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The functionality of major-donor fundraising for German hospitals – an empirical analysis from the viewpoint of hospital executive personnel and (Ultra-) High Net Worth Individuals

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ABSTRACT

Due to financial constraints, urgent investments or even cutting-edge medical research projects with high financial requirements cannot be realized. Solicitation of major donations as an additional funding source can contribute to this. Crucial here is the knowledge of the most potent donor target group - the high-net-worth individuals (HNWIs = financial assets of at least $1 million, UHNWIs = financial assets of at least $30 million) as major donors. However, there are hardly any comprehensive empirical data on wealthy individuals as donors to cutting-edge medical projects in Germany. This study, therefore, investigates for the first time to what extent the annual funding gap of the billing-based hospital financing system can be reduced with the help of UHNWIs and HNWIs. In addition, the focus is on how this target group can support specific medical funding projects in cutting-edge medicine and research to derive practical action recommendations. These scientifically based findings, obtained for the first time through the study, are essential for successful systematic major gift fundraising for hospitals and clinics in the healthcare sector. The study follows a mixed-methods approach. First, by dividing the study into two separate sub-studies, each with different target groups (senior hospital staff and fundraisers) and high-net-worth individuals), the research question is examined from two different perspectives. Major gifts fundraising is the most significant growth area in the German fundraising market. The research makes it clear that UHNWIs and HNWIs in Germany are willing to get involved socially and that hospitals represent an attractive donation object for them in terms of a major gift not only during their lifetime but also after their demise. High-net-worth individuals want donors to be approached in a way tailored to them, with direct contact with hospital executives with the appropriate authority and decision-making powers regarding fundraising. However, hospitals do not approach the high-net-worth consistently, effectively, and sustainably. That is because German hospitals are not appropriately structured and staffed to adequately meet the wishes and needs of the target group. Fundraising must be understood as a central management task and actively supported by the management to establish major-donor fundraising in German hospitals successfully. However, hospitals see the difficulty in particular because financial bottlenecks make it almost impossible

to focus on the target group and major-donor fundraising since corresponding investments must be made here in advance. In addition, hospital managers fear that high-net-worth individuals, through corresponding donations, want to buy a say in hospital management. This fear, as the study shows, is entirely unfounded. For the future, a significant reorientation comes on hospitals because, without first investments, large donation fundraising cannot be established as an additional source of financing. On the other hand, the study shows that major gift fundraising by (U)HNWIs has gigantic potential to become the most important alternative funding source in German hospitals.

KEYWORDS: Fundraising, funding, cutting-edge medicine, High-Net-Worth donors, Ultra-High-Net-Worth-Individuals (UHNWI), High-Net-Worth-Individuals (HNWIs)

RESÚMENES

Debido a las restricciones financieras las inversiones urgentes, o incluso los proyectos de investigación médica de vanguardia con elevados requisitos financieros, no pueden llevarse a cabo. La solicitud de donaciones importantes como fuente de financiación adicional puede contribuir a su aumento. Para ello es crucial conocer el grupo objetivo de donantes más potente: los individuos con grandes patrimonios (HNWIs = personas con activos financieros de al menos 1 millón de dólares y UHNWIs = personas con activos financieros de al menos 30 millones de dólares) como donantes principales. Sin embargo, apenas existen datos empíricos exhaustivos sobre donantes a proyectos médicos de vanguardia en Alemania. El presente estudio investiga por primera vez hasta qué punto el déficit anual del sistema del sistema de financiación hospitalaria basado en la facturación puede mejorar con la ayuda de los UHNWI y los HNWI. Además, la atención se centra en cómo este grupo objetivo puede apoyar proyectos específicos de financiación médica en medicina e investigación de vanguardia para obtener recomendaciones prácticas de actuación. Estas conclusiones con base científica, obtenidas por primera vez a través del estudio, son esenciales para el éxito de la captación sistemática de grandes donaciones para los hospitales y las clínicas del sector sanitario. El estudio sigue un enfoque de métodos mixtos. En primer lugar, al dividir el estudio en dos subestudios separados, cada uno de ellos con grupos objetivos diferentes (personal directivo de hospitales y recaudadores de fondos y particulares con grandes patrimonios), la pregunta de investigación se examina desde dos perspectivas distintas. La captación de grandes donaciones es el área de mayor crecimiento en el mercado alemán de captación de fondos. La investigación deja claro que los UHNWIs y HNWIs en Alemania están dispuestos a implicarse socialmente y que los hospitales representan un atractivo objeto de donación para ellos, en términos de grandes donaciones, no sólo durante su vida sino también después de su fallecimiento. Los particulares con grandes patrimonios desean que se establezca una relación adaptada a ellos, con un contacto directo con los directivos del hospital que tengan la autoridad y el poder de decisión adecuados en materia de captación de fondos. Sin embargo, los hospitales no se dirigen a las personas adineradas de forma coherente, eficaz y sostenible. Ello se debe a que los hospitales alemanes no cuentan con la

estructura y el personal adecuados para satisfacer debidamente los deseos y necesidades de este grupo destinatario. La captación de fondos debe entenderse como una tarea de gestión central, y debe contar con el apoyo activo de la dirección para establecer con éxito la captación de grandes donantes en los hospitales alemanes. Sin embargo, los hospitales lo ven difíil, sobre todo porque los cuellos de botella financieros hacen casi imposible centrarse en el grupo objetivo y en la captación de fondos de grandes donantes, ya que hay que hacer las inversiones correspondientes con antelación. Además, los gestores de los hospitales temen que los particulares con grandes patrimonios quieran comprar, a través de las donaciones, una participación en la gestión del hospital. Ese temor es, como demuestra el estudio, totalmente infundado. De cara al futuro, a los hospitales les espera una importante reorientación, ya que, sin inversiones previas, la captación de grandes donaciones no puede establecerse como fuente adicional de financiación. Por otro lado, el estudio demuestra que la captación de fondos de grandes donaciones por parte de (U)HNWIs tiene un potencial gigantesco para convertirse en la fuente de financiación alternativa más importante de los hospitales alemanes.

PALABRAS CLAVE: Recaudación de fondos, financiación, medicina de vanguardia, donantes de gran patrimonio, personas con un patrimonio muy grande (UHNWI), personas con un patrimonio grande (HNWI)

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LIST OF ABBREVIATIONS

HNWI	High-net-worth-individuals
UHNWI	Ultra-high-net-worth-individuals
KHG	Krankenhausfinanzierungsgesetz (Hospital Financing Law)
KHEntgG	Krankenhausentgeltgesetz (Hospital Remuneration Law)
DRG	Diagnosis Related Groups
MDC	Major Diagnostic Category
G-DRG	German Diagnosis Related Groups
NPO	Non-Profit-Organisationen
DFRV	Deutschen Fundraising Verband e.V. (German Fundraising Association)
DKG	Deutsche Krankenhausgesellschaft (German Hospital Organization)
AFP	Association of Fundraising Professionals
CSR	Corporate Social Responsibility
AO	Abgabenordnung (Fiscal Code)
DIW	Deutsche Institut für Wirtschaftsforschung (German Institute for Economic Research)
DZI	Deutschen Zentralinstitut für soziale Fragen (German Central Institute for Social Questions)
NGO	Non-Governmental Organisations
BCG	Boston Consulting Group

IMPORTANT TERMS AND DEFINITIONS

The terminology as well as concepts in the literature on wealth and wealth are different and vary widely. Therefore, a brief explanation of the most important terms used in this study follows first.

HIGH-NET-WORTH-INDIVIDUALS (HNWI)

HNWIs are individuals who have financial assets of at least one million U.S. dollars (see Capgemini, 2021)

ULTRA-HIGH-NET-WORTH-INDIVIDUALS (UHNWI)

UHNWIs are individuals who have financial assets of at least $30 million (see Capgemini, 2021)

BILLIONAIRES

Billionaires are individuals who have a total wealth of at least one billion US dollars.

WEALTHY INDIVIDUALS

Wealthy individuals are the respondents of this 3rd sub-study. They either have at least one million euros in financial assets and thus belong to the group of HNWIs (>1. million euros) or have at least thirty million euros and are part of the UHNWIs (>30. million euros).

GENERAL INFORMATION

FIGURES

Many of the illustrations in this study are written in German, as these are original illustrations that are available exclusively in German. However, the German-language illustrations are explained in the text so that there are no difficulties in understanding them.

LANGUAGE

The study, which was conducted in Germany, was written in English to make it easier for readers to understand. Thus, the original quotes from the interviews have also been translated into English. The original transcripts of the interviews are attached to the study in German. Literature citations (verbatim) have also been translated into English for ease of understanding.

GENDER CLAUSE

The generic masculine chosen in this study refers simultaneously to male, female, and other gender identities.

1 INTRODUCTION AND STATE OF RESEARCH

The hospital landscape in Germany is very diverse. Local or regional primary care is provided by mostly smaller hospitals, which generally have an internal medicine department, a surgical department, and a gynecology department. In contrast, the range of medical services offered by maximum-care hospitals is extensive and, in some cases, even covers the entire spectrum of modern medicine. Central or maximum care hospitals also have a supraregional care function and are often among the larger hospitals, sometimes with more than 1,000 beds. In addition, facilities providing specialist care have gained in importance, i.e., hospitals that have specialized in diagnosing and treating certain diseases, for example, in the care of stroke or cancer patients (Gerlinger & Rosenbrock, 2021). The specialist orientation of hospitals in Germany is subject to a differentiation process that will likely continue in the coming years. The Länder are responsible for ensuring hospital care. To this end, they must draw up a state hospital plan and finance hospital investments, but they do not adequately meet the latter requirement. For this reason, many hospitals have switched to financing investments from their surpluses insofar as their economic situation permits. As a result, the health insurance funds bear the hospitals' ongoing operating costs.

The hospital is of immense importance to the healthcare system in Germany. In 2019, there were just under 495,000 beds in German hospitals, and around 19.4 million inpatient treatment cases were registered (Statistisches Bundesamt, 2021). In statistical terms, almost one in four citizens was hospitalized annually. However, it should be noted that this also includes people admitted to the hospital more than once. The total expenditure volume for hospitals in 2019 amounted to 100.8 billion euros, of which 80.3 billion euros were attributable to statutory health insurance (SHI) alone. This corresponded to 24.5 percent of total healthcare spending and 31.8 percent of SHI spending (Bundesministerium für Gesundheit, 2021; Statistisches Bundesamt, 2022b). At the same time, the hospital is a vital employment sector: At the end of 2019, it was the workplace for almost 1.3 million people; this corresponded to an annual average of around 928,000 full-time employees. This

included just under 168,000 full-time employees in the medical service and just over 760,000 in the non-medical service, and of these, in turn, just over 345,000 full-time employees in the nursing service, more than 80 percent of them women (Gerlinger, 2021).

In an international comparison, the German hospital system has several unique features. These include the plurality of ownership structures, i.e., the coexistence of public, non-profit, and private operators. Of course, this is not a unique feature of the German hospital system, but in many countries, hospitals are predominantly publicly owned (Schölkopf & Grimmeisen, 2020). Secondly, bed density is very high by international standards, although the number of beds has been drastically reduced since the 1970s. For example, Germany has 60.2 beds per 10,000 inhabitants (as of 2018) (EU-27 average: 39.3). In the European Union, this figure is only higher in Bulgaria (62.4). Other wealthy countries such as France (30.4), the Netherlands (26.9), and Sweden (19.7) manage with significantly fewer hospital beds (eurostat, 2021). Third, Germany has above-average values for the indicators of patient movement in hospitals. This applies to the number of inpatient treatment cases (discharges of inpatients from hospitals) per 100,000 inhabitants and the inpatient length of stay. With around 24,400 discharges per 100,000 inhabitants per year, Germany was surpassed in the EU only by Bulgaria (33,600). Most EU member states' respective values range between 10,400 and 18,600 discharges (eurostat, 2018). Regarding inpatient length of stay, Germany ranks third in the EU behind Hungary (9.6 days) and the Czech Republic (9.4 days) with 8.9 days per treatment case. The Netherlands (4.5 days) and Sweden (5.6 days) rank at the bottom of the table (Leber & Wasem, 2016). The reasons for these special features cannot be conclusively explained. However, presumably, the strong patient care orientation toward physician intervention and the high number of beds available play an essential role.

The hospital sector in Germany has undergone profound changes in recent decades. Significant fundamental trends - notwithstanding the still high values in international comparison - are the significant reduction in the number of beds and the length of stay per case of treatment. Between 1991 and 2019, the number of beds fell from a reasonable 665,000 to just under 495,000 beds, and the average length of

stay from 14.0 to 7.2 days. At the same time, the number of treatment cases rose from around 14.6 to around 19.4 million during this period, primarily because demographic change led to an increase in the need for treatment, and medical progress led to an increase in treatment options (Böhlke et al., 2009).

One of the most important structural changes is the ongoing privatization of hospitals. Although the traditional mixed-economy ownership structure still characterizes the hospital landscape today, private operators have significantly increased their share at the expense of public operators in recent decades. Whereas in 1991, only 14.8 percent of all hospitals were privately owned, this share had risen to 37.8 percent by 2019. In particular, the weight of large corporations, especially stock corporations, compared to physicians as private owners, has increased significantly. The growth of private hospitals is mainly at the expense of public hospitals, whose share declined from 46.0 to 28.5 percent during this period.

Nevertheless, the share of hospital beds set up under public sponsorship amounted to 47.7 percent in 2019, while that of private sponsors was 19.3 percent. However, a significant increase in the share of beds provided by private operators is also evident. This privatization is due to both financial and political motives. Because of their precarious budgetary situation, local authorities, in particular, have frequently sought to dispose of loss-making hospitals in the past. In addition, some municipalities followed the neoliberal zeitgeist in the 1990s and 2000s, which saw the privatization of municipal tasks as a suitable instrument for reducing costs and improving quality. Finally, the debt break further narrows the financial room for maneuvering the public sector. As a result, private corporations often take over potentially profitable institutions and transform them according to their ideas (Simon, 2019). The privatization of hospitals has also continued in recent years, even if the momentum has slowed somewhat (Simon, 2019).

In summary, the German clinic and hospital landscape is characterized by various problems, which in the vast majority of cases, translate into financial problems and lower the quality of care in German hospitals.

1.1 PROBLEM DEFINITION

Imagine the following scenario: The federal government sets the price of bread by law. The level of this price is so low that it would only cover the costs of the ingredients as well as the personnel. Other costs - such as rent or maintenance of the bakery and equipment - are not considered at the low price. Even with many paying customers, any bakery in this model would quickly find itself in financial distress. In order to supply the population with enough bread, the federal government must act and secure the existence of the bakeries. The federal government transfers the financing of this livelihood assurance to the states but refrains from monitoring whether they actually fulfill the task. Sounds illusory? Unfortunately, it is not!

The situation is very similar in the hospital sector today. The state prescribes the prices for medical services provided in hospitals: These are the so-called per-case flat rates. According to these, hospitals can bill health insurers for all patient services at fixed prices. This pays for the operating costs, i.e., a hospital's drugs, consumables, personnel, etc.

However, since these amounts are sufficient and earmarked only for this purpose, the state has agreed to cover the costs of medical equipment and buildings. Under the Hospital Financing Act, the federal states must bear these significant investment costs for their local hospitals. This is called "dual financing." Whether the hospital is an essential and standard care hospital under public ownership, a church-run specialist hospital or a university hospital under private ownership is irrelevant. The regulated market and price system in the hospital sector is the same for all - just as all hospitals contribute to public services, regardless of ownership.

Nevertheless, why have hospitals in Germany been doing worse and worse for many years? The main reason is that the federal states are not meeting their obligations to assume investment costs sufficiently. As a result, hospitals lack the funds to invest urgently in medical equipment and their buildings. In order to finance these investments, a large number of hospitals have taken out loans in recent years. In the long term, however, this leads to a downward spiral because

repayment installments and interest must also be financed in addition to new investments.

The Federal Audit Office or the German Hospital Association (DKG) also repeatedly criticized this situation. According to the DKG, there is still an annual gap of billions of euros between the necessary investment requirements and the financing borne by the states. In 2020, for example, the investment needs identified for hospitals amounted to more than six billion euros. This contrasts with only around three billion euros financed by the states for hospital investments. The result is a chronically underfunded healthcare system with structural investment and maintenance deficits. Where this leads has been seen more and more frequently in Germany in recent years: due to the far too low investment cost coverage by the federal states and the lack of self-generated funds. As a result, many hospitals began to stumble. The result: job cuts, outdated medical equipment, and dilapidated buildings - the sufferers are employees, patients, and, ultimately, the health care of entire regions (as of April 2021) (Deutsche Krankenhausgesellschaft, 2020a).

It has often been possible to save clinics through privatization. The great advantage of private operators is their economic know-how. With efficient workflows, the relief of medical staff from non-patient services, digitalized hospital information systems, and lean administrative structures, many operators have succeeded in putting hospitals on a sound footing. Private operators are thus an important player and driver in securing and further developing the hospital system and broad-based healthcare. Margins generated by private hospital associations through economies of scale in purchasing also contribute to this. This opens up opportunities to supplement the lack of government investment funds with another financing.

Germany has a good hospital system with highly competent and extremely dedicated employees. However, for this to continue in the future, the financing of this highly regulated system must also function as it is legally regulated. Above all, the states must understand that their financial responsibility is essential for the future viability of the hospital system in Germany. However, the experience of dual financing to date shows that this is not the case. This is not to imply malice or incompetence at this point. Instead, it is the case that the financial resources are not sufficient to support hospitals and clinics adequately. Thus, only one last resort

remains: adequate other financing instruments must be found. This is the subject of this paper.

Therefore, the situation of German hospitals and clinics is more dramatic than ever before - characterized by poor annual results, revenue problems due to low case numbers, and a general downward trend. Almost every second clinic in Germany is in the red. Urgently needed investments or even the realization of projects in cutting-edge medicine and research with high financial requirements cannot be realized due to financial bottlenecks. The COVID pandemic, in particular, is drastically exacerbating the situation for hospitals and clinics. According to the German Hospital Federation (DKG), a wave of insolvencies will spread across Germany by the end of 2022 at the latest, endangering clinics that are in urgent need (Augurzky et al., 2019; Berger, 2020; Deutsche Krankenhausgesellschaft, 2020c).

On the one hand, the economic situation of German hospitals and clinics is coming to a head. On the other hand, global private financial assets are on the rise. 400 trillion US dollars was recorded for the year 2020 (Boston Consulting Group, 2021; Credit Suisse, 2021). Germany has reached a total wealth of private households of 20 trillion US dollars. Steady growth is expected for the coming years (Boston Consulting Group, 2021).

Due to the increasing deterioration of the economic situation of hospitals and clinics in Germany, acquiring donations as an additional source of funds can contribute to remaining able to act despite monetary challenges. Income from donations is already an additional source of funding for many hospitals, as both the donor potential and the volume of donations are high in Germany. The volume of donations in Germany in recent years has been between 5 and 10 billion euros (Deutscher Spendenrat e.V. & GfK, 2021; Gricevic et al., 2020a). However, compared to the U.S. fundraising market, the volume of donations has yet to be complete (Probst, 2019). Overall, the German donation volume for organizations engaged in fundraising is between two and four billion euros. However, no statement can yet be made as to how high the exact share of donations specifically for hospitals and clinics in the German healthcare system is (Steiner & Fischer, 2012).

However, it is known that 60% of all hospitals in Germany already use fundraising as a successful model and want to strengthen it (Berger, 2016a). In particular, new donor groups that have not yet been taken into account are crucial - high-net-worth individuals with private net assets of over $1 million and over $30 million, also known as high-net-worth individuals (HNWI) and ultra-high-net-worth individuals (UHNWI), represent the predestined target group with the most major donor potential for hospitals and clinics. At 3%, Germany is among the 10 strongest growth countries in terms of the increase in ultra-high-net-worth individuals (Knight, 2021). In absolute terms, this means that Germany has a potential of about 15,435 UHWNI with a net worth of over $30 million and 1,535,100 millionaires (HNWI) with a net worth of over $1 million (Capgemini, 2021; Wealth-X, 2021). According to this, possibly "the catch-up potential for the financial support of civil society in Germany (...) lies especially with the high-net-worth in Germany" (Probst, 2019).

Current studies, such as the study by the Essen University Medical Foundation on "Who donates to medicine and why?" do address the general support for healthcare institutions by donors and, in particular, analyze donor behavior in terms of origin and motives. However, this study does not focus explicitly on hospitals and clinics in the healthcare sector, and the focus is on donors who donate less than 500 euros per year (Stiftung Universitätsmedizin Essen, 2020). The study "Success Model Fundraising" by the German Fundraising Association (Deutscher Fundraising Verband e.V.) and the management consultancy Roland Berger examines the current use of fundraising as an additional source in hospitals. Likewise, it does not focus on the target group of high-net-worth individuals as major donors (Berger, 2016a).

Initial knowledge and recommendations for action on major donors can be found in the study "Major Donor Fundraising - Ways to More Philanthropy" by Dr. Marita Haibach and Jan Uekermann, as well as in the practice-oriented manual book by fundraising strategist Andreas Schiemenz (Haibach, 2017; Haibach & Uekermann, 2021; Schiemenz, 2015). Although the focus here is on the motives and needs that are important when approaching and supporting this group of donors, here, too, the wealthy people are not explicitly studied as potential donors for the specific area of hospitals and clinics in Germany. Similarly, the population studies

conducted to date for Germany, such as the "German Donation Monitor" by TNS Infratest, the "GfK CharityScope" by market research institute Gesellschaft für Konsumgüterforschung and the "DZI Donation Index" by the German Central Institute for Social Issues, only have a general focus on donor behavior in the healthcare sector. This shows that the still unnoticed donor group of high-net-worth individuals as major donors with high potential in terms of philanthropy in hospitals and clinics has hardly been investigated in studies on donor behavior, if at all.

A better understanding of the motives and behavior of high-net-worth individuals as a group of donors is necessary for future developments to promote fundraising by major donors as a hitherto underestimated source of funds for hospitals and clinics in Germany. The U.S. fundraising market in the healthcare sector can serve as a model here, as the existence of hospitals in the U.S. is already secured by donations (Buntrock, 2020; Steiner & Fischer, 2012). Philanthropy has a positive and, above all, high status in the USA and is part of a calculable source of income for US clinics and hospitals (Buntrock, 2020; Haibach, 2019; Steiner & Fischer, 2012). Through The Giving Pledge initiative, the U.S. aims to change the norms of philanthropy among the world's wealthiest people, allowing the wealthy to donate a large portion of their wealth to philanthropic causes (The Giving Pledge, 2021). Publicly addressing the issue of philanthropy is a success factor for positively shaping the giving behavior of high-net-worth individuals in the U.S., which must also be implemented in Germany. It can thus be concluded that Germany as a whole could benefit from the success factors of the U.S. fundraising market - especially in dealing with high-net-worth donors.

Scientific studies on major-donor fundraising for cutting-edge medicine, research in German hospitals and clinics, and associated recommendations for action do not yet exist. In particular, there are virtually no empirical data on the donor behavior of high-net-worth individuals in this area. Nevertheless, fundraising among high-net-worth individuals is a promising and strategically plannable instrument that should be used by hospitals and clinics in Germany to cover the high financial requirements for projects in cutting-edge medicine and research and to reduce the annual funding gap. High-net-worth individuals, in particular, as major

donors, are happy to support specific projects that can only be realized at all thanks to their financial support (Haibach & Uekermann, 2021).

Moreover, this is precisely where the present study comes in, investigating for the first time the donor behavior and possible donor potential of high-net-worth individuals for the field of hospitals and clinics in the healthcare sector to close the existing research gap to date. The study presented here closes precisely this gap through a bipolar approach: first, the current status quo in Germany is determined. Then, the extent to which German hospitals and clinics address fundraising among high-net-worth individuals is shown. On the other hand, it is shown what high-net-worth people think of fundraising for hospitals and what encourages these people to donate to hospitals. It is precisely this combination of the bipolar approach, tailored to hospitals and high-net-worth individuals, that makes this work unique in Germany to date.

1.2 OBJECTIVE AND RESEARCH QUESTION OF THE DISSERTATION

The study „The functionality of major-donor fundraising for German hospitals – an empirical analysis from the viewpoint of hospital executive personnel and (Ultra-) High Net Worth Individuals " explicitly examines the donation potential of highly wealthy people as major donors for specific medical funding projects in cutting-edge medicine and research in German hospitals, clinics and research institutions that have very high financial requirements. In addition, the donor behavior of UHNWIs and HNWIs is analyzed as to how they can be convinced to realize these funding projects. Another research focus is investigating whether and how the annual funding gap of hospitals and clinics in Germany can be closed or significantly reduced by transferring the American fundraising model with the help of German HNWIs/UHNWIs. On the other hand, it will be questioned and scientifically evaluated whether and how German hospitals/clinics have dealt with fundraising among high-net-worth individuals. Accordingly, the following research question arises for the study:

What is the donation potential of high-net-worth individuals as the most potential donor target group, on the one hand, to realize medical funding projects of cutting-edge

medicine and research in German hospitals and clinics, and on the other hand, to reduce the annual funding gap of the bilingual financing system?

This results in the following research objectives of the paper:

- Review the status quo of German hospitals and clinics concerning major gift fundraising
- Examine the potential willingness of German UHNWIs and HNWIs to provide financial support to German hospitals and clinics, mainly to provide financial support to specific medical grant projects with high financial needs.
- Derive normative recommendations for action for German hospitals and clinics that want to use wealthy individuals as donors to implement specific funding projects with high financial requirements or to reduce the annual funding gap

1.3 STRUCTURE OF THE DISSERTATION

Following the problem definition and introduction to the topic of this study, which has already been presented in detail, chapter 2 places the study in a scientific-theoretical framework and provides the relevant definitions of the three objects of investigation - the financial situation of hospitals and clinics in Germany, fundraising in German hospitals and clinics, and wealthy people in Germany as potential major donors. To this end, an overview of the current financing system of hospitals in Germany is first given, followed by a more detailed discussion of the economic situation of hospitals. Here, the current situation of the hospitals during the Corona pandemic is explicitly illuminated, and the future orientation is discussed. Subsequently, the central object of investigation, fundraising in hospitals and clinics, is discussed in detail. For this purpose, the comparison of the fundraising market in Germany and the U.S. in the healthcare sector is explicitly addressed, and the relevant fundraising instruments are defined. In addition, philanthropy and its development will be presented in comparison between the USA and Germany. Finally, wealthy people as donors and their potential for Germany are

addressed as a separate object of study. Each of the three subchapters concludes with an interim summary.

Chapter 3 deals with the methodology of the overall study. Here, the mixed-methods approach, which is used in this study, is explicitly discussed. The study is divided into two interlinked sub-studies, one using the mixed-methods approach (sub-studies 1 and 2 with hospitals) and the other using a qualitative study (sub-study 3 with high-net-worth individuals). The first sub-study initially focused on the target group of hospital directors and senior fundraising department staff in German hospitals and clinics. To this end, a preliminary qualitative study (sub-study 1) will first be conducted. Then a quantitative study (sub-study 2) will be carried out to test the hypotheses. The aim here is to determine the status quo in German hospitals and clinics on the subject of fundraising, in particular, the major-donation fundraising of high-net-worth individuals for special medical funding projects. This part is presented in chapters 4 and 5. Finally, these findings are incorporated into the third sub-study, which focuses on the target group of high-net-worth individuals - UHNWIs and HNWIs - in Germany. In particular, the motives of high-net-worth donors for making a large donation and the potential willingness to provide financial support for targeted funding projects with high financial outlay in the medical sector (hospital, clinic, and research institutions) will be investigated. Chapter 6 deals with the third sub-study.

The results of the sub-studies are then discussed in chapter 7. In addition to the core results, chapter 7 presents the study's limitations and concludes. The following figure (Fig. 1) clearly illustrates the structure of the study.

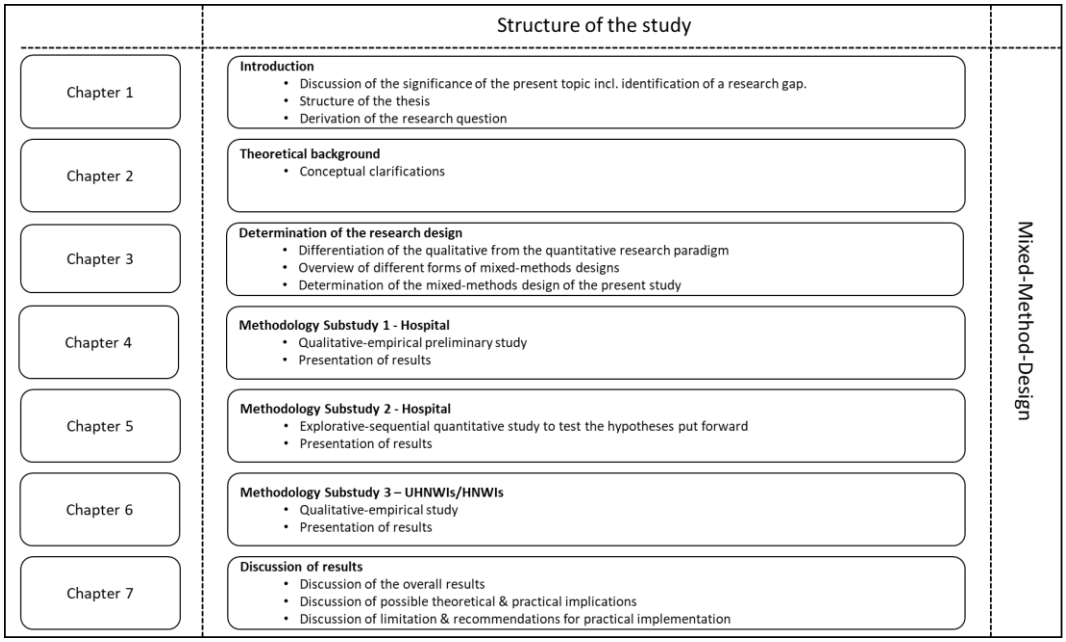

Figure 1: Structure of the study (Own representation)

2 THEORETICAL PART – STATE OF THE SCIENCE

The following chapter deals with all essential information on the subject of hospitals and clinics in Germany. In addition, general overviews of the number of hospitals, funding bodies, and financing options are provided. The aim is to give the reader a comprehensive overview of hospitals and clinics in Germany.

2.1 SITUATION IN GERMAN HOSPITALS

There are currently 1,903 hospitals in Germany (Status March 2022), although the number of clinics and hospitals overall in Germany has been declining for years (Radtke, 2022; Statistisches Bundesamt, 2022a). In the development of hospitals by ownership, it is particularly apparent that the privatization of hospitals has increased significantly over the years (Fig. 2). From 527 private hospitals and clinics in 2002, the number has risen significantly to 732. In contrast, a significant loss can be seen among public hospitals. A total reduction of 266 hospitals, from 817 hospitals in 2002 to just 551 public hospitals, highlights the downward trend. Furthermore, the share of non-profit facilities was steadily declining and is now only 29.0% compared to 38.5% of private sector facilities (Statistisches Bundesamt, 2022c, 2022a).

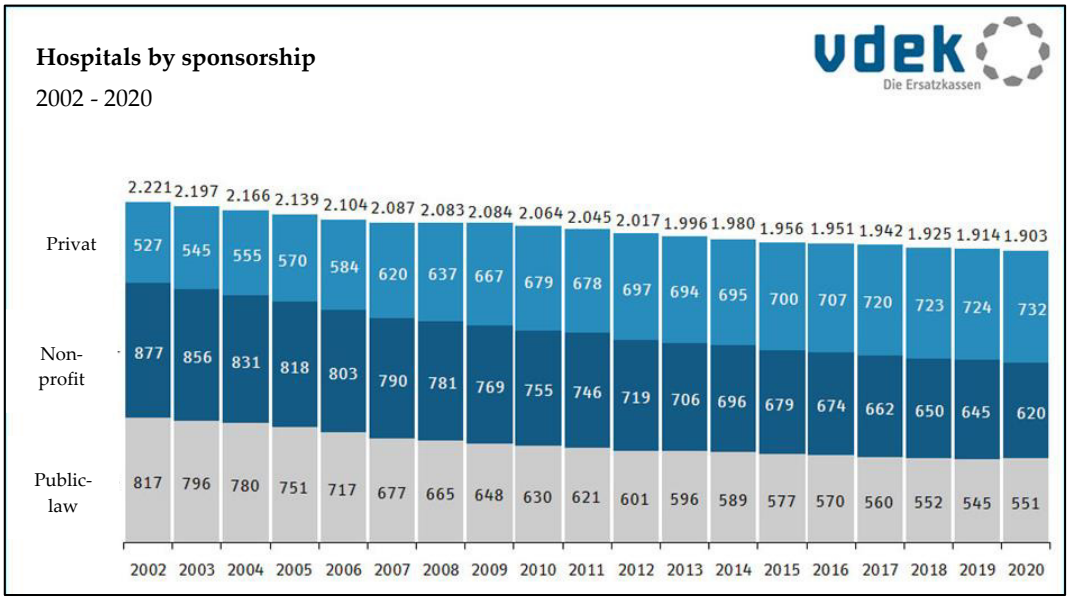

Figure 2: Hospitals by sponsorship (According to Verband der Ersatzkassen, 2022 and the Federal Statistical Office)

According to §2 of the Hospital Act, hospitals are "establishments in which diseases, ailments or physical injuries are to be diagnosed, cured or alleviated by medical and nursing assistance or in which obstetrics is provided and in which the persons to be cared for can be accommodated and fed" (Gesetz Zur Wirtschaftlichen Sicherung Der Krankenhäuser Und Zur Regelung Der Krankenhauspflegesätze, 1972).

Behind the hospital, there is always a hospital operator. The owner is a natural or legal person responsible for the hospital and its operation. A distinction can be made between three types of sponsorship: public, non-profit, and private. In the case of public hospital operators, the federal or state government acts as the operator. Generally, they can be corporations, institutions, or foundations under public law.

In contrast, non-profit hospitals are backed by religious, social, or humanitarian associations with no intention of making a profit due to their voluntary and

non-profit nature. In the case of private sponsorships, on the other hand, the focus is on making a profit.

A prerequisite for the operation of a hospital in the form of private sponsorship is a concession by §30 of the Industrial Code. A characteristic feature of licensed hospitals of all types of sponsorship is their admission to the billing with the statutory health insurance fund under Section 108 of the German Social Code, Book V. This law distinguishes private sponsorships from purely private clinics, as the latter does not receive approval and are therefore not entitled to participate in statutory health care (Reimbursement Institute, n.d.-b).

It is important to note that the terms hospital and clinic are used synonymously. In this study, hospitals with public, private, and non-profit sponsorship are taken into account. Private hospitals, on the other hand, are not included in the analysis.

In general, hospitals and clinics can be differentiated accordingly according to their scope of care (basic, standard, priority and maximum care) and focus of activity (Bundesministerium für Gesundheit, 2018):

- University Hospital
- General Hospital
- Specialist clinic
- Outpatient clinic
- Day and night clinic

2.1.1 Overview of the financial system in German hospitals

Hospitals and clinics are reimbursed following Section 17b of the German Hospital Financing Act (KHG) using the DRG system (Diagnosis Related Groups). Remuneration details are regulated on the one hand in the Hospital Remuneration Act (KHEntgG), in the Hospital Financing Act (KHG), and on the other hand in the case-based flat rate agreements. Since the Hospital Financing Act of 1972, the hospital system in Germany has been financed by the statutory health insurance funds and the federal states - also known as dual financing. Here, the federal states bear the hospitals' investment costs, e.g., medical equipment and real estate. On the

other hand, the operating costs, e.g., staff salaries, are financed by health insurance funds (GKV Spitzenverband, n.d.-b). The dual financing is again illustrated in Figure 3.

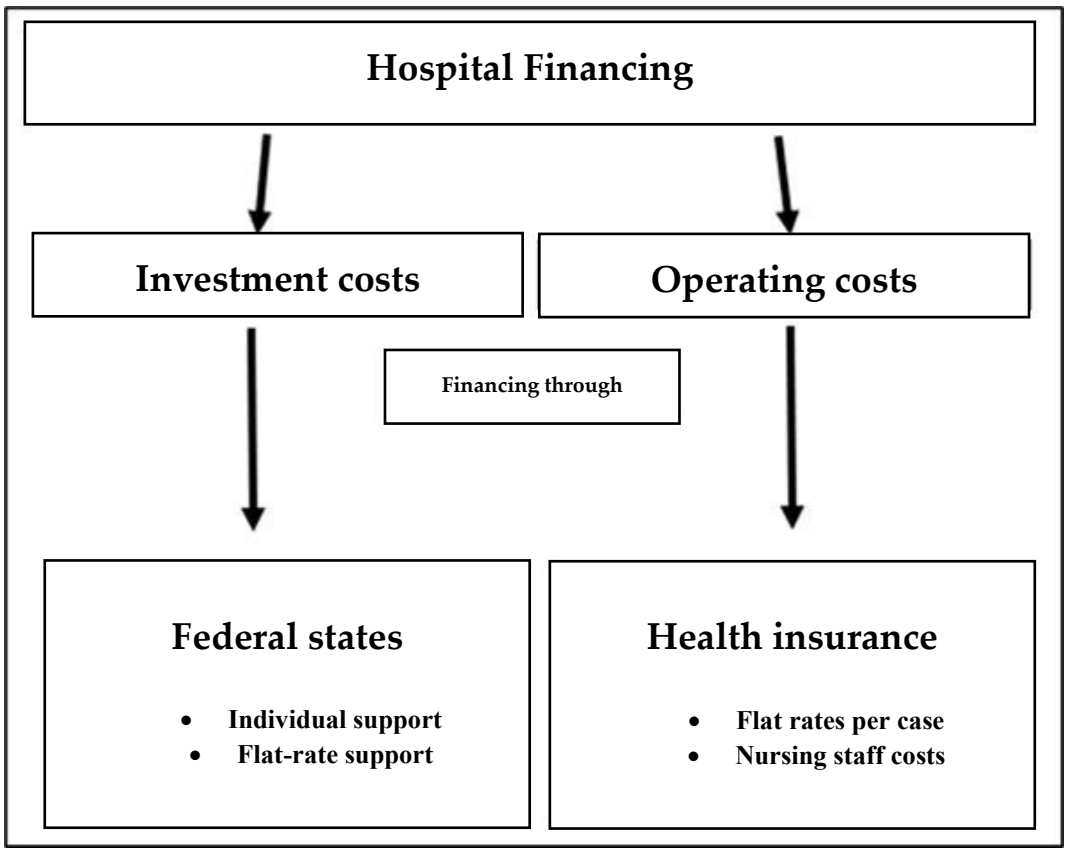

Figure 3: The dual hospital financing system (Own representation based on GKV Spitzenverband, n.d.)

Due to the Hospital Financing Act (§1 Abs. 2), hospital financing in Germany is independent of the provider, which means that it makes no difference whether the hospital is run by a municipality, a non-profit organization, or a private organization (Universitätsklinikum Giessen und Marburg, n.d.).

For the KHG, investment costs include, on the one hand, the costs of building hospitals (new construction, conversion or extension) and, on the other hand, the acquisition costs of the assets belonging to the hospital (e.g. medical equipment)

(Deutsche Krankenhausgesellschaft, 2019). The investment costs should come from the respective state - regardless of the hospital's sponsor. Accordingly, these are based on the principle of dual financing (Universitätsklinikum Giessen und Marburg, n.d.). Investment cost financing is regulated in §6 Para. 1 KHG. According to this, each federal state must draw up an investment plan. Investment funding is divided into flat-rate and individual funding (Deutsche Krankenhausgesellschaft, n.d.). Hospitals receive lump-sum funding irrespective of their individual needs. They can use the funds freely within the framework of statutory earmarking, especially for the procurement of short-term fixed assets. In contrast, individual funding is granted upon application by the hospital and is eligible for extensive investments (Gerlinger, 2012). To cover operating costs, hospitals are paid a flat rate per case by the health insurance funds. The per-case flat rate system was introduced in 2003, starting from a basis developed in Australia. The Diagnosis Related Groups (DRG) per-case flat rate system was introduced as a "learning system". In 2003, DRG billing was still voluntary for hospitals; since 2004, it has been mandatory (Bundesministerium für Gesundheit, 2020).

The convergence phase from 2005 to 2009 aligned hospital-specific prices with uniform nationwide prices. Since January 01, 2010, hospitals have been billing at a uniform price level. The price level of the federal state is also titled the state prime rate (Bundesministerium für Gesundheit, 2020). The grouping of a hospital treatment into a DRG is computerized (also known as Grouper). The classification is based on the diagnosis, the severity of the illness, and the services provided (consequently operation and procedure), as shown in figure 4.

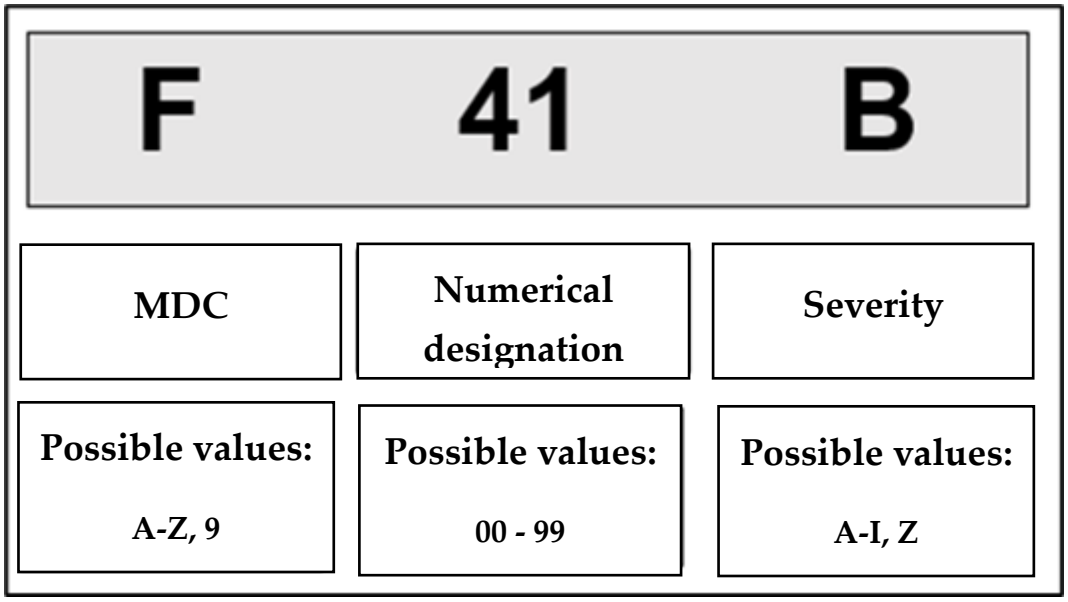

*Figure 4: Structure of the Diagnosis Related Groups (*Own representation based on Bundesinstitut für Arzneimittel und Medizinprodukte, n.d.)

The first digit consists of a letter, in this example, the letter F, and identifies the treatment case. The primary diagnosis for the inpatient stay is also referred to as the "Major Diagnostic Category," or MDC for short (Reimbursement Institute, n.d.-a). The second and third numeric digits describe the presence or absence of procedures. As the figure above shows, values between 00-99 are possible. In the fourth place, the severity is indicated by a letter from A to I. Finally, the age of the patient determines the severity. Here, age, secondary diagnoses, and specific procedures determine the severity (Bundesinstitut für Arzneimittel und Medizinprodukte, n.d.).

The Nursing Staff Strengthening Act came into force on January 1, 2019. Since 2020, the remuneration of hospitals has been changed to a combination of flat rates per case and remuneration of nursing staff costs. Nursing staff costs are reimbursed independently of the flat rates per case (Bundesministerium für Gesundheit, 2020).

Since then, the DRG system also referred to as the aG-DRG system, where the letter "a" stands for "outsourced" (GKV Spitzenverband, n.d.-a). The flat rate per

case is therefore calculated according to the valuation ratio in multiplication by the state prime rate, i.e., the state-specific price. The state prime rate is negotiated annually between health insurers and hospital representatives at the state level (GKV Spitzenverband, n.d.-b). Figure 5 shows the federal states' base rate in 2019 concerning the upper and lower corridor, as well as the percentage development since 2005. According to to the valuation ratio in multiplication by the state prime rate, i.e., the state-specific price.

Similar to the states in the U.S., Germany has 16 states. For better understanding, the federal states are translated into English once at this point. Of the 16 federal states, the following federal states change: Bayern - Bavaria, Hessen - Hesse, Mecklenburg-Vorpommern - Mecklenburg-West Pomerania, Niedersachsen - Lower Saxony, Nordrhein-Westfalen - Northrhine-Westphalia, Rheinland-Pfalz - Rhineland Palatinate, Sachsen - Saxony, Sachsen-Anhalt - Saxony-Anhalt, Thüringen - Thuringia.

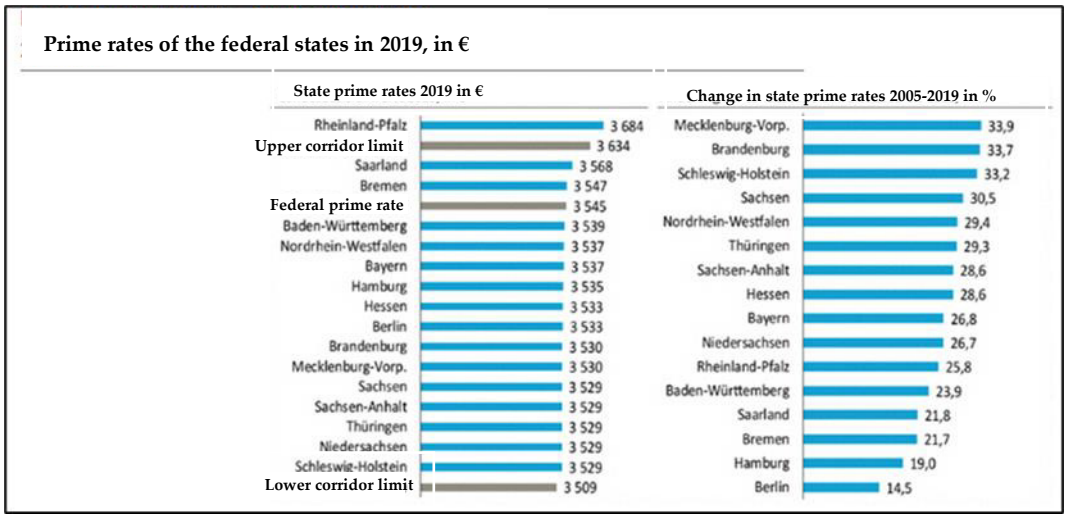

Figure 5: Prime rate of the federal states 2019 (According to Augurzky et al., 2019, p. 43)

It is clear that only the federal state of Rhineland-Palatinate, at €3,684, is above the upper corridor of €3,634. Saarland and Bremen are both above the federal prime rate, whereas the other federal states are more in line with the lower corridor limit. Looking at the change in state prime rates over time (2005-2019), it can be seen that Mecklenburg-Western Pomerania had the most significant change at

33.9%, followed by Brandenburg and Schleswig-Holstein. On the other hand, Berlin showed the slightest change and is, however, in the middle of the federal states with a state prime rate of €3,533 in 2019.

In addition, the following Figure 6 shows how the state prime rate has developed from 2010 to 2019. Almost all of the German states are moving toward the lower price corridor. Only Rhineland-Palatinate has consistently moved upwards in financial terms. Saarland was also initially above the upper limit but has adjusted to the other federal states over the years and has been aligned with the lower price limit since 2014.

