Nursing and Politics in Denmark
The Impact of Conflicts in a Historical Perspective
By Kirsten Stallknecht (President of the Danish Nurses’ Organization 1968-1996)
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Photo: Kirsten Stallknecht attending Nursing Day in Tivoli, Copenhagen 12th May 2012 (Photo: Helle Johnsen)

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Preface

The Danish Nurses’ Organization (DNO) is proud to publish this festschrift on the occasion of the 75th anniversary of Kirsten Stallknecht, DNO’s former president 1968-1996.

Kirsten Stallknecht graduated as a registered nurse at the State University Hospital in Copenhagen in 1960. Only five years later, she went to Denmark’s Nursing College to do a one year course in teaching and leadership at Aarhus University, where she wrote a thesis on team nursing adjusted to Danish conditions. Until then, team nursing had only been practised in the U.S., but as head nurse at the State University Hospital she got the opportunity to test the system.

In 1967 it was announced that the president of the Danish Nurses’ Organization (DNO) for 27 years, Maria Madsen, would resign. Kirsten Stallknecht who had been elected to the executive committee of DNO, ran for the presidency. She won the election and became president of the Danish Nurses’ Organization for the next 28 years. Kirsten Stallknecht ended her political career as elected president of International Council of Nurses, ICN, 1997-2001.

We see Kirsten Stallknecht’s 75th anniversary as a welcome opportunity to publish her thoughts and views on how nursing and politics have interacted since the Danish Nurses’ Organization was founded in 1899. Kirsten Stallknecht tells lively about the nurses’ long-standing and reluctant attitude towards politics. That does not mean that the Danish Nurses’ Organization did not engage in politics in the early years, they just called it something else. Since the middle of the 20th century, the Danish Nurses’ Organization gradually became more distinctly a political agent in its own right.

The last part of the publication is Kirsten Stallknecht’s narrative of her time as president the Danish Nurses’ Organization, a period that saw DNO transform from a purely professional association to a proper trade union.

The script stems from a lecture held by Kirsten Stallknecht in 2011 at two membership meetings in the Danish Society of Nursing History, which she took the initiative to found in 1997.

Grete Christensen
President of the Danish Nurses’ Organization
President of the Board of the Danish Nursing Museum

Susanne Malchau Dietz
Chairman of the Danish Nursing History Society

Susanne Malchau underskrift.gif
The theme of this paper may be infinite - what is nursing and what is politics? What is conflict, and what should be measured in a historical perspective?

I have narrowed my theme down to focus on nursing and nurses in relation to the surrounding community, and how the profession has handled the ongoing development. On that basis, I look at selected internal and external conflicts, and what they have meant to the further progress of the profession.

I have chosen issues that I have found essential or amusing and for the most part have certain characteristics that are not just national.

**Nurses and politics in general**

Generally speaking, nurses with the same background as ours: the religious orders and the Florence Nightingale School, largely has shown a certain reluctance to deal with politics. This stands in stark contrast to nurses from the old colonial powers or the former Soviet Union. These nurses were more or less involved in the liberation movements that led to independence, and they therefore got confronted with political reality, even before they developed into an independent nursing profession.

The most striking example of this is probably the South African nurses. Union-wise, they were racially segregated, and they could not freely practice their profession by
working for white and black employers respectively. The struggle for freedom led to a
great demand for illegal aid, especially to the blacks, but it also led to discrimination
by blacks as well as whites. Thus, nursing was highly politicized.

In Eastern and Central Europe nurses and all medical staff were socialized into the
dominant role of the state and the party, and they therefore knew political work to be
an essential element for achieving goals.

When I became president of the Danish Nurses’ Organization, I was surprised to see
that there were so many primary school teachers in Parliament, and in the regional
and local councils. The teachers were active in the party committees, while virtually
no nurses were represented. By looking at the teacher’s history and on reflection, it
became clear that there is a major cultural difference that started already with the old
Danish “Equestrian Schools”, where the priest and the school teacher were very im-
portant people in the local community. They could read and write, and later with the
Constitution in 1853, teachers being mainly men obtained the rights that went with the
Constitution from the outset.

The teachers’ impact on democracy development was vast, and although they kept out
of the Social Democratic trade union movement, they were among the first to unionize.
The Danish Union of Teachers was founded as early as 1874, 25 years before the nurses
founded the Danish Nurses’ Organization.

However, this apprehensive attitude towards politics did not mean that the Danish
Nurses’ Organization was not able to manoeuvre in political issues. They just did not
call it politics; they labelled it “the cause of nursing”, “the cause of education” etc. Ne-
ither did it mean that we did not have great personalities with strong political ties, the
most well-known international lobbyist being Florence Nightingale. Recent historical
research shows that nursing and health care always have constituted political issues
attracting greater or lesser attention.

