

THE ECONOMICS OF CHRISTIAN NURSING. HOW THE COST OF NURSING CARE WAS RECALCULATED DURING WEST GERMANY'S SECULARISATION PROCESS

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Abstract

From the beginning, Christian sisterhoods have also been commercial enterprises that have had to constantly adapt to social changes in order to ensure their financial survival. In West Germany, the social upheavals from the second half of the 1950s onwards presented the communities with particular challenges. In view of the shortage of new recruits, the increasing importance of union-negotiated reductions in working hours and salary increases, the deployment of labour had to be reorganised and labour costs recalculated. A new time economy was introduced into nursing practice under the imperative of efficiency, as the logic of market economics reached the core area of nursing care. The withdrawal of the motherhouse-bound nurses also heralded the rise of professional administration, which in turn encouraged the application of business and administrative principles to nursing practice.

Keywords: economy, nursing, history, deaconess, secularisation, Germany

1 INTRODUCTION

Christian sisterhoods, with their understanding of nursing as a 'labour of love', dominated the nursing sector in West Germany until the 1960s. The understanding and practice of nursing in these communities and their transformation after 1945 have been well researched.¹ The fact that the sisterhoods were also commercial enterprises has not been studied much until now, in terms of nursing history.² The sisterhoods operated their own facilities, usually including a hospital of their own, which also served to train the nurses. These facilities had to be maintained and financed. The sisters' main areas of deployment were usually outside the motherhouse complex in other hospitals, parish nurse stations and social institutions. These assignments had to be organised and the specific conditions had to be negotiated with the operators of the outstations. Although the sisters themselves did not receive a salary, the motherhouses had to pay for the sisters' training and further education as well as their living expenses, including in the event of illness, invalidity and old age. All of this could only succeed if the sisterhoods ensured they had a solid economic basis and adapted it to the changing social conditions.

Christian sisterhoods faced a particular challenge in view of the social upheavals from the second half of the 1950s onwards. With the growing prosperity of West German society, a fundamental change set in that affected almost all areas of society and is described in terms such as secularisation, de-traditionalisation, liberalisation, democratisation and individualisation.³

¹ On Germany after 1945, see Gaida 2016; Kreutzer 2014; Müller 2023; on transnational history: Kreutzer/Nolte 2016.

² One of the few exceptions is Barbra Mann Wall's study on the entrepreneurial practice of Catholic sisterhoods in the USA between 1865 and 1925, which analyses the transfer of European sisterhoods to the market-oriented health system in the USA and the strategies with which they sought to assert themselves as entrepreneurs, see Mann Wall 2005. The existing studies on the situation in Germany refer to higher organisational levels – the Protestant Hospital Association or the Diakonie/Inner Mission or Caritas, see Henkelmann et al. 2012; Krey 2014; Schmuhl 2002.

³ Frese/Paulus/Teppe 2005; Herbert 2002; Schildt 2007.

The traditional model of nursing as a self-sacrificing 'labour of love' that would be 'rewarded in heaven' found itself increasingly at odds with the emerging consumer society. From the mid-1950s onwards, hardly any young women decided to join one of the Christian sisterhoods. At the same time, the number of 'secular' salaried staff was growing. During the 'long 1960s',⁴ with the increasing influence of trade unions and under the pressure of a dramatically worsening nursing shortage, nursing was transformed into a women's profession regulated by labour law and collective agreements. These developments posed an immense challenge to the Christian sisterhoods. The fact that they had to react to social changes in their economic activities in order to ensure the survival of the institution was not new in itself; what was new was that principles of market economics were now also entering the core area of nursing care.

For the purposes of this article, it is important to make a distinction between the principle of sound financial management and marketisation. The sisterhoods had been committed to sound financial management ever since they were founded; after all, they wanted to survive financially as institutions. Economic behaviour – the economical, responsible use of resources – was undoubtedly part of the sisters' traditional self-image. Most of the women came from a farming or artisan background;⁵ wastefulness was an alien concept to them. Marketisation means something different and refers to the process in which the principles of market economics, efficiency calculations and profit considerations expand into areas that previously followed different principles – ones determined by the actors themselves.⁶ In the following study, two developments can be identified that can be attributed to this process of marketisation: the increasing presence of business management knowledge in the ranks of the providers and the emerging demand to organise nursing efficiently.⁷

Using the example of the Protestant deaconess motherhouse of the Henriettenstiftung in Hanover, this article examines the traditional economic setup of Christian sisterhoods. What economic reasoning guided the organisation of nursing? How did the Henriettenstiftung calculate the cost of its most valuable resource: the sisters' labour force? How did this calculation change with the secularisation of nursing, the growing importance of trade unions and the introduction of nursing as a salaried occupation? What consequences did these transformations have for the organisation and practice of nursing?

The article begins by outlining the traditional organisational and economic foundations of the Henriettenstiftung. It then sheds light on how the motherhouse came under pressure in the 1950s due to a lack of new recruits, union-negotiated reductions in working hours and salary increases, and how it reacted to this. The focus here is on the reorganisation of the workforce, the renegotiation of labour costs and the emergence of a new time economy in nursing under the imperative of efficiency. With the nursing crisis, which came to a dramatic head in the 1960s, the preservation of nurses' working capacity and protection against overwork also became guiding principles. In conclusion, it is shown that the withdrawal of the deaconesses had far-reaching consequences, not only for the financial basis of the Henriettenstiftung, but also for its administrative principles, which became increasingly market-oriented from the 1960s onwards. The article is based on two completed studies: one on the history of trade union policy in nursing and one on the history of Protestant nursing, using the example of the deaconess motherhouse of the Henriettenstiftung in Hanover.⁸

⁴ While the year 1968 was long regarded as a profound turning point in West German history, more recent contemporary historical research emphasises the embedding of 1968 in a longer transformation phase – the so-called 'long 1960s', which began around 1958/1959 and lasted until 1973/74.