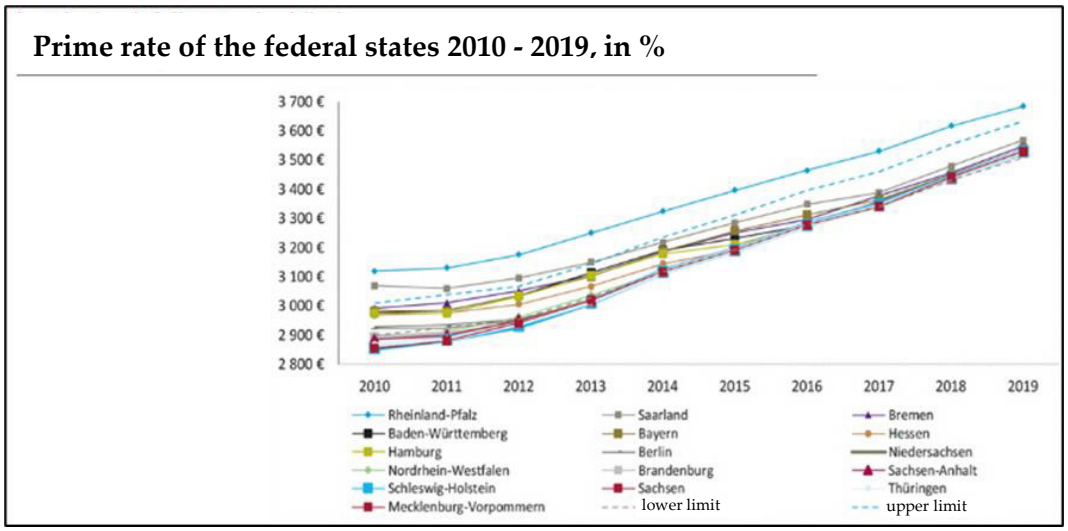

Figure 6: Prime rate of the federal states (According to Augurzky et al., 2019, p. 44)

In summary, the higher the valuation ratio, the more money the hospital receives. Light cases, such as an appendectomy, have a low valuation ratio, while severe cases, such as an organ transplant, have a correspondingly high case value. Accordingly, hospitals are interested in treating many and especially seriously ill patients in order to generate higher revenues (GKV Spitzenverband, n.d.-b).

Hospitals in Germany are currently experiencing significant changes in the framework conditions. Most recently, politicians have intervened in financing nursing staff costs and excluded them from the DRG flat rates. At the same time,

lower nursing staffing limits are introduced for hospitals, which means higher personnel expenses and, thus, higher costs (Augurzky et al., 2019).

2.1.2 Economic situation of German hospitals

Hospitals in Germany are facing economic difficulties. In addition to the well-being of patients, profitability and cost efficiency are increasingly coming to the fore. Figure 7 illustrates that healthcare spending has risen steadily, reaching a peak of 376 billion euros in 2017. Interestingly, the hospital market's share of total healthcare spending, with some slight upward changes in 2013/2014, has declined over time - from 26.2% in 2011 to 25.3% in the year. Hospitals owned the largest share of healthcare spending in 1997, at 27.1%. This compares to an increase of nearly 5% in outpatient and inpatient care. At 14.3% in 2017, nursing care has the third-largest share of healthcare spending. However, it remains unchanged, hospitals continue to hold the largest share of healthcare spending, followed by physician practices (Augurzky et al., 2019).

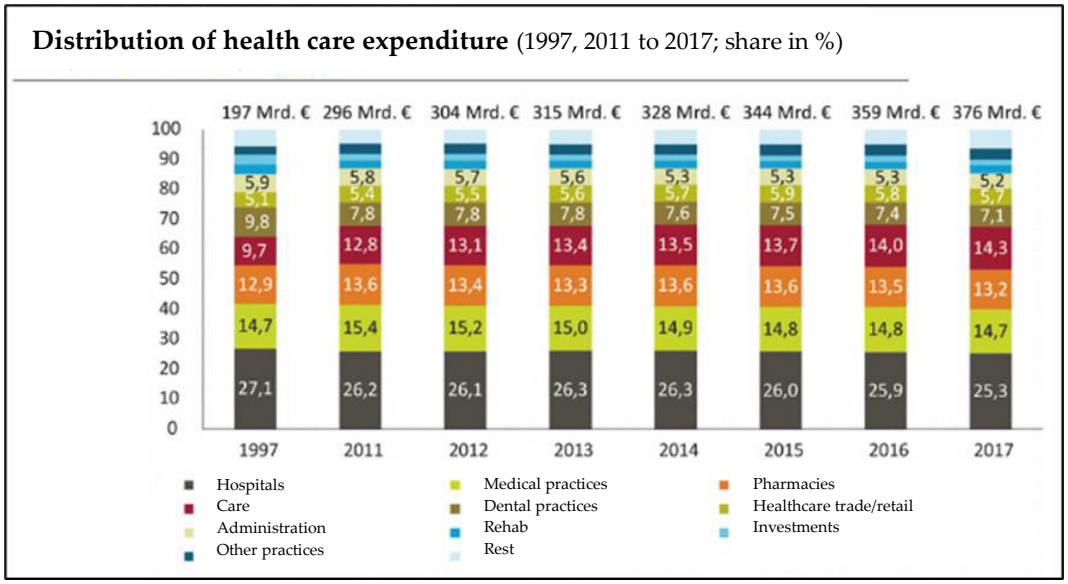

Figure 7: Distribution of health care expenditure (According to Augurzky et al., 2019, p. 26)

In addition to the distribution of healthcare spending, it is essential to look at the costs of hospitals and how they have changed to assess hospitals' situation

better. Compared from 2016 to 2017, these have increased nationwide. As seen in Figure 8, the most substantial increase was recorded by Hessen with 4.5%, while the state of Hamburg recorded the lowest increase with 1.3%. Overall, Saarland can show the highest cost value with 1,288€ per inhabitant, followed by Saxony-Anhalt and Thuringia. On the other hand, the lowest costs in 2017 can be seen in the federal state of Baden-Württemberg, which recorded a change in costs of 3.6%. The respective adjusted costs per federal state and their changes can be seen in the following figure (Fig. 8).

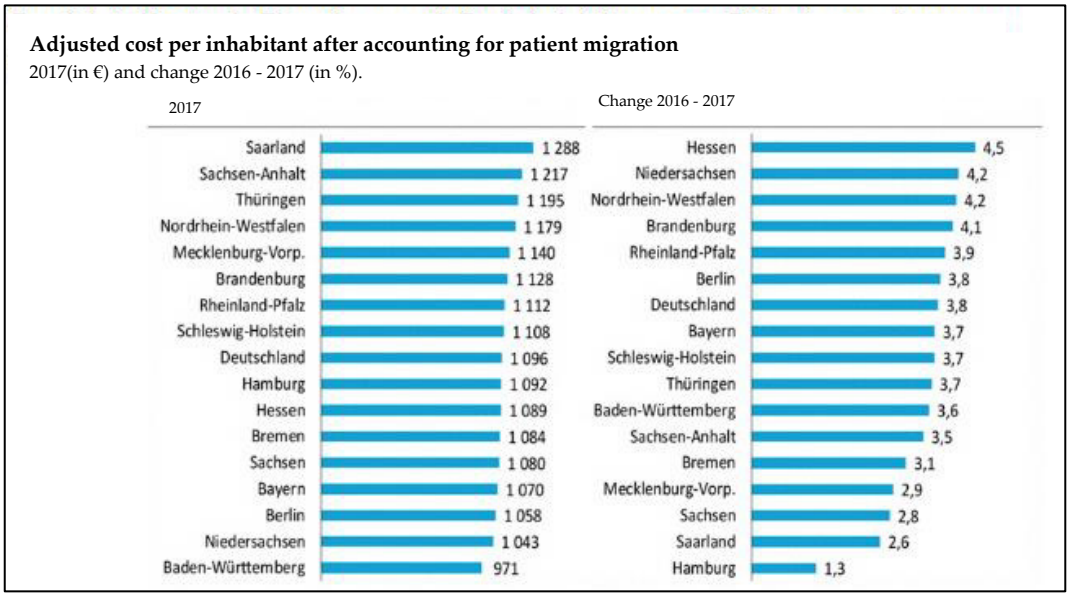

Figure 8: Adjusted costs per inhabitant after accounting for patient migration (According to Augurzky et al., 2019, p. 45)

Since the introduction of DRG, hospitals in Germany have experienced declining case numbers for the first time. What is pleasing for the healthcare system, on the one hand, means a deterioration in the economic situation for hospitals on the other. Personnel costs are rising, and wages are also increasing due to the increased shortage of skilled workers (Augurzky et al., 2019). A detailed breakdown of personnel costs by service type can be seen in the figure below (Fig. 9). A continuous increase in personnel costs for the medical service can be seen, reaching a peak

of 32% in 2017. Likewise, the nursing service can show similarly high personnel costs (30%). Interestingly, however, personnel costs in the nursing service have fallen continuously, which may be related to a reduction in staff in this area. Thus, nursing and medical services have the highest personnel costs.

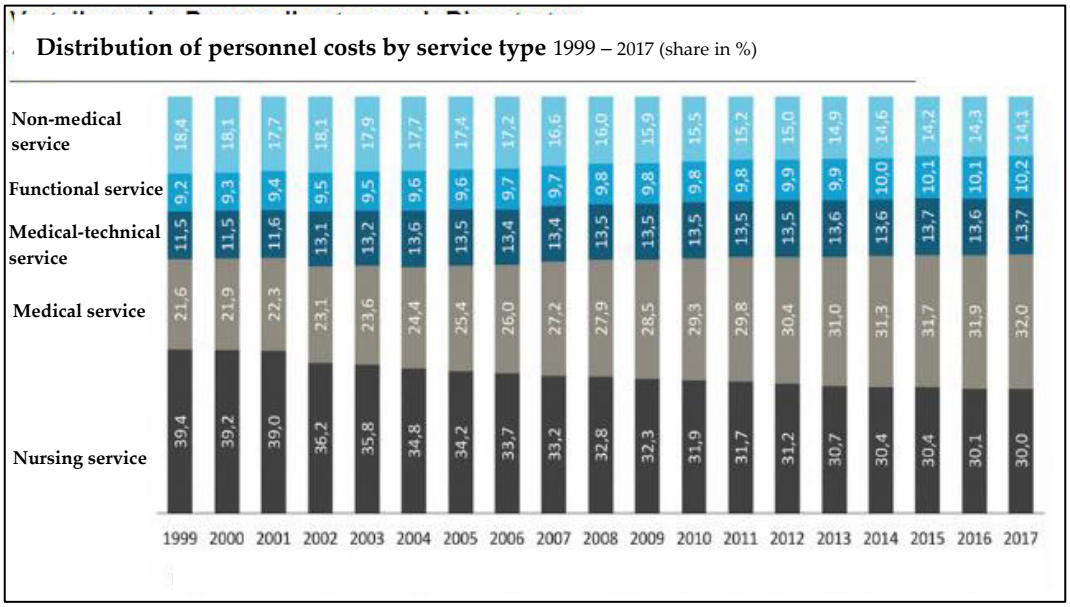

Figure 9: Distribution of personnel costs by service type (According to Augurzky et al., 2019, p. 47)

Against this background, the question arises what possibilities exist for substituting and delegating medical activities to less expensive services. As a solution, greater use could be made here of digital offerings in medicine to relieve the strain on personnel resources and act in an economical and cost-saving manner. Furthermore, due to the increasing shortage of nursing staff, the nursing service must be relieved in the future, and the profession must be made more attractive to the next generation (Augurzky et al., 2019).

In addition, a growing trend toward outsourcing can be seen. Expenses for staff not employed by the hospital and outsourced services rose continuously from 2010 to 2017. In addition, hospitals outsource certain services, such as cleaning or catering for the canteen, to external service providers (Augurzky et al., 2019). It is estimated that despite changes in inpatient length of stay and outsourcing, staffing

needs will increase through 2025. 336 thousand full-time staff will be needed in 2025, according to the Hospital Rating Report forecast, which would be an increase of 2.4 percent. In comparison, only about half the number of staff is needed in the medical service, at 182 thousand. The detailed forecasts of the required FTEs from the Hospital Rating Report are shown in figure 10.

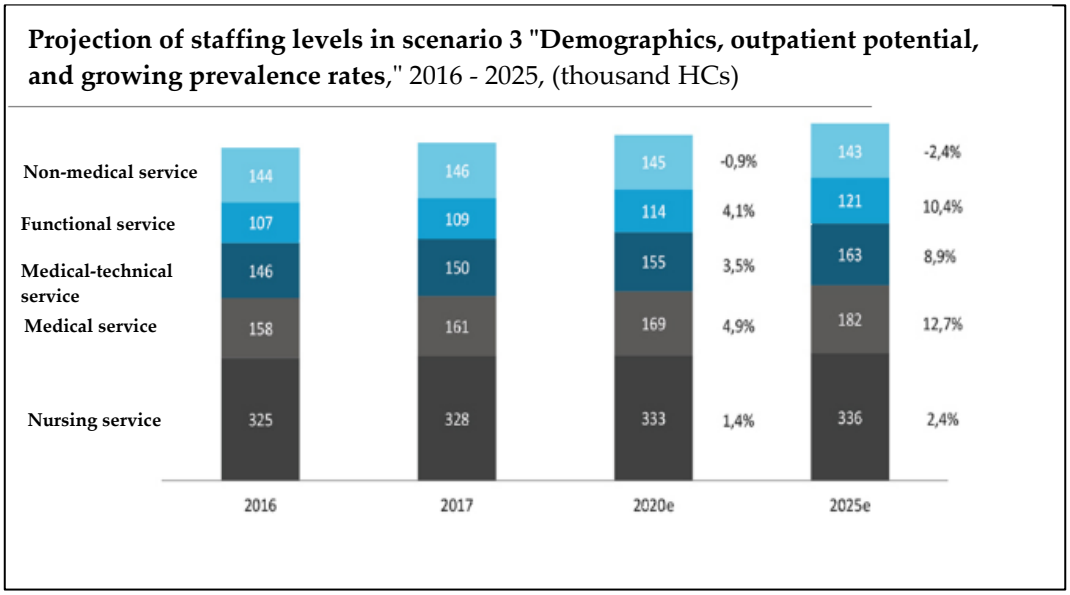

Figure 10: Projection of personnel requirements up to 2025 (According to Augurzky et al., 2019, p. 84)

Due to dual financing, investment costs are financed by the federal states. However, investments have declined for years and have since ceased to cover costs. Finally, the declining investment costs have for years led to a discrepancy between the required investment costs and the financing by the federal states (GKV Spitzenverband, n.d.-b). Figure 11 shows the ongoing decrease in funding as part of investment costs for German hospitals. In 1991, the share of KHG subsidies was about 10%. It is estimated that 7-8% of a hospital's revenue in investment allocations is required each year to cover the necessary investment needs. Most recently, however, only 3.2% was funded in 2017.

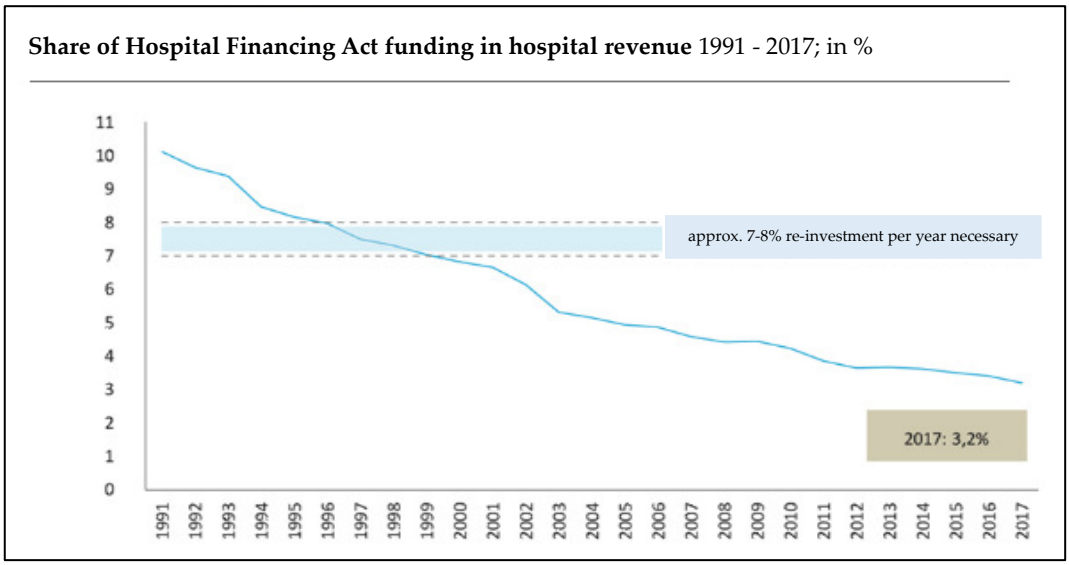

Figure 11: Development of investment allocations (According to Augurzky et al., 2019, p. 149)

Another decisive influence on the economic situation of a hospital is the region in which it is located. Hospital structures are still unfavorable in many regions. High site density and many small units with minor specialization characterize the market. With inpatient case numbers declining at the same time, the insolvency risk, which will primarily affect smaller hospitals. Germany has around 180 hospitals per 10 million inhabitants (State 2017) (Augurzky et al., 2019).

In addition to the economic situation, there are also very striking differences between eastern and western Germany, as the following figure (Fig. 12) shows. Whereas 13.5% of hospitals in western Germany fell into the red zone in 2017, indicating a high risk of insolvency, this applied to only 4.8% in eastern Germany. Saxony-Anhalt, Thuringia shows no insolvency risk and is accordingly ahead in the rating. Baden-Württemberg, on the other hand, is in the red at 33.0% and therefore has a high risk of insolvency. At 17%, Bavaria is also far ahead in terms of insolvency risk. Stagnating case numbers and now significantly lower investment in the new federal states are possible explanations for the comparatively sharp deterioration. In figure 12, the rating of the individual German states can be seen, where the red area indicates the severity of the hospitals' insolvency risk in percent.

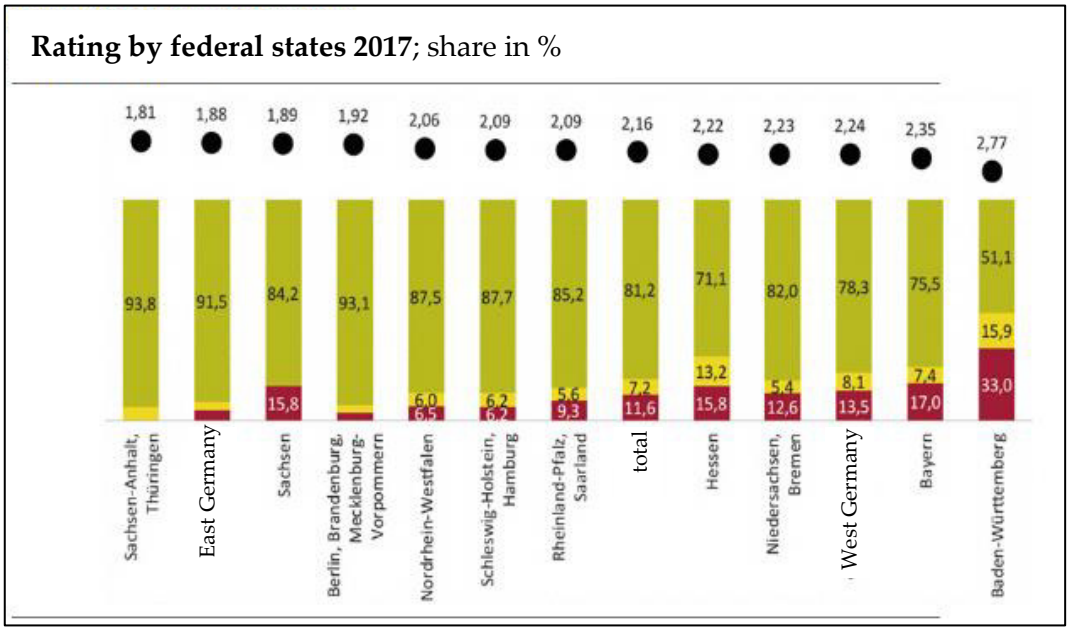

Figure 12: Rating by federal states according to the risk of insolvency (According to Augurzky et al., 2019, p. 117)

From a regional perspective, there are significant differences, and there has been a marked deterioration in most regions. There was an increase in the proportion of hospitals at risk in some regions of North Rhine-Westphalia, Rhineland-Palatinate, and Hesse, as well as in parts of Saxony. The south of Baden-Württemberg also saw slight deterioration. Except for the east, the proportion of hospitals at risk has also increased in Bavaria. Parts of Baden-Württemberg and Bavaria even have an at-risk proportion of over 35% and are, therefore, at high risk of insolvency (Fig. 13).

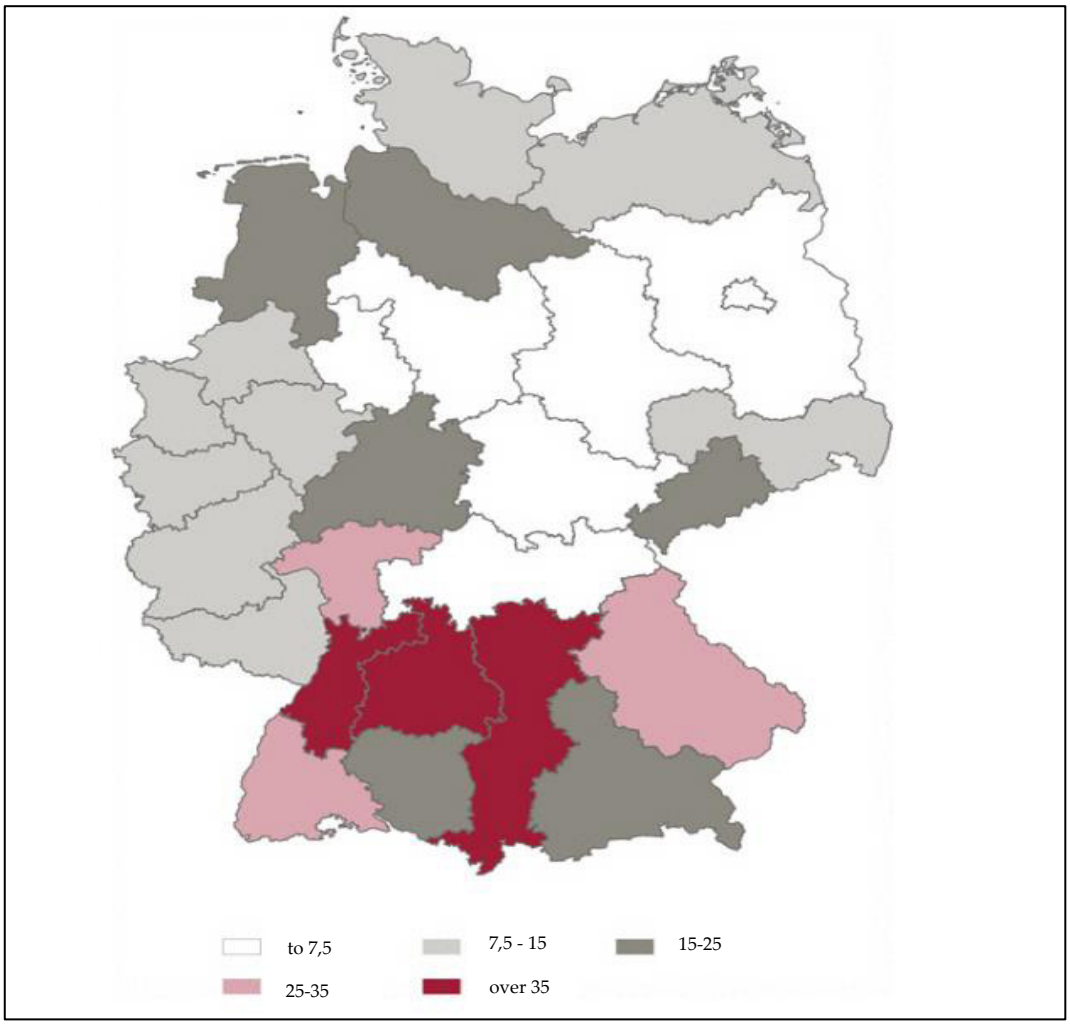

Figure 13: Share (%) of hospitals at risk by region in 2017 (According to Augurzky et al., 2019, p. 119)

In addition to the region of the respective hospital, there are apparent differences in the economic situation between alliance hospitals and soloists. The rating for hospitals in alliances is better, as seen in figure 14. Only in the rating score are the soloists marginally stronger. While the proportion of hospitals in the red zone for soloists is 12.6%, only 10.9% of hospitals in alliances are in the red zone. The same result can be observed for the earnings situation. The average annual profit of 2.7% is significantly higher for chain members than for soloists at 0.7%.

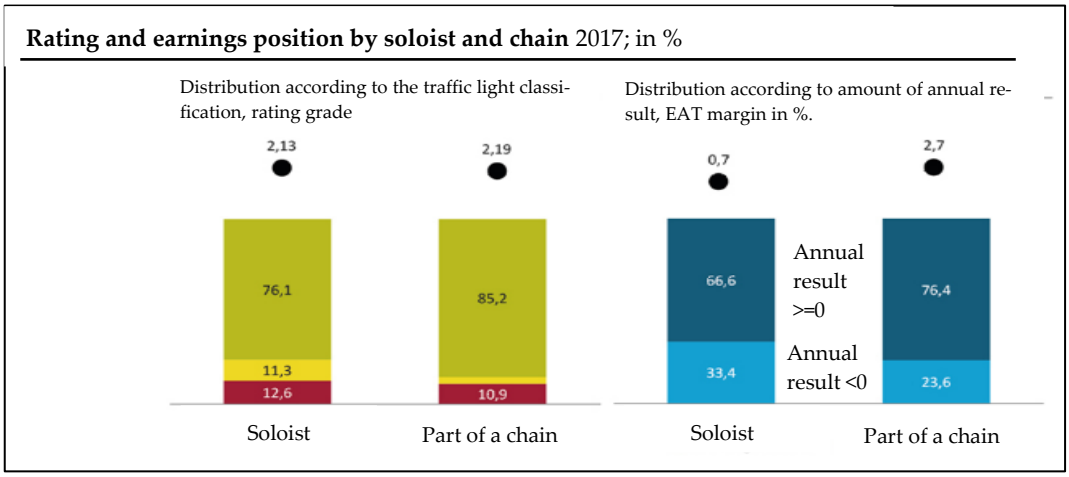

Figure 14: Rating and earnings position by soloist and chain (According to Augurzky et al., 2019, p. 134)

The earnings situation deteriorated again in 2017 for the first time since 2012. While 28% of all hospitals (at group level) reported an annual loss, this figure was only 17% in 2016. The operating result before interest, taxes, depreciation, and amortization, excluding KHG subsidies as a percentage of total revenues, averaged 7.1% in 2017, compared with 7.8% in the previous year. The average pre-tax profit for the year was 1.7% in 2017, down from 2.2% the previous year (Augurzky et al., 2019). Almost every second hospital (44%) in Germany was already in the red in 2019. Less than one-third of the hospitals expect a positive annual result for 2020, and only 18% assess their current economic situation as good. This continues the downward trend of recent years. For 2021, only under a quarter of hospitals expect an economic improvement (Deutsche Krankenhausgesellschaft, 2020b). At the current start of the year, monthly revenues in January 2021 have fallen by €1.8 billion - which amounts to around 20%. Due to low occupancy, all hospitals are currently experiencing revenue problems. Hospital beds were around a quarter less occupied in January 2021 than a year earlier (Deutsche Krankenhausgesellschaft, 2021a). Continuing with the status quo, a continued high base wage rate, and usually rising wages in the 2020s, the proportion of hospitals in the red rating range would rise to 18% by 2025. As a result, the share of hospitals with an annual loss would grow

to 32%. If, on the other hand, studies assume significantly lower growth in the number of cases in the future, a declining introductory wage rate, and sharply rising wages in 2025, there would be even 40 % of hospitals in the red rating range, and 78 % would show an annual loss. If, in this scenario, optimization of the hospital structure, productivity improvements in hospitals as a result of digitalization, for example, and the outpatientization of medicine were pursued, 21% of hospitals would still be in the red rating range in 2025, and 48% would have an annual loss (Augurzky et al., 2019).

Most of the service providers and health insurers surveyed suspected a connection between the shortage of personnel prevailing in Germany, particularly in the nursing service and the medical service, and a decline in the number of cases in 2017. Many service providers surveyed complained about vacancies that could not be filled, particularly in the nursing service. The staff shortage is felt much more strongly in metropolitan areas, in particular, due to the high level of competition. The number of reported healthcare and social services vacancies has also increased. In addition, it is pointed out that the temporary closure or partial closure of functional areas and wards due to staff shortages in nursing - especially in the operating room area and intensive care units - is a significant reason for service providers that case number growth failed to materialize in 2017 (Augurzky et al., 2019).

Another focal point is the shortage of skilled workers in the German healthcare and social services sectors. On the one hand, the expected demographic change in Germany will likely lead to a growing number of patients who are getting older and more multimorbid. But on the other hand, this rising demand for healthcare services will be offset by a reduction in the potential workforce, which will further squeeze the resource of personnel, who will become more expensive and older. Furthermore, the retirement of the baby boomers from the beginning of the 2020s will further aggravate the situation (Augurzky et al., 2019).

The following figure (Fig. 15) shows the expected mismatch between labor demand and supply as the German population grows. By 2030, demand for skilled workers is expected to reach 4.9 million full-time equivalents in the health and social care sector. This demand significantly exceeds the forecast labor supply of 3.6 million full-time employees. Thus, assuming continued development, a

discrepancy between labor supply and demand of 1.3 million full-time employees is expected by 2030.

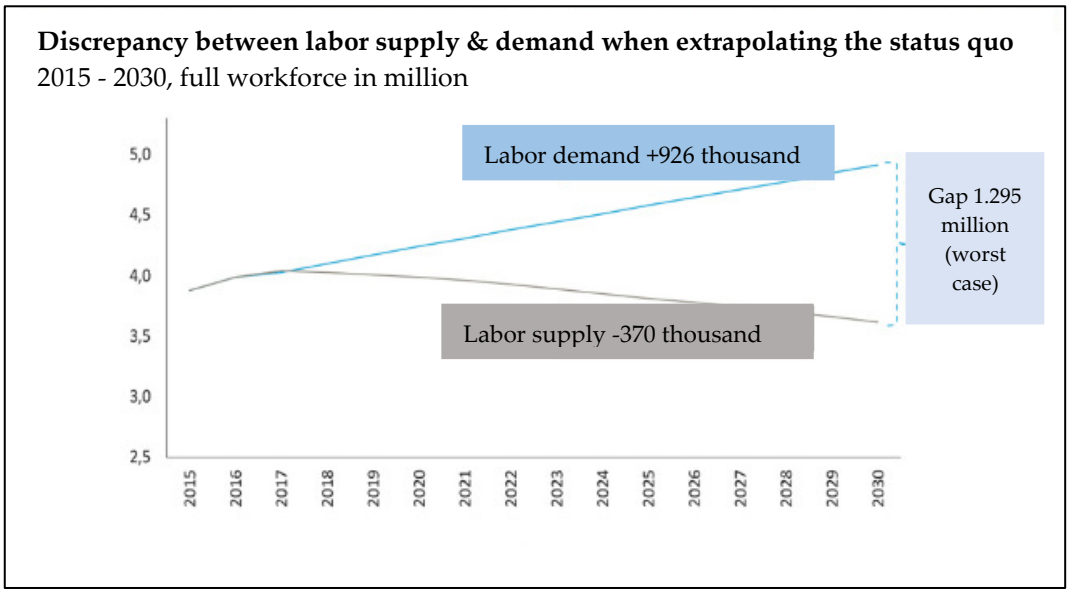

Figure 15: Discrepancy between labor supply and demand (According to Augurzky et al., 2019, p. 177)

According to current figures, the situation of German hospitals, which was already tense before the Corona pandemic, will escalate into a wave of insolvencies by 2022. The impending wave of insolvencies is jeopardizing clinics that are in need. The decision on the continued existence of hospitals and, thus, on the future hospital landscape in Germany should be decided by political decisions and not by insolvencies (Deutsche Krankenhausgesellschaft, 2020c).

2.1.3 Effects of the corona pandemic

The economic situation of German hospitals has been deteriorating for years. The proportion of loss-making hospitals is rising, and a negative trend seems unstoppable. The COVID-19 crisis, in particular, has put the major hospitals in an awkward position. There needs to be more than the free hospital allowances paid

to compensate for the loss of revenue. At the same time, more than half of German hospitals expect to run a deficit in the current fiscal year, as seen in figure 16. It is interesting to note that hospitals with more than 1,000 beds, in particular, expect the most significant deficit, at 72%.

In contrast, smaller facilities with less than 500 beds only have around half (32%) of the deficits compared with more extensive facilities. Accordingly, the smaller homes have the largest share, with 36% of the total expected surplus, whereas the larger homes achieve only a minimal share (16%) of the expected surplus for 2020 (Berger, 2020).

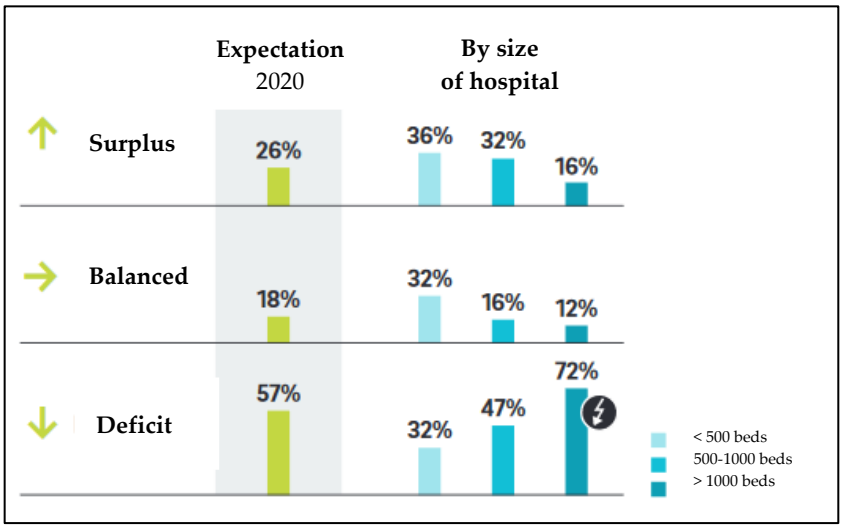

Figure 16: Expectations of hospitals for the year 2020 (According to Berger, 2020, p. 5)

The corona crisis has exacerbated the economic problems in many hospitals. During the pandemic peak in March and April 2020, utilization of both intensive care and regular wards dropped significantly. Non-urgent surgeries were postponed to keep beds free for COVID-19 patients (Berger, 2020). In this context, figure 17 shows that in large hospitals, utilization not only fell sharply but also recovered more slowly. Based on the graph, it is clear that occupancy rates for regular wards (-37%) as well as intensive care units (-27%) in large hospitals with more than 1,000 beds experienced the slowest decline in occupancy rates. Accordingly, large hospitals had the most extended occupancy rates, especially in intensive care units,

compared with medium-sized and smaller hospitals. These rates explain why many hospitals kept some beds provisionally free for Corona patients.

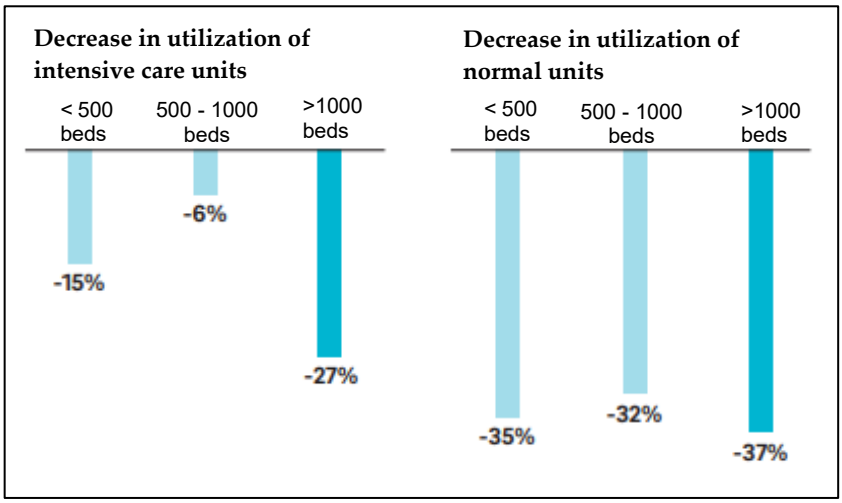

Figure 17: Patient utilization of hospitals (According to Berger, 2020, p. 6)

To compensate for the loss of revenue, hospitals received a lump sum of €560.00 per day for each vacant bed under the Hospital Relief Act of March 2020. As can be seen in figure 18, this poses a problem, especially for large hospitals with more than 1000 beds. For about 75% of the hospitals, the compensation payments have not been sufficient to absorb the loss of revenue due to lower occupancy and corona-related cost increases. Compensation payments have also been insufficient for more than half of small and medium-sized hospitals (Berger, 2020).

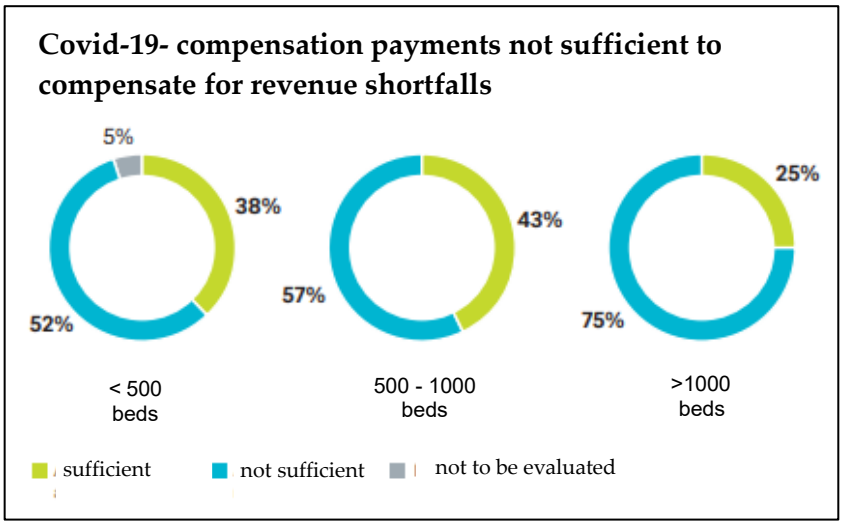

Figure 18: Impact of Covid-19 compensation in relation to hospital size (According to Berger, 2020, p. 7)

In addition, half of the German hospitals expect patient numbers to recover slowly. According to 51% of hospitals, this is expected to take 7-12 months or even more than 12 months (Berger, 2020).

2.1.4 Prospects and future orientation

As a result of the corona pandemic, the previously growing topic of digitization has accelerated further and is gaining importance in German hospitals. More and more hospitals are offering video consultation hours, for example, and telemedicine is gradually expanding (Berger, 2020). Nevertheless, the pandemic has shown that the potential of digitization in German hospitals has yet to be fully exploited. In this context, the effective collaboration and exchange between hospitals and other partners are described as a "digital tour de force," without which care would not have succeeded. Unfortunately, the potential has yet to be exploited due to insufficient investment funding by the federal states (Deutsche Krankenhausgesellschaft, 2021b).

In addition, outpatient treatment is gaining more and more importance, combined with the decline in inpatient case numbers. The current corona crisis, in

particular, has made outpatient treatment a more attractive option for many patients. The pandemic-related changes can be seen in figure 19, among others.

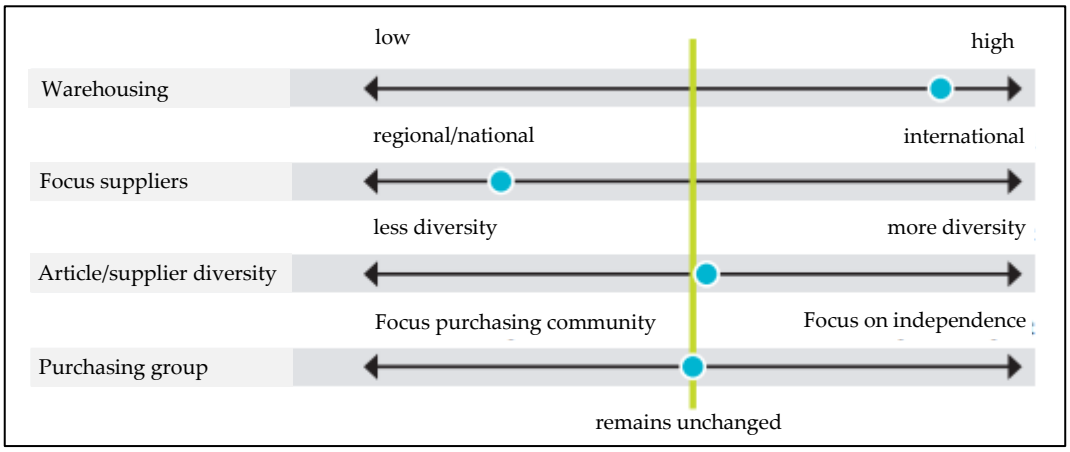

Figure 19: Top issues in the German hospital landscape (According to Berger, 2020, p. 8)

In connection with outpatientization, however, the development of remuneration systems will also be crucial. From a hospital perspective, providing an outpatient service is less worthwhile than an inpatient measure if it can be provided both inpatient and outpatient. Therefore, remuneration systems should be adapted long-term to prevent German hospitals from not realizing their potential (Augurzky et al., 2019). Other future effects of the pandemic are becoming apparent in hospitals' procurement strategies. For example, in the event of supply shortages due to the crisis; hospitals would like to increase inventories in the future and rely more on national and regional suppliers.

However, it remains to be seen whether this procurement strategy will not tie up more capital, placing an additional burden on hospitals in terms of their liquidity situation. Nevertheless, savings in the next five years are identical in almost all areas (Fig. 20), with most savings in medical supplies, particularly in medical and nursing consumables, orthopedics, and trauma surgery.

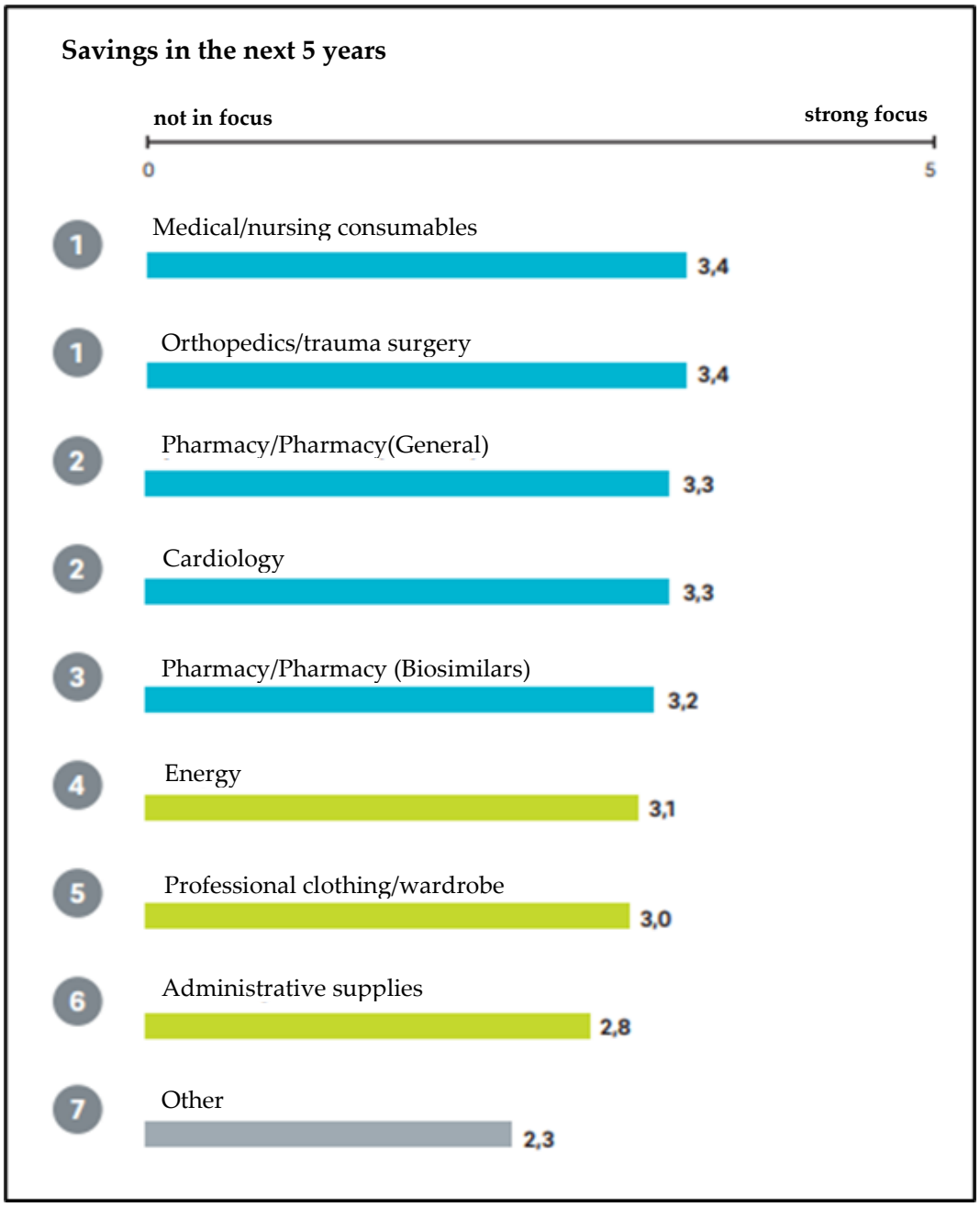

Figure 20: Savings over the next five years (According to Berger, 2020, p. 11)

Due to the current pandemic, it is not yet possible to conclude. Nevertheless, German hospitals must rethink their business model and, in some cases, restructure

it to secure their future viability. In addition focusing on expanding the different ranges of outpatient treatment, the existing digitization gaps must be closed.

Current developments indicate a future trend for the German hospital landscape: towards fewer and larger specialized hospitals with new network structures and networking with e-health. Overall, developing the German hospital landscape is necessary to ensure the economic survival of the respective institution and to secure the nationwide care of the German population (Berger, 2020).

2.1.5 Interim conclusion on the current situation in hospitals

The factors of cost efficiency and profitability are increasingly coming to the fore. In addition to the nationwide cost increase for German hospitals in recent years, the number of inpatient cases is falling simultaneously. This, in turn, means a deterioration in the economic situation. Rising personnel costs and the increased shortage of skilled workers exacerbate this situation. As a result, more and more services are being outsourced, and the share of outsourcing is continuously increasing.

In addition, the investment allocations of the federal states under the dual financing system are declining. There needs to be more than the allocations to cover the necessary investment needs of German hospitals.

Differences in the economic situation are also reflected in the regional situation within Germany. For example, this shows that the percentage of hospitals at risk of insolvency is higher in western Germany than in eastern Germany.

In addition to the region of the respective hospital, there are apparent differences in the economic situation between hospitals belonging to an association and solo hospitals. Hospitals belonging to an association have a better earnings situation in percentage terms and are correspondingly less at risk of insolvency.

As a result of the COVID pandemic, German hospitals are not only facing significant changes but also challenges. The compensation payments need to be sufficient to absorb the revenue losses due to lower utilization and corona-related cost increases. This currently affects 75% of hospitals.

As a result of the pandemic, a trend toward outpatient care and digitization can be observed. However, particularly in digitization, German hospitals have significant gaps that must be closed in the future to exploit the potential.

In the topic of outpatientization, a change and development of the remuneration system are necessary from the hospitals' point of view. In addition, German hospitals are changing their procurement strategies to remain as self-sufficient as possible for future crises.

Looking at all hospitals in the German healthcare system, statistics currently see poor annual results, revenue problems due to low case numbers, and a general downward trend. At 44%, almost every second clinic in Germany is in the red. Many factors in combination lead to an economically strained situation. Above all, the current COVID pandemic has intensified this effect. According to the DKG, a wave of insolvencies will spread across Germany by 2022 at the latest, endangering clinics in need.