**Unionization**

The largest and longest political issue, the Danish Nurses’ Organization has ever been
involved in have been the cause of education. You could call it the 100-Years War. How-
ever, it is characteristic that it was not the nurses who set this process in motion, but
doctors and politicians.

When the issue came up, it did so partly on the basis of the strong socio-political trans-
formations, which was a result of the Constitution in 1853. The political rights did not
become important for the female half of the population, but it sparked another poli-
tical movement: feminism. Education became an important issue, which the women
took to heart, but it also became clear that the population was in need of improved
health. That was proven during the cholera epidemic in Copenhagen 1853 that killed
4,800 citizens.

1. In 1721-27 King Frederik the 4th built 241 “Equestrian Schools” or “Royal Schools” in the 12
equestrian districts of the kingdom. Each district had between 10 and 25 schools for peasant
children.
Nurses at the Municipal Hospital in Copenhagen around 1880. Photo: Danish Museum of Nursing History.

Crinoline, which bourgeois women wore to keep their skirts out. One of the first nurses, Ida Johnsen, tried to pull the bones out of it when she began as a student nurse at the Deaconess Foundation in 1866. The crinoline proved to be too impractical for bedside nursing. Photo from: R. Broby Johansen. Krop og klær - Klædedragtens historie. Gyldendal 2011.
Somewhat simultaneously, two initiatives influenced the situation: the founding of the Deaconess Foundation by the then Crown Princess Louise, and dr. Brandes’ initiative at the Municipal Hospital in Copenhagen with the appointment of “ladies training for nursing.”

Crown Princess Louise was inspired by the deaconesses in Kaiserswerth, dr. Brandes by Florence Nigthingale’s work in London. Politically, it was the politician and physician Carl Emil Fenger, who as mayor of Copenhagen developed a new organization for nursing in Copenhagen. Anyway, the first systematic training for “the care of the sick” started in 1876.

According to contemporary thinking, very tight regulation and conditions were set for the new nurses in order to secure their reputation as respectable women. That meant strict discipline, obedience and reverence for the physician and the matron: Long hours, protected living, comely rather than practical clothing and so on. There was no incentive to active participation in political affairs.

Something happened, however, even though it is not very well understood. The mere fact that a number of well-qualified women got an education and thus were able to support themselves, unleashed forces and courage to go even further. The training of nurses spread, and a larger group of nurses, in Copenhagen and in the provinces, began to react against the conditions and injustices they worked under.
It was a doctor’s wife, Charlotte Norrie, who became the catalyst for the unionization of the Danish nurses. She was herself not a trained nurse, but she was heavily involved in the Women’s Liberation Movement.

Charlotte Norrie participated in the Women’s Conference in London in June 1899 and also in the meeting where nurses from seven countries founded the International Council of Nursing (ICN) on a proposal from the chairman of the English matrons, Ethel Bedford Fenwick.

Inspired by this development, Norrie immediately upon her return to Denmark in July went on to establish the Danish Nurses’ Organisation. This sparked the first internal conflict in the nursing community. Nurses outside Copenhagen would not stand for “copenhagenry”.

A new founding meeting was held in October 1899, and Henny Tscherning was elected to be president of the Danish Nurses’ Organization. The official explanation for this choice was that Mrs. Norrie was not a trained nurse, in contrast to Mrs. Tscherning who was a professionally recognized nurse from the Municipal Hospital in Copenhagen.

With the election of Henny Tscherning, DNO dissociated itself from the Women’s Liberation Movement, and from now on the principal causes were education and living conditions for nurses.

It was not an issue for the young organization to link up to the established professional branch of the labour movement. Not only did the Danish Nurses’ Organization distance itself from feminism, it also distanced itself from the party-political activities.

This conflict left its marks, and the Danish Nurses’ Organization did not join the International Council of Nurses until 1909, but after all DNO was the first of the Nordic nursing associations to become a member of ICN. Henny Tscherning became president of ICN as early as 1915, mostly because Denmark remained neutral during World War I. She is the longest serving ICN president because the international nursing community did not meet to select her successor until 1920.
The management of the Danish Nurses’ Organization followed the feminist development, and in 1909 DNO entered the Danish Council of Women. It took 10 years to feel so consolidated that the organization could use energy to collaborate with other professional and feminist groups.

Although the Danish Nurses’ Organization on the surface seemed to be in a political no man’s land, the organization from the outset took some very significant policy decisions. The goal was a three-year nurse education containing a theoretical and a practical element. The ultimate goal was state acknowledgment.

The Danish Nurses’ Organization was founded as a pure women’s association, and only fully trained nurses were accepted as members. This would distance the organization from the two existing support organizations, both of which were headed by male doctors. This gave the management some problems, because there was no uniform nurse education.

The earlier demands on potential members, therefore, were replaced by requirement of at least three years of service as a nurse. In 1911 it was extended to a requirement of a coherent education, and in 1915 it was furthermore tightened up with a claim that nurse education must not be one-sided.