⁵ Kreutzer 2014, p. 54.

⁶ Graf 2019.

⁷ Kramer 2019, p. 384.

⁸ Kreutzer 2005; 2014. I would like to thank the Hans Böckler Foundation, Volkswagen Foundation, Robert Bosch Foundation and German Research Foundation for their financial support.

2 INITIAL SITUATION: ORGANISATIONAL AND ECONOMIC FOUNDATIONS OF THE MOTHERHOUSE SYSTEM

The basic features of the deaconess motherhouse system, as it had developed in the 19th century, still applied after the Second World War. The motherhouse was the centre of the community and was where the Matron and the Principal Pastor were based. These two constituted the house management board that presided over the community. Although a full-time business manager was appointed for the first time in 1927, his influence remained limited.⁹ Until the 1960s, it seems to have been inconceivable that he would have a seat on the house management board and be involved in managing the motherhouse.

In their capacity as members of the house management board, the Matron and Principal Pastor managed the motherhouse's own hospital in Hanover, which was traditionally designed primarily as a training hospital for the sisters. The sisterhood and hospital formed a single unit. Matron Florschütz – herself a trained nurse – resided on the first floor of the hospital. The costs for the motherhouse and hospital were not accounted for separately, but together. Until the early 1960s, nobody in the motherhouse had a precise idea of exactly how much the hospital cost or how it was financed. It was enough to know that the Henriettenstiftung was 'in the black'.

A deaconess, Sister Hildegard, was responsible for hospital administration and had been in this position since 1928. She was considered hard-working and dedicated, but also extremely headstrong. When she left this role in 1962, the Principal Pastor recalled:

The hospital administration is completely personalised to her and she didn't really let anyone else look into it. To keep the peace, we've let her get on with it so far, and our business manager [of the entire foundation, S.K.], Dr Mallau, has held back.¹⁰

The fact that Sister Hildegard's working style was tolerated until the early 1960s to keep the peace not only points to the strong position that the deaconesses still held at this time, but also indicates the extent to which consideration for personal relationships shaped organisational life.

This was not specific to Sister Hildegard. The deaconesses working in practical nursing roles also had a wide scope of action. Although the working hours were long and could be up to 70–80 hours per week, the tasks to be fulfilled during this time were poorly defined. The broad understanding of the nursing remit as caring for body and soul gave the sisters a great deal of autonomy in determining the needs of patients. It was within the nurses' genuine sphere of competence to decide how nursing care was to be organised in concrete terms.¹¹

Some of the sisters worked in the motherhouse hospital, but the majority were sent to parishes, hospitals and social institutions outside the motherhouse. In 1951, the motherhouse provided nurses for a total of 235 outstations in Lower Saxony, Hamburg and Schleswig-Holstein.¹² The basic aim was to staff the nursing arms of these institutions exclusively with Henriettenstiftung nurses. These nurses were of two different types: deaconesses and independent nurses. The traditional deaconesses only worked for money on a limited basis – the sisters received board, lodging, pocket money and guaranteed lifelong care. Their actual wages, or 'heavenly rewards', were primarily of an immaterial nature. In religious terms,

⁹ Mutterhaus-Diakonie 1960, p. 25.

¹⁰ Principal Pastor Weber to Pastor Eichstädt, Protestant Deaconess Motherhouse Bremen, 8 Oct. 1962, Archive of the Henriettenstiftung, 2.03: Krankenhaus allgemeiner Schriftwechsel 1954 bis 1975.

¹¹ Kreutzer 2014, pp. 88–92, 176–182.

¹² Der gegenwärtige Stand der Arbeitsgebiete 1951, pp. 28–35.

this included the prospect of eternal life, and in secular terms, the gratitude of the patients and their relatives. At the same time, the nurses were held in very high esteem due to their self-sacrificing work. Not least, the immaterial reward included the fact that the nurses were 'not like any other professional group' and thus were something special.

However, not all women were prepared to make this lifelong commitment. Even in the 19th century, the deaconess motherhouses were dependent on the cooperation of independent nurses. In 1939, these independent nurses were organised into a separate Association of Sisters in the Kaiserswerth Association (Verbandsschwesternschaft im Kaiserswerther Verband) with a uniform and brooch.¹³ Unlike the deaconesses, the association sisters received a salary – albeit a small one – and were covered by social insurance. In this respect, their status was comparable to a gainful occupation. However, the other working conditions were very similar to those of the deaconesses. The association sisters were, of course, also single and were sent out by the motherhouse. In old age, however, the deaconesses were much better provided for than the association sisters. As late as 1955, the Federal Ministry of the Interior stated that the social situation of motherhouse-bound sisters in the event of premature incapacity to work or old age was considerably better than that of independent nurses.¹⁴

The provision of nurses was agreed in secondment contracts, which the Henriettenstiftung concluded with the outstations and which regulated the costs of the secondment. In addition to the provision of board and lodging, the operators of the outstations had to pay a lump sum to the deaconess motherhouse for each seconded sister. This station or posting allowance was by no means intended as remuneration for the labour of individual sisters. Instead, it was levied regardless of the work, age and status of the sisters. This principle of a uniform station allowance formed an important basis for the secondment principle. Only in this way was the Henriettenstiftung able to provide nurses without having to consider the impact on the level of the station allowance. Otherwise, there would have been regular conflicts with the operators of the outstations, for example when a less expensive deaconess was to be replaced by a more costly association sister.¹⁵

The station allowance was therefore conceived as a contribution to the motherhouse, with which the Henriettenstiftung financed the work of its organisation. This included, among other things, providing training and further education for the sisters, maintaining convalescent homes, as well as paying the salaries of the association sisters and pocket money and a pension scheme for the deaconesses. Even though each outstation paid a lump sum per sister, the amount was a matter for negotiation. For example, the Henriettenstiftung was prepared to reduce the rate for socially disadvantaged parishes, thereby ensuring social equalisation.

