

Protestant Nursing in Crisis? The Shortage of Deaconesses in the GDR Using the Example of the Evangelisch-Lutherisches Diakonissenhaus Leipzig

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Abstract

There is well-established research in Germany showing that the number of Protestant nursing sisters (deaconesses) increased until the end of the 1930s. This trend then ended, which led to broad and long-lasting debates about the continuation of the Protestant nursing tradition and the solidarity-based life model of deaconesses. While these debates and their outcomes have been studied for the Federal Republic of Germany and other Western European countries, almost no such studies existed for the German Democratic Republic (GDR). This article therefore fills a research gap. Using the example of the Leipzig Deaconess House, it elaborates on the development of the number of nurses from its founding in 1891 to the end of the GDR and presents the institution's organizational structure and recruitment strategies. It focuses on the GDR period and asks the following questions: What was the status of deaconesses under labour law? How were the declining numbers of deaconesses in nursing and in the community dealt with? And how did deaconesses and wage-earning nurses interact in everyday hospital life?

Keywords: Deaconesses, German Democratic Republic, Protestant Hospital, Christian Nursing, Staff recruitment, 20th Century

1 Introduction

The German term *Pflegenotstand* (nursing shortage) is the current term used to describe the shortage of nurses in Germany and other European countries. The term *Schwesternmangel* (shortage of nursing sisters), on the other hand, was the contemporary term for the biggest problem of Protestant welfare institutions after the Second World War. The difference between the two terms lies in their absoluteness: while *Pflegenotstand* refers to a general lack of staff in the nursing sector and thus implies inadequate care for patients, the problem of the lack of young nurses in Protestant deaconess houses says little about how well the care of the sick and social work functioned under denominational sponsorship. The lack of nurses was understood in Protestant charity organizations primarily as the lack of new recruits, who would have guaranteed long-term continuity in terms of personnel and nursing care as well as on a spiritual level. This paper, however, proposes that shortage of new staff in the deaconess houses was an internal problem. From the perspective of the diaconal administrators, the nurses in Protestant hospitals by no means replaced the deaconesses, who regarded nursing not only as a profession but also as a vocation in a missionary sense.

However, this initial thesis about a relative nursing shortage in deaconess hospitals does not exclude the possibility that an absolute nursing shortage may have existed in the case of both diaconal and state care of the sick and elderly in European countries after 1945. This leads to the question of whether the deaconess houses were able to fulfil their self-imposed mission of Christian care for the sick despite a shortage of deaconesses. Questions also arise about the quality of care: the declining number of deaconesses may have made it impossible to provide care according to the original Protestant aspiration to holistic care of body and soul. Was it possible for the wage-earning nursing staff to perform their work 'well enough' with being

members of the deaconesses' community of faith, life, and service? And what about the co-existing models of life and work within nursing?

While these questions have been addressed for the Federal Republic of Germany, Sweden, and (as a non-European example) the USA¹ in recent years, a scientific examination of the situation of diaconal institutions in the German Democratic Republic (GDR) has been lacking. In general, research on the healthcare system in the GDR is still in its infancy. The main developments that have been examined are those in the phase of the Soviet Occupation Zone (SBZ). There have been fewer examinations of the period up to the building of the Berlin Wall in 1961 and there is still a lack of comprehensive studies for the time after that.² The focus has been on the history of doctors, while nursing staff have almost never been mentioned.³ One dissertation has been published on health education and propaganda in the GDR, and another on doctors and medical university teachers there.⁴ A project to study the respective ministries of health in the GDR and the Federal Republic has recently begun.⁵ Individual studies⁶ and several memoirs⁷ of those involved are available about the Diakonie Deutschland, its institutions, and the German Protestant charity organizations, but they have not yet been linked to the existing research on the German state health system.⁸

The present study can therefore only attempt to fill a limited part of large research gap. Using the example of the *Evangelisch-Lutherisches Diakonissenhaus Leipzig* (Leipzig Lutheran Deaconess House), it examines the problem of dwindling number of deaconesses within the motherhouse system, especially after 1945. The Leipzig Lutheran Deaconess House was founded in 1891 in the centre of the then German Empire, in Saxony. This was a relatively late development within the Protestant motherhouse movement. The first deaconess house was established in Kaiserswerth in the Rhineland in 1836 and by 1891 there were a total of 62.⁹ Leipzig was thus part of an empire-wide, even transnational Protestant movement that aimed to alle-

¹ For example, Green 2011; Kaminsky 2012; Kreutzer 2012.

² Bruns 2012, p. 337.

³ Bruns 2012, p. 337.

⁴ Linek 2016 and Ernst 1997. See Weil 2008 on the involvement of doctors with the Stasi. See Krumbiegel 2007 for outpatient care.

⁵ Braun 2017, here is also the reference to the 'parallel project' to the Ministry of Health in the Federal Republic of Germany.

⁶ Heider 1993; Hübner 1999; Jostmeier 1999; Büttner 2014; Rose 2015; Gaida 2015; Winkler 2018.

⁷ Strümpfel 1984; Braune 1999; Dähn 2010. The latter are also adopted by scientific accounts without the conducting of systematic interviews or file research beforehand, e.g. Schmuhl/Helbig 2002, pp. 183–191.

⁸ Any change of perspective will be almost impossible as long as the historiography of deaconess houses and Diakonie Deutschland is based on orders of the actors (i.e. individual deaconess houses and associations of the Diakonie Deutschland). The local or regional institutional histories often hide connections with local, regional or even supra-regional healthcare. On the other hand, there is little evidence that historians studying state healthcare also research the records of diaconal associations. Thus, parallel narrative strands emerge, which hardly seem to know about each other or at most reproduce common prejudices.

⁹ 'Motherhouse' was the name given to the place of residence of the community of sisters. This paper uses 'motherhouse' and 'deaconess house' as synonyms. The data is taken from Statistics of the Kaiserswerth General Conference from 1939, p. 7. The movement did not reach its zenith until 1939, when there were a total of 108 deaconess houses.

viate social hardship and at the same time acted with a missionary aspiration.¹⁰ The idea was to introduce expert, loving care for the sick and poor — care which had until then been lacking — through the formation of religious sisterhoods.¹¹ At the time the Leipzig Lutheran Deaconess House was founded, there were already efforts throughout the German Empire to separate medical care, nursing, and poverty relief from religious activities and private charity, and have them instead be organized by the state. This was the aim of social democracy, which was particularly strong in Saxony in the second half of the nineteenth century. The founding of the Leipzig Lutheran Deaconess House was a response, promoted by Leipzig's conservative city leadership, to the activities of social democratic associations.¹²

The Leipzig Lutheran Deaconess House was one of the smaller institutions. Larger houses, such as the Kaiserswerth deaconess house and the Sarepta deaconess house in Bethel had well over a thousand deaconesses until the 1930s. The motherhouse of the Leipzig Lutheran Deaconess House and the hospital it ran were built in 1900. The hospital was located in the heavily industrial western part of Leipzig, more precisely in the working-class suburb of Lindenau, which had been incorporated into the city shortly before.¹³ The main features of the hospital were the general hospital, which had a surgical department, and an internal department, and the community care (this service was provided throughout Saxony, the state to which Leipzig belonged). Other important pillars included the nursing school and the polyclinic, which was responsible for outpatient care.¹⁴ With these services, the hospital filled a gap in the care of the heavily industrialized west of Leipzig. Until then, there had been two hospitals in the original city area: the St. Jakob University Hospital and the St. Georg Hospital. The latter employed nurses from the Albertverein, a royal foundation in Dresden.¹⁵ Before this point there had been no denominational nurses' association in Leipzig. Likewise, there was no solution for the care of the socially weak workers in the industrial areas until the foundation of the deaconess sisterhood.¹⁶

However, the point of this paper is not to chart the success of the Leipzig sisterhood. Instead it focuses on the drastic changes in the microhistory of this institution in the period between 1945 and 1990. The study is based on records and interviews with contemporary witnesses.¹⁷ The first section presents the organization of the motherhouses in general terms and highlights the importance of recruiting new staff. The second section focuses on the Leipzig deaconesses during the GDR period, their living and working conditions, and their status under labour law. The third section analyses the challenges of recruiting staff at the Leipzig Lutheran

¹⁰ Kaiser 1989 on 'sozialer Protestantismus' (social Protestantism) or 'Verbandsprotestantismus' (associational Protestantism); other essential works include Strohm/Thierfelder 1995; Schmidt 1998; Gause 2005; Kaiser/Scheepers 2010; Hammer 2013.