From early on, The Danish Nurses’ Organization knew what they wanted, and DNO sought to realize it through internal rules and codes of conduct for members to adhere to. DNO demonstrated its sense for political communication and symbolic effects by launching first the DNO-badge in the national colors and with a golden four leaf clover in 1899, and two years later in 1901, the DNO Journal of Nursing was launched in 1901.

Publicly, the Danish Nurses’ Organization chose to bring discussion papers written by individuals in the middle-class press, and articles in the Nursing Journal to send signals about the opinion of the Danish Nurses’ Organization. It led to a series of debates in the middle-class press on nursing organization, nursing schools etc. The opposition mostly
DETTE Tidsskrifts Udgiver, „Dansk Sygeplejeraad“, er
danske Sygeplejerskers første Forsøg paa Organisation.
At intet Forsøg før er gjort, ligger simpelthen deri, at hele
Institutionen herhjemme er ganske i sin Barndom endnu. Den
gamle Stuekonotid er ikke saa fjern, og Overgangen er gaæt
læmpelig for sig, saa det ene er gledet over i det andet, uden
at det ny har medført synderlige Forandringer i Uddannelses-
metode eller Kaar.

Nu staar imidlertid de ny Sygeplejersker som en stor
Stab, der er spredt hele Landet over, og Trangen har meldt sig
til at faa et Sammenknytningspunkt, der kunde lede til en mere
regelmæssig Udvikling af Sygeplejerskernes hele Virksomhed.

„Dansk Sygeplejeraad“ blev Resultatet af denne Trang
god Tidsskriftet igen Resultatet af Foreningens Stiftelse. Det
er Foreningens Haab, at Skriften maa danne Bindeledet mellem
alle Landets Sygeplejersker, saavel de, der er ansatte ved
Privatpleje som ved Hospitaler og Sygehuse, at det maa blive
Midlet til at nærme dem til hinanden, saa de mødes i en
fælles Bestrebelse for at faa det bedste ud af deres samlede
Virksomhed. Vi haaber at give Hospitalsplejerskerne Blik for
came from physicians who believed that the nurses were threatening their professional domain.

It is characteristic for the Danish Nurses’ Organization not to go to the political parties. Instead, they contacted hospital managers and the medical committees at the hospitals to seek advice on various issues. If they did not answer, they went to the local political authorities to get them to urge the opponents to respond.

After countless hassles, the Danish Nurses’ Organization managed to get a new nursing care system implemented, not at the new State University Hospital in 1910, but at the new Bispebjerg Hospital in 1913 where Charlotte Munck was appointed as matron of nursing and nurse education.

The cause of education

In 1907 the Danish Nurses’ Organization went to the Prime Minister to get him to address the issue of a common standard for what a nurse should be taught, and what should make nurses qualified to practice.

No doubt, the Danish Nurses’ Organization was inspired by the state authorization for midwives, as well as by the British nursing system, which DNO had been interested in since 1899. The result of the inquiry was not immediately evident, and the approach was never answered.

The following year the Danish Nurses’ Organization again addressed the authorities, this time the Ministry of Justice in order to get at seat in the medical commission that was being set up. Once again the nurses were ignored, but that did not prevent them from increasing recruitment of members and establish guidelines for the members.

The Danish Nurses’ Organization had some serious political opponents such as the Cen-
tral Association of Nursing Societies, an umbrella association for home care societies in the local communities.

In the Central Association the local politicians were of the opinion that district nursing should be as cheap as possible, and that there was no reason to allow rural nurses to get too much education. They did not mind hospitals nurses being better trained, but in their opinion, rural nurses did not need more than a year of training at the most.

At a public meeting in January 2010, Mrs Tscherning for once entered a public podium and outlined the conflict in clear language. The proposal to establish two classes of nurses went against everything Danish Nurses had recommended for 10 years. “We have never wanted two classes of nurses,” she said right-out. It was a purely political strife.

In 1921 the medical commission issued the recommendation that advocated state authorization for nurses based on a three-year education. Behind this decision lay an intensive lobbying effort against the Central Association. However, there is nothing to suggest that the Danish Nurses’ Organization sought support from the political parties. Many pleasant words about nursing were expressed from the parliament rostrum, and there was a public debate, but the proceedings were put into cold storage. To the public, the controversy appeared to be a dispute about the need for hospital care versus the need for district nursing.

Pressure was exerted on the Central Organization of Nursing Societies for a political...
solution to the yet unsolved question of nurse education and certification. The bill was presented to Parliament yet again in 1924, but the Liberal Party was strongly against the motion. Not until 1932, under the radical minister of the interior, Berthel Dahlgaard, the bill was once more presented in Parliament, and in March 1933 it was finally passed with 62 votes in favour, while 25 - mainly Liberals - abstained. Despite ongoing opposition, the proposal was unanimously adopted on April 7th 1933 by the elected upper house (Landstinget).

