers the educational preparation and experience of occupational health nurses employed by the Army within the Fifth United States Army Area, and whether they feel the need for some type of supervisory assistance.

Conclusions

The majority of the nurses employed have only diploma level nursing education and a limited amount of experience to prepare them for the field of occupational health nursing. Although some type of nursing supervision is being received by most of the nurses, such supervision is not given by nurses qualified in the field of occupational health nursing or public health nursing.

Most of the respondents do not seem interested in having nursing supervision or are unsure about receiving supervisory assistance. Those nurses interested in such a service seem to have some reservations about the possibility of it being a police type of action, especially if the service is given by the Army health nurse.

The area where the occupational health nurse feels that supervisory assistance would be most helpful is in the administering

of emergency treatment.

At all but one installation a physician is either present full-time or is readily available to the nurse by telephone.

Recommendations

1. That a yearly short-course be given by the Army for a selected number of occupational health nurses to acquaint them with their functions, and to offer them some basic concepts of occupational health nursing.

2. The Army Regulation 40-557, Occupational Health Service of the Army, dated 19 November 1956, paragraph 7, regarding qualifications of personnel employed be changed to read, "a registered graduate nurse, preferably one with public health or occupational health nursing preparation and/or experience."

3. That a technical manual (comparable to the Army Health Nurses' Manual) be prepared by Army employed occupational health nurses and distributed to those installations having an occupational health program.

4. That any in-service educational programs conducted at installations with an occupational health program include instruction in emergency treatment.

5. That a list of those companies and organizations offering free health educational literature be distributed to all occupational health nurses.

6. That in the future, if Army health nurses are assigned to the staff of the Army Area Surgeon, that their duties include acting in the capacity of consultants to those installations having

occupational health nurses. In the meantime, these installations should determine if a municipal or state occupational health nursing consultant is available.

7. That any future studies done in this area, particularly if via mail questionnaires, not use the term supervision. The writer feels that this word may have evoked some resistance or misunderstanding on the part of the respondents in this study.

APPENDIX

School of Public Health
University of Minnesota
Minneapolis 14, Minnesota

February, 1961

Dear Occupational Health Nurse:

At the present time I am enrolled as a graduate student in the School of Public Health, University of Minnesota, where one of the requirements for completion of graduate work is a small research study.

As you probably know, the Army has provided an occupational health service for Army installations employing civilians since early in World War II. Today there are over two hundred occupational health nurses employed by the Army throughout the United States, and the number seems to be steadily increasing.

I am sending the following questionnaire to each civilian occupational health nurse in the Fifth United States Army in the hope of learning something of nursing background, experience, and interest in having nursing supervisory service available.

I would be most grateful if you would fill out and return the enclosed questionnaire.

Sincerely yours,

Ruth A. Locke
Captain AMC
Army Health Nurse

I. Experience

1. Length of time employed by the Army as an occupational nurse _____ years.

2. Length of time employed in the field of occupational health nursing by civilian or commercial organization _____ years.

3. Other kinds of nursing experience.

a. Hospital nursing _____ years.

(1) Last position held. Staff___(4) Headnurse ___(5) Supervisor___(6)

b. Public health nursing _____ years.

(1) Last position held. Staff___ (2) Supervisor___(3)

(2) Type of public health agency employing you. Private agency___(1) Official agency___(2) Other agency___(3)

c. Other types of nursing experience._____

_____

II. To determine if you are responsible to a physician who is full-time or part-time.

1. Are you responsible to a civilian physician? Yes___(4) No___(5)

a. Is the civilian physician employed by the Army full-time___(1) or part-time___?(2)

b. If the physician is part-time, is it approximately?: Check one

(1) 4 days per week. ( ) (5)

(2) 3 days per week. ( ) (6)

(3) 2 days per week. ( ) (7)

(4) 1 day per week. ( ) (8)

(5) Less than 1 day per week. ( ) (9)

c. If the physician is not employed full-time, is he readily available by phone? Yes___(1) No___(2)

2. If question 1 does not apply, are you responsible to an Army physician? Yes___(3) No___(4)

a. Is the Army physician readily available by phone? Yes___(5) No___(6)

3. Do you have standing orders? Yes___(7) No___(8)

a. Are standing orders revised yearly? Yes___(1) No___(2)

b. Are standing orders signed by a physician? Yes___(3) No___(4)

III. To determine if there is a plan for nursing supervision and the source of such supervision.

Directions: Please check statement that applies to your situation and complete questions under the statement.

