A Case Study of the Deutscher Berufsverband für Pflegeberufe (DBfK)


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Abstract
This case study is the fourth of five looking at the influence of culture on fund raising in the local affiliates of an international nonprofit organization. The Deutscher Berufsverband für Pflegeberufe (DBfK), the German affiliate of the International Council of Nurses, reflects many of the fund-raising practices common to German nonprofit organizations. Historically, German nonprofit organizations, like most in Europe, have relied heavily on public support; consequently, the prevailing attitude within Germany is that government should meet the costs of most social needs. Nevertheless, there is a growing shift in the status quo as more and more German nonprofits are turning to "American" models of fund raising. This case study examines the organizational structure and fund-raising strategies of DBfK, and then reflects on the influence the cultural context of the organization has played on shaping them.

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Cultural Context
Fund raising is an American practice that is becoming increasingly popular in Germany. Historically, German nonprofit organizations have relied heavily on public or governmental support. According to Luthe,1 96 percent of the funding for nonprofit organizations in Germany in 1990 stemmed from public sources or private fees, while only 4 percent came from private giving. In addition, in 1990, 70 percent of money spent on education in Germany was public money, while public funding accounted for over 80 percent of spending in health and social services. In the same year, funding for education (21%), health (36%), and social services (51%) from public coffers in the United States was significantly less. Indeed, Germany is a country with a long tradition of relying on public funding to meet human needs.

And yet, the landscape is changing as more and more German nonprofit organizations are turning to the American fund-raising model. Public money for social programs is decreasing in Germany. According to Vahnung,2 "Without fundraising, many German nonprofit organizations would no longer be able to finance themselves." Over the last ten years, fundraising has become increasingly institutionalized in Germany, as...
demonstrated by the fact that today Germany has a fund-raising academy in Frankfurt and several associations for fund-raising professionals.

As German nonprofit organizations embrace American fund-raising practices, it is important to examine the cultural factors and traditions that may influence the application of fund raising in this country. In a culture where asking private individuals to support programs that historically have been supported by government is an alien concept, the prevailing attitudes toward fund raising may be the most significant cultural factor to consider. In the foreword to his book on the funding of nonprofit organizations in Germany, Kohring juxtaposes the common attitudes toward fund raising in Germany and America, observing, “In the United States, in complete opposition to Germany, fundraising would never be viewed as ‘wrangling money’ or ‘begging.’” Haibach further illustrates the difference between attitudes toward fund raising in Germany and the United States by arguing that in America, fund raising is Kulturtechnik, a part of American culture that all Americans learn and practice from an early age. Franz Wagner, the executive director of the Deutscher Berufsverband für Pflegeberufe (DBfK) [The German Nursing Association], concludes that the presumption that government is responsible for supporting "vulnerable people" in Germany is so prevalent that "there really isn't an awareness of raising money in different ways."

Although fund raising has not traditionally been as central a part of German culture as in America, private giving is definitely not a foreign concept to Germans. In a 1985 study of charities in Germany, 85 percent of those surveyed claimed to have donated either money or material goods to charities within the last six months. Luthe notes, however, that the German word for “donate” (spenden) could mean anything from dropping coins into an alms box at a church, to buying a lottery ticket from a charitable organization, to giving money to beggars. Wagner observes that the most successful private giving campaigns in Germany have been waged by organizations in areas such as AIDS or cancer research “where the public sector hasn't done very well in the past. There wasn't enough money for research; there wasn't enough money to build adequate hospital facilities, and things like that. So that's something where I think the public started being aware that there should be something done.” Consequently, although private giving is not completely foreign to Germans, it is done within a context that assumes that for the most part public support should be, and will be, available to meet social needs.

This prevailing attitude toward fund raising in Germany can, perhaps, be best understood by examining the historical relationship between government and the third sector in that country. Seibel explains that “associations became the elementary form of political opposition” during the nineteenth century, and today “the relationship between government and the third sector in Germany is to a large extent the relationship between political parties and welfare associations.” According to Seibel, Germany has evolved into a Soziale Marktwirtschaft, a social market economy that synthesizes capitalism and a social welfare system, placing the onus for providing social services and health care on the trilateral alliances between political parties, organizations, and government. Indeed, Germans have come to rely on these alliances to provide social services and health care, with intermediary associations providing the services, subsidized by the state. This structure, according to Seibel, is “historically routinized and legally approved.”
Within this cultural context, how does the German affiliate of the International Council of Nurses (ICN), DBfK, raise the funds it needs to survive? This case study will provide a brief overview of DBfK before focusing on one specific instantiation of fund raising in that organization.

