

The Rockefeller Foundation and Professionalization of Nursing in West Germany

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Well into the early 1950s, West German nursing was influenced by the large confessional motherhouse, the sisterhoods of Caritas, the Inner Mission, and their tenet of Christian charity. A “good” nurse was primarily “good at heart,” and tradition had it that a nurse’s heart was not educated through theoretical instruction, but through practical nursing tasks and by participation in the community of sisters. The lessons offered at the nursing schools that were attached to hospitals were of minor importance. This strong emphasis on practical experience did not only apply to basic nursing training, but even head nurses and nursing teachers were considered qualified because they had years of practical experience, not because they could provide evidence of having attended advanced training courses.

It was against this backdrop that an entirely new, academically-oriented type of school was established in 1953 on the initiative of the Rockefeller Foundation (RF) and the American military government. The School of Nursing that was affiliated with the Heidelberg University Medical School had the goal of generating a new nursing elite that would advance the professionalization of nursing in West Germany. The RF initiated similar schools in many other countries.

Initially the Heidelberg School of Nursing only provided basic training for nurses, but from the mid-1950s it also became an additional training center for teachers of nursing. It was the first institution in West Germany to offer special training in nursing pedagogy. The

teacher-nurses of the school were expected to complete an advanced training course in the United States.

In West Germany, the school's graduates were often called "Hollywood" nurses, or "Hollies" for short, a name not necessarily complimentary since the "American" reform school met strong resistance in the West German nursing circles. It is a good example of the enormous conflicts that could arise from an international transfer of nursing and training concepts.¹

Prior to my visit at the Rockefeller Archive Center (RAC) I had the opportunity to examine the files of the reform school in the archives of Heidelberg University that primarily reflect the German perspective. During my research at Center, I aimed to reconstruct the RF's view and interest relating to the development of German nursing. On the one hand, I was interested in the overall strategic planning of the RF in regard to nursing and the creation of nursing schools abroad. On the other hand, I wanted to elaborate the specific perspective of the RF on postwar German nursing. The plan was to screen the files relating directly to the University of Heidelberg, and in particular to the Heidelberg School of Nursing, as well as the documents generally concerned with German nursing and the development of postwar Germany. Of chief importance were the diaries of RF officers who visited Germany and dealt directly with German representatives. As the German system of nursing had considerable influence on surrounding European countries, Frances Elizabeth Crowell undertook several trips to Germany in 1926-1927, and reported on her visits. After 1945, Johannes H. Bauer, Elizabeth W. Brackett, John B. Grant, George K. Strode, and Mary E. Tennant took on negotiations with Heidelberg University.

The RF's funding of European nursing began after World War I. In the RF's concept of public health nurses played a crucial part, because they were seen as an important link between the medical profession and the home and family. Efforts in nursing education and

public health in Europe started in France, and by the end of 1930 included cooperation with nine countries – first and foremost in Eastern Europe. In some cases, schools were established. In others, aid towards buildings, equipment, and general maintenance to existing schools; or fellowship and travel grants to the United States were provided.² The plan of the 1920s to establish a German speaking center for nursing education however, was not put into practice. Consequently, after World War II the RF had little experience regarding German nursing traditions.

The Public Health Section of the local Office of Military Government, and the Nursing Consultant of the U.S. Military Government, Jane Murray, took the first initiative in 1946 and contacted George K. Strode, the director of the RF's International Health Division, stating that German nurses were interested in creating a postgraduate school of nursing in Heidelberg.³ Murray's request came at a time when the RF explored the ways in which the Foundation could participate in the reconstruction of Germany and guide the former war enemy back to the "family of nations." In 1946-1947, Albert R. Mann and Robert J. Havinghurst carried out research on behalf of the RF, into the general economic and political conditions in postwar Germany and the state of education in particular.⁴ Since nurses, just like physicians, midwives and other healthcare professionals were in close contact with the population, they were seen as important disseminators of new democratic thinking.⁵

The impression Elizabeth Brackett gained of the overall situation in nursing while traveling through the America Zone of Germany in 1947 however, was not encouraging. In her diary she noted: "the Motherhouse system – which is an opposing force to progress – is strongly entrenched and there seems little likelihood of its losing its grip in the immediate years ahead."⁶ In the economic crisis following World War II, the training and boarding programs offered by motherhouses indeed appealed greatly to women. This was especially true for many young female refugees from the former eastern territories of the German Reich.

