ABSTRACT

Jan O. Singley. A DESCRIPTIVE STUDY OF THE ROLE OF THE NURSE IN HEALTH PROMOTION PROGRAMS IN THE WORKPLACE THROUGHOUT THE UNITED STATES. (Under the direction of Dr. Mary Kirkpatrick), December 1986.

There has been a dearth of nursing literature describing the role of the nurse in the workplace, most particularly as the role relates to health promotion programs, research and nursing practices within this context. The purpose of this descriptive study was to analyze the role of the nurse functioning in health promotion programs within the workplace in the United States based on seventy-five mailed questionnaires. Items included were demographic information, job descriptions, and questions pertaining to the nurse's role as perceived by the occupational nurse.

Results of this survey indicated that while the majority of nurses described their role as program leader and director/coordinator, their major function was detection and screening in contrast to managerial responsibilities. The majority of nurses in this study were diploma graduates but served as the initiator of the health promotion program in their institution, but maintained little control over managerial activities. No association was determined between the demographic data and the role of the nurse. Implications for further nursing studies will benefit nurse

educators in preparing curriculae, managers in industry in maximizing the nurse's role, as well as the nurse seeking an expanded role in occupational health nursing.

# A DESCRIPTIVE STUDY OF THE ROLE OF THE NURSE IN HEALTH PROMOTION PROGRAMS IN THE WORKPLACE THROUGHOUT THE UNITED STATES

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ROLE OF THE NURSE IN HEALTH PROMOTION PROGRAMS
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# CHAPTER ONE

The growing interest and positive results of health promotion programs causes nurses to further explore their role in the workplace. Health promotion is any combination of health education and related organizational, political, and economic intervention designed to facilitate behavioral and enviromental changes conducive to health (O'Donnell,1984). Much of disease and disability is related to human behavior; therefore, the role of behavior in keeping people healthy must be understood. In the previous concept lies the possibility of preventing much disease and promotion of health (O'Donnell,1984).

Nurses in the workplace have an opportunity within their scope of practice to initiate health promotion programs. There continues to be a shift from the treatment of disease and rehabilitation to prevention and health promotion (McGovern,1985). Thus, it is reasonable to assume that there are many implications for research on the changing role(s) of the nurse in occupational health.

The practice of nurses within the workplace is evolving into a position of various roles and expections. The role of simply completing insurance forms and applying band aids has grown to assessing the workplace's needs for health programs, acknowledging health risks and devising a plan to

promote health at the workplace.

## STATEMENT OF THE PROBLEM

There is a dearth of nursing literature describing the role of the nurse in the workplace, most particularly as the role relates to health promotion programs. It is necessary to research the present roles of nurses in the workplace to ascertain if nurses are functioning in areas of health promotion. At this time, it is difficult to determine clearly the role of various occupational health nurses within their work settings due to the dearth of publications in this area.

Corporate management is not enlighted as to the vast resource they have in regard to the capabilities of the nurse in the area of health promotion. At this time, several disciplines seem to be competing for the reins in health promotion. Nurses need to assess the present role of nursing in the area of health promotion within the workplace.

## PURPOSE OF STUDY

The purpose of this descriptive study is to analyze the role of the nurse presently functioning in selected health promotion programs within the workplace in the United States. Secondary purposes of this study are: 1) to determine the role and function of the nurse as the initiator, director/coordinator, program leader, or staff

member in the health promotion program, 2) to determine if any associations exist between educational preparation and role function, position in organizational structure and the nurse's role function as a leader in the program and 3) to determine if there is a relationship between the demographic data and the role of the nurse in the occupational health promotion program.

## ASSUMPTIONS

Basic assumptions underlying this study are as follows:

1. The master's prepared nurse is qualified to initiate and coordinate the health promotion programs in the workplace.

2. The need exists for health promotion programs in the workplace. Considering the personnel usually available, nurses are one of the most appropriate groups to initiate and coordinate health promotion programs.

## RESEARCH QUESTIONS

The research questions addressed during this study were as follows:

1) How does the nurse describe her role and function in health promotion within her position in the workplace?

2) Do nurses serve as the primary initiator, the director/coordinator, program leader, or staff member of the health promotion program in the workplace?

3) Is there an association between the

demographic data: eg. educational preparation and role function, position in the organizational structure, age, size of the workplace and the role of the nurse in the occupational health promotion program?

## DEFINITION OF TERMS

For purposes of this study, the following definitions were used.

### 1. HEALTH PROMOTION PROGRAM

"A health promotion program is a system of components (e.g., exercise, nutrition, stress management, etc.) that attempts to integrate the concepts of disease prevention and lifestyle modification with the now traditional practice of treating diseases after they occur. A health promotion program differs from traditional practice in that it does not rely on single interventions. Rather the components include a variety of educational/behavioral strategies that foster lifestyle modification and insure the maintenance of health behavior change. Finally, health promotion programs emphasize the role of individuals in assuming responsibility for their own health and improved lifestyle" (Proceedings of the National Conference on Health Promotion Programs in Occupational Settings, 1979).

### 2. WORKPLACE

The worksite or workplace is where employees spend one third or more of their average day. There also exist some

form of organizational structure for the purpose of producing a type of good or service for marketing.

3. ROLE OF NURSE

This role is the set of expectations the nurse has in a given position within the industry (adapted from Kramer, 1974).

a. Initiator

serves to bring about a health promotion program within the workplace and serves as researcher and consultant.

b. Director/coordinator

acts as liaison between management, the medical team, and employees in the implementation of the health promotion program.

c. Program director

arranges dates and times for health promotion programs, elicits appropriate staff for record keeping and actual implementation of the program.

d. Staff

follows guidelines formulated by a director or coordinator in actual implementation of a program.

## SIGNIFICANCE OF STUDY

The implications for discovering the roles nurses have in the occupational setting and their educational preparation will have a bearing on nursing curriculum

development at the associate, baccalaureate, and master's level. Health promotion concepts have been threaded throughout many nursing curriculae at all levels, but is the educational background adequate for the nurse who practices in this field?

The implications of this study may be beneficial for the workplace. The qualifications of the nurse in the workplace and the capabilities one possesses will lead to the examining of existing structure and coordinating management and nursing efforts to achieve common goals. For example, industries and businesses need to recognize the direct effect of the nurse's intervention in the area of health care cost-containment (Yeater,1984). Additional interventions include health promotion programs that reduce employees' utilization of the general health plan, incorporating means for evaluation of disability claims, and reviewing available health providers for health care in the community (Payne,1985). Overall, this study should assist management in determining the full scope of the nurse's role and if his/her skills are being utilized.

# CHAPTER TWO

# REVIEW OF LITERATURE

This chapter presents a discussion of the professional literature concerning the historical progress of the role of the nurse in the workplace, health promotion programs in the workplace, and the role of the nurse in these programs. In addition, this chapter presents the conceptual framework on which this research is based. The framework includes a discussion of role theory, the concepts of role, and the perceptions of role.

## HISTORICAL PROGRESS OF THE ROLE OF THE NURSE IN THE WORKPLACE

Providing health care services to employees was first begun by various railroad and mining companies in the 1800s. The earliest description of the occupational health service appeared over a century ago to serve the needs of the Welch quarrymen. During the latter half of the nineteenth century, the people of North Wales who worked in the slate quarries had a unique health service. Due to the distance of the quarries from their homes, the men had to walk for several hours to and from work (Harrison, 1986). In 1842, Lord Penrhyn, a quarry owner, built a small hospital offering free treatment. Jane Williams in 1858, and Elizabeth Parry working pre-1861, must surely be among the

first nurses to practice occupational health nursing (Harrison: 1986).

The Vermont Marble Company of Proctor, Vermont is generally credited as the first industrial establishment in the United States to add a nurse to its staff (Felton: 1985). Upon graduation in 1893, Ada Mayo Stewart went to Proctor to work with employees of the company (Felton: 1985).

