**Nies: Community/Public Health Nursing: Promoting the Health of Populations, 4th Edition**

## Chapter 28: Occupational Health

**Chapter Outlines**

I. Evolution of Occupational Health Nursing

A. Occupational health nursing dates to the late 1800s when a group of coal-mining companies hired Betty Moulder in 1888 to care for coal miners and their families. Seven years later, the Vermont Marble Company hired Ada Mayo Stewart (referred to as the first industrial nurse) to care for workers and their families.

B. At the turn of the twentieth century, the cost effectiveness of providing health care to employees was achieving increased recognition. A registry of industrial nurses was initiated, and in 1915, the Boston Industrial Nurses Club (which later became the Massachusetts Industrial Nurses Organization) was formed.

C. During and after the Depression Era, many nurses lost jobs because management viewed industrial nursing as a nonessential aspect of business. During World War I, however, the government demanded health services for workers at factories and shipyards holding defense contracts. Demographics in the workplace were also dramatically different during World War II as increased numbers of women entered the workforce and the U.S. Surgeon General reported the health conservation of the “industrial army” was the most urgent civilian need during the war.

D. In 1942, nurses from 16 states voted to create a national association for the specialty. In 1977, the organization changed its name to the AAOHN, reflecting a broader, more diverse scope of practice.

E. In the 1980s and 1990s, occupational health nursing moved rapidly into increased role expansion in health promotion, policy development, management, and research and maintained traditional occupational health nursing practice.

II. Demographic Trends and Access Issues Related to Occupational Health Care

A. Demographic trends are important to understand because they have a direct impact on the national rate of economic growth, especially in the area of population-sensitive products such as food, automobiles, housing units, household goods, and education services, with concomitant hazards.

B. In 2001, most U.S. workers (nearly 71.4%) fell within the prime working ages of 25 to 54.

C. By 2010, the baby boom generation will reach the ages of 45 to 64, and middle and older age groups in the labor force will outnumber younger workers.

D. Corporations have become driving forces in shaping the development of alternative approaches to health care. Rapidly increasing health care costs have spawned a number of alternative approaches to providing health care. It is important that the occupational health nurse remain informed about the various health care options available to the workforce, particularly when considering referral of an employee to a health resource.

1. Participation in one of the managed care plans requires that treatment take place according to the organization’s guidelines and within their health service delivery system.

2. Access to care is strictly managed and often limited. As this trend continues, the role of the occupational health nurse will take on added importance. The nurse must be prepared to accept increasing responsibilities as a primary care provider.

III. Occupational Health Nursing Practice and Professionalism

A. The Standards of Occupational and Environmental Health Nursing, the Code of Ethics, and AAOHN practice competencies guide the occupational nurse practice. These standards are:

1. Standard I: Assessment—The occupational and environmental health nurse systematically assesses the health status of the client(s).

2. Standard II: Diagnosis—The occupational and environmental health nurse analyzes assessment data to formulate diagnoses.

3. Standard III: Outcome Identification—The occupational and environmental health nurse identifies outcomes specific to the client(s).

4. Standard IV: Planning—The occupational and environmental health nurse develops a goal-directed plan that is comprehensive and formulates interventions to attain expected outcomes.

5. Standard V: Implementation—The occupational and environmental health nurse implements interventions to attain desired outcomes identified in the plan.

6. Standard VI: Evaluation—The occupational and environmental health nurse systematically and continuously evaluates responses to interventions and progress toward the achievement of desired outcomes.

7. Standard VII: Resource Management—The occupational and environmental health nurse secures and manages the resources that support occupational health and safety programs and services.

8. Standard VIII: Professional Development—The occupational and environmental health nurse assumes accountability for professional development to enhance professional growth and maintain competency.

9. Standard IX: Collaboration—The occupational and environmental health nurse collaborates with the client(s) for the promotion, prevention and restoration of health within the conduct of a safe and healthy environment.

10. Standard X: Research—The occupational and environmental health nurse uses research findings in practice and contributes to the scientific base in occupational and environmental health nursing to improve practice and advance the profession.

11. Standard XI: Ethics—The occupational and environmental health nurse uses an ethical framework for decision making in practice.

B. Ethical dilemmas arise because the nurse is loyal to both workers and management. Issues such as screening, drug testing, informing employees regarding hazardous exposures, and confidentiality of health information, which is integral and central to the practice base, often create ethical debates. As advocates for workers, occupational health nurses foster equitable and quality health care services and safe and healthy work environments.

IV. Occupational Health and Prevention Strategies

The occupational health nurse’s practice is based on the concept of prevention. Promotion, protection, maintenance, and restoration of worker health are priority goals set forth in the definition of occupational health nursing.

A*. Healthy People 2010* and Occupational Health

*Healthy People 2010* is the federal government initiative that focuses on health promotion and illness prevention. One goal of *Healthy People 2010* is to promote the health and safety of people at work through prevention and early intervention. Objectives associated with this goal area cover work-related injuries and deaths, repetitive motion injuries, homicide, assault, lead exposure, skin disorders, stress, needle-stick injuries, and hearing loss.

B. Prevention of Exposure to Potential Hazards

To prevent occupational and environmental safety hazards in the work environment, it is important to identify work-related agents and exposures that are potentially hazardous. These can be categorized as biological-infectious hazards, chemical hazards, enviromechanical hazards, physical hazards, and psychosocial hazards.