**Background Information on DBfK**

**History and Mission**
DBfK, a founding member of ICN, was established in 1903 by a group of nurses in Berlin who met to talk about the poor working conditions for nurses and the fact that nurses were not being given a voice as new hospitals were being built at the turn of the twentieth century. The group concluded that self-organizing was the only practical answer, so in January 1903 the Berfusorganisation der krankenpflegerinnen Deutschlands [Organization of (Female) Nurses in Germany] was established, with Agnes Karll taking the leadership role. By April 1903, the newly-formed association moved into a small office. In 1905 it began to publish a newsletter for members, and in 1906 it published the first issue of a magazine for nursing professionals, a tradition that continues in DBfK’s publication of *pflege Aktuell*. In 1904, Germany joined Great Britain and America to form the International Council of Nurses. Closed during the Second World War, the nursing association founded by Agnes Karll was re-established in 1973, combining with other German nursing associations to establish DBfK.

According to its mission statement, DBfK is dedicated to caring for the sick, the elderly, and the needy, and providing public health care. Specifically, the organization seeks:

- to represent the interests of nursing professionals in all areas of nursing, to ensure quality of nursing care, to represent the interests of nursing in business and politics, to ensure the autonomy of the nursing profession, to develop nursing theory and practice, to encourage research related to nursing, to represent nurses in legislative decision making, and to enforce appropriate working conditions and salaries for nurses.

**Membership and Organizational Structure**
In 1999 DBfK had 25,000 members, a number that Wagner admits is slowly decreasing. Wagner explains that part of the difficulty the organization faces in attracting and keeping members is that the nursing profession in Germany has a very high turnover rate, with the average nurse staying in the profession for only about seven years—including education. Structurally eight regional branches, each covering at least one state, form the foundation of DBfK (see Fig. 1).
In individual nurses join their regional branch and indirectly become members of the federal association. Each year, delegates from the regional branches meet in assembly and elect board members and a president. The board in turn elects two deputy presidents who, along with the assembly-elected president, form the executive board for DBfK. The executive board hires and oversees the executive director, currently Franz Wagner. Wagner explains that the executive board sets the political framework for DBfK's work, but he is responsible for carrying it out. Wagner, as executive director, oversees four departments: research, accounting, international, and the publishing house. An additional level of checks and balances is provided through the Beirat, a separate regulative body consisting of the president and executive director of each regional branch, the president and executive director of the national organization, the national board of directors, and five delegates elected at the assembly. A final element of DBfK's structure is the Agnes Karll Society, the charity arm of the organization. Although the Society and DBfK are legally independent, the two are closely related. In fact, starting in 2001, Wagner will also serve as the executive director of the Society. Admittedly this structure is complex; however, Wagner notes that it is not atypical for German organizations.

**Budget**

The annual operating budget for DBfK is DM3,000,000 (approx. US$1,354,300). Figure 2 provides an overview of the organization's sources of funding. The largest portion of the association's budget stems from membership dues. Individual nurses pay dues-typically 1 percent of their income after taxes-to the regional branch, and the national...
office receives a percentage of all membership fees. That amount, currently at 28.75 percent, is determined annually by the Beirat.

The second biggest source of funding for DBfK is advertisements sold in *Pflege Aktuell*, the journal published by the organization. The ads cover approximately 50 percent of the cost of publishing the journal. The third largest source of funding is the publishing house, which has been pared down considerably in recent years and currently generates only 3 percent of the total budget.

A unique source of funding for DBfK is the *Glücksspirale*, a state-run lottery whose profits are distributed to third-sector organizations. The lottery was started in the 1960s to generate revenues to build facilities for the 1972 Munich Olympics. After the Olympics, the *Glücksspirale* was continued, with the money generated going to social, environmental, and sports associations. Approximately 3 percent of DBfK's funding comes from these lottery profits.

A source of funding that also generates approximately 3 percent of DBfK's funding is the selling of exhibition space at the DBfK-sponsored biannual European Operating Room Nurses Association (EORNA) conference in Mannheim. Grants, fees from training institutes, and government funding each account for 1 percent or less of the organization’s total operating budget.