¹³ Freytag 1998, pp. 54–55.

¹⁴ Kreutzer 2005, p. 207.

¹⁵ Financial provision for the association sisters, 1956, Archive of the Henriettenstiftung, *Wirtschaft und Versorgung, Schwesternbezüge*.

3 1950s: THE MOTHERHOUSE SYSTEM UNDER PRESSURE

This traditional organisational and financing model came under massive pressure from the mid-1950s onwards as a shortage of new recruits set in. The growing influence of the trade unions also had far-reaching consequences for the Henriettenstiftung.

3.1 The Decline in the Number of Deaconesses and the Recalculation of Labour Costs and Labour Deployment

In the ten years from 1945, the number of deaconesses in the Henriettenstiftung fell from 673 to only 561.¹⁶ Between 1958 and 1960, only two new students enrolled each year. In addition, the average age was shifting dramatically. In 1956, the Principal Pastor calculated that only 28 per cent of the deaconesses were under 50 years old, 50 per cent of the women had already reached the age of 50 to 65, and a quarter were living in retirement.¹⁷ These declining membership figures were also evident in other deaconess motherhouses, not only in West Germany but also in East Germany.¹⁸

This development had serious consequences for the Henriettenstiftung's cost calculations. One critical point was the provision for deaconesses in retirement. Since the early 1930s, the motherhouse had endeavoured to ensure that as many deaconesses as possible were covered by the statutory pension scheme and the pension fund of the Kaiserswerth Association of German Deaconess Motherhouses – the umbrella organisation of deaconess communities.¹⁹ Nevertheless, the motherhouse's calculation was crucially based on the fact that the younger deaconesses paid for the pensions of the sisters in retirement through their work. However, the 'intergenerational contract' that had been practised until this point broke down when the influx of young deaconesses dried up in the 1950s. Whereas, in 1933, there were eight active deaconesses providing for every retired sister, by 1957 this number had fallen to just 2.3, forcing the motherhouse to set aside more money for the deaconesses' retirement pensions.²⁰ This increased the labour costs that had to be charged to the outstations.

In addition, the Henriettenstiftung could no longer ignore the fact that it would hardly be able to maintain all its traditional areas of work in the long term. Smaller hospitals and parish nurse stations started to have their secondment contracts terminated because there were not enough nurses available. With the increasing prosperity of West German society and the expansion of the healthcare system, hospitals also began to modernise and expand their facilities. Already struggling to fill existing positions, the Henriettenstiftung was in general no longer able to meet the increased staffing requirements. It often saw no other option than to terminate secondment contracts. Between 1951 and 1960 alone, the number of outstations was reduced from 235 to 135.²¹

This gradual withdrawal from many areas of work turned out to be a long and difficult process. With each cancellation, the motherhouse lost its presence in the region and thus also its potential to recruit young people, since the young women generally became aware of the motherhouse diaconia and its significance through personal experience. The Henriettenstiftung was therefore keen to remain active across as much of the region as possible in order not to disappear from the everyday awareness of the Protestant population.²²

¹⁶ Helbig 1985, p. 103.

¹⁷ Minutes of the proceedings of the Henriettenstiftung committee, 21 Feb. 1956, Archive of the Henriettenstiftung, S-9-3-1.

¹⁸ Kaminsky 2012; Müller 2021.

¹⁹ Circular letter from Principal Pastor Meyer to the sisters of the Henriettenstiftung, 5 Feb. 1931, Archive of the Henriettenstiftung, Wirtschaft und Versorgung, Diakonissen-Versorgungsordnung.

²⁰ Principal Pastor Weber to the Regional Church Office Hanover, 30 Dec. 1957, Archive of the Henriettenstiftung, 1.11: Stationsgeld, Versorgung der Diakonissen und Verbandsschwwestern, 1956–1971.

²¹ Der gegenwärtige Stand der Arbeitsgebiete 1960, pp. 14–18.

²² Müller analysed similar considerations at the deaconess motherhouse in Leipzig. In East Germany in particular, the missionary task of the parish nurse stations was especially important. The termination of secondment contracts with parish nurse stations was therefore extremely painful from the motherhouse's perspective. Müller 2021, pp. 62–63.

The management boards of the outstations were usually equally keen to maintain the sisterhood. They had often been collaborating effectively for years with the Henriettenstiftung, which had taken over the entire organisation of the nursing side of their operations at comparatively low cost, thus relieving the outstations of a considerable amount of work and worry. The changeover to independent nurses threatened to be not only more cost-intensive, but also considerably more labour-intensive. In addition, many hospital directors feared for the good reputation of their institutions, which – as one head physician at Melle Hospital put it in 1960 – was “primarily based on the commitment and dedication of its nursing staff”.²³ As long as ‘secular’ nurses were not recognised as equal, the withdrawal of the deaconess motherhouse threatened to be accompanied by a loss of reputation for the hospital. Many chief physicians also considered the “church orientation of the nurses”²⁴ to be an indispensable prerequisite for ‘good’ nursing care.