¹¹ Kuhlemann/Schmuhl 2003; Bischoff 2008; on professionalization in nursing, see Sticker 1960; Seidler/Leven 2003; Braunschweig 2006; Schweikardt 2008; Wolff/Wolff 2008.

¹² Sievers 1998, in particular pp. 84 ff. and 189 ff.

¹³ Müller 2018/2019.

¹⁴ DHL (Archive of the Leipzig Lutheran Deaconess House) 1918–1931; in this case to 1927.

¹⁵ Haupt/Güldner 2011, pp. 202–203.

¹⁶ Müller 2018/2019.

¹⁷ Interviews with contemporary witnesses were used in the current environment of the Leipzig Lutheran Deaconess House, i.e. the sisters approached had been deaconesses or wage-earning staff there for a long time.

Deaconess House during the GDR period. It asks what efforts were made to recruit young staff for training for the nursing sector of the hospital and what obstacles were encountered. The fourth section presents the communal cooperation of deaconesses and wage-earning staff in everyday hospital life. The fifth section seeks answers to the question of how the self-image of a Christian hospital was maintained with only a few or no deaconesses at all.

2 Deaconess Houses and Recruitment of New Nurses

In order to understand the problem of the shortage of nurses, there follows a description of the principles of the motherhouse organization and a rough historical outline of the strategies and successes of recruitment. Motherhouses represented self-contained, self-sustaining systems based on continuity.¹⁸ They trained young, unmarried women in nursing or other social occupations. These women then worked in the in-house facilities or were hired out as skilled workers to other social service providers. Their fields of activity included nursing in hospitals and homes for the aged and disabled, as well as care and education in day-care centres, state and church institutions, and urban and rural communities. The deaconess houses concluded contracts for the provision of staff with the institutions and associations that required the labour of deaconesses. The money received for the deaconesses' labour was paid to the motherhouse rather than to the individual deaconesses, who received only a small sum as pocket money. The women worked voluntarily for the sake of their faith and lived in the community of sisters or at least maintained constant contact with it. The motherhouse promised them lifelong care 'in sickness and in health',¹⁹ i.e. even in the event of death, invalidity, or retirement. In order to keep this promise, the deaconess houses required new sisters to join them on an ongoing basis, as their work would cover the costs of caring for their elderly and sick fellow sisters. Although there was no official retirement age and the principle of lifelong 'usefulness' in the service of the motherhouse applied, aging deaconesses could only occupy full-time positions up to a certain point, after which they went into 'retirement', had to be cared for, and no longer brought money into the system themselves.

However, recruiting new recruits had become difficult as early as the end of the nineteenth century, i.e. at the time when the Leipzig Lutheran Deaconess House was founded. Protestant women had more professional opportunities available to them at this time than they had in the first half of the nineteenth century.²⁰ The deaconess motherhouse movement was considered very modern at the time, because it allowed women to pursue a socially recognized activity out of religious motivation without marrying.²¹ However, over time this model came under increasing pressure. An enterprise that initiated the professionalization of nursing in the nineteenth century and gave Protestant women their first professional perspectives turned into an institution that did not consider the state regulations in the area of nursing training, labour law and social welfare to apply to its core group, the deaconesses. After peaking in 1939, the number of diaconal nurses collapsed. Despite an upswing immediately after the

¹⁸ Katz/Sachße 1996; Benad 2014; Kaiser 2014 on the financing of the deaconess houses.

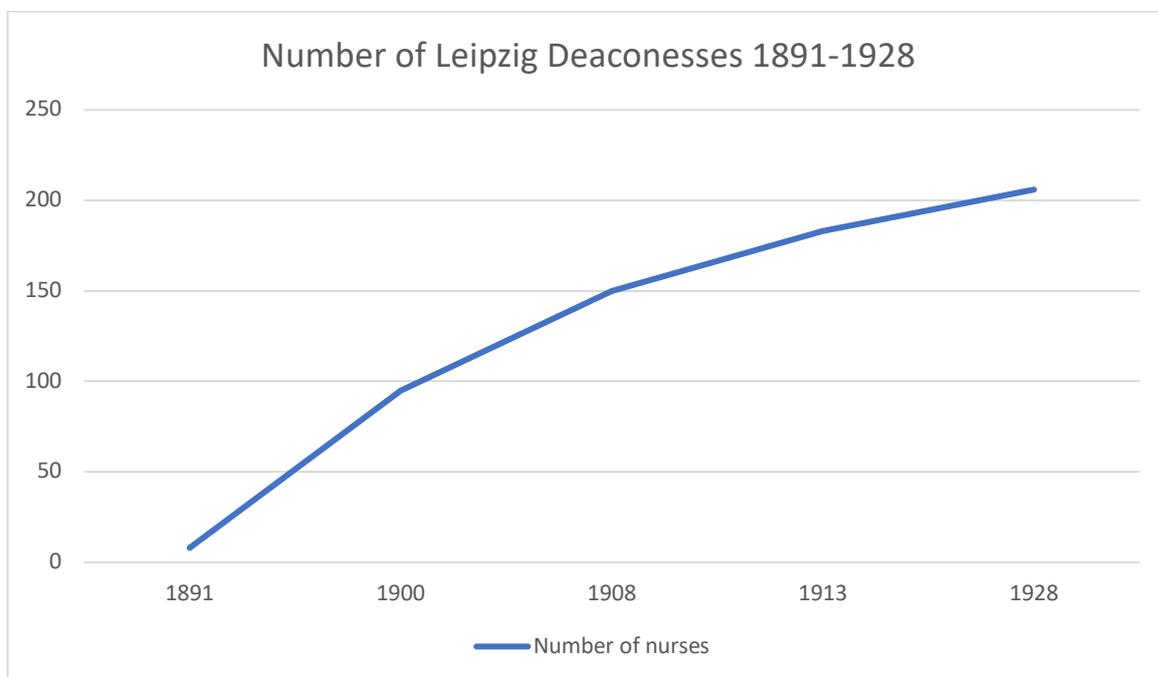
¹⁹ Lohoff 1928 b, pp. 31–32.

²⁰ Schmidt 1998. For a general overview of the diversity of opportunities for women in the empire see Beuys 2014, for the period of the Weimar Republic Föllmer 2005.

²¹ Habermas 1994; Köser 2006 on the ambivalence of the deaconess model between independence and self-sacrifice.

Second World War, fewer women became deaconesses in the Federal Republic of Germany in the longer term.²² Researchers have cited the expansion of women’s employment, the changing image of women, secularization, and the increasing reluctance to join a close-knit community as explanations for this, as well as other social, economic, and political factors.²³

How did the numbers of deaconesses develop at the Leipzig motherhouse? There is no precise data from the early days. The only information available is that the sisterhood was founded in 1891, that eight young women joined, and that after ten years, the house comprised 52 deaconesses. The community also included student nurses and other prospective deaconesses, including probationary sisters at various stages of their training. In 1900, the motherhouse consisted of 95 sisters.²⁴ Although their numbers continued to grow steadily during this time and exceeded 200 in 1928, the age structure reveals that there were many more older deaconesses belonged than there were younger sisters moving up.²⁵