For them, the motherhouses provided not only physical accommodation, but also a new home and social milieu. According to Brackett, due to the motherhouse system initiative and independent thinking on the part of the nurses was discouraged. The traditional education system was not questioned in Germany.⁷ Brackett's description of German nurses fit right into the overall picture that representatives of the RF held of German society. The diverse reports on visits to postwar Germany concluded that German training institutions were incapable of producing members of society who would act morally and responsibly.

The situation in nursing however, was more complex. The German motherhouses certainly did not encourage critical thinking, but in terms of ethics, they were beyond criticism. In the context of a 'denazification' policy after World War II, the Protestant and Catholic motherhouses were per se, seen as politically unsuspecting by the Western occupying powers. In contrast, the so called "free" nurses, who were not associated with a motherhouse, were suspected of having actively supported Nazi extermination policies.⁸ It was against this background that the motherhouses in postwar Germany had the power to define the framework of good and ethically appropriate nursing. Right into the 1950s "free" nurses were under a great deal of pressure to prove that they also were "good" nurses who were concerned primarily with the patients' wellbeing. Therefore, the goal of the RF to create a school independent of the motherhouse system was contradictory to postwar Germany's concept of "good" nursing – promoted not just by the motherhouses, but also by the Western occupying powers.

The negotiations between the University of Heidelberg, the Federal State District Baden, nursing organizations and the RF were long and complicated. The School of Nursing was first proposed in 1946, but did not open until 1953.

The RF intended first and foremost to raise the theoretical standards in basic nursing education. The dean of the Medical Faculty in Heidelberg welcomed the creation of a new

type of nursing school from the beginning, but he was mainly interested in the scholastic training of nursing instructors. The fact that nursing teachers, who have never been trained as such, were instructing nursing students, was regarded as the most convincing argument to get the necessary political support in Germany. The RF promised to provide aid in developing a curriculum and also agreed to provide money for teaching material and equipment as well as travel grants, but the State District had to pay for the cost of future maintenance.⁹ As a result the school had to gain political support. It was advantageous that initially the school was part of the RF's wider plans to establish an institute of hygiene in Heidelberg. The university and the State District Baden were enthusiastic to cooperate, hoping for further subsidies.

One of the main problems encountered in trying to establish the new type of nursing school was that, for more than eighty years the department of nursing at the university hospital had been under the direction of a Red Cross sisterhood that explicitly objected to the concept of the "American" reform school. Because the Red Cross ran its own nursing school at the university hospital, the members of the sisterhood had every reason to fear the creation of social distinctions between the Red-Cross trainee nurses and the new type of "superior" student nurses.¹⁰ It was not just the reservations toward the professionalization of nursing that fuelled opposition, but also the conceivable serious social conflicts.

Moreover, the search for adequate teacher nurses proved to be exceedingly difficult. Elizabeth Brackett wanted outstanding women, but the designated matron of the nursing school, Olga von Lersner, had considerable problems in finding women who lived up to Brackett's expectations.¹¹ Since the future teaching staff was expected to complete a further training course in the United States, the candidates also had to be able to speak English, which was rarely the case. The strict U. S. visa regulations regarding former members of the Nazi Party also caused serious problems. Some qualified candidates had to wait up to one year to get entry clearance.¹²

There was also much discussion of the role the graduates of the nursing school would play in the public health field once they had been trained.¹³ In Brackett's view, German nurses did not have an idea about public health nursing because social workers took on the respective duties. Consequently, there seemed to be no jobs for public health nurses in Germany. In fact, the American model of public health nursing did not exist in Germany. Nevertheless, Germany had a long tradition of public health nursing. Although denominational motherhouses were viewed by the RF as outdated and unprofessional, it was the Protestant deaconesses and Catholic sisters, who by caring for people in their homes, integrated nursing, educational tasks, and social service work. The fact that the representatives of the RF shared a decisive secular concept of progress obviously made them oblivious to the German public health nursing tradition.

Furthermore, the history of public health nursing in Germany illustrates the problematic aspects of public health. Keeping in mind that social workers and parish nurses had played a crucial part in the National Socialist concept of health education and population policy, the RF's unquestioned positive idea of public health nursing is more than astonishing.

