# AN INDEPENDENT NURSE PRACTITIONER IN OCCUPATIONAL HEALTH:

## is it feasible for New Zealand?

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the requirements for the degree of
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# ABSTRACT

This report is concerned with the practice of one independent nurse practitioner in occupational health. The literature relating to occupational health is examined together with that focussing primarily on occupational health nursing and independent nurse practitioners. The health needs of small enterprises are also highlighted.

The main section of the report sets out an account of a seven month pilot project which investigates the feasibility of providing an occupational health service to small industries in the Palmerston North area.

In phase one (assesment), 81 employees were interviewed within three industries. Lifestyle questions and questions regarding their occupations were asked to determine health education needs. A factory profile was also completed on each industry to determine hazardous areas. The data collected helped in the construction of the health programmes for the year (phase two, planning).

In phase three (implementation) lectures were given, videotapes shown and guest speakers were invited to dissipitate health information.

The occupational health programmes were evaluated in phase four, using questionnaires as tools. The conclusions showed that the programmes were evaluated as worthwhile in two out of three companies and employees in these companies stated that they would like the occupational health service extended.

A model for the development of independent practice by nurses in occupational health is presented in phase five. The report ends with a summary of the requirements for a successful practice. That is the nurse must construct a business plan, engage an accountant and have realistic expectations in relation to outcomes.

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TABLE OF CONTENTS

## LIST OF FIGURES



## LIST OF TABLES

LIST OF APPENDICES

# DEFINITIONS

ACCOUNTABILITY — The state of being responsible for one's own actions and conduct. (Webster, 1963)

ALLOPATHIC MEDICINE — That discipline of medical care advocating therapy with remedies that produce effects differing from those of the disease being treated. It is usually called "modern" or "Western" medicine. (Canary, 1983)

AUTONOMY — The quality or state of responding, reacting or developing independently of the whole. It is the right to self-government and self-regulation, a requirement for professionalism. It involves independent thought and action in accordance with Government and laws without professional interference. (Hawken & Tolladay, 1985)

CASE STUDY — A detailed, factual, largely narrative description and analysis of an existing system. (Wenn, 1983)

COST-EFFECTIVENESS — A technique for evaluating the relative costs of alternative programmes for achieving the same goal. The alternative that produces the greatest net benefit. Net

implies benefits minus costs. Costs can be thought of as negative benefits. Benefit implies that if calculations show zero net benefit, no action should be taken. Do not adapt the project or service. (Veney & Kaluzny, 1984)

HOMOEOPATHY — The system of treatment employing minute amounts of remedies that in massive doses produce results similar to those of the disease being treated. (Canary, 1983)

INDEPENDENT NURSE PRACTITIONER — A nurse who has departed from the traditional role of the nurse within the health care delivery system and has developed private practice. The main focus of these nurses is on health maintenance through primary health care that is peripheral to the traditional illness-focused system. These nurses provide services in their offices and in clients' homes for the purpose of health assessment, counselling, teaching and making referrals to other health professionals and agencies. The boundaries of the independent nurse practitioner's role are determined by state nurse-practice acts, (in the U.S.A.). (Brunner & Studdarth, 1984)

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| INTERNATIONAL FIVE STAR RATING SYSTEM: | A practical approach to evaluating and establishing an effective occupational health and safety programme. (Accident Compensation Corporation, 1987) |
| NATUROPATHY | All of the forms of non-allopathic medicine which depend on "natural" remedies and treatments, such as herbs. (Bloomfield, 1983) |
| NETWORKING | An interrelated chain, group, or system. (Webster, 1963) |
| NURSE | Assists the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he/she would perform unaided if he/she had the necessary strength, will or knowledge. And to do this in such a way as to help him/her gain independence as quickly as possible. (Henderson, 1966) |
| NURSE ENTREPRENEUR | A nurse who organises, manages and assumes the risks of a business or enterprise. (Webster, 1964) |
| NURSE PRACTITIONER | A nurse who has advanced skills in history taking and physical examination, which are |

utilized to assess the physical and psycho-social health and illness needs of individuals, families or groups. These nurses have expertise in nursing practice and utilize a broad range of competencies to plan and implement direct and indirect nursing care with consideration for coordination of care with other health professionals. (Brunner & Suddarth, 1984)

PREFERRED PROVIDER ORGANISATION (PPO)

A hybrid of the fee-for-service and prospective payment systems. The provider is generally paid on a fee-for-service basis. Preferred provider means that the provider has a contract with a purchaser to deliver services at an agreed-upon, usually discounted price. This helps the purchaser control costs and at the same time, secures a portion of the market for the provider. (Griffith, 1985)

PRIMARY HEALTH CARE

A practical approach to making essential health care universally acceptable to individuals and families in the community in an acceptable and affordable way and with their full participation. (Salmon, 1981)