In order to avoid having to terminate further secondment contracts, from the mid-1950s onwards, the Henriettenstiftung gave up its claim to organise the entire nursing area and began to concentrate on certain activities.²⁵ The aim was now to fill key positions with deaconesses. Above all, these were the roles of head nurse, ward nurse and teaching nurse – nurses who played a key role in the training of junior staff. The motherhouse thus gradually withdrew from direct diaconal activities and shifted its work towards the targeted recruitment and training of the next generation of nurses.²⁶

At the end of the 1950s, the motherhouse management was painfully aware that hardly any of this new generation would be future deaconesses. A similar downwards trend was also becoming apparent among the association sisters. At the end of 1955, the Henriettenstiftung counted 107 association sisters working as such, but five years later there were only 97. In the same period, the number of retired association sisters rose from 25 to 39.²⁷

3.2 The Pressure of Trade Union Influences: The Impact of Reduced Working Hours and Salary Increases

The motherhouses were traditionally union-free spaces. The deaconesses were not employees and were therefore not subject to any labour law regulations. Even if the association sisters were sent to a public hospital via a secondment contract, they were not subject to the collective labour agreements negotiated by the trade union, but to the conditions set by the Henriettenstiftung. The motherhouses’ dominance and special position under labour law therefore considerably limited the influence of the trade unions. When the Public Services, Transport and Traffic Union (Gewerkschaft Öffentliche Dienste, Transport und Verkehr, ÖTV), which was responsible for the nursing care sector, tried to persuade the umbrella organisations of the Protestant and Catholic motherhouses – Inner Mission and Caritas – to take part in collective bargaining negotiations in the early 1950s, it met with energetic resistance and failed. The Federal Ministry of Labour was also unwilling to support the trade union in its cause. Ultimately, there was also a lack of political will to enforce collective agreements against the interests of the powerful churches and welfare organisations.²⁸

However, the autonomy claimed by the motherhouses in relation to trade union collective agreements dwindled from the mid-1950s onwards. With the decline in membership of the motherhouses,

²³ Dr Pook to Matron Florschütz, 23 Aug. 1960, Archive of the Henriettenstiftung, 1-09-61.

²⁴ Dr Dehlinger to Matron Florschütz, 9 Sep. 1960, Archive of the Henriettenstiftung, 1-09-173.

²⁵ Müller described this process at the Leipzig Deaconess Motherhouse in East Germany, Müller 2021, p. 59.

²⁶ Sister Auguste Schneider to Sister Martha Koch, 19 Mar. 1958, Archive of the Henriettenstiftung, 1-09-173; Principal Pastor Weber to Pastor Dr Pall, 4 Mar. 1958, Archive of the Henriettenstiftung, S-1-0326.

²⁷ Changes in the number of association sisters from the end of 1955 to December 1960, Archive of the Henriettenstiftung, S-5.

²⁸ Kreutzer 2005, pp. 152–154.

independent nurses gained in importance. The Henriettenstiftung was also increasingly reliant on independent nurses to supplement its workforce – initially mainly in the external hospitals. Not least, the serious shortage of nurses improved the trade union's negotiating position considerably.

From the mid-1950s, the ÖTV trade union began to influence the organisation of nursing in the motherhouse context. Although the collective agreements negotiated by the union only officially applied to public hospitals, they had a considerable indirect influence. The collectively agreed reductions in working hours and salary increases in the public sector were of particular importance.

In 1956, the ÖTV succeeded for the first time in reducing working hours in municipal hospitals to 56 hours per week. This was followed by further reductions to 51 hours in 1958 and 48 hours in 1960 for nurses across the entire public sector, which also became the benchmark for hospitals not covered by collective agreements.²⁹ If the Henriettenstiftung wanted to attract and retain independent nurses, it had to adapt its working conditions to those of the public sector. The traditional concept of 'total dedication' thus lost its relevance.

However, it was not only the competition for labour that motivated the Henriettenstiftung to rethink its understanding of service. In 1957, the Kaiserswerth Association of German Deaconess Motherhouses spoke out in favour of a reduction in weekly working hours in order to "protect our sisters' willingness to devote themselves from being abused and exploited."³⁰ The deaconess motherhouses also developed a keen self-interest in imposing binding limits on working hours, since they wanted to ensure that the Protestant sisters, with their high willingness to work, were not used as a buffer to cope with the nursing crisis. In 1957, the Henriettenstiftung stipulated a 54-hour working week in its employment contracts. In April 1957, it also introduced the 54-hour week in the motherhouse's own facilities.

This departure from 'total dedication' had far-reaching consequences for the use of labour, as working time now became a precious commodity that had to be used rationally. In 1957, the head of administration of the Annastift hospital in Hanover, where deaconesses from the Henriettenstiftung were working, stated in the journal *Die evangelische Krankenpflege* ("Protestant Nursing") that the management of the Annastift now had to seriously consider "the idea of rationalisation"³¹ for the first time. The introduction of shorter working hours clearly showed "that the production reserves inherent in people working in hospitals must also be fully utilised."³² This fundamentally changed the understanding of nursing. The nurse stopped being God's 'handmaiden' and became a factor of production. By removing nursing from its religious context and transferring it to the context of industrial production, the profession was opened up to the logic of economic cost-benefit calculations. Consequently, the head of administration intervened in the nurses' area of sovereignty in order to reorganise their work according to business efficiency criteria.

As rationalisation measures, the head of administration at Annastift suggested the use of technical aids, such as electric floor polishers, and the centralisation of routine functions, for example installing a central dishwashing machine. He also advocated a reorganisation of work processes on the wards with increased use of auxiliary staff.³³ His proposals were in line with the contemporary trend of countering staff shortages by rationalising care – for example, by introducing functional care.

²⁹ Kreutzer 2005, p. 26.39

³⁰ Kaiserswerth Association of German Deaconess Motherhouses, Circular No. 2 to the boards of the motherhouses of the Kaiserswerth Association in the Federal Republic of Germany, 2 Feb. 1957, Archive of the Henriettenstiftung, Wirtschaft und Versorgung, Arbeitszeit Krankenpflegepersonal.

³¹ Arnstorf 1957, p. 52.

³² Arnstorf 1957, p. 53.

³³ Arnstorf 1957, pp. 53–55.