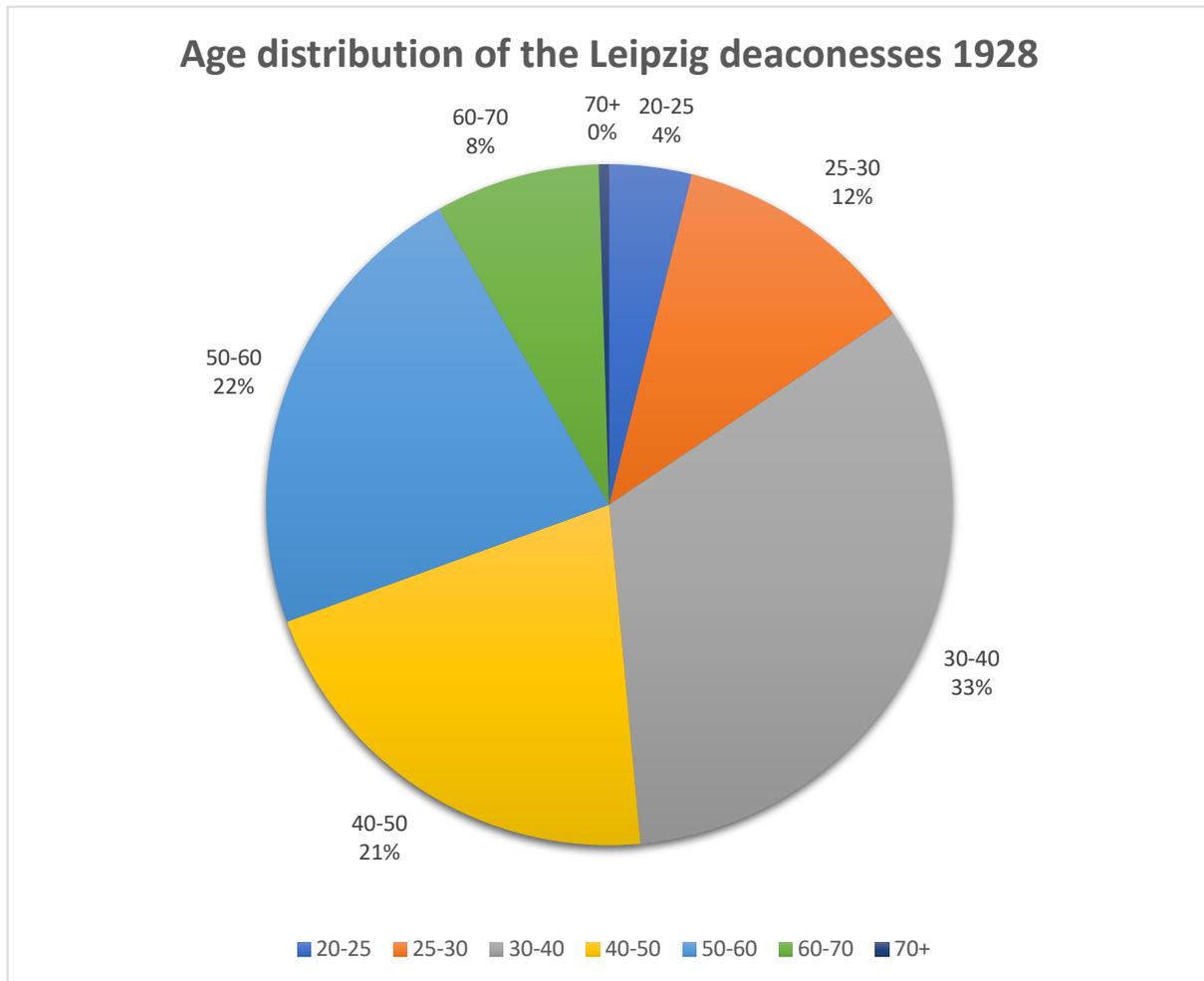


²² The number of active sisters in the oldest deaconess house in Kaiserswerth/Düsseldorf dropped from its peak of 1556 sisters in 1936 to 978 sisters by 1955 and halved again to 482 by 1967, Kaminsky 2012, p. 31.

²³ Schmuhl 2010; Sieger 2010; Kaminsky 2012; Krey 2014; Kreutzer 2014; Hähner-Rombach/Pfüttsch 2018.

²⁴ Lohoff 1928 a, p. 11.

²⁵ This data was provided to the Kaiserswerther Verband by the then Rector Gerhard Lohoff, see ADE 1918-1927.



The problem with this development was, as explained above, that in order to maintain the organization of the motherhouse, new recruits were needed. Complaints about the lack of new recruits characterized the internal discussions and the public statements of the Leipzig Lutheran Deaconess House from its very beginning.²⁶ Even the regional daily newspaper with the highest circulation in Saxony, the national-conservative *Leipziger Neue Presse* (LNP), addressed the problem of new recruits at the Leipzig Deaconess House in a discussion forum in 1911.²⁷ Changes in the general social, economic, and legal situation of women, which had no particular effect on the motherhouse system, were seen as the reasons for the lack of new recruits. One LNP reader called for the abolition of the pocket money system and more rights of self-determination for the deaconesses. However, such advice was not heeded by the management of the Leipzig Lutheran Deaconess House. Although a *Schwesternrat* (Sisters' Council) was established at the Leipzig motherhouse as early as 1906, the authority of this body did not go beyond discussing upcoming deaconess ordinations, dismissals, and unusual occur-

²⁶ Schmidt 1995. See Föllmer 2005 and Beuys 2014 on the history of women in the empire.

²⁷ See, for example, the letter to the editor on the debate 'What is the need for the Leipzig Lutheran Deaconess House?' of 06/09/19[11], DHL 1911.

rences among the sisters.²⁸ There was no intention of abandoning the solidary community model, into which the working deaconesses paid and from which care was provided for those who were unable to work.

In the first decades of the twentieth century, moreover, the number of aging deaconesses grew slowly but steadily. Their morbidity and death rate was still very high until the 1920s. Until the 1910s, for example, about twice as many Protestant sisters died of tuberculosis than the rest of the female population.²⁹ According to statistics from 1928, eight sisters in the Leipzig Lutheran Deaconess House died of pulmonary tuberculosis, another six from unknown 'lung diseases' or pneumonia, and several from typhoid fever.³⁰ At this time, the house had already recorded 31 deceased sisters, only nine of whom had lived beyond the age of 50. Fourteen died before the age of thirty.³¹ It was not until the late 1920s that the tuberculosis mortality rate among deaconesses throughout the German Empire was reduced to the average level for the population as a result of increased awareness of the problem and various health measures.³² This decline in mortality was gratifying for the motherhouses, but it also meant that care was required for more deaconesses in old age.

This led to an intensification in the search for new recruits at the end of the 1920s. From the beginning, the recruitment of young women was one of the most important tasks of the Leipzig Lutheran Deaconess House. The rectors and pastors repeatedly called on young women to join the convent during church services and the board placed advertisements in newspapers.³³ In 1927 and 1928, Rector Gerhard Lohoff published several illustrated pamphlets and had deaconesses write readable, positive descriptions of the work for a brochure.³⁴ The general rules of the motherhouse were aimed at appearing attractive to the public and thus to potential female applicants. The strict rules of conduct for deaconesses, for example, were intended to provide a role model for young Protestant women, especially in parish care.³⁵ Although prohibitions against accepting gifts and 'malicious gossip' about the deaconess house had been in effect since the time of its founding, they were not recorded in writing until Lohoff's leadership.³⁶

In addition to direct advertising and its indirect role as a role model for the nursing profession, the nursing school was of great importance for the recruitment of new staff. It was an organic part of the deaconess house, because it ensured the qualification of the next generation and performed a flagship role. At least until the beginning of the twentieth century, nursing training in a deaconess house was considered a guarantee of good qualifications. After the state

²⁸ Lohoff 1927, which includes the founding document of the Sisters' Council as an attachment. See also DHL 1926. It was not until 1932 that the members of the sisters' Council had the right of co-determination on the board of the Leipzig Lutheran Deaconess House, see DHL 1932–1933, meeting of 06/03/1932.

²⁹ Schmuhl/Helbig 2002, p. 54.

³⁰ List concerning 'Unsere Heimgegangenen' (Our Departed) in Lohoff 1928 a, p. 17.

³¹ List concerning 'Unsere Heimgegangenen' (Our Departed) in Lohoff 1928 a, p. 17.

³² Schmuhl/Helbig 2002, p. 54.

³³ Sievers 1998, p. 134.

³⁴ See, for example, Lohoff 1927 and 1928 a.

³⁵ See, for example, Krumbholz 1991.

³⁶ From 1930, all newly ordained deaconesses had to sign a declaration of unconditional sincerity and obedience to superiors. They further undertook to refrain from anything that could damage the reputation of the deaconess house in public, see DHL 1930.

regulation of nursing training in 1907 (Prussia) and 1909 (Saxony), which incidentally came about without the participation of the nursing associations and motherhouses,³⁷ the Leipzig Lutheran Deaconess House's nursing school came under increasing pressure. For a long time, the management did not want to acknowledge that the value of a non-governmental education in a deaconess institution was continuously decreasing. It tried to maintain the image of the original and best educational institution. However, in the 1920s, there was no way around applying for state approval. This status was granted in 1925 and from then on, the nursing school functioned as a state-approved training institution. Although there is no documentary evidence of this, the deaconess house probably also encountered the problem that it was no longer providing training exclusively for its own needs, but was transforming into a school open to the public. Its graduates found employment outside the Protestant motherhouse system with their certificates, so it was no longer a matter of course that those who trained there remained in the deaconess house to enter it as deaconesses. Departing nurses no longer paid into the motherhouse system and therefore did not contribute to the care of elderly and incapacitated nurses.