By 1900, job injuries and deaths were climbing to the extent that companies purchased first-aid kits to be used by the foreman. Larger companies had expanded their health care services by 1920, and some employed full-time physicians (Starr, 1982). By 1950, occupational health services were still only offered to less than one-quarter of the work force.

"Today, health care at the worksite has become a major line item with an estimated 107 million Americans reporting for work daily " (Kirkpatrick, 1985, p.450). Much of this health care is performed by more than 29,000 registered nurses working in occupational health (U.S. Department of Health and Human Services, 1980). The role for these nurses is changing. According to McGovern (1985), there has been a definite shift from the treatment of disease and rehabilitation to prevention and health promotion. She continues to state that there has been a steadily increasing awareness of the occupational health nurse's expanding

administrative functions. The areas of management, policy-making, program planning, cost analysis, and legislation are now recognized as realms of nursing practice within the occupational setting.

In 1962, Austin and Stewart stated that the title "nurse" has, in the past, traditionally referred to a subordinate and dependent member of the medical profession who "carried out doctor's orders." The role of the nurse is changing from the concept of dependent members of the medical team to becoming independent practitioners in the health care field (Davis, 1985). Davis states that this transition and growth has not been easy (1985).

Today, the role of the occupational health nurse encompasses various areas. Harrison (1984) concludes there are four major roles: professional, environmental, managerial, and educational. According to Harrison (1984), the duties of the occupational health nurse (OHN) are designed to promote and maintain a high standard of well being in people at the worksite. The professional role often requires health interviews and screening of new employees. Special emphasis may be indicated for special groups of workers, for instance, the adolescent or disabled worker. The OHN may function as a confidante in personal crisis times as well as an emergency treatment for illness and injury on the job. Many employers expect the nurse to provide follow-up treatment for illnesses and disabilities

as well.

The second role described by Harrison (1984) is that of the environmentalist. This role ensures that the working environment will not have a detrimental effect on the employee. In addition to the working conditions, the nurse may also assess demands on the worker. In this respect, a close liason with heads of other departments will enhance this job.

Another role of the nurse in the workplace is that of the manager. Harrison (1984) states the senior nurse will formulate nursing policy. "She will be responsible for the administration of health service, from the care and maintenance of the health center to responsibility for control of budget expenditures and stock control" (Harrison, 1984, pg. 19). The OHN appoints staff and seeks to keep abreast of the advancement of nursing knowledge. She advises management of the health implications of new legislation, and serves as an advisor on committees where matters pertain to health.

The educational role described by Harrison (1984) is one of importance in the advancement of prevention of ill health. Educating employees on the prevention of illness can be in the form a group session, education of the employee on a one-to-one basis or displays and/or material distributed on a related subject. Harrison concludes that the role of the OHN is varied and she will be accepted as an

expert in many different ways, such as, advisor, counsellor, educator, environmentalist, hygienist, leader, rehabilitator, researcher, safety expert, student, and a supervisor.

In the early 1900s, our government began to show concern for the health and safety of the nation's workers. At this time there was an increase in the number of nurses in industry. However, the growth of industrial nursing began during World War I, when government regulations required that all factories and shipyards holding defense contracts provide health services for the workers (Davis, 1985). The Occupational Safety and Health Act of 1970, large investments by industries in providing health coverage, and the demands of labor for more protection in the areas of health and safety, are the catalysts for the growth and change in occupational nursing (Davis, 1985).

## HEALTH PROMOTION PROGRAMS IN THE WORKPLACE

In the foreword of her book on health promotion, Parkinson states:

> Corporate interest in health promotion is very much in evidence today, as exhibited by the steady growth of employee health promotion programs nationwide. Many business leaders have come to realize that an investment in health promotion and disease prevention holds the prospect of improved employee productivity

and substantial long-term cost savings.

(Parkinson, 1982, pg. 1)

Health promotion is a range of programs that have the common goal of impacting the long-term health status of participants by changing their long-term life style practices (O'Donnell, 1984). According to Chalmers (1983), health promotion begins with people who are basically healthy and encourages the development of lifestyles that maintain and support their well-being.

Health promotion strategies have been used in some companies for many years. There is a broad historical foundation of workplace health promotion. The evolution of health promotion in the workplace is important to the understanding of contemporary worksetting health promotion. Fuchs and Richards (1985) cite three major commitments for the promotion of the American workers that has led to health promotion as it exists today. Health education, employee assistance, and health screening have integrated in an unique way to undergird the evolvement of health promotion (Fuchs & Richards, 1985)

A major component of health promotion is health education. Health education at the turn of the century, focused largely on the industrial worker's health and safety. Insurance companies were offering health education pamphlets for policy holders during the 1920s. During World

War II, the Public Health Service initiated its first industrial health education effort. A 1948 study of company medical programs conducted by the National Industrial Conference Board revealed increasing recognition of the importance of health education programs. The results showed that out of 300 companies, fifty percent were providing health education materials to employees (National Industrial Conference Board, 1948).

During the 1950s, health education efforts continued to increase through handouts, newsletters and lecture series. However, few systematically planned programs were implemented and evaluation studies of program outcomes were limited (Fuchs & Richards, 1985). In the past decade, health education in the workplace has become much more prominent. Endorsing this endeavor, the President's Committee on Health Education (1973) strongly recommended labor-management cooperation in the planning, undertaking, and evaluation of comprehensive health education programs and the encouragement for research on the effectiveness of workplace health education.

Employee assistance programs have also served as a basis to health promotion. During the 1920s and 1930s, the introduction of occupational psychiatrists proved the earliest attempts to assist the "troubled employee" (McLean:1958). The DuPont Company in 1940 established one of the first employee assistance programs for alcoholics.

The number of alcohol programs rose during the 1960s and 1970s. Programs on life crisis counseling, stress management and other educational seminars emerged during this time (Fuchs and Richards, 1985).

Another formulative dimension of workplace health promotion is health screening which dates back to the early 1900s and includes the provision of pre-placement and periodic medical examinations. Protection from communicable diseases were the primary concern during this time. Annual check-ups were prevalent during the 1930s and 1940s.

Interest in prevention began in the 1960s. A 1967-1968 multiphasic screening program conducted at some 100 California canning plants marked one of the first efforts designed to assess health needs of employment (Yedidia et al., 1969). In the 1970s, the Occupational Safety and Health Act had a substantial impact on corporate health examination. Most recent trends in corporate health screening have reflected a more comprehensive approach to health monitoring.

In the mid-1970s, health promotion was used to define the combination of mortality and morbidity risk assessment and risk reduction activities such as weight control, hypertension management, and drug/alcohol abuse control (McGill, 1979). The Association of Fitness in Business states that the introduction of physical fitness has been the in-road for other types of health programming, such as

smoking cessation, hypertension control and alcohol/drug abuse control (Brennan, 1982).

In 1979, the Public Health Services held the first national conference to focus attention on health promotion in occupational settings (Davis, 1984). At this time, the nation's health care expenditures were over $212 billion. In a Harris poll, 92.5 percent of those questioned agreed with this statement, "If we Americans lived healthier lives, ate more nutritious food, smoked less, maintained proper weight and exercised regularly, it would do more to improve our health than anything doctors and medicine could do for us" (Parkinson, 1982, p. 7). With rising health care costs and increasing consumer interest people have begun to adopt healthier lifestyles. The federal government stated in the 1980 Objectives for the Nation, that their goal is to decrease health care costs and to increase productivity as well as to provide personal benefit to the employee and his or her family through a healthier and possible longer life (Parkison, 1982).

Why begin a health promotion program? Financial motivation is usually the beginning reason as well as health promotion programs increase the employee's morale, productivity, and it is a response to employee interest. (Davis, 1984). Nevertheless, O'Donnell states that in a for-profit organization, there are two main goals: survival and generation of profit of which employee health contributes.