At the Henriettenstiftung, this switch to time-efficient work organisation was a lengthy process and began in the foundation's external hospitals, which became dependent on the employment of independent nurses earlier than the motherhouse hospital and had to accommodate their working time requests. In the motherhouse hospital, on the other hand, the ward nurses did not have to calculate the nurses' working hours and watch the clock to the same extent due to the large number of deaconesses working there. Here, the principle of rationing the use of manpower only became established in the 1960s.³⁴ In 1965, the Henriettenstiftung agreed on a catalogue of measures to reduce the workload of nursing staff, which established the rational use of working time as a new guideline. The aim was to avoid "unnecessary journeys and idle time" in day-to-day nursing care, for example by ensuring that "ancillary work" was not carried out in the evening but during idle times.³⁵ The rational use of working time therefore also meant a considerable intensification of work.

While reductions in working hours brought with them a new time economy, the wage increases negotiated by the trade union presented the Henriettenstiftung with new financial challenges. From 1954 onwards, the ÖTV was able to push through pay rises for nurses in the public sector at regular intervals.³⁶ The Working Group of German Sisterhoods (Arbeitsgemeinschaft deutscher Schwesternverbände) – the umbrella organisation of motherhouse-affiliated and "free" sisterhoods – also recognised that there was an urgent need to improve incomes in the nursing sector. In 1955, it complained that the nursing profession was losing much of its public image because the working and living conditions were far below the standard of other women's professions. The Working Group therefore campaigned for 'contemporary' remuneration.³⁷ Even if the very heterogeneous umbrella organisation was only able to agree on the vague goal of 'contemporary' remuneration, this demand reveals how far the criteria for evaluating nursing work had shifted by the mid-1950s. The traditional concept of 'heavenly reward' was no longer regarded as proof of extraordinary Christian dedication and thus as a special honour, but on the contrary as a sign of a lack of appreciation.

The salary rates negotiated by the ÖTV only applied to the public sector. However, as the Henriettenstiftung was increasingly unable to provide enough nurses to work at the outstations, it had to recruit more and more independent nurses. Better pay proved to be a particularly effective advertising tool. For this reason, non-public hospitals also began to pay salaries in line with the public sector. However, as a hospital in Goslar reported in 1954, this led to considerable differences in income of up to 30 per cent between independent nurses, who were paid according to the public sector rates, and association sisters, who received the Henriettenstiftung's salary rates.³⁸ If the Henriettenstiftung wanted to keep its association sisters as employees, it also had to significantly increase their income. From October 1954, the Henriettenstiftung therefore paid at least "payscale-like salaries".³⁹ It also increased the deaconesses' pocket money.⁴⁰ In other words, the outstations had to be asked to pay for this too.

3.3 Increase in Labour Costs and Negotiations on the Price of Nursing Care

The negotiations to increase salaries proved to be an extremely arduous endeavour. The financing modalities were anchored in the individual employment contracts. Every change had to be negotiated with the individual outstation, and with every pay rise in the public sector, the procedure started all

³⁴ Minutes of the committee meeting on 19 Nov. 1965, Archive of the Henriettenstiftung, 2.03: Krankenhaus allgemeiner Schriftwechsel 1954 bis 1975.

³⁵ Principal Pastor Weber, Matron Florschütz, Measures to relieve nurses at the Henriettenstiftung hospital, 22 Dec. 1965, Archive of the Henriettenstiftung, S-11-2-2.

³⁶ Kreutzer 2005, pp. 218–228.

³⁷ Kreutzer 2005, p. 221.

³⁸ Vereins-Krankenhaus Goslar to the house management board of the Henriettenstiftung, 9 Jul. 1954, Archive of the Henriettenstiftung, Wirtschaft und Versorgung, Schwesternbezüge.

³⁹ Remuneration regulations for the Association and Johanniter Sisters, 9 Jun. 1955, Archive of the Henriettenstiftung, 4.05: Schwesternschulen 1955–1972.

⁴⁰ Minutes of the meeting of the Henriettenstiftung committee, 30 Sep. 1954, Archive of the Henriettenstiftung, S-9-3-1.

over again. Negotiations with hospitals were relatively unproblematic, as they could generally look back on a long tradition of independent nurses in their facilities and therefore had a basic understanding of salary demands. Public hospitals, in particular, which also paid independent nurses in accordance with collective agreements negotiated by the trade union, will hardly have been surprised that the Henriettenstiftung followed suit with its salary demands.

The situation was different for many parish nurse stations. Home nursing care only became a compulsory service covered by health insurance companies in 1977.⁴¹ Until then, parish nurse stations lacked a reliable financial basis, which meant that the increased funding for financially weaker parishes may indeed have posed a problem. From the point of view of the motherhouse, however, most operators of the outstations simply seemed to have failed to realise that the sisters' services were no longer available for next to nothing. In 1956, the Principal Pastor of the Henriettenstiftung complained bitterly in a letter to a fellow pastor:

When our motherhouses recently increased their outstation fees in order to be able to pay the association sisters a decent salary, a storm of indignation arose among many confreres, who were of the opinion that our association sisters could work for as little money as possible.⁴²

The Christian concept of being 'rewarded in heaven', which the motherhouses had nurtured for decades, now proved to be a boomerang, so to speak.

In the second half of the 1950s, the impression grew that although the parish boards themselves were happy to benefit from the growing prosperity of West German society, they wanted to save money on the parish nurse station. This concern related not only to the association sisters, but also to the deaconesses. In 1957, the Principal Pastor emphasised that the motherhouse had taken on "the obligation to provide not only full care but also good care"⁴³ for the deaconesses. However, the standard for 'good' care changed fundamentally with the emergence of the consumer society in the 1950s. For example, the deaconesses no longer wanted to spend their holidays in the motherhouse's convalescent home – as had been the norm in the past – but wanted to go on their own holidays. This also increased the cost of maintaining the deaconesses in work.