Although the 1920s are rich in historical records as far as the sisters of the Leipzig Lutheran Deaconess House are concerned, there is little material available for the 1930s and 1940s. All that is known is that the number of recruits fell drastically in the 1930s and reached zero in 1942.³⁸ Although there were very frequent resignations, some of which can be explained by the number of conversions to the *Braune Schwestern* (Brown Sisters), as the National Socialist Sisterhood was known, there are no sources available to prove this.

3 The Staffing Situation and the Status of Deaconesses in the GDR

In the GDR, as in the Federal Republic, admissions to the motherhouses generally declined in the 1950s.³⁹ It is only possible to speculate about the reasons for this. In part, explanations similar to those mentioned above for West Germany may apply here. Statements by contemporary witnesses and the results of research on the relationship between church and state suggest that the state's repression of churches and their ministries in the GDR had a particularly deterrent effect on young women.⁴⁰ It is certainly true that the number of people who formally belonged to a denomination in the GDR declined overall as a result of hostility toward the church and the exodus of broad segments of society.⁴¹ There was also an expansion of nationwide state structures in social welfare and healthcare, which — while not rendering denominational institutions dispensable — certainly placed them in mutual competition in areas including the labour market.⁴² Female employment increased massively, which may have resulted in some loss of appeal for the life of a deaconess.⁴³ At the same time, however, there was a Protestant milieu in the GDR. The children of this milieu shared the consequences of their parents' church affiliation: they were, for example, prevented from taking the *Abitur* (the

³⁷ Schweikardt 2006.

³⁸ See the corresponding entries in DHL 1940–1945.

³⁹ Jostmeier 1999, p. 132.

⁴⁰ Jostmeier 1999, p. 132; Gause 2006, p. 205. The key publication on this issue was Thiele 1963.

⁴¹ Lindemann 2016, p. 253.

⁴² Krumbiegel 2007; Heider 1993.

⁴³ Hoffmann/Schwartz/Hockerts 2004 for more detail.

secondary school examination allowing entrance to university) or from pursuing state apprenticeships. For them, the diaconal institutions were a safe space where they found training and employment opportunities.⁴⁴ Nevertheless, ordination as a deaconess remained a rare choice.

In the first years after the Second World War, about ten sisters per year entered the Leipzig Lutheran Deaconess House with the intention of becoming ordained deaconesses.⁴⁵ However, the number of new recruits finally collapsed in 1954. From then until 1968, only between one and three women joined each year and after 1968 there are almost no records of any further recruits being admitted.⁴⁶ There was no wave of departures in Leipzig, as was described, for example, in the case of the *Henriettenstiftung* (Henriette Foundation) in Hanover in the Federal Republic.⁴⁷ Only between one and three women left the community each year until the end of the 1960s, when the number of those leaving came to a complete standstill.⁴⁸ Nevertheless, the number of ordained sisters declined rapidly, because there were fewer and fewer new ordinations. While there were still regular ordinations in the 1950s (for example, four in 1952 and six in 1955), the number of years in which no ordinations took place increased. The penultimate ordination ceremony in the Leipzig motherhouse took place in 1969, when three probationary sisters were ordained as deaconesses. The final ordination took place eight years later in 1977.⁴⁹ The records do not clearly show when the deaconess house began to employ the 'secular' nurses who gradually replaced the deaconesses, probationary nurses, and student nurses in the hospital and in community work. Some of them joined the diaconal sisterhood, that is they continued the spiritual heritage of the deaconesses but did not live within the community of deaconesses.

⁴⁴ Gaida 2015, p. 28. See also Ernst-Bertram/Planer-Friedrich 2008.

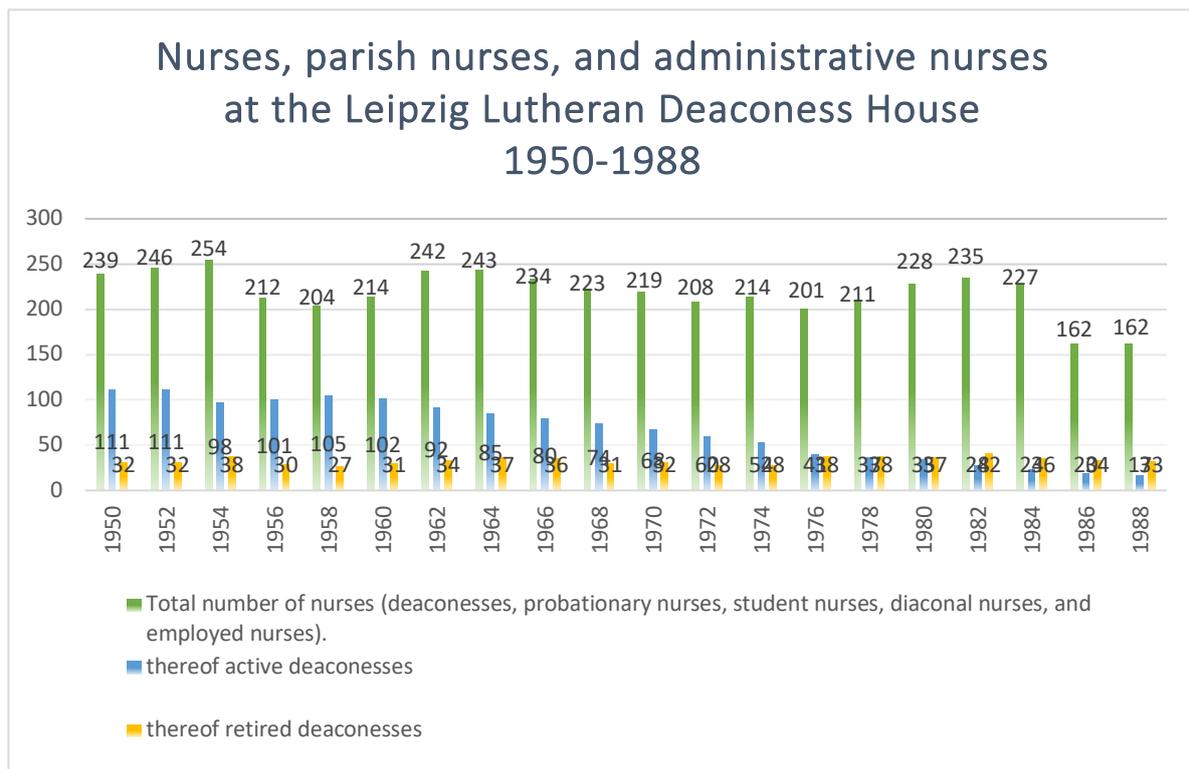
⁴⁵ Even this number, however, was too low from the point of view of the management of the deaconess house: On the sixtieth anniversary of the founding of the Leipzig Lutheran Deaconess House, in 1951, the management wished for 'young girls and women who want to serve the Lord as deaconesses, people whose hearts and prayers are with our work, men and women who live their connection to us', DHL 1951.

⁴⁶ See the corresponding entries in the annual reports.

⁴⁷ Kreuzer 2014, p. 66.

⁴⁸ See the corresponding annual reports.

⁴⁹ DHL 1924–1967.



The problem of aging reached much greater proportions than in the first half of the twentieth century. This had an effect not only on the finances of the motherhouse, but also on the actual working capacity of the deaconesses. As early as 1954, Rector Paul Meis spoke of an ‘extreme strain’ on the sisters who were still active and the impossibility of providing relief due to the lack of new recruits.⁵⁰ The extent of the burden to which aging deaconesses could be subjected when only a few young recruits were coming through the ranks was also an ethical question for governing body of the motherhouse. The number of working deaconesses dropped from 101 to 14 during the period between 1947 and 1990, while the number of retired deaconesses remained largely the same over the same period. About the same number died as went into retirement.