There is little hard evidence that demonstrates employer-sponsored Health Promotion Programs (HPPs) provide a favorable return on their investments. O'Donnell (1984) concludes intuitive projection and calculated guessing have provided sufficient justification to cite the benefits of improvement in productivty, reduction in benefit costs, reduction of human resource development costs, and improvement in community and national images. One study of a worksite HPP resulted in a 45.7 percent decrease in major medical costs, 20.1 percent decrease in disability days, and 31.7 percent decrease in direct disability costs (Bowne, 1984). Overall, the program resulted in a savings of $335.38 per participant. Bowne concluded that worksite wellness programs can make a substantial contribution to the reduction of health care and disability costs.

In researching the qualities of an effective health promotion program, Hargadine (1985) quotes Chenoweth's guide for optimum effectiveness. The program must have effective, enthusiatic leadership, corporate support, be assessible to all employees, and have comprehensive health screening which is confidential. In addition, an effective program includes consistent feedback with challenging, yet attainable goals, provides regular incentives and rewards, is voluntary and visibile throughout an organization (Hargadine, 1985).

## ROLE OF THE NURSE IN HEALTH PROMOTION ACTIVITIES IN THE WORKPLACE

With respect to the concepts of health promotion in the occupational setting, the nurse's role is changing. In addition to satisfying the regulations of the Occupational Safety and Health Act and providing periodic exams and crisis care, the company nurse is now expected to oversee the ongoing illness prevention program (Brennan, 1982). Brennan states that the decision to start a health promotion program will be made by upper management, but the medical department will be responsible for implementation of the program and evaluating its effectiveness. Pope (1981) challenges nurses to initiate the change within the workplace to this new perspective. She states too often nurses are being used in clerical and first aid positions, filling out insurance forms, and applying band-aids. Nurses prepared at the master's and bacculaureate levels have an educational and research orientation toward the operation of the health unit. Pope adds (1981) that occupational health care cannot continue utilizing the traditional episodically oriented, patient-demand, provider-response approach.

# CONCEPTUAL FRAMEWORK

The conceptual framework for this research is built around the concepts of role theory, role, and perceptions of roles. Various research studies in these areas will serve as the basis for this framework.

## ROLE THEORY

Hardy and Conway (1978) state that role theory represents a collection of concepts and a variety of hypothetical formulations that predict how actors will perform in a given role, or under what circumstances certain types of behaviors can be tolerated. Two perspectives from which roles have been studied in behavioral sciences are the functionalist and the interactionist approach. The functionalist has an underlying assumption that roles are more or less fixed positions within society to which are attached certain expectations and demands, and that these roles are enforced by either negative or positive sanctions (Hardy & Conway, 1978).

The second perspective (the interactionist approach) derives its name from the interpretation of human behavior as a response to the symbolic acts of others. The interactionist poses that the individual engages in interaction with others and selects certain cues for actionwhich, for him, have more relevance than others. "It isobvious that neither the functionalist nor the interactionist perspective alone is

sufficiently comprehensive to account for the wide variety of responses possible in those infinitely numerous situations where human actors confront each other" (Hardy & Conway, 1978, p. 27).

ROLE

According to both Hardy and Conway (1978), role has been difficult to define and analyze due to its multidimensional nature (1978). Kramer (1974) defines role as a set of expectations about how a person in a given position in a particular social system should act. There are two basic types of roles. Ascribed roles, such as age, sex, or ethnic origin, are ones in which we have no control, while achieved roles are such as job status and education. These roles are accomplished through competition and individual effort and can be personally controlled.

Stevens (1981) defines the concept of role as a set of expectations concerning how a person will enact a given societal position. She includes both the person and the acts in the concept of role. She describes the role of nurse executive in the relation of the achieved role as having three components: sociological, rationalized, personal. The sociological component describes what others in the society expect from a person in the position. The rationalized component is characterized by the specifics of job function and responsibility as detailed in the job

description. The personal component is defined as how the role incumbent chooses to enact the job based upon his or her unique being (Stevens, 1981).

In discussing role and role theory, Stevens derives five categories of role in relation to the nurse executive: innovator, expander, refiner, stabilizer, and revolutionary. After a study of nursing leaders, she depicted particular skills associated with the role categories. For instance:

innovator - goal setting

expander - bridging

refiner - analyzing

stabilizer - problem solving

revolutionary - negating

This study has implications for nurses as the characteristics of role and leadership qualities are evaluated.

Neiman and Hughes (1951) concluded that role is a personal dimension that deals with the dynamics of personality, development or in terms of a structural dimension that speaks of social roles that are the functional units of systems such as formal and informal groups or society in general. Scott (1970) states that role is a set of shared expectations focused upon a particular position: these expectations include beliefs about what goals or values the position incumbent is to pursue and the norms that will govern ones behavior.

PERCEPTION OF ROLES

In addition to the role and other's expectation of that role, one must examine the impact of the nurse's perception of her role. How the nurse perceives her role directly influences the character of the organization where she is employed. The nurse needs to analyze his/her perception of their role with the underlying assumptions. For example, if a nurse has effective interpersonal relation skills, she is likely to see her role as one of coordination. It is important for job satisfaction that the nurse's role, her perception of that role, and the needs of her organization are known.

Harris (1984) writes that the image of oneself is acquired from others. The way in which other people react to our actions will tell us what they think of us. As a result, we often accept this view stated Harris (1984). People also tend to be valued in terms of what they do, e.g., the contribution which they make to the organization and society as a whole. People, therefore, tend to see themselves in terms of the value which others put upon them. Often, the place which a person fills in the occupational hierarchy will be reflected in the role played by that individual in society at large. This concept is an important aspect for the nurse working in the field of occupational nursing because the value which others attach to this work can influence the role which the occupational health nurse adopts.

The conceptual framework for this research synthesizes the concepts of role, role theory, and perceptions of the role of the nurse. Within the workplace the shift from treatment of injury to managing a health promotion program has strong implication for nurses. It is imperative that the nurse have knowledge of the organizational structure in which he/she works, as well as how the structure will influence the nurses role within the system. Being aware of the perceptions the nurse has of the job, as well as the perception the corporation has of the nurse's capabilities and the corporate philosophy, determines the role the nurse will have in the health promotion program.

# CHAPTER THREE

# METHODOLOGY

This chapter presents a description of the study and the procedures involved in the investigation. A brief discussion of the population and sampling process is followed by a description of the instrument, the data collection procedure, and the data analysis. The results and implications derived from the study are discussed in the subsequent chapters.

## DESIGN OF STUDY

This was a descriptive field study using ex post facto/correlational research techniques intended to discover new facts, relationships and roles of nurses in industry involved with health promotion programs. No treatment or manipulation of variables was introduced.

## POPULATION

The population of concern in this research were all nurses in the workplace throughout the United States who were involved in various ways with a health promotion program. The nurses in the sample were presently employed in companies that have some type of health promotion program. Demographic data had no bearing on the selection of the population for this study.

## SAMPLING PROCESS

The sampling process in this study was one of convenience. The sample was selected from a list of industries and businesses with known health promotion programs already in progress. A sample of seventy-five workplaces was used without regard to geographic location or type of work. The list of workplaces was selected from the directory of The American Fitness in Business catalog and Chenoweth's Planning Health Promotion at the Worksite (in press March 1987).

A cover letter explaining the questionnaire, its purpose and confidentiality was mailed to the sample group. (see Appendix A). In addition, a three by five card was provided for the participant to make comments and/or indicate if they desired a brief summary of the results. A stamped self-addressed envelope was included with the questionnaire, along with a coded computer answer sheet. If no response was made within three weeks, a post card reminder was sent and a second follow-up was done if necessary.

## INSTRUMENT

The instrument, designed by the researcher, consisted of a three part questionnaire. The first part was a demographic section enabling the researcher to make a correlation between educational level and job description. The second section of the instrument was comprised of

sixteen items in which the participant marked a yes or no response. The third section of the instrument was a twenty-four item questionnaire with Likert scale responses. The range of responses were from strongly agree to strongly disagree and a response for not applicable.

Unknowing to the participant, the researcher assigned each item on the questionnaire as an indicator of a characteristic of a particular nursing role. The four nursing roles designated were initiator, investigated in twenty-four questions; director/coordinator in twenty-two questions; program director in six questions; and staff personnel which was investigated in fifteen questions. Some of the items reflected characteristics of more than one role. The items in the questionnaire were numbered by the investigator (See Appendix B).

