

Historiographic and Biographic Accounts of Danish Deaconesses Serving in the Faroe Islands 1897–1948

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Abstract

The Faroe Islands are an archipelago of 18 islands situated in the middle of the North Atlantic Ocean. Basic organized nursing there began in the late 1890s with arrival of two Danish deaconesses sent to the islands to improve the population's health and move Faroese nursing and nurse education closer to international standards. Twenty-five Danish deaconesses served in the Faroe Islands during the first half of the 1900s. The overall aim of this article is to contribute to nursing history about the deaconesses in the Faroe Islands. In caring and historic contexts, and using historiographic and biographic approaches, we present and discuss excerpts of letters from some of the Danish deaconesses, in which they discuss their daily work, life, and ethical dilemmas while in the Faroe Islands. Findings demonstrate that the deaconesses were nurse pioneers, establishing professional nursing and nurse education following Danish rules and regulations of the time. We conclude by emphasizing the meaning of the deaconesses for modern Faroese nursing and nursing education, and the importance of keeping the history of nursing in mind.

Keywords: Caring, Danish Deaconesses, Ethics, Faroe Islands, Nursing History, Nursing Education

1 Introduction

In 1897, two Danish deaconesses from the Danish Deaconess Foundation in Copenhagen, Denmark, arrived in the Faroe Islands which at that time were a Danish county.¹ Their task was to introduce and organize nursing in this small society spread across several islands in the middle of the North Atlantic. The two Lutheran deaconesses were to work at the local hospital, train Faroese girls in skilled nursing, and work as community nurses. In 1948, the last deaconess returned to Denmark, and trained Faroese nurses took over the professional nursing activities. A total of 25 Danish deaconesses had by this time worked in the Faroe Islands.² As in other countries where deaconesses pioneered nursing and nurse education,³ the Danish deaconesses led the professionalization of nursing in the Faroe Islands. In this article, we present personal accounts from some of the Danish deaconesses about their lives, nursing care and work in the Faroe Islands as reported in letters to their motherhouse in Denmark.

2 Background

The impetus for the study is a long-standing interest in nursing history, Faroe Islands and Faroese nursing⁴ combined with an assumption that knowledge of nursing history helps to develop nursing identity in today's combination of academia and practical training.⁵ Likewise, we as authors are students of caring sciences scholars,⁶ which colors our understanding of what is essential in nursing.

¹ Hauge 1963, pp. 209–210.

² Malchau Dietz 2013, p. 312.

³ Nelson 2001, pp. 151–164.

⁴ Malchau 1998; Malchau Dietz 2013; Hall 1997; 2008; Joensen/Hall 2015; Dam/Hall 2020.

⁵ Toman/Thifault 2012; Wolf/Bailey 2016; Berthelsen/Hølge-Hazelton 2017; 2018.

⁶ Benner/Wrubel 1989; Scheel 2005; Martinsen 2006; Eriksson 2006.

Additionally, we take the phenomenological view that there is, to some extent, something universal in anecdotes because the past is perceived in the present and governs the future.⁷ These assumptions of ours provide context for the story of the Danish deaconesses in the Faroe Islands. The overall aim is therefore to contribute to nursing history about the deaconesses in the Faroe Islands. The deaconesses' history in the Nordic countries⁸ and elsewhere⁹ has interested nurses and historians in general, and they have documented the deaconesses' life and work and their meaning for the nursing profession. The deaconesses' service in the Faroe Islands is, however, sparsely described. The aim of this article is, therefore, in caring and historic context, to enlighten readers with a selection of descriptions of Danish deaconesses' everyday life while serving in the Faroe Islands. As far as we know, this story has not yet been told internationally; it therefore adds to the state of the art regarding the history of nursing and the history of deaconesses.

The article takes both a historiographical and a biographical approach. It is historiographic because it is a study of nursing history and builds on selected primary and secondary deaconess history sources in archives and books.¹⁰ And it is biographical because the most important sources are letters from some of the deaconesses to the lady superintendent or the principal pastor at the Danish Deaconess Foundation (Diakonissestiftelsen) in Copenhagen. These letters were private and personal written accounts and their contents were therefore used with care, taking into consideration their private nature.¹¹ In the letters, the sisters talked about their daily life and service in the Faroe Islands; they revealed their inner religious life, their obedience to God and to the medical authority. Their dedication to their duties and worry about patients and the sisters were obvious, though accounts of basic patient care and bedside nursing were absent in the letters.

