Vision Conservation for Occupational Health Nurses: A Context

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It is a special privilege and responsibility to contribute to your workshop. It is a privilege because you are specialists in your field, and that field should be providing strong leadership toward better health care in this country. It is a responsibility that looks particularly serious to me because of my experience and concerns. This experience includes nursing in industry—lumbering, construction, ironworks, and large dairy and recreational installations, including skiing; part-time nursing in small industries; work with National Health, Welfare, and Pension Funds; and in labor-management negotiations with regard to health programming in which I was responsible for new program offerings. In the course of some of this work in industry, I had the opportunity to work with the Dartmouth Eye Institute, where I met and learned from some of the great leaders in Ophthalmology. During adolescence I was blind for seven days, and that has lessened my interest in eyes and in care of people with regard to vision conservation. My long-time concern is for quality assurance in nursing and in health care as a whole, which must include ongoing concern for protection of all the senses.

Vision can be defined as the faculty of sight, as well as that which has been seen. It can refer to that unusual competence in discernment or perception, or to intelligent foresight. I will address myself to your unusual competence in discernment and your intelligent foresight. In other words, I'll offer a context within which your vision conservation workshop is a fine example of the values, knowledge, and skills necessary to overall excellence in occupational health nursing.

The context includes a focus on occupational health nursing and the nursing profession; specialization and some related problems; the Occupational Health and Safety Act; and some implications for occupational health nursing arising out of this context. I will not deal with administration, economics, or directly with political processes.

I am particularly pleased that the workshop is multidisciplinary in composition. To those who represent disciplines other than nursing, this context is offered for critical appraisal with the intent of enhancing collaboration in the interest of those who depend on all of the professions and specialties here represented.

OCCUPATIONAL HEALTH NURSING AND THE NURSING PROFESSION

In occupational health nursing in particular, there is an unusual opportunity to help in movement away from our present hospital-oriented, sickness-oriented system of care for people.

Some description of health is necessary here:

Health is the function of the individual in terms of his family, his work, his recreation, his position in society. Clearly, health and disease cannot be defined merely in terms of anatomical, physiological, or mental attributes. The real measure is the ability of the individual to function in a manner acceptable to himself and the group of which he is a part.

By this definition, a person with severe visual deficits or a dying person or an impaired person can be healthy.

The health-oriented nature of nursing practice gives nursing an advantage that medicine does not have. Because of this difference, too, nursing has a special responsibility clearly to see and to carry out its coordinate and complementary role in relating to medicine and its role or practice, including the evaluation of practice that includes cooperative efforts as well as self-regulation. The following delineation of the nature of medicine and nursing practice is helpful.

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In professional practice, the nurse's primary intellectual concern, and functions related thereto, is that of helping each person attain his highest possible level of general health. The practice focus is on assessing people's health status, assets, and deviations from health, and on helping such people to regain health, and the well or near-well to maintain or attain health through selective applications of nursing science and use of available nursing strategies.

In professional practice, the physician's primary intellectual concern, and functions related thereto, is the diagnosis and treatment of illness (and injury). The delineation of the two practices simply underscores primary intellectual concerns.

The health-oriented nature of nursing practice entails the exercise of the seven nursing functions that are stated and implicit in nurse practice acts, whether old or new acts. These functions are:

1. Application and execution of physicians' legal orders.
2. Observation of symptoms and reactions.
4. Supervision of those participating in care, except the physicians.
5. Reporting and recording.
6. Application and execution of nursing procedures and techniques.
7. Promotion of physical and emotional health by direction and teaching.

The first function is ordinarily referred to as the dependent nursing function, meaning that execution of the function is contingent on physicians' orders. Execution of this function, however, does require the use of judgment by the nurse. Dependence on the physician, therefore, is limited; unthinking nursing compliance with physicians' orders is malpractice.

The other six functions are usually identified as independent functions; execution of these functions does not require physicians' orders.

As a whole the functions delineate nursing practice in accordance with nurse practice acts. Nursing reluctance fully to exercise all the seven functions may be due to failure in recognizing that except where the nurse is directly an employee of the physician, it is the patient and not the nurse who is under physician supervision. This reluctance may also be due to the way in which women and women in nursing have in the past been socialized to apparent or real subservience to men. Such socialization is detrimental to men as well as to women. It is an obvious deterrent to health professionals' practice and to health care.

The nursing process is emerging as the dominant nursing modality. As I see it, the nursing process includes all major and significant minor steps taken in the care of the patient, with attention to the rationale for a sequence of the steps, and the degree to which they help the patient to reach specified and attainable therapeutic goals. This covers assessment, planning, implementation, and evaluation of nursing care. However defined, the process is carried out by systematic execution of the seven functions, wherever professional nursing is practiced.