The tool was pretested for content and clarity prior to the data collection process by eight employed occupational nurses presently working in a health promotion program. Their suggestions in regard to clarity of the items, length of questionnaire, and application to their role were considered by the investigator. No adjustments were made to the questionnaire after the pilot test.

## DATA COLLECTION PROCEDURE

The independent variables measured in this study were educational level, role perception, and job placement on

organization chart. Role function and the description of that role were the dependent variables. The researcher had no control of these variables but they were examined retrospectively.

DATA ANALYSIS

To answer the research questions from the data, four statistical measures were computed on the data received: frequencies, percentages, means, and standard deviations. To compare the four nursing roles, (initiator, director/coordinator, program director, staff ) as defined by the researcher, eight scales were designed. A scale was created for each role and for each type of response for that role. Participants could respond to the yes/no items and to a set of items with a Likert scale response. A coefficient alpha reliability assessment was done on each of the eight scales. Finally, a one way analysis of variance was used to compare the scores on each scale across the subgroups of people to determine if specific demographic classifications affected scores and corresponding role functions.

# CHAPTER FOUR

# PRESENTATION AND DISCUSSION OF FINDINGS

This chapter will present the findings based on the data collection procedure followed by a brief discussion of each analysis. Conclusions and implications of the study will appear in the following chapter.

## PRESENTATION OF FINDINGS

The purpose of this descriptive study was to analyze the role of the nurse in health promotion programs within the workplace of seventy five corporations in the United States. The results from the data enabled the researcher to answer the research question derived from the purpose.

To obtain the data, seventy-five industries were selected arbitrarily by the researcher from a directory of _The American Fitness in Business_ catalog and from Chenoweth's _Planning Health Promotion at the Worksite_ (in press March 1987). This sample was used without regard to geographic location or type of work. Seventy-five questionnaires were mailed including a computer answer sheet, a three by five card, and a self-addressed stamped envelope. (The card was used by the participant for comments and/or to indicate if they desired a summary of the study's results). Four weeks after the questionnaires were mailed,

two were returned due to the wrong address and thirty eight follow-up post cards were sent to the non-responding sample. Thirty seven questionnaires were returned, one company no longer had an occupational health nurse, and seven questionnaires were completed by non-nursing personnel. Of the questionnaires returned, twenty-nine questionnaires (38%) were used for statistical analysis.

To address the research questions, the researcher computed frequencies, percentages, means, and standard deviations on the appropriate responses. To analyze the association between the demographic data and the four nursing roles, scales were created for each role and each type of response. Means and standard deviations were computed on the answers to both the yes/no and Likert items.

## DEMOGRAPHIC PROFILE

The first analysis represents the frequencies and percentages for the demographic data of the sample. Demographic data consisted of sex, age, race, professional status, nursing degree, size of workplace, title of job, position on company organizational chart, existence of job and job description for the respondent. (See Table I). Of the twenty-nine predominantly white female registered nurses ranging in age from twenty six to over forty nine years, half were over forty nine years of age or older. One respondent did not complete the item relating age.

Seventeen (58.6%) of the nurses reported a diploma as the highest degree held, while seven (24.1%) held bacculaureate degrees in nursing, four (13.8%) held a master's degree in nursing, and one nurse held an associate degree in nursing (3.4%). Twenty three (79.3%) of the occupational health nurses reported working in a workplace with 1500 or more employees. (See Table 1.)

TABLE I DEMOGRAPHIC DATA

| CATEGORY | NUMBER OF RESPONDENTS | PERCENTAGE |
|---|---|---|
| AGE * | | |
| 18-25 | 0 | |
| 26-33 | 1 | 3.6 |
| 34-41 | 7 | 25.0 |
| 42-48 | 6 | 21.4 |
| over 49 | 14 | 50.0 |
| RACE | | |
| white | 28 | 96.6 |
| black | 1 | 3.4 |
| PROFESSIONAL STATUS | | |
| RN | 29 | 100.0 |
| LPN | 0 | 0.0 |
| HIGHEST NURSING DEGREE | | |
| Diploma | 17 | 58.6 |
| ADN | 1 | 3.4 |
| BSN | 7 | 24.1 |
| MSN | 4 | 13.8 |
| SIZE OF WORKPLACE | | |
| less than 100 | 0 | |
| >100 but <500 | 2 | 6.9 |
| 500 - 1000 | 3 | 10.3 |
| >1000 but < 1500 | 1 | 3.4 |
| 1500 or greater | 23 | 79.3 |

* one respondent did not answer item

NURSES ROLE AND FUNCTION

The first research question addressed how the nurse described her role and function in health promotion activities within in the workplace. Seven (25%) indicated they held staff positions within their company's Health Promotion Program (HPP), eight (27.6%) cited themselves as program leaders, nine (32.1%) described themselves as program director/coordinators, and four (14.3%), were described with various titles such as administrator of department, supervisor of wellness, x-ray, lab studies, pulmonary function, acute primary care and nurse practitioner. One respondent did not answer this item.

The largest number of respondents (41%) were unable to describe how they spent their time in the health promotion program, with respect to the item choices. However, the second highest number of respondents (31%) cited completing physicals/health detection and screening as their major function. Only two (6.9%) cited conducting health promotion programs as their major activity. Yet, when asked to describe the nurses's actual involvement in the health program activities, fifty percent described screening and counseling as their primary function while the other half (48%) listed the nutrition, weight control, physical fitness functions as their major involvements.

When asked their job titles, the data obtained revealed that ten respondents (35.7%) were employed as

occupational health nurses, one respondent (3.6%) as an employee health nurse, one as health educator, six (21.4%) as supervisors, and ten (35.7%) had varying titles. One respondent did not complete this item. In citing their position on their company's organizational chart, four (14.3%) indicated a line position , while sixteen (57.1%) selected staff and eight (28.6%) did not specify organizational position. Again, one respondent did not complete this item.

Another job related item dealt with the creation of the occupational health nurse's job description. Eighteen respondents (55.2%) stated it was already established, while eleven (37.9%) created their own.

In essence, the sampled population of nurses work in a variety of health promotion programs with varying titles. These occupational health nurses (OHNs) are predominantly working in staff positions which have existed more than five years with previously established job descriptions.

NURSE FUNCTION

The second research question was designed to determine if the respondent functioned as an initiator, director/coordinator, program leader, or staff member according to the characteristics as defined by the researcher. The tables (III - X) present the role characteristic and the frequencies and percentages of the responses. Each role had characteristics listed with

both yes/no responses as well as Likert scale responses.

The items on the questionnaire were designed by the researcher to delineate the four roles of the nurse and were statistically analyzed for reliability using the coefficient alpha internal consistency reliability. Reliability was good for both yes/no and Likert scales for initiator and director/coordinator but poor for the corresponding scales for program director and staff (See Table II).

TABLE II RELIABILITY SCORE FOR QUESTIONNAIRE

| CATEGORY | TYPE OF ITEM | |
|---|---|---|
| | YES/NO | LIKERT SCALE |
| Initiator | .68 | .88 |
| Director/ Coordinator | .76 | .79 |
| Program Director | .37 | .31 |
| Staff | 0 | .36 |

The initiator role was assessed through twenty four yes/no and Likert scale response items on the questionnaire. Table III presents the percentage and frequency of the responses using the yes/no items and Table IV presents the

responses using the Likert Scale to indicate the initiator role characteristic (See Table III and Table IV).

