

### "Nurses' Directories."\*

By Miss L. L. Dock.

**O**N undertaking to present a paper on the subject of Registries for Nurses, it is with no assumption of special knowledge or wish to figure as one having any claim to authoritative views; but, rather, with the hope simply of starting discussion, and having light thrown on this practical and important branch of work by the contributions of experience and opinion that you will be able to make. Of actual practical work in the management of Nurses' Registries I have had none, and of direct observation but little. I do not, therefore, intend to go into technicalities, but will ask for a brief consideration of two or three general principles which seem to me to underlie the work, and which, though as yet perhaps dormant, are, I believe, destined to rise into greater prominence.

The first is this: It is for Nurses themselves to fix the rates of payment charged in private duty, and to state these rates to the Registry, not the Registry to the Nurses. This principle is already acknowledged to some extent, and the fact that it is so marks the last of an interesting series of modifications traceable from the beginning of trained Nursing to the present time. The trained Nurse of to-day is an evolution from the Sister of Church Orders, and the organisation of community life, where all needful is done for the individual who, during her life gives her work but has no individual independence allowed her, was, naturally enough, the model from which the first systems of secular Nursing took pattern. Notice, for instance, how similar in general outline are some of the more conservative German training schools. The Nurses practically belong to them during life-time, and, for the time when no longer able to work elaborate pension systems are planned with all the precision of paternal government. The English schools present further modifications, though still holding to the idea that it is not best for the Nurse to be a really self-sustaining being, but that after graduation she should better remain in some more or less protected and dependent relation.

When Nursing was established in this country a still further departure from the community idea was taken. The graduate Nurse stood free and independent, unbound by promises or obligations to any institution. Her earnings were her own, and she might work where she pleased. One trace of early ideas alone remained, and it

was this: the Training School undertook to provide her with work among private patients (for which privilege she paid yearly a trifling sum), but as to the rate at which she should be paid she had nothing to say. This was fixed for her, and from year to year has been handed down until it has acquired the character of an unwritten law, which it would be almost impious to break, and a distinct shock at first accompanies the thought of a Nurse charging more than the regulation twenty or twenty-five dollars a week. Yet undoubtedly this last survival of former conditions is beginning to be felt an anachronism and will ultimately be discarded; for when one comes to a candid consideration of the question, it is, of course, clear that no one person or set of persons can be found to possess an inherent right to say what any other person or set of persons shall work for.

I would not seem to fail in appreciation of what has been done for Nursing and Nurses by these initial methods. The utmost gratitude and recognition is due to those who did so much, not only to train the Nurse, but afterwards to secure her a just remuneration; yet, while believing that those views and plans were, at the time, the best possible, the natural course of events and daily progress convince one that there will be further changes.

A fundamental law of wages teaches that while the minimum rate should be stationary, the maximum should remain open and subject to variation. May it not, then, be admitted that while no Nurse should undersell another below a fixed point; and granting that to a certain extent the matter of supply and demand will always settle rates of payment, yet if the Nurse's opportunity or ability can command higher terms, she may rightly make them? The second principle I would advocate grows naturally out of the first, and is this: the woman who nurses ought to be paid equally with the man who nurses.

We all know that men, even untrained ones, who nurse, command higher rates than women, while those who are trained charge from five to seven dollars a day. Now, without intending to express any unfriendliness to men nurses (for they are useful in their place, and many patients need them), I yet believe that Nurses should strongly disapprove and combat this state of things.

The old argument, that women must be content to be underpaid because they take men's work away from them, will not hold here, for it has always been undisputed that Nursing is peculiarly a woman's work. Nor can it be logically maintained that the man must be paid more because he supports a family, for young men in training schools have no families, and

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