In 1957, the motherhouse revised its employment contracts and stipulated that in future, the employment allowances were to be adjusted in line with the general increase in remuneration rates in the nursing sector. The motherhouse hoped in this way to avoid complicated negotiations with the individual outstations and at the same time wanted to make it clear that the motherhouse had "a claim to an increase"⁴⁴ that was not up for negotiation. In 1957, the Henriettenstiftung also joined forces with other deaconess motherhouses in the region to jointly communicate standardised outstation fee increases in the future. This was intended to prevent the operators of the outstations from playing the motherhouses off against each other.

This clear positioning obviously had an effect. In the 1960s, outstation fee increases were generally accepted as a matter of course. The severe shortage of nursing staff will also have contributed to this. The operators of the outstations will have been happy if nurses were available to work in their facilities at all.

⁴¹ Hackmann 2009, p. 198.

⁴² Principal Pastor Weber to Pastor Kropatscheck, 7 Aug. 1956, Archive of the Henriettenstiftung, Wirtschaft und Versorgung, Schwesternbezüge.

⁴³ Principal Pastor Weber to the Regional Church Office Hanover, 30 Dec. 1957, Archive of the Henriettenstiftung, 1.11: Stationsgeld, Versorgung der Diakonissen und Verbandsschwestern, 1956–1971.

⁴⁴ Principal Pastor Weber to the chairman of the Schneverdingen church council, Pastor Heyken, 11 May. 1957, Archive of the Henriettenstiftung, 1-09-229.

4 1960s – MANAGING THE LABOUR FORCE IN THE NURSING CRISIS

At the beginning of the 1960s, the shortage of nurses became even more acute. There was hardly a hospital that was not busy with expansion and extension measures. However, it was almost impossible to meet the additional demand for nurses and the motherhouse received increasingly alarming reports from the deaconesses, who were exhausted. “At the moment I just don’t know what to do anymore,” wrote Sister Auguste from Leer in 1961. “I constantly have to tell the sisters that I can’t fulfil their holiday requests, it’s almost overwhelming and takes so much energy.”⁴⁵ The sister in charge of the Stadthagen hospital urgently requested that someone be sent to replace her because she could no longer bear the stress and “constant hardships of the sisters”.⁴⁶ The motherhouse therefore had to think carefully about how it could protect the sisters from excessive workloads.

In order to reduce the workload in parish nursing, the Principal Pastor of the Henriettenstiftung appealed to the church councils to ensure that the parish nurses “are not so overburdened that they are no longer able to cope with the work and drop out.”⁴⁷ In doing so, he reminded them of the outstations’ own interest in maintaining the workforce of deaconesses. The local pastors also recognised that there had to be a limit to the sisters’ willingness to serve. In 1960, the superintendent from Hamelin called on the parish nurses, *to take on only as much nursing care as they could be responsible for. You would also have to say no and consider that the Lord God has only given each of us a certain amount of strength.*⁴⁸

Under the conditions of the nursing crisis, acting responsibly could now also mean saying ‘no’ in order to conserve one’s strength – which was deliberately limited by God. The idea of conserving one’s own strength was declared to be an expression of God’s will – an argument that skilfully drew on the deaconesses’ understanding of faith and in this respect must have found fertile ground. However, it is doubtful whether the women actually succeeded in practice in rejecting calls for help from parishioners in need.

In view of the steadily growing staff shortage, the Henriettenstiftung began to advocate more drastic measures in the mid-1960s and called on hospitals to reduce bed occupancy in their facilities. The hospitals were only to admit as many patients as could be cared for by nurses.⁴⁹ In an emergency, entire wards were also to be closed; a step that the Henriettenstiftung’s own motherhouse hospital had to take in 1964.⁵⁰ This relieved the deaconesses working there of the constant conflict of having to find a balance between the legitimate interests of the patients and their own limits.

A paradigm shift came in the early 1960s when an attempt was made to tackle the excessive workload placed on deaconesses by means of salary policy. At this time, the Henriettenstiftung realised that external hospitals were starting to pay overtime to independent nurses who were not affiliated with the motherhouse. In January 1962, the head nurse at the district hospital in Leer reported that in order to “satisfy the independent nurses, overtime was being paid” and that there was immediately “renewed unrest among the association sisters”,⁵¹ for whom this had not previously been planned. The Matron of the Henriettenstiftung initially considered overtime pay to be absurd.⁵² A sister who watched the clock

⁴⁵ Sister Auguste Schneider to Sister Martha Koch, 18 Aug. 1961, Archive of the Henriettenstiftung, 1-09-173.

⁴⁶ Sister Hinrika Schulz to Principal Pastor Weber, 17 Sep. 1960, Archive of the Henriettenstiftung, S-3-0282.

⁴⁷ Principal Pastor Weber to the church council of Hanover-Kirchrode, Pastor Meyer, 26 Jan. 1960, Archive of the Henriettenstiftung, S-1-0470.

⁴⁸ Superintendent Pellens to Matron Florschütz, 13 May 1960, Archive of the Henriettenstiftung, 1-09-100.

⁴⁹ Matron Florschütz to Dr med. Blattgerste, 15 Feb. 1964, Archive of the Henriettenstiftung, 1-09-239.

⁵⁰ Matron Florschütz to Chief District Director Nendel, 29 Apr. 1964, Archive of the Henriettenstiftung 1-09-239; Pastor Sturhan to the pastors in Schaumburg-Lippe, 6 Jul. 1964, Archive of the Henriettenstiftung, 1-09-239.

⁵¹ Sister Auguste Schneider to Matron Florschütz, 6 Jan. 1962, Archive of the Henriettenstiftung, 1-09-173.

⁵² Matron Florschütz to Sister Auguste Schneider, 10 Jan. 1962, Archive of the Henriettenstiftung, 1-09-173.

and carefully differentiated between working hours, free time and overtime was not compatible with the traditional understanding of nursing.