Current developments indicate a future trend for the German hospital landscape: towards fewer and larger specialized hospitals, new network structures, and networking with e-health. The development of the German hospital landscape is necessary to ensure the economic survival of the respective institution and safeguard the nationwide provision of care for the German population.

2.2 HEALTHCARE FUNDRAISING

Fundraising is not a firmly defined term (Fischer et al., 2016). It originates from Anglo-Saxon and comprises the noun fund and the verb to raise. The fund is translated as money or financial resources to raise to procure. Since there is no corresponding term in the German-speaking world and many methods from American fundraising are also used, the term fundraising was established and included in the Duden dictionary in 2004 (Steiner & Fischer, 2012). Der Begriff Fundraising ist in weiten Kreisen der Gesellschaft nicht geläufig oder es besteht eine ungenaue Vorstellung dessen, was Fundraising beinhaltet. In most cases, this is understood to mean fundraising and fundraising marketing. In reality, fundraising describes a much more complex context (Urselmann, 2020a). A frequently cited definition is provided by Michael Urselmann (Urselmann, 2020a): "Fundraising is the

systematic analysis, planning, implementation, and control of all activities of a public benefit organization that aim to raise all needed resources (monetary, material, and services) at the lowest possible cost through a consistent focus on the needs of the resource providers (individuals, corporations, foundations, public institutions)."

Non-profit organizations are non-profit organizations, also called NPOs, whose objectives are not profit-making. They must serve charitable, ecclesiastical, religious, or scientific purposes (Urselmann, 2020a). Fundraising is thus to be understood as a particular form of procurement marketing. It requires a long-term strategy with organizational analysis, market analysis, action planning and requires the commitment of money and time. The terms philanthropy and patronage are often used interchangeably. These describe voluntary giving out of literal philanthropy, without profit orientation or consideration (Haibach, 2019).

Through philanthropy, the donor can contribute to social change and improvements (Strachwitz, 2016). Therefore, fundraising is closely related to philanthropy. Depending on the definition, fundraising means only the acquisition of philanthropic funds, i.e., the pure generation of funds without consideration. In a broader sense, however, it includes soliciting all funds, including sponsorship. There are many gradations between these two definitions (Fischer et al., 2016). A detailed description of sponsorship can be found in chapter 2.4.

Fundraising is already being used in the healthcare sector. In particular, fundraising in hospitals will continue to grow. More than 75% of all hospitals in Germany plan to either establish fundraising in their facilities or professionalize it. For this reason, the following section explicitly discusses the potential of fundraising in hospitals in the healthcare sector (Berger, 2016b).

2.2.1 The healthcare fundraising market in Germany

In Germany, fundraisers and non-profit public relations workers joined in 1993 to form an umbrella organization, the Bundesverband Sozialmarketing. Since 2003, the Deutscher Fundraising Verband e.V. (DFRV) has been renamed as a clear

representation of fundraising interests as desired. The DFRV aims to create the best possible framework conditions for fundraising activities in Germany. In addition to upholding ethical principles in fundraising and promoting the reputation of fundraising in Germany, the association is also committed to the training and continuing education of full-time and volunteer fundraisers. Qualifications in the German fundraising system have developed dynamically and specialized since the founding of the Fundraising Academy in 1999, based in Frankfurt am Main. The Fundraising Academy's activities focus on training and continuing education for fundraisers, as well as courses on particular topics (Haibach, 2019).

Fundraising as a financing instrument in the German healthcare system has only developed increasingly in recent years since, in Germany, the state healthcare system provides the primary funding (Steiner & Fischer, 2012). However, the financial pressure on healthcare companies in Germany is increasing, so that additional sources of income are becoming more and more important. Fundraising is playing an increasingly important role in supporting the revenue structures of healthcare organizations and compensating for declining government support (Urselmann, 2020b). According to the German Hospital Federation, the GKV-Spitzenverband, and the Association of Private Health Insurers, the investment needs of hospitals throughout Germany in 2020 to maintain the existing stock amounted to more than six billion euros per year and were thus of the same order of magnitude as in previous years. However, this still needs to be sufficiently covered by the investment cost financing of the federal states. This compares with only around three billion euros borne by the Länder for hospital investments (Deutsche Krankenhausgesellschaft, 2022; Deutsche Krankenhausgesellschaft et al., 2021).

The model for fundraising in the healthcare sector is, above all, the USA, which is why the following chapter deals explicitly with fundraising in the healthcare sector in the USA. Unlike in Germany, the financial resources of healthcare companies - especially hospitals and clinics - are covered by donations in the USA. The state only fills the missing financial means, which donations cannot gain. Thus, in the financing system of the USA, the state is only a safety net. This only comes into play when fundraisers cannot raise sufficient funds through donations. The extreme influx of funds through donations is not a given in Germany. On the other hand, the state is also financially unable to support the necessary

investments in hospitals and clinics (Steiner & Fischer, 2012). Thus, German hospitals could compensate for the estimated nationwide investment requirement of around €50 billion, for example, through fundraising (Management & Krankenhaus, 2012).

Currently, about 60% of clinics in Germany are fundraising. After being pioneered by university hospitals in Germany, fundraising is now increasingly being used as a model for hospitals of all types of care - even in smaller cities (Berger, 2016a). The image of hospitals and clinics in the German healthcare system is crucial for successful fundraising. Explicitly communicating one's strengths to the outside world and potential donors are relevant for branding and the positive perception it engenders (Schramm, 2009).

In addition to the financial structures, the German donation culture is also different. Expectations of the services the state and the German healthcare system provide are very high. Due to the network of the welfare state, it has not previously been necessary to show private commitment in the form of willingness to donate to finance research, teaching, and healthcare (Buntrock, 2020). In 2020, the volume of private donations amounted to 5.4 billion euros, an increase of 5.1% over the previous year. As in previous years, December accounted for the largest share of the annual volume, with around 20% of total donations. According to the GfK "Bilanz des Helfens" survey, the best result since the survey was conducted in 2005 was achieved last year with around 5.8 billion euros. This increase was due to an environmental disaster at home (Deutscher Spendenrat e.V. & GfK, 2021, 2022), every German donates six times a year. However, the trend shows that fewer and fewer people are donating ever higher amounts (Urselmann, 2020b). If large donations and inheritances are added, private donors' donations increase to 12 billion euros. Corporate donations, with an additional 9.5 billion euros, also increase the volume of donations in Germany, according to the Deutscher Fundraising Verband e.V. (Probst, 2019).

The fundraising market in the healthcare sector is large and offers enormous potential (Stumpf, 2016). On average, hospitals in Germany that engage in fundraising take in around 500,000€ in donations per year. From this, an estimated

90,000€ in costs must be deducted. Thus, clinics achieve a return on investment (ROI) of over 400% through fundraising (Berger, 2016a).

In addition, it can be deduced from various statistics that donors decide in favor of an organization again if they have already donated to this organization in the past. Therefore, the identification of the donor with the organization is relevant for continuous and long-term donation income in addition to the acquisition of new donors (Naskrent, 2020). From figure 21, it can be seen that the majority of donations are made through regularity. Accordingly, this should be considered when developing a fundraising strategy for the entire hospital.

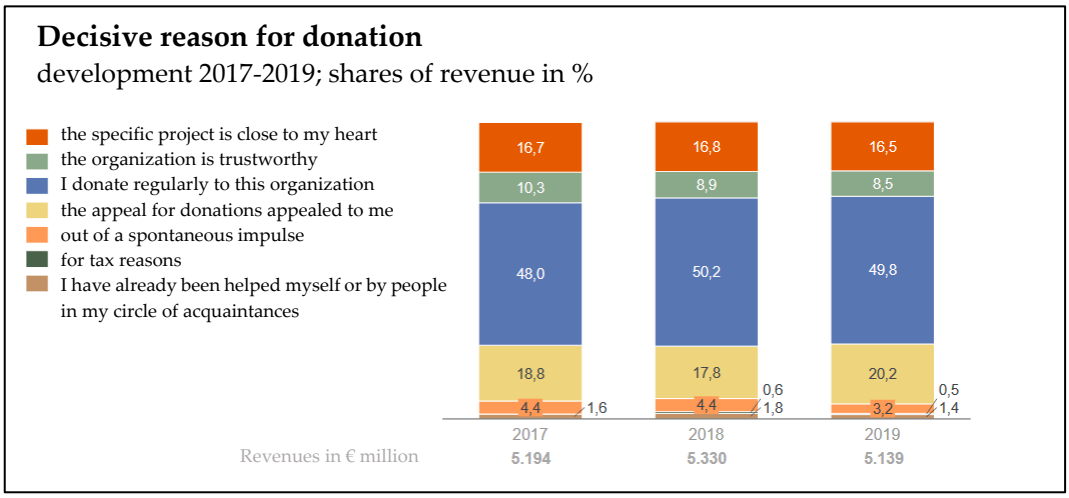

Figure 21: Reasons for donations over time in Germany (According to Deutscher Spendenrat e.V. & GfK, 2020)

It is interesting to note that in addition to the declining number of donors, the number of competitors in the healthcare market in Germany is increasing simultaneously. This Increase makes it more important for companies to implement fundraising professionally to remain competitive. Professional fundraising has also recently developed into an independent professional group (Urselmann, 2020b). On average, 1.8 employees share a full-time fundraising position in German hospitals. At the same time, up to four people are responsible for this topic in hospitals, but in rare cases, as part of a full-time position. Professional fundraising in the U.S. is also a model for organizations in the German healthcare system. Every hospital in the U.S. has at least one salaried fundraiser dedicated exclusively to the issue,

which may be a factor in its success. Furthermore, over 60% of hospitals in Germany have a central office for the entire hospital where fundraising is conducted, which can be seen as positive (Berger, 2016a). However, it can be seen critically that in many clinics and hospitals, according to Birgit Stumpf, head of the specialist group healthcare of the German Fundraising Association, there needs to be an overall strategy of the clinic from which relevant projects for fundraising can be derived. In addition, a basic understanding of fundraising in the hospital must be built up as this still needs to be created to minimize barriers for fundraisers. "Fundraising is a matter for the entire hospital, requires the support of the hospital management and appropriate equipment with the necessary resources" (Berger, 2016b).

German hospitals solicit most donations from private individuals. Former patients, in particular, are often recruited as donors. These use the donation to express their gratitude for the restoration of health. Legacy donations, which require a sensitive approach, also play a significant role in fundraising at German hospitals and enable a high donation income. Additional income is generated through membership fees of hospitals' support associations. Foundation applications and external charitable associations are also important sources of donations for one-third of all hospitals. Fundraising not only impacts the financial structures of the clinic or hospital but also enables good press and a positive external image. Clinics thus strengthen their competitiveness in the German healthcare market. Furthermore, through fundraising, clinics can strengthen patient loyalty to the hospital long-term and increase patient satisfaction. Around 80% of clinics invest a large proportion of fundraising income in additional patient services, which has this effect. Furthermore, the fundraising income is used in the clinics to acquire medical-technical equipment. Accordingly, professional fundraising can support specific projects in cutting-edge medicine in particular. In addition, the income is invested in research in order to be able to offer patients an even better portfolio (Berger, 2016a). Figure 22 illustrates the intended use of fundraising income at German hospitals.

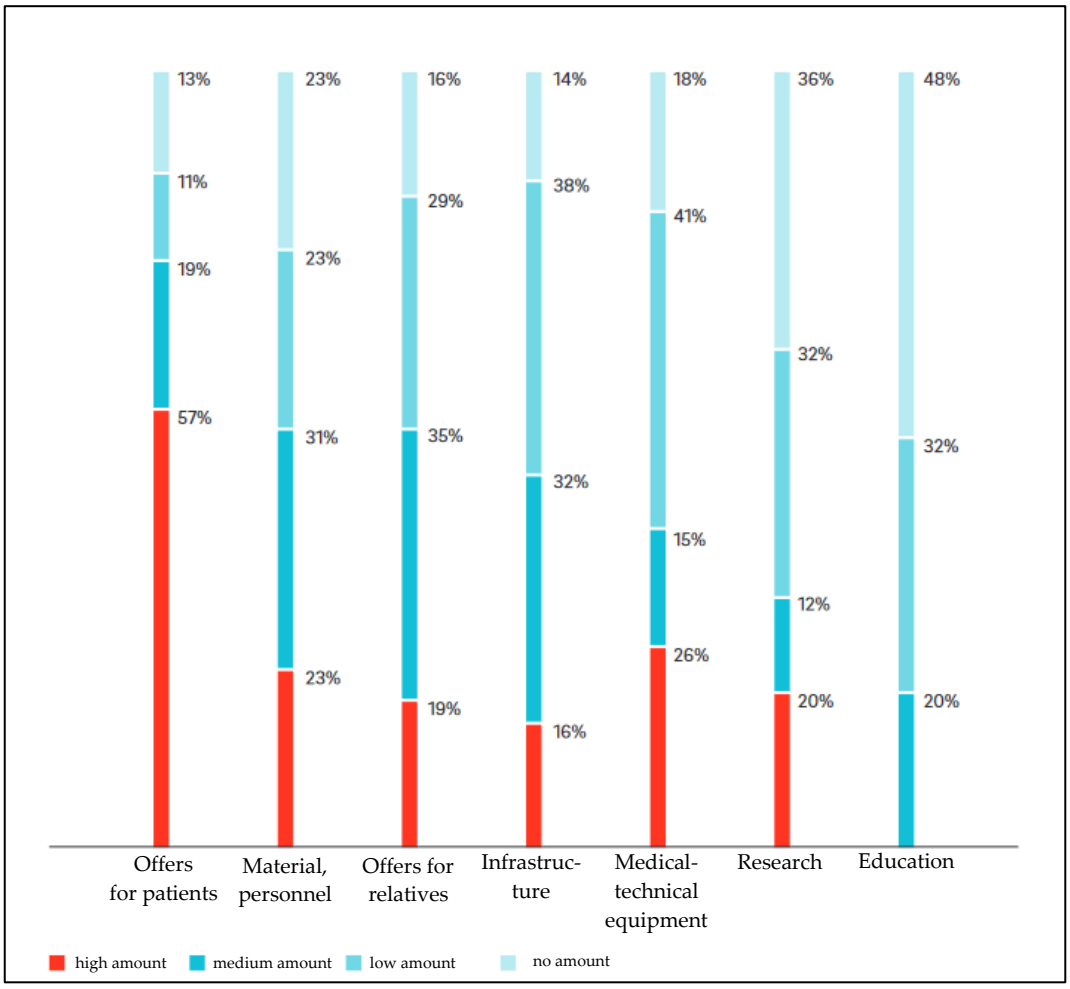

Figure 22: Intended use of fundraising income in German hospitals (According to Berger, 2016a, p. 8)

Many hospitals in Germany are gradually integrating themselves into the fundraising market. In addition, many hospitals are professionalizing their fundraising internally. However, the potential of donations still needs to be underestimated in Germany and is not carried out by many facilities due to resource constraints of staff and budget. Furthermore, uncertainties and a lack of strategies on the part of the hospitals are challenges that mostly make participation in the fundraising market difficult (Berger, 2016a).

However, hospitals and clinics themselves can control the success of fundraising for their organization. First and foremost, hospitals need fundraising projects that can be presented well to the outside world regarding the topic, scope, et cetera. This is also important where internal collaboration with the PR department comes indirectly. Not only must a project be well thought out, but it must also be communicated to donors accordingly. Furthermore, the hospital must have a good reputation. For donors, this is an essential factor when selecting a donation project. As outlined above, an overall strategy is a prerequisite for successful fundraising. For this reason, the hospital management must stand behind the use of fundraising and support the fundraisers, especially when it comes to approaching significant donors. In addition, fundraising should be seen as an investment, and budgets for fundraising activities should be allocated accordingly by management. Consideration of these factors should help hospitals achieve success through fundraising (Berger, 2016b).

2.2.2 The healthcare fundraising market in the US

While fundraising in Germany, especially in the healthcare sector, has only become increasingly professionalized in recent years, it is a matter of course in the USA. One of the reasons for this is the different structure of the healthcare system. In Germany, government funding forms the basis of a hospital's financial resources, whereas, in the USA, hospitals are secured by donations. These donations are necessary for further developments and investments in research, teaching, and patient care to be possible to a limited extent. Furthermore, in the USA, the state is generally regarded as a stopgap for the lack of funds, whereas in Germany, donations take this place (Buntrock, 2020; Steiner & Fischer, 2012).

There are a total of 6,093 hospitals in the United States (Fig. 23), which are divided into community hospitals and other hospitals. Community hospitals are all nongovernmental, short-term general hospitals and other specialty hospitals. Other specialty hospitals include obstetrics and gynecology, eye, ear, nose, and throat, long-term acute care, rehabilitation, orthopedic, and other individually described specialty hospitals. Community hospitals also include academic medical

centers or other teaching hospitals, provided they are not short-term state hospitals. Hospitals that are not open to the general public, such as hospitals in prisons or university hospitals, are excluded. Further, community hospitals are subdivided into nongovernmental nonprofit hospitals, investor-owned (for-profit) striven hospitals, and state and community hospitals, hospitals.

Total Number of All U.S. Hospitals	6,093
Number of U.S. Community[1] Hospitals	5,139
Number of Nongovernment Not-for-Profit Community Hospitals	2,960
Number of Investor-Owned (For-Profit) Community Hospitals	1,228
Number of State and Local Government Community Hospitals	951
Number of Federal Government Hospitals	207
Number of Nonfederal Psychiatric Hospitals	635
Other[2] Hospitals	112

Figure 23: Number of hospitals in the USA (American Hospital Association, 2022)

The figure below (Fig. 24) shows the impressive development of fundraising for the healthcare market in the U.S. and the continuous increase in donations in healthcare system fundraising in the U.S... However, healthcare fundraising in 2020 is estimated to have declined by 3.0% to $42.12 billion, according to the Giving USA 2021 report. In addition, pandemic-related, many in-person walk events held by healthcare organizations for specific diseases as a significant fundraiser could not be held and therefore saw a significant decline in participation and fundraising revenue with a significant impact (Giving USA Foundation, 2021).

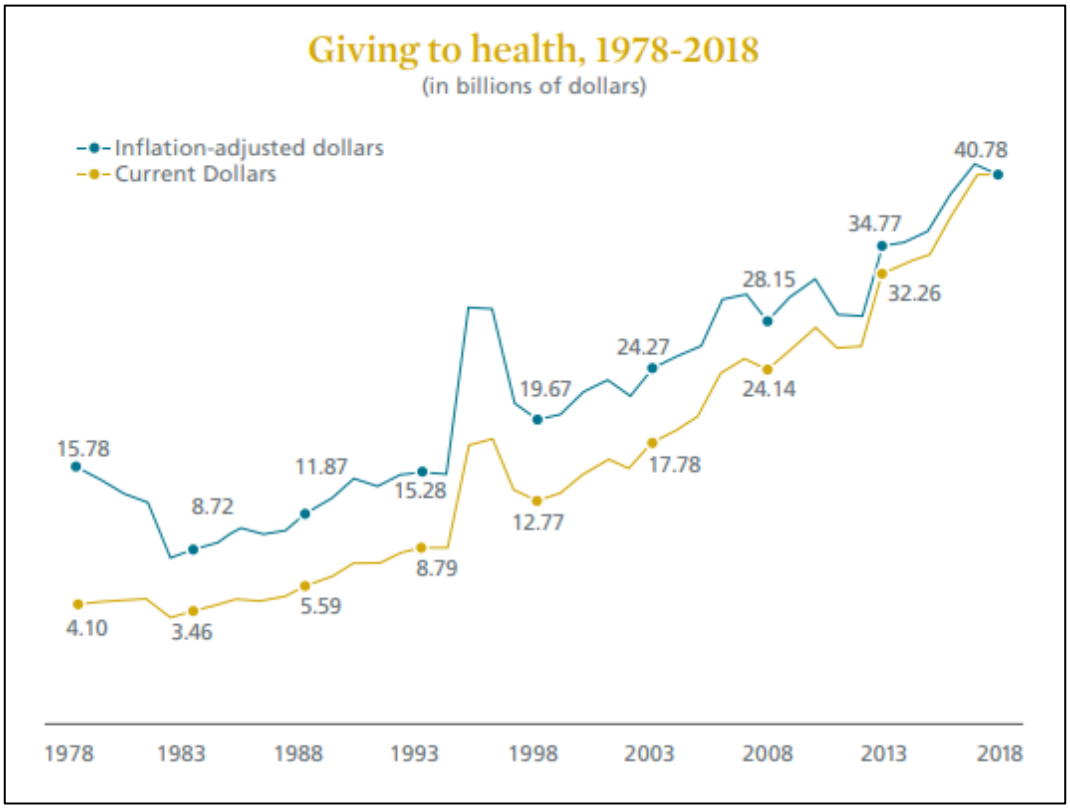

Figure 24: Donations to health in the U.S. over time (Giving USA Foundation, 2019)

An estimated $471.444 billion were donated in the calendar year 2020. This makes 2020 one of the years with the highest volume of donations to charity, according to Giving USA 2021 statistics. The number of donations increased by 5.1%, measured by the current dollar exchange rate, compared to the previous year's 2019 total of $448.66 billion. In response to economic growth, such as the increase in GDP, solid and broad-based growth can be inferred. Especially in the case of donations from individuals. It has been found that donations are concentrated in the upper-income and wealth strata. In this regard, donations from individuals yield nearly 70% of total donations, accounting for an estimated $324.10 billion. Donations from foundations increased by 17% to an estimated $88.55 billion, a growth rate of 15.6%. Foundation giving yields 19% of total giving in this regard and is at

an all-time high, according to Indiana University's Lilly Family School of Philanthropy and Candid calculations. Will giving yielded an estimated §41.91 billion in 2020. Will giving fluctuate significantly yearly, so the 10.3% year-over-year growth rate does not show a clear trend? Corporate giving is estimated to have increased by 6.1%, or about $16.88 billion, in 2020. Again, the significant growth can be attributed to economic growth. In addition, this type of donation is highly responsive to changes in pre-tax corporate profits and GDP, both of which have declined in 2020. Therefore, as the figure 25 shows, most charitable giving in the United States will continue to come from individuals. This will not change in the future due to the structure and tax code in the United States for corporations, so a fundraiser's time will continue to be best spent building relationships with individual donors (Giving USA Foundation, 2021).

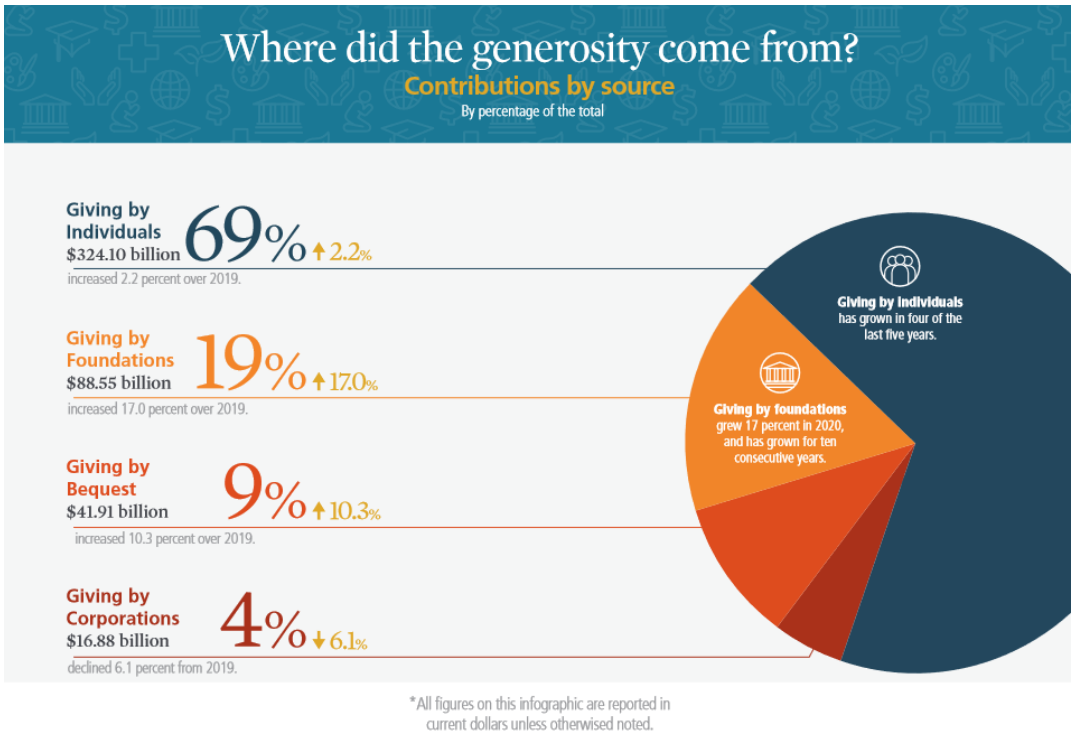

Figure 25: Type of donors in the USA (Giving USA Foundation, 2021)

In the USA, private individuals, companies, and foundations feel obliged to contribute to the common good through donations. Therefore, philanthropy has a positive and high status there (Haibach, 2019). Another aspect is the professional

approach to fundraising in the United States. Every hospital has at least one salaried fundraiser, as the investment in fundraising is taken for granted. Larger hospitals also have several fundraisers, sometimes up to 40 fundraisers, such as at Harvard Medical School (Steiner & Fischer, 2012). In the U.S., there are various qualification offerings and certifications for fundraisers. For U.S. clinics and hospitals, fundraising is part of a calculable source of revenue that is primarily fed by grateful patients (Buntrock, 2020; Haibach, 2019).

Public benevolence in the USA is a virtue that no one tries to avoid. Which also applies to the social commitment of American business. The "corporate citizen chip," i.e., the social commitment of companies to the community, has a long tradition in the United States. Companies are connected to the community in many ways (Buntrock, 2020). Fundraising in the U.S. is done on a volunteer basis and primarily on a full-time basis (Haibach, 2019). The annually published statistics "Giving USA" provide exact figures on the size and development of the donation market in the U.S. and allow for targeted analysis, as already presented above, for the donation year 2020(Giving USA Foundation, 2021; Urselmann, 2020b). Due to the professionalism of the American fundraising system and the enormous volume of donations, there is a more vital government control function. Upstream, the American fundraiser association AFP (Association of Fundraising Professionals) has control mechanisms. Complaints about unethical behavior can be filed with the AFP, but at the same time, any registered fundraiser can seek support in difficult situations and get advice on ethical issues. The AFP focuses on counseling and mediation (Steiner & Fischer, 2012). In addition to significant professional associations for fundraisers in the United States, freelance fundraisers are continually increasing. Competition among fundraising professionals is high, but so are their opportunities for advancement, continuing education, and pay (Haibach, 2019).

In summary, almost all non-profit organizations in the USA conduct fundraising professionally, which is an essential part of their work. Large hospitals and clinics have entire departments that are solely responsible for fundraising. Fundraising is considered an essential requirement for the development of an organization. As a result, fundraising in the U.S. is seen as a model for Germany and German organizations and healthcare institutions (Haibach, 2019).

2.2.3 Interim conclusion on the healthcare fundraising market

Due to the financial pressure that hospitals and clinics in Germany are facing, additional sources of funding are considered to be of high economic importance in order to be able to cover the annual investment requirements. Furthermore, as a result of the fact that the stately financing system does not work, the clinics are increasingly forced to save money.

The demographic change causes more and more costs, and last but not least, due to the Covid19 pandemic, the financial performance of German hospitals and clinics could be better. Therefore, alternative financing concepts seem inevitable.

Therefore, an increasingly positive development of fundraising as a financing instrument in the German healthcare system, which could be observed in recent years, is promising. Already 60% of German hospitals use fundraising - especially hospitals in small towns want to follow suit.

Nevertheless, fundraising in the German healthcare system is still in its infancy compared to the US fundraising market. Due to the very different structure of the healthcare system.

German hospitals and clinics receive the most significant donations from private individuals. Inherited donations also play an essential role and significantly increase donation income. Wealthy donors are particularly relevant as a donor target group and should be given more attention. Large assets, in particular, have a significantly positive influence on donation behavior. There is a general willingness to donate among wealthy people concerning inheritance donations.

Furthermore, thanks for the medical treatment received is sometimes a strong motivator among healthcare donors. However, the effective middle-line sentence is the primary donation motivator among donors in the healthcare sector. Accordingly, it is reasonable to consider gratitude as the primary donation motivator in this field.

In the U.S., donations from individuals yield nearly 70% of total donations, accounting for an estimated $324.10 billion. Although 2020 saw the highest volume of charitable giving, there was a 3% decrease to $42.12 billion in the healthcare sector.

Thus, it can be summarized that the success factors of fundraising in clinics and hospitals include the following points: concrete fundraising projects that can be well presented to the outside world, the excellent reputation of the clinic, good cooperation with the PR department of the clinic, support from the clinic management, recognition of fundraising as an investment

2.3 DONATION

In fundraising, hospitals and clinics as companies generally have various instruments to generate donations. Different communication channels can be chosen. The three most essential procurement instruments for acquiring private funding include donations (Chapter 2.3), sponsorship (Chapter 2.4), and foundations (Chapter 2.5). These three fundraising instruments will be considered in more detail in the following chapters, as they are essential for fundraising in the German healthcare market and hospitals. Donations differ from sponsoring and foundations, particularly concerning their content and design as well as the motivation and intention of the giver, which is why they require a more detailed description here.

A donation is a voluntary and unpaid provision of resources in cash, non-cash contributions, or donations of time without consideration. In colloquial terms, a donation is a gift and can be made by both private individuals and companies (Urselmann, 2020a). While no marketing or communication goals are pursued with a donation, the motivation to donate is often influenced by self-serving motives. For example, it may be necessary for a donor to be seen as a supporter of an organization and thus occupy a unique position within the organization (Naskrent, 2020). Although a quid pro quo for a donation is excluded in German tax law, people often associate a personal benefit with their donation. This can be, for example, to benefit from the services of a university hospital or to enjoy privileges. When companies make donations, this is usually done as part of their public relations works - consequently, a public acknowledgment of the donation is usually made. In this context, public relations focuses on the most significant possible media and public response (Müllerleile, 2020)

The boundaries between professional donations and sponsoring need to be more precisely discernible. The substantial difference is that in the case of sponsoring - unlike in donation - the consideration to be provided for the donation is contractually specified. In addition, each donor receives a donation receipt, which enables him to reduce his tax contribution (Haibach, 2019).

Parallel to the term donor, the term patron is also frequently used. Patronage is the patronizing promotion of culture and the common good out of altruistic and selfless motives by individuals or organizations who do not expect anything in return (Strachwitz, 2016). The incognito of the patron is a characteristic, as in many cases, the name of the altruistic patron is not known to the public. An indicator of patronage can be a donation that exceeds the maximum amount for extraordinary deductible expenses.

Classic patronage is rare in Germany, so there are no precise figures on the financial scale. The term donation, as already mentioned, is generally associated with a monetary donation. However, in the NPO sector, especially in the hospital and clinic sector, donations in kind and donations of time, consulting services, or contacts also play a significant role. Alumni programs, boards of trustees, and advisory councils are initiated and established to gain contacts with companies and potential sponsors (Lichtensteiner, 2020).

2.3.1 Donor acquisition

Mailings still have a firm place in the fundraising market and play a crucial role as one of the most important fundraising tools to raise donations (Peter, 2020). Mailings can serve either donor acquisition, donor retention, or donor development (also known as upgrading) and, therefore, must be created differently depending on their objective (Steiner & Fischer, 2012). Many organizations use mailings. For this reason, critics state that they often lead to the annoyance of the addressees. As a result, the average response rates, i.e., the proportion of donations received concerning the donation letters sent, are increasingly declining. Today, response rates of around 1% for third-party addresses are considered a good result. Ten years ago, around 3% was considered a good response (Urselmann, 2020c). In the best case, a response should be between 15% - 20% (Röhr, 2020). Most

organizations are now moving towards segmenting, optimizing, and evaluating their address lists to address their supporters in a segment-specific manner. Donation letters will be sent in smaller and smaller print runs in the future - mailings will be tested for specific target groups and tailored to differentiated segments (Haibach, 2019). Accordingly, a good database and constant revision and maintenance of addresses are prerequisites for successful donation mailings. An established and constantly maintained database management enables the analysis and segmentation of donors to manage the dialogue and strengthen retention (Peter, 2020). The irrelevance of the "classic" mailing frequently discussed at fundraising congresses in favor of appeals for donations by e-mail, which is faster, cheaper, and can be expanded using multimedia, has not yet materialized. Even if the response rates of classic mailing have dropped massively over the last few years, this form of mailing will remain one of the essential fundraising methods in the future (Haibach, 2019).

Donor acquisition by telephone enables a more personal and individual approach than mailing. Telephone fundraising is understood to be the systematic and sales-oriented use of the telephone as a medium, which is geared towards retaining and acquiring funding. However, many organizations deliberately avoid this donor acquisition or cultivation form because telephone solicitation generally has negative connotations. Due to the Teledata Protection Act, the use of the telephone for cold canvassing of donors, i.e., calling people unknown to the organization, is prohibited. Overall, telephone fundraising is a way for organizations to generate and retain donors, but it requires a particularly systematic and planned approach due to the high investment costs involved (Röhr, 2020). Therefore, most organizations will use professional service providers specializing in the nonprofit market. These have trained telephone operators, created call guidelines, seamlessly documented all information received in a database, and offered a statistical analysis of the phone calls made. Overall, telephone fundraising is particularly suitable for donor retention, despite the not-inconsiderable investment costs. Compared to mailings, the response rate is significantly higher at 40% to 50% (Röhr, 2020).

The Internet is now an integral and essential part of fundraising and is considered the most promising fundraising tool of the future. In 2020, 94% of the

German-speaking population aged 14 and over will use the Internet. This corresponds to 66.4 million of the total 70.6 million people aged 14 and over in Germany. At the same time, people spend 204 minutes a day on the Internet (ARD/ZDF-Forschungskommission, 2020). Fundraising via the Internet is inexpensive, fast, accessible anytime, and easy to update. New donor target groups can be generated using the Internet to acquire donations. Thus, the Internet offers the advantage that interested parties can obtain information about projects and the organization anonymously. Online tools can be used in the entire fundraising communication chain and can accompany classic measures such as mailings or as a stand-alone tool (Viest, 2020). While many fundraising organizations still do not have a mobile website or an online contact and donation form, other organizations are beginning to professionalize their digital activities. Small and medium-sized organizations, in particular, are finding their way into digitized fundraising. Larger organizations are increasingly successfully using social networks for large-scale outreach (Kopf et al., 2020).

Because of increasing digitization and rapidly advancing technological development, organizations must prepare themselves. In some cases, there still needs to be more dovetailing of traditional and digital measures to design the possibility of an individualized and coordinated donor approach via multiple channels (Kopf et al., 2020). While older people prefer to donate via traditional bank transfer, middle-aged people prefer to transfer via online banking or direct debit. The younger population prefers to use online payment systems such as PayPal to make donations (Urselmann, 2020d).

Inheritance marketing is one of the fundraising tools currently of particular interest to fundraisers in Germany because of its great potential. The volume of inheritances has increased sharply. There are considerable assets in private households. Forecasts estimate the inherited assets at between two and four trillion euros. Due to the declining birth rate and the lack of children among potential testators, inheritances are becoming increasingly significant. These could be available to organizations with appropriate inheritance marketing (Mecking, 2020a).

More and more social organizations, as well as lawyers and banks, have been trying to provide advice and information for some time. The aim is to show testators that they can make a difference and exert an influence even after their death

by making a will or bequest. The donation pyramid (Fig. 26) is also frequently referred to in the spirit of the organizations. In the final stage, donors can become testamentary donors who support the organization even after their death through inheritance or bequest. Organizations should, therefore, actively offer each donor the opportunity to increase their commitment to the organization to the next higher level in the donation pyramid (Urselmann, 2020d).

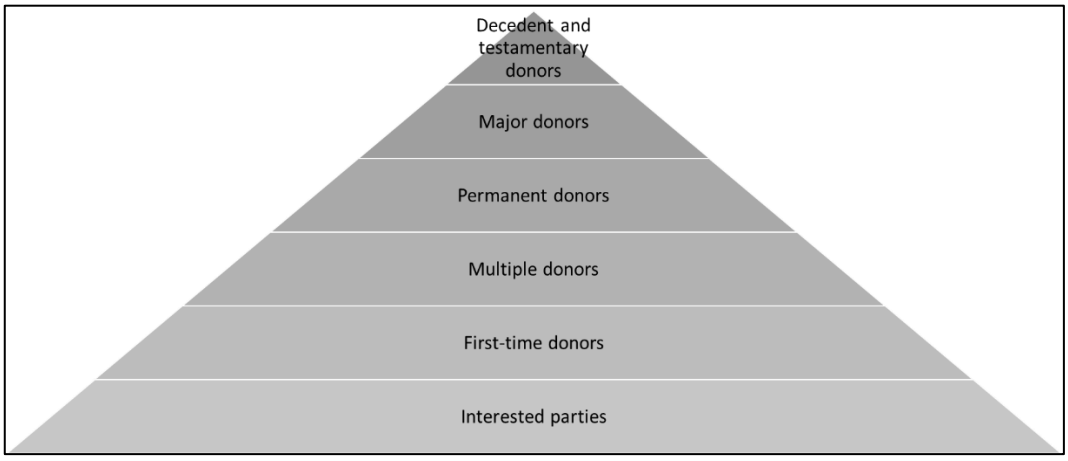

Figure 26: Donation pyramid (According to Urselmann, 2020d, p. 105)

2.3.2 The development of the donation system in Germany

For the analysis of the development of private donations within Germany, the following surveys by institutions, in particular, provide up-to-date figures, data, and facts: the German Volunteer Survey of the German Center for Gerontology (Deutsches Zentrum für Altersfragen, 2021), the results of the DZI surveys of the German Central Institute for Social Issues (Deutsches Zentralinstitut für soziale Fragen, 2020), the SOEP paper 1074/2020 (Gricevic et al., 2020b), the DIW Wochenbericht of the German Institute for Economic Research (Gricevic et al., 2020a), and the German Donations Council with the surveys of the market research institute GfK (Deutscher Spendenrat e.V. & GfK, 2021; Deutscher Spendenrat e.V., 2020). The results of the individual studies and surveys differ significantly in some

cases in terms of donation rates and volumes due to different survey methods and procedures, and for this reason, are only comparable to a limited extent:

- Bilanz des Helfens, GfK: €5.4 billion (2020).
- German Donation Monitor, TNS Infratest: €3.7 billion (2017)
- German Federal Statistical Office: €6.4 billion (2016)
- SOEP: €9.8 billion (2017).
- German Central Institute for Social Issues, SOEP: €10.5 billion (2019).

The following overview shows the relevant population surveys in Germany on donation trends and activity in detail (Tab.1).

	Bilanz des Helfens	Deutscher Freiwilligensurvey (FWS)	SOEP	World Giving Index
	Germany	Germany	Germany	Worldwide
Support	Deutscher Spendenrat e.V.	Deutsches Zentrum für Altersfragen	Deutsches Institut für Wirtschaftsforschung e.V.	Charities Aid Foundation
Market- Research- Institute	GfK	infas	Kantar	Gallup
Interviewees	private individuals from 10 years	private individuals from 14 years	private individuals from 17 years	private individuals from 15 Jyears
Sample	10.000	27.762	25.600	1.6 million
Survey-interval	annual	every 5 year	every 5 year	annual
Donation rate	2020: 28,5%	2019: 52,3%	2017: 46,8%	Worldwide 2020: 31% Germany: 34%
Donation volume	2020: 5,4 Mrd. €	-	2017: 9,8 Mrd. €	-

Table 1: Overview of population surveys on charitable giving - Germany and worldwide (Own representation)

DZI - Sozio-oekonomisches Panel (SOEP)

In February, the German Institute for Economic Research (DIW), in cooperation with the German Central Institute for Social Issues (DZI), published new results from the long-term Socio-Economic Panel (SOEP) study for 2017 in DIW Weekly Report No. 8/2020. The results suggest that disposable income significantly influences charitable giving and the number of cash donations. Interestingly, the top decile of the income distribution generates over one-third of the total volume of donations. In developing charitable giving, looking at the volume of money donated by private households in Germany is fascinating. A total donation volume of approximately 9.8 billion euros was recorded for 2017.

When looking at the development of monetary donations from 2009 to 2019 in Germany, surveyed by the DZI, it is clear that an enormous increase of over 80 percent was achieved during this period. According to the German Central Institute for Social Issues (DZI) calculations, an increase in the volume of donations to a total of 10.5 billion euros was estimated for 2019 (Gricevic et al., 2020a). The following figure (Fig. 27) shows the development of cash donations in Germany up to 2019.

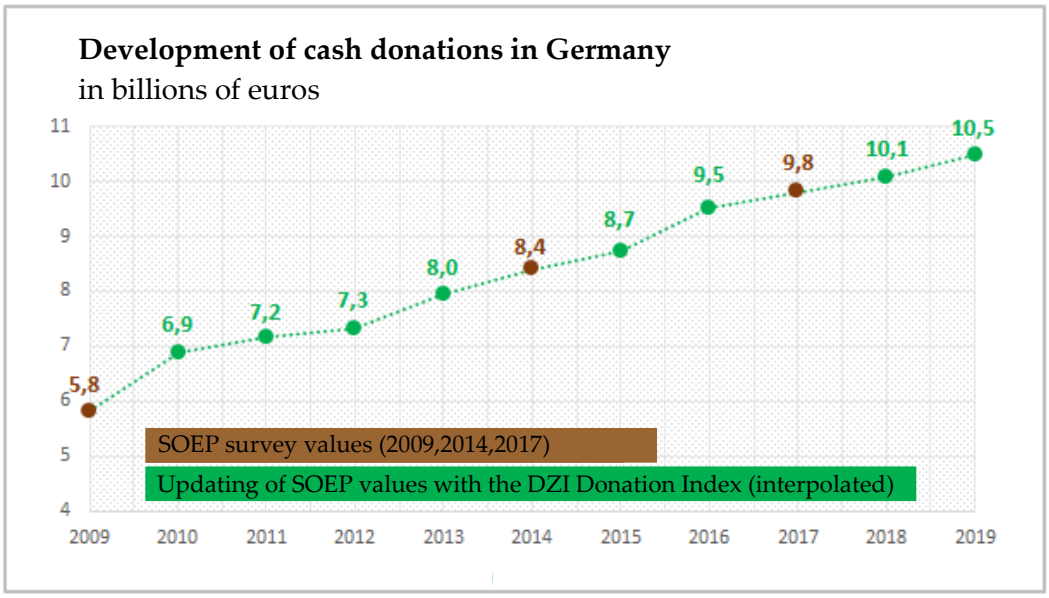

Figure 27: Development of cash donations in Germany (According to Deutsches Zentralinstitut für soziale Fragen, 2020)

In particular, the analysis of donation development during the Corona pandemic has shown that donation income increased during this time. For this purpose, the extraordinary survey of the DZI Donations Index asked 30 donation-seal organizations about their cash donation income and, in addition, all 231 organizations specifically about the impact of the pandemic in terms of donation income. As a result, the largest donation-seal organizations recorded an increase of 11.6% to 698 million euros from 2019 to 2020 (Deutsches Zentralinstitut für soziale Fragen, 2020).

Deutscher Spendenrat - Bilanz des Helfens 2021

The current study, "The donation Year 2020: Donation Development Despite the Pandemic - Germans Remain Solidary," on trends and forecasts by the umbrella organization Deutscher Spendenrat e.V. and GfK SE, which determines the donation behavior and activity (donation volume, donation amount, preferred areas of activity) of private consumers in Germany, shows that around 3.3 billion euros were donated in the period from January to September 2020. During this period,

15.6 million people donated to various organizations, with a significant increase in the percentage of donors since 2015. According to the German Donations Council, this year is thus the second best since the study was set up (Deutscher Spendenrat e.V., 2020). There was an overall positive development in the total volume of donations for the year, looking at 2020 as a whole (Fig. 28). 5.4 billion euros were donated by the German population over the entire year 2020, which represents a high increase of 5.1% in total donations in the pandemic year 2020.

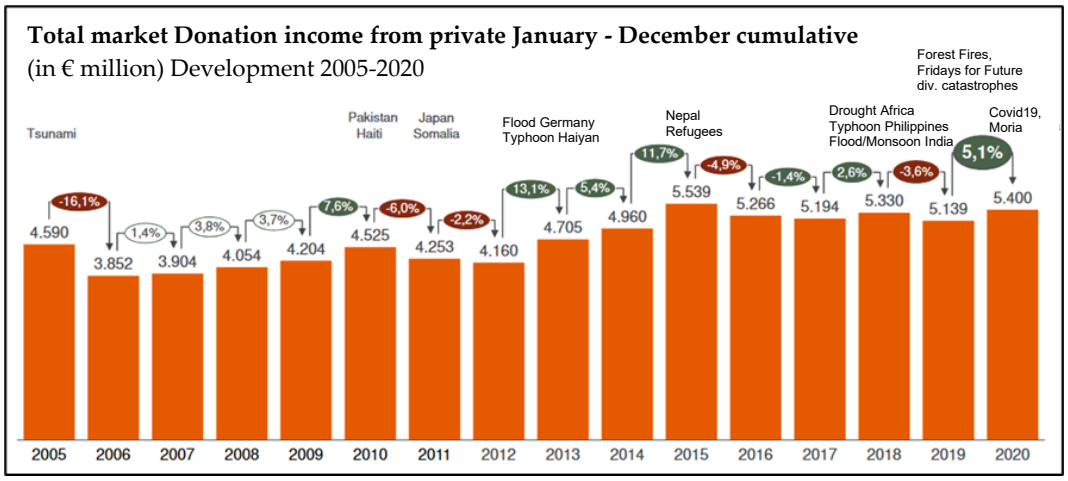

Figure 28: Total market development of donation income (in million euros) (According to Deutscher Spendenrat e.V. & GfK, 2021)

Unfortunately, donations declined to 19 million (28%). However, a peak was reached in the average donation amount of 40 euros for the calendar year 2020. For the development of donations over the year, it is significant that most donations were made in December - around 20% of the annual volume (Deutscher Spendenrat e.V. & GfK, 2021).

Overall, it can be stated that the previously forecast results of the German Donations Council's study "The donation Year 2020: Trends and Forecasts" were significantly exceeded. In the overall view of the 2020 calendar year by the GfK study "Bilanz des Helfens 2021" (Balance Sheet of Helping 2021), which was based on this study.

Deutscher Freiwilligensurvey

The latest published donation results from 2019 are available from the German Volunteer Survey of the German Center for Gerontology. The donation rate for the year was 52.3% across all respondents. The donation rate included approximately 37.7 million people, more than half of respondents aged 14 and older in Germany, who made a monetary donation. The amount of money donated varied from 1 euro per donation to 1,000 euros or more per donation, with the most significant proportion of respondents (25.6%) donating an amount of money up to 100 euros. On the other hand, only 6.3% of respondents have donated amounts from 501 euros to over 1000 euros. Not recorded was the total donation volume for 2019 in the Volunteer Survey.

2.3.3 Global donations

Now that the development of donations in Germany has been sufficiently addressed, the following section will provide a brief insight into donations worldwide. Global philanthropic donations amounted to around USD 750 billion in 2020. These donations went to various areas such as education, the arts, climate change, the environment, and healthcare (Wealth-X, 2022).

The Charities Aid Foundation used the World Giving Index to determine the countries where people donate considerable time and money. Results on the willingness to help strangers, volunteer activities, and donations to charitable causes and organizations were published (Charities Aid Foundation, 2021). The most generous country in the world is Indonesia. Indonesia ranks first in the CAF World Giving Index with a score of 69%. More than eight in ten Indonesians have donated money this year (83%), and the country's rate of volunteering is more than three times the global average (Fig. 29).

