

Employee Health Services

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A STAFF of 9 physicians and 26 industrial health consultants are strategically located about the country to assist policyholders of the Liberty Mutual Insurance Co. in the evaluation and development of inplant medical programs. These specifically trained industrial physicians and nurses aid management and its medical staffs in the development of employee health services as well as in the solution of special problems, such as absentee control, labor turnover, aging work force, vision and hearing conservation programs, and health aspects of hazardous working environments.

An effective employee health service is not something that only the large employers can afford. A good program can be designed for as few as 100 employees if the management is really interested and willing to put forth a reasonable effort in undertaking and supporting it.

What is an employee health service, and how does it relate to promoting the health of the worker? Every company is aware of the importance of proper selection, placement, and maintenance of machines and materials to the success of its business. Management also knows that were it not for the working men and women, production schedules would never be met. A company may not have considered whether employees are suited to the jobs they are trying to perform or whether the company is getting a whole or half employee for the wages it pays. The employee health service should help firms make the most effective use of employees' abilities and skills through

proper selective placement and followup health maintenance.

What the workers learn from the plant health service also filters back into their homes. The employer reaps the benefits of a healthier, happier, more productive employee, backed up at home by a healthy family. Such a family is inclined to tell friends and neighbors of the company's interest in them as people; this in turn attracts desirable new employees to the plant or business.

The preplacement examination is performed before the employee is assigned to a job. The plant physician can advise management of the abilities and capacities of the individual so that he can be placed where he can work effectively without jeopardizing his own or his fellow workers' health or safety. Then, just as it plans the maintenance of machines, the company should arrange for periodic health examinations of employees, preferably on a voluntary basis. Those who are working in a hazardous area or with toxic materials, or whose work involves the safety of others, such as operators of moving equipment and food handlers, should have regular, compulsory examinations.

The examining physician should discuss his findings with each employee and counsel him on ways he can preserve or improve his health. The physician may discover diseases or abnormal conditions that will require referral to the family physician or to an appropriate community agency for diagnosis and treatment.

Most importantly, periodic physical examinations afford the best opportunity for early discovery and treatment of diseases and impairments. Examination findings should be

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handled in a confidential manner so that the industrial physician becomes the employee's health counselor and can assist the family physician in following up the continuing health maintenance of each worker.

All nonoccupational illnesses and injuries should be promptly referred to the family physician if more than first aid or emergency care is required. Occupational injuries and illnesses are quite properly cared for by the industrial physician within the limitations placed upon him by the workmen's compensation laws and regulations that apply in particular areas.

Despite all attempts to help people keep well, there will always be some who will become ill or injured. The medical staff should maintain an emergency service to which all employees can turn for emergency relief and advice on all illnesses and injuries that occur or are identified by employees while on the job.

Through the maintenance of adequate records and statistics, the industrial physician and

nurse can determine whether a program is meeting employee needs. They can give positive direction for necessary changes and modifications. These data also assist the medical staff in designing a health education program specifically to meet their needs—one based on the problems that are causing disabilities.

Through health counseling and health education, the physician and nurse in industry have the opportunity to make a significant contribution to employee efficiency. When an employee comes to them for advice and guidance because he doesn't feel well, or he has a sick wife or a child who is a behavior problem, or he thinks his supervisor is riding him, or because he thinks his present job is too much for him, the company is reaping some of the real benefits from the employee health service. A good employee can be saved from becoming less than 100 percent effective on his job. Eventually he may be saved from becoming an absentee or total casualty for varying periods of time.

Census of Industrial Nurses

The 1957 census of industrial nurses shows 16,223 are working full time in industry in 45 States, the District of Columbia, Hawaii, and Puerto Rico. This number, as of January 1, 1957, is an increase of 5,127 professional, registered, industrial nurses over the 1952 census total of 11,096.

Questionnaires sent to State and Territorial health departments and the New York and Massachusetts State departments of labor supplied the information for the census.

California, Illinois, Michigan, New York, Ohio, and Pennsylvania each have more than 1,000 nurses employed full time in industry. These six States account for 54.7 percent of the reported total number of industrial nurses. North Dakota, New Mexico, and Alaska reported no industrial nurses.

The census queried nurses about the size of the plants in which they are employed, the type of medical direction they receive, their professional education, and their industrial nursing experience. Census information given below is

based on the number of nurses who replied specifically to these queries.

<i>Size of plant</i>	<i>Percent of 7,750 reporting</i>
Less than 500 employees.....	18.6
500-1,000 employees.....	22.8
1,000 or more employees.....	58.6

<i>Medical direction</i>	<i>Percent of 7,541 reporting</i>
Full time.....	35.7
Part time.....	36.9
On call.....	21.7
Other types.....	5.7

<i>Professional education</i>	<i>Percent of 6,986 reporting</i>
Preparation in occupational health or public health nursing.....	23.7
Other special fields.....	11.1
Basic nursing only.....	65.2

Copies of the Census of Industrial Nurses as of January 1, 1957, by Mabelle J. Markee and Elizabeth G. Sullivan, are available from the Occupational Health Program of the Public Health Service.