The deaconesses came from Diakonissestiftelsen in Copenhagen, which was established in 1863. It was part of a deaconess movement that was founded in Kaiserswerth, Germany, in 1836 and soon grew to be an almost worldwide movement. The deaconesses became local, national, and international caring agents. Their attitude, based on strict training, was that body and spirit formed an inseparable entity, and that sickness, poverty and other social ills were sins that could be prevented and should be treated through caring for body and spirit.¹² Caring for the body and the spirit should go hand in hand.¹³ Thus, the Protestant Lutheran deaconesses played a critical role in the history of nursing in many European countries until the middle of the last century,¹⁴ and among them were the Danish deaconesses.¹⁵ The idea that a principal pastor and a lady superintendent called Mother led the motherhouses and the training, and that the sisters were treated as their daughters, was appealing. The "daughters" started with a period as probationers, followed by formal training as nurses and social workers. The deaconesses who passed the period of complete training were consecrated and then sent out to serve in hospitals, district nursing and parish work.¹⁶

⁷ Van Manen 1990, pp. 35–46.

⁸ Markkola 2000; Christiansson 2006; Elstad/Hamran 2006; Green 2011; Malchau Dietz 2013; Austgard 2019.

⁹ Kreutzer 2010; Schweikardt 2010; Fullerton 2012.

¹⁰ Sarnecky 1990.

¹¹ Halldorsdóttir 2007, pp. 35–49.

¹² Kreutzer 2010.

¹³ Malchau Dietz 2013, p. 87; Austgard 2019.

¹⁴ Nolte 2013; Kreutzer 2019.

¹⁵ Malchau Dietz 2016.

¹⁶ Malchau Dietz 2013, pp. 13–15.

The initiative to establish a deaconess foundation in Denmark came from Queen Louise of Denmark (1817–1898) as part of her royal welfare activities,¹⁷ and she appointed Miss Louise Conring (1824–1891) to be the first lady superintendent of the Danish Deaconess Foundation.¹⁸ Both ladies had German families and had, through private sources, heard about this possible, acceptable position for Protestant middle class women as an alternative to marriage. To acquire knowledge for the leading position in Denmark, Louise Conring visited deaconess motherhouses in Stockholm, Strasburg and Darmstadt, and also the so-called grandmother house in Kaiserswerth. At all houses, she became acquainted with the philosophy, rules, organization, and training programs. She was finally consecrated as a deaconess in Kaiserswerth in 1863.

The motherhouse in Copenhagen consisted of 80 Danish deaconesses in 1880 and 185 in 1891.¹⁹ Thus, at the time of the deaconesses' arrival in the Faroe Islands, the deaconess institution was well established in Denmark, and Danish deaconesses were working all over the country, in homes, parishes and local hospitals. Their work was strictly based on written contracts and detailed terms of conduct. The deaconess should be the head nurse for the nursing staff, should do and note what the physician asked her to do, was not supposed to work night shifts or clean dirty bandages, and should have 14 days of vacation per year. She was not allowed to accept any payment or gift for her service, which instead went to the motherhouse, and her lodging should be free and working conditions safe.²⁰

It was the physicians and the clergymen in the Faroe Islands who, in the mid-1800s, drew attention to the need for trained people from abroad to care for their sick and poor and to help modernize the healthcare system in the Faroe Islands. The needs were obvious, as described in an article (1896) in the Faroese newspaper *Dimmalaetting* by the top public health officer (*physicus*), the Danish physician Carl Strüwing Boeg. He wrote:

While all over the civilized world there are trained nurses not only at the hospitals but also outside them, nursing in this country is still at the same level it has been at for a lifetime. It's time for change.²¹

In the article, physicus Boeg expressed a desire to align Faroese nursing more closely with international standards; he argued for the need for obedient trained nurses who would do exactly what the physician prescribed; and he called for improvements to hospital and home nursing and to Faroese patients' care and nutrition. Consequently, the arrival of Danish deaconesses was welcomed in the Faroe Islands, unlike in Iceland, where sisters from the deaconess movement were rejected in favor of the Roman Catholic nursing order Sisters of Saint Joseph of Chambéry and secular educated nurses.²² Expectations regarding their contribution to the healthcare system were high.

When the deaconesses arrived in the Faroe Islands, a group of 18 mountainous islands between Norway, Iceland and Scotland, the Faroese people numbered less than half of today's population of 54,000.²³ They lived on 16 of the islands in small communities, villages, and hamlets along the shores

¹⁷ Jørsing Kristensen 2017; Malchau-Dietz 2013, p. 25.

¹⁸ Malchau Dietz 2013, pp. 31–44.

¹⁹ Koch 1938, p. 260.