TABLE III FREQUENCIES AND PERCENTAGES OF RESPONSES INDICATING THE INITIATOR ROLE BY THE OCCUPATIONAL HEALTH NURSE

| ITEM | YES RESPONSE FREQUENCY | PERCENT |
|---|---|---|
| 16. identifies health promotion needs | 25 | 86.2 |
| 21. develops health promotion program | 24 | 82.8 |
| 24. apply nursing and management theory | 23 | 79.3 |
| 27. investigates other companies health promotion programs | 20 | 69.0 |
| 18. determines causes in worker's compensation | 18 | 62.1 |
| 26. investigates health promotion needs | 16 | 55.2 |
| 14. formulates budget | 15 | 51.7 |
| 25. conducts nursing research | 13 | 44.8 |
| 28. conducts statistical evaluations of health promotion programs | 9 | 31.0 |

TABLE IV FREQUENCIES AND PERCENTAGES OF RESPONSES INDICATING THE INITIATOR ROLE OF THE OCCUPATIONAL HEALTH NURSE USING LIKERT SCALE

| ITEM | STRONGLY AGREE | | AGREE | | DISAGREE | | STRONGLY DISAGREE | |
|---|---|---|---|---|---|---|---|---|
| | *f | % | f | % | f | % | f | % |
| 29. participates in decisions related to external contracts | 9 | 37.5 | 9 | 37.5 | 5 | 20.8 | 1 | 4.2 |
| 30. assumes leadership role with changes | 18 | 64.3 | 8 | 28.6 | 2 | 7.1 | 0 | 0.0 |
| 31. role model for leadership | 13 | 48.1 | 10 | 37.0 | 3 | 11.1 | 1 | 3.4 |
| 33. control over job | 12 | 44.4 | 9 | 33.3 | 3 | 11.1 | 3 | 11.1 |
| 34. familiar with organizational chart | 15 | 53.6 | 10 | 35.7 | 3 | 10.7 | 0 | 0.0 |
| 35. familiar with job descriptions within your unit | 19 | 67.9 | 6 | 21.4 | 2 | 7.1 | 1 | 3.6 |
| 37. assertive person | 12 | 42.9 | 12 | 42.9 | 3 | 10.7 | 1 | 3.6 |
| 41. good relationship with management | 15 | 53.6 | 11 | 39.3 | 1 | 3.6 | 1 | 3.6 |
| 42. work environment open to change | 13 | 46.4 | 13 | 46.4 | 1 | 3.6 | 1 | 3.6 |
| 43. identify power within company | 8 | 33.3 | 14 | 58.3 | 1 | 4.2 | 1 | 4.2 |
| 44. initiate Health Promotion Program | 10 | 40.0 | 9 | 36.0 | 5 | 20.0 | 1 | 4.0 |
| 45. develop Health Promotion Program | 12 | 46.2 | 11 | 42.3 | 2 | 7.7 | 1 | 3.8 |
| 46. work with other disciplines | 12 | 42.9 | 13 | 46.4 | 2 | 7.1 | 1 | 3.6 |
| 51. need continuing education | 13 | 44.8 | 11 | 37.9 | 2 | 6.9 | 3 | 10.3 |
| 52. Health Promotion Program is high priority in health program | 14 | 51.9 | 7 | 25.9 | 5 | 18.5 | 1 | 3.7 |

*f - frequency % - percentage

The NOT APPLICABLE response was not computed in the percentages.

Interestingly, the majority of nurses are diploma graduates, yet many have assumed initiator characteristics. This was indicated by the majority of the respondents citing that the initiator role functions were part of their existing job. For instance, 86.2 percent indicated they identified health promotion needs of the employees. Of the respondents, 82.8 percent described their role as actually developing the health promotion program for the purpose of maintaining and improving the employee's health. In response to the Likert scale items, the largest percent of OHNs either strongly agreed or agreed to participating in the initiator activities. Nineteen (76.0%) of the sampled population either agreed or strongly agreed to initiating the health promotion program in their company.

However, even though the majority of nurses are indicating agreement to participating in the initiator role as a whole, several items did not reflect these characteristics so strongly. While over half (51.7%) formulated the budget for their unit, only 18 (62.1%) consulted with management in the determination of causes and prevention in workers' compensation cases. More over, sixteen (55.2%) did not conduct nursing research that was relevant to their role and 69 percent indicated they did not statistically evaluate the results of their health promotion program.

The second role investigated by the researcher is

that of the director/coordinator. As previously noted this role was defined as the liaison between management, medical team and employee in the implementation of the health promotion program. Tables V and VI reflect the characteristics of this role by the responses given on the questionnaire on the yes/no and Likert scale (See Tables V and VI).

TABLE V FREQUENCIES AND PERCENTAGES OF RESPONSES INDICATING THE DIRECTOR/COORDINATOR ROLE BY THE OCCUPATIONAL HEALTH NURSE

| ITEMS | YES RESPONSE | |
|---|---|---|
| | FREQUENCY | PERCENT |
| 16. identify health promotion needs | 25 | 86.2 |
| 24. apply nursing and management theory | 23 | 79.3 |
| 23. evaluates health promotion program | 22 | 75.9 |
| 20. conducts assessments between worker and work | 21 | 72.4 |
| 27. investigates other companies health promotion programs | 20 | 69.0 |
| 18. determines causes in worker's compensation | 18 | 62.1 |
| 26. investigates health promotion needs in company | 16 | 55.2 |
| 14. formulates budget | 15 | 51.7 |
| 28. conducts statistical evaluations of health promotion programs | 9 | 31.0 |

The responses elicited on the director/coordinator role were similar to those with the initiator role. Many of the items indicated involvement in both roles. Those differentiating the roles dealt with the actual initiation of the health promotion program and arranging external contracts, which were cited as initiator activities. There were several characteristics the researcher surmised as this role but were not strongly indicated. They were the formulation of budget, determination of causes in worker's compensation, investigation of the company's health promotion needs, and statistical evaluation of the health promotion program.

Table V indicates that the majority (over 75%) described the director/coordinator role as having four components: 1) identifying health promotion needs, 2) conducting assessments between worker and work, 3) evaluating the health promotion program, 4) and the application of nursing and management theory. More than 50 percent functioned in the remaining areas with the exception of conducting statistical evaluation.

Over seventy-seven percent of the sampled nurses indicated they agreed or strongly agreed that they participated in the characteristics describing the director/coordinator role. The largest number of OHNs who disagreed or strongly disagreed were in such areas as having control over job (22%), the need for continuing education(17%), feeling that the health promotion program

TABLE VI FREQUENCIES AND PERCENTAGES OF RESPONSES INDICATING THE DIRECTOR/COORDINATOR ROLE OF THE OCCUPATIONAL HEALTH NURSE USING THE LIKERT SCALE

| ITEM | STRONGLY AGREE | | AGREE | | DISAGREE | | STRONGLY DISAGREE | |
|---|---|---|---|---|---|---|---|---|
| | *f | % | f | % | f | % | f | % |
| 30. assume leadership role with changer | 18 | 64.3 | 8 | 28.6 | 2 | 7.1 | 0 | 0.0 |
| 31. role model for leadership | 13 | 48.1 | 10 | 37.0 | 3 | 11.1 | 1 | 3.7 |
| 33. control over job | 12 | 44.4 | 9 | 33.3 | 3 | 11.1 | 3 | 11.1 |
| 34. familiar with company chart | 15 | 53.6 | 10 | 35.7 | 3 | 10.7 | 0 | 0.0 |
| 35. familiar with job description within unit | 19 | 67.9 | 6 | 21.4 | 2 | 7.1 | 1 | 3.6 |
| 37. assertive person | 12 | 42.9 | 12 | 42.9 | 3 | 10.7 | 1 | 3.6 |
| 38. experience constant work frustration | 3 | 10.3 | 8 | 27.6 | 9 | 31.0 | 9 | 31.0 |
| 41. good working relationship with management | 15 | 53.6 | 11 | 39.3 | 1 | 3.6 | 1 | 3.6 |
| 42. work enviroment open to change | 13 | 46.4 | 13 | 46.4 | 1 | 3.6 | 1 | 3.6 |
| 43. identify power source in company | 8 | 33.3 | 14 | 58.3 | 1 | 4.2 | 1 | 4.2 |
| 46. work with other disciplines | 12 | 42.9 | 13 | 46.4 | 2 | 7.1 | 1 | 3.6 |
| 51. need continuing education | 13 | 44.8 | 11 | 37.9 | 2 | 6.9 | 3 | 10.3 |
| 52. Health Promotion Program is high priority in health program | 14 | 51.9 | 7 | 25.9 | 5 | 18.5 | 1 | 3.7 |

*f-frequency %-percentage

The NOT APPLICABLE response was not computed in the percentages.

was a high priority in the health program (22%), and denied constant work frustration (62%).