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| OCCUPATIONAL HEALTH | The promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations; the prevention among workers of departures from health caused by their working conditions; the protection of workers in their employment from risks resulting from factors adverse to health; the placing and maintenance of the worker in an occupational environment adapted to his/her physiological and psychological equipment, and the adaptation of work to man and of each man to his job. (World Health Organization, 1950) |
| OCCUPATIONAL HEALTH NURSE | A registered general nurse who specialises in the care of people at work. She/he is concerned with hazards in the workplace and 'at risk' groups. She/he is a resource person and counsellor and advises management on current factory rules and regulations. She/he is a health teacher and makes referrals as necessary regarding a client's physical and mental well-being. At times the family will also be included in the care. |

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| OCCUPATIONAL HEALTH SERVICE | A service established in or near a place of employment for the purposes of:<br>... protecting the workers against any health hazard which may arise out of their work or the conditions in which it is carried on<br>... contributing towards the workers' physical and mental adjustment, in particular by the adaptation of the work to the workers and their assignment to jobs for which they are suited<br>... contributing to the establishment and maintenance of the highest possible degree of physical and mental well-being of the workers. (International Labour Organisation, 1959) |
| OCCUPATIONAL HYGIENE | Scientific discipline concerned with the recognition, measurement, assessment and control of the factors in the working environment which may effect the health of those who work there. (Stokes, 1983) |
| OCCUPATIONAL MEDICINE | The discipline concerned with the diagnosis, treatment and prevention of the ill effects of work on the health of people. Practiced by nurses and doctors (Stokes, 1983) |

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| THIRD PARTY REIMBURSEMENT | That repayment given to the health care provider by a private insurance company or a state run health plan such as Accident Compensation Corporation. Or that reimbursement given to the consumer from the insurance company after he/she has paid the medical bill. |

# CHAPTER 1

## A PREAMBLE

The purpose of this project has been to investigate the feasibility of providing an occupational health service to small manufacturing companies in the Terrace End area of Palmerston North, New Zealand. The service was delivered by a registered general nurse with a Bachelor of Arts Degree and Certificate in Occupational Health who was in private practice. This report covers a seven month period, from April to November, 1987.

### Objectives

- to examine the literature on health in the work place
- to review the role of the occupational health nurse in relation to the health care of employees in small businesses
- to set-up and monitor an occupational health service for employees in small businesses located in Palmerston North
- to describe and analyse the seven month field project.

### A Discussion of the Problem

According to Glass (1985) health services for workers in both medium sized factories and small factories (under 50 employees)

are quite inadequate in New Zealand. In these smaller businesses, where reliance on occupational health nurses and doctors is not practical because of lack of resources, expertise, and time, there is, as yet, no coherent policy on the provision of occupational health services.

Devlin (1987) reports that ninety two percent of New Zealand firms employ less than twenty people. Small firms employ fifty five percent of the private sector workforce.

Taking into account the inadequacy of health services to small industries, there is a large percent of the working population who may be at risk in their place of employment. Glass (1987) sets out features of small workplaces which impose vulnerability on those employed:

- undercapitalised
- inferior environmental conditions
- greater chemical exposure
- unlabelled and cheaper raw materials
- higher injury rate
- inferior inspection
- inferior or no occupational health services
- under-unionised/lower pay rates
- longer working hours
- award conditions ignored.

(p.17)

This vulnerability could lead to a higher incidence of occupational diseases and accidents. Glass (1987) emphasises that the urgent task for occupational health in New Zealand is to focus on the health needs and working conditions of workers in small workplaces and to establish ways and means to improve these working conditions and satisfy their health needs.

But in some small factories, not all of these conditions apply. Subsidiaries of larger firms are not usually undercapitalised. They do not have inferior environmental conditions, nor are they underunionised, with longer working hours and other evidence of non-compliance with award conditions. The author knows several privately owned businesses which do not have higher injury rates and do not ignore award conditions. Nevertheless, one must agree with Glass (1987) that the urgent task for occupational health in New Zealand is to focus on the health needs and working conditions of employees in small businesses where they do not have access to occupational health services to provide health screening and monitor safety conditions.

Glass (1987) suggests that there are currently many changes in the New Zealand economy. It has been labelled a "deregulated economy with a floating dollar" and recently a number of government departments have been converted into corporations. Money is flowing away from traditional productive enterprises based on farming, forestry and manufacturing into those of tourism, service industries, bureaucracy and institutions

involved with exploiting the "floating dollar".

Glass also explains that the standard of living of the lower socio-economic group is falling as wages fall behind prices. New Zealand companies are transferring manufacturing operations out of the country to "third world" areas where labour costs are much cheaper. Then the manufactured product is imported back into New Zealand and sold.

As a result of the above, Glass points out, resources allocated for occupational health are being looked at much more critically than in the past. Cost-efficiency must be provided along with health effectiveness.

In 1984, there were 302 full and part-time occupational health nurses employed by the Health Department and private enterprises in New Zealand to cover 315 factories and 177,396 employees, (Public Health Report, 1984). At that time there were 24,139 factories in New Zealand employing 363,228 workers, according to the Department of Labour Report (1984). That left a total of 23,824 factories and 183,832 employees that were not covered by any occupational health service. That was a large portion of the population. It can be surmised that the situation has worsened today since there have been budget cuts in health spending and a generally worsening economic climate.