²⁰ Petersen 1998, pp. 9–11.

²¹ Boeg 1896.

²² Bjørnsdottir/Malchau 2004.

²³ Hagstova.fo.

of deep fjords, with fishing as the main male occupation and the women taking care of household chores and children. The people spoke the local language, Faroese, and a little Danish because, following the Treaty of Kiel, the country was a Danish county from 1814 to 1948 and followed Danish rules and regulations.²⁴ The remote geographic location in the middle of the North Atlantic presented many challenges for the Faroese community. The Faroese people became a resilient and religious population²⁵ as Christianity had played a key role in Faroese culture and life for centuries.²⁶ The country was remote and isolated. During the deaconess era, transportation from Denmark to the Faroe Islands was by ship in the spring and summer seasons. During the winter it was too stormy to sail. The journey took days, sometimes weeks, and could be quite unpleasant. In several letters from the deaconesses, the voyage is mentioned as a major challenge to be overcome.

3 The Deaconesses as Pioneers of Nursing

The first Danish deaconess to arrive in the Faroe Islands was Sister Mette Katrine Thomsen (1870–1959). Sister Mette Katrine became a deaconess in 1890 and had previously cared for sick family members and for patients at a Danish hospital. In 1897, at the age of 27, Sister Mette Katrine was sent to the Faroe Islands with orders to work as a hospital and home care nurse and to train young Faroese women in nursing tasks. The long-term objective was to improve the health and nursing care of the patients by educating Faroese young women. Expectations were high, as reported in the Faroese newspaper *Dimmalaetting* on July 26, 1897, only a few weeks after Sister Mette Katrine's arrival.

We hope that the reform with a trained and competent nurse will make Faroese girls interested in caring for the sick and make them apply for nursing training, a training that they might use later both in their own home and in the village where they settle in the future.

However, the hospital administration saw nurse trainees as an economic advantage: “instead of two paid young women, it will be a cut-back in public spending to have young village women in unpaid nursing training.”²⁷

The Faroe County Hospital that Sister Mette Katrine arrived at in 1897 had been built in 1829 and could accommodate nine and later 20 patients, which was not nearly enough. The hospital conditions were poor. The walls were leaking, the doors thin and at night rats would eat any remaining patient food.²⁸ When Sister Mette Katrine arrived, there were nine patients being cared for day and night by a single attendant. In a letter to the motherhouse soon after her arrival, Sister Mette Katrine wrote that she had taught a young woman to wipe the floor with proper equipment; she had arranged for a new stove at the hospital; and she had established two 12-hour day and night shifts, instead of the 24-hour shift managed by one attendant. Her singing was soothing the patients, she

²⁴ Debes 1995; Kjærgaard 2016, p. 23; Sølvará 2020, pp. 12–20.

²⁵ Cortzen 2016, pp. 326–356.

²⁶ West 1974, pp. 223–225.

²⁷ *Dimmalaetting* June 27, 1896.

²⁸ Petersen 1998, p. 74; *Landssjúkrahúsid* 80 ár.

wrote, and through kindness and singing she overcame language problems with the Faroese-speaking attendants.²⁹

Sister Mette Katrine worked in the Faroe Islands for 18 years, both at the hospital and in home care. At the hospital, and according to the written contract, she was the head nurse for the young women who took care of the bedside nursing. From pictures we learn that the patients ranged from women in labor to sailors with broken arms and earaches.³⁰ From her three years in home care, we know that important duties included caring for children, visiting old people when she had time, and delivering clothes and food to poor families in the villages. To do that she walked long distances up and down the mountains, often dressed in an oilskin coat to cope with the shifting weather in the Faroe Islands.³¹

Even though the physician was the official medical authority and gave the basic instructions about patient care and expected total obedience from the nurses, we consider Sister Mette Katrine to be a pioneer in the early 1900s in the area of proper hospital and home care nursing in the Faroe Islands. The normative ethical standards of nursing practice at that time required a nurse to be a morally strong and good woman, including “neatness, punctuality, courtesy and quiet attendance on the physician”.³² Based on her deaconess training, Sister Mette Katrine appears to be the first to display these demanding virtues. Furthermore, she was the first home care nurse in the Faroe Islands, described as a resilient, active, and patient nurse and social worker. She was loved by the people she met, helped, and cared for.³³ Her position though, might have threatened the physician in his professional work. Traditionally, he was the authority surrounded by an obedient staff. A deaconess head nurse might not have conformed to the submissive female gender role of the time. Her appearance in a strict, neat dress and cap radiated authority as well as compassion. In a letter to the Danish superintendent, pastor Dalhoff, in 1908, Sister Mette Katrine, with reference to another sister, stated: “The physician has not talked to her [...] but he obviously wants to get rid of her as he did with me in the old days”.³⁴