Thus the Danish Nurses’ Organization, despite their seemingly apolitical activities, gained a victory, but it spawned some of the conflicts about the nurse education that subsequently emerged. With the law, the nurse education was put under the jurisdiction of the Ministry of the Interior and the National Board of Health, separated from the formal education system. Thus, doctors and employers gained great say in later events.

Indeed, the title of nurse was now protected by law, and indeed the law laid down that it should be nurses who issued and assessed the state authorizations. However, in the following confrontations in the 1950s as well as in the 1970s, when other professions developed and succeeded to improve their education programmes, the Danish Nurses’ Organization had a heavy time politically. Not till modern times with the latest reforms, the nurse education has been integrated in the ordinary education system.

It will probably result in other problems, but the political awareness will certainly be different, and the general development of the Danish education policy will have an automatic rub-off effect - for good or for worse.
The reason why I chose to deal with this case so extensively is that it demonstrates DNO’s view of the political life in society, as well as our ability to deal with the conflicts that will always arise. But also because it is fundamentally a tale about power, economy and change.

It is the struggle for power in a healthcare system that is traditionally a medical domain. It is the struggle about the cost of a public healthcare system, and how costs are divided between public funds. But it is also a tale about gaining control of the task shifting in healthcare that has been going on for 125 years, a matter that yields many votes in the political game.

**Nurses and party politics**

That leads straight into the next area of conflict, I will deal with: nurses and party politics.

Initially, the founders of the Danish Nurses’ Organization chose quite deliberately not to join the labour movement and the Social Democratic movement. That meant that the Danish Nurses’ Organization had to move from case to case, based solely on the professional policy attitudes and arguments that could obtain a majority in the competent bodies of the Danish Nurses’ Organization. It is debatable whether we could have obtained other and possibly better results, but it is undisputed that the profession could not be accused of political affiliations.

The first real party-political confrontation came at the general assembly 1933. Here, Elna Hiort-Lorenzen proposed to that the Danish Nurses’ Organization should transform into a powerful union with union representatives and devote energy to improving the working terms and conditions of the members.

With support from the Communist Party, Elna established a discussion club to bring together the opposition in the Danish Nurses’ Organization, and she managed to get the debate started.

The board of the Danish Nurses’ Organization, however, had a very strong grip on its members, and it was possible for the board in the first place to evade a number of the suggestions and to keep Elna away from wielding any influence on the regulations of the organization. To great annoyance of the incumbent board, however, a quite extensive discussion ensued with Elna as the pivotal point.

An exponent of the current Board was the newly elected President Margrethe Koch, who at her appointment announced that she was going to continue the line founded by Henny Tscherning and Charlotte Munck, and “avoid getting any kind of politics within our organization.” It went completely wrong, when she declined an article against fascism written by Elna for the Nursing Journal. “You had to refuse a Communist exercising propaganda,” she said.
Elna Hiort-Lorenzen (1902-1997)
Elna Hiort-Lorenzen graduated in 1921-1924 from Sønderborg State Hospital. As a graduated nurse she learned to treat skin tuberculosis with light, which led to an offer of a job at a private paediatric hospital in Valparaiso, Chile. Back in Denmark she committed herself in 1932 to the Danish Communist Party where she met Arne Munch-Petersen whom she married in 1935. The next year they travelled to Moscow where her husband disappeared in 1937. 54 years later in 1991, she was finally informed of his fate. He had been a victim of the brutal Stalinist purges and died in a Moscow prison in 1940. 1947 Elna Hiort-Lorenzen was appointed the matron at Nykøbing Sjælland Hospital, where she stayed until she retired in 1962.
Photo: Danish Museum of Nursing History.

Margrethe Koch (1869 - 1951)
President of the Danish Nurses’ Organization 1933-1934. Margrethe Koch was the first Dane to do her nurse training at Presbyterian Hospital in New York 1987-1900. In 1906, she suggested her childhood friend Charlotte Munck to go to the nursing school at Presbyterian Hospital as well.
Photo: Danish Museum of Nursing History.
It was clearly not the content itself that was the problem; it was Elna’s party affiliation. In addition, it was the question of The Danish Nurses’ Organization being a purely professional association or a proper union. DNO wanted to keep the nurses together, but they would not use the organization as an instrument of power when it came down to fight for the working terms and conditions of the nurses.

Elna learned from her first mistakes, but the Danish Nurses’ Organization did not. In 1934 Elna brought forward a proposal to the General Assembly where she suggested that DNO work for an eight-hour day, something that had already been introduced for many other groups. Leading people in the profession as well as in the Danish Nurses’ Organization strongly opposed the proposal, and the debate grew harsh. The proposal was debated and passed, but Elna knew that the Danish Nurses’ Organization would prolong the implementation. Therefore, she and some of her companions brought the decision directly to several newspapers, and it was published with large headlines. It did not take long for the hospitals to introduce eight-hour shifts.