1. Do you have regular nursing supervision? Yes___(1) No___(2)

If yes, check a, b, c, or d.

a. Nursing supervision by Occupational Health Nurse Supervisor employed by Army. ( ) (3)

b. Nursing supervision of Army Chief of Nursing Service at local Army Hospital or Dispensary. ( ) (4)

(1) Frequency of Chief Nurse's visits to your office or dispensary? Weekly___(5) Monthly___(6) Other___(7)

(2) Is she available to you by phone? Yes___(8)
No___(9)

c. Nursing supervision by Army Health Nurse at your installation or in your Army area. ( ) (1)

(1) Frequency of Army Health Nurse's visits to your office or dispensary? Weekly___(1)
Monthly___(2) Other___(3)

(2) Is she available to you by phone? Yes___(1)
No___(2)

d. Nursing supervision from source other than mentioned above_____

2. Have you had any contact with an Occupational Nursing Consultant employed by a state department of health or a city department of health? If so, describe nature of contact_____
_____(4)

3. Do you know if the state department of health employs such a consultant? Yes___(5) No___(6)

IV. To determine if you feel nursing supervision would be helpful and by whom it should be given.

1. Do you feel that some nursing supervision would be of help to you in carrying out your program? Yes___(1)
No___(2) Not sure___(3)

a. Nursing supervision would be especially helpful in helping me perform the following functions:

Directions: Please check 1 through 13. Indicating by 1 most

important, 2 next most important and so on.

(1) Maintenance of records and reports. ( ) (1)

(2) Participation in the selection of supplies, equipment, reference books and literature. ( ) (2)

(3) Maintenance of a procedure manual including standing orders. ( ) (3)

(4) Participation in the prevention and control of injuries and occupational disease hazards; safety education ( ) (4)

(5) Health examinations and inspections. ( ) (5)

(6) Individual and group health counseling. ( ) (6)

(7) Supervision of absences due to illness. ( ) (7)

(8) Home visiting. ( ) (8)

(9) Referrals to private physicians. ( ) (9)

(10) Referrals to local civilian health and welfare agencies. ( ) (0)

(11) Administering emergency treatment. ( ) (1)

(12) Follow-up on compensation injuries and nonoccupational conditions. ( ) (2)

(13) Periodic study of sick leave data and making recommendations for reduction in sick leave recorded for installation. ( ) (3)

2. If your answer to question number one was yes, would you prefer to have this supervision from the Army

2. (continued)

Health Nurse? Yes___(1) Other source (specify)_____

_____(2)

V. Educational level of civilian registered nurses employed as Army Occupational Health Nurses.

Directions: Check highest level attained.

1. Three year diploma school ( ) (1)

2. Three year diploma school plus extra college credits. ( ) (2)

   a. Less than 30 semester credit hours (about one year) ( ) (1)

   b. 30 or more semester credit hours. ( ) (2)

   c. Check if any of the above were in a college or university having NLN approved preparation for public health nursing. ( ) (3)

3. Baccalaureate Degree. ( ) (1)

   a. Collegiate program (approximately 4 years) ( ) (2)

   (If you check a, check either (1) or (2) also)

   (1) Including NLN approved public health preparation. ( ) (3)

   (2) No public health preparation. ( ) (4)

   b. Degree earned after R.N. (check either (1) or (2) also) ( ) (1)