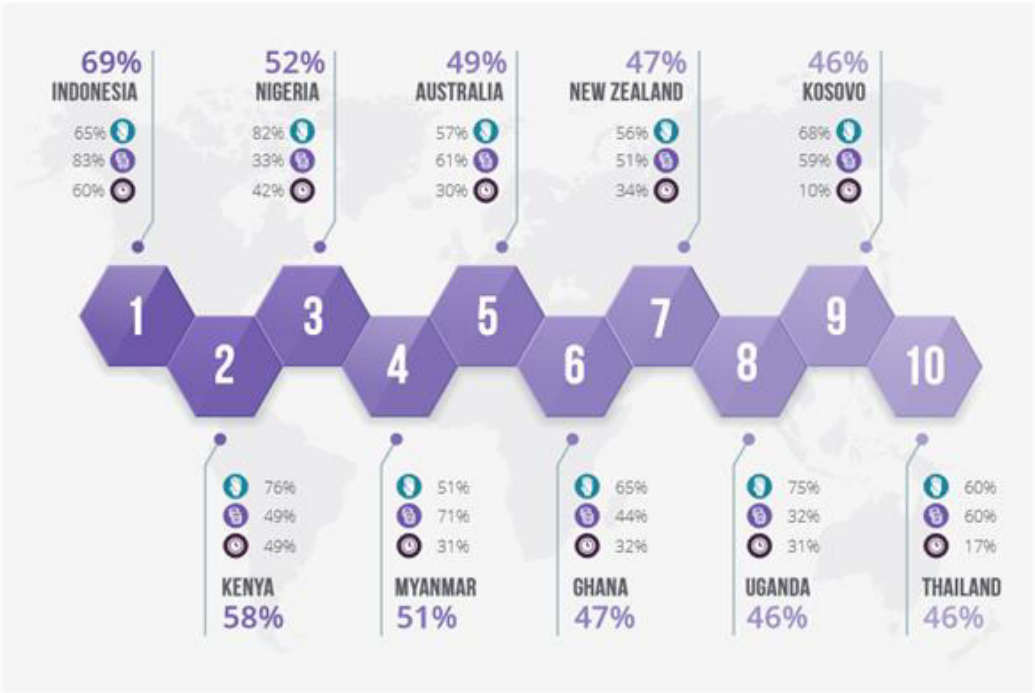

Figure 29: The most generous countries in the world Countries with the highest donation participation in the year (Charities Aid Foundation, 2021, p. 7)

It is interesting to note that the top 10 most generous countries changed significantly in 2020. Countries such as the United States of America, the United Kingdom, Canada, Ireland, and the Netherlands, which were previously consistently in the top 10, have seen a significant decline. Excitingly, moreover, helping someone stranger is the world's most common giving behavior - more than half (55%) of the world's adult population supported someone in 2020. This behavior equates to more than three billion people. Finally, in terms of monetary donations, despite or because of the pandemic, the number of donations has increased worldwide. More people donated money in the Corona year (31%) than in the previous five years - more than three in ten people worldwide donated to charity (Charities Aid Foundation, 2021). The figure below shows the participation in the three giving behaviors over time (Fig. 30).

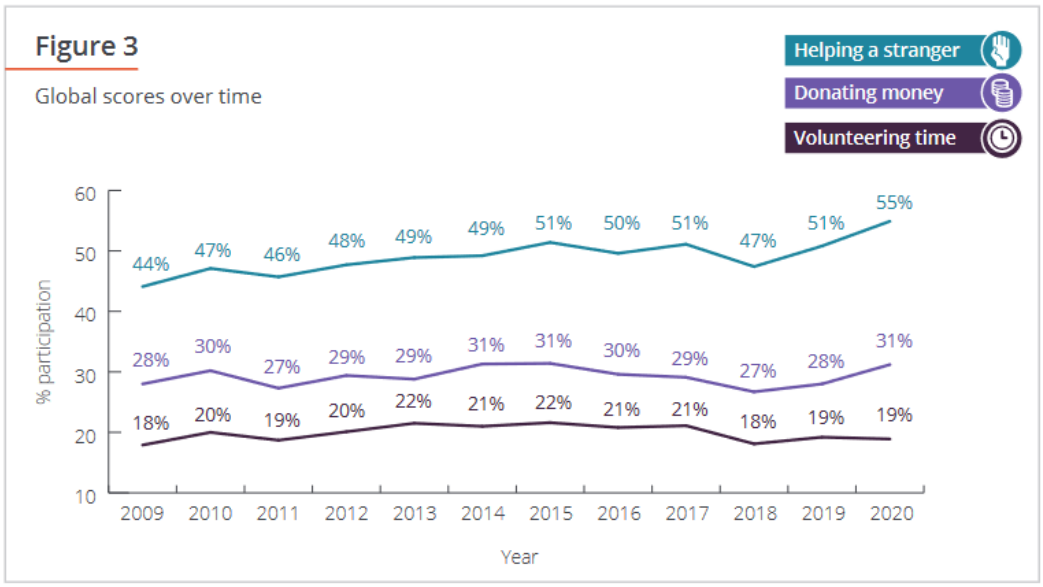

Figure 30: Participation in the three giving behaviors - Global values over time (Charities Aid Foundation, 2021, p. 11)

Indonesia is also in first place in the global view of willingness to donate in terms of monetary giving behavior, followed by Myanmar and Australia. The United Kingdom, Iceland and the Netherlands also remain among the top countries in terms of willingness to donate. One possible reason for the different propensity to donate among the population in the different countries could be due to different religious and cultural beliefs (Charities Aid Foundation, 2021). The following figure lists the ten most generous countries in terms of monetary donations.

Donating money by country and ranking		People (%)
Indonesia	1	83%
Myanmar	2	71%
Australia	3	61%
Thailand	4	60%
Kosovo	5	59%
United Kingdom	6	59%
Iceland	7	56%
Netherlands	8	56%
New Zealand	9	51%
Bahrain	10	51%

Figure 31: Top 10 countries by participation of cash donations (Charities Aid Foundation, 2021, p. 15)

According to the CAF World Giving Index, Germany ranks 85th out of 114 with an overall score of 30%. Willingness to give in terms of monetary donations is most vital in Germany, compared to the three giving options covered in this study (monetary donations, volunteering, helping strangers) (Charities Aid Foundation, 2021).

2.3.4 Donation in the US and Germany – a mentality comparison

The volume of donations in Germany in recent years has been between 5 and 10 billion euros, depending on the survey method and target group. However, there has been a generally positive development in the volume of donations (Deutscher Spendenrat e.V., 2020; Gricevic et al., 2020a).

In 2020, Germany reported 19 million donors, with a total donation volume of around 5 billion euros. At 58.5%, more than half of the total donation volume was generated by the 60-plus generation. Compared to other age groups, the 70-plus generation - with 5.9 million donors and a total donation volume of 43.8% - is in the lead. A slight decline in the number of donors is evident. However, a positive change is emerging in the younger age groups (Deutscher Spendenrat e.V. & GfK, 2021).

The German population does not talk much and especially does not like to talk about the topic of donations in public. They see this as their private affair and want to avoid what they see as inappropriate self-promotion. In contrast, the U.S. donor acts oppositely. The U.S. giving culture is characterized by an extroverted and open approach and is shaped by a strong culture of philanthropy that is part of U.S. entrepreneurship (Credit Suisse, 2021; West, 2011).

In particular, wealthy donors in the U.S. give for personal and altruistic reasons. The 2018 U.S. Trust Study of High Net Worth Philanthropy confirms that their conviction for the organization's mission is the most important reason for American donors. However, making a difference with their donation is also vital to U.S. donors, along with personal satisfaction, joy, and fulfillment. However, it is interesting to note that only 49% of donors in America have an additional strategy for their giving (Indiana University Lilly Family School of Philanthropy, 2018).

Public interaction in a strongly giving-oriented culture in the USA is also reflected in the initiative founded in the United States, "The Giving Pledge," which aims to change norms of philanthropy among the world's wealthiest people. Only billionaires with a net worth of $1 billion or those who would be billionaires without their giving may join. Members commit or pledge to each other to donate a

large portion of their wealth to philanthropic and charitable causes, thus "publicly presenting the issue of philanthropy and positively influencing other people's behavior." This initiative clearly shows how giving behavior is shaped in the USA (The Giving Pledge, 2021).

In contrast to the U.S., Germany tends to have a culture of envy. Recognition and admiration for wealth, as it exists in the USA, hardly exist in Germany - social acceptance needs to be improved in this respect. Nevertheless, the willingness to engage in philanthropy is excellent in Germany. Therefore, "Germany ... needs a professionally accompanied philanthropy that communicates its contents and goals to society and at the same time helps the actors to find the right project (...) for them" (Krimphove, 2011). Another reason why Germany does not reach the donation levels of the USA is the lack of a philanthropic tradition in Germany. Due to the German social security system and the formerly functioning financing system of hospitals by the federal states, a kind of "full-casualty mentality" has grown in the German population. This leads to the fact that especially social institutions like hospitals do not appear on the financing screen of the German population. Thus, there is a lack of mental access to this issue and it will probably take decades before Germany approaches the U.S. in this regard (Adloff, 2008). According to Larissa M. Probst, managing director of the German Fundraising Association, the volume of donations in Germany has yet to be fully utilized. A comparison with the USA shows that the USA donates around 2.5 times as much per capita as Germany. According to Probst, there would be a potential of 84.4 billion in Germany that should be exploited (Probst, 2019). It is fascinating that "the catch-up potential for financial support of civil society in Germany (...) lies especially with the high-net-worth in Germany" (Probst, 2019). Enormous potential regarding the philanthropic engagement of the super-rich in Germany is seen by philanthropy expert and foundation and fundraising strategist Andreas Schiemenz, who advises wealthy families on their giving strategy. In his view, the Corona pandemic brings new and better opportunities to inspire high-net-worth individuals to donate. In addition to an efficient approach, it is essential to provide concrete impetus and create an environment where the super-rich can get involved.

In the interview with Business Insider, Schiemenz emphasizes that "in Germany, we need a more relaxed approach between the wealthy, politics and civil society" (Orosz et al., 2021).

More findings on the high net worth of donors in the U.S. can be seen in "The 2018 U.S. Trust Study of High Net Worth Philanthropy," conducted in partnership with the Indiana University Lilly School of Philanthropy. Approximately 90% of high-net-worth households gave to charity in 2017 - an average of $29,269. In comparison, households in the general U.S. population donated an average of only $2,514 (Indiana University Lilly Family School of Philanthropy, 2018). Again, there is a clear difference here in direct comparison to Germany. The average donation per act of giving was 40 euros in 2020, and the average frequency per donor reached a high of 7% (Deutscher Spendenrat e.V. & GfK, 2021).

Looking at total giving in the U.S., a total of $449.64 billion was donated in 2019 - one of the highest years for giving in history, according to the Annual Report on Philanthropy for the Year 2019, published by the Giving USA Foundation (Giving USA Foundation, 2020). According to Ted Grossnickle, chairman of the Giving Institute, the growth in total giving was primarily influenced by the surge in giving by individuals, who remain the largest source of giving in the United States. The upper end of the income and wealth spectrum plays a particularly crucial role here, as this is where donations are most concentrated. An estimated $309.66 billion was generated by individuals as charitable donations, representing a 4.7% increase (a 2.8% increase when adjusted for inflation) for 2019. In contrast, only around €5.4 billion was donated to charitable organizations in Germany in the calendar year 2020, representing a 5.1% increase in donations (Deutscher Spendenrat e.V. & GfK, 2021).

In America, giving is characterized by diverse donors based on ages, ethnic backgrounds, and gender identities. Interestingly, according to the High Net Worth Study, women are at the forefront of philanthropic engagement and influence and are more likely to give to charity (Indiana University Lilly Family School of Philanthropy, 2018).

Most giving purposes in the U.S. show an increase in 2019. Only donations to international organizations and causes show a slight decline. Donations to education, arts, culture and humanitarian organizations, nonprofit organizations, and environmental and animal welfare organizations all saw double-digit growth, even adjusted for inflation. Religion as a charitable purpose has the highest donation value of $128.17 billion, followed by education and humanitarian services (Giving USA Foundation, 2020). The exact donation amounts and the respective change from the previous year can be seen in the following table (Tab. 2).

Donation purpose	**Donation amount**	**Change from previous year (adjusted for inflation)**
Religion	$ 128,17 Mrd.	+ 0,5 %
Education	$ 64,11 Mrd.	+ 10,1%
Humanitarian services	$ 55,99 Mrd.	+ 3,1%
Donations to foundations	$ 53,51Mrd.	+ 0,6%
Healthcare Organizations	$ 41,46 Mrd.	+ 4,9%
Nonprofit organizations	$ 37,16 Mrd.	+ 11,1%
International organizations	$ 28,89 Mrd	-2,2%
Arts, culture and humanities	$ 21,64 Mrd.	+ 10,6%
Environmental and animal protection	$ 14,16 Mrd.	+ 9,4%

Table 2: Donation purposes and levels in the U.S. (Giving USA Foundation, 2020)

If looking at the donation purposes in the German donation market, they are also very diverse. According to the DZI, most donations from donation-seal organizations in Germany are used for international cooperation and humanitarian aid. On the other hand, environmental protection and education received the lowest

rankings (Deutsches Zentralinstitut für soziale Fragen, 2020). The following figure (Fig. 32) compiles the most relevant donation purposes.

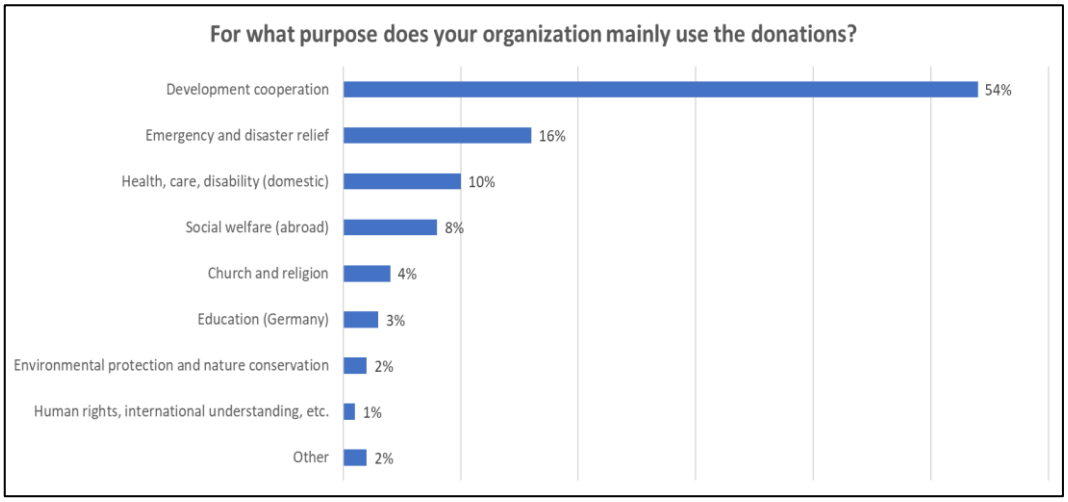

Figure 32: Donation purpose of the donation seal organizations (According to Deutsches Zentralinstitut für soziale Fragen, 2020)

The DZI's findings are supported by the study "Bilanz des Spendens" (Balance of Donations) by the Deutscher Spendenrat e.V. (German Donations Council). Around 76% of donations went to humanitarian aid - especially for emergency and disaster relief. The amount for emergency and disaster relief increased by 149 million euros compared to the previous year (Deutscher Spendenrat e.V. & GfK, 2021).

2.3.5 Interim conclusion on donation development

The volume of donations in Germany has grown enormously in the past. More than a third of the total volume of donations is generated by the top decile of the income distribution. The donation rate in Germany varies between around 28% and 52%, depending on the population survey.

Corona has a positive influence on donor behavior. More than three out of ten people worldwide donated to charitable causes. In Germany, in particular,

wealthy people have donated to social and medical causes with their foundation and private assets. A rethinking of philanthropic action has occurred due to the pandemic.

It is interesting to compare Germany with the USA, which is regarded as the pioneer of a mature donation-oriented culture. Religion, education, and humanitarian services receive the most donations in America. In Germany, however, humanitarian aid such as emergency and disaster relief are among the most common purposes for donations. Donations to health organizations are more frequent overall in America and have a higher priority.

In America, people donate 2.5 times as much as in Germany, representing an enormous but untapped potential for German charitable giving. Not only in America but also in Germany, private individuals, especially at the upper end of the income and wealth spectrum, play a crucial role in charitable giving.

2.4 SPONSORING BY COMPANIES

In addition to donations, fundraising also includes sponsorship. Unlike the donation market, the sponsoring market in Germany has grown consistently in recent years. For many companies, sponsorship has a firm place in marketing and is a central component of the communication mix. Companies continuously try to acquire new target groups. Sponsorship defines the analysis, planning, implementation, and control of all activities associated with the provision of money, material resources, or services by companies and institutions to promote individuals and organizations in the sporting, cultural or social spheres in order to achieve marketing and corporate communication objectives simultaneously (Bruhn, 2020)

In the meantime, German university hospitals use sponsoring in many different ways. For example, financing endowed chairs and libraries, constructing new teaching or research buildings, and supporting research projects, conferences, and congresses. Overall, sponsoring can be used for all projects for which there is no or only limited public funding.

	Donation	Sponsorship
Sponsors are usually	Private individuals Companies	Company
Motivation	Support concept	Operational benefit
Cooperation	usually not given	Implementation of a sponsorship
Publicity	rarely	Aim of the sponsor
Contractual basis	not present at all	usually sponsoring contract
Tax effects a) at the donor b) on the recipient	Donation deduction non-material income	Business expensededuction Operating income in the taxable area (if applicable, value added tax, corporate income tax and trade tax) or income from asset management

Table 3: Distinction between donation and sponsorship (Following Fritz based on Haibach, 2008, p. 13)

In contrast to a donation, sponsorship involves clearly defined and often contractually fixed consideration (Fabisch, 2020; Haibach, 2019). It thus represents, on the one hand, a communication instrument and, on the other hand, a reciprocal transaction between an organization and a company based on the principle of performance and consideration (Bruhn, 2010). Furthermore, sponsorship represents a business relationship and is subject to sales and corporate income tax. Unlike a donor, a sponsor is not an individual acting altruistically but an institution - usually a company. Among other things, a sponsor pursues the goal of promoting itself to build customer loyalty or acquire new customers (Pettendrup & Haunert, 2016). Primarily, however, companies' goals are image cultivation and improvement (Haibach, 2019).

Sponsoring complements the communication tools typically used in a company, such as advertising and public relations. The benefits agreed with the sponsoring contract can be based, for example, on an image transfer and an increase in the company's level of awareness, on the creation of goodwill among various target groups (e.g., students, patients, or employees) or the demonstration of social responsibility to the general public. In contrast to a donation or foundation, sponsorship represents the cooperation of equal partners based on the principle of

performance and consideration. Sponsorship requires a systematic planning and decision-making process, i.e., more is needed to provide the sponsored party with the service and wait for the effect. A sponsorship requires careful analysis of the situation and formulation of objectives, and the measures must be planned, organized, implemented, and monitored in a concrete and precise manner (Bruhn, 2010). It is important to note that since sponsorship is a building block of integrated corporate communications and thus part of the company's communications strategy, sponsorship is not viewed and used by a company in isolation. This circumstance often makes it challenging to fund fundraising, as finding a project that fits a company's communication strategy is often problematic (Bruhn, 2010).

2.5 FUNDRAISING FOUNDATIONS

A foundation is an institution endowed with assets, established permanently, and intended to pursue the foundation's purpose as intended by one or more founders. In order to fulfill the foundation's purpose, only the income from the invested foundation assets can be used - the foundation capital remains intact. In addition, donations can be used that are raised for the foundation's purposes (Mecking, 2020a). Donations to a foundation must therefore be carefully examined concerning their purpose: Is the contribution a donation, or is it to be made as an endowment?

Foundations can be divided into operating and sponsoring charitable foundations. An operating foundation fulfills its purpose independently through specific support projects. Promotional foundations use the income from the foundation's assets to support projects or institutions they did not help develop. In contrast, charitable foundations can fulfill their foundation purpose in a promotional or operational capacity. About two-thirds of German foundations are exclusively promotional (Mecking, 2020a).

Interestingly, the number of foundations in Germany has been growing steadily for several years. According to the Association of German Foundations, more foundations were established in 2021 than in previous years. A significant increase in new foundations from 2020 to 2021 is evident, as the following chart (Fig. 33) shows. A total of 863 new foundations were established in 2021.

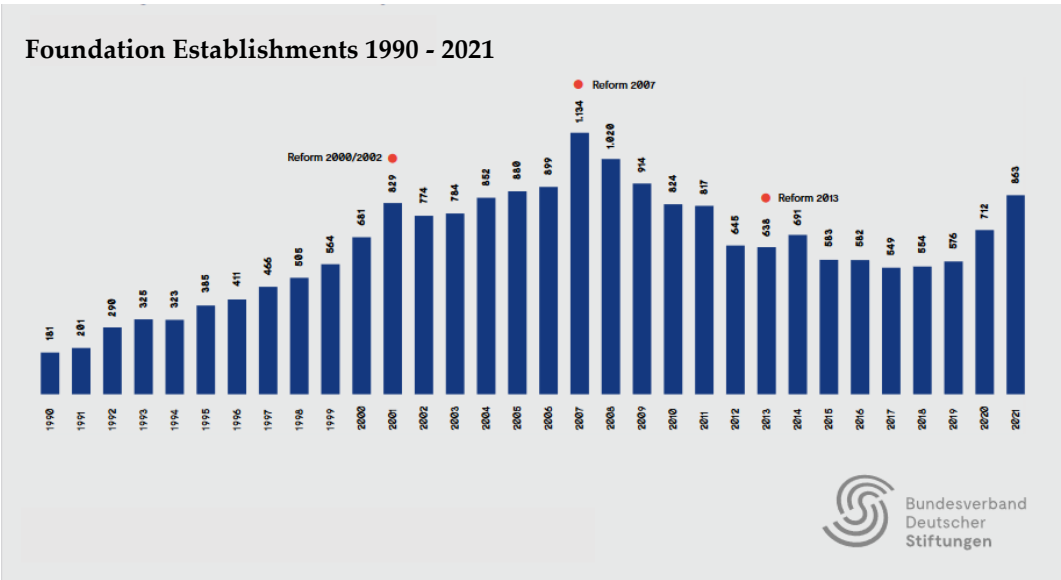

Figure 33: Foundation Establishments 1990 – 2021 (According to Bundesverband Deutscher Stiftungen e. V., 2022b)

Foundations are also a vital fundraising instrument for the promotion of science. In particular, research into diseases and support for sick children are classic statutory and funding purposes of foundations in the medical field. In recent years, many universities in Germany have established their foundations or have even been completely transformed into a foundation universities. Furthermore, hospitals and clinics, in particular university clinics and research institutions, submit applications for funding to corresponding foundations or are involved in establishing foundations, where they are then beneficiaries in the appointment of their governing bodies and the definition of the funding purposes. Frequently, these foundations are also established in conjunction with existing funding associations, which are often integrated into the foundation (Berger, 2016a).

Around 44% of foundations benefit healthcare organizations such as hospitals, outpatient clinics, or hospices. There is a widespread in actual spending. Some foundations spend less on healthcare, while others endow up to three-digit million amounts(Bundesverband Deutscher Stiftungen, 2014). The establishment of foundations to promote research, teaching, and patient care is often initiated by wealthy

and interested private individuals, especially former patients or their relatives. According to (Mecking, 2020b), possible motives for establishing such a foundation include the following:

- Securing the assets as a whole or in parts
- Personal concern, gratitude, commemoration
- Tax benefits
- Ethical, socio-political, and regulatory ideas
- Perpetuation of one's person or life's work
- Material security of family members
- Social recognition

As can be seen in figure 34, the foundation sector in Germany continues to grow steadily. The number of foundations doubled from 10,503 to 24,650 between 2001 and 2021.

Figure 34: Foundation portfolio 2001 – 2021 (According to Bundesverband Deutscher Stiftungen e. V., 2022a)

The comparison between eastern and western Germany is particularly striking regarding the number of foundations and foundation establishments. In 2018, there were 20,175 legally capable foundations under civil law in western Germany, whereas only 1,613 foundations existed in the eastern German states. The same can be seen in the number of foundations established. Of the 525 new foundations in 2018, only 12% were established in the east. Despite a high growth rate in the east, there are far fewer foundations there than in the west for historical reasons. The numbers apply to both absolute and foundation density. This applies to both the absolute numbers and the foundation density. In addition to the still-existing differences in the distribution of assets, foundations in the GDR were also undesirable as an expression of civic commitment on the state's part, which is a reason for the different foundation densities (Bundesverband Deutscher Stiftungen e. V., 2018).

In addition to the establishment of foundations by private individuals, an increasing number of foundations were set up by companies in recent years to distribute donations via a foundation in order to signal to their employees, customers, and also the general public that they are assuming social responsibility. This so-called "corporate social responsibility" - or CSR for short - strategy is now integral to many companies, especially those with international operations. The social commitment of companies also provides them with a comprehensible justification for rejecting the thousands of donation requests they receive each year. The companies often manage the foundations by themselves (Fabisch, 2020; Haibach, 2019).

In general, for Germany, regarding establishing foundations, small and medium-sized enterprises play a decisive role. Companies with 10 to 500 employees and annual sales of 1 to 50 million euros are the most common. More than half of these companies are privately or family-owned. According to the study, the foundation assets of half of the foundations originate from entrepreneurial activities. According to the study, the financial assets at the time of foundation establishment of 41% of the founders amount to at least 1 million euros, after which they fall into the category of HNWIs (Anheier et al., 2017; Leseberg & Timmer, 2015).

The term foundation cannot be defined precisely, nor can a specific legal form be derived from this term. In Germany, non-profit limited liability companies or

non-profit associations may call themselves foundations. Foundations do not always have to be charitable, either. Foundations are referred to as charitable foundations if they exclusively and directly pursue charitable - within the meaning of Section 52 of the German Fiscal Code (AO) -benevolent or ecclesiastical purposes and are consequently tax-exempt (Mecking, 2020b). In Germany, 95% of the currently around 24,000 foundations nationwide are committed to charitable purposes (Bundesverband Deutscher Stiftungen e. V., 2020).

2.5.1 Comparison of foundations in Germany and the US

The American foundation sector continues to lead the way in a global comparison. Although the German foundation sector is developing with 3% foundation growth and 863 new foundations in 2021, Germany should take the USA as a role model. A direct comparison of the two countries shows that each has a solid and active foundation sector. According to the Association of German Foundations statistics, the German foundation market currently has 24,650 foundations (as of 2021). By contrast, the USA has almost five times as many foundations, totaling 127,595. The assets of U.S. foundations currently amount to 1.2 trillion U.S. dollars (as of 2021), while those of German foundations are estimated at 110 billion euros (Bundesverband Deutscher Stiftungen e. V., 2020; Candid, 2021; Heuser & Manhart, 2018). If the donation volume of foundations in the U.S. is considered, it will reach about 90 billion U.S. dollars in 2020. Figure 35 shows the ongoing growth in the giving volume of U.S. foundations.

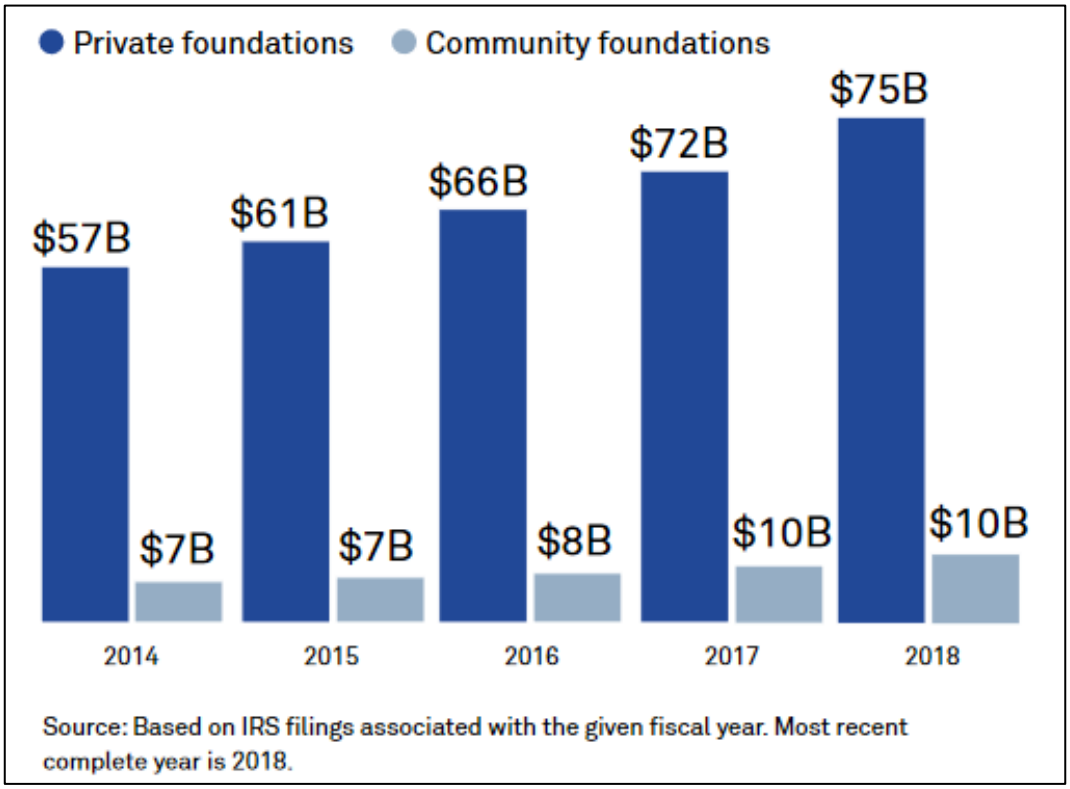

Figure 35: Foundation volume USA - over time (Candid, 2021, p. 3)

While around 23% of foundations in America (Fig. 36) donated to healthcare in the calendar year 2020, the figure in Germany was only 20.1%. When looking at the focus of the American foundation sector, it is noticeable that most donations were made, particularly to education (26%) and healthcare (23%). This aspect also shows the historical development described earlier, as fundraising in America has grown from hospitals and universities (Candid, 2021).

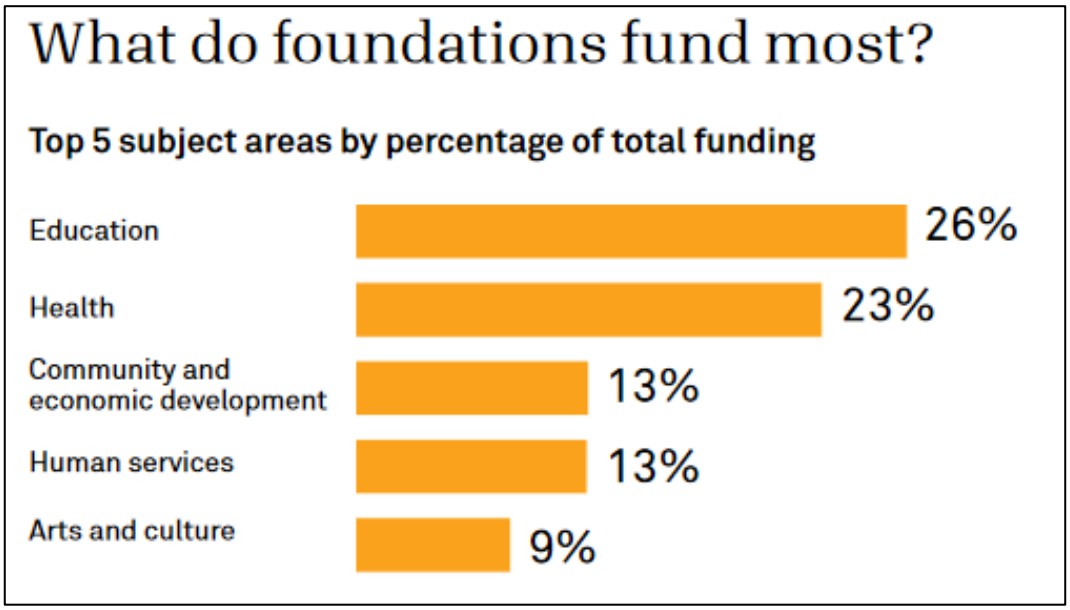

Figure 36: Foundation purposes USA 2020 (Candid, 2021, p. 4)

In Germany, in contrast to the USA, most foundations donate to the areas of society (51%) and education (34.5%). However, only in fourth place are health and sports (20.2%), as the Association of German Foundations statistics in figure 37 make clear.

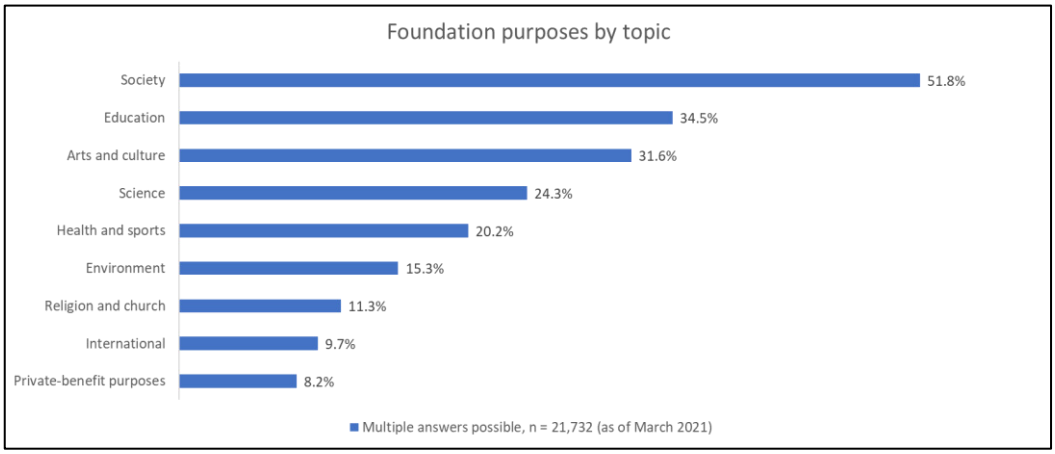

Figure 37: Foundation purposes Germany 2020 (According to Bundesverband Deutscher Stiftungen e. V., 2020, p. 34)

The difference between the foundation purposes can be attributed, if necessary, to the previously described difference in the health care system in the two countries and the different activities concerning fundraising by the individual actors.

2.5.2 Private foundations by wealthy individuals

Philanthropists not only frequently choose the institutions they want to support (Grace, n.d.) but also establish foundations (Wagner, 2003) and spend the funds during their lifetime when they can actively address pressing social problems (Conlin et al., 2003). Therefore, wealthy people do not only donate with their private assets but also own foundations from which they give donations to organizations. These foundation assets are also a way of acquiring donations from high-net-worth individuals. Accordingly, special attention should be paid to very high-net-worth individuals with private foundations because UHNWIs, mainly private charitable foundations, are different from other philanthropists (Wealth-X, 2022).

Therefore, this chapter explicitly discusses the private foundations of HNIWs and UHNWIs worldwide and in Germany and gives an overview of the largest

private foundations. Furthermore, this chapter shows the assets these foundations have and the projects they support. Over 5,000 private foundations established by UHNWIs (US$30 million and above in assets) exist worldwide (as of 2015). Altogether, these have total assets of US$560 billion. If this concerns the total net assets of UHNWIs, it corresponds to 19.4%. These foundations, in turn, donated 8% of their total assets, equating to around 45 billion US dollars (Wealth-X, 2015).

The world's largest foundation, with assets of around $43 billion (net assets: $85.7 billion), is the Bill & Melinda Gates Foundation. In particular, this foundation is committed to fighting polio and researching a malaria vaccine. It also focuses on educational programs in the USA. According to the Wealth-X Report, the charity organization "The Li KaShing Foundation" is in second place with $8.1 billion, followed by the Gordon and Betty Moore Foundation with $6.4 billion. 7 of the top 10 private foundations donate to the health sector, which benefits hospitals and cutting-edge medicine and research in the health sector. In addition to the health aspect, another primary reason foundations give is to support education. More than half of the largest foundations of UHWNIs can be found in the U.S. since the U.S. is a pioneer in foundations on the one hand and has the most billionaires on the other hand. The following table (Tab. 4) shows the ten largest private foundations with their assets and purposes.

#	FOUNDATION NAME	FOUNDATION ASSETS (US$ BILLIONS)	MAIN CAUSES	PRIMARY FOUNDER	NET WORTH (US$)	PRIMARY POSITION	COUNTRY
1	BILL & MELINDA GATES FOUNDATION	43.4	EDUCATION, HEALTH, SOCIAL SERVICES, HUMANITARIAN	BILL GATES	85.7 BILLION	CO-FOUNDER OF MICROSOFT AND THE FOUNDER AND CO-CHAIRMAN OF THE BILL & MELINDA GATES FOUNDATION	US
2	LI KA SHING FOUNDATION	8.1	EDUCATION, HEALTH	LI KA-SHING	22.1 BILLION	CHAIRMAN OF CK HUTCHISON HOLDINGS	HONG KONG
3	GORDON AND BETTY MOORE FOUNDATION	6.4	EDUCATION, ENVIRONMENT	GORDON EARLE MOORE	6.4 BILLION	CO-FOUNDER OF INTEL	US
4	BLOOMBERG PHILANTHROPIES (FORMERLY BLOOMBERG FAMILY FOUNDATION)	5.4	HEALTH	MICHAEL BLOOMBERG	33.7 BILLION	CO-FOUNDER OF BLOOMBERG	US
5	CHILDREN'S INVESTMENT FUND FOUNDATION (CIFF) *	4.5	CHILDREN, HEALTH	SIR CHRIS HOHN	820 MILLION	FOUNDER AND OWNER OF THE CHILDREN'S INVESTMENT FUND MANAGEMENT	UK
6	SULAIMAN BIN ABDUL-AZIZ AL RAJHI ENDOWMENTS	4.3	EDUCATION	SULAIMAN BIN ABDUL AZIZ AL RAJHI	300 MILLION	FOUNDER AND CHAIRMAN OF SULAIMAN BIN ABDUL AZIZ RAJHI CHARITABLE FOUNDATION	SAUDI ARABIA
7	OPEN SOCIETY FOUNDATION (FOUNDATION TO PROMOTE OPEN SOCIETY)	3.3	EDUCATION, HEATH, JUSTICE COMMUNITY DEVELOPMENT	GEORGE SOROS	26.5 BILLION	CHAIRMAN OF SOROS FUND MANAGEMENT	US
8	SUSAN THOMPSON BUFFETT FOUNDATION	2.9	HEALTH, SOCIAL SERVICES, EDUCATION	WARREN BUFFETT	65 BILLION	CHAIRMAN AND CEO OF BERKSHIRE HATHAWAY	US
9	CARLOS SLIM FOUNDATION (FUNDACION CARLOS SLIM HELU)	2.6	EDUCATION, HEALTH, JUSTICE, HUMANITARIAN	CARLOS SLIM	35.4 BILLION	FOUNDER OF GRUPO CARSO	MEXICO
10	CHARLES AND LYNN SCHUSTERMAN FAMILY FOUNDATION	2.2	JEWISH COMMUNITY DEVELOPMENT	LYNN SCHUSTERMAN	3.4 BILLION	CHAIRMAN OF CHARLES AND LYNN SCHUSTERMAN PHILANTHROPIC NETWORK	US

Table 4: Top 10 largest UHNWI private foundations (Wealth-X, 2015)

The largest U.S. donors gave primarily to their foundations, endowment funds, or supported nonprofits from their assets last year. Below (Tab. 5) is a sampling of the amounts these donors received and the amounts they gave to nonprofits in 2021. For example, bill Gates and Melinda French Gates gave a total of $15 billion to their foundation only, and $1.2 billion was given by William Ackman and

Neri Oxman, among others, to their foundations. However, both major donors made a gift to charity in 2021. In contrast, Mark Zuckerberg and Priscilla Chan have also donated a higher amount of $1.5 billion to nonprofits and around $1 billion to their foundations. The 6th and 7th in the ranking of the most significant philanthropists in 2021 gave millions to both their foundations and nonprofits (The Chronicle of Philanthropy, 2022).

Philanthropy 50 Rank	Donors	Amount committed to foundations and DAFs	Foundations and DAFs	Amount committed to nonprofits
1	Bill Gates and Melinda French Gates	$15,000,000,000	Bill & Melinda Gates Foundation	Not available
4	William Ackman and Neri Oxman	$1,200,000,000	Pershing Square Foundation, Bill Ackman and Neri Oxman Foundation, and Oxman-Ackman Family Fund	Not available
5	Mark Zuckerberg and Priscilla Chan	$1,049,000,000	Chan Zuckerberg Donor-Advised Fund at Silicon Valley Community Foundation and Chan Zuckerberg Foundation	$1,500,000,000
6	Sergey Brin and Nicole Shanahan	$463,972,880	Sergey Brin Family Foundation	$228,309,650
7	Jack Dorsey	$764,647,138	Jack Dorsey Donor-Advised Fund at Fidelity Charitable and other DAFs	$97,988,925

Table 5: Top Donors' Giving to and From Their Foundations and Donor-Advised Funds in 2021 (The Chronicle of Philanthropy, 2022)

In Germany, the most significant foundations, or the assets of these foundations, are established and generated by large companies. Therefore, these companies need to assume social responsibility by establishing foundations. However, as in the USA, important decision-makers with high assets from business and public life also set up their foundations. In addition, high-net-worth individuals usually establish these during their lifetime to give a large part of their assets to the foundation through an inheritance donation after their death. According to the Association of German Foundations, the following foundations are the largest in Germany (Bundesverband Deutscher Stiftungen e. V., n.d.):

Robert Bosch Stiftung GmbH

- Equity: 5,399 million euro
- Foundation purpose: Improve and strengthen the sustainability of the healthcare system.

Volkswagen Stiftung

- Equity: 2,711 million euro
- Foundation purpose: Promotion of science and technology in research and teaching

Deutsche Bundesstiftung Umwelt

- Equity: 2,424 million euro
- Foundation purpose: Support for projects in the fields of environmental technology, environmental research & nature conservation, and environmental communication & cultural heritage protection

Baden-Württemberg Stiftung gGmbH

- Equity: 2,178 million euro
- Foundation purpose: Sustainability of Baden-Württemberg

Joachim Herz Stiftung

- Equity: 1,526 million euro
- Foundation purpose: Education, science and research

Only one of the five largest foundations in Germany is involved in the HealthCare sector. The healthcare sector is a significant area of support for Robert Bosch Stiftung GmbH. With its own Robert Bosch Hospital and numerous associated facilities, the foundation has a strong presence in the public health funding area (Robert Bosch Stiftung, n.d.).

Explicitly for high-net-worth individuals and their foundations, it can be stated for Germany that the ten wealthiest people have all established or are continuing existing foundations through succession in the family business. These are established based on private law and are, therefore, all private foundations. Most of the foundations are corporate foundations that are primarily charitable (Tab. 6). Furthermore, family foundations have been established to support the family, protect the company, and secure the inheritance for the future (*BMW Foundation Herbert Quandt*, n.d.; *Dieter Schwarz Stiftung*, n.d.; *Dr. Ernst Strüngmann*, n.d.; *Kühne Stiftung*, n.d.; *Stiftung Kunst Und Natur*, n.d.; *Stiftung Würth*, n.d.; Forbes, 2022; Klinkner, 2016; Kolf & Bender, 2020).

Persons	Assets	Foundation	Foundation type	Foundation purpose hospital
Dieter Schwarz	$47.1 Billion	Dieter Schwarz Stiftung	Company Foundation	No
Klaus-Michael Kühne	$36.8 Billion	Kühne Stiftung	Company Foundation (non-profit)	Yes (Medicine funding area)
Beate Heister & Karl Albrecht Jr. & Family	$36.8 Billion	Siepmann-Stiftung	Family Foundation Nonprofit foundation	No
		Oertl-Stiftung	Family Foundation Nonprofit foundation	Yes (Cardiovascular research)
		Elisen-Stiftung	Family Foundation Nonprofit foundation	No
Susanne Klatten	$24.3 Billion	Stiftung Kunst und Natur	Nonprofit foundation	No
Stefan Quandt	$20.7 Billion	BMW Foundation Herbert Quandt	Company Foundation	No
Reinhold Würth & Family	$19 Billion	Stiftung Würth	Company Foundation (non-profit)	No
Theo Albrecht, Jr. & Family	$18.7 Billion	Jakobus-Stiftung	Family Foundation	No
		Markus-Stiftung	Family Foundation	No

Table 6: The richest Germans and their foundations (Forbes, 2022)

The wealthiest Germans support many areas of German society through their foundations. In addition to education, science, and research, they also support art and nature projects and sports. In addition, the foundations also support charitable projects at an international level. However, the focus of the foundations of the wealthiest Germans is only a little on the health sector. Although three out of 10 foundations are involved in the healthcare sector and medical research, support is only provided for private clinics and research facilities.

2.5.3 Interim conclusion on foundations

A positive trend in the number of foundations can be seen in Germany. The Association of German Foundations reports an increase from 863 new foundations last year to almost 25,000.

Foundations in the healthcare sector have an essential position as a fundraising tool for German hospitals to promote research and cutting-edge medicine. More than one-third of foundations benefit healthcare organizations.

A direct comparison with the USA shows that the foundation sector in America is much stronger than in Germany. Foundation assets in the U.S. system amount to almost 1.2 trillion U.S. dollars, whereas German foundations, have total assets of 110 billion euros. Due to the historical development in America, health care is more critical as a purpose for donations.

There are more than 5,000 private foundations of ultra-high-net-worth individuals worldwide, with total assets of $560 billion, which offers enormous potential for fundraising. Accordingly, special attention should be paid to very high-net-worth individuals with private foundations because UHNWIs with private charitable foundations differ in particular from other philanthropists.

The world's largest foundation can be found in the USA. The Bill & Melinda Gates Foundation has assets of $43 billion. Last year, as the wealthiest people in the U.S., they donated $15 billion to their foundation.

High-net-worth individuals donate their wealth to their foundations and charitable organizations.

2.6 CAPITAL CAMPAIGN

Capital Campaign is an intensive, structured fundraising program that extends over several years. It can also be described as a fundraising form or instrument. It involves setting a sum that will be raised for a specific project. There is no corresponding translation of the term Capital Campaign in German. It is important to note that it is not just a capital campaign, where only capital is raised. Funding from foundations can also be applied, or sponsorship partnerships with companies can be entered into.

There are different types of capital campaigns. Haibach (2019) makes a corresponding classification into three types. On the one hand, there is the classic capital campaign, in which funds are raised for new buildings, major renovation work, or new equipment. Second is the capital stock campaign, which aims to generate share capital or an increase in capital stock. Lastly, a combined campaign is also possible, where all significant areas are included over a set time, such as a new building, an increase in capital stock, special projects, and ongoing projects.

A successful capital campaign requires a high level of professionalism, both on the part of the fundraisers, from the company's top management, and from major donors, who are necessary as volunteer leaders for a campaign committee. Basically, however, it must be stated that institutional readiness must be present in Capital Campaign or, more fundamentally, in fundraising. Thus, the basic idea must be supported by all employees of an organization. With this approach, making personal investments at the beginning of the campaign is necessary since the first donations can be expected after one year at the earliest. The costs of a Capital Campaign are usually between 10-20% of the revenues. This calculation includes costs for events, brochures, consulting costs, and feasibility and planning studies (Haibach, 2019). As the following figure (Fig. 38) illustrates, Capital Campaign is the least-used fundraising tool in German hospitals but the most successful. Therefore, this instrument should be given particular importance in the hospital sector.