Given these serious changes during the GDR period, the question arises as to how it was possible to maintain care for the aging diaconal sisterhood when the system of self-sufficiency came under threat. The governing body of the motherhouse refused support from state agencies until the 1980s. Deaconesses, pastors, and church officials were exempted from Macher’s Decree. Introduced in 1958, this constituted compulsory social insurance for workers and ‘*Werkstätige*’ (persons engaged in working activities sanctioned by the East German state). This exemption was because the church and Protestant charities feared union influence in their institutions.⁵¹ It was only after many years of negotiations that this group of people was incorporated into the state pension scheme through an agreement between the *Bund der Evangelischen Kirchen in der DDR* (Federation of Protestant Churches in the GDR) and the

⁵⁰ Circular from Paul Meis to the sisters from April 1954, DHL 1950–1954.

⁵¹ Strümpfel 1984, p. 123.

Staatssekretariat für Arbeit und Löhne (State Secretariat for Labour and Wages) in 1985.⁵² Until then, the Leipzig Lutheran Deaconess House paid voluntary pension contributions for its deaconesses.⁵³

Although this special treatment of the deaconesses was desirable because it averted state influence on this core group of the association of Protestant charities, the fact that the deaconesses were not legally considered '*Werkstätige*' also created disadvantages for them. Without status as a '*Werkstätige*' and without social insurance, they were excluded from state recreational opportunities, even though they urgently needed them.⁵⁴ Recreational opportunities offered by the church and Protestant charities diminished during this time. Although Leipzig Lutheran Deaconess House had its own recreation facility in the Vogtland region of Saxony, it was not reopened for five years after the Second World War due to governmental obstruction.⁵⁵ It was at this '*Haus Schorbus*' in Bad Elster that religious recreation programmes for deaconesses, nursing students, and wage-earning staff took place from 1950. However, by the end of the 1970s, it was no longer possible to staff the house and it was handed over to the *Landeskirchliche Amt der Inneren Mission in Sachsen* (Regional Church Office of the Inner Mission in Saxony) in 1977.⁵⁶ The only remaining Protestant convalescent home in the GDR (the '*Haus zur Gotteshilfe*' in Bad Liebenstein) had only very limited capacity for the deaconesses.⁵⁷

The question arises as to how the governing body of the motherhouse reacted to the radical decline of the sisterhood. The records offer only sporadic answers to the question of whether countermeasures taken or whether the decline was simply accepted. In the 1950s, the rector at the time, Paul Meis, seems to have sought responsibility in the immediate environment of the deaconess house, saying that the parishes were sending too few young people to the deaconess house.⁵⁸ He saw the solution in developing the religious component in the concept of the Leipzig Lutheran Deaconess House and believed that only a 'spiritually vibrant sisterhood' would increase the attraction of the deaconess house:

Why should a young girl become a deaconess if we are nothing special? She can serve her Lord in a huge range of professions. But if she senses that people are living here who are at pains to make Christ real in their lives, [...] shouldn't she be drawn to us?⁵⁹

The governing body of the Leipzig motherhouse strove to strengthen the deaconess system according to the old tradition. Even when, in the early 1970s, discussions were already taking place throughout the Protestant charity organizations about how to continue, the governing body and the deaconesses decided, after several evenings of discussion, to retain the old form

⁵² DHL 1981–1990, entry from 1985.

⁵³ DHL 1981–1982. On the pension provision for the sisters of the *Berlin-Zehlendorfer Diakonieverein* (Berlin-Zehlendorf Diaconal Association) see Gaida 2015, pp. 26–27.

⁵⁴ Strümpfel 1984, p. 124.

⁵⁵ DHL 1947–1949, letter from 18/04/1949 and DHL 1949–1950, meeting of 08/05/1949.

⁵⁶ DHL 1977. The house was sold in 2004.

⁵⁷ Strümpfel 1984, p. 124.

⁵⁸ DHL 1946–1959, entry from 1951.

⁵⁹ Sisters' newsletter from Paul Meis, 20/9/1951, DHL 1950–1954.

of the motherhouse.⁶⁰ Its core was formed by a closed, celibate sisterhood. The most important goal under the social conditions, which were already recognized as having changed, was to continue the spiritual community, both for the deaconesses and the wage-earning staff.⁶¹ A transformation of the order in a new direction, in which, for example, traditional dress would no longer have been obligatory or marriage would have been permitted, was out of the question. The example of the Swedish association of Protestant charities shows that modernization efforts could certainly be effective in attracting new recruits. In Sweden, the motherhouse system was completely reformed in the second half of the twentieth century in response to state attacks. Deaconesses were given much more freedom, and so the model once again became attractive to young women.⁶²

During the period studied, little changed for the deaconesses of the Leipzig Lutheran Deaconess House in terms of their way of life, their relationship with the governing body of the motherhouse, or their social interaction. They lived together in the motherhouse, wore traditional dress and hoods, and had limited rights of co-determination. Furthermore, the principle of secondment applied, i.e. the sisters were posted to wherever the superior deemed necessary.⁶³ Although the deaconesses regarded this practice as a necessary part of sisterhood to be acquired during training, there is repeated evidence that they were unable to come to terms with it and it may have been a reason for leaving in several cases.⁶⁴ Several deaconesses felt decisions by the motherhouse were arbitrary or unjust during the GDR period.⁶⁵ Examples from motherhouses in other countries show that not every motherhouse adhered to the principle of secondment. For example, in the 1960s, the Swedish association of Protestant charities ended the secondment of its deaconesses and allowed them to enter into work contracts independently.⁶⁶ In contrast, the last decisive change to the entire sisterhood's power of co-decision was made in Leipzig in 1946, after which no efforts were made for reform in this regard, at least not formally. It was then that the Sisters' Council was given expanded powers and equal decision-making authority with the governing body of the motherhouse. Where it had once comprised elected members and members delegated by the governing body of the motherhouse it now comprised only elected deaconesses.⁶⁷

⁶⁰ In 1970, all active deaconesses discussed the constitution of the Protestant charity association the *Kaiserswerther Verband* (KV) via a survey by the same association. The aim of this was, as many other motherhouses in East and West Germany were attempting, to redesign the constitutions of the motherhouses. In 1971, as a result of this survey, the KV announced its modified framework constitution in which the uniformity and binding nature of the associated motherhouses was removed. See Scheepers 2010, p. 221.

⁶¹ DHL 1970–1975.

⁶² Green 2011.

⁶³ See the interviews with deaconesses, Lehmann 2020 and Muck 2020. See also the analysis of biographical interviews in Friedrich 2006.

⁶⁴ This is pointed out by the Leipzig deaconess Marie von Liebe in her memoirs, see Liebe [no date].

⁶⁵ Lehmann 2020; Muck 2020.

⁶⁶ Green 2011, p. 171.

⁶⁷ DHL 1945–1946, meeting from 09/03/1946.

4 The Challenges of Staff Recruitment During the GDR Period

With the declining number of deaconesses, all deaconess houses faced the question of who would continue Protestant nursing work. The motherhouses were an integral part of the welfare and healthcare system with functioning structures in the hospital system and in a wide variety of areas related to care and education. These were not to be abandoned. From the church's point of view, they were the 'manifestation' of the church – an essential and visible component of the church's social work.⁶⁸ In the GDR, moreover, the Protestant hospitals were understood as an important part of the churches' struggle for legitimacy against the secular state. After initial open confrontation, the leadership of the ruling party in East Germany, the Socialist Unity Party of Germany (SED) attempted to emphasize welfare as a common humanitarian goal of church and state activities in the early 1960s. In 1964, SED General Secretary Walter Ulbricht said to Thuringia's Bishop Moritz Mitzenheim, 'The common humanist responsibility unites us all.'⁶⁹ Although the institutions of the association of Protestant charities benefitted from this rapprochement (as they were able to expand their work, especially in the area of assistance for the disabled),⁷⁰ they attempted to resist this classification, since they did not consider their work to be equivalent to that of the socialist state.⁷¹ The difference between secular and Christian nursing was also felt in the hospital system.

But how could the management of a Protestant hospital in the socialist state ensure that enough Christian nurses were working in the running of hospitals? In the 1970s, 'whole departments' of the Leipzig Deaconess Hospital, including the massage department, the laboratory, and the administrative department were completely devoid of deaconesses.⁷² Since 1986, no deaconesses have worked in nursing and only a few have worked in administration.⁷³ At that time, the hospital had a total of about 300 wage-earning members of staff. The gap left in the nursing department by the departing deaconesses was filled by them; most of whom were graduates of the motherhouse's nursing school.

