

# Nursing Diagnosis in Occupational Health

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## INTRODUCTION

This article was developed in an attempt to explore the method by which nursing diagnosis was adapted to an occupational health setting. Standards of practice for occupational health nurses were initially written using the nursing process as the foundation. These standards were then developed into a worksheet that could be used to not only document the nursing process but also to provide guidelines to the occupational health nurse regarding the standards of practice.

The American Nurses' Association *Standards for Nursing Practice* were used as a reference for the design of the worksheet (ANA, 1973).

## ROLE OF THE OCCUPATIONAL HEALTH NURSE

Occupational health nurses assume a variety of different roles in their professional practice. Depending on the setting, occupational health nursing responsibilities may include: participation in a health surveillance program that includes the assessment and recording of the health status of employees, participation in the environmental control program that aims to identify, eliminate

and control safety hazards, counseling and crisis intervention for those individuals experiencing work-related problems and health promotion through specific health education and screening programs (Brown, 1981).

In order to facilitate the documentation of the interaction between the occupational health nurse and the client in these areas, a structured system for reporting data was necessary. The worksheets, therefore, were developed to serve a twofold purpose: to provide consistency in the documentation process and to provide guidelines for nursing practice in the occupational setting. The worksheets are, in fact, a direct application of the standards of practice expected of the occupational health nurse in our setting.

## PURPOSE OF THE WORKSHEET

Using the nursing process the worksheets were designed as follows: (1) to efficiently document data collection and assessment which would lead to a diagnostic statement, (2) to identify a client problem through a nursing diagnosis, (3) to document intervention for client problems, (4) to evaluate client response to interventions, and (5) to document instances in which clients were referred for further evaluation by a physician. Considering the fact that the role of the occupational health nurse also includes the coordination and implementation of health promotion programs, this worksheet also serves as a form of data collection for future program planning.

## EXPLANATION OF THE WORKSHEET

*Data Collection:* Subjective data is the initial subheading on the worksheet (Figure). It includes not only the client's chief complaint but also information about unhealthy behaviors. The nurse is also required to specifically document the individual job duties and any work-related physical or psychological complaints.

The second subheading is objective data. Here the nurse is required to document any physical findings that are significant. The objective data should complement the subjective data. For example, if an individual should complain of chronic cough, the nurse must provide documentation of a physical examination of the respiratory system.

*Diagnostic Statement:* Subsequent to the data collection section is a listing of the currently accepted nursing diagnoses that are categorized by their functional health pattern.

Gordon defines nursing diagnosis as actual or potential health problems which nurses by virtue of their education and experience are capable and licensed to treat (Gordon, 1982). She has developed a framework for organizing nursing diagnosis based on function and labeled it "functional health patterns" (Gordon, 1982). These functional health patterns are varied and include such categories as: nutritional/metabolic pattern, role-relationship pattern, activity-exercise pattern and health perception-health management pattern. The functional health patterns provide helpful classifications for the individual diagnostic categories. Each worksheet

that has been developed is labeled by a functional health pattern.

The diagnoses that are listed on the worksheet are currently accepted into the Classification System by the North American Nursing Diagnosis Association (NANDA). A classification system is needed to develop a scientific foundation which defines professional nursing practice. The classification system also provides nurses with a common point of reference.

Additional space is provided for the nurse to develop a nursing diagnosis, if the outlined nursing diagnoses do not sufficiently identify the problem.

When developing a nursing diagnosis, the nurse should consider the essential features of a nursing diagnosis (Shoemaker, in press). The process is not complete in that the occupational health nurse needs to clinically test the diagnosis that was developed and make revisions accordingly. The diagnosis should then be submitted to NANDA for review and possible acceptance into the National Classification System. It is this process that leads to the standardization of the nursing diagnosis taxonomy.

Frequent re-evaluation of the diagnostic process is important. In order for the standards of practice to be valid, they must be based on a theoretical framework and, in addition, be accepted by the nursing professionals in the setting in which they will be used. In the occupational health setting, the collaboration among co-workers can assist in defining, re-evaluating and modifying nursing diagnoses after field testing has occurred.

**Referral:** Often when making a client assessment, the nurse arrives at a point at which she or he is unable to make a nursing diagnosis. The situation may require further evaluation for which the nurse is neither educationally prepared nor legally able to treat. This relates to the interdependent or dependent realm of nursing practice. The nurse is in this case faced with a clinical problem and needs to refer that client to the appropriate individual. The standards of practice worksheets provide an opportunity for the nurse to document the reason for which the client is being referred. This area entitled clinical problem was developed by Carpenito in an attempt to

FIGURE

CLIENT'S NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

STANDARD OF PRACTICE

HEALTH PERCEPTION — HEALTH MANAGEMENT

Subjective Data:

chief complaint: \_\_\_\_\_ age: \_\_\_\_\_

illness history: \_\_\_\_\_

medication history: \_\_\_\_\_

specific physical complaints: \_\_\_\_\_

work related physical complaints: \_\_\_\_\_

use of on-the-job safety equipment: \_\_\_\_\_

history of smoking, alcohol or drug abuse: \_\_\_\_\_

fitness status: \_\_\_\_\_

dietary history: \_\_\_\_\_

complaints of job stress or general anxiety: \_\_\_\_\_

other: \_\_\_\_\_

Objective Data:

BP: \_\_\_\_\_ Pulse: \_\_\_\_\_ Weight: \_\_\_\_\_

physical examination: \_\_\_\_\_

\_\_\_\_\_

audiometric testing: \_\_\_\_\_

vision testing: \_\_\_\_\_

other: \_\_\_\_\_

NURSING DIAGNOSIS

Alteration in Health Maintenance \_\_\_\_\_

Noncompliance related to

Anxiety \_\_\_\_\_

Negative side effects of prescribed treatment \_\_\_\_\_

Unsatisfactory relationship with caregiving environment or caregivers \_\_\_\_\_

Injury, Potential for related to

Sensory or motor deficit \_\_\_\_\_

Lack of awareness of environment \_\_\_\_\_

Other: \_\_\_\_\_

Clinical Problems:

Intervention:

Hypertension Screening: \_\_\_\_\_

Dietary Instruction: \_\_\_\_\_

Weight Management Program: \_\_\_\_\_

Smoking Cessation Program: \_\_\_\_\_

Physical Fitness Program: \_\_\_\_\_

Stress Management Program: \_\_\_\_\_

Safety Information: \_\_\_\_\_

Additional Health Information: \_\_\_\_\_

Referrals:

MD \_\_\_\_\_

Safety Director \_\_\_\_\_

Other \_\_\_\_\_

Evaluation:

Follow-up date \_\_\_\_\_

R.N.'s Signature: \_\_\_\_\_

separate nursing responsibilities from medical responsibilities (Carpenito, 1983).

**Nursing Intervention:** The next component of the worksheet is the intervention. Included in this area are the variety of health promotion programs that can be offered by the nurse in an occupational setting. Again it should be emphasized that in reviewing these worksheets the nurse should look for trends in a particular area that might provide insight into which health promotion programs might be most beneficial to the population on hand. For example, if the nurse were to find that many clients had a diagnosis of potential for injury related to lack of awareness of the environment, it would lend support to the development of a program on some aspect of environmental safety. There are varied possibilities for health promotion. However, it is crucial that nurses begin to develop programs based on the specific needs of their population. It is only then that they can begin to document significant changes in health behavior and cost benefits to the employer.

The Figure provides an example of a standard of practice worksheet. The functional health pattern that was selected is *Health Perception-Health Management*. The Nursing Diagnoses in this category that have been accepted by NANDA include: (1) health maintenance, alterations in; (2) noncompliance; and (3) potential for injury. These nursing diagnoses have particular significance to the occupational health nurse. Perhaps an actual clinical situation will better serve to clarify the function of the worksheet.

#### EXAMPLE OF A CLINICAL SITUATION

John Smith arrives at the medical department with complaints of headache, blurred vision, shoulder and upper back discomfort. Mr. Smith also mentions that he has recently been transferred into a new work environment and has been fighting with his new boss. He says he is now beginning to argue with his wife, and has increased his smoking as well as drinking.

#### WORKSHEET ASSESSMENT

When the occupational health nurse begins an assessment of John Smith, the specific findings are documented on the Health-Perception Health Management worksheet (Figure). In querying Mr. Smith further about his job duties it was discovered that he repeatedly performs the following tasks during the course of a workday: collects information from a VDT terminal, bends and picks up three-pound boxes from a lower shelf and places them on a conveyer belt. He stated that the lights in the room are extremely bright which, in fact, is the only time that he experiences the blurred vision.

Although at age 30, John Smith reveals no previous history of health problems, he does presently show evidence of some unhealthy behaviors. He is about 20% over his ideal body weight, a heavy smoker, consumes a moderate amount of alcohol, does not exercise and verbalizes about his stressful lifestyle. His blood pressure is elevated at this time.

The nurse can document a variety of nursing diagnoses including: alteration in health maintenance (related to his headaches, blurred vision, elevated blood pressure and stressful lifestyle), non-compliance (possibly relating to his smoking behavior and his obesity) and potential for injury related to lack of awareness of the environment (related to poor body mechanics).

There are a variety of interventions that the nurse can independently provide for this client. Intervention may include counseling, evaluation, and participation in health promotion programs. The nursing interventions and the client's response to those interventions should be documented on the worksheet. Any referrals that are made must also be documented on the worksheet.

Had Mr. Smith's vision test been abnormal, he might have been referred to a physician for further evaluation. This situation is reflective of a clinical problem that the nurse is unable to treat.

The worksheets assist the occupational health nurse in structuring the assessment as well as maximizing the therapeutic intervention for the client. The worksheets also serve as a vital

form of communication between other professionals who interact with the client.

#### CONCLUSION

In conclusion, nursing diagnosis has encouraged professional nurses to act independently in situations in which they are educationally prepared and legally able to treat. Although there has been a proliferation of information on nursing diagnosis, it has not been explored to any great extent in the occupational health area.

It is critical that occupational health nurses be a part of the nursing diagnosis movement. We need to utilize and clinically test the currently accepted diagnostic categories, in addition to developing nursing diagnoses that specifically identify situations in the occupational field. The sharing of these diagnoses with the nursing community will aid in the expansion of the nursing profession.

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