

## THE VALUE OF A LOCAL DIRECTORY

GRACE M. COOK, R.N.

*Indianapolis, Indiana*

(Paper read by Miss McCaslin)

THE value of an official local directory is so obvious that it is difficult to understand why we meet with so little coöperation from those seeking efficient care for the sick. Perhaps the trouble is with the directory. At present we have no uniform method of organization. However, since the reorganization of the nurses' associations by the A. N. A. an attempt is being made to keep the directories under the District Associations. Owing to the large amount of territory covered by a District Association, some disadvantages have been found to this method of organization, for instance, in District No. 4 of the Indiana State Nurses' Association which covers the greater part of central Indiana, we have two official directories, namely, the Lafayette Graduate Nurses' Register of Lafayette, and the Nurses' Central Directory of Indianapolis. In organizing, the question of financing these directories came up, as well as the question of management. After some discussion, it was decided to have the directories managed by boards of directors, the members of which are appointed by the District Association from a list of names submitted by the nurses of the community in which the directory is located. Each Directory is financed by the annual registration fee, the amount to be decided upon by the board of directors.

I would like to take just a minute here to say something about the names for our Directories. A rose by any other name might be just as sweet, but if the official directories do not keep to one name, how are we to know them from the commercial registries over the country? Since we have the directories for the benefit of the public as well as the nursing profession, we should think of them in choosing a name. Central Directory means little or nothing to the average citizen, but Nurses' Central Directory is self explanatory. Thus far I have said more about the organization of directories than about their value, but anything that is operated for the benefit of a group of people must be well organized if it would be of value to that people.

It seems to be the opinion of a great many people, nurses in particular, that a central directory is just a place for private duty nurses to register and receive calls. Doubtless nurses have gained this impression from the commercial registries, or in other words, nurses' employment bureaus, which operate *for pecuniary profit alone*. An Official Directory is *owned and controlled* by nurses (remember, I said nurses and not a nurse) and operated for nurses and the best interests of their profession and not for pecuniary profit. It is a headquarters

for nursing interests and an aid to the medical profession and the public in securing efficient care for the sick. A nurse to register with a Central Directory *must be a registered nurse*.

Sufficient time is given new graduates to take the state board examination, also time for new nurses coming into the state to take out their reciprocity papers. Directories controlled by district associations require that a nurse be a member of the district association in which the directory is located, which means, as you know, that she be a member in good standing of her alumnae association, the state association and the national. A letter from her superintendent is secured by the registrar. This is a great deal of trouble or "red tape," as some are pleased to call it, but we all know that many wear "the sign of our profession" who are not nurses, but who, unless we have some way of eliminating them, will pass as nurses to the discredit of our profession. Public Health nurses, institutional nurses, child welfare nurses, industrial nurses, all, must meet the highest requirements, but anyone can do private duty, so long as the public must depend upon the telephone directory or a commercial registry for nurses. The commercial registry seldom takes the trouble to look up the record of an applicant, also anyone calling himself or herself a nurse may be listed in the telephone directory with the nurses. When a call comes to a Central Directory for a nurse, a nurse is sent to the case, a graduate, registered nurse, not a trained attendant. The directories usually keep a list of good practical nurses or trained attendants, but never under any circumstances, is a trained attendant sent for a case when the call is for a graduate nurse.

The number of calls to the Nurses' Central Directory of District No. 4, Indiana State Nurses' Association, in one year, might be of interest and will give some idea of the value of a local directory to the nursing profession and the public, in the community in which it is located. The last annual report from October 1, 1920, to October 1, 1921, shows that we received 1180 calls for surgical cases, 630 for medical cases, 720 for cases not classified, 118 for accident cases, 121 for pneumonia, 100 for contagious cases, 47 for typhoid fever, 6 for small pox, 1 for pellagra, 8 for influenza and 116 for institutional, public health, etc., making the total number of calls for the year 3,333. In February we received the largest number of calls, 354, and in September the smallest, 197. Out of the 3,333 calls, only 115 were for practical nurses, 13 were for male nurses and seven for graduate colored nurses. At this time we had 202 nurses registered with the directory. The average number of nurses registered with the directory in the past three years has been about 160.

The calls received by a directory are only a small part of the

work done. It is impossible to keep records of all the interviews given, the many letters written, including letters of recommendation, the advice and guidance given the private duty nurse no longer able to do private duty, the opportunities to gain students for our training schools and the information given to the nurses. Have you ever wanted the address of the *American Journal of Nursing*, the *Public Health Nurse* or wished that someone would take care of your subscriptions for you? Maybe you have wanted to know the name and address of the secretary of your District Association or the State Association or how to enroll in the Red Cross Nursing Service or to whom to apply for the State Board Examination and when and where it would be held, whether Washington has reciprocity with New Jersey and many other things of interest and importance to nurses. *Call your Central Directory*. If they don't have the information they should get it and will, if you ask them to do so. The value of a local central directory to the nurses in the community in which it is located, is only limited by the nurses of that community.

Remember, I said in beginning, that a Central Directory is owned and controlled by nurses, for nurses and the best interests of their profession.

If you haven't a Central Directory in your District, see that you get one and then use it. A Central Directory is of value to the nursing profession as a whole, but to the private duty nurse it is indispensable.

## HOW CAN WE COUNTERACT THE PREVAILING TENDENCY TO COMMERCIALISM?

ANNETTE FISK, R.N.

Waltham, Mass.

(Paper read by Miss Hollingsworth)

A PATIENT once told me that her children had taken to socialism because Christianity had failed. "Failed?" I said, "but it has never had a fair trial. How many really live up to the Christianity they profess? Very few; it is too hard work. So they say it is a failure and try something else that is easier, that demands less self-denial." The early Christians had no highly developed church with forms and ritual. Their ceremonies were simple, their meeting-places, many times, any place where they could meet with safety and without interruption, but they had courage and devotion and patience and the spirit of self-sacrifice. They had the courage of their convictions and they tried to live the life Jesus bade His followers live. With the centuries the outward forms, the places of worship, of Christians have become formal, elaborate, often full of beauty; but with the