The role functions of the nurse as a program director role were identified in six items as summarized in table VII and VIII. The interesting finding was that again the majority of nurses report participating in these activities as well as the two roles previously mentioned. The majority implement (90%) and evaluate (76%) the health promotion programs.

TABLE VII FREQUENCIES AND PERCENTAGES OF RESPONSES INDICATING THE PROGRAM DIRECTOR ROLE BY THE OCCUPATIONAL HEALTH NURSE

| ITEMS | YES RESPONSE | |
|---|---|---|
| | FREQUENCY | PERCENT |
| 22. implement health promotion program | 26 | 89.7 |
| 24. apply nursing and management theory | 23 | 79.3 |
| 23. evaluate health promotion program | 22 | 75.9 |

As described on Table XIII, over 53 percent strongly agree to being familiar with the company chart and job descriptions in their unit, while only 37 percent agree or strongly agree to constant work frustration. Again, a majority of the nurses agreed to activities of the role

TABLE VIII FREQUENCIES AND PERCENTAGES OF RESPONSES INDICATING THE PROGRAM DIRECTOR ROLE OF THE OCCUPATIONAL HEALTH NURSE USING THE LIKERT SCALE

| ITEM | STRONGLY AGREE | | AGREE | | STRONGLY DISAGREE | | DISAGREE | |
|---|---|---|---|---|---|---|---|---|
| | *f | % | f | % | f | % | f | % |
| 34. familiar with company chart | 15 | 53.6 | 10 | 35.7 | 3 | 10.7 | 0 | 0.0 |
| 35. familiar with job description in your unit | 19 | 67.9 | 6 | 21.4 | 2 | 7.1 | 1 | 3.6 |
| 38. experience constant work frustration | 3 | 10.3 | 8 | 27.6 | 9 | 31.0 | 9 | 31.0 |

*f - frequency % - percentage

The NOT APPLICABLE response was not computed in the percentages.

Finally, the staff function was the fourth role function defined by the researcher. This role was defined as one who follows guidelines formulated by a director or coordinator in the actual implementation of a program. Tables IX and X summarize these responses.

Again the analysis of the staff role indicates multiple functions of the OHN. While they agree to role functions of the initiator role they also agree to staff roles. For example, 89.7 percent conduct individual health education and counseling for the workers. Over 96 percent of the respondents assess vital signs, and 90 percent must report the results of the HPP to the director. Twenty respondents (71.4%) indicated they were assigned to a particular HPP, thirteen (46.4%) reported little job flexibility in terms of expansion, and eleven (37.9%) stated their job description was limiting their flexibility. In terms of communication, 48.3 percent reported having difficulty accepting criticism and 42.8 percent cited difficulty giving critism. These responses show more dependent role functions than that of initiator or director/coordinator. The presented data reveals that occupational health nurses operate in dual roles.

TABLE IX FREQUENCIES AND PERCENTAGES OF RESPONSES INDICATING THE STAFF ROLE BY THE OCCUPATIONAL HEALTH NURSE

| ITEM | YES RESPONSE | |
|---|---|---|
| | FREQUENCY | PERCENT |
| 19. counsel workers | 28 | 96.6 |
| 17. conduct health education for workers | 26 | 89.7 |
| 24. apply nursing and management theory | 23 | 79.3 |
| 15. prepare no reports regarding health promotion programs | 3 | 10.7 |

TABLE X FREQUENCIES AND PERCENTAGES OF RESPONSES INDICATING THE STAFF ROLE OF THE OCCUPATIONAL HEALTH NURSE USING LIKERT SCALE

| ITEM | | STRONGLY AGREE | | AGREE | | DISAGREE | | STRONGLY DISAGREE | |
|---|---|---|---|---|---|---|---|---|---|
| | | *f | % | f | % | f | % | f | % |
| 32. | limiting job description | 1 | 3.4 | 10 | 34.5 | 10 | 34.5 | 8 | 27.6 |
| 34. | familiar with company chart | 15 | 53.6 | 10 | 35.7 | 3 | 10.7 | 0 | 0.0 |
| 35. | familiar with other job descriptions | 19 | 67.9 | 6 | 21.4 | 2 | 7.1 | 1 | 3.6 |
| 36. | feel threatened when questioned | 0 | 0 | 6 | 20.7 | 10 | 34.5 | 13 | 44.8 |
| 39. | difficulty giving criticism | 2 | 7.1 | 10 | 35.7 | 13 | 46.4 | 3 | 10.7 |
| 40. | difficulty accepting criticism | 4 | 13.8 | 10 | 34.5 | 12 | 41.4 | 3 | 10.3 |
| 47. | assigned to implement Health Promotion Program | 6 | 25.0 | 14 | 58.3 | 4 | 16.7 | 0 | 0.0 |
| 48. | assess vital signs | 18 | 62.1 | 10 | 34.5 | 1 | 3.4 | 0 | 0.0 |
| 49. | report results of Health Promotion Program to director | 10 | 45.5 | 10 | 45.5 | 2 | 9.1 | 0 | 0.0 |
| 50. | limited job flexibility | 7 | 25.0 | 6 | 21.4 | 8 | 28.6 | 7 | 25.0 |
| 52. | feel Health Promotion Program is high priority in your company | 14 | 51.9 | 7 | 25.9 | 5 | 18.5 | 1 | 3.7 |

*f - frequency % - percentage
The NOT APPLICABLE response was not computed in the percentages.

DEMOGRAPHICS AND NURSING ROLE

The third research question addressed the relationship between demographic data and the role of the nurse in the health promotion program. One way analysis of variance compared the role scores of respondents with different demographic characteristics. The Scheffe method of multiple comparisons was used to identify where the specific location of group differences were when the analysis of variance indicated a significant difference. "The Scheffe method of multiple comparisons is generally regarded by mathematicians as superior to the T- method because of its generality (equal n's are not necessary) and greater sensitivity when complex combinations of the sample means are being estimated" (Glass & Stanley, 1970, pg.395).

Specifically, there were no significant findings between the role of the nurse and educational preparation, age, degree, or size of workforce. However, when nurses who differed in their self-ascribed roles, (i.e. how they indicated their role function), were compared on their role in the initiation of activities, statistically significant differences were found among the groups of nurses ($p < .05$). Scheffe multiple comparisons established that the primary differences were between nurses who functioned in staff positions and those who functioned in director/coordinator positions. The former group had lower scores than the latter group on the initiation of activities scale. (See Table XI.)

TABLE XI GROUP MEANS, STANDARD DEVIATIONS AND SIZES ON THE INITIATION OF ACTIVITES SCALE FOR NURSES WITH VARIOUS ROLES

| ROLE | GROUP SIZE | GROUP MEAN | GROUP STANDARD DEVIATION |
|---|---|---|---|
| staff | 7 | .43 | .22 |
| program director | 8 | .65 | .15 |
| director/ coordinator | 9 | .79 | .16 |
| other* | 4 | .56 | .38 |
| | probability = .02 | | |

* - one respondent did not complete this item

The second statistically significant finding was the relationship between nurses in the staff position and those in the director/coordinator role. The nurses who scored higher on director/coordinator activities, as formulated by the researcher were those in director/coordinator roles rather than staff roles. (See Table XII.) This finding suggests that nurses who indicated their position as director/coordinator did engage in activities commensurate with that role more extensively than the OHNs who cited a staff position.