However, this position proved to be untenable. A blanket waiver of overtime pay threatened to provoke a wave of resignations from the association sisters, which the Henriettenstiftung could not afford. In addition, the motherhouse management was concerned that 'their' sisters would be used as a buffer when implementing the reduction of working hours for the independent nurses, and that the sisters would be burdened with too much work.

In view of this, the Henriettenstiftung also adopted the concept of overtime in the 1960s in order to protect the seconded sisters from unfair exploitation. In October 1962, the motherhouse launched a survey in the hospitals to find out what was happening with working hours. If the hospitals were not in a position to guarantee a 48-hour week or to compensate for overtime with time off, the Henriettenstiftung demanded that overtime be paid, including for the deaconesses. This initiative was ground-breaking, in that it required clearly limited working hours for deaconesses as well as association sisters.⁵³ This was intended to give hospitals a financial incentive not to make unlimited use of the working hours of the deaconesses, whose service was based on the principle of 'total dedication'.

However, the Henriettenstiftung's proposal met with resistance – not only from the hospital administrators, but also from the deaconesses themselves. The hospitals reported, among other things, that the 48-hour week did not apply to them, as it was a public service regulation to which they were not bound.⁵⁴ Others boycotted the practical implementation and explained that working hours were not recorded in everyday nursing and that they were therefore not in a position to provide proof of the nurses' working hours.

The Henriettenstiftung was also accused of betraying the principles of Christian charity. The head of administration at Leer Hospital stated that the deaconesses "neither ask for a 48-hour week nor claim compensation for overtime", but are happy to provide their services "as best they can, without paying attention to the time spent on them".⁵⁵ Already accustomed to such accusations, the business manager of the Henriettenstiftung calmly explained that this was precisely why the motherhouse had to ensure that the deaconesses' understanding of service did not lead to them being "overburdened in terms of labour and resources". In addition, "any extra work that deaconesses are happy to do must also benefit the care provided for the sisters in the motherhouse" and must "not lead to financial savings for the hospital administrations". In this respect, remuneration for overtime "also offers a certain degree of protection for deaconesses in hospitals that want to make savings at the expense of their sisters' labour and health."⁵⁶

The deaconesses also boycotted the motherhouse's request. The deaconesses at New Bethlehem Hospital in Göttingen, for example, refused to adopt the concept of overtime and to record their working hours. They flatly declared that they would "not work overtime".⁵⁷ This meant that the motherhouse lacked a basis for calculation from the outset.

⁵³ The administrative director stipulated 208 hours per month as the regular working hours of the deaconesses. Dr Mallau to Stadthagen Hospital, administrative director Martin, 3 Jan. 1963. Archive of the Henriettenstiftung, Wirtschaft und Versorgung, Schwesternbezüge.

⁵⁴ File note by Dr Mallau regarding a telephone conversation with Mr Kemna, Bethel Hospital, 4 Mar. 1963, Archive of the Henriettenstiftung, Wirtschaft und Versorgung, Schwesternbezüge.

⁵⁵ Leer Hospital, Klaffke, to Dr Mallau, 15 Feb. 1963, Archive of the Henriettenstiftung, Wirtschaft und Versorgung, Schwesternbezüge.

⁵⁶ Dr Mallau to Leer Hospital, Klaffke, 22 Apr. 1963, Archive of the Henriettenstiftung, Wirtschaft und Versorgung, Schwesternbezüge.

⁵⁷ Neu-Bethlehem Hospital Foundation, Pastor Mensching, to Dr Mallau, 14 Jan. 1963 and Neu-Bethlehem Hospital Foundation, Pastor Mensching, to Dr Mallau, 14 Jan. 1963, Archive of the Henriettenstiftung, Wirtschaft und Versorgung, Schwesternbezüge.

In fact, not a single hospital reported working time records relating to individual nurses to the Henriettenstiftung. Insofar as the administrative directors were prepared to co-operate in this matter at all, they provided information on the average working hours in the hospital. The hospital in Hannoversch-Münden, for example, reported in 1963 that it adhered to a 51-hour working week, while the Protestant Hospital in Melle stated that it practised a 54-hour working week. The Henriettenstiftung then charged the hospital administrations the excess worked over and above the 48-hour week as a flat-rate overtime payment for all seconded sisters. This procedure did not provide for individual 'clock watching' or remuneration for actual work performed.

5 THE WITHDRAWAL OF THE DEACONESSES: FINANCIAL DEBACLE AND THE RISE OF BUSINESS AND ADMINISTRATIVE RATIONALES

From the 1960s onwards, the deaconesses slowly became a minority in their own organisation, not only at the outstations but also in the motherhouse in Hanover. This had far-reaching implications both in terms of hospital administration and the financial basis of the Henriettenstiftung.

At the beginning of the 1960s, the Henriettenstiftung began keeping separate accounts for the sisterhood and the hospital for the first time. It became clear that the hospital had previously been a subsidised enterprise and was by no means covering its costs. This was not surprising, as the daily rates paid by the social insurance organisations were significantly lower than the proven cost price for the hospitals until the early 1970s. In 1965, the cost shortfall for non-profit hospitals was estimated to be ten per cent.⁵⁸ For a long time this discrepancy went unnoticed at the Henriettenstiftung due to the mixed financing of the hospital and the motherhouse. Only when the accounts were separated did it become clear that the deaconesses had been generating significant profits through their work and had offset the losses of the hospital operations.⁵⁹ Not only did the deaconesses work at comparatively low cost, but they generally worked into old age, so that they provided the Henriettenstiftung with income well beyond the age of 65 and, at the same time, kept retirement expenditure relatively low.⁶⁰ On this basis, the Henriettenstiftung even managed to generate a surplus until the 1960s.⁶¹

This traditional model of internal financial reallocation was finally thrown off balance at the end of the 1960s when the motherhouse realised to its horror that the provisions for the deaconesses' pension scheme were far from sufficient.⁶² From this perspective, the Henriettenstiftung had made its profits not least at the expense of the deaconesses' pension scheme. In making up for its longstanding omission, the motherhouse further increased the costs for the nursing sector, while at the same time the number of deaconesses in employment fell. Against this backdrop, the Henriettenstiftung found itself in the red for the first time in 1971.⁶³ A year later, the Henriettenstiftung stated that, in view of the age structure of the deaconesses, "the financing of measures from their work is coming to an end."⁶⁴

⁵⁸ Schmuhl 2002, p. 194.