One of the deaconesses who served in the Faroe Islands together with Sister Mette Katrine for some years was Sister Adelheid Larsen (1881–1958). Sister Adelheid began her very first letter to the lady superintendent stating: “I am really surprised how easily and fast I have settled down up here. When working, I feel as if I have been here for a year and not a month.”³⁵ Sister Adelheid’s well-being was quite visible in the following excerpt from her first letter. Here she talks about her work, what she is doing, her household chores and leisure activities hour by hour. The excerpt from her letter shown in Box 1 reveals that her duties mostly consisted of well-organized household chores.

²⁹ Letter from Sister Mette Katrine, July 12, 1897, A-DDF.

³⁰ Petersen 1998, p. 23.

³¹ Petersen 1998, pp. 22–28.

³² Fry 1994, p. 67.

³³ Petersen 1998, pp. 30–32.

³⁴ Petersen 1998, pp. 26–29.

³⁵ Letter from Sister Adelheid Larsen, August 27, 1912, A-DDF.

As a rule, I get up at 6 am. The patients get their tea just before 7 am, then the chickens are fed and sent outside. At 7.15 we are together for tea and morning prayer. Then we heat water in the boiler to sterilize instruments and bandages. And we make our oatmeal porridge which the patients and the servant-girls get at 8.30 am. We, however, get a small open sandwich and coffee. Straight after, we begin preparing the luncheon. The beef here is poor, often I make minced meat of it. We have nice fish and lamb. At noon, the patients get their luncheon and half an hour later we have luncheon. Then we tidy up the kitchen and I usually take a walk in the garden to pick some berries. The other day I picked three pounds of red currants, it was not much but they tasted good, and I pickled them. At 3 pm we have coffee or tea. At 5 pm we start making the open sandwiches. At 8 pm we are finished with the tea. Every second evening I like to prepare a white bread dough which I bake next morning. When we are finished for the day, we usually take a walk along the shore looking out over the sea. And we talk about our dear home and Sister Mette Katrine counts the months until she can see it again. At about 11 pm we go to bed.

Box 1. Excerpt from Sister Adelheid's first letter about her daily work in 1912, shortly after her arrival in the Faroe Islands.

It is clear then that a decade after the arrival of the first deaconess, and probably earlier, the daily nursing chores were meticulously organized. The improvement in the standard of nursing care that the physicus had asked for in 1896 seems to have been achieved, thanks not only to the deaconesses, but also to young Faroese women's bedside nursing. Pictures of the staff taken in the early 1910s show Sister Mette Katrine and Sister Adelheid together with a handful of young women dressed in white aprons.³⁶ The working conditions varied however. In letters from 1913, Sister Adelheid said that they had only five patients in the early summer, but by the end of the summer they were quite busy with several critically ill patients. Sister Adelheid stayed in the Faroe Islands for five years. She was an outgoing person who was open to the Faroese culture; she participated in the social life and mentioned that she was invited to spend her day off with the pastor's family on another island, to which they traveled by ferry.

Nursing at this time included both bedside and household tasks. The nurses introduced the household tasks, such as cleaning and cooking, to the institutions. Allegedly, the first deaconesses on the Faroe Islands had to give priority to the household and domestic tasks. However, it was also common for deaconesses to function as matrons in small institutions.³⁷ Furthermore, Sister Mette Katrine and Sister Adelheid seem to be examples of deaconesses who adapted with ease to the living and working conditions in the Faroe Islands in the early 1900s. It was not new for them. They were experienced deaconesses who lived up to their calling to help the weak and poor wherever they were stationed.

³⁶ Petersen 1998, pp. 22–23.

³⁷ Elstad/Hamran 2006, ch. 11–12.

However, life, hard work and long hours far from home were not easy for all the deaconesses who served in the Faroe Islands. Letters from Sister Emilie Møller (1896–1925) tell a rather different story than those of Sister Mette Katrine and Sister Adelheid.

Sister Emilie Møller was a probationer and not fully trained when she was sent to serve in the Faroe Islands in the early 1920s. It was her first mission, and it seems that she was mainly working under the supervision of a senior deaconess, Sister Agnes Petersen. From a couple of letters to the Danish lady superintendent, written February 13 and March 23, 1923, we know that Sister Emilie had a miserable time during her service at the old hospital. She had no-one to talk to, had low self-confidence, felt deceived by God, and also perceived herself as a burden for the senior deaconess, Sister Agnes. In the long, touching letters, she wrote about how difficult life was and how she asked God for help to do what was right and be a good servant to God.