TABLE XII GROUP MEANS, STANDARD DEVIATIONS AND SIZES ON THE DIRECTOR/COORDINATOR ACTIVITIES SCALE FOR NURSES WITH VARIOUS ROLES

| ROLE | GROUP SIZE | GROUP MEAN | GROUP STANDARD DEVIATION |
|---|---|---|---|
| staff | 7 | .38 | .22 |
| program director | 8 | .69 | .21 |
| director/ coordinator | 9 | .84 | .15 |
| other * | 4 | .58 | .35 |

probability = .0035

* one respondent did not answer the item

Third, when comparing the characteristics of a program director and the self-ascribed roles within a health promotion program, a statistically significant difference existed between the staff personnel and the program director. The staff personnel had much lower scores on the scale relating to activities of the program director, than did the program director group. (See Table XIII.)

TABLE XIII GROUP MEANS, STANDARD DEVIATIONS AND SIZES ON THE ACTIVITES OF THE PROGRAM DIRECTOR ACTIVITIES SCALE FOR NURSES WITH VARIOUS ROLES

| ROLE | GROUP SIZE | GROUP MEAN | GROUP STANDARD DEVIATION |
|---|---|---|---|
| staff | 7 | .57 | .25 |
| program director | 8 | .87 | .25 |
| director/ coordinator | 9 | 1.00 | .00 |
| other * | 4 | .75 | .32 |
| | | probability = .0051 | |

* one respondent did not answer this item

Next, when comparing the origin of the job description, the nurses who created their own job descriptions or came into jobs in which the job description was non existent prior to the job, scored higher on qualities of a director/coordinator than those who had job descriptions already established. (See Table XIV.) Similarly, nurses indicating that their job description were non existent or that they created their own job description scored significantly higher on the qualities of an initiator than those who had job descriptions already established. (See Table XV.)

TABLE XIV GROUP MEANS, STANDARD DEVIATIONS AND SIZES ON THE CHARACTERISTICS OF DIRECTOR/COORDINATOR AND THE ORIGIN OF JOB DESCRIPTIONS

| JOB DESCRIPTION | GROUP SIZE | GROUP MEAN | GROUP STANDARD DEVIATION |
|---|---|---|---|
| non existent prior to job | 2 | .83 | .08 |
| created own job description | 11 | .81 | .21 |
| already established | 16 | .50 | .25 |
| | probability = .0056 | | |

TABLE XV GROUP MEANS, STANDARD DEVIATIONS AND SIZES ON THE INITIATOR OF ACTIVITIES AND THE ORIGIN OF JOB DESCRIPTIONS

| JOB DESCRIPTION | GROUP SIZE | GROUP MEAN | GROUP STANDARD DEVIATION |
|---|---|---|---|
| non existent prior to job | 2 | .72 | .08 |
| created own job description | 11 | .78 | .20 |
| already established | 16 | .50 | .21 |
| | probability = .0073 | | |

In relation to the company, a significant difference existed between the designation of being in a line or staff position and the role as initiator. The nurses indicating a line position within the company scored higher on the items characteristic of an initiator than those designating a staff position. (See Table XVI.)

TABLE XVI GROUP MEANS, STANDARD DEVIATIONS, AND SIZES ON THE ROLE OF INITIATOR AND THE POSITION ON THE COMPANY'S ORGANIZATIONAL CHART

| POSITION | GROUP SIZE | GROUP MEAN | GROUP STANDARD DEVIATION |
|---|---|---|---|
| line | 4 | .86 | .10 |
| staff | 16 | .54 | .25 |

probability = .0257

Likewise, the nurses indicating a line position on the organizational chart differed statistically from those with staff positions on role of director/coordinator. (See Table XVII.)

TABLE XVII GROUP MEANS, STANDARD DEVIATIONS AND SIZES ON THE ROLE OF DIRECTOR/COORDINATOR AND THE POSITION ON THE COMPANY'S ORGANIZATIONAL CHART

| POSITION | GROUP SIZE | GROUP MEAN | GROUP STANDARD DEVIAITON |
|---|---|---|---|
| line | 4 | .92 | .05 |
| staff | 16 | .53 | .28 |
| | probability | = .0164 | |

SUMMARY

This chapter has presented the findings of the data obtained from twenty nine occupational health nurses in relation to how they describe their role as well as answering the research questions. Conclusions and implications for nursing will be included in the next chapter.

# CHAPTER FIVE

# DISCUSSION/CONCLUSIONS/IMPLICATIONS/RECOMMENDATIONS

This chapter indicates the conclusions of the research based on the previous chapter's findings. Also, implications for the nursing profession as well as recommendations for further study will be found in this chapter.

## DISCUSSION/CONCLUSIONS

Based on the computed data the nursing population viewed themselves as active in areas of health promotion in varying ways. It was interesting that most respondents classified themselves as working in a staff position and the position was either a new position or tended to be one of long existence (10 or more years). All of the sample participants utilized in the analyses indicated they were RN's but with varying degrees. Diploma graduates constituted the highest number within the population, followed by BSN's, MSN's, and then ADN's. There were only seven MSN's in the study. The large number of diploma graduates could possibly account for some of the low number of responses with regard to line positions in the company's organization.

Even though there were varying degrees, nearly 60 percent of the respondents either lead or were the director/coordinator of a health promotion program.

The items reflecting the director/coordinator activities were cited with higher scores by respondents who classified themselves as director/coordinator or program leader than as staff. These items were also endorsed more heavily by those with line rather than staff positions on the organizational chart. As a result, the "higher" and more significant role the nurse has within the company, the greater the tendency for opportunity in the line management on the company chart. Nurses who indicated they were in staff positions, by their responses to the items reflecting the role of staff, had lower scores on the initiation of activities than nurses who described themselves as initiator or director/coordinators. The conclusions derived from this study serve as a basis for further recommendations. The researcher concluded from the sample of occupational health nurses the following:

1. The perception of the nurse's role is consistent with the positions held within the company.
2. Even though nurses perceive themselves as initiators and director/coordinators, they do not hold positions of authority that yield job flexibility and control of the budget.
3. In describing their function within the workplace, the nurses had various titles and job functions. The majority of the nurses implement health promotion programs and report their findings to a director. Evaluations of the program participation, attendance, and

compliance are done, but not in terms of statistics to validate long term effect of the program.

4. While leading health promotion programs, the majority of OHNs are also individually assessing vital signs, assisting with physical screening and providing care for minor health deficits. It seems this group of nurses is experiencing from the do-it-all syndrome.
5. At the present time, the role and function of the OHN is not based solely on educational level but on a combination of longevity and experience in the existing job.

## LIMITATIONS

The use of a convenience sample by the researcher is noted as a limitation. Second, the employment of a questionnaire survey with a relatively low response rate was used; however, it was the only feasible method of obtaining the research data. The instrument was developed by the researcher; therefore extensive validity and reliability testing have not been done. Third, the staff and program leader characteristics overlap so that clear role delineation was not obtained.

IMPLICATIONS FOR THE NURSING PROFESSION

The study generated various questions and concern for the researcher relative to the nursing profession. For instance, if nurses self-ascribed their roles as director/coordinator and an initiator, yet have minimal control over those type of activities, such as budget coordination, research, job flexibility. and line management positions, are the nurses being totally effective? In addition, if the largest percentage of those in occupational health nursing are graduates of diploma programs do they have the skills to assume a more managerial role and initiate new job descriptions in relation to health promotion programs based on the corporate philosophy?

If nurses desire more job flexibility and line positions, then certain role functions need to be included in their activities. In addition, the job title should reflect the job function. It appears that OHNs tend to "do-it-all", including vital signs for the individual worker to initiating health promotion programs within their company, whether they perceive themselves as staff or directors.

Another important implication of this study is that how nurses perceived themselves often determines their role. If nurses become aware of their capabilities to assume more managerial roles within the company, then perhaps their job descriptions and role function will reflect this view.

The OHN at the Master's level needs to assume a line position in order to have the leverage to be involved with initiating, and evaluating the health promotion program. Master prepared nurses are well qualified to assess and plan for a company's health needs.

Nursing curriculums at the master's level need to continue to make concentrated efforts to prepare nurses for initiator and director roles within occupational health. In addition nursing needs to educate industrial management as to the qualifications and expertise of the nurse in health promotion.