This success spurred Elna to yet another fight with the Danish Nurses’ Organization to gain representation in the executive bodies. She succeeded in 1934 and was elected to the Board, by means of which she gained a platform in the organization.

She also wrote a little book, “Nursing - “Calling” or Career” where she described the development of nursing, from the nun’s calling and Florence Nigthingale to nurses’ position in a capitalist society. The book was in fact a publicity campaign, but it was factual, her arguments were in order, and it got a fair review in the Nursing Journal. For many years I had no knowledge of this book, but when I heard about it, I found out that it was not in the DNO library. I managed to get one of the last copies that Elna had. It says something about the attitudes that lay deeply rooted in the Danish Nurses’ Organization secretariat as late as in the early 1970s.

The public reaction of her book gave Elna the courage to stand as a candidate for the position of Vice President, but she was not elected. Nevertheless, she stood as presidential candidate at the election in 1935, where visiting nurse Elizabeth With was the candidate of the Board. Elna lost this election as well, and due to private matters she subsequently slipped out of active work at the Danish Nurses’ Organization. Despite her stay in the Soviet Union, she still kept up with events. Later she went to Spain during the Civil War, where she was interned.

She came home in 1937 and immediately took up the organizational work and initiated the formation of a professional club at the State University Hospital (Rigshospitalet). What Elna regarded as a strengthening of the workplace influence of the Danish Nurses’ Organization, the DNO saw as a split in the organization. Elna, however, had no desire to split, she just wanted change, and she subsequently withdrew her proposal. That ushered in a more moderate debate, and in 1939 the Board supported the adoption of a new set of regulations that allowed a designated representative. The seat was unanimously filled by Elna Hiort-Lorentzen.

Her loyalty to the Danish Nurses’ Organization was later underlined when she and Margrethe Kruse, the editor of the Nursing Journal, in a statement went against a com-
peting association, The Association of Authorized Nurses. This association with Ingeborg Lønborg Friis as its chairman constituted an opposition that could split the Danish Nurses’ Organization.

Elna Hiort-Lorenzen had radical and critical views, but she chose to work within and with the Danish Nurses’ Organization, while Ingeborg Lønborg Friis obstructed and worked behind the back of the Danish Nurses’ Organization.

This conflict, too, left its marks. There were a number of modernizations of the Danish Nurses’ Organization, and Elna was involved in the making of an approved unemployment fund, which originally was one of her proposals. It is the unemployment fund we later were able to build on in 1980, when the Danish Nurses’ Organization again wanted an approved unemployment fund.

The good form was not enough in 1941 to get her elected as Vice President at the presidential election in the Danish Nurses’ Organization. Maria Madsen was elected President, and Marie Odgaard from Bispebjerg Hospital became Vice President.

Although there certainly was no ideological consensus between Maria, who came from the religious folk high school environment, and Elna with her communist background, there were two common points they could work for: The Resistance Movement in Denmark during World War II and development of professional nursing.

It was without doubt on the grounds of the personal relationship between the two that another of Elna’s proposals was adopted in this period: establishment of union representatives at the workplaces. This time she did not bring it to the press, and not much happened until the 1960s, where efforts were made to build the new institution of union representatives.

Her proposal that the Danish Nurses’ Organization should obtain collective bargaining rights for all nurses did not come true until I became president. I shall come back to that.
A similar party-political conflict did not reach the same level, but it reared its head in the 1970’s and -80’s during my presidency. Thus I experienced congress after congress that my annual reports were not unanimously passed. Not because the democratic system had been violated, but because delegates affiliated with the communist organizations and a few others on grounds of principle could not vote for the section of the report that dealt with negotiation results. Since it was established that this was the background, and in other words was a pure party-political manifestation, I could live with it. It never came to a confrontation.

The cause of the banner

A more amusing confrontation came when the regional offices wanted a banner. For many years, the Danish Nurses’ Organization had had a banner of white silk with the DNO emblem, but to give the regional offices a symbol, the discussion about banners followed. The two communist influenced regional offices, in Copenhagen and in Aar-

Maria Madsen (1900-1974)
President of the Danish Nurses’ Organization 1941-1968. In 1925-28 she got her nursing training at Bispebjerg Hospital. After graduation she was employed as a nursing instructor the same place, an except for a temporary position at Testrup Folk High School in 1929-30 she remained at Bispebjerg Hospital until 1936. The same year, Rødkilde Folk High School on the island of Møn was converted into a preparatory school for student nurses, and Maria Madsen was appointed its first principal. Her work at Rødkilde Folk High School continued until 1946, when the position as President of Danish Nurses’ Organization got so time-consuming that it was made a full-time function.

Photo: Danish Museum of Nursing History.