However, the transition from training to working life was not easy due to external circumstances and obstacles on the part of the authorities. Above all, the GDR-specific issue of housing posed a problem. State-designated housing was scarce⁷⁴ and when the deaconess house was built, it included dormitories for the deaconesses and the students, but only a few doctors' apartments.⁷⁵ Although boarding facilities were available for the approximately 20 student nurses per grade level, there were none for trained nurses. Although the governing body of the motherhouse tried to bring the problem to the attention of the housing department at Leipzig City Council through the district doctor, the assistance provided by the city was ex-

⁶⁸ See for the Federal Republic Kaminsky 2014. Superintendent Richter used this term for the Leipzig Lutheran Deaconess House, see Richter 1991.

⁶⁹ Heider 1993, p. 191.

⁷⁰ Gaida 2015, p. 76.

⁷¹ Heider 1993, p. 191.

⁷² DHL 19/06/1974. While it is true that in the second half of the twentieth century, in many places, the work of nurses was increasingly taken over by their own professional specialists, this did not mean that deaconesses could not have been trained for these professions. The shortage was not related to any lack of qualifications, but to the absolute lack of ordained deaconesses.

⁷³ DHL 1981–1990, entry from 1986.

⁷⁴ Rau 2017.

⁷⁵ DHL 1891–1902.

hausted in the form of about two apartments assigned per year. This did not relieve the tight housing situation.⁷⁶ Doctors were also affected: head doctor Sieghart Grafe commuted from Halle/Saale to Leipzig for two years after his appointment in 1978. An apartment was only found for him and his family in 1979 and he only moved into it in 1980 ‘after substantial effort’, i.e. after extensive repair work, by workmen provided by the motherhouse itself.⁷⁷ Ward sisters were occasionally accommodated in small living quarters in the hospital, but this offered little privacy.⁷⁸ It was for this reason that the deaconess house attempted to obtain accommodation from the early 1970s onward. These attempts were initially without success.⁷⁹ The interim solution was to create seven nurses’ rooms with shared bathrooms and kitchens on the second floor of a new ‘multipurpose building’ on the hospital grounds between the boiler house and the laundry in 1974.⁸⁰

This example shows how difficult it was to create living quarters as a Protestant hospital in the GDR. Admittedly, during the phase of ‘pragmatic acceptance’ by the SED state, the association of Protestant charities had many more options for construction available to it since the end of the 1960s at the latest. In addition, in 1979, the association of Protestant charities established its own building consulting and planning office so that facilities could be built or modernized according to Western standards.⁸¹ Nevertheless, it took the Leipzig Deaconess House just under a decade to build a residence for nurses and wage-earning staff on its grounds. The idea originated as early as 1978, and the city government supported it.⁸² From then on, the deaconess house collected funds throughout Saxony and purchased materials because it was to construct the building itself. However, the residential building project ‘was approved and cancelled twice by the municipal authorities during the year [1979].’⁸³

In the negotiations with the Leipzig District Council’s planning commission, the district doctor and the city council’s department of church affairs, it became clear that the problem was the type of financing: the deaconess house was promised church funds in East German currency, but the state authorities wanted West German currency to provide the basis for financing.⁸⁴ These were not available to the deaconess house. The authorities eventually issued the building permit in 1982. The first residential block was completed in 1988, ten years after the initial plans. Construction was carried out by workmen provided by the deaconess house as well as *Feierabendkräfte*, workers from elsewhere who worked on the deaconess house project after their regular working hours. Relationships and flexibility were needed in order to procure materials.⁸⁵

As an employer, the Leipzig Lutheran Deaconess House also endeavoured to provide good training and continuing education for its nursing staff. Both deaconesses and contract staff

⁷⁶ Diakonisches Werk (DW) 02/10/1978.

⁷⁷ See the corresponding entries in DHL 1976–1980.

⁷⁸ Kröber 2020.

⁷⁹ DHL 12/01/2016.

⁸⁰ DHL 1970–1975, entry from 1974.

⁸¹ Gaida 2015, p. 76.

⁸² DHL 1976–1980, entry from 1978.

⁸³ DHL 1976–1980, entry from 1979.

⁸⁴ Börner 1982.

⁸⁵ DHL 12/01/2016.

were sent to state and church training courses and study programmes as well as spiritual retreats.⁸⁶ The deaconess house itself organized a number of spiritual programs and, from 1968, a nursing course for the elderly in cooperation with the Leipzig Inner Mission.⁸⁷ Adequate remuneration, healthcare, holidays and health cures were considered important basic elements of a relationship of trust with the staff.⁸⁸ The two head doctors, Hans-Jürgen Runne and Werner Steps, were particularly active in this regard and lobbied for Protestant hospitals in the GDR.⁸⁹ In 1961, their lobbying of the GDR Ministry of Health resulted in wage-earning members of staff in Protestant hospitals being paid at the same rates as in state healthcare institutions.⁹⁰ They also lobbied for convalescent cures, education and training, and recruitment of new staff.⁹¹ However, the management of the Leipzig Lutheran Deaconess House also wanted to give the nursing staff a feeling of security and ‘home’ by ‘staying in conversation’ with them: celebrating their birthdays, anniversaries, and honours, as well as taking care of any family members in need. This was prescribed in a paper for the physicians of the hospital that was circulated by Hans-Jürgen Runne in 1973.⁹² A working group consisting of ward and department heads, head doctors, the rector and the head of administration regularly discussed how to reduce the workload of the nursing staff.⁹³ It was suggested to the doctors that the nurses be given more attention in training and in their daily work.⁹⁴

5 ‘They were a group and we were a group.’ The Communal Togetherness of Deaconesses and Wage-earning Staff

Although the nursing staff increasingly consisted of contract staff, deaconesses still worked in the hospital until the 1980s and so it might well be questioned what the relationship between these two groups was. The aforementioned adherence of the Leipzig Lutheran Deaconess House to traditional methods understandably led to the ever-smaller community of deaconesses consolidated and split from the other staff. This was once demonstrated by the fact that the deaconesses did not consider state labour regulations to apply to them. While the Leipzig

⁸⁶ See the numerous entries in the annual reports, e.g. DHL 1981–1990.

⁸⁷ DHL 1960–1969, entry from 1988.

⁸⁸ DHL 15/03/1973.

⁸⁹ DHL 2012.

⁹⁰ DHL 2012. The *Abkommen über die Vergütung der Ärzte und des mittleren medizinischen Personals in evangelischen Krankenhäusern* (Agreement on the Remuneration of Doctors and Intermediate Medical Staff in Protestant Hospitals) created for the first time an approximately equal situation of medical staff in state and denominational institutions, Strümpfel 1984, p. 122. However, ward assistants, manual workers, and administrative staff were excluded from this regulation. Their wages were only adjusted around 10 years later.

⁹¹ See the *Archiv der Diakonie und Entwicklung: Ärztefragen* (Diaconal Archive and Development: Doctors’ Questions).

⁹² DHL 15/03/1973.

⁹³ DHL 15/03/1973. The basis for discussion was not only East German sources such as *Das stationäre und ambulante Gesundheitswesen* (The Inpatient and Outpatient Healthcare System) published by VEB Verlag Volk und Gesundheit, but also the then influential book by the Swiss-American psychiatrist Elisabeth Kübler-Ross *On Death and Dying*, which was published in German by the West German company Kreuz Verlag. Other works from West Germany that could be accessed were also received. These included *Haus für Kranke* (House for the Sick), see Wermuth 2017; 2018.

⁹⁴ DHL 15/03/1973.