**Fund Raising in DBfK**

**Overview of Fund-raising Strategy**

To get an overview of the fund-raising practices of DBfK, one must look at both the structures and processes that facilitate the acquisition of funds. Several components of DBfK's structure allow for fund raising. For example, the organization has a separate funding entity, the Agnes Karll Fund, named after DBfK's founder, which was originally established to collect charitable contributes for DBfK. Although the Fund was active when it was first formed, it is no longer an important part of DBfK's fund-raising efforts. Wagner explains, “This group was primarily run by two or three people, and then those people retired or died, and it didn't work any more. Officially it still exists, but there's no activity anymore.” The fund is not likely to be reactivated in the near future because Wagner does not view the Fund as essential to DBfK's success. He maintains, “I think we would have gotten funding just as well if that society hadn't been there.” Although the
Agnes Karll Fund is essentially defunct as a fund-raising structure, DBfK does actively use another structure that promotes fund raising, the Agnes Karll Society. The Society was created so donors to DBfK could receive the tax benefits associated with giving to charities. A final structure that facilitates fund raising for DBfK is the Deutscher Paritätischer Wohlfahrtsverband (similar to the United Way in the USA), which gives DBfK access to a portion of the funds generated by the lottery described above.

In addition to these structures that promote fund raising, three practices seem to account for the majority of DBfK's fund-raising effort. The primary fund-raising activity relates to acquiring and maintaining members. More than 75 percent of the organization's operating budget comes from membership dues, making the rhetoric associated with membership a primary, if indirect, form of fund-raising communication. For the most part, membership drives are carried out at the local level, but the national organization does collaborate with the regional offices on membership brochures. These texts will be analyzed in more detail below.

Probably the second most important fund-raising practice for DBfK is soliciting support from industry. Wagner explains that there are a variety of industries, such as pharmaceuticals and medical supply companies, that are interested in establishing alliances with DBfK, especially since it is one of the largest professional nursing associations in Germany. DBfK, for example, regularly receives funds to cover travel expenses for nurses attending the EORNA conference from companies that produce disposable goods for operating rooms.

The third primary fund-raising practice engaged in by DBfK is grant writing. The organization occasionally writes grants for individual projects. For example, the organization recently received DM15,000 (approx. US$6,760) from the Robert Bosch Foundation to develop a tool for certifying the quality of specialist training in nursing. Grants generally account for about 1 percent of the organization's annual budget (DM100,000, approx. US$45,000); although last year, the organization received a DM300,000 (approx. US$135,000) grant from the German Ministry of Health to help cover the costs of DBfK organizing and hosting the WHO conference on nursing in Munich.

The German association does not rely on soliciting funds from individuals as part of its fund-raising strategies. An interesting insight into the organization's fund-raising practices can be seen in the way Wagner describes the Agnes Karll Society: “If somebody wants to donate money, we say, ‘OK, send it to the society, because then you get a receipt you can use for your tax declaration’.” This description highlights the passive approach the organization has toward soliciting donations from individual donors.

Because DBfK, like any organization, is dynamic and constantly changing, its fund-raising practices are also in flux. At the time of my interview with Franz Wagner, the organization was considering changing its fund-raising practices in three areas. Right now the organization restricts selling advertisements on its Internet site to only "one small link to a publishing house that does the ads that are inserted in the journal." Wagner explains that keeping independence from industry is very important for DBfK; however, because the organization would like to expand its website, it is considering seeking sponsors for ads.
A second fund-raising practice Wagner is interested in exploring is funding particular projects by seeking shareholders for those projects. According to Wagner, this strategy could be used “for example, to reestablish a big educational institution. To say to the nurses, ‘OK, that will cost [DM]5 million, let’s say. And you can buy a share of DM50, DM100, and then you’re a co-owner.’ But that’s related to many legal and tax problems, so we’re still thinking about that.”

Finally, DBfK is considering possibly finding a patron for the association. This strategy is “borrowed” from the United Kingdom where, according to Wagner, “the Royal College of Nursing has the Queen and Princess Anne as patrons.” Wagner expresses some concern, however, about whether the idea would be culturally transferable, a topic that will be discussed in more detail in the last section of this paper.

First this paper will consider a specific fund-raising campaign.

**Sample Fund-Raising Campaign**

The specific fund-raising campaign focused on in this case study is the new membership brochure introduced by DBfK for 2001. This choice of text is logical, given that membership dues constitute over 75 percent of the association’s budget, making strategies to attract and retain members arguably their primary fund-raising communication. The membership materials were written and published in house, in a collaborative effort between the federal office and the regional branches.