From discussions with public health nurses in the Palmerston

North area, it seems there are too few nurses for the number of industries which must be covered. They do not always have time to visit the numerous smaller businesses. When the nurses do visit, it is mainly to organise lead level tests or other required testing, to take blood pressures and to do some health teaching. It would be impossible for these nurses to initiate a fully comprehensive health programme in the way that this report suggests.

According to recent studies (Chick, Page, Perry, Rodgers, 1986) and Nursing Workforce Planning Committee, (1985) there is also a shortage of nurses generally in New Zealand, mainly because of working conditions.

The nurse in private practice in occupational health would be an alternative way to bring nurses back into the workforce, caring for the working population and focussing on prevention before hospitalisation is necessary. Nurses may be lured back to work with the prospects of more scope for creativity as independent practitioners and more flexible working hours. As the independent practitioner became established, he/she could hire nurses to work for him/her, thus increasing the nurse workforce in New Zealand. The application of primary care in the workplace should result in a better level of health for a large proportion of the New Zealand population.

Movement Toward Occupational Health

The time appears ripe for a coordinated effort toward improving

occupational health services with the independent nurse practitioner in the foreground. Recent trends and current issues in occupational health demonstrate a move in this direction. The position of unions has changed regarding occupational health. They are following the actions of their counterparts in Australia and are approaching employers regarding safety issues.

Recommendations expressed in the FOL/CSU Report, 1985 regarding the trade union movement emphasized the primary role of the movement in the development of health and safety lies in the training of union representatives in health and safety. This has now come about as practice. The report also recommended that a national basic training curriculum in occupational safety and health be established and implemented by the Trade Union movement for the training of delegates, organisers and officials. Paid leave was recommended for union representatives receiving health and safety training. These recommendations are in force today. Another sign of occupational health being acknowledged as important is the development of the Advisory Council for Occupational Safety and Health (ACOSH) established in 1986. ACOSH has made public "The Organisation of Occupational Safety and Health Administration in New Zealand, 1986". After much discussion and debate between the Employers' Federation representatives and the Federation of Labour/Combined State Union representatives who are on the Advisory Council, a "Code of Practice for Health and Safety Representatives and Health and

Safety Committees" has been developed to guide employers in the setting up of a safety management programme. This is following the recommendation of the FOL/CSU Report, 1985 concerning worker's participation in health and safety operating through health and safety committees where they exist and the establishment of these committees in all large workplaces.

Accident Compensation Corporation (ACC) is assessing management systems in businesses for their safety procedures and entire philosophy on health and safety. They are using the Five Star International Safety Rating System and pass or fail the companies assessed, according to a points system. If no system exists or the present one is inadequate, ACC will recommend the implementation of the aforementioned "Code of Practice".

The fact that the Employers' Federation is currently holding educational seminars regarding health and safety, again emphasises that the spotlight is on occupational health. The Employers' Federation is asking employers to take the initiative for the health and safety of their workers. This will create a positive environment for the independent nurse practitioner who approaches employers to market her/his services. The seminars, when attended by the nurse, are also excellent opportunities to meet employers, discuss the nurse's role in occupational health and possibly increase her/his clientele.

Last year (1986), a council was set up within the Department of Labour to deal with occupational safety, health and welfare

issues. Matters under action and for future action can be found in Appendix 1. It can be concluded from the issues stated that the government is now taking a much more active role in worker safety and health issues. From this may evolve regulations making it mandatory for employers to provide health care for their employees. This, again, is where the independent nurse practitioner can contribute by contracting his/her services to the employers of small businesses who employ a high proportion (92%) of workers.

The aforementioned issues indicate a movement toward a more comprehensive safety and health plan for New Zealand. They illustrate that now is the time for occupational health nurses to become actively involved in influencing employers to set up a health and safety programme of their own before they are forced to by law. If a programme is set up in a planned, cohesive way, plenty of time in advance, it is more likely to perform in an orderly and systematic way to achieve the objectives of everyone concerned.

## SUMMARY

This chapter has set out the purpose of the field study which was to investigate the feasibility of providing an occupational health service to small manufacturing companies. Small enterprises, which employ fifty five percent of the private sector workforce have inadequate health services. Since there is a shortage of public health nurses available to visit small enterprises, nurses in independent practice is a feasible solution for the health care.

Recent trends and current issues in New Zealand demonstrate a move toward increased interest in occupational health. These trends are as follows:

- Trade Union movement toward training of union representatives in health and safety
- the development of the Advisory Council for Occupational Health and Safety (ACOSH) which set up a "Code of Practice" for safety committees and representatives
- the assessment by A.C.C. of safety management systems in businesses
- seminars on occupational safety and health sponsored by the Employers' Federation
- a council set up within the D.O.L. to

deal with occupational safety, health and welfare issues.

With the increased interest in occupational health, occupational health nurses have the opportunity to become actively involved in the setting up of new programmes directed toward improved health for workers.