If I only could talk to you in person [...]. I have been so sad in the last months, as being lured by Satan. Thanks to God I was released. Now I am free and get strength from above [...] the biggest desire of my heart is that Sister Agnes and the motherhouse will become more satisfied with me [...].³⁸

Thus, for Sister Emilie, life and working demands represented a lonely struggle, and her letters were a cry for help; they revealed an inexperienced young woman who wanted to do well but seemed unprepared for working long hours and the hard life far from home in a foreign country with a harsh climate, new culture and language. We cannot but wonder why an inexperienced probationer was sent to these faraway islands. Did she get the help and support from her superior that she really needed?

Recognizing that in line with the social structure of those days, the community of sisters was divided hierarchically into classes, almost in a military fashion, and that the management style was at times merciless with sharp reprimands, bullying and harassment of the young sisters,³⁹ we suppose that the relationship between Sister Mette Katrine and Sister Adelheid was a companionable one and that they got on well together. By contrast, the relationship between the senior Sister Agnes and the probationer Sister Emilie was strained and far from caring and compassionate. It was obvious that Sister Emilie had been rebuked and was left lonely. Metaphorically she was thrown into deep water and drowned. The story ended there because Sister Emilie returned to Denmark, where she worked in home nursing. However, one year later, at the age of 29, she died of tuberculosis,⁴⁰ a sickness quite common at that time, both in Denmark and in the Faroe Islands.⁴¹

There could be several explanations for Sister Emilie's unhappiness. One answer was that tuberculosis was a slow killer and probably a reason that Sister Emilie felt unwell during her stay in the Faroe Islands. Another reason could be that Sister Emilie was frail, even before her illness, too religious, without a sense of reality, and not morally mature. A third reason could be the presence of the first Faroese nurse trainees. The Danish deaconesses were expected to train young Faroese women in nursing, with the objective for them to become self-supporting and establish a school of nursing of their own. The first milestone in this endeavor was reached in 1920 when the first young Faroese

³⁸ Letter from Sister Emilie Møller, February 13, 1923, A-DDF.

³⁹ Malchau Dietz 2013, pp. 73–86; Svensmark 2018, pp. 47–49.

⁴⁰ Diakonissestiftelsens årbog 1926, p. 95.

⁴¹ Rasmussen 1931; Nielsen et al. 1968, p. 149.

woman started as nurse trainee at the old hospital. In the following years, the nursing school accepted two to four trainees each year. The training consisted of practical bedside care with sparse theoretical teaching. The nurse trainees more or less served as unpaid hospital workers. The deaconesses on duty and the physician were supposed to take part in their practical training and theoretical education, which always took place at night after working long hours.⁴² It could be that the probationer Sister Emilie felt put aside in favor of the Faroese trainees. Furthermore, she served in the Faroe Islands at a time when there was an extremely heavy workload, and in a time of transition with confusing hospital and healthcare conditions because patients and staff were due to move to a new hospital. A bigger, modern hospital was under construction and the old hospital was to be abandoned. These transitions seemed to be affecting them all, as clearly demonstrated in a letter (dated July 15, 1923) by the above-mentioned Sister Agnes Petersen.⁴³

Sister Agnes Petersen (1886–1959) served in the Faroe Islands from 1917 to 1924. She was serving when the first nurse training was established and during the planning for the move to a new hospital. The old hospital was overcrowded. Its capacity was 20 patients but, with 40–50 patients per day, they had to rent rooms in the town and use barracks for patients with epidemic diseases. In a letter from 1923 to the superintendent, Sister Agnes talked about the upcoming move to the new hospital and the bustle and confusion this was causing. The move finally took place on February 23, 1924, when the first patient was admitted. Her letter shows that Sister Agnes was a head nurse who cared for the young nursing staff, especially the Faroese nurse trainees, who had a long working day and a large workload and could not be stretched further. Sister Agnes also wrote that the physician had difficulty seeing that the staff was overloaded. He did not understand until he was told directly, she reported. For this reason, she asked the Danish superintendent for permission not to take vacation in 1923, the last year at the old hospital, which had become “the year of confusion” as she called it. “I dread the time that I must be away from the Faroe Islands. Somebody might end up being worked to death.”⁴⁴ Sister Agnes left the Faroe Islands in 1924 after seven years of service.