   (1) Plus public health preparation. ( ) (2)

   (2) No public health preparation. ( ) (3)

   c. Other_____

4. Graduate degree, master's level. (If you check 4, check a or b also) ( ) (1)

a. Public health. ( ) (2)

b. Nursing Education or Administration. ( ) (3)

(1) Including public health preparation. ( ) (4)

(2) No public health preparation. ( ) (5)

700 University Ave., SE
Minneapolis 14, Minnesota
15 January 1961

Lt. Colonel [redacted] Nunn, ANC
Chief Nurse
Headquarters, 5th United States Army
Chicago 15, Illinois

Dear Colonel Nunn,

As you perhaps know I am enrolled as a graduate student in the School of Public Health, University of Minnesota, where one of the requirements for completion of graduate work is a small study.

I would like to have the necessary permission to conduct a survey, via a mail questionnaire, of the civilian occupational health nurses employed at Army installations within the Fifth Army.

I hope to determine their academic preparation, professional experience, nursing supervision received, source of such supervision and which aspects of her job the occupational nurse would find supervision helpful.

I have discussed this survey study with Major Fisher, Army Health Nurse, the Surgeon Generals Office. It was she who suggested it might be worthwhile to conduct such a survey.

Sincerely yours,

Ruth A. Locke
Capt. ANC

700 University Ave., SE
Minneapolis 14, Minnesota
25 January 1961

Lt. Colonel Thelma Nunn, ANC
Chief, Nursing Division
Office of the Army Surgeon
Hq. Fifth United States Army
1600 East Hyde Park Boulevard
Chicago 15, Illinois

Enclosed is the questionnaire I intend to use for the survey of occupational health nurses in Fifth Army. I have tried to limit the questions to professional aspects. I may still polish the wording some, but I will not change the content.

I had planned on sending a copy of the completed survey to PSSC. I will be glad to send a copy to your office also.

It was my intention to send the questionnaire to each nurse through the United States Mail. Last fall PSSC sent me a complete list of all installations in the U.S. employing occupational health nurses. They were unable to give me names of individual nurses, but I think the complete address of the dispensary will be enough.

Sincerely,

Ruth A. Locke
Captain ANC

October 20, 1960

Major Mercedes M. Fischer, ANC
Preventive Medicine Division
Headquarters, Department of the Army
Office of the Surgeon General
Washington 25, D.C.

Dear Major Fischer:

Dr. Murphy, Professor of Public Health Nursing, and I discussed the possibility of my exploring some portion of the area regarding civilian occupational health nurses employed at Army industrial plants as partial fulfillment of the requirements for the Master of Public Health degree.

It is, of course, necessary to know where these nurses are located. Is there a list available of installations within the Continental Command employing such nurses? If such a list is available, may I have a copy?

I would also appreciate a list of Army installations, by Army area, within the United States, and also a roster of installations having Army Health Nurses.

I would appreciate any other information you might feel would be helpful.

Sincerely yours,

Ruth A. Locke
Captain ANC
Apartment 407
700 University Ave., S.E.
Minneapolis, Minnesota

Fifth U. S. Army Dispensary, U. S.
Army Ordnance Depot, Sioux
Sidney, Nebraska

U. S. Army Dispensary, U. S. Army
Ordnance Depot,
Savanna, Illinois

Detroit Ordnance District,
Detroit 11, Illinois

U. S. Army Dispensary Pueblo Ordnance
Depot
Pueblo, Colorado

U. S. Army Dispensary Chicago Administration Center,
1819 West Pershing Road
Chicago 9, Illinois

U. S. Army Dispensary, Army Ordnance,
Joliet
Joliet, Illinois

Chicago Ordnance District,
623 South Wabash Avenue
Chicago 5, Illinois

U. S. Army Dispensary,
Rock Island Arsenal
Rock Island, Illinois

U. S. Army Hospital
Black Hills Igloo, South Dakota

U. S. Army Dispensary
U. S. Army Ordnance Arsenal
Detroit Center Line, Michigan

Fitzsimons General Hospital
Denver, Colorado

U. S. Army Dispensary
Granite City Engineer Depot
Granite City, Illinois

U. S. Army Corps of Engineers
Chicago Procurement Office
Chicago, Illinois

U. S. Army Dispensary
Kansas City Records Center
Kansas City, Missouri

Pine Bluff Arsenal, Arkansas

United States Army Hospital
Fort Leavenworth, Kansas

Detroit Ordnance District (Repeat)