If occupational health nurses are to make maximum contribution to health care present and future, their attention and support must be given to the American Nurses' Association standards for nursing practice and implementation of these standards. As you know, these are standards for nursing practice, community health nursing practice, medical-surgical nursing practice, geriatric nursing practice, maternal-child health nursing practice, and psychiatric-mental health nursing practice. Implementation of standards entails use of the nursing process, personalization of patient care, and health-oriented nursing practice, and is directed to self-regulation in nursing practice that includes quality assurance.

SPECIALIZATION IN NURSING: SOME RELATED PROBLEMS

Specialization in nursing is well established. Clinical specialization has grown out of increasing knowledge about the resulting complexity of care. Nursing is also divided in accordance with areas and place of practice or responsibility. Public health, occupational health, and operating room nurses and nurse administrators illustrate this kind of specialization. Nursing is further divided, more subtly, in accordance with educational backgrounds—diploma and associate, baccalaureate, masters, or higher degree preparation. Another kind of separateness is the apparent if not always real distance between nursing education and service.

In general, nursing is structured to accommodate special interest groups. People with special nursing interests tend to relate and congregate with others who share those interests. It should be noted, too, that specialization arises out of personal interest and not out of public demand. The necessity for specialization is real; the extent of the resulting separateness may weaken nursing and impede nursing leadership toward the provision of health care that is adequate in quantity, high in quality, and provided at the lowest cost compatible with quantity and quality.

The problems that arise out of this state of affairs in nursing need examination by the specialists. The problem of elitism arises. Some specialties are high on the totem pole; others are low. Specialists tend to
talk with each other, and tend first to guard or advance their own interests. They have their own literature, and have organizations that serve them. Specialty nursing can seem so important as to overshadow the importance of the profession as a whole. It is the profession as a whole that is charged by society to carry on the practice of nursing in the public interest. Pragmatically, nursing as a whole is no better than its weakest segment, and excellent care provided by specialists in one setting may be wasted if nursing in other settings to which the patient comes is poor.

Occupational health nurses are for the most part generalists, though occupational health nursing is a specialty. They serve people of all ages in the work force; their practice may include intervention in medical, surgical, obstetrical and gynecological and other situations. They have unique opportunities to advance health-oriented care for people in the work force and for their families. Because of the uniqueness of this practice, the occupational health nurses have a special opportunity to advance health care and thereby advance their profession.

The point is that all specialists, nurses who have other special interests, and all the nurses who are not so identified, are a part of the mainstream of nursing. The whole of the profession is greater than the sum of its parts; specialists, including occupational health nurses, have an ethical and moral obligation for contributing to the profession as a whole. Specialization can wall people out or wall people in. What it should do is to enlarge horizons for all.

OCCUPATIONAL HEALTH AND SAFETY ACT, 1970 (OSHA): AN OPPORTUNITY FOR OCCUPATIONAL HEALTH NURSES

The declared purpose of the Occupational Safety and Health Act of 1970 is to assure as far as possible, for every working man and woman in the nation, a safe and healthful working condition and to preserve our human resources.

Under the terms of the Act, the federal government is authorized to develop a set of mandatory occupational safety and health standards applicable to any business affecting interstate commerce. Among the provisions of the Act is allocation of responsibility to the Department of Health, Education, and Welfare for conducting research on which new standards can be based and for implementing education and training programs for producing an adequate supply of manpower to carry out the purposes of the Act.

The amendment to OSHA, proposed in July, 1975, stipulates provision by the Secretary of the Department of Health, Education, and Welfare of additional consultation and education for employers, with priority on small businesses and hazardous working places (HR 8740, July 18, 1975).

The impact of OSHA on state health and labor agencies remains to be felt. The primary objectives of federal and related state governmental programs emerge as provision of direct services in recognition, evaluation, and control of occupational health hazards and promotion of essential preventive health services for workers in all places of employment. There is movement from the belief that the worker has the right to earn a living without endangering his health toward the belief that workers should have occupational health services that help them and their families toward maintenance and improvement of health. OSHA, and amendments both projected and as yet unforeseen, provide or can be made to provide an opportunity for occupational health nursing participation in policy decisions pertinent to health care. Judging by the letter of the law, for example, there are many opportunities for nurse-directed research in occupational health nursing and leadership in educational and training programs.

COMMENT

The vision conservation programs or activities that will emerge or be enhanced by your workshop should be viewed as components of a system of occupational health care. Occupational health care is a part of the larger whole of the system through which the American people receive service. That system is presently hospital-oriented and sickness-oriented. Through leadership such as that which brought this workshop into being, and your intelligent foresight combined with action, true conservation of all our human resources can become less the dream, more the attainable goal.

In such efforts, I wish you depth perception.

REFERENCES

7. HR 8740, A Bill to amend the Occupational Safety and Health Act of 1970.