4 Service in the Faroe Islands Between the Two World Wars

Despite 1923 being a year of confusion, according to Sister Agnes’ letter, in many ways the 1920s were good years. The Faroe Islands progressed socially, the population was growing, and, importantly, the first nurse trainees graduated, and a new hospital was opened. The new hospital was named Queen Alexandrine’s Hospital after the Danish queen. It could accommodate 52 patients (quite a number at the time), and in the first year the hospital staff consisted of 28 people in total. Among them were one senior consultant, one assistant physician, some nurses and a couple of Faroese nurse trainees.⁴⁵ A few years later, a special unit for tuberculosis patients was added, and in 1933 a unit for epidemiologic patients and a children’s unit were opened.

Unlike the 1920s, the 1930s was a paradoxical decade. On the one hand, nursing standards were rising because of common rules and legislation for Danish nurse education,⁴⁶ rules that also applied in the Faroe Islands. On the other hand, it was a decade of depression, stagnation, and staff short-

⁴² Petersen 1998, pp. 42–48.

⁴³ Letter from Sister Agnes Petersen, 15. July 1923, A-DDF.

⁴⁴ Letter from Sister Agnes Petersen, 15. July 1923, A-DDF.

⁴⁵ Dronning Alexandrines Hospital, Torshavn 1924.

⁴⁶ Malchau Dietz 2013, pp. 222–228.

ages because of poor and hardworking conditions.⁴⁷ One deaconess who had to face these demands was Sister Ingeborg Hansen (1886–1966), matron at Queen Alexandrine’s Hospital.

Sister Ingeborg Hansen served in the Faroe Islands for 20 years, from 1928 to 1948.⁴⁸ The story we summarize here is a short compilation of her letters to the leaders of the motherhouse in Copenhagen over two decades. It appears from the letters that Sister Ingeborg had an open, bright, and positive mind. She was the oldest of eight siblings and before being admitted as a deaconess at the age of 31 years, and after her mother’s death, she had cared for her siblings.⁴⁹ Throughout her years as matron she had close contact to her family in Denmark. It was obvious in the letters that she was used to caring for family and friends. As a “surrogate mother” she was concerned about the health of the other Danish deaconesses in the Faroe Islands; she closely followed what was going on at the hospital as well as in the community at large and among its people; and she was a human being who trusted in God and considered God to have a hand in everything. Generally, she was happy to work in the Faroe Islands and she loved the people.

The first letter from Sister Ingeborg about her position as a matron in the Faroe Islands was written at the beginning of 1928, when she held a position as matron at the hospital in the Danish town of Odense. She replied to a query from the lady superintendent who asked her to serve in the Faroe Islands as the matron at Queen Alexandrine’s Hospital in Torshavn, the capital of the Faroe Islands. The previous matron, Sister Karen Morthensen, had returned to Denmark due to illness. Sister Ingeborg’s answer was, in the beginning, polite and humble; she was hesitant, had a modest estimation of her qualifications for such a big position, and she was in doubt because of her commitment to the Danish patients and the physician in Odense. Obedience to God and her calling were the deciding factors, so finally she expressed her gratitude for the confidence in her and the honor. She was not asked but ordered – and therefore obliged to submit to rule number one: obedience to the motherhouse. The letter ended with blessings and hope for the sick matron’s early return to Torshavn. “[...] I will ask God to arrange everything about this matter and hope Sister Karen is able to return to her work.”⁵⁰ Clearly, Sister Ingeborg was anticipating a short stay in the Faroe Islands standing in for the matron, Sister Karen. However, this is not what happened. Two months later, in July 1928, Sister Ingeborg arrived in the Faroe Islands and began 20 years of service as matron at Queen Alexandrine’s Hospital.

Sister Ingeborg arrived at a hospital in a phase of growth and development. More and more Faroese nurse trainees were accepted, more staff members were employed. We believe that Sister Ingeborg participated in employment, management, teaching, and administration; and we know that she, as matron, oversaw arrangements for the nurse trainees to supplement their education at Danish hospitals,⁵¹ and that the trainees considered her to be a good teacher and a caring mother.⁵² She also cared for her sister deaconesses’ health and well-being, the ones at the hospital as well as the ones working as home nurses in the remote villages. And we know from nurse trainees’ stories⁵³ that

⁴⁷ Sigvaldsen 1995, pp. 19–23; Wingender 1999, pp. 30–34.

⁴⁸ Diakonissestiftelsens årbog 1967, pp. 40–41.

⁴⁹ Diakonissestiftelsens årbog 1967, p. 41.

⁵⁰ Letter from Sister Ingeborg, March 7, 1928, A-DDF.