Rocky Mountain Arsenal
Denver, Colorado

U. S. Army Dispensary
Decatur Signal Depot
Decatur, Illinois

U. S. Army Support Center
Chicago, Illinois

U. S. Army Hospital (No nurse)
Fort Leonard Wood, Missouri

U. S. Army Dispensary
St. Louis, Missouri

Dispensary, Finance Center
U. S. Army
Indianapolis 49, Indiana

U. S. Army Dispensary
Fort Sheridan, Illinois

U. S. Dispensary
Fort Wayne
Detroit 17, Michigan

Total: Fifth Army Area - 53

700 University Ave., S.E.
Minneapolis 14, Minnesota
13 February 1961

14. Colonel Richard Phillips, MC
US Army Environmental Health Agent
The Army Chemical Center
Edgewood, Maryland

Dear Colonel Phillips:

I am a graduate student in the School of Public Health, University of Minnesota, where one of the requirements for completion of graduate work is a small study.

I am sending a mail questionnaire to the civilian occupational health nurses in the Fifth United States Army in the hope of learning something of their nursing experience, academic background, functions and interest in having nursing supervisory service available.

It has come to my attention that a short course in Occupational Health Service was conducted in January 1961. If possible, I would be interested in learning what nursing content was contained in the course.

I would appreciate any information that might be available.

Sincerely,

Ruth A. Locke
Captain ANC
Army Health Nurse

BIBLIOGRAPHY

Books

Brown, Mary Louise. Occupational Health Nursing. New York: Springer Publishing Company, Inc., 1956.

Articles

Brand, Morris. "What Labor Expects from Industrial Nurse," Nursing Outlook, April, 1956, pp. 226-229.

Dolan, Margaret B. "Employment Opportunities for Nurses," Nursing Outlook, April, 1961, pp. 225-226.

Felton, Jean S. "Educational Trends in Industrial Nursing," Nursing Outlook, November, 1957, pp. 655-675.

Henriksen, Heide L. "A Memorandum to Professional Nursing from Plant Nurses," Nursing Outlook, November, 1960, pp. 612-613.

Klutas, Edna May. "A Guide that Leads to a Goal," Nursing Outlook, September, 1950, pp. 527-529.

Steele, Margaret L. "The Difference in Industrial Nursing, Nursing Outlook, April, 1961, pp. 234-235.

Reports

American Nurses' Association. Functions, Standards and Qualifications for Occupational Health Nurses, 1958.

Smith, Emily Myrtle. "Occupational Health Integration in the Yale School of Nursing," League Exchange No. 1, National League of Nursing Education, New York: 1952.

U.S. Department of Health, Education, and Welfare, Public Health Service. Small Plant Health Programs, a Bibliography. Washington: 1951.

U.S. Department of Health, Education, and Welfare, Public Health Service. The Local Health Officer in Occupational Health. Washington: 1959.

U.S. Department of Health, Education, and Welfare, Public Health Service. Nurses in Public Health. Washington: 1960.

Manuals

Manual for Army Health Nurses, Technical Manual 8-272, Headquarters Department of the Army, November, 1959.

Occupational Health Service Guide, United States Army Environmental Health Laboratory, April, 1958.

United States Army Installations and Major Activities in the Continental United States, Headquarters, Department of the Army, May, 1960.

Army Regulations

Occupational Health Service of the Army, Army Regulation 40-557, Department of the Army, November, 1956.