In preparing the new membership materials, one of the primary goals of the executive director was to highlight how membership in DBfK is useful to individual members and something in which individuals can actively participate. Wagner elaborates:

> It is said that people are focusing more on their individual lives. They want to have a nice life, an expensive life, and they don't have enough spare time or leisure time to spend it on social or similar activities. I'm not quite sure if that's true. I think that's one part of it. But I think the other thing is, and that's something I try to change in our association, that people no longer want to support in a blind way. I think people now want to relate in a different way. They want to have more influence and they want to see an outcome more directly.

The new membership brochure is a 8.25 x 6" (21 x 15 cm), twenty-eight-page, full-color booklet with a tear-out postcard-size membership application inserted at the end. The booklet is entitled 10 *Gute Gründe* (Ten Good Reasons) and is centered on ten good reasons for an individual to join DBfK. Each reason is presented on a two-page spread, with the reason presented on the right page and an (often only tangentially related) adage and drawing printed in color on the facing page. These twenty pages are prefaced with one page of introductory information and followed by one page of membership details. The “reasons” are presented in bullet lists, with considerable white space on each page. For example, Reason 1, “*Mitgliederberatung*” (Membership Counseling), is presented as: “individual, personal, trustworthy in all questions relating to care; career planning and all that concerns you”-twenty words, with the adage, “*Es gibt immer einen Weg*” (There is always a way) and a colorful drawing of a man climbing a rope on the opposite page. In the new membership brochure, the message is presented concisely. In fact, the total number of words in the brochure is 684, an average of twenty-six per page.
It is interesting to compare the layout of this fund-raising text with the layout of the membership brochure that was used until this one was produced. The former brochure is a 12 x 8.5” (30 x 21.5 cm) sixteen-page booklet. The ten reasons to join are included in this brochure as well but they are listed together on pages 12-13 of the document. The bulk of the old membership brochure provides information about the organization’s history and mission. The bottom half of each page consists of pictures of “real world” nurses with quotations related to all aspects of life as a nurse (and seldom to the organization or membership in the organization). For example, the bottom half of the first page in the old brochure shows two picture of “Andrea Z, a nursing student” and “Ulrike K, a unit leader”, with Ulrike saying, “The television clichés amuse me. The nurses, for example, have hours to sit on the bed rails and visit.” And Andrea agrees, “Exactly. And the entire day they look just so. When I get home after the late shift, I simply fall into bed exhausted.” The text of the brochure is printed in black and blue ink on white, clearly separated from the photographs and quotations, which are printed in white on blue. This brochure provides much more information, containing a total of 1,783 words, 118 on average per page.

The two brochures also differ substantially in content, specifically in the information that is included or excluded as well as in the persuasive strategies that are embedded in the text. These differences clearly illustrate the organization’s attempt to redefine itself as an association that meets the needs of the individual members. The old brochure begins by acknowledging how difficult it is to be a nurse and simultaneously validating the nursing profession. It then presents DBfK as the advocate for nurses, noting that the association “stärkt die Stimme der Pflegenden” (strengthens the voice of nurses). The emphasis is on what the organization can do for nursing and nurses: “Wir machen uns für Sie stark!” (We make ourselves strong for you!) and “Der DBfK spricht bundesweit mit einer Stimme. Ihre Anliegen sollen gehört werden!” (DBfK speaks with one voice throughout the land. Your concerns shall be heard!) The first ten pages of the brochure provide information about the organization, its history and its goals.

The new brochure utilizes noticeably different persuasive strategies, emphasizing the individual nurse rather than the profession. The brochure begins with the phrase, “Grünes Licht für ihre berufliche Zukunft” (Green light for your professional future). The focus is on the need for the individual to network in order to face the challenges of the future. The brochure warns that those who do not join will be left behind—“Wer draussen bleibt, bleibt auf der Strecke.” The new brochure then immediately moves into the ten good reasons for an individual to join DBfK.