⁵¹ Petersen 1998, p. 116.

⁵² Petersen 1998, p. 113.

⁵³ Petersen 1998, pp.70–72.

when a patient was dying, the matron was to be called, day or night.⁵⁴ Spiritual care was an important issue for the deaconesses and no patient was to die alone. To comfort and ease worried souls was a natural part of the deaconesses' calling, training and charity.⁵⁵ Sister Ingeborg's last letter before World War II and the occupation was dated February 2, 1940. Then her worries concerned the ongoing staff shortages in the hospital and the well-being of deaconesses in poor health. She was stunned to hear that the Helsinki Deaconess Foundation had been bombed, and was most grateful for everyday life. "Here we do not suffer from any needs. And we must appreciate how good things are. It could get worse here too."⁵⁶

5 The Last Decade of the Deaconess Era in the Faroe Islands

Sister Ingeborg's last years in the Faroe Islands coincided with World War II and the post-war years up to the Faroese Home Rule Act of 1948. These were years of great political upheaval in the Faroe Islands, as well as other parts of the world, and they brought challenges that were felt in all parts of the country.⁵⁷ During World War II (1939–1945), Denmark and Norway were occupied by the Germans from April 9, 1940 to the end of the war in Europe, in May 1945. A few days after the German occupation of the two Nordic countries, Britain occupied the Faroe Islands to protect them from being used as a German base. The British occupation meant that all shipping transport between Denmark and the Faroe Islands ceased. There were no letters, packages, food deliveries, shipping, or visits to or from Denmark.⁵⁸ The cessation of transportation meant that Faroese nurse trainees who were in Denmark to supplement their training, and Faroese nurses who were working in Denmark had to stay there all through the war, instead of just for a few months as planned.⁵⁹ The occupation also meant that Faroese patients with mental health problems who had been cared for at psychiatric hospitals in Denmark before the war, had to stay in the Faroe Islands in miserable conditions. Because of unsafe sea conditions with mines and torpedoes, they could not be transferred to psychiatric hospitals in England or Scotland until the last year of the war.⁶⁰

When the war ended in May 1945, the Faroe Islands was a country in rebellion. During the five years of war, the country and its people had managed without Denmark. They had suffered, along with the rest of Europe, and had lost many ships and about 200 sailing fishermen. So the cost had been huge but, at the same time, the country had tasted independence and managed reasonably well without the Danish administration. As a result, the Faroese politicians now wanted to take over and govern as an independent country, as Iceland had in 1944.⁶¹ The rebellion was felt all over the country, and even in the hospital administration. Consequently, Sister Ingeborg did not feel at ease. Her letters repeatedly mention that she missed order and proper hospital management. In one letter though, dated October 28, 1945, she writes in detail about how medical and nursing staff walked over the mountains in a heavy storm to perform surgery on a patient with appendicitis. The weather

⁵⁴ Here it is worth remembering that all nurses, even the matron, had accommodation in the hospital attic so as to be close to the patients.

⁵⁵ Malchau Dietz 2013, pp. 13–18.

⁵⁶ Letter from Sister Ingeborg, February 2, 1940, A-DDF.

⁵⁷ West 1974, pp. 161–172.

⁵⁸ Svensmark 2018, pp. 53–55.

⁵⁹ Felagið Føroyskir Sjúkrarøktarfrøðingar 2007; Svensmark 2018.

⁶⁰ Petersen 1998, p. 99.

⁶¹ Sølverá 2020, pp. 61–65.

was so stormy that the doctor boat could not sail. "This is how things can be," she stated. The story provides another example of the working conditions a nurse in the Faroe Islands could face in the 1940s (excerpts from the letter are translated in Box 2). The matron, Sister Ingeborg, told this story with true pride. It might have been an exception, but her staff, doctors and nurses, managed well together. In a few words she communicated what they were facing professionally and how they managed despite the shortage of staff, the harsh climate and extreme surgery conditions. The story also revealed close collaboration between the hospital and home care services.

The senior consultant, a physician, and an OR nurse were in Westmanhavn and operated on a patient with appendicitis. – Thursday evening, we got the alarm, but the weather was so bad that the doctor boat could not go and fetch the patient. The only choice was to walk to Westmanhavn. So, the three of them, each with a backpack filled with instruments and stuff, walked over the mountain in a tremendous storm. None of them had walked there before and there was no real path to follow. It was dark with no moon. Around 9 am they came to Koldefjord where an automobile was waiting and took them to Westmanhavn. The surgery went well. They made sure the patient was doing well and in good hands with a local nurse, and they had some rest. Finally on Saturday, when the weather was better, they came home with the doctor boat. But first they had to go east along the Skulefjord and fetch a patient who was to be admitted to the hospital. At 9 pm Saturday they returned, radiant with pleasure and filled with experiences. But they had just arrived when the physician on duty received a message from a southern island, about a sick child. And so, one of the doctors who had taken part in the expedition, the doctor boat and its crew had to go out again, this time to the island of Sandoy. – Yes, this is also how things can be here!