Deaconess House, as part of the health care system in the GDR, enforced the socio-political regulations for its wage-earning members of staff, the deaconesses were exempt from regulations on working hours and holidays.⁹⁵ By their own account, they continued to work according to the 'old order': from early morning until noon and, after a longer lunch break, from early afternoon until evening. They did not participate in the newly introduced shift system.⁹⁶ These findings are largely consistent with those in the Federal Republic, at least as far as the results of a study by the Henriette Foundation in Hanover show.⁹⁷

Deaconesses found it difficult to give up certain areas of work, so the governing body of the motherhouse ensured that the wards were, if possible, headed only by deaconesses. In the 1950s, the admission of the first Christian religious brothers as qualified nurses meant a change. The deacon, Gottfried Fichtner, reported in an interview that they were regarded as equals.⁹⁸ He was the first 'brother' in the house when he started work in 1957. Before that, only a few orderlies worked as male helpers in the nursing area of the Leipzig Lutheran Deaconess Hospital.⁹⁹ They carried patients up the stairs, performed special nursing tasks for male patients, cared for the dead and were not equal to the deaconesses. As a qualified nurse at the Moritzburg Deaconess Institution with a Christian understanding of service, Gottfried Fichtner was the first man to be allowed to take charge of a ward. On other wards, the exclusive appointment of deaconesses as ward managers was only possible until the 1960s.¹⁰⁰ After that, attempts were made to recruit diaconal sisters for this position if possible. They were wage-earning members of staff who declared their affiliation to the basic Christian values of the deaconess house and disclosed this by wearing a badge. They participated in the religious services of the deaconess house to a greater degree, but were not included in the sisterhood's communal living. Their number remained small during the period under study: in 1947 there were eight sisters, who were at that time still referred to as *Verbandsschwester* (Association Sisters) and in 1989 there were 20 *Diakonische Schwestern* (Diaconal Sisters).¹⁰¹

It is hardly surprising that the temporal and spatial coexistence of different living and working models in the Leipzig Lutheran Deaconess House led to conflicts. One example was spatial separation at mealtimes. Only the deaconesses and nursing students were allowed to eat lunch in the motherhouse dining room. Wage-earning nursing staff ate on the wards, but for the rest of the house's staff the food provided was offered in a rather unsuitable room of the

⁹⁵ Major preparations required measures such as the implementation of the *Abkommen zur Regelung der Vergütung für die Beschäftigten der Heil- und Heilhilfskräfte sowie der Wirtschaftsberufe und der technischen Berufe in evangelischen Einrichtungen des Gesundheits- und Sozialwesens in der DDR* (Agreement on the Regulation of Remuneration for Those Engaged in Care and Auxiliary Care, Finance, and Technical Work in Protestant Institutions of Health and Social Welfare in the GDR) of December 19, 1969, DHL 1970–1975, entry from 1971.

⁹⁶ Muck 2020.

⁹⁷ Kreuzer 2018.

⁹⁸ Fichtner 2019.

⁹⁹ On men in nursing in the Federal Republic, see Schwamm 2018.

¹⁰⁰ Muck 2020.

¹⁰¹ DHL 1946–1959 and DHL 1981–1990. The definition of the diaconal sisterhood changed in 1975, when all the motherhouse nurses were incorporated into it, and in 1985, when only those who specifically agreed to do so were included in it. All other nurses from then on used the designation '*Schwester*' (sister).

hospital. In an interview, former ward manager and diaconal sister Renate Mendt recalled this situation, which she saw as unfair, in a very emotional way:

The dining room was downstairs in the motherhouse, but the wage-earning staff were not allowed to eat there. Just think about it! That is unimaginable to me for a Christian house. The wage-earning staff had their food delivered by the kitchen and ate in the basement of the surgical department. There was a small dining room opposite the urine laboratory. So you can see the barriers in their heads! Seeing as the food was already there, couldn't they have had a table here in the dining room for the manual workers and the few wage-earning staff?¹⁰²

For Mendt, this practice of exclusion was incompatible with the Christian ethic of togetherness. She also found it counterproductive for attracting and retaining staff, many of whom had no sympathy for it. Deaconess Anneliese Muck later explained separation at mealtimes by saying 'they were one group and we were one group.'¹⁰³ Even the diaconal sisterhood was considered a dissenting community, although it was spiritually connected to the association of Protestant charities. Muck now regrets this and explains the drawing of boundaries on the part of the deaconesses:

In retrospect, that was a painful thing for me. That boundaries were drawn in such a way. But it was understood that, well, you are helping us. You have your families, you have your community, and we have our community.¹⁰⁴

Muck considered the Christmas party for the wage-earning staff at the motherhouse to be an appropriate form of appreciation, explaining that this event the deaconesses 'spoil' the contract staff: 'That's how we said thank you.'¹⁰⁵ Spatial separation at mealtimes, however, remained in place until 1988.¹⁰⁶ For Muck, this problem was not a question of Christian ethics, but of a certain view in the motherhouse community, according to which wage-earning workers were not accepted into the 'surrogate family' of the motherhouse, that is, the community of deaconesses.

6 A Christian Hospital without Deaconesses?

The deaconess house not only faced challenges in the coexistence of wage-earning nurses and deaconesses in nursing. There was also the increasingly important question of how the claim to Christian care could be maintained among the 'civilian' wage-earning workers, who had only a loose or non-existent church connection.¹⁰⁷ The motherhouse did not want to abandon the religious component (even if it was difficult to define precisely) during a period of increasing state competition. The distinction between Christian and 'secular' nursing was only

¹⁰² Mendt 2020.

¹⁰³ Muck 2020.

¹⁰⁴ Muck 2020.

¹⁰⁵ Muck 2020.

¹⁰⁶ DHL 1981–1990/1990, entry from 1988.

¹⁰⁷ Report on the visit to the Leipzig Lutheran Deaconess House on 13–14/06/1986, Archiv der Fliedner-Kulturstiftung Kaiserswerth 1963–1991.

possible at an emotional level in the case of uniform training standards. Paul Meis, who was rector during the 1950s explains the situation as follows:

It is not that non-believers make something technically better or worse, but the outcome is different. [...] If we sing and play in our heart, the sick person is aware of this by the way we take care of them. If we are dead in our hearts, the same hand movements can be made and yet it is completely different.¹⁰⁸

Meis also commented that ‘the sick also feel something of our love.’¹⁰⁹ The governing body of the motherhouse strove to have as many Christian staff as possible who agreed to continue the spiritual legacy of the deaconesses within the framework of the diaconal sisterhood.¹¹⁰ However, there was little interest among nurses in joining the diaconal sisterhood. Efforts by the governing body of the motherhouse to recruit more members using methods such as writing to them brought only moderate results.¹¹¹ There was little time or energy left for recruitment by a team that consisted of three diaconal sisters, since they themselves worked in leading positions in hospital operations and had families.¹¹² They could ill afford to conduct interviews to recruit new members.¹¹³ The leadership of the deacon sisterhood was handed over by the matron as late as 1977, possibly to give the sisterhood more autonomy. However, the deaconesses seemed to withdraw completely from the diaconal sisterhood. The latter regretted the absence of the deaconesses at its events.¹¹⁴

There was less time for spiritual services at the patient’s bedside because of the general developments in the hospital system. As in the Federal Republic,¹¹⁵ increased processes of mechanization and rationalization also took hold in the GDR. These prevented the denominational sisters from combining care of body and soul according to the old deaconess commandment. According to deaconess Maria Pierel, the ‘conflict that the demands grew with the many new findings in the field of medicine and we often did not find enough time for the urgently needed attention to the patients entrusted to us and their relatives.’¹¹⁶ Nevertheless, the deaconesses tried to bring spirituality into everyday hospital life: they sang with the children who they cared for during visiting hours, or told them stories from the Bible. Pierel recalls that many had never heard the name of Jesus before. For adults, the ward sisters held devotions, said grace with them, and sang with them.¹¹⁷ The nursing students, who lived in the boarding school at the motherhouse, also often paraded through the wards in the evenings with their guitars.¹¹⁸ Although the population of the GDR was subject to strong state efforts at deconfessionalization, it was only in the rarest of cases that patients protested against a devotion.¹¹⁹ Praying aloud in emergency situations was also an expression of Christian solidarity. In an interview, Renate

¹⁰⁸ DHL 1950–1954, from Paul Meis 23/07/1952.

¹⁰⁹ DHL 1950–1954, from Paul Meis 21/06/1954.

¹¹⁰ DHL 1975–1976.

¹¹¹ For example, DHL 1976–1980, entry from 1977; DHL 1981–1990, entries from 1984 und 1985.

¹¹² DHL 1976–1980, entry from 1977.

¹¹³ Mendt 2020.

¹¹⁴ Kröber 2020.

¹¹⁵ Kreuzer 2018, p. 111.

¹¹⁶ DHL [1989].

¹¹⁷ DHL [1989].

¹¹⁸ Kröber 2020.

¹¹⁹ DHL 1987.