A Capital Campaign proceeds in several phases; at the beginning, there is a planning phase, which is the basis for a successful campaign. The campaign plan is

designed in this phase, and feasibility studies are conducted. An internal and external analysis by independent consultants is recommended to determine whether an organization is ready for a successful Capital Campaign. Furthermore, it is examined how high the financial target can be set. In addition, a donation table is created at the beginning of the Capital Campaign, which must be updated repeatedly during the campaign. This table can determine how high the individual donations in various categories must be to achieve the set goal. There is a rule of thumb according to which at least 40% of the total target should come from a maximum of 10 donors, another 40% from 100 donors, and the remaining 20% from hundreds or thousands of donors. The top donation should cover 10-20% of the total. This approach demonstrates the need for a top-down/inside-out approach. Acquired top donors often make a donation pledge and then pay the amount over the years (Haibach, 2019).

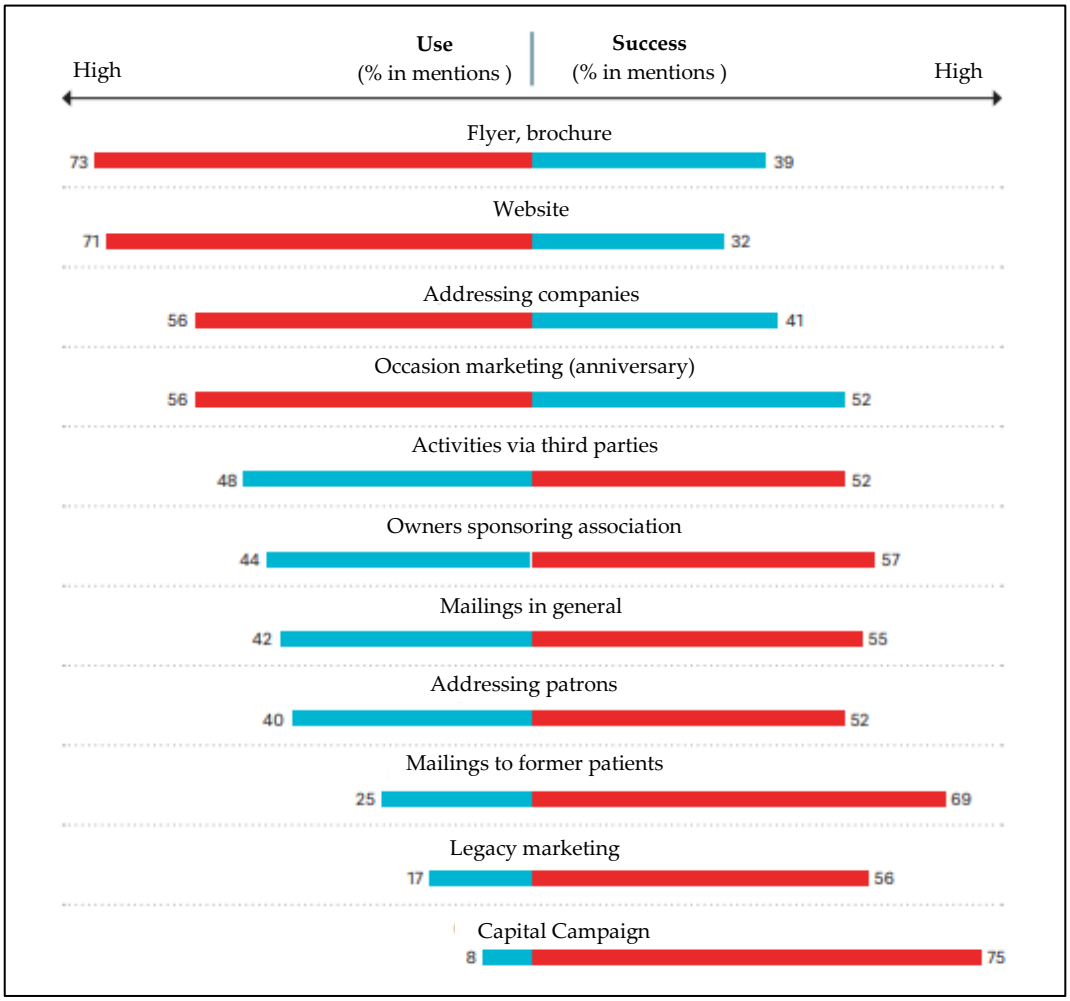

Figure 38: Fundraising instruments (According to Berger, 2016a, p. 6)

After the completion of the first Phase, which can last four to six months, a silent phase follows. In this Phase, potential top donors are approached individually and won over to the campaign. Next, the public Phase begins when the campaign is ceremonially opened and advertised in the media. This Phase is followed by a closing phase in which the campaign's success is communicated and celebrated. Finally, at the end of the campaign is the follow-up phase, in which an

evaluation occurs, and the cooperation with known and new supporters is continued (Steiner & Fischer, 2012).

Non-monetary benefits can accompany a Capital Campaign. These include an improvement in the volunteer network, a boost in staff motivation, improved primary donor retention, an increase in the Annual Fund, and an improved public image. However, during the campaign, unforeseen difficulties are not excluded. Reaching the campaign goal can be one of them if the campaign period needs longer or significantly fewer donations are raised than planned. Furthermore, problems with campaign staff, such as volunteers, may occur.

Furthermore, expected donations may materialize partially or are less than expected. In addition, various other difficulties can arise individually and must be solved spontaneously. Therefore, each organization must find creative solutions (Kihlstedt, 2017).

2.6.1 Capital campaign market in the German health care system

Fundraising and, in connection with it, the topic of capital campaigns have only developed in recent years and have yet to be as pronounced in Germany as in other countries. In the literature, the potential of capital campaigns for the healthcare sector is evaluated in contradictory ways. On the one hand, successful campaigns of the last few years show that, in principle, Capital Campaigns can become established. On the other hand, this instrument is considered to have little or no significance in the healthcare sector (Steiner & Fischer, 2012). However, with the increasing topicality of the literature, capital campaigns are attributed more attention. An example of a successful Capital Campaign is the new construction and reconstruction of the Children's Hospital of the Third Order in Passau. Three million euros were raised there within three years. The project initially attracted attention and was successfully implemented thanks to the recruitment and assistance of major donors and donors who were highly regarded by society (Steinrücke & Strotkötter, 2016). The study by Roland Berger in 2016 shows that at that time, Capital Campaign was only used by 8% of the clinics surveyed. Furthermore, it can be seen that Capital Campaign was the least used fundraising tool. At the same time, however, the study shows that this tool is attributed to the highest success with

75%. Finally, many clinics stated that they would use Capital Campaign more often in the future (Berger, 2016a).

The infrequent use is described as the high complexity of the instrument in conjunction with the necessary extensive knowledge about the donor, as only under these circumstances is it possible to address the donor in a targeted manner. It can be observed that hospitals only use the Capital Campaign instrument after several years of fundraising experience. A lack of strategies, uncertainties, and, above all, an incorrect assessment of the period within which the first successes of fundraising activities should become visible lead to disappointments and currently still keep many hospitals from implementing them (Berger, 2016a).

However, the success of the Capital Campaign may improve the economic situation of hospitals in Germany in the future. As previously discussed, many hospitals are in a difficult economic situation, further exacerbated by the Corona pandemic. Therefore, there needs to be more than the allocations for the investment costs by the federal states and the compensation payment to cover the expenses and rising costs. Capital Campaigns can therefore be used as an excellent instrument to compensate projects and planned investment costs and to close the monetary gap. This is demonstrated by the successful Capital Campaign for the "Vestische Kinder- und Jugendklinik Datteln". Fundraising enabled the building and operation of the world's first children's palliative care center. Within three years, around 6 million euros were raised through donations. Over 95% of the investment volume was financed by donations. Around 3,800 donors were involved in the project, of which some significant donors also provided financial (Management & Krankenhaus, 2012).

Furthermore, earmarked collection of donations often achieves tremendous success and motivates satisfied patients or third parties to donate. Figure 39 shows patient satisfaction in German hospitals, differentiated by the size of the facility. Smaller hospitals, in particular, can report high patient satisfaction and achieve the best values in all areas. This correlation can be explained by a less anonymous atmosphere than in large hospitals or clinic complexes (Augurzky et al., 2019).

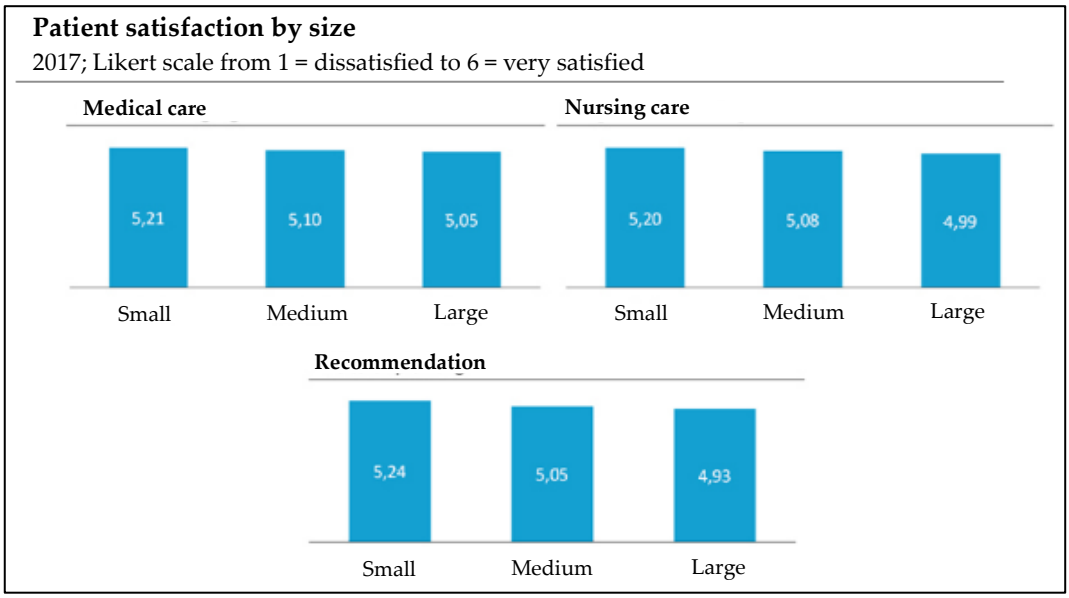

Figure 39: Patient satisfaction by size of facility (According to Augurzky et al., 2019, p. 139)

In addition to the size of the facility, population density also significantly influences patient satisfaction. In particular, hospitals in regions with a low population density perform comparatively better than those with a high population density. It can be deduced from this that small hospitals in regions with low population density, particularly, can demonstrate high patient satisfaction. This results in the potential for the use of Capital Campaigns.

As described above, Capital Campaign requires professionalism for effective and efficient implementation, which is only sometimes the case at smaller hospitals in Germany and thus represents a challenge for these facilities. Therefore, Capital Campaign requires time, professionalism, and an efficient approach. A campaign cannot solve all of a hospital's economic difficulties within a short period, but it does help to sustain long-term planned projects and investments. In particular, smaller hospitals in regions with a low population density have good results in terms of patient satisfaction - a great potential that should be used in the future, for example, to cover missing investment allocations of the dual financing system.

Let us consider the previous statements in this context. The discrepancy between the development of the German hospital landscape and the wishes of the

German population becomes apparent—smaller hospitals in regions with a low population density score better in terms of patient satisfaction. However, due to the development of the German hospital landscape toward large hospital networks in metropolitan areas, these hospitals are being taken away from the German population. Thus, there are apparent differences between the wishes and satisfaction of the German population and the effects of cost pressure and profitability in developing the German hospital market.

Accordingly, two possible alternative courses of action can be derived. First, despite cost pressure, large group hospitals must focus more on patient satisfaction in order to remain competitive on the one hand and to be able to exploit the potential of Capital Campaigns on the other. Due to a more extensive staff and a higher level of professionalism, the prerequisites for Capital Campaigns are more likely to exist in these hospitals. Therefore, they can be significantly increased and better implemented by focusing on patient satisfaction. Additionally, the smaller hospitals without an affiliated structure can expand Capital Campaigns more to generate investment and implement projects. This condition would allow even a smaller hospital to operate economically and cost-effectively and buck the general trend to remain viable.

Thus, from the perspective of healthcare organizations, the use of Capital Campaigns is likely to develop steadily in Germany in the future and, following other countries such as the U.S., may become a matter of course for funding across the board.

2.6.2 Capital campaign market in the US health care system

Capital Campaign has long been done in the U.S. only by universities with significant fundraising experience. However, this has changed. Healthcare organizations have also been successfully conducting Capital Campaigns for a long time. Here, the financial targets are usually in the single to double-digit millions. In large U.S. hospitals, the target range is now often in the billions. In German-language literature, the fundraising of the Mayo Clinic in the USA is often cited as an

example of a successful campaign. A campaign by this clinic with various projects, including scientific studies and the use of proton radiation, exceeded the target amount of three billion U.S. dollars by about 25% from 2010 to 2017. Mayo Clinic received 1.9 million gifts from more than 530,000 benefactors. These came from all 50 U.S. states as well as 99 other countries around the world. In addition, there were individual donations ranging from 1 cent to $100 million. This fundraising campaign was the most extensive ever conducted by an academic medical center in the United States. Specifically, the campaign focused on strengthening and advancing strategic priorities in patient care, research, and education (Oestreich, 2018). Other successful Capital Campaigns in the U.S. includes Mount Sinai Health System's "Limitless" campaign, which has already raised $1 billion for critical post-pandemic clinical centers and research institutes. The goal for 2025 is 2 billion to lead the organization into a forward-looking era of advanced patient care, research, and education (Mount Sinai, 2021).

Many hospitals have conducted significant fundraising campaigns to support research and capital projects. Below is an overview of the five largest Capital Campaigns (Plescia, 2021b):

Hospital	Amount	Purpose
Massachusetts General Hospital (Boston)	$ 3 billion	About $500 million will go to a capital project for two patient care towers. It will also support patient care, research and teaching programs.
Weill Cornell Medicine (New York City)	$1.5 billion	Money from the "We're Changing Medicine" campaign will go toward capital projects, new technology and research advancement.
St. Jude Children's Research Hospital (Memphis, Tenn.)	$ 200 million	Jared Isaacman, tech entrepreneur, led a fundraiser through the first all-civilian space mission called Inspiration4. The money will be used to help find cures for kids with cancer and other life-threatening diseases.
Atrium Health (Charlotte, N.C.)	$ 500 million	The "Giving Hope" campaign will go toward education and research advancement, population growth, offsetting reductions in federal spending and replacing old infrastructure.
Summa Health (Akron, Ohio)	$ 100 million	The health system is investing funds from the "Caring for You … Then, Now, Always" campaign into the local community, including a new patient tower on the Akron campus and renovations to the Barberton, Ohio, campus. Additionally, the money is going toward a 60-bed behavioral health pavilion.

Table 7: 5 of the biggest hospital fundraising campaigns in 2021 (Plescia, 2021b)

In general, the USA is regarded as a role model for fundraising and, thus, for capital campaigns. Furthermore, the professional handling and implementation in the financial structures of organizations, especially healthcare organizations,

illustrate the successful use of this instrument. Above all, through successful campaign examples, the USA thus sets an example and shows the necessity of the instrument for successful fundraising in the overall context. Thus, fundraising in the USA is considered a model for German organizations and healthcare institutions (Haibach, 2019).

2.6.3 Interim conclusion on capital campaign in the healthcare sector

Capital Campaign in hospital fundraising represents a new way of raising capital to meet funding needs for, among other things, technical and medical equipment, furnishings, and building structure improvements.

Successful Capital Campaigns in Germany, such as the Children's Palliative Care Center, which raised 6 million euros, or the new construction and renovation of the Third Order Children's Hospital in Passau, which raised 3 million euros, demonstrate the potential of this tool in the hospital sector.

These are small sums of money raised by a capital campaign compared to the USA. With $3 billion raised in 7 years, the Mayo Clinic is an ideal example of a healthcare capital campaign.

A clear difference is evident in using Capital Campaigns as an intensive, structured fundraising program in the healthcare system between America and Germany. Capital Campaign as a fundraising tool is still in its infancy in the German healthcare system compared to the US fundraising market. This divergence is due to the very different structure of the healthcare system.

Studies show that capital campaigning is the least used fundraising tool in German hospitals and clinics but still achieves tremendous success.

2.7 MAJOR DONATIONS FUNDRAISING

For a good fundraising strategy, it is first essential to define the target group of donors. Furthermore, the fundraising strategy needs to highlight and specify which approach the donor target group would like to be addressed according to their needs, which donation amounts are realistic, and which emotional elements should be used for the specific target group. Therefore, donors can be subdivided

based on their behavior and volume. A classic classification can be made according to the donation volume into small donors, regular donors, and large donors (Schiemenz, 2015).

There is no uniform definition in the literature regarding the donation amount above which a donor is classified as a significant donor. The definition of who is (or is not) a major donor is up to the organization seeking funding. In general, however, a major donor is a person whose donation significantly impacts the receiving organization. Moreover, they donate above-average assets to the organization (Inside Philanthropy, 2021; Schiemenz et al., 2016). For this reason, no uniform definition can be made in the study, as each organization determines this individually.

In addition, the so-called ABC analysis can be used to identify donors and their donation potential. "ABC analysis is based on the Pareto principle of the French engineer, economist, and sociologist Vilfredo Federico Pareto, who describes the 80-to-20 rule as a statistical phenomenon. This rule in the ABC analysis states that 20% of the best customers supply 80% of the conversion. According to the standard, 20% of the best customers are the A-customers, and twenty percent of the worst customers are the C-customers. The middle ground of the remaining 60% is the B customers of a company" (Schiemenz, 2015). Translated for the groups in fundraising, this means that significant donors are considered A-customers, regular donors are B-customers, and small donors are C-customers. Due to the prevailing asset distribution, experts believe that the 80:20 rule will even strategically become a 95:5 rule. This means that 5% of donors will provide 95% of the donation volume (Buntrock, 2020).

Major donors as a target group of donors

The target group of significant donors differs significantly from regular and small donors in certain respects. Relevant factors that must be taken into account, according to Haibach, include age, gender, and the origin of the assets. In her study on the philanthropy of significant donors, she found that in terms of gender, men dominate as major donors. In terms of age, the typical cutoff for significant donors is around 60 years old. In addition, there is a positive correlation between the age

of a donor and the volume of donations. This circumstance means that the older a donor is, the higher the donation amount. The third aspect is the origin of the assets, which is particularly important for large donors. Major donors who have not acquired their wealth through inheritance or similar means, but have done so themselves through hard work, are more conscious of their donations. The entrepreneurial spirit of significant donors, through which they have built up their wealth, is also reflected in philanthropy through an entrepreneurial commitment. Overall, it can be stated that significant donors as an independent group are, on the one hand, large enough and have sufficient assets for them to be considered a relevant target group for organizations with enormous growth potential (Haibach, 2017; Schiemenz, 2015; Stiftung Universitätsmedizin Essen, 2020).

Major donors also usually have a higher income or wealth than the population as a whole. In this respect, wealth is an essential factor for philanthropic engagement because increasing wealth positively influences philanthropic action (Bundesministerium für Arbeit und Soziales, 2016; Störing, 2015).

According to the McKinsey study, half of all significant German donors enjoy complete anonymity and therefore do not want to be honored for their commitment. In addition, "charitable commitment by wealthy people in this country tends to be viewed with suspicion" (Schramm, 2009). However, significant donors overwhelmingly influence individual nonprofit organizations and Philanthropy as a whole (Inside Philanthropy, 2021).

Identification of major donors

One can apply the LAI principle of Haibach & Uekermann (2021) to identify wealthy individuals who could be potentially significant donors to hospitals and clinics. Here, the concept of prospect is of particular importance. This principle describes a person or a foundation "who can be assumed to support the work of an organization, not only because he or she has money, but also because his or her interests and the contents of the organization are at least partly congruent" (Haibach & Uekermann, 2021, p. 206).

Accordingly, it is essential that the potential donor, in addition to having sufficient financial means, also has a corresponding personal connection to the clinic or hospital sponsorship project. Ideally, he has an interest in donation projects. In addition, personal connections of the hospital or clinic to the potential major donor

are helpful, as trust plays a significant role for Mayor Donors. These three aspects of linkage, ability, and interest of the LAI principle can support organizations in identifying suitable significant donors for the respective funding project (Haibach & Uekermann, 2021).

Approach and support of major donors

Major gifts fundraising differs from conventional fundraising. Therefore, approaching, attracting, and retaining significant donors must be done systematically. According to Schiemenz (2015), one problem, in particular, is that too few fundraising projects that meet the interests and needs of major donors are offered. On the one hand, the relevance of a donation must be apparent to the major donors. On the other hand, it is advantageous if the amount donated by the top donors has a significant value for themselves. To activate the potential for major gifts, the Major Giving Institute (2015) made five recommendations:

- active major gift fundraising should become an indispensable part of the fundraising toolkit.
- personal(er) follow-up with major donors is essential to successful major gift fundraising.
- active steps and procedures should be installed for the "discovery" of major donors. major donors should be targeted(er) for increased donations.
- major gift fundraising works best with qualified major gift fundraisers.

When addressing and supporting significant donors, a comparison can be drawn with private banking, as both targets wealthy individuals. According to Schiemenz (2015), "private banking can be compared with major donor fundraising and the support of top donors with wealth management" (Schiemenz, 2015, p. 65). Accordingly, conclusions can be drawn about significant donor fundraising from private banking's experience with high-net-worth clients. From the findings of private banking, it can be extracted that high-net-worth customers consider a personal meeting 7 to 9 times a year important and would like to have one. This, in turn, according to Schiemenz (2015), would mean that significant donors may also expect precisely the same number of conversations per year,

The approach of "relationship fundraising," which goes back to fundraising expert Ken Burnett, is indispensable specifically for significant gift fundraising among wealthy people. It is nothing more than a donor-centered approach to fundraising, where donor retention is critical to fundraising revenue and donation levels. The principle of donor-centered fundraising likewise focuses on the relationship and, thus, on the donor himself (Burnett, 1996; Haibach & Uekermann, 2021).

Burnett (1996) lists relevant criteria that are fundamentally important for a first-class fundraising service. First of all, it is relevant to be well prepared as a significant donor fundraiser in order to be able to offer donors the best possible service. In addition, an adequate budget for staff and materials is necessary to ensure a good donation service. Furthermore, what exactly donors can expect should be communicated because donor trust in the organization is crucial. Furthermore, response times of answers in communication should be kept as short as possible and appropriately worded to get in touch with donors as quickly as possible and in the right way. Personal donor care to build relationships is also essential, as people generally want to be noticed and valued. Furthermore, promises should be kept. An open and honest approach is crucial for this.

In principle, individual relationships with wealthy people who act as significant donors should be not only appreciative and honest but also supportive at the same time in order to build and deepen a long-term connection.

Potential of large donations

A significant deficit in the general volume of donations is evident in Germany. However, because this has yet to be fully exploited, there is enormous potential, particularly in the commitment of the high-net-worth in Germany (Orosz et al., 2021; Probst, 2019).

The fact is that high-net-worth individuals in Germany show great interest and a consequent willingness to make a large donation. In this context, it is essential to express encouragement and appreciation to promote the increase of large donations and give philanthropy a greater voice in the public sphere (Haibach & Uekermann, 2021).

Overall, sufficient assets exist in Germany that can be activated for donations. However, only the potential for large donations must be fully exploited (Haibach

& Uekermann, 2021; Schiemenz, 2015). Detailed information on the potential of high-net-worth donors can be found in chapter 2.8.

2.7.1 The motivation of donating

The question of the causes of human behavior is one of the central research foci of psychology. In this context, the term motivation is frequently used in everyday life when referring to willingness to perform, goal-directedness, eagerness, and similar characteristics of action. Generally, motivation is portrayed as a driver of activities, involving goal-directed behavior (Brandstätter et al., 2018). The word motivation derives from the Latin word movere, which in translation means "to move." If the word origin is transferred close to its meaning, then it is about moving oneself and others to a certain action or thinking. Motivation is a process in which people direct their energy, produced by individually shaped needs and values, towards a goal. In this process, motivation is always shaped by situational and personal factors (Heckhausen & Heckhausen, 2018). In distinction to motivation, motives are understood as "single, isolated motives of human willingness to behave" (Becker, 2019). In general, the motivational structure of humans is influenced by both biological drive components and socially induced behavioral trajectories (Rosemann, 1974).

In motive research, the hypothesis that there are two independent motive systems has been consolidated. On the one hand, implicit motives, also called individual motive dispositions, are learned in early childhood through emotional experiences and lead to repeatedly dealing with certain types of incentives. On the other side are the explicit motives, which control behavior based on the conscious self-concept (one's values and goals). At best, implicit and explicit motives work together. However, a transformation from implicit to explicit motives occurs as implicit motives change into specific goals adapted to the situational opportunity. In this case, motive congruence exists due to a conflict associated with unfavorable consequences for one's action efficiency, subjective well-being, and mental health (Heckhausen & Heckhausen, 2018). These findings show that personal discomfort or ill-being in certain situations may be because the heart (implicit motives) and the

head (explicit motives) do not want the same thing. Therefore, goals pursued in everyday life should match implicit motives for well-being and joyful goal pursuit. Since implicit motives are unconscious, they must be captured using indirect methods. On the other hand, since explicit motives are motivational self-images based on cognitions, they can be captured via questionnaires (Brandstätter et al., 2018).

Motives need incentives to be translated into action. Implicit and explicit motives also differ in their incentives, i.e., in the situations and conditions that stimulate them. Intrinsic and extrinsic incentives are distinguished here. Intrinsic incentives, therefore, are the incentives that lie in the execution of the activity. Extrinsic incentives are the incentivized events or changes that occur when this activity is completed (Rheinberg & Engeser, 2018). Implicit motives respond to intrinsic incentives inherent in the task or activity itself. Highly implicit motives are not interested in expectations or demands from the outside nor in pressure to perform. Instead, they are concerned with engaging with an individual measure of quality. For people with a high implicit motive, the incentives thus lie in the performance, connection, or power situation itself. In contrast, persons with an explicit achievement motive depend on incentives coming from outside. Individuals with a high explicit motive are stimulated by the social consequences of acting in these situations. These include competitive situations, performance evaluations, and recognition by others. They measure themselves against social, rather than individual, reference norms (Brandstätter et al., 2018).

When it comes to the motivation and motives of donors, not only ignorance and indifference but also mistrust can be found in different milieus of our society. It is assumed that people only donate out of self-interest, a guilty conscience, or similar (Volz, 2016). This insinuation cannot be refuted with the tendency that more and more citizens, with the idea of voluntariness instead of the obligatory tax levy, are willing to redistribute their wealth. It becomes clear that there is not only the possibility to influence the development of society but also to enjoy the tax advantage (Urselmann, 2018).

In economics, it is assumed that a donation always has an end in itself. Therefore, two terms have been coined to describe the donor's giving behavior or benefit. One is the *warm glow effect*, which describes that giving generates a kind of

satisfaction. Secondly, an increase in social prestige, which the donor receives when others learn of his donation (Münscher, 2016).

The concept of altruism opposes this assumption. Altruism, in contrast to egoism, stands for selfless and unselfish behavior. It is a behavior out of pure philanthropy. The term originated in the middle of the 19th century and was coined by Auguste Comte (Adloff & Mau, 2005). In the 1980s, studies found that altruistic behavior could be elicited in experiments (Münscher, 2016).

Further behavioral economics research attempts to break down donor motives between altruism and self-interest. The following four motives are discussed (Schokkaert, 2006):

- Self-interest
- Reciprocity
- Norms/ principles/ religion
- Altruism/ empathy

Self-interest describes parts of the economic aspects of the warm-glow effect and prestige. This also includes direct quid pro quo and the possibility of using an organization's offerings. Reciprocity is the goal of creating an obligation on the part of the recipient to give something back through a donation. At the same time, however, the motive can also be giving back, as the Giving Pledge campaign by Bill Gates and Warren Buffet shows. Here, wealthy individuals are asked to donate half of their assets to charitable causes voluntarily. The basis for giving can also be based on social norms or principles. In particular, this involves giving in response to social pressure or "dutifully" following personal principles. It is worth mentioning that in Germany, people with religious affiliations give the most in all age groups. Behavioral economic theory also does not rule out the goal of the well-being of others as a primary motive for giving, i.e., due to altruism or empathy (Münscher, 2016).

A further categorization and justification of why people donate in the first place can be explained by the motives of the sociologist, jurist, and national economist Max Weber. He distinguishes the motives of action into four categories:

purpose-rational motives, value-oriented motives, affective motives, and traditional motives. Purpose-rational motives are recognizable in the course of donation activity when donors specifically choose a specific project from various donation projects and base their donation activity on it. Here, purpose, goal, and means play a decisive role for the donors. Regional donations, e.g., a kindergarten or a school, are usually purpose-oriented. Religious people donate out of complete conviction and accordingly act from value-oriented motives. Affective motives are found primarily among large donors. Solid feelings or emotions are usually the reason for an effectively based donation. Finally, traditional motives are similar to habits. For example, if the family has been donating to the same organization for years, children continue to donate out of routine (Schiemenz, 2015; Weber, 2020). However, in fundraising circles, the motif collection of Marita Haibach or Peter Buss is mainly used. Haibach (2012) summarizes the fundraising motives as follows:

1. Values and beliefs: People's values emerge from life experiences. The content-related donation preferences are mainly derived from these.
2. Belonging: belonging is a basic human need. This feeling can be satisfied through donations, e.g., through local donations or a donation project with which the donor identifies.
3. Influence: Donations provide the opportunity to shape one's commitment (e.g., political commitment).
4. Soothing a guilty conscience: donations can compensate for feelings of inequality.
5. Giving meaning to one's own life: Social engagement can help to give meaning to one's own life, which goes beyond the individual sphere.
6. To have an impact beyond one's death: donations can give the feeling of contributing to a better future beyond one's death.
7. Increase in self-esteem: a donation can increase self-esteem, which may be lacking in everyday life and work.
8. Material incentives: contrary to the opinion of many, tax savings are not the primary motive for donating, but they are nevertheless a windfall.

Other motives include habit, hope, time, and whether the donor has enough money. Peter Buss reduces these to five donor motives, which he links to basic

needs. He, therefore, names the main motives as showing solidarity, taking responsibility/ exerting influence, following moral-ethical values, living up to the offer of the help of one's faith, experiencing belonging, and experiencing recognition (Buss, 2012; Haibach, 2012). Further, especially biochemical reasons for the motivation of giving have been presented by Elizabeth W. Dunn, Lara B. Aknin and Michael I. Norton in their globally respected 2008 study "Spending Money on Others Promotes Happiness". Elizabeth W. Dunn summarizes the results of the study as follows: "Although much research has examined the effect of income on happiness, we suggest that how people spend their money may be at least as important as how much money they earn. Specifically, we hypothesized that spending money on other people may have a more positive impact on happiness than spending money on oneself. Providing converging evidence for this hypothesis, we found that spending more of one's income on others predicted greater happiness both cross-sectionally (in a nationally representative survey study) and longitudinally (in a field study of windfall spending). Final-ly, participants who were randomly assigned to spend money on others experienced greater happiness than those assigned to spend money on themselves" (Dunn, Aknin, Norton, 2008). The study's conclusion states, "Encouraging people to invest income in others rather than in themselves-may be worthwhile in the service of translating increased national wealth into increased national happiness" (Dunn, Aknin, Norton, 2008). The three authors explain the results of their study with biochemical or medical correlations in the brain. The researchers were able to observe increased brain activity in the transition from the temporal to the parietal lobe in people who donate. This brain structure has often been associated with generous behavior. In addition, according to the researchers, the connection of this area with another region changed: the so-called ventral striatum. This area plays an important role in the body's reward system and could thus explain why it felt so good for the donors to be generous. The scientists were able to show that the reward messenger dopamine is released during giving and that areas in the brain are activated that are associated with positive social interaction and thus basically trigger a feeling of satisfaction and happiness. Donating thus not only increases the donors' personal sense of happiness, but also brings people closer together through increased personal satisfaction levels and

serves to strengthen relationships and keep the community together. Because of this, the researchers conclude, once people start donating, they donate regularly and often increasingly larger sums.

Donor typologies

For completeness, the donor typologies, according to Clara West (2011), must be mentioned. The five donor typologies developed are regarded as an auxiliary construct in the context of donation research on donation motives and the resulting donor behavior. West divides donors into the following types: The Saturated Donor sees giving as a natural way to help the weaker members of society. Since he belongs to the middle class in Germany and is happy with his financial situation, he donates according to what he can afford. The pragmatic activist, on the other hand, donates to invest in the future. He focuses his support on a specific person or group. He usually also performs an honorary office, which means the donation itself is to be understood as a kind of supplement. Finally, the compensating donor tries to compensate for his negative attitude toward the world and humanity through his strategic and purposeful donor behavior. He attributes a high degree of influence to his behavior.

On the other hand, the emotional donor donates especially in emotional situations, at emotional events, or due to emotional incentives and thus satisfies his need. His gut feeling plays a decisive role, whereby he does not act according to any concrete concept or strategy. The disappointed donor often needs to be more consistent in his donor activity. He has a rather pessimistic view of the world, and people, due to his bad experiences, see his self-efficacy as low regarding donating (West, 2011).

Regional factors are equally decisive in donor behavior. Strong ties between donors and their region play a significant role in supporting regional organizations in the medical field of healthcare (Stiftung Universitätsmedizin Essen, 2020). In summary, donor behavior is multi-layered, complex, and shaped by emotional and rational decisions. It is essential to say that donor motives should all be accepted value-free (Haibach, 2012).

Current studies show that there are varying degrees of motives for volunteering in the German population. For most respondents (93.9%) in the German Volunteer Survey 2019, fun is the decisive motive for volunteering. Helping others is

the second most important in the survey at 88.5%. However, gaining prestige or more significant influence through volunteering is cited least often as a motive (Deutsches Zentrum für Altersfragen, 2021). Another published study on Muslim donation behavior in Germany confirmed that religious people donate more frequently. When asked about their motivations and motives for donating, most respondents cited religious motives as the essential motive (70%) and compassion for other people as the second most crucial motive (55%). By donating, "wanting to do something meaningful" is named as a motive by just under 15%. Only 7% said they donated out of a spontaneous impulse, and 5% because they felt the organization was trustworthy. Women (76%) are significantly more likely than men (67%) to donate for religious reasons (Hummel et al., 2020).

In the healthcare sector in Germany, the study "Who donates to medicine and why?" by the Essen University Medicine Foundation can provide initial findings on general donation-motivating factors for the healthcare sector. Effective use of funds (29.6%) is the primary donor motivator. Gratitude for the medical help received oneself (25.1%) is also a key reason. Altruism and philanthropy follow with 24.8%. Likewise, gratitude for medical help received from relatives or friends (8.1%) positively influences donor behavior. The following table (Tab. 8) shows the relevance and influence of specific motivations for donor involvement in the medical field. Here, too, it is clear that gratitude for the successful medical treatment received is the strongest motivation for donation.

Motivations to donate	Frequency in %
Thanks for good treatment	17,2%
Research of diseases	13,5%
Helping sick people	13,3%
Trust	12,6%
Professional expertise	12,4%
Good feeling about giving	8,3%
Responsible handling of donations	7,9%
Transparency	7,6%
Share my happiness	3,3%
Connectedness with my region	2,5%
Sense of duty	1,3%

Table 8: Motivations for donor engagement in health care (According to Stiftung Universitätsmedizin Essen, 2020)

Engagement motives and motivations of wealthy donors

There are numerous studies on the general motivations of donor engagement, as already explained in detail. However, there need to be more detailed studies for the specific donor target group of high-net-worth individuals. Accordingly, direct knowledge transfer to high-net-worth major donors is impossible but can still provide guidance.

In a summary of the literature on significant gifts, Cook found that belief in the mission, the prestige of the organization, and interest in a particular area were essential donor motivations for significant gifts (Cook, 1997). The empirical study "Wealth and Social Commitment" by Miriam Störing provide significant new insights into the philanthropic actions of the wealthy population in Germany, based on data from the study "Wealth in Germany (ViD)" by Lauterbach & Kramer (2009). For example, 77% of respondents in the ViD study are already engaged in philanthropy and show a higher rate of engagement in monetary donations compared to the general population. In addition to socioeconomic and demographic characteristics, values and attitudes regarding the social engagement of rich people play a crucial role. Various studies already verify the hypothesis that wealth leads to higher engagement (Bundesministerium für Arbeit und Soziales, 2016; Orosz et al., 2021; Probst, 2019; Schiemenz, 2015; Störing, 2015). This, in turn, means that the professional and private benefits that wealthy individuals derive from philanthropic activity increase significantly with higher wealth. Furthermore, the professional independence of wealthy people represents an essential aspect. The level of education is also crucial for promoting engagement. Demographic characteristics such as donor age also positively affect giving behavior (Schiemenz, 2015; Störing, 2015). "Wealthy individuals, in particular, thus participate in society through engagement as they age and shape their post-acquisition phase more strongly through philanthropic action than other population groups" (Störing, 2015, p. 204). In addition to the factors already mentioned, parental experience is particularly decisive for a high level of financial commitment among wealthy people, i.e., the values and attitudes passed on influence the assumption of social responsibility. Religiosity is also a relevant factor.

Overall, it appears that, in addition to adherence to social norms, a particular position of wealth, professional independence, and a high level of education increase the opportunity for social responsibility, especially financial commitment.

Additional insights can be gleaned from "The 2018 U.S. Trust® Study of High Net Worth Philanthropy," published by the University Bank of Lilly Family School of Philanthropy in 2018, which primarily examined the motives, priorities, and strategies of wealthy Americans. The purpose or goal of the organization being

pursued is decisive for wealthy donors. Interestingly, habits play another vital role, in addition to religious reasons. In particular, wealthy people feel fulfilled by donations and voluntary work. The main reason for donating includes a belief in the organization's mission.

Furthermore, high-net-worth donors hope to make a difference with their donations. Further, donors want to support the same organization annually and focus on continuity (Indiana University Lilly Family School of Philanthropy, 2016). The following chart (Fig. 40) again clearly illustrates donors' motivation.

Figure 40: Motivations for Charitable Giving and Volunteering (Indiana University Lilly Family School of Philanthropy, 2016)

Regarding the critical motives for high-net-worth donors' engagement, the study was able to analyze the main themes that the donor target group considers important (Indiana University Lilly Family School of Philanthropy, 2018, p. 7)(Indiana University Lilly Family School of Philanthropy, 2018, p. 7):

1. Wealthy people continue to care deeply about charitable giving.
2. Women achieve the highest effectiveness in terms of philanthropic giving.
3. Wealthy donors care about the influence and impact of their donation. They believe their donation can be highly effective, but donors need to see whether the outcome is what they want in person.
4. High expectations of the organizations represent another aspect whereby the donors place a high value on their privacy, which the company/organization must protect.

5. In addition to making donations, HNWIs are convinced that non-profit organizations also can act as problem solvers for social and global problems. Therefore, HNWIs have a high level of trust in the problem-solving competence of these organizations.

Wealthy people in Germany act out of altruistic and self-interested motives (Fig. 41). Yet these two motives are not in conflict. The most relevant motives for wealthy donors are responsibility and participation within society. In this respect, professional independence and a high degree of self-fulfillment as motives for action strongly influence the philanthropic activities of wealthy people. Helping a specific target group, compassion, and the fun of helping are reasons wealthy individuals get involved. In Germany, wealthy people mainly fulfill social responsibility through financial contributions (Störing, 2015).

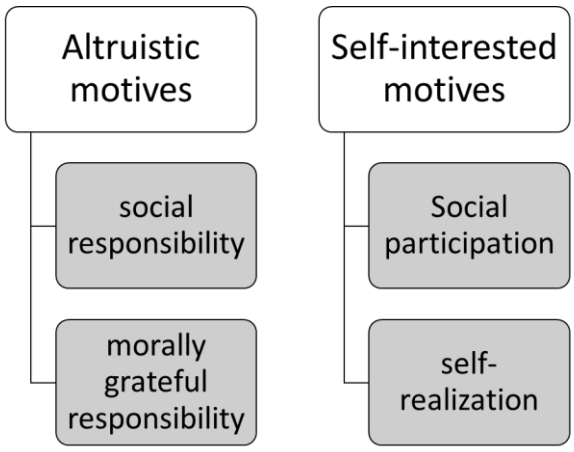

Figure 41: Motive groups of wealthy people (Own representation based on Störing, 2015)

Explanatory model for philanthropic actions of rich people

Based on the findings, Störing (2015) has constructively developed a modified integrated explanatory model for philanthropic action by wealthy individuals in Germany (Fig. 42). In addition to monetary and in-kind donations, acting or giving can also take the form of active membership as well as participation in aid projects. The resulting benefits are very diverse, as can be seen in Abb. 45. Concrete motives such as self-governance and participation are particularly decisive for the

group of wealthy. In addition, building social relationships takes on a high priority in these circles. Other motives such as recognition, prestige, and reputation can be achieved through the exercise of philanthropic activity to make use of these in the private sphere on the one hand and profit from them in the professional context on the other. A justification of social inequalities through an elevated position of the rich in society can be achieved through philanthropic activities if society considers the use of wealth to be beneficial to the common good. In conclusion, it can be said that "philanthropic action as compliance with internalized norms can also be assigned to the cycle of giving, taking and reciprocating in contemporary societies and constitutes and maintains social coexistence" (Störing, 2015, p. 210).

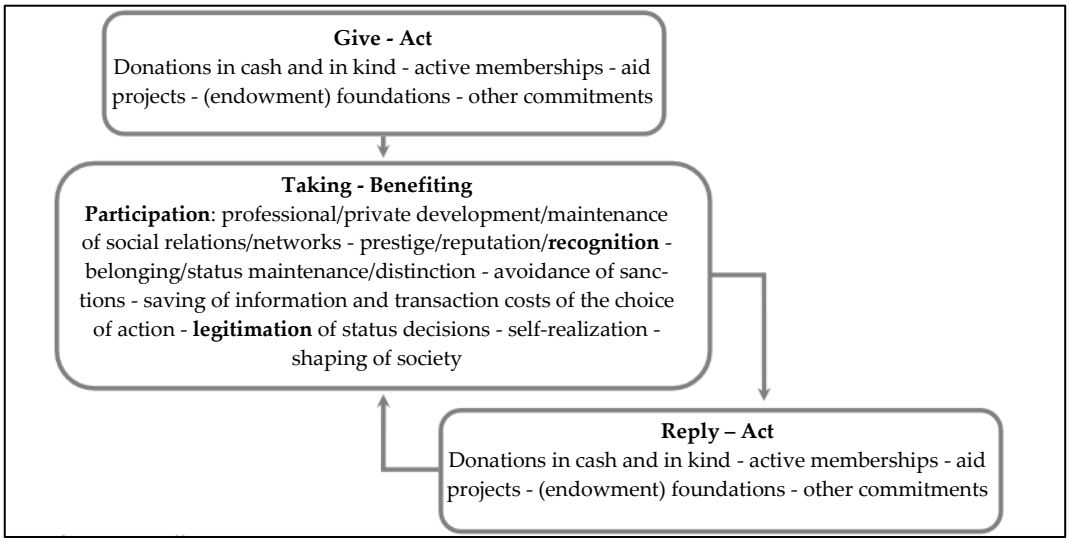

Figure 42: Modified Integrated Explanatory Model of Philanthropic Action by Wealthy Individuals in Germany (According to Störing, 2015, p. 28)

2.7.2 Donation delevelopment - (Ultra) high-net-worth philantrophy

Essential insights into the current development of donations during the Corona pandemic are provided by the study conducted by Business Insider, which interviewed, among others, the high-net-worth individuals Hans Georg Näder, Nicola Leibinger-Kammmüller and Stefan Quandt on the subject of donations among billionaires. The high-net-worth individuals were particularly active in the social

sector and medical research. In addition to donations in kind, such as technical equipment for schools, they also donated millions in cash. It is interesting to note that donations were made on the one hand, from their foundations and, on the other, from the private assets of German billionaires (Orosz et al., 2021).

The study "Billionaires Insights 2020 - Riding the storm" revealed similar findings on the development of donations. The research by the central bank UBS and the consulting firm PwC clearly shows that billionaires donate more than ever due to the pandemic. There is a foreseeable trend for billionaires to be more strategic in their philanthropy and focus not only on monetary donations but to influence the outcome significantly, for example, by actively participating in a Corona treatment. A social shift in thinking has occurred due to the Corona pandemic. Billionaires are becoming more active in philanthropy, corporate sustainability, and sustainable investing and are even introducing innovations. According to the study, 209 billionaires donated about $7.2 billion between March and June 2020. The actual donation value is likely much higher, as there tends to be a tendency toward discretion among the highest-net-worth individuals. The money was donated to support foundations/NGOs and hospitals, to produce protective masks and respirators, and to build production facilities for vaccines (UBS & PwC Switzerland, 2020).

The study also shows a worldwide comparison regarding the development of the willingness to donate. Compared with Europe, a pronounced culture of giving can be found in the USA, as philanthropy is an essential component of society there, and the way donations are handled is far more public than in Europe or Asia. In total, billionaires in the USA donated almost 4.6 billion U.S. dollars. Chinese billionaires donated 678.8 million U.S. dollars, ranking second according to the study (UBS & PwC Switzerland, 2020). The following table (Tab. 9) shows the five most important markets broken down by the number of donors and the respective donation amount in U.S. dollars.

Market	Number of billionaire donors	Donations in USD m
United States	98	4,578.6
Mainland China	12	678.8
India	9	541.0
Australia	2	324.0
United Kingdom	9	297.5

Table 9: The top five markets for COVID-19 donations during the March-June analysis period (UBS & PwC Switzerland, 2020, p. 28)

Since the U.S. is the most critical market in the world regarding giving, the following (Fig. 43) looks at the giving trends of the 50 largest U.S. donors. From 2020 to 2021, pandemic-related donations rose from nearly $26 billion to about $28 billion - a 12% increase from the previous year, according to the Chronicle of Philanthropy's latest annual survey. More than half of that money came from two huge donors: Bill Gates and Melinda French Gates. Notably, in 2006, when Warren Buffett gave large sums to foundations, that total was far higher ($70 billion).

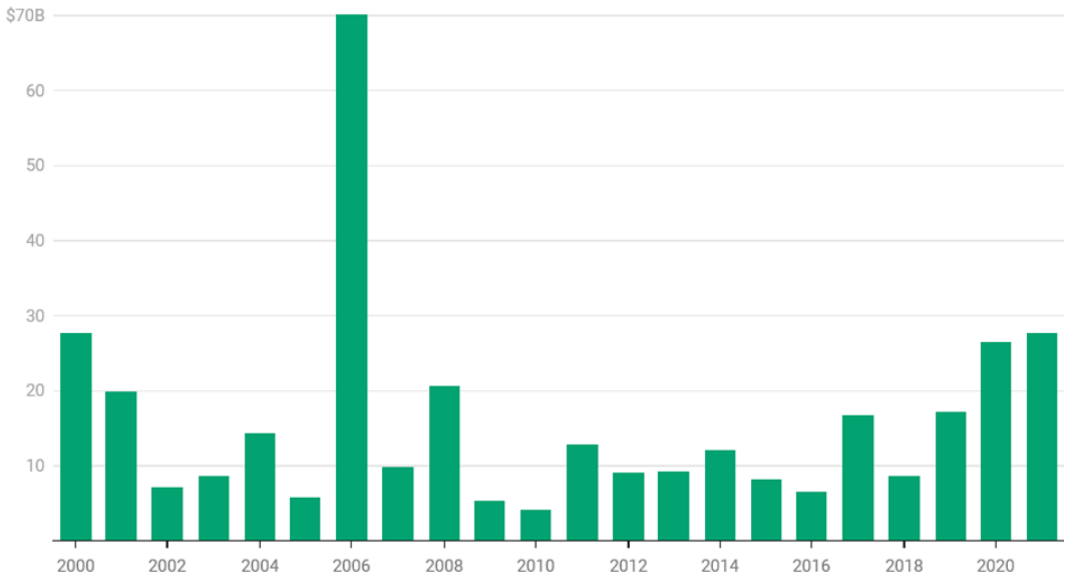

Figure 43: Charity gifts and pledges from top 50 US donors since 2000 (Di Mento & Gose, 2022)

Notably, the 50 most prominent donors in the U.S. gave predominantly to foundations, as shown in the table below (Tab. 10). The $15 billion that Bill Gates and Melinda French Gates put into their foundation made foundations the largest recipient of funds. Gifts to advisory funds, which also set aside donor money to give to nonprofits later, and higher education were the next two most significant priorities, followed by hospitals and medical research (Di Mento & Gose, 2022).