2. In 1927, the Danish Nurses’ Organization bought Testrup Folk High School to convert it into a nursing preparatory school. This concept spread all over the country, and in time, a five month-prep course became mandatory for entering nursing school. The last of these schools, Rødkilde, closed as a nursing prep school in 1981.
hus, wanted red banners with the DNO emblem.

This sparked an extraordinary and lively discussion that stretched over several meetings in the executive committee of the Danish Nurses’ Organization, which had a large majority of social democratic or liberal views. The conclusion was that the emblem could not be used on a red banner.

We got banner regulations and I don’t know what all, but it demonstrated that party-politics lurked beneath a number of decisions that were taken these years. Many resources were spent on assuring each other that the Danish Nurses’ Organization was not apolitical, but independent of party politics.

**Nurses and negotiating rights**

This leads directly into the final theme, I am going to address: the issue of negotiation. From the first day after the foundation, members of the management of the Danish Nurses’ Organization negotiated on behalf of the entire group of nurses and for individual members. But they did so without a real legal basis for negotiation.

Nurses were employed as assistants, as public servants in the state institutions, the counties and municipalities, and as temporary workers through employment agencies, private as well as public. In the state institutions, there were nursing associations at the hospitals, mental hospitals, in prisons, infirmaries and municipalities; there were special negotiations in Copenhagen, the Municipality of Frederiksberg, the suburban municipalities, the provincial hospitals and many other places.

The management of the Danish Nurses’ Organization quite early decided on a long-ran-
ge strategy for handling and negotiating conditions for nurses. The overall objective of the organization was to assemble all Danish nurses.

In fact, the majority of the country’s nurses were members of the Danish Nurses’ Organization and also members of local associations, resulting in double subscriptions for the individual nurse. As I have mentioned before, DNO showed no willingness to use the large following of members as an instrument of power.

I will concentrate on the first incident after the war, that we today would call a conflict. In 1946 the State Pay Commission brought forward a proposition to the state public servants, including state-employed nurses; the proposition being copied by the municipalities and the hospital owners. The main proposal was to put nurses in a pay grade especially for women and beneath skilled workers.

Prior to this there had been quite some grumble about nurses’ conditions. The Danish Nurses’ Organization had succeeded in securing nurses the right to live outside the hospitals and to marry, but it was the proposal from Pay Commission proposal that really generated a clash between attitudes for and against conflict.

When all attempts of bargaining, resolutions and so on had led to nothing in the spring 1946, the state-employed nurses had had enough. The nurses at the State University Hospital were the first to deposit their resignations with effect from October 1st 1946. They were quickly followed by the nurses at the State Hospital in Sønderborg and the Maternity Hospital in Aarhus. Later they were followed by the mental hospital nurses, and nurses in the Municipality of Copenhagen followed suit.

What is interesting is that the conflict was not orchestrated by the Danish Nurses’ Organization, but by the individual nursing associations. The Danish Nurses’ Organization
called for unity and the path of negotiation. Even though there was made more or less obvious threats to the individual nurse at the institutions, it was a fact that the Danish nurses did not allow themselves to be split.

The Danish Nurses’ Organization was afraid that the nurses were to lose the goodwill, they after all benefited from. On the other hand, the rebellion was recognized to be a serious threat if nothing happened.

Eli Magnussen, one of the superior characters of the time, gave her strong support for improvement of nurses’ conditions. She publicly announced that while nursing in her opinion was one of the most satisfying professions, it should not be said, “that nursing carries its own reward, because it just doesn’t. We also need to live and exist”.

The nurses therefore faced a fateful turning point, where it was determined whether society would return to the time of the unskilled nurses, or if it decided on an enlightened well-trained nursing staff.

The state, personified by the country’s Prime Minister, Knud Kristensen, was very upset about the situation and asked the Attorney General for an opinion on the lawfulness of the nurses’ collective action. Such actions were not previously seen in any field. The Attorney General did not believe the action to be legal, but the nurses held on; it must depend on a court trial. Furthermore, the Danish Nurses’ Organization commented that it "hardly is compatible with democratic principles that a court decision ties nurses to

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**Eli Magnussen (1901-1993)**

Matron at the State University Hospital (Rigshospitalet) 1932-1955, and from 1955 to 1979 Nursing Director at the National Board of Health. Eli Magnussen was educated at the nursing school at the State University Hospital 1922-25 at a time when psychiatric nursing was not part of basic training. She therefore went to England in 1926 to supplement psychiatric nursing at Kent County Mental Hospital in Maidstone.

Photo: Danish Museum of Nursing History.
a position with such unsatisfactory wages and working conditions that they want to leave.