C. Levels of Prevention and Occupational Health Nursing

Occupational health nurses use all three levels of prevention in their practice.

1. Primary Prevention

In the area of primary prevention, the occupational health nurse is involved in both health promotion and disease prevention. A primary strategy is education.

2. Secondary Prevention

Secondary prevention strategies are aimed at early diagnosis through screening and early treatment interventions. Strategies include identification of health needs, health problems, and employees at risk.

3. Tertiary Prevention

On a tertiary level, the occupational health nurse plays a key role in the rehabilitation and restoration of the worker to an optimal level of functioning. Strategies include case management, negotiation of workplace accommodations, and counseling and support for workers who will continue to be affected by chronic disease.

D. Skills and Competencies of the Occupational Health Nurse

Occupational health nurses must possess competencies necessary to recognize and evaluate potential and existing health hazards in the workplace to support a proactive approach. Competencies have associated criteria for distinguishing practice at the competent, proficient, and expert level.

1. Competent

At the “competent” level of practice, the nurse has gained confidence and her perception of the role is one of mastery and an ability to cope with specific situations. There is less of a need to rely on the judgments of peers and other professionals. Work habits tend to stress consistency rather than routinely tailoring care to encompass individual differences.

2. Proficient

The “proficient” nurse has an increased ability to perceive client situations as a whole based on past experiences, focusing on the relevant aspects of the situation. The nurse is able to predict the events to expect in a particular situation and can recognize that protocols sometimes must be altered to meet the needs of the client.

3. Expert

The “expert” nurse has extensive experience and a broad knowledge base and is able to grasp a situation quickly and initiate appropriate action. The nurse has a sense of salience grounded in practice guiding actions and priorities.

4. Examples of Skills and Competencies for Occupational Health Nursing

There are 9 basic competency areas. For each competency area, two representative examples are provided.

### a. Clinical and Primary Care

• Applying the nursing process in delivery of care.

• Providing first aid and primary care according to treatment protocols.

### b. Case Management

• Conducting case management assessments using a multidisciplinary framework.

• Evaluating resources and vendors for case management.

### c. Workforce, Workplace, and Environmental Issues

• Identifying and monitoring potential and existing workplace exposures.

• Having knowledge of toxicological, epidemiological, and ergonomic principles.

### d. Legal and Ethical Responsibilities

• Being knowledgeable of state nursing practice acts and ability to practice occupational health nursing within state guidelines.

• Being knowledgeable of the ADA, associated guidelines, and other relevant occupational and environmental health laws.

• Being knowledgeable of all aspects of medical record-keeping practices in compliance with nursing practice, state law, and standards of practice.

### e. Management and Administration

• Managing budgets.

• Business planning through knowledge of internal and external resources.

### f. Health Promotion and Disease Prevention

• Using effective communication styles to match diverse employee and management audiences.

• Planning, developing, implementing, and evaluating health programs designed to meet the needs of specific employee groups or organizations.

### g. Occupational and Environmental Health and Safety Education

• Creating effective professional and technical support networks both functionally and cross functionally.

• Developing and implementing training programs for workers and professionals.

### h. Research

• Systematically collecting, analyzing, and interpreting data from different sources.

• Planning, developing, and conducting research.

### i. Professionalism

• Being knowledgeable of AAOHN Standards of Occupational and Environmental Health Nursing and Code of Ethics.

• Acting as a professional role model for students and colleagues.

E. Impact of Federal Legislation on Occupational Health

The occupational health nurse must be knowledgeable about all laws and regulations that govern any industry where the nurse provides health care to employees (e.g., laboratories, transportation, and utilities).

1. Occupational Safety and health Act

The passage of this legislation came about because there were concerns for worker’s health, a burgeoning environmental awareness, union activities, and an increased knowledge about workplace hazards. The general duty clause of the Act states that employers must “furnish a place of employment free from recognized hazards that are causing or likely to cause death or serious physical harm to employees.” The Occupational Health and Safety Administration (OSHA) was one agency that was developed because of this legislation.

2. Workers’ Compensation Acts

Workers’ Compensation Acts are state mandated and state funded. These programs provide income replacement and health care to workers who sustain a work-related injury, temporary or permanent disability, or death. Workers’ Compensation Acts also protect the employer if the compensation received by the employee precludes legal suits against the employer.

3. Americans with Disabilities Act

The ADA, enacted by Congress in July 1990, is a comprehensive act that prohibits discrimination on the basis of disability. The core of this law requires employers to adjust facilities and practices for the purpose of making “reasonable accommodations” to enhance opportunities for individuals with disabilities.

F. Legal Issues in Occupational Health

The occupational health nurse is professionally and primarily accountable to workers and worker populations and to the employer, and the profession. Three legal issues are germane to the employer-employee relationship:

• The employee-nurse relationship.

• The employment capacity of the occupational health nurse.

• Any acts of negligence.

G. Multidisciplinary Teamwork

The occupational health nurse may interact with any number of professionals including occupational medicine professionals, industrial hygienists, safety professionals, employee assistance counselors, personnel professionals, and union representatives. Additionally, they must be prepared o work with insurance carriers and other support agencies in the community.