In addition to the fact that the ten reasons constitute the bulk of the new brochure as compared with a two-page spread in the old one, the order in which the reasons are presented in the new brochure emphasize advantages to the individual. The first three reasons listed in the new brochure are to get individual, personal advice on all matters related to nursing, to get liability insurance, and to get legal protection and advice. This contrasts with the first three reasons listed in the old brochure: the organization works to develop and reform the profession, the organization provides personal advice, and the organization provides information through the journal and the Internet. Wagner admits that he is consciously trying to make the value of the organization to the individual more apparent, and these efforts are clearly visible in the new membership brochure.
The impact of the changes from the first brochure to the second cannot be assessed at this point, since the new membership materials were just being introduced at the time of the interview. In addition, it would likely be impossible to draw any direct connections between growth or decline in membership and the membership brochure because the brochure is only one part of DBfK's strategy for acquiring new members. Regional offices utilize their own initiatives to attract new members, such as offering a gift to members who sign new members, making it nearly impossible to establish a direct link between the national office's efforts and membership patterns.

**Cultural Influences on Fund Raising in DBfK**

The fund-raising practices of DBfK are clearly shaped by the organization's cultural context. Specifically, Germany's history, key values, and legal constraints all impact DBfK's organizational structure and approach to fund raising. Wagner links the relatively complex structure of the organization directly to Germany's history. He explains, "After the Second World War, Germany was divided into four parts with the military government. We couldn't establish a central office, so we had regional branches coming out of that." According to Wagner, a second historical factor affecting DBfK's organizational structure is the fact that the current association represents the unification of four nursing associations that consolidated in 1973 and created this system of "mutual control" to protect the interests of the separate entities joined in that process. Germany's history also may impact specific fund-raising strategies employed by DBfK. For instance, as noted earlier, the association is considering adopting a patron to aid in its fund-raising efforts; however, Wagner expresses skepticism about this strategy working in Germany. He argues, “I think that doesn't really fit in our tradition. We have a background not in nobility, but more in the higher middle class, or maybe lower upper class. But not nobility. It's quite different.” The implication is that because Germany's history is so different from countries that have successfully used patrons, that fund-raising practice might not work as effectively in Germany.

History is not the only aspect of German culture that impacts this organization's fund-raising activities. Several key cultural values influence fund-raising decisions, the most important of which, according to Wagner, is self-reliance. Wagner elaborates, “I think the most influential tradition, at least in our association, is to be able to say, we are the organization of nurses, for nurses, and we are funded by nurses, which gives us a very, very high degree of independence.”

The high value placed on self-reliance is deeply entrenched within this organization's culture and can, perhaps, best be seen in the story of how the organization re-established itself in 1945 after the Second World War:

A group of very strong ladies went to the military government and said, “We've been here since 1903, and we need our association. Give it to us.” And they started to rebuild houses for the retired nurses. And they collected bricks, and the nurses donated bricks—that was something very expensive at that time. And when they had meetings, every nurse was asked to bring coal to heat the room.

The “we-can-do-it-ourselves” attitude is clearly communicated in this story, and, according to Wagner, that attitude permeates the organization today and shapes
organizational practices in general and fund-raising practices in particular. Wagner notes that this desire for independence is “the reason we’re reluctant to approach different strategies to raise money. The nurses pay for what we are doing because they see that it is of value for them, for nursing.”

This self-reliance that is embedded within the organizational culture of DBfK is coupled with a skepticism about American fund-raising practices that still exists in Germany, in spite of the increasing reliance on those methods by some nonprofit organizations. Wagner explains,

We don't feel that it might be successful to collect money on other terms. I think part of it is that we have an attitude that funding-collecting money like charities do-is something that vulnerable people need and do. We aren't that vulnerable. We are not in need of asking, “Oh, please give me funds.” I think that's a cultural thing.

The result of these attitudes is that DBfK is hesitant to solicit general operating funds from the general public and prefers to ask nurses or industries related to nursing to support specific projects. Finally, DBfK's fund-raising practices, like that of other German associations, are constrained by German laws, particularly in the areas of privacy and taxation. Germany has data protection laws that closely regulate the dissemination of personal information, such as phone numbers and addresses, which has obvious implications for fund raising. In addition, German tax laws, which limit tax advantages to contributions made to officially sanctioned charities, affect DBfK's fund-raising practices.

As noted at the outset of this paper, fund-raising practices in Germany are in flux. Associations such as DBfK have enjoyed a stable history without soliciting private contributions, and the mindset of these organizations is one of self-reliance. Nurses will support things they find important. At the same time, as DBfK is exposed to fund-raising practices that work in other countries, and as it faces declining membership and high turnover in the nursing profession, it will be interesting to see how the organization modifies its fund-raising practices.

References


8. Ibid., p. 215.

9. Ibid.

10. Ibid., p. 219.

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