⁵⁹ Minutes of the Henriettenstiftung committee meetings, 28 Mar. 1961 and 13 Oct. 1964, Archive of the Henriettenstiftung, S-9-3-1.

⁶⁰ Annex by the Henriettenstiftung administration for the committee meeting, 2 Sep. 1947, Archive of the Henriettenstiftung, Wirtschaft und Versorgung, Protokolle Komitee.

⁶¹ Minutes of the committee meeting, 28 Mar. 1961, Archive of the Henriettenstiftung, S-9-3-1.

⁶² Business manager of the Henriettenstiftung, Brechtelsbauer, to Dr Werner Knüllig, Higher Regional Church Councillor, 1 May 1973, Archive of the Henriettenstiftung, S-9-3-4.

⁶³ Minutes of the Henriettenstiftung committee meeting, 27 Jul. 1971, Archive of the Henriettenstiftung, S-9-3-1.

⁶⁴ Minutes of the Henriettenstiftung committee meeting, 28 Jun. 1972, Archive of the Henriettenstiftung, S-9-3-2.

⁶⁵ Sister Hulda Weinrich to Principal Pastor Weber, 24 Jan. 1963, Archive of the Henriettenstiftung, 2.03: Krankenhaus allgemeiner Schriftwechsel 1954 bis 1975.

The withdrawal of the deaconesses from nursing care had serious consequences not only for the hospital's financial basis, but also for the way it was run. In 1962, Sister Hildegard gave up her role as head of hospital administration, opening up the possibility of reorganising the administrative work – with far-reaching consequences. In January 1963, Sister Hulda from the hospital admissions department complained bitterly that the business manager was beginning to interfere in her affairs and wanted to decide “where my auxiliaries should sit or what they should do”. She explains energetically: “I don't think any ward nurse would put up with Dr Mallau telling her how and what her nurses have to do.” The interventions of the business manager in the nursing area seemed all the more absurd to her as he “had no idea what was going on here.”⁶⁵

From today's perspective, the vehemence with which Sister Hulda sought to defend the internal logic of patient care against the interventions of business and administrative rationale is highly remarkable. A business manager who dared to intervene in nursing processes was, from the perspective of the deaconesses at the beginning of the 1960s, simply acting presumptuously. No other documents on the matter have survived. However, it can be assumed that this self-image eroded rapidly in the mother-house hospital when the deaconesses left nursing.

The increase in the importance of business and administrative rationales continued in the 1970s, when the Henriettenstiftung reorganised its entire management structure. One of the main innovations was the inclusion of the business manager on the house management board from 1973 onwards⁶⁶ as the Henriettenstiftung took account of the growing importance of business management aspects in the organisation of patient care.⁶⁷ At the same time, it moved away from the traditional concept of the house management board as a ‘parent couple’ consisting of the Matron and the Principal Pastor. This step was logical insofar as the counterpart to the image of the parents – the ‘daughters’, i.e. the deaconesses – were also disappearing from the life of the Henriettenstiftung.

6 CONCLUSION

The economics of the traditional motherhouse did not follow a clear cost-benefit calculation or differentiated accounting systems. The secondment contracts were based on lump sums that did not take into account the number of working hours, or the age, qualifications or status of the nurses, and could be adjusted according to the outstation's ability to pay. The sisterhood and hospital were co-financed and even produced surpluses. However, until the early 1960s, it was not possible to trace exactly how these were generated. The deaconess responsible for the hospital administration apparently acted unsupervised. Peace in the community took priority. This economic practice was successful in that the Henriettenstiftung was ‘in the black’ and, from today's perspective, the sisters were able to carry out their work remarkably untroubled by financial considerations.

This form of economic activity was not able to withstand the upheavals of the ‘long 1960s’. This was when it first became clear to what extent the healthcare system had been based on the low-cost labour of sisters – to the detriment of women's pensions, among other things. The cost of nursing work increased rapidly and the Henriettenstiftung had a hard time making it clear to the operators of the outstations

⁶⁶ Statutes of the Henriettenstiftung, 1 Apr. 1973, § 13, para. 3, Archive of the Henriettenstiftung, Schwesternarchiv, Handakten.

⁶⁷ Lange 2024, pp. 33–36, 133–146.

⁶⁸ Kühn 2003.

⁶⁹ Primc 2020.

that the nurses' work was no longer virtually free. In addition, the entire workforce had to be reorganised. In the 1960s, time-efficient organisation of work became established even in the motherhouse hospital. The withdrawal of the deaconesses also heralded the rise of professional administrators and opened up the nursing sector to business and administrative approaches.

This gave rise to an ethical conflict that has been discussed for quite some time in the context of marketisation processes: the increasing financialisation of professional nursing and ethical (as well as medical) decisions.⁶⁸ The prioritisation of economic interests over ethical principles of patient care is considered a key factor in the emergence of moral distress in nursing.⁶⁹ The knowledge of the historically high level of autonomy of Christian nursing in relation to administrative concerns reminds us that the current imbalance has grown historically and that there have been alternatives to the current self-image of nursing in the past. Even if a new edition of Christian sisterhoods is out of the question, historical perspectives offer an important opportunity to take a distanced look at the present.

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