Box 2. Sister Ingeborg's story about acute medical and nursing care on the Faroe Islands in stormy weather, October 1945.

In 1945, Sister Ingeborg had two weeks' vacation in Denmark with her family. After returning to the Faroe Islands, she was pleased to see that the hospital building was returning to normal after the war: It had been painted and looked as new. However, her letters also reveal that she was now less happy about her job as matron. There was political commotion in the country, the hospital was extremely busy with many patients, and the nurses and nurse trainees, who were still working 12 hours a day, were demanding shorter working hours – a demand she understood but could do nothing about because of a lack of space. The hospital could not accommodate more nurses and trainees. As can be seen in the following quote, Sister Ingeborg was in a serious dilemma, and experienced some ambiguity in her call to service and to God.

I think it is a difficult time to be in. I am becoming a pessimist. Things are so difficult, and I wonder if there could be a substitute for me soon. At the same time, I am filled with awe when thinking about another sister coming up and taking over. I feel like I am trudging through mud. There is nobody to keep order, everything is blurred and I want to say goodbye. – But then it comes – Who is to take over? It will hurt me if someone who cannot manage takes over. You must love your work and the people to endure. And I

think: God will find a suitable nurse and if it is his will that it is a deaconess, he will take care of this too.⁶²

It is obvious that Sister Ingeborg's mind was filled with doubts about what was right and wrong, and she asked for a substitute. She had served for two decades, and she wanted to retire. However, Sister Ingeborg stayed another year, returning to Denmark for good in the summer of 1948. Before leaving, she knew that no deaconess was going to succeed her, and the goodbyes after all these years were described as heartbreaking on both sides.⁶³ Back in Denmark, at the age of 62, Sister Ingeborg served as hostess at the deaconess guesthouse for a further eight years. She spent her last years at Sister Sophie's Memory, the nursing home for deaconesses in Copenhagen.⁶⁴

6 Conclusion

The five deaconesses' biographies and letters included in this article paint a small picture of the nursing care, work, and ethical dilemmas faced by the 25 deaconesses in the Faroe Islands during the first half of the 1900s. The article demonstrates that the Danish deaconesses were the first to introduce skilled nursing in hospitals and home care settings in the Faroe Islands. Importantly, they established a formal nurse training program for young Faroese women and, as leaders and matrons, they set the nursing standard at that time and for the future. They remained on the nursing path during harsh working conditions, and not even World War II could change their professional attitude. The deaconesses also managed to be at the forefront in terms of societal development and the position of women in general, and so were able to set the standards for qualified nursing care.

The article provides examples of how some deaconesses adapted with ease and stayed for decades and how others had to give up and return to Denmark. Nevertheless, the deaconesses in the Faroe Islands were nursing pioneers when it came to establishing skilled nursing. Their contribution to trained and organized nursing and to building a healthcare system in the Faroe Islands should be included in the profession's history and not be forgotten. The deaconesses worked according to a Lutheran Protestant religious philosophy and under strict obedience to their motherhouse. They followed the standards for ethical nursing behavior of the time, and they did it with skill and obedience and always with God's will in mind. For them, nursing was a calling.

This article is among the first to provide examples of nursing care and work during the deaconess era in the Faroe Islands, which lasted from 1897 to 1948. The article also adds to the body of knowledge about the history of nursing in the Nordic countries. We are aware that further and more detailed research on the history of nursing in the Faroe Islands is needed, including on Faroese nursing from the perspective of the Faroese women, and characteristics and conditions of the shifting training program in theory and practice. The Faroe Islands, a small remote country in the North Atlantic, most likely had to redefine Nordic and international nursing standards to fit their cultural context. Therefore, it is important to establish comparative studies to trace similarities and differences between Faroese nursing programs and the programs in Denmark and other Nordic countries – to continue exploring the educational and professional issues that have emerged over time in the Faroese nursing programs.

⁶² Letter from Sister Ingeborg, April 21, 1947, A-DDF.

⁶³ Diakonissestiftelsens årbog 1967, p. 41.

⁶⁴ Diakonissestiftelsens årbog 1967, p. 41.

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