RECOMMENDATIONS FOR FURTHER STUDY

1. The study of the role of the nurse in worksite health promotion needs to be replicated on a larger scale.
2. A study should be conducted with items which better reflect the characteristics of the program director and staff nurse.
3. A study should be done on how schools of nursing are preparing nurses to function in the initiator and director/coordinator positions.
4. A survey should be done to estimate the number of nurses planning to pursue OHN as an option upon graduation.
5. A study should be done to ascertain the reasons why

occupational health nurses are not using statistical evaluation in their health promotion programs.

6. A study should be done to see if management has a working knowledge of the abilities of the MSN in relation to managerial skills.

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APPENDIX A

Jan O. Singley, R.N.
% Graduate School of Nursing
East Carolina University
Greenville, North Carolina 27834

April 20, 1986

Dear Occupational Health Nurse,

I am a nursing student in the graduate nursing program at East Carolina University in Greenville, North Carolina. In partial fulfillment for my master's degree, I am conducting a survey to determine the role of nurses in health promotion programs in the worksite throughout the United States.

I have found there is a need to study the expanded role of the nurse in the worksite due to the lack of existing literature on the subject and the new opportunities that are available to the occupational health nurse. Your participation in this endeavor is greatly needed, and I would appreciate your assistance.

Enclosed you will find a two part questionnaire to be completed on the computer sheet by June 1, 1986. After completion, please return the computer sheet without folding it in the self-addressed stamped envelope. Your promptness would be most appreciated in this matter.

If you have any questions concerning the study or the questionnaire, please feel free to contact me. I shall be most happy to share my results with you if you indicate that desire by placing your name and address on the index card provided when you return your computer sheet. If you have objections to the publication of the results of this survey, please state that on the card. Please note the answers on the questionnaire will be confidential and in no manner will the identity of the sampled population be indicated.

Thank you for your cooperation in this study.

Sincerely,

Jan O. Singley, R.N., B.S.N.

## APPENDIX B

## THE ROLE OF THE NURSE IN HEALTH PROMOTION

DIRECTIONS: PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRE BY BLACKENING THE APPROPRIATE CIRCLE ON THE COMPUTER ANSWER SHEET WITH A NUMBER 2 PENCIL. PLEASE ANSWER EACH ITEM WITH ONLY ONE RESPONSE.

1. SEX:
   a. Male
   b. Female

2. AGE:
   a. 18-25 years
   b. 26-33 years
   c. 34-41 years
   d. 42-48 years
   e. over 49 years

3. RACE/ETHNIC GROUP:
   a. White
   b. Black
   c. Mexican
   d. American Indian
   e. Other(Specify)

4. PROFESSTIONAL STATUS:
   a. R.N.
   b. L.P.N.
   c. other

5. HIGHEST DEGREE IN NURSING:
   a. Diploma in Nursing
   b. Associate Degree in Nursing
   c. Baccalaureate in Nursing
   d. Master's in Nursing
   e. None of the above

6. TITLE OF PRESENT JOB:
   a. occupational health nurse
   b. employee health nurse
   c. health educator
   d. supervisor
   e. other (specify) ______

7. POSITION ON YOUR COMPANY'S ORGANIZATION:
   a. line position
   b. staff position
   c. other (specify) __________
   d. do not know

8. EXISTENCE OF THE PRESENT POSITION YOU HOLD:
   a. new position
   b. 1-5 years
   c. greater than 5 and less than 10
   d. 10 or more years

9. JOB DESCRIPTION OF YOUR PRESENT JOB:
   a. non existent prior to your job
   b. created your own job description
   c. already established

10. THE FOLLOWING RESPONSE BEST DESCRIBES YOUR PRESENT POSITION IN A HEALTH PROMOTION PROGRAM:
    a. staff personnel in a health promotion program
    b. program leader in a health promotion program
    c. program director/coodinator of a health promotion program
    d. other (specify) ______________________

11. THE NUMBER OF EMPLOYEES AT YOUR WORKPLACE ARE:
    a. less than 100
    b. greater than 100 but less than 500
    c. 500 - 1000
    d. greater than 1000 but less than 1500
    e. 1500 or greater

12. THE FOLLOWING RESPONSE BEST DESCRIBES HOW YOU SPEND THE MAJORITY (MORE THAN 50%) OF YOUR TIME AT YOUR PRESENT JOB:
    a. assisting with minor injuries
    b. completing physicals/health detection and screening
    c. conducting health promotion programs
    d. researching the workplace's need for health promotion
    e. none of the above

13. WHICH ONE OF THE FOLLOWING HEALTH PROMOTION PROGRAMS ARE YOU MOST INVOLVED WITHIN YOUR WORKPLACE?
    a. smoking cessation
    b. stress management
    c. nutrition/weight control
    d. exercise/fitness
    e. others (please specify)______________________

DIRECTIONS: PLEASE BLACKEN THE APPROPRIATE CIRCLE ON THE COMPUTER SHEET THAT CORRESPONDS TO YOUR ANSWER TO THE FOLLOWING STATEMENTS: A = YES; B = NO.

YOU . . .

14. formulate the annual operating budget for the occupational health unit.

15. prepare no reports regarding the activities of the health promotion program.

16. identify the health promotion needs of the employee's.

17. conduct health education for workers so that they can protect their own health, use health resources, and follow good health and safety practices.

18. consult with management in the determination of causes and prevention in worker's compensation cases.

19. counsel or individually assess workers regarding personal health habits and needs.

20. conduct comprehensive assessments of the relationship between what workers do and the health problems for which they come to the health unit for care.

21. develop a health promotion program for the purpose of maintaining and improving employee's health.

22. implement health promotion programs for the purpose of maintaining and improving employee's health.

23. evaluate health promotion programs for the purpose of maintaining and improving worker's health.

24. apply nursing and management theory to problem solving and goal attainment.

25. conduct nursing research that is relevant to your role.

26. investigate the needs of the industry in relation to health promotion.

27. investigate other companies when planning your health promotion programs.

28. conduct statistical evaluations of the health promotion program as it relates to corporate objectives.

DIRECTIONS: PLEASE BLACKEN THE APPROPRIATE CIRCLE ON THE COMPUTER SHEET THAT CORRESPONDS TO THE LETTER THAT BEST DESCRIBES HOW YOU FEEL ABOUT EACH STATEMENT.

A = STRONGLY AGREE - you definitely and emphatically agree with it

B = AGREE - you agree with the statement but not completely emphatic about it

C = DISAGREE - you disagree with the statement but are not emphatic in your disagreement

D = STRONGLY DISAGREE - you definitely disagree and have no doubt about your disagreement

E = NOT APPLICABLE - the statement has nothing to do with your present situation

| Strongly Agree | Agree | Disagree | Strongly Disagree | Not Applicable |
|---|---|---|---|---|
| A | B | C | D | E |

YOU...

29. participate in decisions related to external contracts with agencies and or individual experts in regard to health and safety.

30. assume a leadership role when you perceive necessary changes.

31. consider yourself a role model for leadership in your company.

32. have a job description that limits flexibility in your role and establishes all elements of your practice.

33. have control over your job description and freedom to be innovative without major restrictions.

34. are familiar with the organizational structure of your company.

35. are familiar with the job descriptions of persons related to your health unit.

36. feel threatened when questioned about a decision.

37. are an assertive person.

38. consistently experience frustration at work.

39. have difficulty giving criticism.

40. have difficulty accepting criticism.

41. have a good working relationship with management.

42. promote a work environment that is open to change.

43. identify formal and informal power sources in your company.

44. travel the corporate steps to initiate the health promotion program in your company.

45. develop a health promotion program appropriate to your corporate philosophy.

46. work with other disciplines, ie., management,physicians, to establish the health promotion program.

47. are assigned to implement certain programs within the health promotion area, ie. weight control, stress management, smoking cessation.

48. are responsible for the assessment of vital signs and basic data from the worker.

49. report the results of your health promotion classes to the director.

50. have little or no job flexibility in terms of expanding your role.

51. feel you need continuing education or further education to function in your present role.

52. feel the health promotion program in your industry is a high priority item within the entire occupational health program.