The state would not negotiate as long as the conflict was underway, but the Municipality of Copenhagen was more flexible and found a compromise, which the state refused to accept. During July and August, the nurses began to withdraw their resignations to get the negotiations moving again. The last to do it were the Copenhagen nurses, and it founded a mutual bitterness that for many years influenced the cooperation between the Danish Nurses’ Organization, the state-employed nurses and the nurses at the Municipality of Copenhagen. The outcome of the negotiations was not what the nurses wanted, but still something happened. As a result of nurses now being responsible for a new group of uneducated auxiliary nurses, they got extra allowances.

During the conflict, the nurses experienced sympathy from the press as well as from the general public. However, it was a consequence of the conflict that basic ideal ideas were changed.

“I think this is anarchy,” Maria Madsen recalled Prime Minister Knud Kristensen to say, when the nurses in 1946 tried to convince him that they meant business when they talked about conflict. Here he is in conversation with Maria Madsen, President of the Danish Nurses’ Organization. To the right is Gunhild Kirchheiner, chairman of the Nurses Association at the State University Hospital (Rigshospitalet). (Photo: Walter Månsson, Nordisk Pressefoto).
At New Year, Maria Madsen expressed that Margrethe Koch’s words, “the Danish Nurses’ Organization differs from other organizations and trade unions in not taking tough action methods in use, since they are not consistent with the nature of nursing”, no longer could be said about us.

Since the development of prosperity in society really took off in the middle of the 1950s, something effectively had to be done about the public salaries and conditions of employment. One of the major reforms that was put into operation without conflict, was implementation of the agreement system.

With it went a pension scheme for very large groups in public institutions, including nurses. That did not bring sheer satisfaction, but as there also was an educational reform underway, the Danish Nurses’ Organization endorsed the outcome to the effect that the plans were implemented for all nurses. In 1959-60 the system of public servant status was gradually phased out, nurses were more flexibly employed and were guaranteed a pension regardless of place of employment.

However, there was unrest in the ranks, and throughout the 1960s the union representative scheme reared its head again and again, but it did not come into reality till 1968, where the Danish Nurses’ Organization slowly began to focus on and train union representatives. A reason for this slowness must undoubtedly be seen in the poor economy of the Danish Nurses’ Organization.

Head Nurse Orla Olsen (left) was in the mid-1960s one of the main forces behind the effort to streamline the union representative scheme. Here he is at the Council in 1966 alongside Hans Christian Jensen, nursing supervisor (Photo: Kurt Lorentzen, Northern Photo)
Already in 1962, the Guarantee Fund was founded, which should be a financial cushion in the event of a strike; 20% of the subscriptions should be allocated to the fund. However, with a thumping budget deficit each year, it was so-so with grants to the new fund.

From 1970 the economic situation began to reverse, and the training of union representatives got properly organized. In 1968-69 there was a reform of the public servant employment system, and the state-employed nurses were once more given a lower priority. Nevertheless, legal negotiating conditions were established, first for the state-employed area and then the municipal area.

At first, the Danish Nurses’ Organization protested to no avail over the pay grades. Still, as a consequence of the reform DNO was secured negotiation rights and rights of conflict. That held for the vast majority of nurses in the form of general agreements and a specific agreement on conditions during a conflict.

Outside these agreements were still the state-employed nurses and the public servants in the Municipalities of Copenhagen and Frederiksberg, and the surrounding municipalities. Nevertheless the legal basis and the terms of conflict were legally valid. The touchstone became the negotiations in 1973, and they dragged on and on. December 1st 1973 the Danish Nurses’ Organization for the first time ever announced a conflict.

When Maria Madsen retired from the presidency of the Danish Nurses’ Organization, Kirsten Stal-knecht, head nurse at the State University Hospital, won the presidential election in 1967. Photo: Danish Museum of Nursing History.
It was done carefully to take into account life-threatening situations. In fact, conflict was announced comprising only 500 nurses in operating theatres, anaesthesia and x-ray departments at first. All members had to pay conflict subscriptions in order to maintain full payment for the striking nurses. January 1st 1974 further 500 nurses entered the conflict following the same model, and the Danish Nurses’ Organization was ready to step up with yet 500 nurses several times.

The conflict left deep traces. The theme of the warfare was that we wanted salaries equivalent to publicly employed skilled craftsman, at the very least. The employers firstly never believed that we would dare it. Secondly, they thought we could not afford it as the long-standing poor economy of the Danish Nurses’ Organization was a public secret.

In our own ranks, opinions were divided. Many were afraid that members would opt out if they had to pay extra fee. Others thought that members would leave us because the strike would be in conflict with our basic ethical attitudes. Neither came true, but it was a tough time that lasted six weeks. There was a result - not what we wanted, but still significantly better than what we would have got without conflict.