Rank	Category	Total in millions
1	Foundations	$17,536
2	Donor-advised funds	$2,653
3	Colleges and universities	$2,629
4	Hospitals and medical centers	$981
5	Medical research	$333
6	Public affairs	$313
7	Community foundations	$222
8	Museums	$220
9	Human and social services	$186
10	Health	$140

Table 10: What the top 50 US donors supported in 2021 (Di Mento & Gose, 2022)

Findings from the "Ultra High Net Worth Philanthropy 2022" report by Wealth-X revealed that growth in giving by the ultra-wealthy significantly outpaced growth from other sources in 2020. North America accounted for more than half of all global giving by the ultra-wealthy compared to other countries, at $91 billion. According to the report, this is due to high levels of wealth as well as a long-standing tradition of public giving. For example, the chart below (Fig. 44) reveals that Europe's ultra-wealthy donated a total of $52 billion, representing one-third of global UHNW donations.

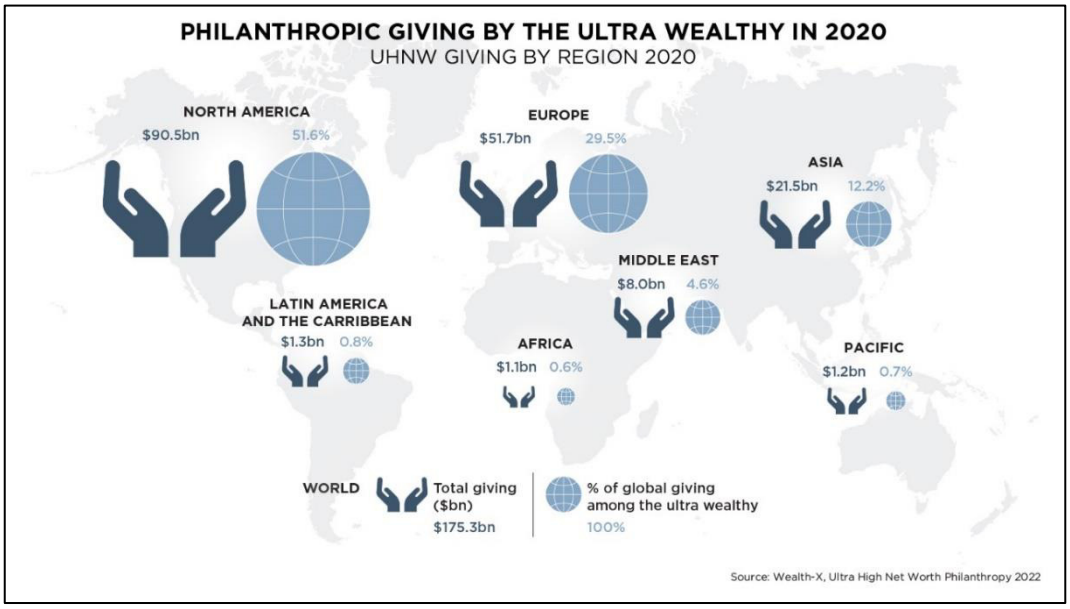

Figure 44: Philantropic Giving By The Ultra Wealthy in 2020 (Wealth-X, 2022)

The ultra-rich have increasingly engaged in philanthropy over the past decade. At the same time, the global UHNWI population has grown, as has their cumulative net worth. Given that sources of philanthropic funding are likely to remain limited for the foreseeable future, given by the ultra-rich continue to offer significant growth potential (Wealth-X, 2022).

2.7.3 Top quality medicine and research

Philanthropy in the health sector has made a significant contribution to a large number of critical medical projects, especially in cutting-edge medicine and research, and represents a legitimate source of support whose importance is sure to increase in the years to come (DeMaria, 2006; Neitzsch, 2017; Stumpf, 2018).

In this context, it is essential, as the chairman of the Association of University Hospitals in Germany (Verband der Universitätsklinika Deutschlands e.V.), Professor Michael D. Albrecht mentioned in an interview, that "donations ... should not be used to 'plug holes' in current expenditures," because you can make a

significant contribution in particular "to the financing of strategically important projects." Instead, he sees fundraising as "the opportunity to take things into your own hands" (aerzteblatt.de, 2016, p. 1).

Especially in the current Corona pandemic, the rich donate primarily to cutting-edge medicine and research in Germany. For research and development of treatment therapies around the novel virus, for example, BMW heir Stefan Quandt donated about 1.5 million euros. Paul Gauselmann made further donations of around 1 million euros for medical facilities, such as an operating theater robot for cutting-edge medicine. German millionaires support cutting-edge medicine with their foundation assets and, in some cases, even with their private assets (Orosz et al., 2021).

In particular, fundraising income from hospitals and clinics in Germany is used for strategically important projects. Investing in meaningful high-impact projects is an important reason for many major donors to give. In this context, significant donations are generally used, for example, to provide start-up financing or to realize innovations and improvements. Some examples of successful medical fundraising projects in Germany are listed below (Neitzsch, 2017; Stumpf, 2018).

Establishment of medical Lighthouses	Support for cutting-edge research
	Start-up funding for a leading simulation center
Stimulating innovations & positive changes	Start-up or co-financing of new buildings or renovations
	Acquisition of improved medical equipment
	Introduction of new therapies
	Establishment of innovative centers, interdisciplinary working groups
Improve the quality of the stay	Additional care and offers for relatives
	More therapy and counseling services for patients

Table 11: Examples of successful fundraising projects in Germany (According to Stumpf, 2018, p. 24)

As the fundraising projects outlined above show, revenue is primarily used for cutting-edge medicine and research, both to improve the hospital's or clinic's medical equipment and to offer new innovative therapies to provide patients with the best possible care.

High donations by major donors, such as a single donation to the University Hospital in Munich of 17 million euros or a patron's donation of 11 million euros for the construction of the new children's hospital in Hamburg, shows that wealthy people in Germany are willing to donate to important medical projects (Stumpf, 2018). In this context, some wealthy people in Germany can be listed who have made various donations in the millions in recent years. A positive example is the major donor Michael Otto. In 2015, he donated a total of 10 million euros for the construction of the new Children's UKE in Hamburg. Dietmar Hopp is also an important major donor to various development projects in Germany. In total, he has already donated over 715 million euros (as of Dec. 2018). Here, as an example from the health sector, the sponsored project from 2019 "Special outpatient clinic for young people with risky and self-harming behavior" with a donation amount of €472,000 should be mentioned. Another funded project from Dietmar Hopp's top research is "Research into the role of stem cells in cancer" with a funding amount of around €22 million. Two other currently large-scale projects for research into pancreatic cancer and dementia are being funded by Manfred Lautenschläger through his foundation with €2 million. The Sultan of Oman, Quabus bin Said al-Said, made a major donation of 17 million euros for a new children's hospital in Munich. Zygmunt Solarz-Zak donated around 100 million euros for the establishment of a new research institute for stroke and dementia research at the University Hospital in Munich. In 2008, Andreas and Thomas Strüngmann made an even larger donation of over 200 million euros for the establishment of a new brain research institute. These are some examples of top sponsors with high contributions in the millions for cutting-edge medicine and research (Dietmar Hopp Stiftung, 2021; Haibach & Uekermann, 2021; Handel, 2014; manager magazin, 2008; Manfred Lautenschläger-Stiftung, 2021; Neitzsch, 2017).

The mega-donations of the aforementioned major donors for cutting-edge medicine and research in Germany are clearly compiled in the following table.

Who	Amount	To whom	Purpose	When	Notes
Andreas und Thomas Strüngmann	200 Mio	Ernst-Strüngmann-Foundation Frankfurt am Main	Foundation Brain Research Institute	2008	Cooperation with Max-Planck-Gesellschaft
Zygmunt Solorz-Zak	100 Mio.	Clinic of the University of Munich	Establishment of a new research institute for stroke and dementia research (ISD)	2008	
Dietmar Hopp	Over 40. Mio.	Heidelberg University Hospital	Various projects with around €715 million	since 1990s	Over Dietmar Hopp Foundation: Total donations of around €715 million
Dieter Morszeck	30 Mio.	Heidelberg Cancer Research Center (DKFZ)	construction of a building for fully and semi-automated collection of blood and tissue samples		
Manfred Lautenschläger	Over 20 Mio.	University Heidelberg	new building for children's hospital, diabetes research center	since 2000	about Manfred Lautenschläger Foundation
Qabus bin Said al-Said, Sultan von Oman	17 Mio	Ludwig-Maximilians University Hospital Munich	Construction of the "New Hauner", Clinic for Obstetrics, Pediatrics and Adolescent Medicine	2014	
Michael Otto	10 Mio	University Medical Center Hamburg-Eppendorf	Children's hospital new building	2015	

*Table 12: Mega donations of cutting-edge medicine and research (*Own representation)

However, this represents small donations compared to major American donors. Of particular note is the donation by billionaire MacKenzie Scott, ex-wife of Amazon founder Jeff Bezos, who gave $2.7 billion to charities ("Billionaire Mackenzie Scott Gives Away £2bn More," 2021). Other examples of the most significant donations in 2021 from individuals to hospitals or healthcare organizations in America for hospital improvements, research, and cutting-edge medicine can be seen in the table below (Tab. 13).

Donor	**Donation purpose**	**Donation amount**
Cooperman Family Foundation	Saint Barnabas Medical Center	$100 million
Denny Sanford	Sanford Health	$350 million
Denny Sanford	Sanford Health	$300 million
Jared Isaacman	St. Jude Children's Research Hospital	$100 million
Arthur Riggs	City of Hope National Medical Center	$100 million

Table 13: Donations of $100 million or more to hospitals and health systems in 2021(Plescia, 2021a)

Donations from the aforementioned significant donors in the Americas, for example, are for the construction of a virtual care center that will improve access to health care in rural and underserved communities, for the expansion of a sports complex, or the expansion of medical education. Research and treatments for cancer and diabetes, as well as the establishment of a diabetes research center, are other giving purposes of significant donors in the health sector(Plescia, 2021a). In addition, these hospitals and healthcare facilities that have received a significant gift often name their facilities after the donors to publicly express their gratitude and appreciation (Plescia, 2021c).

Although previous studies show that the lower social class primarily acts more prosocially due to their more substantial commitment to egalitarian values and compassion, wealthy people play a crucial role in charitable giving (Piff et al., 2010; Smeets et al., 2015). For example, the recent study "Giving behavior of millionaires" revealed that millionaires donate more than any other group studied in the literature. In this context, wealthy people donate more generously to charity when they do not expect a direct benefit. In contrast, they are generally less generous when a strategic element is added to the mix, such as a required minimum donation amount (Smeets et al., 2015). This suggests that as soon as wealthy donors are restricted in their voluntariness, this impacts their generosity and, consequently, on giving.

2.7.4 Wealth Management – Private Banking and foundations

When it comes to large-scale donation fundraising with wealthy people and the associated analysis of the donation potential of wealthy people for hospitals and clinics in Germany, the perspective of banks should not be ignored. Banks play a decisive role in wealth management concerning the establishment of foundations. Therefore, it is interesting to look at the extent to which hospitals and wealthy donors have been associated with banks up to now and which projects in the healthcare sector are supported by foundations. The following is an overview of the status quo of banks and their foundations in wealth management.

The best providers for serving wealthy clients can be gleaned from Euromoney's Global Private Banking and Wealth Management Survey. The current survey showed that UBS, Deutsche Bank, and Commerzbank occupied the top three private banking positions in the German market in 20202.

Ranking Private Banking 2022 Germany (Euromoney, 2022)

1. UBS
2. Deutsche Bank
3. Commerzbank

It is interesting to note that UBS is always at the top of the rankings both for servicing mega-high net worth individuals (>250 million euros) and for UHNWI

clients (30 -250 million euros). For HNWI clients in the range of 5 to 30 million euros, on the other hand, Deutsche Bank is in first place in Germany (Euromoney, 2022).

Bank foundations

In the following subsection, 'Foundations and Banks', the foundations and their projects of the three banks mentioned above are briefly described. The current situation in Germany concerning establishing foundations is discussed.

The Deutsche Bank Foundation supports various projects, in particular projects to promote excellence, culture, equal opportunities, integration, and disaster prevention. It is clear from the Activity Report 2020, "Commitment overcomes borders," that the focus is on the development and sustainable strengthening of young potential. So far, however, the health sector and, in this context, the hospital sector have not been included in the projects (Deutsche Bank Stiftung, 2022).

A similar picture emerges at UBS concerning its support from foundations. In addition to the Foundation for Social Affairs and Training, which focuses on education, qualification, and professional integration of people with disadvantages, another foundation deals with the creation, dissemination, and communication of current cultural and artistic work. Again, it is clear that the focus of the health sector (hospital) is on something other than the project selection of the foundation. It is interesting to note, however, that concerning its wealth management activities in Germany, UBS promotes philanthropy among its wealthy clients by working with them at the local, national, and global levels to identify and analyze projects and initiatives that show high potential. In this way, UBS actively matches its clients as high-net-worth donors with suitable companies to foster long-term cooperation. This approach is particularly crucial for hospitals and clinics to enter into long-term cooperation with high-net-worth donors who rely on the support of major donors to realize projects in cutting-edge medicine with high funding needs. In addition, UBS offers its clients the option of flexibly investing their assets in a trust or charitable Foundation in order to systematically and purposefully donate their assets according to their needs. It is still being determined which foundations have already been established by wealthy clients

It is also possible to submit project proposals to the UBS Optimus Foundation. The Foundation is a grant-giving foundation that offers its clients a platform to support organizations with their financial resources. Wealthy clients can actively approach the bank if they wish to support a specific project. Furthermore, UBS brings wealthy donors together with potential partners who support them in implementing and realizing their donation wishes (UBS AG, 2022a, 2022c, 2022b).

Furthermore, the bank brings wealthy people together as part of a global network to connect wealthy philanthropists with similar interests. This community could be of great importance to hospitals and clinics in implementing projects with high funding needs. It would be interesting to know to what extent banks and hospitals are currently connected through this community. However, data currently needs to be available on this.

Commerzbank, which achieved third place in Euromoney's private banking ranking, is one of Germany's leading addresses in the foundation sector. Commerzbank Wealth Management can boast more than 370 managed foundations with around EUR 1.65 billion in assets under management. In addition, Commerzbank Wealth Management has around 610 foundations under management. Furthermore, the most significant single mandate consists of approximately 100 million euros. Like the other private banks, the Commerzbank Foundation is also committed to charitable projects, particularly in culture, social welfare, and business. For example, the Commerzbank Foundation currently supports notable projects in German hospitals and clinics to promote the development of a nursing assistance robot in cooperation with the Frankfurt University of Applied Science (Commerzbank AG, 2022b, 2022a).

If the total number of foundations in Germany is examined more closely, this reveals a total of around 23,876 foundations exist. With 712 new foundations, Germany is growing strongly. However, significant differences can be seen between the east and west. More than half of the foundations (88.6%) are located in the western states (Bundesverband Deutscher Stiftungen e. V., 2020; Klindworth, 2021).

Global ranking

Not only the ranking of the best-ranked in private banking is interesting, but also the global view. In the global ranking, as published by Euromoney, UBS even makes it into the top 3 with second place. Deutsche Bank, as the German

representative, unfortunately does not make it into the top 10. However, as the only German institution, it makes it to 11th place among the 25 best providers. The American bank J.P. Morgen offers the best private banking and wealth management services on a global level (Euromoney, 2022).

Rank Year 2022	Institute
1	J.P. Morgan
2	UBS
3	Credit Suisse
4	Santander Group
5	Julius Bär
6	Goldman Sachs
7	Citi
8	Morgan Stanley
9	BNP Paribas
10	HSBC

Table 14: Best Private Banking 2022 Global (Own represenation based on Euromoney, 2022)

The J.P. Morgan Chase Foundation of the world's leading financial services company JPMorgan Chase&Co operates in Germany as well as globally. The

foundation aims to qualify people for the world of work, to support small businesses and the self-employed, and to improve financial skills and knowledge. In Germany, the focus is mainly on supporting disadvantaged people. In the portfolio of JPMorgan Chase&Co, the health sector in America must be included. Morgan Health aims to provide better healthcare for the working population in the United States. To that end, Morgan Health invested $50 million in Vera Whole Health in August 2021 to improve healthcare. Overall, Morgan Health relies on three sectors: Health Care Innovation, Morgan Health Ventures, and Health Equity Community Engagement (Inititative Frankfurter Stiftungen, n.d.; J.P.Morgan, n.d.; JPMorgan Chase&Co, n.d.).

Savings Banks & Regional Banks

Not only do private banks in Germany serve wealthy customer groups, but savings and regional banks are slowly moving into the focus of private banking, as the Zeb survey results of the study "Private Banking Study Germany" show. As the study found out, central private banking (liquid assets of 500,000 - 3 million euros) grows by 4 - 6 percent per year and represents a suitable target group for regional banks to serve. These savings banks and regional banks have excellent access to medium-sized entrepreneurs who may be interested in setting up foundations as well as significant donation projects in the hospital sector (Morof & Symannek, 2022).

Conclusion

As the status quo in Germany described above shows, many private banks are already intensively involved with the foundations of wealthy customers in wealth management. However, there are few to hardly any foundations of banks explicitly involved in the healthcare sector for projects in hospitals and clinics. At this point, it would be interesting to find out to what extent wealthy people would be interested in cooperating with their principal bank to implement projects in cutting-edge medicine.

Every donor can actively approach the bank and set up an individual foundation, as both private and savings banks/regional banks offer professional foundation management. Accordingly, it would be possible for every wealthy person in Germany to establish a hospital foundation to support hospitals and clinics in Germany in the realization of projects in cutting-edge medicine and research.

2.7.5 Interim conclusion on major donation fundraising

Major donors represent a relevant target group for organizations with enormous growth potential, as they have sufficient wealth, which is an essential factor for philanthropic engagement. Increasing wealth positively favors philanthropic action.

Hospitals and clinics receive the most significant volume of donations from private individuals. Inheritance donations also play an essential role and significantly increase donation income.

However, financial resources are only one of the decisive factors for major-donor fundraising. In particular, the major donor should have a personal connection to the hospital's sponsorship project or, at best, an interest of his own and a personal connection to the hospital or the project.

Not only appreciation and trust are essential factors for high-net-worth donors. In addition, the mission and expectations of the organization, as well as the effectiveness that can be created through donations, are reasons for the commitment of high-net-worth donors.

There is sufficient wealth in Germany that hospitals can harness through fundraising. However, the potential of significant donors needs to be tapped.

The COVID pandemic has had a positive impact in general and in particular on the development of donations among high-net-worth individuals. In particular, donations were made to hospitals and foundations/NGOs in Germany in 2020.

Donations were mainly made for cutting-edge medicine and research in order to be able to implement strategically relevant projects that would only be possible with large donations. Donations of between 10 million euros and 200 million euros were made for this purpose by significant donors in Germany.

Billionaires donate not only from their foundations but also from their private assets. This shows the potential for high-net-worth individuals to engage in philanthropy in various ways.

Therefore, foundations and endowment foundations play a crucial role in wealth management for hospitals in terms of significant donors. However, there

are currently no bank foundations in Germany explicitly involved in hospital projects.

Although fundraising is already practiced in German clinics and hospitals, there is a need to study the potential of the donor profile of high-net-worth donors and the donor behavior of this target group for this area of healthcare.

2.8 WEALTHY PEOPLE – UHNWIS AND HNWIS

According to the World Wealth Report by Capgemini and the Wealth Report 2021 by Frank Knight, a possible segmentation of wealthy people can be made. There is a group of high-net-worth individuals and a group of ultra-high-net-worth individuals, each of whom can have net assets of over USD 1 million and over USD 30 million, respectively. The Boston Consulting Group shows a more detailed segmentation in its annual reports on high net worth individuals (Boston Consulting Group, 2021) :

- The lower end (HNWIs) I: between $1 million and $5 million.
- Lower end (HNWIs) II: between $5 million and $20 million.
- Upper-end HNWIs: between $20 million and $100 million.
- UHNWIs: more than $100 million.

It is important to note that the reports presented in the further course of the study have different definitions and classifications of high-net-worth individuals. As a result, different figures and values are possible.

2.8.1 Wealthy people worldwide

According to the Forbes list, the number of billionaires in 2021 exploded to an unprecedented 2,755 and increased by a total of 660 compared to the previous year. The "Forbes World's Billionaires-List 2021" snapshot of wealth using stock and exchange rates (as of March 5, 2021) and shows the world's wealthiest people ranked. In this, Jeff Bezos is the world's richest man for the fourth year in a row with $198 billion, followed by Bernard Arnault & family with $194 billion US, while Elon Musk moved up to a third place with $168 billion as Tesla and Amazon shares

soared. Further, the US has the most high-net-worth individuals, with 724 billionaires, followed by China (including Hong Kong and Macau), with 698 billionaires. The billionaires on the list are worth $13.1 trillion (Dolan et al., 2021).

Not only has the number of billionaires increased worldwide, but a new high in global wealth was reached in 2020. According to the Billionaire Report 2020, "Riding the storm," conducted by the central Swiss bank UBS and the consulting firm PwC. As of mid-July, the total wealth of billionaires reached $10.2 trillion (as of July 2020), significantly surpassing 2017's peak of $8.9 trillion. This is mainly attributable to the year of dramatic upheaval in the wake of the Corona pandemic, which polarized billionaires' wealth. As a result, according to the report, not only has total wealth increased but so has the number of billionaires - from 2,158 (2017) to 2,189 (2020) (UBS & PwC Switzerland, 2020).

Another report, the World Ultra Wealth Report 2021, measures around 25.8 million high-net-worth individuals (HNW $1m +). It is important to note that the study divides ultra-wealthy individuals again: into very-high-net-worth-individuals (VHNW), who has a net worth of $5m to $30m, and the ultra-wealthy (UHNW), with a net worth of more than $30 million. In 2020, there were 2.7 million VHNW and about 300,000 UHNW; according to the study, as can be seen clearly on the chart (Fig. 45), the ultra-wealthy form a separate segment within the HNW population. The total wealth of the HNW group is the largest compared to the other two groups at $42.7 trillion ($105.222bn - $27.064bn - $35.459bn) and accordingly represents a 41% share of global HNW wealth. With a net worth of $27.1 trillion, the VHNW layer accounts for 26% of global HNW wealth. If the ultra-rich (UHNW) stratum is considered the smallest cohort, they represent only 1.2% of the global HNW population and account for 34% of total HNW wealth (Wealth-X, 2021).

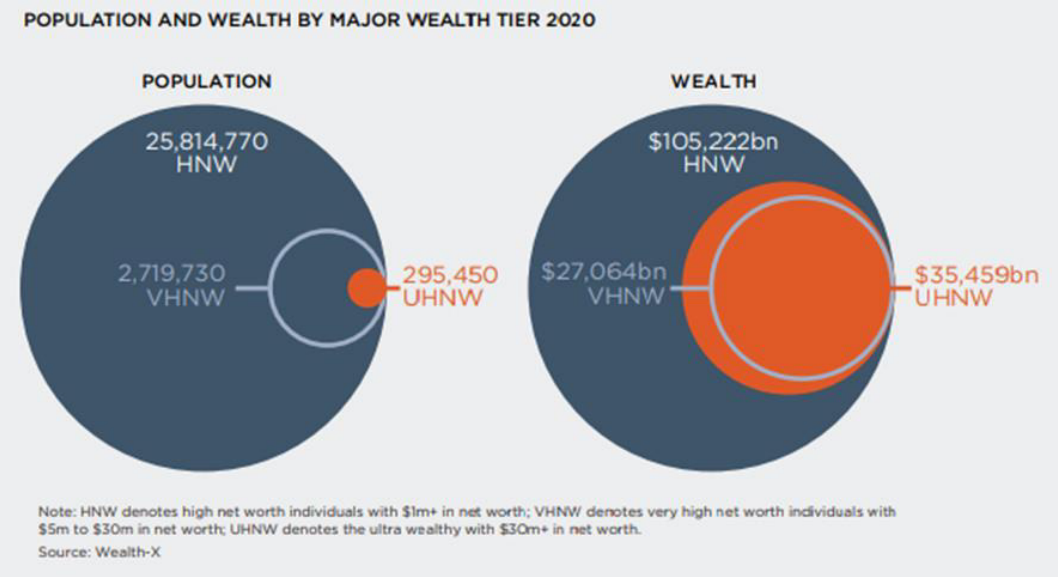

Figure 45: Population and wealth by major wealth tier 2020 (Wealth-X, 2021)

The fact that global wealth growth has increased despite economic challenges was also revealed by the Credit Suisse Research Institute in its annual Global Wealth Report. According to the study, total global assets amounted to USD 418.3 trillion in 2020 (Credit Suisse, 2021). The Boston Consulting Group's (BCG) Global Wealth Report 2021 came to a similar conclusion in its survey. A global net private wealth of around USD 431 trillion could be reported for 2020. Accordingly, in this study, 13 percent of global financial assets belong to the approximately 60,000 ultra-high-net-worth individuals with assets of at least USD 100 million (Boston Consulting Group, 2021). The following graphic (Fig. 46) illustrates how global wealth is distributed among high-net-worth individuals. 83% of the world's wealth is held by just 10% of the world's wealthiest people. By contrast, the assets of half the world's population with less than $10,000 account for only 1.8% of global private wealth. The wealthiest people in the world (0.9%) have a 43.9% share of global wealth.

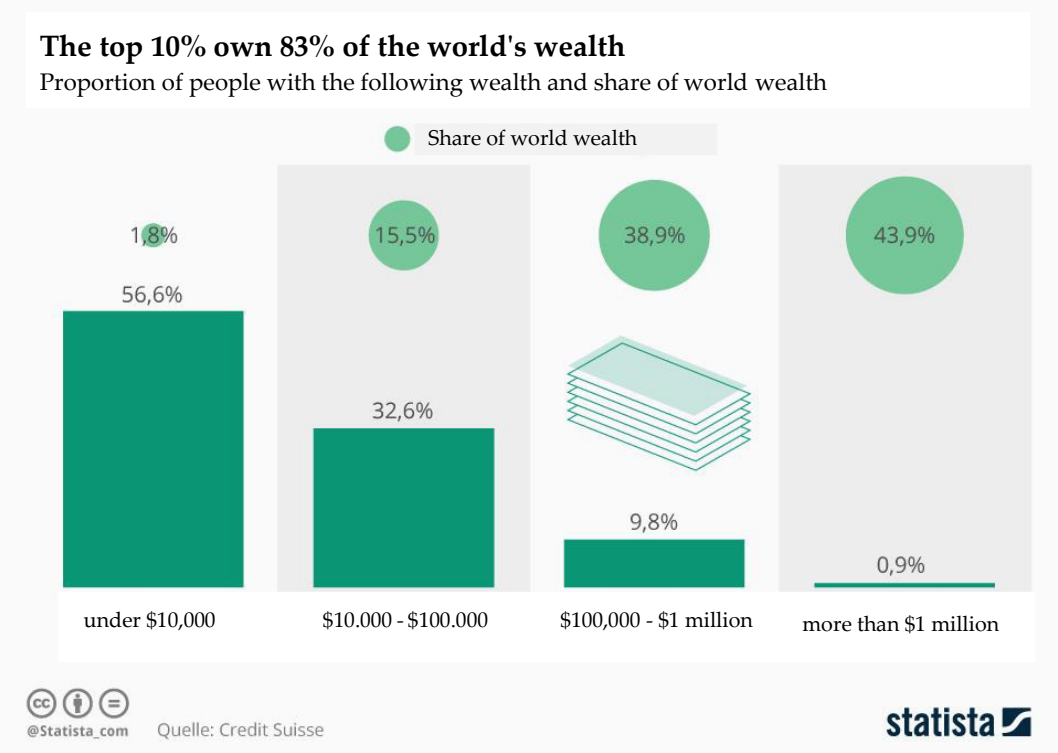

Figure 46: Proportion of individuals with the following assets and share of world wealth
(According to Credit Suisse, 2019 quoted after Statista.com)

A differentiated analysis by region makes it clear that total assets in North America increased more strongly in 2020 than in Europe. As a result, North America can report an increase of around 12.4 trillion US dollars - Europe by 9.2 trillion US dollars (Credit Suisse, 2021). North America thus leads the ranking with $136 trillion, followed by Asia (excluding Japan) with $116.9 trillion and Western Europe with $103 trillion (Boston Consulting Group, 2021).

Furthermore, it is interesting to see that when looking at the HIWI population (investable assets of USD 1 million or more) over time, firstly, the assets and secondly, the number of HNWIs increased in 2020, as shown in the in the following graphic (Fig. 47). According to Capgemini's World Wealth Report 2021, there has been an increase of 6.3% to 20.8 million. This means that the 20 million mark has been exceeded. In terms of HNWIs' assets, a growth of 7.6% to USD 80 trillion has

been achieved. Europe's HNWI population grew by 2.8% to 5.4 million in 2020. Similarly, in terms of wealth, Europe's HNWIs have grown by 4.5% to US$17.5 trillion in 2020 (Capgemini, 2021).

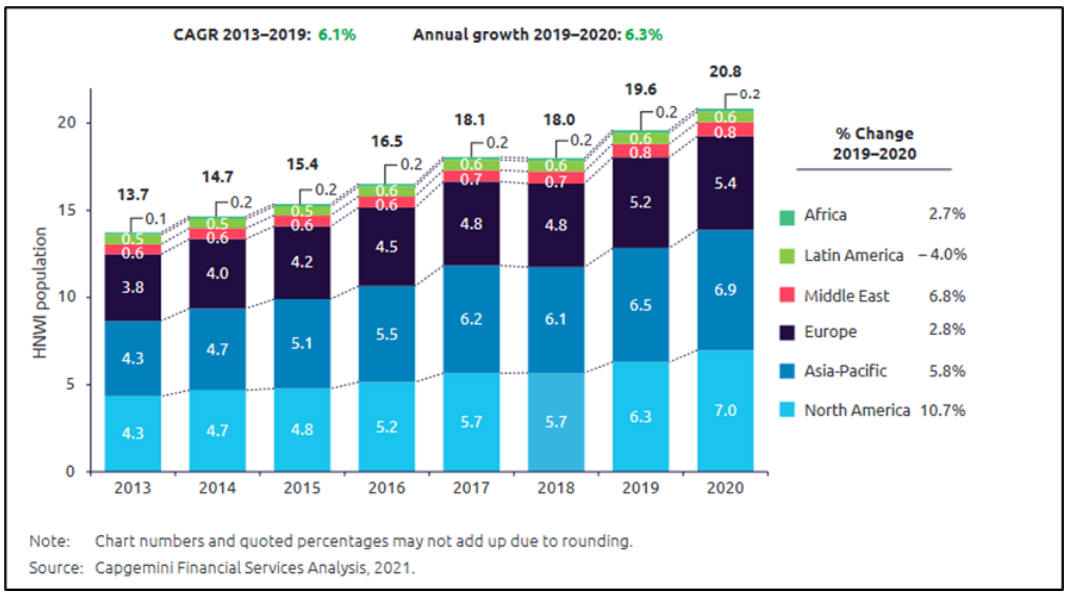

Figure 47: Number of HNWIs - by region over time (Capgemini, 2021)

The top four countries, in terms of HNWIs population, include the U.S., Japan, China, and Germany. These countries comprise more than 1 million HNWIs and collectively accounted for nearly 63% of the total global HNWI population in 2020. In addition, these four countries accounted for nearly 84% of the global HNWI population increase (Capgemini, 2021).

Looking at the absolute number of UHNWIs in 2020, it is particularly noticeable that the U.S. has the highest number of UHNWIs (>US$100 million) with 20,600, followed by China with 7,800. Germany is in third place with 2,900 highest-wealth individuals who can show a net worth of more than US$100 million (Boston Consulting Group, 2021). Globally, there are a total of 1.7 billion high-net-worth individuals who have personal assets between $10,000 and $100,000 (Credit Suisse, 2021). The growing wealth, not only globally but also explicitly in Germany and the U.S., offers the opportunity for the philanthropic engagement of wealthy individuals to increase decisively. However, it is essential to note that wealth is not directly related to increased charitable giving (Haibach & Uekermann, 2021).

Additionally, Frank Knight's Wealth Report 2021 provides insight into how the wealth of UHNWIs is changing, what exactly millionaires around the world are investing in, and what they are likely to plan or do next. The study shows that global wealth has remained stable despite the Covid-19 pandemic. Through the Wealth Sizing Model, it can be shown that in 2020, the number of UHNWIs (<$30 million) worldwide increased by approximately 2.4 percent to 521,653. In a regional comparison, North America ranks first with 190,085 UHNWIs and an increase of 4% compared to the previous year, followed by Europe with 151,665 UHNWIs and an increase of 1%. When looking at the countries that saw the most significant increase in their UHNWI population in 2020, Germany is among the top 10 fastest-growing countries with 3%. It has 28,396 high-net-worth individuals with over $30 million in net assets in 2020. (Knight, 2021). Frank Knight's Wealth Sizing Model projections suggest that the global population of UHNWIs (net worth > US$30 million) will grow by approximately 27% over the next five years - the number of HNWIs (net worth > US$1 million) by 41%. The UHNWI population is projected to reach 666,843 by 2025 (Knight, 2021). The following figure (Fig. 48) overviews projected wealth population values broken down by HNWIs and UHNWIs for various countries.

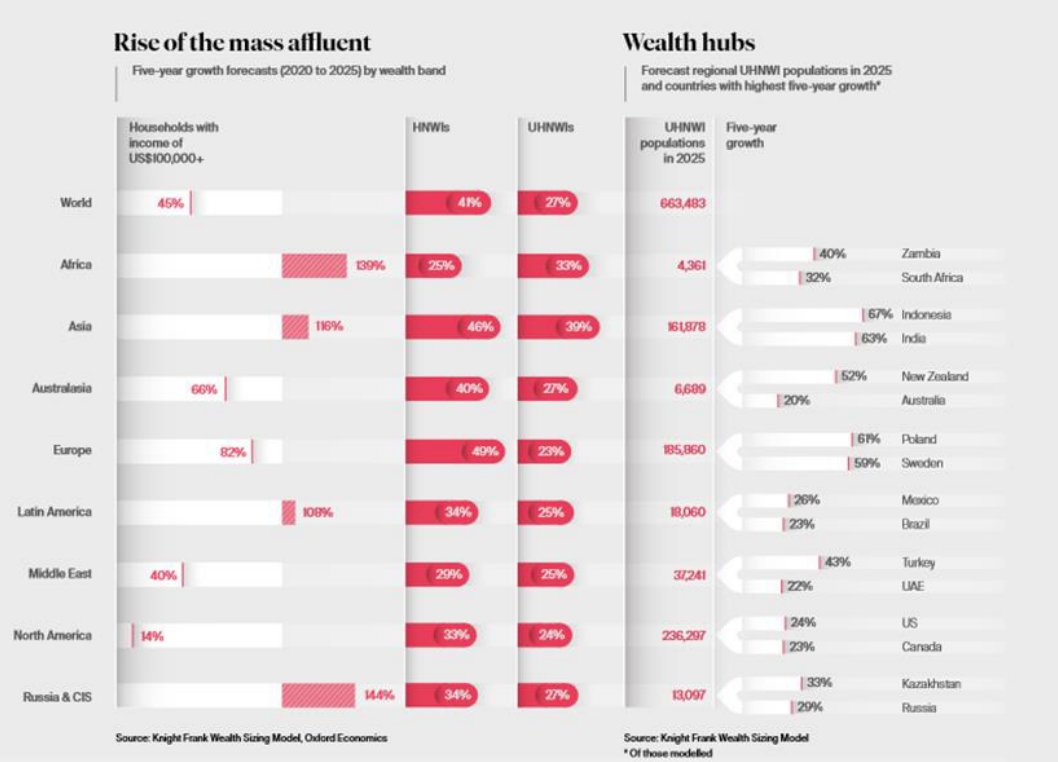

Figure 48: Five-year forecast of the global wealth population (Knight, 2021, p. 17)

Not only will the number of high-net-worth individuals increase in the future, but global private wealth will also be characterized by rising growth, according to the BCG forecast. By 2025, it is expected to rise to approximately $544 trillion, an increase of around 4.8% (Boston Consulting Group, 2021). A similar forecast is made by the Credit Suisse Institute, which predicts that global assets will rise to around $583. trillion over the next five years (Credit Suisse, 2021).

2.8.2 Wealthy people in Germany

The previously presented subdivision of wealthy people worldwide can also be applied to the segmentation of wealthy people in Germany, as the following figure (Fig. 49) shows. When considering wealthy people within German society, a basic categorization into wealth and income is possible. Lauterbach et al. (2011) distinguish between the different groups of wealthy people: high-net-worth

individuals (HNWIs, millionaires with at least $1 million), ultra-high-net-worth individuals (UHWNIs, millionaires with at least $30 million), super-rich (at least $30 million) and billionaires. Based on the figure, it is clear that a substantial inequality exists between the wealthy in terms of their income and the ultra-high-net-worth individuals in terms of their absolute wealth. The wealthy (HNWIs and UHNWIs), the super-rich, and the billionaires form the top of the wealth pyramid.

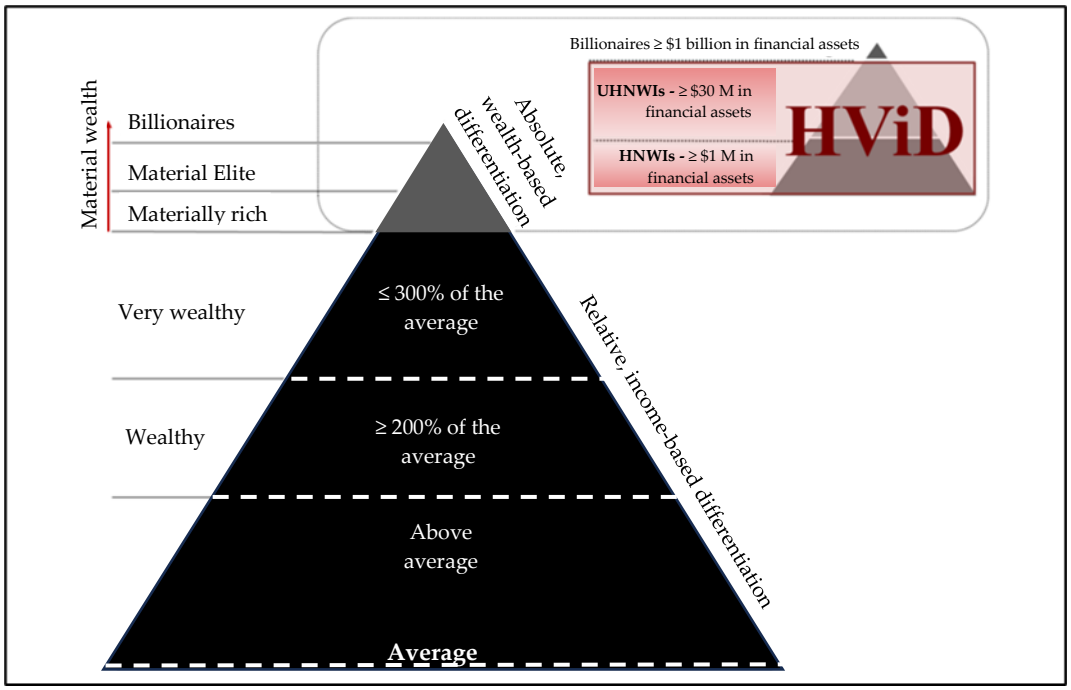

Figure 49: Wealth pyramid Germany (According to Bundesministerium für Arbeit und Soziales, 2016, p. 75)

According to BCG's Global Wealth Report 2021, the total wealth of private households in Germany amounts to 20 trillion US dollars. At the same time, private financial assets in Germany reached USD 9 trillion and increased accordingly by around 6 percent (Boston Consulting Group, 2021). According to Capgemini's World Wealth Report 2021, the number of HNWIs with investable assets of US$1 million grew by 4.7%. According to the report, there were approximately 1,535,100 millionaires in Germany in 2020, representing an absolute growth of 69,100 HNWIs

compared to the previous year. As a result, 6.8% growth is seen in the total wealth of German HNWIs (Capgemini, 2021). The German UHNWI population can show several 15,435 ultra-high-net-worth individuals in 2020 ($30m+), with a 3.3% decrease year-on-year (Wealth-X, 2021).

Looking at UHNWIs in Germany who have total financial assets of more than $100 million, it is particularly noteworthy that Germany is listed in third place behind the U.S. and China, with a number of around 2,900 high-net-worth individuals (Boston Consulting Group, 2021; Credit Suisse, 2021).

In 2019, Germany could have 2,208,163 HNWIs with a net worth of more than $1 million and 23,078 UHNWIs with a net worth of more than $30 million. By 2024, the number of billionaires in Germany will increase from 129 to 147 (Clark, 2021). In comparison, the Capgemini Report can show approximately 1,535,100 millionaires in Germany by 2020. According to the Wealth-X report, the UHNWI population in Germany can show several 15,435 ultra-wealthy individuals ($30m+) (Capgemini, 2021). The absolute numbers of HNWIs and UHNWIs differ due to different survey methods and dates.

There are currently 119 billionaires living in Germany (UBS & PwC Switzerland, 2020). Among the wealthiest Germans in 2021, according to the ranking of billionaires by the U.S. magazine "Forbes" is in first place Beate Heister and Karl Albrecht Junior, the children of the supermarket chain owner Aldi Süd, with total assets of $42.5 billion. Owner of the Schwarz Group, Dieter Schwarz, is in second place with a current wealth of $36.8 billion, followed by Susanne Klatten - Germany's richest woman and the second BMW heiress with a fortune of $26.7 billion. Overall, the wealth of the wealthiest people in Germany has increased by US$10.5 billion to US$240.93 (Dolan et al., 2021). The top 10 richest people in Germany can be seen in the following table (Tab. 15), based on the Forbes ranking.

Rank	Name	Assets
1.	Beate Heister & Karl Albrecht Junior	$ 42,5 Bn.
2.	Dieter Schwarz	$ 36,8 Bn.
3.	Susanne Klatten	$ 26,7 Bn.
4.	Klaus-Michael Kühne	$ 22,3 Bn.
5.	Theo Albrecht Junior	$ 22 Bn.
6.	Stefan Quandt	$ 20,7 Bn.
7.	Reinhold Würth & Familie	$ 20,6 Bn.
8.	Heinz Hermann Thiele & Familie	$ 18,2 Bn.
9.	Dietmar Hopp & Familie	$ 16,1 Bn.
10.	Hasso Plattner & Familie	$ 15,03 Bn.

Table 15: The richest Germans 2022 (Forbes, 2022)

It is also interesting to see where the richest people in Germany live. For this purpose, the number of wage and income tax payers can be viewed at the level of the federal states. According to the German Federal Statistical Office, Bavaria had the most income millionaires in 2017 with 5,702, followed by North Rhine-

Westphalia with 5,673 and Baden-Württemberg with 4,087. The following table (Tab. 16) contains all income millionaires broken down by federal state in Germany.

Federal state	Total amount of income		Income tax to be assessed	
	Taxable	1 000 Euro	Taxable	1 000 Euro
Schleswig-Holstein	809	2 461 993	797	839 021
Hamburg	1 196	3 461 241	1 188	1 278 052
Niedersachsen	1 920	4 760 952	1 904	1 642 533
Bremen	182	647 719	179	192 856
Nordrhein-Westfalen	5 673	15 708 211	5 638	5 538 863
Hessen	2 105	5 183 125	2 096	2 192 600
Rheinland-Pfalz	895	2 146 886	893	775 028
Baden-Württemberg	4 087	12 492 614	4 065	4 202 129
Bayern	5 702	15 275 586	5 670	5 595 739
Saarland	131	260 266	131	103 763
Berlin	936	2 292 244	925	855 829
Brandenburg	255	691 970	254	292 073
Mecklenburg-Vorpommern	192	405 047	192	132 327
Sachsen	376	809 075	373	290 268
Sachsen-Anhalt	142	288 954	142	106 802
Thüringen	142	275 815	142	101 566
Deutschland	24 743	67 161 699	24 589	24 139 451

Table 16: Income taxpayers with total income of €1 million or more by federal state (as of May 2021) (According to Statistisches Bundesamt, 2017)

NRW has 396 cities and municipalities, with the highest millionaire density achieved by the city of Meerbusch (Neuss district), with a ratio of 16.6 per 10,000 inhabitants. Attendorn (Olpe district) comes second with 10.3, and Erndtebrück (Siegen-Wittgenstein district) comes third with 10.0. A comparison with the previous year shows from the income and tax statistics that the number of income millionaires in NRW has increased by 7.5%. In absolute terms, the city of Cologne, with 556 millionaires, and the NRW city of Düsseldorf, with 527 millionaires, are at the top of the ranking (Statistisches Bundesamt, 2017).

The number of income millionaires has increased not only in NRW but also in Baden-Württemberg. One in six income millionaires in Germany (17%) out of a total of 24,700 nationwide reside in southwestern Baden-Württemberg. The highest millionaire density at the district level is in Heidelberg, with 18.2, followed by Baden-Baden, with 17.6 income millionaires per 10,000 taxpayers. Stuttgart and Ulm follow shortly behind, each with 12.5 per 10,000 taxpayers. The number of income millionaires per 10,000 taxpayers in the individual districts in Baden-Württemberg can be seen in the following figure (Fig. 50).

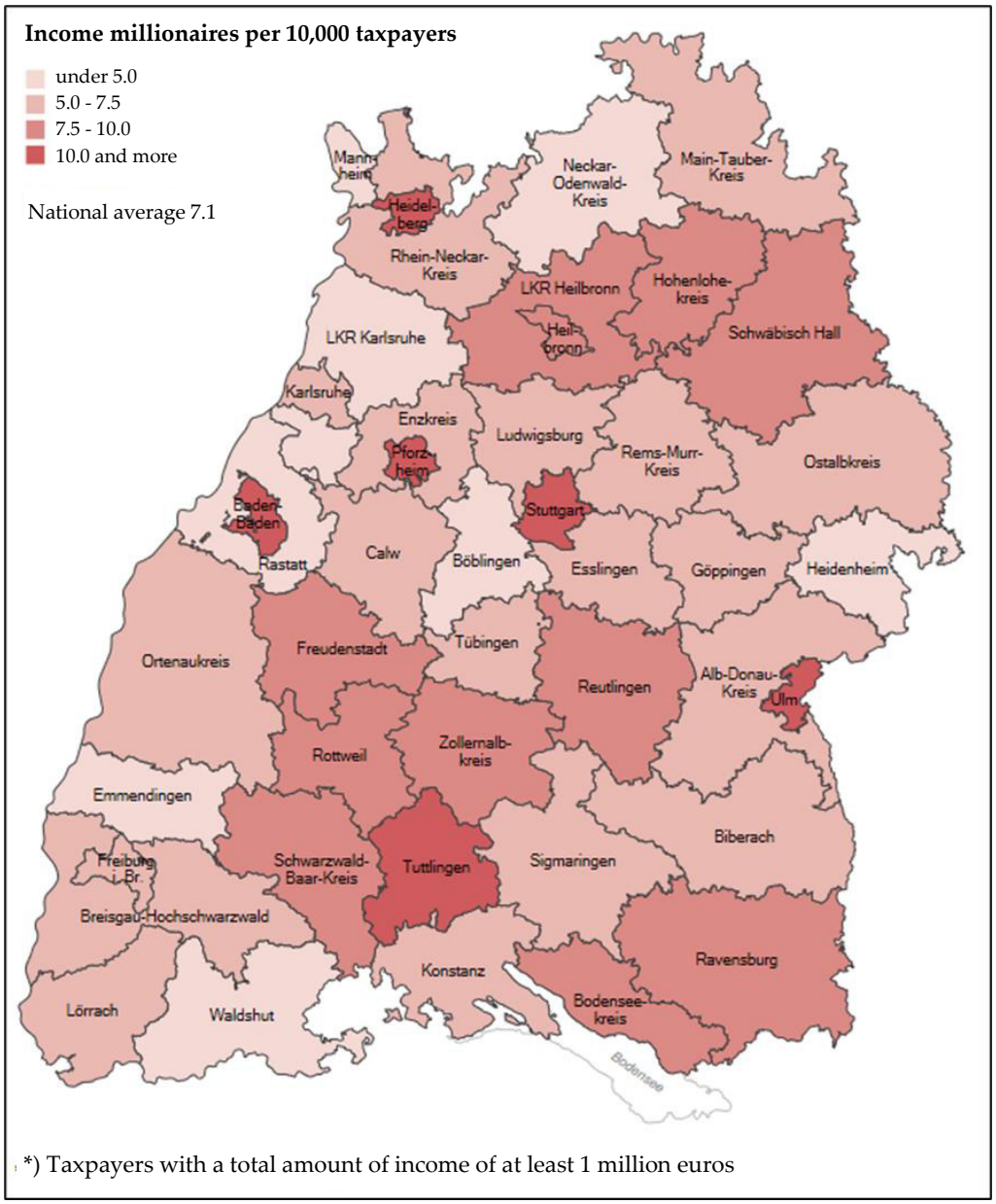

Figure 50: Income millionaires in the urban and rural districts of Baden-Württemberg 2017 (According to Statistisches Bundesamt, 2017; Statistisches Landesamt Baden-Württemberg, 2021)

With 5702 income millionaires, Bavaria ranks first among the German states in terms of millionaire density. 54.5% of income millionaires live in Upper Bavaria.