When the Heidelberg School finally opened in 1953, it differed fundamentally from the West German training tradition. At the beginning of the 1950s most girls who chose the nursing profession, only had elementary education, and nursing training consisting of only two-hundred hours of theory, spread over a year and a half. Training times could be extended regionally, and Heidelberg required two years of training during which nursing students were definitely considered to be members of the ward staff.

The Heidelberg school model diverged considerably from these principles. The reform school offered three-year training, recruiting primarily high school graduates. One of the most innovative aspects was that students were no longer seen as staff members on the wards. Apart from that, students were only allowed to take on actual nursing tasks and had to

be allocated to individual patients for continuous care. In return, they had to pay school fees. The number of theory lessons was increased to twelve hundred hours, which was six times the legal requirement. The students attended lectures at the university, especially at the medical school. Moreover, the reform school introduced the principle of practice mentors. The nursing teachers were to visit their students on the wards and instruct them in their practical work.¹⁴

The RF's concept of nursing education however, was not fully adopted in Heidelberg. The most striking example of this is the fact that the students gained public health nursing experience in denominational parish nurse stations.¹⁵ Ironically, public health nursing – the heart of the RF's endeavor – took place in an organizational framework that the RF viewed as merely unprofessional. Therefore, the history of the Heidelberg School of Nursing cannot simply be interpreted in terms of Americanization.¹⁶ The concept of the school had to be adapted to the German environment where Protestant deaconesses and Catholic sisters took care of people in their homes.

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ENDNOTES:

¹ See Susanne Kreutzer, “‘Hollywood’ Nurses in West Germany: Biographies, Self-Images, and Experiences of Academically Trained Nurses after 1945.” In *Nursing History Review* 21 (forthcoming). The study on the School of Nursing in Heidelberg is part of a wider research project on “Rationalization of Nursing in West Germany and the United States: A Comparative History of the Exchanges of Ideas and Practices, 1945 to 1975.”

² RAC, RF, RG 1.1, Series 100 C, Box 38, Folder 341, R.F. Aid to Nursing, 1915-1955; RAC, RF, RG 3, Series 908, Box 15, Folder 163, The advancement of nursing, Grants from the Foundations: From 1915 to 1938.

³ RAC, RF, RG 12.1, George K. Strode, diary, August 19, 1946.

⁴ RAC, RF, RG 1.2, Series 700, Box 11, Folder 95, Robert J. Havighurst, Recommendations for Program Germany and Austria, November 1948.

⁵ See Sabine Schleiermacher, “Die Rockefeller Foundation und ihr Engagement bei einer Neuorientierung von Medizin und Public Health in Deutschland in den 1950er Jahren.” In *Medizinhistorisches Journal* 45 (2010), pp. 43–65.

⁶ RAC, RG 12.1, Elizabeth W. Brackett, Diary, July 25, 1947.

⁷ RAC, RG 1.1, Series 700 C, Box 20, Folder 143, Elizabeth Brackett, Europe, Nursing Activities in 1947.

⁸ See Susanne Kreutzer, “‘Before, We Were Always There – Now, Everything Is Separate:’ On Nursing Reforms in Western Germany.” In *Nursing History Review* 16 (2008), pp. 180-200.

⁹ RAC, RF, RG 1.2, Series 717, Box 4, Folder 34, University of Heidelberg, Medical Faculty, to the president of the Federal State District Baden, Department for Culture and Education, March 26, 1948; RAC, RF, RG 1.2, Series 717, Box 4, Folder 34, K. H. Bauer to John B. Grant, March 31, 1948.

¹⁰ RAC, RF, RG 12.1, Elizabeth W. Brackett, Diary, July 24, 1947.

¹¹ RAC, RG 12.1, Elizabeth W. Brackett, Diary, March 2, 1948.

¹² RAC, RF, RG 6.1, Series 2.1, Box 11, Folder 85, Elizabeth W. Brackett to Olga von Lersner, September 26, 1949.

¹³ RAC, RF, RG 12.1, Elizabeth W. Brackett, Diary, March 1st, 1948.

¹⁴ RAC, RF, RG 1.2, Series 717 C, Box 6, Folder 61, A University School of Nursing at Heidelberg, prepared by G. B. Carter, University of Edinburgh, October 1954.

¹⁵ See Kreutzer, *Hollywood Nurses*.

¹⁶ See Pierre-Yves Saunier and Ludovic Tournès, “Philanthropies Croisées: A Joint Venture in Public Health at Lyon (1917–1940).” In *French History* 23 (2009), pp. 216–240.