The most important benefit was that the nurses and the Danish Nurses’ Organization had proven to themselves and the world that we could and dared use the strike weapon, if there was no other way. But - centrally and locally it was also the experience that strike is no fun. It is not something we play. After that, 20 years passed with skirmish and threats, but it did not come to more strikes.
From the early 1980s, day care was gradually replaced by 24-hour nursing in the communities. It took tough negotiations on wages, labour- and management principles. (Photo: Bo Jarner, Polfoto)

Home nurse with a senior citizen. The picture is from 1972, when home nursing was limited to day care. Photo: Danish Museum of Nursing History.
On the other hand, the Danish Nurses’ Organization launched a major blockage of the establishment of evening and night nursing in the communities until we got a commitment of a pay rise for home nurses working three shifts.

Two things must be mentioned in connection with the strike in 1973/74. The economic matters were managed so well that we were about to make profit from the Guarantee Fund, and members only paid extra fees for two months. In addition, it attracted much attention in the international nursing community. ICN and a number of mostly Western countries, especially England, had had quite fierce discussions on strike as weapon in nursing, and feelings ran high. But here was a respected member organization that carried it through at a time where a Danish nurse, Margrethe Kruse, was president of ICN. Margrethe Kruse came to influence ICN’s policy very strongly in social and economic matters, including negotiations.

After the conflict, the strength of the Danish Nurses’ Organization was not underestimated, and it had an indirect effect on the interaction with the other unions we collaborated with.

The negotiating rights were still not comprehensive, and it was quite clear that it would be an advantage if comprehensive rights were a reality. With the reorganization of the structure of the Danish Nurses’ Organization in 1974-76, the process started which in turn led to the closing of many smaller nursing associations that united under the DNO umbrella.

It was in some ways a natural development; while for some it was a painful experience to see the very old associations dissolved, it did not come to open conflict between the Danish Nurses’ Organization and the small associations.
The toughest nut to crack was state-employed area, but a somewhat technical construction led to the inclusion of the state-employed nurses under the DNO umbrella. With that, one of the founder’s goals was achieved.

It took 20 years before the Danish nurses were ready for another conflict that took place in 1995. Paradoxically, the largest counterparty at the time was the organization that had developed over the years.

Not only were the employers a counterpart, the other unions in our negotiation community guarded very strongly on every penny that was distributed. Unless you were a project, like the most low-paid, or joint projects such as maternity leave and the like, the organizational armour could not be broken with transverse financing solutions.

We had to break out of our negotiation community of which we had been an active part, in order to conduct a conflict. It lasted 29 days and included nearly 3,000 members with the same model of payment and financial support as in 1973. It ended with regulatory intervention, which enabled pay rise for several areas based on an analysis of our wages from 1969 and the development of our tasks and working conditions.

One of the political problems of the model was that it was very difficult for other organizations to figure out how much we really obtained. On the other hand, as negotiators we could not brag about what we had actually achieved, but there were a lot of money into the solution.

An important issue was that we did not accept an employer’s requirement that the home nursing institution did not have to be led to nurses - a struggle that had lasted for years, and one where we would not give in.

Thousands of nurses from across the country demonstrating at Christiansborg Palace Square, while Parliament discussed the regulatory intervention. (Photo: Søren Svendsen)
It was also a struggle where the nurses got strong support from the public and the press. The goodwill the Danish Nurses’ Organization in 1946 had been so afraid to lose, was alive and kicking when it came to our wage struggle. Economically, the conflict did not bring the Danish Nurses’ Organization in trouble.

It took approx. 10 years before the next major conflict was conducted in 2008, but I would argue that it is too early to give an historical overview of the importance of the conflict. However, it can be stated that an all-or-nothing model was chosen that offered little financial bonus compared to the results for the rest of the public sector. It lasted so long that it was a very serious financial burden to the Danish Nurses’ Organization and the individual members.

Compared to the other organizations, the Danish Nurses’ Organization was completely isolated except for the Health Cartel, and it will take a number of years to assess the significance of the influence the conflict has had for the Danish Nurses’ Organization.

**Summary**

In will conclude that politics from the beginning has had a major impact on nursing,

3. The conflict in 2008 affected 30,000 nurses and lasted two months.
4. The Health Cartel, founded in 1997, is a negotiation and networking organization for almost 120,000 health professionals employed in health and social services.
nursing development and nursing conditions, but it took a very long time for nurses to recognize it. By contrast, the Danish Nurses’ Organization has worked under the guise of professional development and a sharp sense of political objectives in peacetime as well as in conflict.

There have been significant conflicts on concrete as well as ideological issues, and they have dealt with professional, organizational and economic matters.

An important component of the solutions to the conflicts have been the personal relationships between leading figures. Another component has been a very strong common desire among nurses to constantly promote development of the profession. The cultural roots have been crucial in the process, including the conflicts between idealistic professional interests versus union attitudes.

Seen in the international mirror, I claim the Danish Nurses’ Organization to have mastered the tasks above average, thanks to the fact that we have had it as our goal to stick together. In a historical perspective, nurses as a group are difficult to get around when you want to talk health, education and salaries in a modern society.

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