The district of Starnberg has the highest millionaire density with 19.1 millionaires per 10,000 inhabitants, followed by the district of Munich (12.2 millionaires/10,000 inhabitants) and the district of Miesbach (10.3 millionaires/10,000 inhabitants) ("Wo Es in Bayern Die Meisten Millionäre Gibt," 2020). The figures presented are the most recent currently available.

In addition, it is interesting to look at the regional distribution in Germany to find out in which region or state the people with a high net income live. In addition to the number of taxpayers with a total income of at least one million euros, purchasing power can be used as a further indicator.

According to the GfK Purchasing Power Study 2021, the wealthiest cities in Germany in terms of purchasing power are the Starnberg district with 33,363 euros, followed by the Munich district with 32,031 euros and the Hochtaunus district with 31,873 euros. Broken by the most populous urban districts, the urban district of Berlin takes first place by far with 3,669,491 inhabitants and a total purchasing power of 80,100 million euros, or 21,829 euros per inhabitant. The Hamburg urban district, with a population of 1,847,253 and total purchasing power of €47,302 million, ranks second, followed by the Munich urban district, with 1,484,226 inhabitants and total purchasing power of €46,582 million. If purchasing power is considered at the national level, Bavaria (€25,770), Hamburg (€25,607), and Baden-Württemberg (€25,487) are in the top 3 places. According to the GfK survey, the new federal states generally show a higher increase in purchasing power. The following table (Tab. 17) provides a detailed overview of the nationwide distribution.

Rank 2021 (previous year)	Federal state	Inhabitants	Purchasing power 2021 per inhabitant in €	Purchasing power index*
1 (1)	Bayern	13.124.737	25.770	109,0
2 (2)	Hamburg	1.847.253	25.607	108,3
3 (3)	Baden-Württemberg	11.100.394	25.487	107,8
4 (4)	Hessen	6.288.080	24.648	104,3
5 (5)	Schleswig-Holstein	2.903.773	23.462	99,3
6 (6)	Nordrhein-Westfalen	17.947.221	23.270	98,4
7 (8)	Rheinland-Pfalz	4.093.903	23.119	97,8
8 (7)	Niedersachsen	7.993.608	23.112	97,8
9 (9)	Saarland	986.887	22.222	94,0
10 (10)	Brandenburg	2.521.893	21.936	92,8
11 (11)	Berlin	3.669.491	21.829	92,4
12 (12)	Bremen	681.202	21.258	89,9
13 (13)	Sachsen	4.071.971	20.638	87,3
14 (14)	Thüringen	2.133.378	20.519	86,8
15 (15)	Sachsen-Anhalt	2.194.782	20.409	86,3
16 (16)	Mecklenburg-Vorpommern	1.608.138	20.387	86,3

*index per inhabitant; 100 = national average

Table 17: Purchasing Power by Federal State - Federal State Ranking (According to Growth from Knowledge, 2021, p. 2)

Finally, a general overview of the most sought-after locations for wealthy individuals in Germany. The listing is regionally based from north to south. It is based on the results of the "Private Banking/Wealth Management" study by Stephan Unternehmens- und Personalberatung GmbH, which surveyed 1,043 private bankers in Germany about their customers with liquid assets of €1 million or more (Stephan Unternehmens- und Personalberatung, 2013):

- Hamburg/Bremen/Hanover
- Berlin
- Bielefeld/Münster/Osnabrück
- Düsseldorf
- Ruhr region
- Cologne
- Frankfurt/Rhine-Main

- Würzburg/Nuremberg/Franconia
- Baden-Wuerttemberg
- Munich city/

2.8.3 Wealth and philanthropy in Germany – Potential analysis

In order to answer the question of the potential of high-net-worth donors for hospitals and clinics, it is first necessary to determine the proportion of the rich in Germany and show their social commitment on a scientific level.

Social responsibility can generally be assumed in a variety of ways-volunteer, civic, public welfare, voluntary, civic, or philanthropic. However, when considering the social engagement of wealthy people, we focus on the term philanthropy, which describes "financial contributions of high monetary value" (Störing, 2015, p. 36).

Monetary donations of highly wealthy people

The volume of donations in Germany in recent years has been between 5 and 10 billion euros. A positive development in the volume of donations has been recorded (Deutscher Spendenrat e.V. & GfK, 2021; Gricevic et al., 2020a). Overall, this strong growth can be explained on the one hand by the fact that the number of affluent people has grown enormously and on the other hand by the fact that significantly more donations from affluent people were obtained through professionalized significant gifts fundraising, according to Prof. Urselmann in his article in Fundraising Magazine (Urselmann, 2013).

The donor rate for the total population in Germany ranges from 28% to 52%, depending on the statistical data of the respective studies. Moreover, the most common amounts for a donation are up to 100 euros per year (Deutscher Spendenrat e.V. & GfK, 2021; Gricevic et al., 2020b; Hameister & Vogel, 2017). In comparison, the results of the research project "High Net Worth Individuals in Germany" (HViD: >€1 million) show that high-net-worth individuals (HNWIs) donate almost three-quarters (74%) as much as the average population and thus have an above-average rate. At €5,000 per high-net-worth donor, the average amount of money

donated is almost 17 times higher than the average amount raised annually by the population of around €300 (SOEP: 2017). It is also interesting to note that as wealth increases, so does the amount of money donated. These study findings are particularly relevant for organizations that have to define which sum or which donation volume is a large donation. Overall, the study shows that high-net-worth individuals donate more frequently and are willing to donate significantly higher amounts. Concerning charitable giving, it is particularly worth noting that one in ten high-net-worth individuals in Germany stated in the survey that they would possibly pass on their inheritance or parts thereof to charitable institutions. This study generally refers to HNWIs in Germany and can make initial statements on trends. However, the study cannot make any statements about the specific area in healthcare of HNWIs and UHNWIs, as donors to hospitals and clinics (Bundesministerium für Arbeit und Soziales, 2016; Gricevic et al., 2020b, 2020a; Hameister & Vogel, 2017).

The attitude of wealthy people toward paying taxes in Germany is apparent, as the study mentioned above, "HViD - High Net Worth Individuals in Germany" by the Federal Ministry of Labor and Social Affairs, shows. 99% of respondents believe they already pay enough taxes for the state and society. In terms of fundraising, the study indicates that these people would donate part of their wealth instead of the state receiving more taxes. This finding is particularly crucial for developing a primary gifts fundraising strategy because these people are willing to donate, which means an enormous potential of this donor target group can be reached. Prof. Urselmann also explains in his article for Fundraising Magazine that "the proportion of donations that are tax deductible is increasing" (Urselmann, 2013).

Donation potential in Germany

For calculating the possible donation potential of HNWIs and UHNWIs, the author explicitly refer to the World Wealth Report 2021 by Capgemini and the World Ultra Wealth Report 2021 by Wealth -X. According to this, Germany will have around 1.5 million HNWIs ($1m+) and around 15,400 UHNWIs ($30m+) in 2020.

If all HNWIs in Germany donated 1% of their wealth each year, Germany could generate a total of 1.266 trillion euros in additional donations. In this context,

1 million US dollars corresponds to approximately 844,000 euros. If this were calculated for the 15,400 UHNWIs, an additional donation volume of around 3.6 billion euros would be possible for Germany. In this context, 30 million US dollars corresponds to approximately 25 million euros. This shows enormous potential for donations among wealthy people in Germany, who must be professionally persuaded to donate to just causes in the health sector.

There are 16 federal states represented in Germany. If one sets the high net worth individuals concerning the number of federal states, each federal state represents around 93,750 HNWIs and 962 UHNWIs. If the total number of HNWIs and UHNWIs were broken down into 294 counties and 107 independent cities in Germany, 3741 HNWIs and 38 UHNWIs would be calculated for each county or independent city. The following chart (Fig. 51) shows the marked differences in the distribution of the independent cities and counties among the federal states.

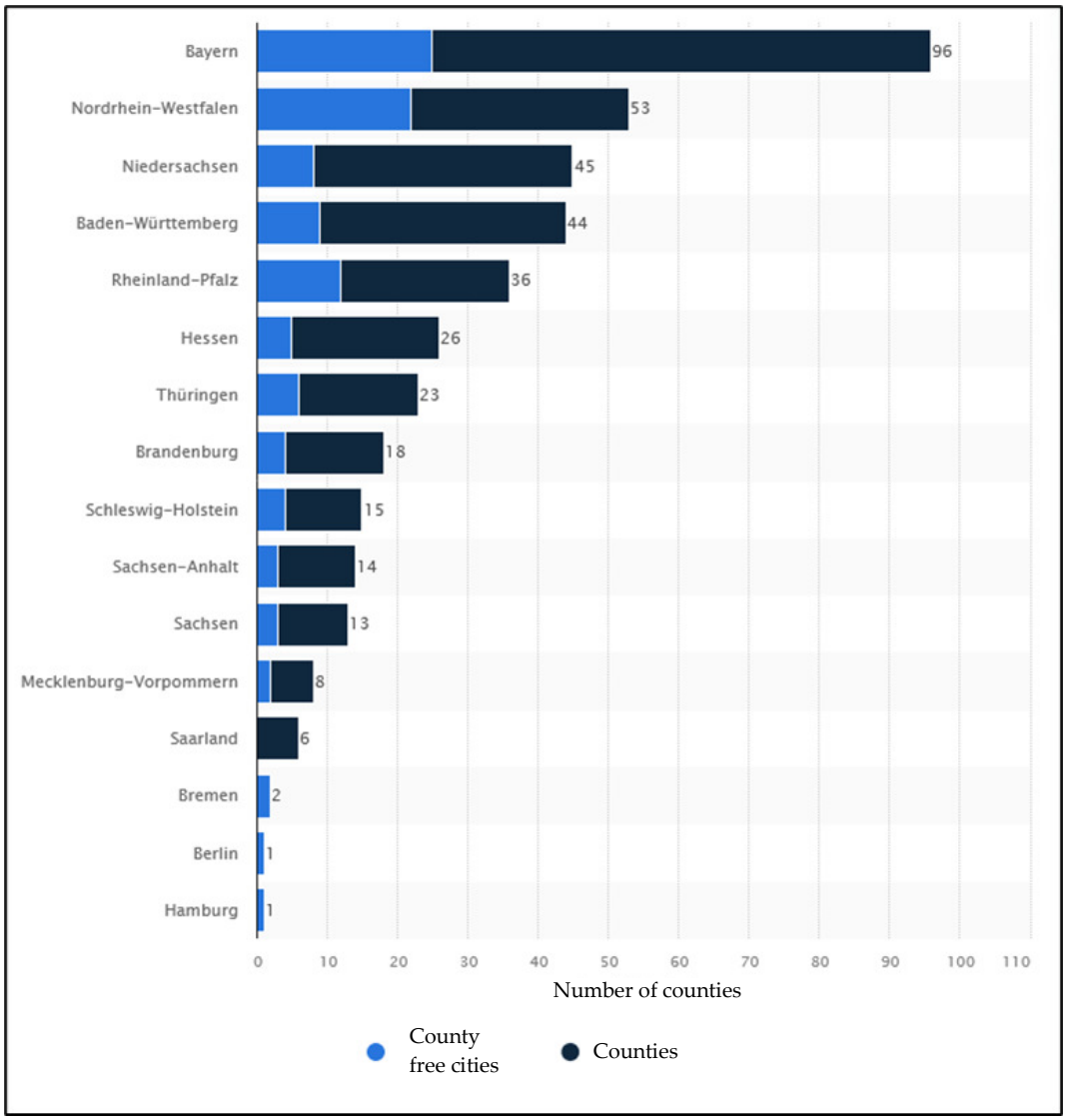

Figure 51: Distribution of independent cities and counties by federal state in Germany (According to Statistische Ämter des Bundes und der Länder, 2021)

When calculating the potential donation volume of HNWIs and UHNWIs, it must be taken into account that this is merely an average calculation in order to be able to express the as-yet untapped potential in absolute figures. The different distribution of residences of wealthy individuals in Germany has, therefore, yet to be taken into account in the calculation.

More people live in the larger counties and independent cities such as Bayer, North Rhine-Westphalia, Lower Saxony, and Baden-Württemberg than in the smaller counties and independent cities such as Bremen, Berlin, and Hamburg, which means that there is an apparent positive correlation between the number of counties/ independent cities and the number of inhabitants. The corresponding number of inhabitants and the population density can be seen in the following table (Tab. 18).

County/county cities	Population (total)	Population density (per km2)
Bayern	70 541,59	186
Nordrhein-Westfalen	34 112,44	526
Niedersachsen	47 709,81	168
Baden-Württemberg	35 747,81	311
Rheinland-Pfalz	19 851,81	206
Hessen	21 115,63	298
Thüringen	16 202,36	132
Brandenburg	29 654,41	85
Schleswig-Holstein	15 800,55	184
Sachsen-Anhalt	20 456,51	107
Sachsen	18 449,92	221
Mecklenburg-Vorpommern	23 294,21	69
Saarland	2 571,11	384
Bremen	419,37	1624
Berlin	891,12	4118
Hamburg	755,09	2 446

Table 18: Counties Cities and counties by population and population density (According to Statistisches Bundesamt, 2020)

In addition to the number of inhabitants per county/county-free city, the number of hospitals per state is of interest (Tab. 19). There are no available statistics on the number of hospitals and clinics per state county/county-free city. Therefore, the author uses the state level to consider hospitals and clinics further.

Suppose the number of hospitals and clinics in the respective counties/towns is set concerning the number of inhabitants in the federal states. In that case, the federal states with the most counties/towns generally have more hospitals

available. The exception is Schleswig-Holstein, which has 15 counties/towns with a low population of around 16,000 and a high number of hospitals with 93.

Federal state	Hospitals
Bayern	353
Nordrhein-Westfalen	337
Niedersachsen	178
Baden-Württemberg	249
Rheinland-Pfalz	89
Hessen	152
Thüringen	43
Brandenburg	59
Schleswig-Holstein	93
Sachsen-Anhalt	47
Sachsen	78
Mecklenburg-Vorpommern	38
Saarland	24
Bremen	14
Berlin	87
Hamburg	62
Deutschland	1903

Table 19: Number of hospitals per federal state (According to Statista, 2022; Statistisches Bundesamt, 2022c)

Overall, the more inhabitants a county or city has, the more hospitals there are. Furthermore, the more hospitals there are in an area, the more HNWIs potentially live there due to the higher population size. Accordingly, it is reasonable to assume that the potential number of donors per hospital remains the same despite the different distribution of UHNWIs and HNWIs among the counties/towns.

Overall, the potential for major giving continues to rise due to strong growth in the number and wealth of HNWIs and UHWNIs. Research by the Major Giving Institute has shown that increasing wealth leads to increasing giving (Major Giving Institute, 2018).

2.8.4 Interim conclusion of wealthy people

In connection with the underlying topic, hospitals and clinics in the healthcare sector need to know to what extent wealthy individuals can contribute to society based on their wealth and what potential this target group holds.

Currently, there are empirical data on wealthy persons in Germany, as they are challenging to reach due to their wealth or are hardly available for surveys. Nevertheless, little existing general research on wealth and assets, such as studies by the Federal Statistical Office, can be drawn on to show trends and the possible potential. In particular, the research project HViD - High Wealth Individuals in Germany and the study "Wealth in Germany (ViD)" can confirm high-wealth individuals' willingness to participate in a general study on sensitive topics such as income and wealth.

Wealth is essential for philanthropic engagement because increasing wealth positively influences philanthropic action.

Research projects with high-net-worth individuals show that the willingness to make inheritance donations is high within this group of donors in Germany. In addition, many wealthy people would be willing to donate their assets or parts of them to charitable institutions after their death.

Both altruistic and charitable motives can be found among wealthy donors and can be served simultaneously by a donor. Social responsibility and participation have the highest priority in this group.

The potential analysis for Germany clearly shows that there is enormous potential for high-net-worth individuals to donate to hospitals and clinics. The number of HNWIs and UHNWIs in Germany is significant globally and will continue to rise in the coming years. Alongside the USA, China, and Japan, Germany can boast the largest HNWI population of the four countries, with 1,535,100 millionaires. With 2,900 high-net-worth individuals with over $100 million in financial assets, Germany is in the top three behind the U.S. and China.

The most sought-after locations for wealthy people in Germany include Hamburg/Bremen/Hanover, Berlin, Bielefeld/Münster/Osnabrück, Düsseldorf, the Ruhr region, Cologne, Frankfurt/Rhine-Main, Würzburg/Nuremberg, Baden-Württemberg and Munich city and surrounding area. In this context, Bavaria, North Rhine-Westphalia, and Baden-Württemberg have the most income millionaires. Thus, it can be clearly stated that the hotspots for wealthy people are exclusively located in the old federal states.

As the following figure (Fig. 52) from 2017 shows, hospitals in the old federal states have a statistically easier time generating a wealthy person as a donor since their percentage of donors is significantly higher in the old federal states, and here especially in NRW, Hessen, Baden Württemberg, and Bavaria.

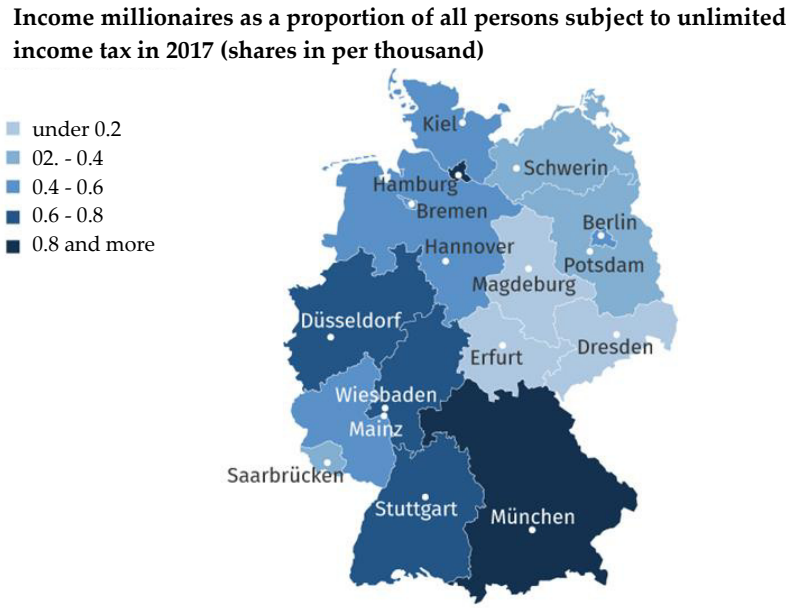

Figure 52: Income millionaires as a proportion of all persons subject to unlimited income tax in 2017 (According to statistisches Bundesamt, 2017)

However, the following graphic (Fig. 53) shows a remarkable trend: although the new federal states have the fewest income millionaires in percentage terms, the increase is highest in many of the new federal states. Thuringia, for example, shows the highest increase for all of Germany, with an increase in millionaires of 73.1%. Thus, it can be assumed that there is a leveling of wealthy people below the 16 federal states.

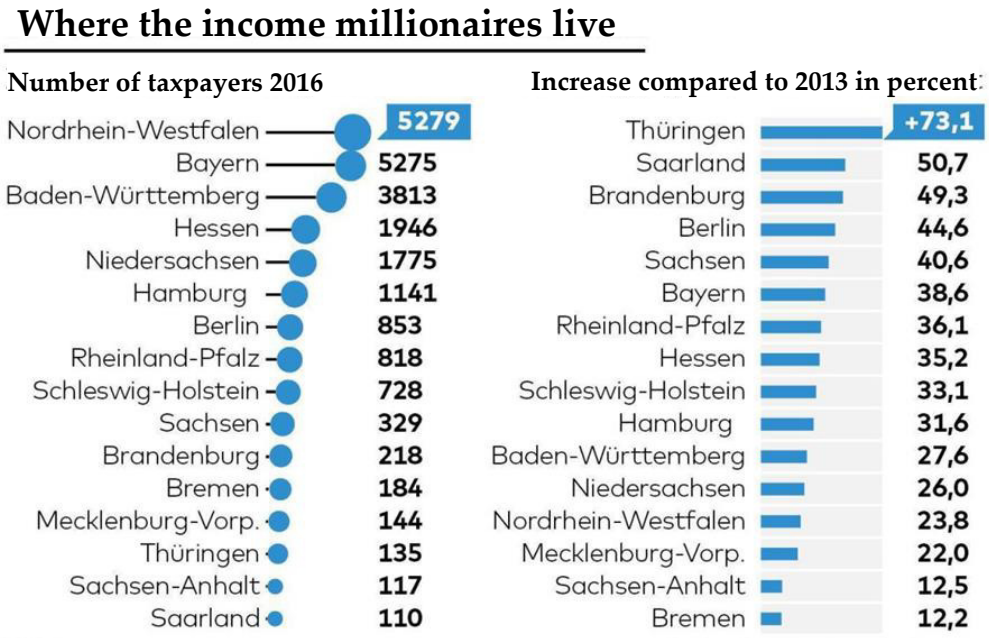

Figure 53: Residence of income millionaires by federal state (According to Eckert, 2020, based on the Federal Statistical Office)

The illustration below (Fig. 54) shows the number of billionaires (UHNWIs) within Germany in 2019. A clear divide can also be seen from west to east. It can thus also be seen here that wealth in Germany is subject to a transparent west-east gradient. With Brandenburg, Thuringia, Mecklenburg-Western Pomerania, Saxony, and Saxony-Anhalt, there are five federal states in Germany where no billionaires are resident.

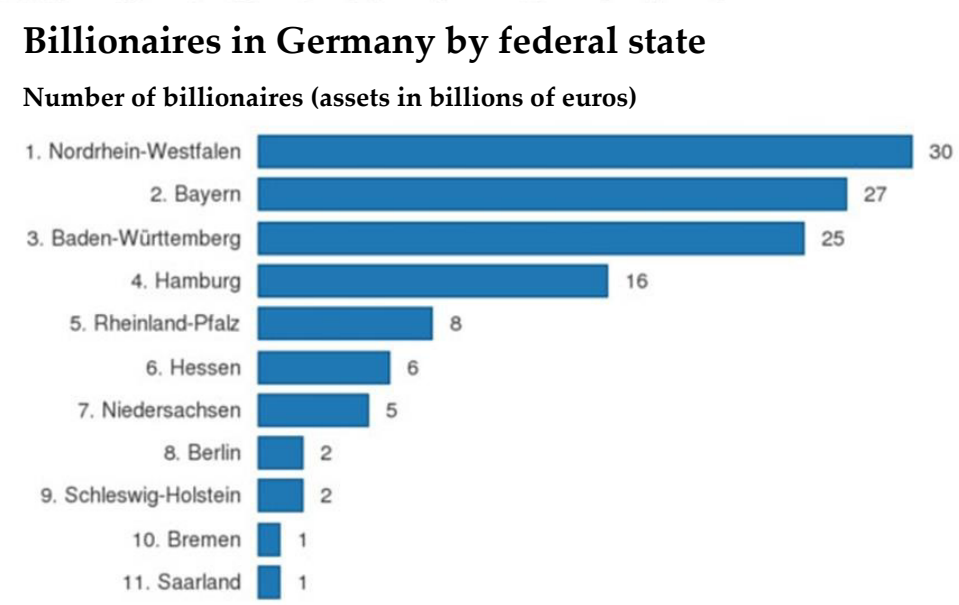

Figure 54: Billionaires in Germany by Federal State (According to Private Banking, 2015, based on Wealth-X-Study)

Even if there is a clear west-east divide in terms of wealthy and very wealthy people in Germany, it can be stated that even in the federal states with lower HNWI and UHNWI densities, there is still sufficient potential to conduct fundraising with high-net-worth people. Therefore, by considering both the available potential of wealthy people as donors and how wealthy people in Germany act and commit themselves to society, enormous opportunities for fundraising within hospitals and clinics can be seen.

3 METHODOLOGY OF THE STUDY

The study uses a mixed-methods approach to adequately combine qualitative and quantitative data within the research to obtain an appropriate combination of methods for the research area.

In this study, the different data are systematically integrated and linked to meet the complexity of the research question. Accordingly, the author uses the mixed-methods approach, as the methodological approach is considered appropriate to answer the research question.

For a better understanding, the definition of mixed-methods design (chap. 3.1) will be discussed in more detail. Then, the study's relevant research process is outlined (chap. 2.2).

3.1 MIXED-METHODS-DESIGN

Johnson, Onwuegbuzie, and Turner (2007) looked at various definitions from different researchers and developed a general definition of the mixed-method approach:

"Mixed methods research (…) combines elements of qualitative and quantitative research approaches (e.g., use of qualitative and quantitative viewpoints, data collection, analysis, inference techniques) for the broad purposes of breadth and depth of understanding and corroboration" (Johnson, R. B. Onwuegbuzie & Turner, 2007)

The definition states nothing more than that mixed methods research is understood as a category of research in which the researcher mixes or combines quantitative and qualitative research techniques, methods, approaches, concepts, or language in a single study (Johnson & Onwuegbuzie, 2004).

As the figure below (Fig 55.) shows, a qualitative-quantitative continuum is composed of the three main research paradigms (qualitative, quantitative, and mixed-methods).

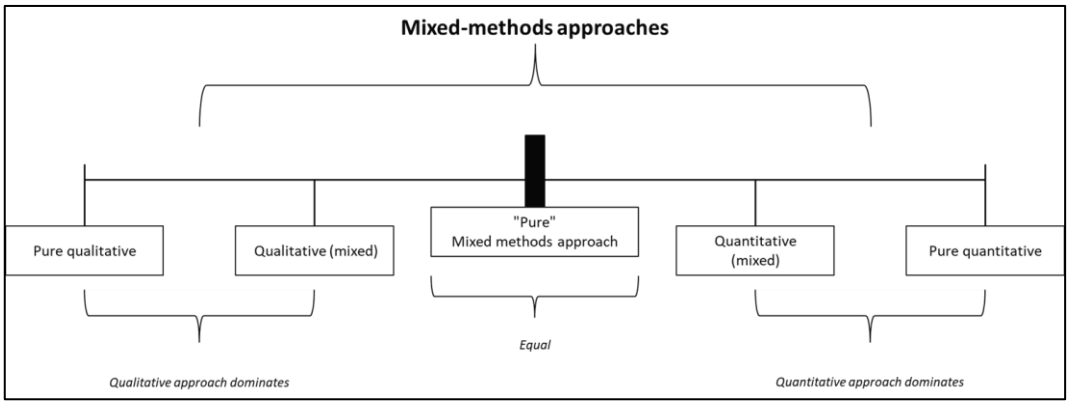

Figure 55: Continuum of the three main research paradigms, including mixed-methods research subtypes.(Own presentation based on Johnson, R. B. Onwuegbuzie & Turner, 2007, p. 124)

Both approaches are on an equal footing in the "pure" mixed-methods approach, whereas in the four other options, either the qualitative or the quantitative approach dominates.

3.2 OVERVIEW OF THE METHODOLOGICAL APPROACH

For a mixed-methods study, it is of particular importance to precisely define the combination of methods, especially the sequence of the different methods. According to Morse (1991), there are different systematizations of mix-methods studies, which differ on the one hand in the order and on the other hand in their weighting. It should be noted that data collection can be either simultaneous (concomitant or parallel design) or sequential (sequential design). In addition, the types of data in the study design can be considered equally weighted or unequally weighted (Hussy et al., 2010).

Morse (1991) understood simultaneous triangulation as using qualitative and quantitative methods. According to him, there is limited interaction between the two sources during the data collection phase, and consequently, the different data do not complement each other until the interpretation phase. In contrast, according

to Morse (1991), sequential triangulation is used when the results of one approach are needed to plan the following method (Johnson, R. B. Onwuegbuzie & Turner, 2007).

The sequential exploratory strategy involves a first phase of qualitative data collection and analysis, followed by a second phase of quantitative data collection and analysis that builds on the results of the first qualitative phase. This sequence links the two samples. The measurement tools and intervention design developed in the second phase are used to test the research question using the newly developed instruments (e.g., the quantitative questionnaire) and to evaluate the intervention. The conclusions are at the end of the two phases.

The conceptual framework for the research process can be seen in the following figure (Fig. 56). The abbreviation QUAL stands for the qualitative sub-study, and the abbreviation QUAN for the quantitative sub-study. In terms of weighting, the sequential design emphasizes the first phase more. This can be seen by the different capitalization in the following figure (Creswell, 2009, 2015).

Due to this structure, after (Creswell, 2009, 2015) the qualitatively and quantitatively collected data can be seen separately on the one hand and are nevertheless interconnected on the other.

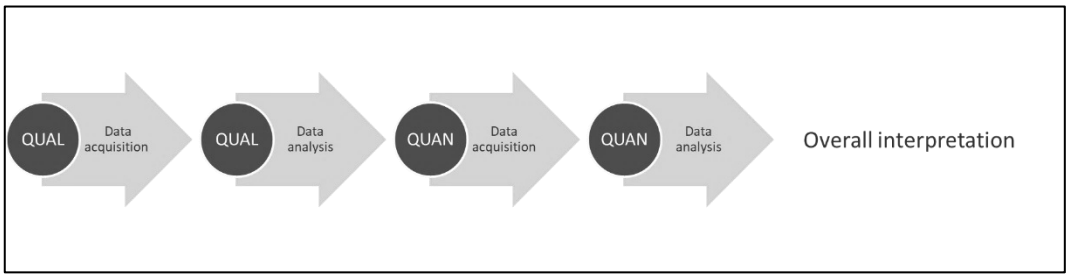

Figure 56: Sequential design (Creswell, 2009, p. 209)

Kuckartz (2014) , as well as Mayring (2001), see the experimental design of Creswell (2009) instead as a *generalizing or generalizing design*. It should be particularly emphasized at this point that in this sequential design of the generalization model, the two strands (qualitative research strand / quantitative research strand) only merge and are discussed with each other in the overall interpretation (Kuckartz, 2014). Accordingly, in terms of the research process, the qualitative and

quantitative studies should be seen as independent sub-studies, with the quantitative data and results supporting and extending the interpretation of the qualitative results. The goal of the generalization model is the quantitative verification of the data material. Here, as the figure before makes clear, more emphasis is placed on the first research step of the qualitative data, which are first evaluated and subsequently verified with a representative sample (Creswell, 2009; Döring & Bortz, 2016).

In addition to the generalization model, there is another way to combine qualitative and quantitative studies. The so-called preliminary study model represents the simplest form of a mixed-methods study. Here, the sub-studies must be directly related to each other in that in the first step, hypotheses are generated within the framework of an explorative preliminary study, and then, in a further step, the hypotheses that have been established are verified or falsified through quantitative analysis. This model explores a research field about which there is little or no knowledge. Centrally presented are the results of the quantitative sub-study (Döring & Bortz, 2016; Mayring, 2001). The following figure outlines the preliminary study model described above according to Mayring (2001) with the respective objective.

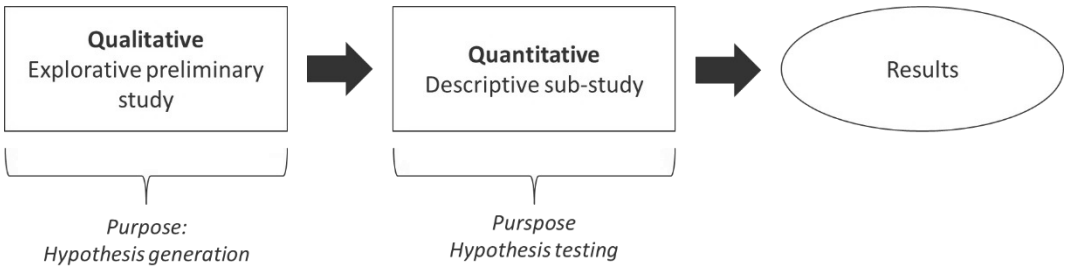

*Figure 57: Pre-study model (*based on Mayring, 2001)

In this context, the basic principle of *complementarity* plays a crucial role. Greene et al. (1989) have developed a system for distinguishing different design types through an inductive approach. Overall, they have identified five design types or basic principles for mixed methodological studies: **Triangulation** (seeking convergence and confirmation of results from different methods to study the same

phenomenon), **Complementarity** (seeking elaboration, improvement, illustration, clarification of the results of one method with the help of the results of the other method), **Development** (using the results of one method to inform the other method), **Initiation** (discovery of paradoxes and contradictions leading to the reformulation of the research question), and **Expansion** (seeking to broaden the breadth and scope of the study by using different methods for different components of investigation). The advantage of complementarity is that a better understanding of the results of one method is achieved by using a different methodology of the second study. Thus the results of this second study provide an advantage over the first set of results. It is interesting that thus, on the one hand, completion of the research results and, on the other hand, an extended interpretation is possible (Johnson, R. B. Onwuegbuzie & Turner, 2007; Kuckartz, 2014).

Justification of the methodological structure of the study

This study combines qualitative and quantitative methods. The study is divided into three sub-studies, with the first and second sub-studies following the classic pre-study model. Accordingly, a preliminary qualitative study was conducted with experts, and building on this. Next, a quantitative study was applied to test the hypotheses. Finally, in the third sub-study, only a qualitative study was conducted. This is because a qualitative study can generate the most important and relevant findings about high-net-worth individuals as a donor target group. In addition, access to this target group is a challenge that makes quantitative hypothesis testing of the qualitative findings obtained impossible due to an insufficient sample. Therefore, all results of the three sub-studies will be interpreted and analyzed together. The following figure graphically depicts the methodological structure of the study.

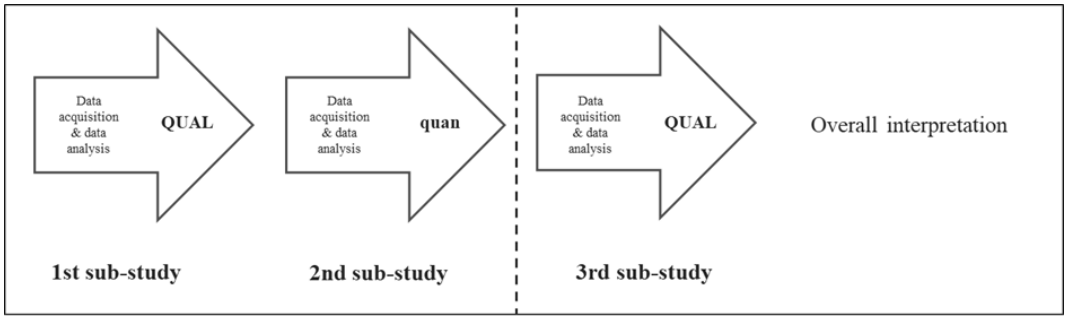

Figure 58: Methodological structure of the overall study (Own representation)

The methodology of the first sub-study (Chapter 4) is now described separately, and the procedure is explained in detail. Next, the methodological approach of the second sub-study is discussed in Chapter 5. Finally, the methodology of the third sub-study is presented accordingly in Chapter 6.

4 QUALITATIVE ANALYSIS WITH HOSPITALS

In the following chapters, the methodology of the first sub-study with hospitals in Germany is presented first. For this purpose, an overview of the applied study design is given, and the research design is presented distinctly. It resumes with a description of the sampling method used and the justification of the sample composition. Everything relevant about the sample is covered in this section as well. In addition, the data collection and evaluation methods are described in detail to illustrate this study's procedure precisely. The results of the first sub-study conclude this section.

4.1 METHODOLOGY

For the preliminary study, a qualitative research approach was chosen, embedded in an explorative design, as the primary goal is the development of hypotheses. In addition, non-standardized survey methods were used in the study, the methodological approach of which is described and justified in detail in the following with reference to the research question.

Helfferich (2011) clearly emphasizes that the researcher must make relevant research strategy decisions at the beginning of a study. In addition to defining the specific object of research, the target group should be determined and the sample narrowed down, among other things. Furthermore, the interview form, as well as the evaluation strategy, must be determined. Moreover, ethical aspects must be addressed. The most crucial decision-making steps are described and explained below, based on defined decision-making criteria.

4.1.1 Research design

The table below presents the research design of the first sub-study chronologically. The individual points are described in detail in the following chapters.

Research subject	Review status quo of German hospitals and clinics in terms of major gift fundraising with high-net-worth individuals and its potential.
Data collection	Qualitative expert interviews
Methodical approach	Preparation of the interview guide using the S-P-S method according to Helfferich Selection of the interview partners
Implementation	Period from 28.02.2022 to 30.06.2022
Evaluation method	Qualitative structuring content analysis according to Mayring

Table 20: Research design 1st sub-study hospitals (Own representation)

4.1.2 Sample

It is essential to understand that the essence of the qualitative approach is to study real people in their natural environment and not in artificial isolation. Therefore, when selecting the sample, in addition to the characteristics of the individual, the temporal and spatial influences must also be taken into account (Marshall, 1996).

Therefore, in the following sections, in addition to describing various methods for sampling (Chap. 4.1.2.1), the recruitment (Chap. 4.1.2.2) as well as the exact composition of the sample (Chap.4.1.2.3) are presented.

4.1.2.1 Sample methods

When sampling a qualitative study, achieving representativeness for a population is not a top priority in terms of sample selection. Marshall (1996) clearly emphasizes that probabilistic sampling is neither productive nor efficient for qualitative studies. In his view, although random sampling can be used to generalize the results in terms of the population, it is not the most effective way to

develop a better understanding of complex issues in human behavior. Marshall (1996) lists the following reasons why random sampling should be considered inappropriate:

- In qualitative studies, samples are usually very small, making sampling error probable and bias inevitable.
- The characteristics of the population to be studied must be known, which is considered as rather tricky for complex topics of a qualitative study.
- Only if there is a normal distribution of the characteristics in the population would a random sample also be representative. For the corresponding values and attitudes of a person, which are collected in the context of qualitative research, there is currently no evidence that these data are also normally distributed.
- The collected data or information of a test person is not always equivalent in their quality, because each person gives different deep insights in relation to the research subject. Accordingly, it makes more sense to select subjects to obtain " rich " information explicitly.

Thus, the overall goal of a qualitative study cannot be reconciled with probabilistic sampling. For the reasons mentioned above, it seems to make more sense to apply the principle of variance maximization to achieve a group of subjects that is as heterogeneous as possible but as distinct as possible concerning the essential characteristics (Patton, 2002). Accordingly, to better understand the sampling process in a qualitative study, it is essential to know that a better understanding of complex human issues is more critical than the generalizability of the results (Marshall, 1996).

Various sampling strategies and sampling techniques exist for the process of sampling. Therefore, for each research, the way to the sample should be described as detailed as possible, and the most suitable method for the underlying study should be chosen. A detailed overview of the different sampling strategies of qualitative research is given in the following table (Tab. 21).

Author	Sampling-Strategy
Strauss & Corbin (1990)	Theoretical Sampling – three stages – ▪ Open Sampling ▪ Relational and Variational Sampling ▪ Discriminate Sampling
Patton (1990)	All sampling is purposeful – 15 strategies ▪ Extreme or Deviant Case Sampling ▪ Intensity Sampling ▪ Maximum Variation Sampling ▪ Homogeneous Samples ▪ Typical Case Sampling ▪ Stratified Purposeful Sampling ▪ Critical Case Sampling ▪ Snowball or Chain Sampling ▪ Criterion Sampling ▪ Theory-based or Operational Construct Sampling ▪ Confirming and Disconfirming Cases ▪ Opportunistic Sampling ▪ Purposeful Random Sampling ▪ Sampling Politically Important Cases ▪ Convenience Sampling
Moses (1991)	Four types ▪ Purposeful Sample ▪ Nominated Sample ▪ Volunteer Sample ▪ Total Population Sample
Sandelowski et al. (1992)	▪ Selective Sampling ▪ Theoretical Sampling
Sandelowski (1995)	All sampling is purposeful – three kinds – ▪ Maximum Variation

Table 21:Overview of sampling strategies of qualitative research (Coyne, 1997, p. 627)

In addition to various sampling strategies, different techniques are used to obtain samples, which vary from case to case. In general, sampling techniques can be divided into deductive and inductive methods (Reinders, 2005).

The following image (Fig. 59) gives an initial overview of the possible techniques for sampling. As the diagram shows, there is targeted or purposive sampling in addition to theoretical sampling. Additionally, there is the possibility to apply the snowball principle, select an opportunity sample, or even conduct a complete survey, which, however, entails great effort.

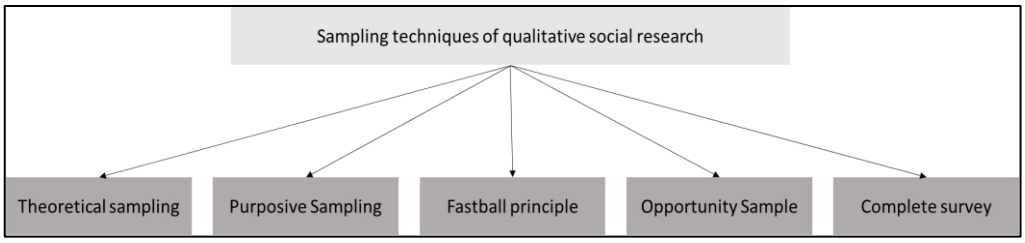

Figure 59: Techniques of sampling in qualitative research following (Misoch, 2019, p. 204)

Let us now consider the different approaches to sample selection. According to Marshall (1996) there are three broad approaches in a qualitative study: the *convenience sample*, the *judgment/purposeful sample*, and the *theoretical sample*. These three techniques are highlighted in more detail below.

Opportunity Sampling

This sampling method selects the subjects who are most accessible to the researcher. Consequently, this approach saves the researcher time and money and reduces the effort involved. However, the principle of rapid availability may entail relatively poor data quality and thus lack credibility. For this reason, convenience sampling is only recommended to a limited extent. (Marshall, 1996; Misoch, 2019).

Theoretic Sampling

Theoretical sampling has its origin in the Grounded Theory of Glaser and Strauss (1967). Using an inductive and iterative-cyclical approach, they developed a new way to build theory: "From collecting qualitative data to coding and analysis to generating a 'grounded' theory grounded in the data" (Glaser & Strauss, 1967a). In this successive process of theoretical sampling, interpretative

theories are first established and tested against the newly collected data. In such a process, the interview partners or the groups of subjects are not initially determined but are repeatedly redefined and drawn based on theory-guided findings and criteria. Thus, the researcher does not know the population and its characteristic features beforehand. This circular process, which is based on a constant comparison of the newly collected data with the previously determined theory, is carried out until a theoretical saturation occurs. Therefore further data does not provide new knowledge. (Glaser & Strauss, 1967a, 1967b; Marshall, 1996; Misoch, 2019).

Targeted, selective sampling

Compared to theoretical sampling, the sample is predetermined in purposive sampling because the population and all relevant information about the characteristics are known to the researcher. While the purposeful, active selection of specific subjects according to specific criteria requires the researcher to have sufficient theoretical and practical knowledge of the distribution of relevant characteristics in a population, it also leads to the most productive sample to answer the research question. Therefore, this technique is most often used in qualitative studies (Marshall, 1996). There are different strategies for purposive sampling, which Misoch (2019) has summarized clearly:

- **Quota sampling:** Systematic and deliberate sampling according to a fixed distribution of certain characteristics.
- **Profile sampling:** Targeted search for persons with certain characteristic attributes with subsequent in-depth analysis
- **Extreme case sampling:** Search for unusual or extreme characteristic values
- **Drawing of a homogeneous sampling**: Targeted minimization of variance; especially in group procedures.
- **Maximum variation**: on Goal of maximizing variance with cases that are as different as possible (heterogeneity maximization).

- **Intensity Sampling:** Search for subjects with intense expressions; similar logic as extreme cases.

Justification of the sample composition

As explained previously, probabilistic sampling is not an appropriate method to select the sample for this study. From the author's point of view, it is most effective to select specific subjects in order to obtain the richest and most useful information possible concerning the research question. For this reason, the author decided against random sampling, even though this approach provides the easiest access to the sample. Furthermore, the author has decided against opportunity sampling, as quick availability of information at the expense of data quality is not the primary goal. This makes it all the more important to obtain data that is of high quality. In addition, the decision was made not to use theoretical sampling, which first establishes interpretative theories and then uses the newly collected data to test them. From the authors's point of view, the underlying theories, as well as the relevant characteristics that the sample should have, are known, leading to this method's exclusion.

It is interesting to know who should and should not be examined for the study. Morse (1994, according to Merkens, 1997, p. 101) mentions, among other things, the following characteristics that are relevant to obtaining good information by subjects:

- Having knowledge what the researchers need
- Ability to reflect
- Time to be examined
- Willingness to participate in the study

Reinders (2005) believes that persons who do not possess relevant information should refrain from participating in the study. Furthermore, involuntary participants are undesirable. Additionally, the researchers' friends, acquaintances, or relatives should not be part of the study. In addition to meeting quotas, the following inclusion criteria were met in selecting interviewees for the first qualitative sub-study as part of the mixed-methods approach.:

- Natural persons

- Senior executives or persons responsible for fundraising in German hospitals, clinics and foundations
- Hospital and nursing directors
- Executive members of German hospitals, clinics and foundations
- No personal relationship to the subjects
- Subjects should ideally have several years of fundraising experience (but does not represent an exclusion criterion, especially for executive members and clinic directors)
- Ideally, initial experience with high-net-worth donors and knowledge of their needs (but does not constitute a criterion for exclusion, especially for executive members and clinic directors)

The criteria above are decisive in assigning the subjects' expert status for the expert interviews. Thus, the expert status, which is crucial for the qualitative study, is fulfilled by the defined characteristics. Determining and establishing these criteria for the expert status of the subjects may be challenging for the researcher and is therefore described in as much detail as possible. In determining the sampling as well as in recruiting experts, it must be taken into account that the subjects who are to act as experts are, on the one hand, complicated to reach and, on the other hand, are only available in limited numbers (Döring & Bortz, 2016; Helfferich, 2019).