Mendt, a diaconal sister and ward manager, recalled that the ward nurses prayed together on occasions such as when a difficult operation was about to be performed on one of the patients:

We simply said, dear God, we place the day in your hands. Be with the surgeons, be with Mrs. So-and-so. We know that it will be very difficult, so give us the strength that we might do it. So very simple; these were not major rituals.¹²⁰

An important point of discussion with regards to what constituted a Christian hospital was whether crucifixes still belonged in the hospital.¹²¹ There was no desire to force the Protestant view on anyone, but also no desire to hide the fact that the hospital was run by a Christian association.¹²² In the end, crosses were hung in the entrance area and not in the rooms.¹²³ In the hospital, not only the nursing staff, but also devoted individual doctors contributed to the preservation of the Christian image. In 1974 and 1987, the head doctor, Hans-Jürgen Runne, created a handout for nursing staff, doctors, and pastors on how to deal with the seriously ill.¹²⁴ In it he described the attitude of the deaconesses and diaconal sisters as very happy, because they cheerfully and undauntedly performed the difficult care 'under the rays of divine grace'. In contrast, he said, the medical staff was often overwhelmed. He advocated a clear Christian attitude at the patient's bedside, suggesting, for example, that patients be 'gently guided to see that his illness has meaning', or that dying patients be asked 'whether they have already made their peace with the dear Lord.' His general recommendations for dealing with the dying, however, were based on current medical ethics, including those of the influential Swiss-American psychiatrist Elisabeth Kübler-Ross.¹²⁵ Runne performed translation work in several senses when he translated these sometimes English-language theoretical sources into German and made them applicable to the practice of everyday hospital life.

The decline in the number of deaconesses also had repercussions for the other major area of activity of the Leipzig Deaconess House: community care for the parish. The nursing and pastoral work in the immediate area of the motherhouse was considered the core area of the establishment and was of great importance for it, especially in the GDR, because of its popular missionary aspirations.¹²⁶ The number of denominational parish nursing stations had almost halved within twenty years and the number of Protestant sisters in parish nursing had shrunk by almost two-thirds.¹²⁷ In view of the efforts of the Leipzig Lutheran Deaconess House to maintain its missionary aspirations and to present the deaconesses as role models in the parishes, it was particularly painful for the motherhouse to have to gradually abandon the parish

¹²⁰ Mendt 2020.

¹²¹ See the photos from the illustrated chronicle of the deaconess house, DHL 1892–1952.

¹²² Mendt 2020.

¹²³ Runne 1987.

¹²⁴ Runne 1987.

¹²⁵ See the bibliography at the end of DHL 02/11/1974.

¹²⁶ Richter 1991.

¹²⁷ In 1969, there were 621 parish nursing stations with 807 Protestant sisters in the GDR. In 1983 there were only 452 stations with 502 sisters. In 1989, 315 stations with 297 sisters still remained under the sponsorship of the association of Protestant charities, Heider 1993, p. 190. Andrea Thiekötter states that the number of parish stations remained the same until 1959, at about 900–1000 stations. See Thiekötter 2006, p. 104. In 1984 Werner Strümpfel estimated there had been 1,076 parish nursing stations in 1964 and that this had declined to 372 by 1974, Strümpfel 1984, p. 129.

nursing stations. In 1951 there were still 63 sisters working in parishes,¹²⁸ in 1963 there were only 40.¹²⁹ The last parish nursing station was abandoned in 1988.¹³⁰ It was here that the Christian parish nurses competed with the state-run community nursing stations to an unprecedented degree. The latter were important components of the state's goal of providing care close to home for the population and were being expanded nationwide.¹³¹ In this competitive situation, the deaconess houses, which were increasingly understaffed, were unable to keep up.

The only possibility for the Leipzig Lutheran Deaconess House to maintain a community nursing station was to fill the vacant position with a diaconal sister. However, this meant that there was potential for conflict with the church parishes as the sponsors of the parish nursing stations in several respects. First of all, these nurses were in a regular employment relationship, received remuneration according to collective agreements, and had to pay social security contributions. This increased the costs for the parish concerned.¹³² Secondly, in contrast to the deaconesses, the free sisters could be married, have children, and no longer had to live in the accommodation provided for nurses by the parish. This meant increased turnover. However, a position in community nursing was also an opportunity for individual nurses with families of their own because in the 1970s there was no opportunity to work part-time in the hospital.¹³³ In community nursing, they were able to schedule work independently and integrate childcare hours, meaning they could better balance work and family commitments.¹³⁴

7 Conclusion

The decline and eventual standstill in admissions to the Leipzig Lutheran Deaconess House during the GDR period changed the situation of the sisterhood. Until then, the motherhouse model had been based on a constant number of sisters who performed nursing work and paid into the solidary community system through their work. During the GDR period, this model of care changed and from the point of view of the governing body of the motherhouse, several other aspects came under threat that had been taken for granted. Deaconesses were not given '*Werkstätige*' status under GDR labour law and were exempt from the labour and social regulations of the SED state until the mid-1980s. As deaconesses were not subject to any state regulations, they usually worked more often and longer than wage-earning nurses. At the same time, they were not entitled to state recreational opportunities, as was the case with the '*Werkstätige*'. Instead they could only use the increasingly scarce recreational facilities provided by the church.

Because of the dwindling appeal of the motherhouse, the Leipzig Lutheran Deaconess House was at a crossroads. One way forward was to maintain the traditional form and continue the communal living, traditional dress, and the principle of secondment. The other option was to

¹²⁸ DHL 1951.

¹²⁹ DHL 12/02/1963.

¹³⁰ DHL 1981–1990, entry from 1988.

¹³¹ Strupeit 2009, pp. 180–181. On the comprehensive expansion of welfare state services in the GDR see Jarauschk 1998.

¹³² Strümpfel 1984, p. 129.

¹³³ Sprink 2017.

¹³⁴ Sprink 2017.

turn away from this and modernize, as was the case with several West German and Swedish motherhouses. The Leipzig Lutheran Deaconess House chose the first option, reinforcing the old order in the hope that a pure form of the vocation would attract more women. However, this did not occur. At the same time, the community of sisters consolidated and grew older. Nevertheless, there were hardly any resignations, which speaks for the cohesion of the ever-smaller sisterhood.

Because there were practically no new ordinations from the 1960s onward, the motherhouse brought in wage-earning staff, who felt less tied to the motherhouse and more to the hospital as their place of work. However, it was difficult to recruit staff. This was due to the general decline in the number of religious people in the GDR and the state's obstruction of planned measures, for example in terms of expanding the motherhouse's premises. Although, it was possible to maintain hospital operations, the extent of the actual nursing shortage remains unanswered due to the lack of reliable figures.

In contrast, communal interaction between the deaconesses and wage-earning nursing staff is well documented in interviews. The deaconesses formed a closed group that did not strive for real cooperation with wage-earning staff, but instead regarded them as mere helpers. Conflicts became apparent, for example, in the strict spatial separation of deaconesses and wage-earning staff at mealtimes. Several interviewees retrospectively assessed this approach as dysfunctional on both sides, saying that from today's perspective, the acceptance of wage-earning staff took too long and was not compatible with the Christian understanding of community. Attempts to integrate as many wage-earning nurses as possible into the diaconal sisterhood also met with little success.

The question as to what constitutes a Protestant hospital was often discussed as the number of deaconesses fell. The governing body of the motherhouse saw the difference between Christian and secular care essentially in the spiritual attitude of the sisters and their formative power for the establishment. The general mechanization, rationalization, and the provisions of labour law allowed very little room for spiritual relief. However, the sisters found opportunities for this in simple forms such as prayer. End-of-life care included both Christian and contemporary medical ethical elements, according to the guidance of the head doctor. The missionary aspiration was not abandoned, but an offensive approach was, as the solution to the question of the cross has demonstrated. The symbol of Christianity was only hung at the ward entrances and no longer in the individual rooms.

The Leipzig Lutheran Deaconess House was gradually forced to abandon the Protestant parish nursing stations because of the dwindling number of deaconesses. Where possible, the governing body tried to fill the positions with deaconesses or church-affiliated sisters, who, however, were more costly for the parishes. Their working hours were limited compared to deaconesses, and turnover was high.

Despite these findings, many questions remain open for research. Not least, the patient's perspective is missing: How did people in the communities and in the hospital experience the change in nurses? Questions also arise about general healthcare in Leipzig during the GDR period: How good was outpatient and inpatient care overall, and what role did the Leipzig Lutheran Deaconess House play in this regard? Moreover, these questions apply not only to Leipzig, but to the entire GDR. They also provide the basis for further research.

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