

REPORT ON THE STATUS OF NURSING IN  
THE UNITED STATES.

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The plan of nursing organization of the old world under which nurses may remain an integral part of their hospital schools, was not continued in the United States when the first training schools for nurses were founded at Bellevue, Massachusetts General, and New Haven hospitals, although the general plan of ward work and teaching followed the English plan to a certain extent, as the first superintendent of the Bellevue school, who inaugurated the reforms there, was an English Nurse, Sister Helen.

The managers no doubt felt that this system, with its old age pensions and provisions for sickness, would not work well in a democracy, and it was not attempted, the only approach to it being the "school registry." This meant, simply, that patients and doctors sent to the school to call for private duty nurses, and that the school sent such as it could guarantee. In some schools this work was carried on solely as a service to the public, no charge being made to the patient or to the nurse for the accommodation; in other schools a yearly fee was paid by the nurse for the benefit to herself, and in such cases as the number of nurses increased the registry work became a definite business, with some profit accruing to the school which managed them thus. As this financial profit may, in a large registry, be considerable, it has proved that the "registry" question has become one of the troublesome ones in the progress of American nurses. Lay people of unfit qualifications have attempted to make money in this way, and have often succeeded, owing to the professional preoccupation of the nurse, and also to her indolence in dealing with such affairs. It is still the case that in some places nurses pay not only a fee, but also a percentage of their earnings, to these registries, which are really only intelligence offices. Such conditions are obviously worse than the "Sisterhood" out of which the nurses developed, their redeeming feature being their transitoriness. Most firmly fixed of these commercially managed registries are certain ones controlled by the Medical Societies of the towns in which they belong; they are known to be very profitable, but no nurse has a voice, and all information is refused, even the addresses of nurses belonging to them being, in one well known instance, refused to any one for any purpose. The management is entirely that of a private monopoly, and intimidation is used in the control of the nurses, as they are told that if they register elsewhere the physicians will not employ them. Such registries are evidently a distinct drawback to the social and civic develop-

ment of the nurse, and are quite indefensible from the standpoint of medical professional ethics, being only explainable from the point of view of pure commercialism. Organization among nurses is definitely discouraged by the policy of such registries, as is shown, by the actual facts, and on the other hand, the only attempts made at National Pension Funds, supported by charity, for nurses, are in places dominated by these medical registries.

The most advanced and best organized nurses in the United States, either belong to their school registries, or conduct their own, and the latter are on the whole the most numerous.

The first registries attempted no further control of the nurse personally than to make a few rules as to her business obligations. They, however, fixed a price for her services, which should have been accepted as a minimum or average, leaving a fair amount of flexibility for the maximum, but which has instead unfortunately become established as a definite quantity, so that now, when from various causes there is a tendency to lower the rates of payment, the whole force of custom is against the nurse raising them under proper circumstances, as the doctors do.

It will be seen that in their early history American nurses retained certain disadvantages from an old system, and lost its advantages. Their lives at this period were isolated, their modes of living dreary, and their outlook limited. However, they were at least free to strike out for themselves, and the first associations were of graduates of one school banded together in "Alumnæ societies," Bellevue the first in 1889, and the Illinois training school next in 1890. As a rule, in this stage, the graduates of one school only knew one another, and were not acquainted with those of other schools.

In 1895 the first statistical report of such associations was made (Training School Alumnæ Associations; paper read by Miss S. F. Palmer, before the American Society of Superintendents of Training Schools for Nurses, 1895).

Among 164 schools in the United States, thirty-one societies were reported, of which two were religious guilds, four were general clubs, admitting graduates from all good schools, and twenty-five were alumnæ associations. These societies were quite small, not by any means including all the graduates who were eligible, the majority of whom seemed indifferent and preferred their isolation, so that the work of the comparatively few public spirited ones was most arduous and often discouraging.

Objects were: the elevation of the profession (in a vague and general way), social meetings, and

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