In order to take the explorative character of the qualitative preliminary study into account, a quota system was used for the 16 interviewees, since demographic characteristics such as occupational status and the federal state should be available in as broad a distribution as possible. This heterogeneous sample concerning the two relevant characteristics was selected to account for different opinions and attitudes. This allows for differentiated insights into the subject of the study. The strategy of maximum variation within the quota sampling is a top priority for the researchers in order to achieve a group of interview participants that is as heterogeneous but as delineating as possible in terms of the most important characteristics (see quota schedule) (Flick, 1995; Lamnek, 1995; Patton, 2002). Methodologically, as already presented above, this

selection procedure is accordingly a mix of quota sampling and maximum variation within this sampling. This procedure is similar to the sampling used in quantitative research. However, qualitative quota sampling significantly reduces the high number of cases required in quantitative random sampling.

Limited size is a characteristic feature of qualitative sampling. The usual size, in general, is in single units or dozens of cases. The reason for this is that the type of information collected with qualitative techniques is usually very detailed, and in some extreme cases, a single case may be sufficient to capture all relevant dimensions for the analysis of a phenomenon (Maestripieri et al., 2019). Particularly in the case of qualitative methods, where the phases of data collection and analysis require a great deal of work for each interview and the number of cases or interviews is consequently limited in order to be able to conduct affordable research, the size of the sample depends on the specific research question (Creswell, 2009; Maestripieri et al., 2019; Ritchie et al., 2014). „An appropriate sample size for a qualitative study is one that adequately answers the research question" (Marshall, 1996, p. 523). Additionally, regarding the actual size of the sample, it can be said that this also varies enormously with the method that is to be used to evaluate the data. However, the greatest possible variance concerning the relevant characteristics must be achieved. Accordingly, the number of 16 subjects is considered sufficient for the study. (Flick, 1995; Lamnek, 1995).

In the case of quota sampling, it is also important to note that it can be both proportional and non-proportional. Proportional in this context means that the quotas are set so that the proportions in the sample match the population's proportions. With non-proportional sampling, the quotas of the sample are not necessarily fixed according to the population, but can be freely chosen by the researchers. Accordingly, this is at the expense of external vailidity. However, the proportions of the target population are only sometimes clearly known to ensure an accurate representation of the population. (Guest & Namey, 2015).

The advantage of quota sampling is, first, that researchers can contact subjects who are most easily accessible according to the predetermined characteristics of the quota schedule. Thus, quota sampling is a more cost-effective way of sampling due to its ease of establishment (Saunders et al., 2012). Additionally, it

is advantageous that this form of sampling reconciles the need for proportionality with flexible research practice, which is relevant to the research project (Maestripieri et al., 2019).

Based on the reasoned selection of the quota sampling for the study, this sample is designed as a representative sample through the deliberate selection of target subjects. These specific characteristics serve as the quota for the selection of the members of the sample (Bhardwaj, 2019). The author chooses the corresponding quotas according to the research objective. The aim was to obtain a sample that was as heterogeneous as possible with regard to the federal states in Germany and the professional position of the subjects in hospitals, clinics, or foundations.

For quota sampling, care was taken to cover as much of the population as possible with the sample to ensure representativeness through a proportional quota sample. For the characteristic federal state, it was possible to determine the quota for the individual region by dividing it into the regions North, South, West, and East. The ratio could be accurately represented by calculating the number of public hospitals and clinics in the respective federal states.

In 2020, there were a total of 1,903 hospitals in Germany. According to the Federal Statistical Office, there were 732 private, 620 non-profit and 551 public hospitals (as of March 2022). (Statista, 2022; Statistisches Bundesamt, 2022c).

Region	Number of hospitals by region	Federal States	Number of hospitals by state
North	347 (18%)	Schleswig-Holstein	93
		Niedersachsen	178
		Hamburg	62
		Bremen	14
South	602 (32%)	Bayern	353
		Baden-Württemberg	249
West	602 (32%)	Nordrhein-Westfalen	337
		Hessen	152
		Rheinland-Pfalz	89
		Saarland	24
East	352 (18%)	Mecklenburg- Vorpommern	38
		Sachsen-Anhalt	47
		Brandenburg	59
		Sachsen	78
		Thüringen	43
		Berlin	87

Table 22: Number of hospitals by region in Germany (Own presentation according to Statista, 2022; Statistisches Bundesamt, 2022c)

To calculate the ratio for the state characteristic, the number of hospitals per region was set in relation to the total number of all hospitals. As an example

for the North region, 347 hospitals corresponds to approximately 18%. Accordingly, the quota plan must have 3 subjects from the North region for 16 interviews.

Only for the characteristic occupation or position of the subjects in hospitals, clinics, and foundations could no exact mapping of the population in the sample be made, as there is no precise information on the number of these occupations in Germany. However, this is not decisive for the results of the study concerning generalizability because the study aims to obtain a homogeneous sample with as heterogeneous characteristics as possible regarding the professional position of the subjects within the hospital to enable differentiated insights into the object of the study. For this reason, care was taken to ensure an approximately even distribution of occupations within the sample.

Accordingly, a quota plan was prepared for the study, indicating how many interviews should be conducted and what characteristics should be exhibited by the subjects, as well as in which proportions.

Overall	16 interviews
Federal states*	3 North
	5 South
	5 West
	3 East
Position/Profession	6 Hospital directors/ nursing directors
	6 Fundraiser in hospital, clinic, foundation
	4 Managing directors of hospitals and clinics, foundations

Table 23: Quotation plan qualitative preliminary study – hospital (Own representation)

For the above reasons, quota sampling was used as a strategy of purposive sampling for the preliminary qualitative study of the first sub-study since a

targeted and deliberate search for specified characteristics is considered most suitable for hypothesis generation and, consequently, for answering the research question.

4.1.2.2 Sample recruitment

One challenge in recruiting the subjects was direct access to hospital directors, managing directors, and fundraising managers of hospitals, clinics, and foundations in Germany because only some hospitals are willing to talk openly about financing problems or their fundraising strategy. Therefore, it is possible to simplify the access route and facilitate sample recruitment with the help of key persons (gatekeepers). Social networks and personal contacts can provide a further advantage, making it easier to reach the relevant participants. Ultimately, general accessibility is crucial for the actual sample size and subjects, which was also taken into account in the quota plan (Helfferich, 2011).

In order to gain access to the target group in hospitals, clinics, and foundations, the author launched a call via the social network LinkedIn. On the one hand, the target group is well represented in this network; on the other hand, they are active in forums, which was checked in advance. In the call for volunteers to participate in the project (Appendix 1) the study was briefly introduced, and the subjects sought were described. After the subjects volunteered to respond to the call, the author checked whether the subjects also had the appropriate characteristics for the study. The call was kept open and distributed throughout Germany by the network, thus generating a random sample according to the quotas. In addition, clinic fundraisers, clinic directors, and managing directors of hospitals and clinics were contacted for participation in an interview or requested by telephone. Of the 238 clinics contacted, 5 directly agreed to participate in the interview. A written refusal was confirmed by 7 clinics, whereas 187 clinics declined to participate in the study directly during the initial telephone contact, as they had yet to deal with the topic and could not make a statement on major-donor fundraising with high-net-worth individuals. The remaining 39 clinics stated that they first had to determine whether this was done in their clinic. Of the 39 clinics, 18 have reported back and stated they are doing some major gift

fundraising but have yet to focus on high-net-worth individuals as major donors explicitly and are therefore not available for an interview. The remaining hospitals also cancelled due to a lack of knowledge on the subject. In the course of the recruitment process, 23 hospitals remained that were initially available for an interview. However, 7 hospitals cancelled again during the process because they found out, upon closer examination, that nothing could be said substantially about this topic since it is dealt with in a rudimentary way. At the end of the recruitment process, 16 interview partners were available for the sub-study, on which the quotation plan is based accordingly. At this point, it should be noted that theoretical saturation was reached in the course of the 16 interviews, as no further insights were generated after the thirteenth interview. However, based on the pre-defined quota plan, all 16 interviews were conducted accordingly and included in the analysis.

As the above process shows, it was not easy to get suitable interview partners because many hospital directors, fundraisers, and CEOs were very interested in the topic, but, in terms of fundraising with high-net-worth individuals, most had no experience to share in the interview. This clearly shows that the topic has yet to be relevant in German hospitals and that high-net-worth individuals have yet to be explicitly approached as a donor target group. This, in turn, represents the specificity and relevance of this study to unleash this target group's potential in the best possible way for German hospitals in the future.

During the initial contact with the test persons, rough information was provided on the project or study and its implementation, particularly on data protection. Due to the sensitive nature of the data involved, data protection is an essential aspect of this study and must be guaranteed at all costs. The interview participants were therefore informed in advance about the study and its background. The subjects were also informed about data protection before the interview and verbally agreed to recording the interview by cell phone and the anonymized analysis. Accordingly, the declaration of consent was obtained from all participants.

4.1.2.3 Sample description

This sub- study's primary population comprises employees and managers from hospitals and clinics who either work as fundraisers or have expertise in (major) donation fundraising. On the other hand, senior hospital directors of hospitals, clinics, and foundations in the German healthcare system are included, who, at best, already have initial experience in fundraising or major gift fundraising.

Looking at the scope, a total of 16 interviews were conducted. Of these, all interviews were conducted online via Zoom. The total of 16 subjects included 6 medical directors, 6 clinic fundraisers, and 4 managing members of hospitals and clinics. A total of 5 subjects, each from the western and southern federal states and 3 each from the eastern and northern federal states, are represented, which can be regarded as representative of the whole of Germany. The 16 interviewees who were interviewed cover a total of 191 hospitals throughout Germany, as many of the interviewees do not only work for one hospital but are responsible for several facilities. Accordingly, the interviewees represent about 10% of all hospitals in Germany. The relevant sociodemographic data for the study can be found in the following table (Tab. 24) and were requested during the interviews.

Interview	Position	Federal state/Region
1	Hospital Director, Chairman of the Sponsoring Association	North Rhine-Westphalia (West)
2	Fundraiser	North Rhine-Westphalia (West)
3	Marketing Management, Fundraiser	Baden-Württemberg (South)
4	Health and hospital fundraiser	North Rhine-Westphalia (West)
5	Managing Director, Nursing Director, Fundraising Manager	North Rhine-Westphalia (West)
6	Managing director in the foundation business	North Rhine-Westphalia (West)
7	Fundraising Management	Bavaria (South)
8	Clinic Director	Bavaria (South)
9	Chief Physician, Clinic Director	Bavaria (South)
10	Managing Director, Head of Fundraising and Sponsoring Association	Brandenburg (East)
11	Fundraiser	Hamburg (North)
12	Hospital Director	Saxony-Anhalt (East)
13	Senior Fundraiser	Hamburg (Nord)
14	Hospital Director	Thuringia (East)
15	Clinic Director	Lower Saxony (North)
16	Managing Director	Baden-Württemberg (South)

Table 24: Sociodemographic data of interview participants (1 substudy, own representation)

4.1.3 Data collection

Data collection is an essential part of the empirical research process. Important here is the selection of a specific data collection method for answering the research question (Döring & Bortz, 2016). Döring und Bortz (2016) distinguish six techniques of data collection in empirical social research:

- observation
- questionnaire method
- psychological test
- psychological measurement
- document analysis
- Interview

When choosing the correct data collection method, from the author's point of view, neither the use of observation, a psychological test or measurement, nor a document analysis cannot be considered helpful for answering the research question. That is the case because, in this context, these methods cannot provide sufficient information. Only a questionnaire or an interview can be considered helpful because, through these methods, all relevant aspects of the topic can be addressed. On the one hand, a questionnaire is practical, cost-efficient, and provides quick results. However, it cannot convey feelings, emotions, or meanings that occur during the statement or response. Furthermore, it can lead to different perceptions and interpretations due to an impersonal transmission in the context of an online survey and thus distort the results.

In order to obtain the best possible information from the subjects and to allow the subjects to answer freely and openly, ask interposed questions, or express feelings and emotions about the topic, the author chooses verbal interviewing as the method for obtaining data for the preliminary qualitative study. According to Döring und Bortz (2016) the scientific interview is the most commonly used method, with the semi-structured interview being the central technique of data collection within a qualitative research design (Döring & Bortz, 2016). Taking into account the "principles of openness, communication, strangeness, and reflexivity" (Helfferich, 2011, p. 35) the semi-structured guided interview, described in more detail in the following section, was chosen as the interview form for the collection of the qualitative data.

Data collection took place from 02/28/2022 to 06/30/2022. The study was conducted as a cross-sectional study with one measurement time point/period.

Semi-structured guided interview – expert interview

The methodological approach of this study focuses on the semi-structured guided interview in the form of expert interviews. According to Döring und Bortz (2016) a study using the guided interview method usually involves 10 - 20 subjects. "The guided interview is based on a conscious methodological decision to limit maximum openness ... for reasons of research interest or research pragmatics" (Helfferich, 2019). Nevertheless, care should be taken to ensure that the guide is kept open as far as possible. The advantage of a guideline-based interview is that the predefined list of questions provides a rough structure that can facilitate data collection and evaluation. This creates the possibility of making the data obtained from the interviews comparable. In total, the guideline in qualitative research comprises approx. 8 - 15 questions, which are divided into primary and differentiation or detailing questions (Döring & Bortz, 2016) .

Expert interviews can also be conducted with the help of guided interviews, which can be defined by their questioning method (guideline). The expert interviews can be defined here by the specific target group of the persons interviewed with their respective expert knowledge.

In addition to the degree of structuring, there are other classification criteria, such as the number of interviewees interviewed simultaneously, the type of interview contact, and the number of interviewees. All of these are decisive for the implementation and subsequent signing of the data of a scientific interview in practice. Typically, guided interviews are conducted in the form of individual interviews (Döring & Bortz, 2016).

The qualitative guideline-based interviews were each conducted as individual interviews by an interviewer with a respondent online via Zoom. On the one hand, sensitive data on the hospital structure were collected; on the other hand, the subjects were in their environment to create a familiar basis. The interviewing person was always the same and conducted the interviews in German due to the German-speaking origin.

4.1.3.1 The interview guidelines and degree of structuring of the interviews

In order to comply with the quality criterion of intersubjective comprehensibility in qualitative research, it is essential to document the exact process, including all necessary decisions for the creation of the interview guide (Helfferich, 2011). First, the exact requirements for the guide construction are listed, and then the S-P-S-S principle, according to Helfferich (2011) is presented in detail to create the guide of the underlying study.

Requirements of a guideline for the expert interview

Among the essential requirements, a guide must meet the fulfillment of the basic principles of qualitative research and especially the criterion of openness. Overall, the scope of questions should be appropriate for the interview, placing the questions with high expected response potential first. In addition, the formal clarity of the guide plays a decisive role so that the interviewer can concentrate fully on the respondent and thus keep the entire interview situation as authentic as possible. Accordingly, precise knowledge of the individual questions or narrative prompts is essential for an interviewer to ask the questions freely. It should also be noted that a questionnaire is only a support tool, and any answers from the respondent that may exceed the scope of the guide should be included in any case. (Helfferich, 2011).

Guide construction – The S-P-S-S principal according to Helfferich

Step 1 : Gathering questions

First of all, all possible questions are gathered and noted in a brainstorming session. It is important to keep this step very open.

Step 2: Review the list considering prior knowledge and openness.

In the second step, the collected questions are reviewed according to their suitability for answering the research question. Unsuitable questions are deleted accordingly in this step.

Step 3 : Sorting the questions

A content sorting of the checked questions takes place in the third step. This is done after a corresponding structuring of the questions into three groups: Leading question, maintenance question and concrete follow-up questions.

Step 4: Subsume to simple narrative prompts

In the last step it is useful to arrange the sorted questions in a guide accordingly.

When using this method to create guidelines, different questions should be addressed. They can be differentiated according to their rank, the corresponding formulation, the binding nature, and the degree of content control. In addition, the S-P-S-S process should be seen in a circular and not static way (Helfferich, 2011). For this reason, the study process was conducted circularly, and the questions were repeatedly improved in several passes.

Helfferich (2011) expressly emphasizes that broad and unspecific narrative prompts within the guide construction are not advisable in expert interviews. Therefore, conducting interviews with experts is to be considered sensible to ask concrete questions and observe a structured approach. At this point, the author has chosen concrete, specific narrative prompts, including checkup questions and fact queries, to cover the study's topic in the best possible way and to obtain relevant results for answering the research question.

The S-P-S-S method used in this study is presented in detail below. The present method was used to create the guideline for the partial narrative interview used in this work.

a) „S" – collecting questions

In the first step, all questions were collected related to the research interest or were of interest in connection with the research subject. Concerns about the wording of the questions or concerns about the relevance of the content were initially ignored since the first step was only to generate as large a pool of topic-specific questions as possible. Exclusively the content-related interest, as well as the correlations already stated in the literature, were taken into account. In addition, no attention was paid to existing, prior personal knowledge. The following question pool could be generated:

1 What will the fundraising money be used for?

2 How long have you been working in the fundraising area of the hospital/clinic?

3 From your perspective, what does successful major gift fundraising require?

4 What has been your hospital/clinic's revenue from high-net-worth individuals as donors in recent years?

5 What should a hospital/clinic focus on in particular?

6 What factors are relevant to successful major gift fundraising with high-net-worth individuals?

7 What successes have already been achieved through fundraising with high-net-worth donors?

8 What is your view on major gift fundraising by high-net-worth individuals as a complementary funding source?

9 What is the typical fundraising volume by high net worth individuals/donors in the past?

10 In your view, what factors are most important for high-net-worth individuals as donors to decide to donate?

11 Do they know if and how many very wealthy people there are in the vicinity of your hospital?

12 What has changed among high-net-worth donors, especially during the Corona pandemic?

13 What has been your experience in major gift fundraising related to hospitals/clinics with high-net-worth donors?

14 Who are the typical donors?

15 Have you had any initial experience with major donors, and if so, what is it?

16 Do you consider your hospital attractive to high-net-worth donors, and if so, why?

17 Does it make sense for your hospital/clinic to deal intensively with high-net-worth individuals? And if so, for what reason?

18 What does your donor structure look like?

19 Is there a specific area within your fundraising department that explicitly deals with significant donors or the high-net-worth donor group?

20 Do you operate a professional major gift fundraising with high net-worth donors in your hospital/clinic? If yes, since when?

21 What is your previous experience with high-net-worth individuals as donors?

22 What strategy have you generally used so far concerning fundraising?

23 In your view, do German high-net-worth individuals participate appropriately in hospitals/clinics in the German healthcare system?

24 How do you approach major donors/high-net-worth donors?

25 How do you deal with wealthy donors?

26 What can wealthy people in Germany learn from wealthy people in the U.S. in terms of giving?

27 What goals have you set for yourself in major gift fundraising with high-net-worth donors?

28 What are the challenges in dealing with high-net-worth people as a donor target group?

29 From your perspective, how can significant donors/wealthy people become your hospital's most crucial donor group?

30 How would you assess the potential of high-net-worth donors for the hospital's field?

31 What has been holding you back from doing major donor fundraising professionally?

32 What challenges have you experienced yourself, for example, when approaching wealthy donors or similar?

33 From your point of view, what needs to change for high-net-worth individuals in Germany to view and live to give as positively as they do in America?

34 What would you say distinguishes high-net-worth donors in Germany from those in America?

35 From your perspective, how can high-net-worth people who have been non-donors become donors?

36 What does professional major gift fundraising with high net-worth people as a donor target group mean to you as a clinic manager/fundraiser?

37 If you haven't experienced any, what challenges could you theoretically think of that might exist?

38 What percentage of your revenue would you be willing to invest in professional major gift fundraising?

39 As a clinic director, do you regularly receive information about major gift fundraising? Do you regularly receive information about major gift fundraising?

40 How many beds does your hospital have?

41 What type of ownership do you fall under?

42 To which state does your facility belong?

43 How do you attract high-net-worth individuals as significant donors?

44 How do you retain high-net-worth individuals as major donors to your hospital/clinic?

45 Have you, as a hospital/clinic in your immediate vicinity (50 km), ever conducted a potential analysis of wealthy people as donors?

46 Do you think it is realistic to close existing funding gaps in your hospital/hospital through high net worth donors/significant donors?

47 Would you be willing to provide a budget for fundraising consulting concerning high-net-worth donors?

48 Overall, do the positive or negative aspects outweigh the negative for you?

49 What are the positive/negative aspects for you in the future regarding significant gift fundraising with high-net-worth individuals?

50 Could you see yourself personally managing significant donors?

51 Do you think your clinic would be doing better today if you had started professional major gift fundraising 10 years ago?

52 How do you compare to other hospitals/clinics (competitors) in major gift fundraising with high-net-worth individuals?

53 Do you generally communicate investment plans to the public?

54 Do you generally feel your home would be an investment property for wealthy people? If so, what makes your home an attractive fundraising property for wealthy people?

55 From your point of view, how would you describe the willingness of high-net-worth people in Germany to donate your house?

56 Do you consider high-net-worth individuals in Germany to be more generous or more reluctant?

57 What do you think the funding projects of your institution should have to interest high-net-worth individuals as donors?

58 What projects related to cutting-edge medicine and research can you think of spontaneously for which you would need donations?

59 Which areas in your institution would be eligible for funding projects?

60 What general needs (for cutting-edge medicine/care projects) do you see where high-net-worth donors could get involved?

61 What are your current funding needs for cutting-edge medicine/research grant projects?

62 What are your future financial needs for cutting-edge medicine/research funding projects?

63 In your view, what motives are essential to approaching high-net-worth donors to convince them to support a funding project in their institution?

64 What is/would be your approach to convince high-net-worth individuals as donors for funding projects in your institution?

65 Are you dependent on donors and sponsors for the expansion of cutting-edge medicine/research or the reduction of debt?

66 Do you see any psychological blocks among the staff responsible for fundraising in your institution when dealing with high-net-worth individuals?

67 Do you know the return on investment that professional FR offers?

68 Why does fundraising work so well in the USA and not in Germany? Do they think it has to do with the willingness of high-net-worth people to donate and/or the hospital's approach?

69 How much input have they devoted to significant donor fundraising so far?

70 Does fundraising have a negative connotation (begging, pandering, etc.) at your organization and/or your hospital?

71 Have you ever thought about having consultants design professional fundraising for high-net-worth individuals?

72 Do you actively approach banks, funds, asset managers, etc., for information about fundraising opportunities?

73 Are you actively approaching foundations to apply for fundraising capital?

74 Has your institution ever discussed this topic with its bank before (an initiative from you)?

75 From your perspective, what would "perfect" fundraising with high-net-worth individuals look like for your house in the future?

76 Would you work with banks or foundations to promote specific funding projects?

77 Have banks ever approached you with fundraising proposals (e.g., fundraising projects, foundation information, etc.), and what type of bank was it?

78 How do you approach banks when you have contact with a high-net-worth donor for your hospital?

79 Do banks play a role in your fundraising efforts with high-net-worth donors? If so, how exactly?

80 How do you relate to banks regarding significant gift fundraising with high-net-worth donors?

81 What is your relationship with banks when it comes to high-net-worth donors?

82 Do you actively approach banks to acquire high-net-worth donors for fundraising projects?

83 Have banks actively approached you as a hospital to introduce you to potential major donors for specific projects?

84 As a hospital, have you actively approached banks about establishing foundations when you can attract a suitable major donor?

85 How do you relate to banks when it comes to realizing projects in cutting-edge medicine with wealthy people as donors?

86 Which bank do you work with? Is it a private bank or an SPK/regional bank?

87 What is your attitude towards banks regarding the realization of projects for debt repayment with wealthy people as donors?

88 What will stop you from implementing fundraising for high-net-worth people in your house in the future?

b) „P" – checking questions

The purpose of the second step is to reduce the pool of questions drastically and to structure the content of the remaining questions. All questions collected under point A were checked so that, in the author's opinion, only the essential, useful, and substantial questions and question aspects remained. Here it was necessary to decimate the list of questions generated under point a with the help of several check questions. The following test questions were asked here:

- Which questions are purely factual, and are they necessary at all? Questions for information that could be answered with yes/no were deleted.
- Do the questions consider the specificity of the research interest and serve at all to generate open narratives or answers?

- Do the questions do justice to what is narrative-worthy or narrative-able for the person being interviewed?
- What expectations do the authors have concerning the narrative person's answers? Questions that only confirm the authors' pre-existing knowledge have been eliminated. All questions that did not address the central interest of generating new facts and aspects were deleted.
- The authors also asked themselves which answers would surprise them and which answers would contradict the authors' prior assumptions. These questions remained in the questionnaire.
- Are the questions formulated so the person being interviewed can answer "in all directions"? Only such questions were allowed. Influential questions and/or questions that point in a specific direction and/or exclude a particular direction were eliminated or reformulated.
- Is the question to the person being interviewed a pure query of theoretical knowledge, or can the narrator also answer it subjectively? Purely theoretical queries were eliminated because the impression of a teacher-student situation should not arise.

The first two items, "Collect" and "Review," were for inventory purposes. The following questions remained:

1 For what reasons have you (not) dealt with high-net-worth people as a donor target group so far?

2 What factors do you see as relevant to successful major gift fundraising with high-net-worth individuals?

3 What successes have already been achieved through fundraising with high-net-worth donors?

4 What is your view on significant gift fundraising through high-net-worth individuals as a supplemental funding source?

5 What is the typical fundraising volume by high net worth individuals/donors in the past?

6 In your view, what factors are most important for high-net-worth people as donors to decide to donate?

7 What has been your experience in major gift fundraising related to hospitals/clinics with high-net-worth donors?

8 Do they rate their hospital as attractive to high-net-worth donors, and if so, why?

9 Does it make sense for your hospital/clinic to engage extensively with high-net-worth individuals? And if so, for what reason?

10 What does your donor structure look like?

11 What strategy have you used so far concerning fundraising?

12 What goals have you set for yourself in major gift fundraising with high-net-worth donors?

13 What are the challenges in dealing with wealthy people as a donor target group?

14 From your perspective, how can significant donors/wealthy people become your hospital's most crucial donor group?

15 How would you assess the potential of high-net-worth donors for the hospital's area?

16 What has been holding you back from doing major donor fundraising professionally?

17 What challenges have you experienced yourself, for example, when approaching wealthy donors or similar?

18 From your point of view, how can wealthy people who were previously non-donors become donors?

19 What does professional major gift fundraising with wealthy people as a donor target group mean to you as a clinic manager/fundraiser?

20 What percentage of your revenue would you be willing to invest in professional major gift fundraising?

21 As a hospital/clinic in your immediate vicinity (50 km), have you ever conducted a potential analysis of wealthy people as donors?

22 Is it realistic to close existing financing gaps in your hospital/clinic through wealthy donors/significant donors?

23 Would you be willing to budget for fundraising consulting regarding high-net-worth donors?

24 What are the positive/negative aspects for you in the future regarding significant gift fundraising with high-net-worth individuals?

25 Would your clinic be better off today if you had started professional major gift fundraising 10 years ago?

26 Do you generally communicate investment plans to the public?

27 Would your home be an investment property for wealthy people? If so, what makes your house an attractive fundraising property for wealthy people?

28 From your point of view, how would you describe the willingness of high-net-worth people in Germany to donate?

29 From your point of view, what would your institution's funding projects have to have to attract high-net-worth individuals as donors?

30 What funding projects related to cutting-edge medicine and research can you think of spontaneously for which you need donations?

31 In your opinion, which motives are essential to address with high-net-worth donors to convince them to support a project in your institution?

32 Are you dependent on donors and sponsors to expand cutting-edge medicine/research or reduce debt?

33 Do you see psychological blocks among the staff responsible for fundraising in your institution when dealing with high-net-worth individuals?

34 Do you know the return on investment that professional fundraising offers?

35 Why does FR work so well in the USA rather than in Germany? Does it have to do with the willingness of high net-worth people to donate and/or the hospital's approach?

36 How much input have you devoted to significant donor fundraising so far?

37 Does fundraising have a negative connotation (begging, pandering, etc.) in your home and/or your organization?

38 Have they ever considered having consultants design professional fundraising for high-net-worth individuals?

39 Do you actively approach banks, funds, asset managers, etc., for information about fundraising opportunities?

40 Are you actively approaching foundations to apply for fundraising capital?

41 From your perspective, what would a "perfect" FR with high-net-worth people look like for your house in the future?

42 Would you work with banks or foundations to promote specific financing projects?

43 Have banks ever approached you with FR proposals (e.g., fundraising projects, foundation information, etc.), and what type of bank was it?

44 How do you relate to banks when it comes to implementing projects in cutting-edge medicine with wealthy people as donors?

45 Which bank do you work with? Is it a private bank or an SPK/regional bank?

46 What is your attitude towards banks regarding the realization of projects for debt repayment with wealthy people as donors?

47 What will keep you from implementing fundraising for high-net-worth people in your institution in the future?

c) „S" – sorting questions

In this step, the questions were sorted into bundles. Here, dimensions were formed. For example, these can be temporal dimensions (the course of an event) or dimensions according to content aspects (various subject areas). Each bundle was assigned a dimension. Between 2 and 5 bundles should be created.

Nevertheless, some questions may have been left in the pool that cannot be assigned to a bundle. These questions get a separate place in the guide, mainly at the end of the interview. At the end of this step, there are 2-5 bundles in which the remaining questions have been grouped according to dimensions. The questions that could not be assigned to a dimension bundle remain as individual questions. The following bundles were formed:

Bundle 1: Basic theoretical knowledge and opinions of the contact persons on the topic

- What factors are relevant to successful major gift fundraising with high-net-worth individuals?
- What is your view on major gift fundraising by high-net-worth individuals as a complementary funding source?
- What factors do you think are most important for high-net-worth individuals to consider as donors in order for them to decide to donate?
- What are the challenges in engaging with high-net-worth individuals as a target donor group?
- How do you think high-net-worth donors/wealthy people can become your hospital's most crucial donor group?
- How would you assess the potential of wealthy donors for the hospital sector?
- From your point of view, how can wealthy people who have been non-donors become donors?
- What does professional major gift fundraising with wealthy people as a donor target group mean to you as a clinic manager/fundraiser?
- What percentage of your revenue would you be willing to invest in professional major gift fundraising?
- Is it realistic to close existing funding gaps in your hospital/clinic through high-net-worth donors/significant donors?
- Can you budget for fundraising consulting regarding high-net-worth donors?

- Do you have an idea of the return on professional investment fundraising provides?
- Why does fundraising work so well in the USA rather than in Germany? Does it have to do with the willingness of high-net-worth individuals to donate and/or the hospital's approach?
- From your perspective, how would you describe the willingness of high-net-worth people in Germany to donate?

Bundle 2: Past handling/experience of the topic by the hospital/clinic

- For what reasons have you (not) engaged with wealthy people as a donor target group so far?
- What successes have already been achieved through fundraising with high-net-worth donors?
- What is the typical fundraising volume by high net worth people/donors in the past?
- What is your experience in major gift fundraising concerning hospitals/clinics with high-net-worth donors?
- What strategy have you generally used in the past concerning fundraising?
- For example, what challenges have you experienced in approaching high-net-worth donors or the like?
- As a hospital/clinic in your immediate vicinity (50 km), have you ever done a potential analysis of wealthy people as donors?
- Would your hospital be better off today if you started professional major gift fundraising 10 years ago?
- How much input have you devoted to significant donor fundraising so far?
- What has kept you from doing major donor fundraising professionally so far?

Bundle 3: Current situation

- Does it make sense for your hospital/clinic to deal intensively with high-net-worth individuals? And if so, for what reason?
- What does your donor structure look like?
- Do you generally communicate investment plans to the public?
- Do you generally think that your house would be an investment object for wealthy people? If so, what makes your house an attractive donor property for wealthy people?
- From your perspective, what would your institution's grant projects need to have for high-net-worth individuals to be interested in them as donors?
- What funding projects related to cutting-edge medicine and research can you think of spontaneously for which you need donor contributions?
- In your opinion, which motives are essential to address with high-net-worth donors to convince them to support a project in your institution?
- Are you dependent on donors and sponsors to expand cutting-edge medicine/research or reduce debt?
- Do you see psychological blocks in the staff responsible for fundraising at your institution when dealing with high-net-worth individuals?
- Does fundraising negatively affect your organization (begging, chumming up, etc.)?

Bundle 4: Plans for the future regarding fundraising with high-net-worth individuals

- What are your goals for major gift fundraising with high-net-worth donors?
- Have you ever thought about having consultants design professional fundraising for high-net-worth individuals?
- From your perspective, what would "perfect" fundraising with high-net-worth individuals look like for your organization?
- What will keep you from implementing fundraising for high-net-worth individuals in your organization in the future?
- What are the positive/negative aspects of major gift fundraising with high-net-worth individuals in the future?

Bundle 5: Dealing with banks and foundations regarding the topic

- Do you actively approach banks, funds, asset managers, etc., for information about fundraising opportunities?
- Do you actively approach foundations to apply for fundraising capital?
- Would you work with banks or foundations to promote specific funding projects?
- Have banks ever approached you with fundraising proposals (e.g., fundraising projects, foundation information, etc.), and what type of bank was it?
- How do you feel about banks when it comes to implementing cutting-edge medical projects with wealthy people as donors?
- How do you feel about banks regarding realizing projects for debt repayment with wealthy people as donors?

d) „S" – subsuming the questions

The core task at this point is to assign a single narrative prompt to each bundle sorted in the third step. As such, the questions of the bundle are subsumed or generate a narrative prompt through the bundles themselves (and through a reformulation of the bundles/questions with the same content). A narrative prompt is understood as a narrative-generating impulse/question intended to encourage the person being interviewed to begin his or her account of a fact. The narrative prompt is thus a "leading question," which, in the best case, encourages the person to be interviewed to answer the individual questions bundled thematically, chronologically, and so on. This happens under the leading question "on their own" in a monologue. The person being interviewed may not respond to a question in the bundle with the help of the narrative prompt. In such a case, it is the interviewer's task to help the person being interviewed "get to the bottom of things" with the help of a keyword. The single questions left under point c) are asked by the interviewer at the end of the interview concretely without an again generated narration request if the interviewer considers this necessary. Additionally, if the question, also in another context (or with another

question), still needs to be answered contentwise. The interviewer also formed a checklist, where bullet points and essential and gripping points for the research interest are listed for each bundle. The list serves the interviewer to check whether these contents have been addressed by the person to be interviewed or not.

Narration prompt 1:

What knowledge do you have in principle regarding fundraising among very wealthy people in the hospital sector? (Please address potential challenges, an alternative funding source, attracting donors, and a comparison with the U.S.)

Specific questions/fact check:

- What percentage of your revenue would you be willing to invest in professional major gift fundraising?
- Do you think it is realistic to close existing funding gaps in your hospital/clinic through high-net-worth donors/significant donors?
- Would you be willing to budget for fundraising consulting regarding high-net-worth donors?
- Do you know the return on investment that professional fundraising offers?

Narration prompt 2:

What has been your experience with high-net-worth donors regarding donation volume, donor acquisition strategies, challenges, donor behavior, input you have provided, etc.?

Specific questions/fact check:

- As a hospital/clinic in your immediate vicinity (50 km), have you ever done a potential analysis on wealthy people as donors?
- What has prevented you so far from carrying out large-scale fundraising professionally?
- Do you think your hospital would be better off today if you started professional major gift fundraising 10 years ago?

Narration prompt 3:

How would you describe the current situation regarding your organization's approach to fundraising among the very wealthy?

Specific questions/fact check:

- What is your donor structure?
- Do you generally communicate investment plans to the public?
- Do you consider your institution attractive to wealthy donors, and if so, why?
- What funding projects related to cutting-edge medicine and research can you think of spontaneously for which you need donor contributions?

Narration prompt 4:

What are your goals for the future in establishing fundraising for high-net-worth individuals? What would a perfect fundraising for high-net-worth people look like for you in this respect?

Specific questions/fact check:

- Have you considered getting professional advice on fundraising for high-net-worth individuals?

Narration prompt 5:

What experience do you have with banks/foundations etc.? Do they approach you, do you approach these institutions if necessary to inquire about potential donors/foundations, etc., and what is your general attitude to this topic?

Specific questions/fact check:

- Which bank do you work with? Is it a private bank or an SPK/regional bank?

The final interview guideline

The following is thus the finished interview guide used in this work. Five bundles were developed through subsumption and concretization from the total of 92 questions in step 1 of the S-P-S method. The process was circular, as adjusting the questions by rerunning the complete SPSS method was necessary.

Subsuming (narrative prompt)	Check (was that mentioned?)	Concrete question (fact check)
Basic theoretical knowledge and opinions of the contact persons on the topic		
What knowledge do you personally have in general about fundraising for very wealthy people in the hospital sector? Please address potential challenges, alternative funding sources, attracting donors, and a comparison with the U.S.	Basic potential Cf. Germany/USA ROI Challenges for the hospital; Wealthy people as the most crucial donor group; Providing a budget for fundraising;	What percentage of your revenue would you be willing to invest in professional major-donor fundraising?
		Do you think it is realistic to close existing funding gaps in your hospital through wealthy donors/major donors?
		Would you be willing to budget for fundraising consulting regarding high net worth donors?
		Do you have an idea of the return on investment that professional fundraising offers?
Past handling/experience of the issue by the hospital/clinic		
What has been your experience with high-net-worth donors regarding donation volume, donor acquisition strategies, challenges, donor behavior, input you have provided, etc.?	Applied strategies in fundraising. Professional operation of major donations Typical Donation Volume. Previous input into fundraising for high-net-worth individuals; Why has nothing been done in this direction so far?	As a hospital/clinic in your immediate vicinity (50 km), have you ever done a potential analysis on wealthy people as donors?
		What's stopping you from doing major gifts fundraising professionally so far?
		Do you think your clinic would be doing better today if you had started professional major gift fundraising ten years ago?
Current situation		
How would you describe the current situation regarding your organization's approach to fundraising among the very wealthy?	Occupation with the topic is sensible. General attractiveness as a donation object. The mental attitude of the employees to the topic. Presentation and content of possible sponsorship projects, which motives should be addressed among donors	What's your donor structure?
		Do you generally communicate investment plans to the public?
		Do you rate your home as attractive to wealthy donors, and why?
		What funding projects related to cutting-edge medicine and research can you think of spontaneously for which you currently need donations?
Plans for the future regarding fundraising with high-net-worth individuals		
What are the goals for the future in establishing fundraising for high-net-worth individuals, and what would perfect fundraising for high-net-worth individuals look like to you in this regard?	Positive and negative aspects of fundraising with high-net-worth individuals.	Have you thought about getting professional advice on fundraising for high-net-worth individuals?

Table 25: Interview guide for the first sub-study (Own representation)

4.1.4 Data analysis and evaluation

During data analysis and evaluation, the data collected in the interview are analyzed and evaluated using suitable methods. The goal is either to answer the research questions posed at the beginning with the help of the evaluated data or to generate hypotheses through the corresponding data analysis (Döring & Bortz, 2016). The primary goal of this preliminary study is to obtain initial insights into the generation of hypotheses by evaluating and analyzing the data material and then to test these hypotheses using a quantitative study based on this.

The collected data material must be prepared and written down accordingly for the data analysis. Thus, the transcription of the material is the first central step in the data preparation process. In order to comply with the quality criteria, the transcription rules applied are described in detail below.

Transcription system and rules

The aim is "to overcome the volatility and to be a good support for the memory" (Dresing & Pehl, 2018). When transcribing, a fundamental distinction between a simple and a detailed transcription can be made. The focus of the simple transcription is only the semantic analysis of the content. In contrast, the detailed analysis considers the content, phenomena, and aspects such as emphasis, volume, and speech rhythm.

Established and widely used transcription systems with simple rules can be found in Dresing & Pehl (2018), Kuckartz (2010) and Dittmar (2004), among others. The "GAT" of Selting et al. (2009) and the „HIAT“ of Rehbein et al. (2004) as more complex transcription systems, as well as the rules according to Jefferson (1984) are well known. It is important to note that the simple transcription system of Dresing & Pehl (2018) builds on the original system of Kuckartz (2008) (Dresing & Pehl, 2017). The following table gives a brief overview of the different transcription systems of known representatives.

Transcription rules	Category	Note
Kuckartz	simple transcription system	
Dresing & Pehl	simple transcription system	high popularity in German-speaking countries, based on Jefferson's transcription system
Dittmar	simple transcription system	
Jefferson	complex transcription system	High popularity in the English-speaking world
GAT/GAT2 (Conversation analytic transcription system)	complex transcription system	high popularity in German-speaking countries, based on Jefferson's transcription system
HIAT (Semi-interpretative work transcription)	complex transcription system	

Table 26: Overview of known transcription systems (Own representation)

Especially the simple transcription systems are well practicable and focus on the essentials and are therefore very suitable for many research projects (Dresing & Pehl, 2018). The advantage of detailed transcription is mainly to perform "a qualitative analysis of the phonetic and phonological properties of what is spoken" (Dresing & Pehl, 2018). On the other hand, it should be mentioned that this form of transcription requires significantly more time. Dresing & Pehl (2018) cite a figure of 18 hours that must be planned for transcribing a one-hour interview material using a conversation analytic transcription system (GAT).

The preliminary qualitative study focuses on what is said and less on the emotional level. For this reason, simple transcription was chosen for the initial study. Additionally, due to the time-consuming transcription process and the associated economic perspective, the simple transcription system, according to Dresing & Pehl (2018), including the extended rules, is applied in this study. In the following, the selected rule system is described in detail:

1. "It is transcribed verbatim, so it is not phonetic or summary."
2. Word slurs are approximated to written German. "So'n Buch" becomes "so ein Buch" and "hamma" becomes "haben wir". Sentence form is

retained, even if it contains syntactical errors, e.g.: "Did I go to department store."

3. Dialects are translated into High German as word-for-word as possible. If no clear translation is possible, the dialect is retained, e.g.: "Ich gehe heuer auf das Oktoberfest".
4. Colloquial particles like „gell, gelle, ne“ get transcribed.
5. Stuttering is smoothed or omitted; broken words are ignored. Word doublings are only recorded if used as a stylistic device for emphasis: "This is very, very important to me."
6. Half-sentences that lack completion are marked with the termination character ”/”.
7. Punctuation is smoothed out in favor of readability; a period rather than a comma is used for a brief voice lowering or ambiguous emphasis. Units of meaning should be retained.
8. Receptive signals such as "hm, aha, yes, exactly" that do not interrupt the other person's flow of speech are not transcribed. They are transcribed if they are mentioned as a direct answer to a question.
9. Pauses of approx. 3 seconds or more are marked by (...).
10. Particularly stressed words or utterances are marked by VERSALIEN.
11. Each speaker's contribution is given its paragraphs. There is a free, empty line between the speakers. Short interjections are also transcribed in a separate paragraph. Time marks are inserted at least at the end of a paragraph.
12. Emotional nonverbal expressions of the interviewee and the interviewer that support or clarify the statement (such as laughing or sighing) are noted in parentheses when used.
13. Unintelligible words are marked with "(unv.)". Longer incomprehensible passages are marked with the cause if possible: "(unv., microphone rushes)". If a wording is suspected, the passage is put in brackets with a

question mark, e.g. "(axe?)". Incomprehensible passages are marked with a time mark if no other time mark is set within one minute.

14. The interviewing person is identified by an "I: "and the interviewee by a "B:" In the case of several interview partners (e.g., group discussion), the abbreviation "B" is assigned a corresponding identification number or name ("B1:", "Peter:").
15. The transcript is saved as a Rich Text Format (RTF) file. The file will be named according to the media file name (without extension wav, mp3), for example: Interview_04022011.rtf or Interview_schmitt.rtf." (Dresing & Pehl, 2018)

Furthermore, the extended rules of (Dresing & Pehl, 2018) for content-semantic transcription must be considered. Here, speaker overlap is particularly relevant. During transcription, care should be taken that speaker overlaps are marked with "//". At the beginning of the interjection there is a "//". The text that is spoken at the same time is then within this "//" and the interjection of the other person is in a separate line and is also marked with "//".

In addition to adhering to the general and extended transcription rules, uniform spelling must also be observed. Dresing & Pehl (2018) also give some hints in their practical manual, which have to be observed for the transcription, but which will not be discussed in more detail here because, in this study, there was only one transcriber for the complete analysis of the interviews.

4.1.4.1 Data analysis methods

Qualitative data analysis can be performed using various data analysis methods. For this purpose, Döring & Bortz (2016) divided the most commonly used analysis methods into specialized and general procedures. Among the specialized procedures, qualitative analysis of video material, metaphor analysis, narrative analysis, deep hermeneutics, conversation analysis, critical discourse analysis, and interpretative phenomenological analysis are assigned. On the other hand, objective hermeneutics, the documentary method, and grounded theory methodology are understood as general procedures. In this context, Döring & Bortz (2016) explicitly point out that the individual methods can be

flexibly adapted and combined according to the study objectives (method triangulation).

In selecting the appropriate data analysis method for this study, care was taken to ensure that, on the one hand, it corresponded to the theoretical orientation of the project and the available data. On the other hand, the method should contribute to systematically and profitably addressing the questions pursued at a selected level of analysis. Since no different types of data are available, an integrative data analysis strategy such as grounded theory is not helpful. Furthermore, no visual data is available to apply video materials analysis as a method. Other data analysis types are also unsuitable from the author's point of view because they are either psychoanalytically oriented or follow metaphorical approaches. The qualitative content analysis method used for the research project is described in detail below.

Qualitative content analysis as a data analysis method

Qualitative content analysis (QCA) as a general procedure represents a common method for analyzing a wide variety of qualitative data (Döring & Bortz, 2016; Schreier, 2012). Here, a systematic and flexible approach is practiced, whereby the text passages or elements of the transcribed material are successfully assigned to corresponding coding framework categories. The established scheme provides the researcher with orientation during the evaluation and thus also considers the corresponding qualitative quality criteria of scientific research. The aim of QCA is, on the one hand, the reduction of data volumes and, on the other hand, the structuring of data (Schreier, 2012, 2014a). Various researchers show that QCA, which has been used since the 1970s, is the most commonly used as a content analytic method (Mayring, 2019; Schreier, 2014b). For this reason, this evaluation method will be discussed in more detail below. Problematic with this method is that in the literature and among practicing researchers, there is a different understanding of the definition and execution of the procedure (Mayring, 2019; Schreier, 2014b). For this reason, prevalent approaches of qualitative content analysis will be discussed here, which have no claim to completeness. In

addition, possible misunderstandings and criticisms among the representatives of qualitative content analysis are presented.

According to Schreier (2012), a qualitative content analysis should be conducted in a circular manner using the following defined steps: Defining the research question, selecting the material, creating a coding frame, dividing the material into coding units, testing the created coding frame, evaluating and modifying the coding frame, primary analysis, and interpreting and presenting the results. Thus, it becomes clear that Schreier (2012) perceives theory-guided category development directly on the material as a central aspect (Schreier, 2014b). There should be a superordinate system (coding frame) of selected categories in which the definitions of the respective categories are contained. Appropriate pilot testing followed by application to the material concludes the process. While Schreier (2012) supports her process outlined above, especially in the case of inductive category development, Mayring criticizes it because of the increased time required, which in his view, is not necessary (Mayring, 2020). In the article by Mayring (2019) he clearly emphasizes the category-guided approach as a characteristic feature of his method, focusing on selective text evaluation. However, Schreier (2014b) criticizes that the individual categories do not have clear boundaries and thus cannot be delimited in Mayring's deductive category development. At this point, however, it should be emphasized that Mayring follows exact coding rules in his approach and has a strict systematic to prevent this objection (Mayring, 2019). In case of the method by Mayring (2019), it is also essential to know that he based the development of qualitative content analysis on the initial quantitative content analysis. The reason for this was, among other things, the systematic and rule-guided nature of the content analysis. Mayring (2019) positively emphasizes the combination of qualitative and quantitative steps, preferring the definition of his method as "qualitatively oriented category-guided text analysis." According to Gläser & Laudel (2009), Mayring's method relies too much on quantitative content analysis. However, they positively emphasize that "the openness of qualitative methods was exploited for the development of the category system (Gläser & Laudel, 2009). Nevertheless, they believe that the method of qualitative content analysis, according to Mayring, cannot do justice to the detailed extraction of complex information. Therefore, they think that in

addition to forming a category system, more importance must be given to extraction within the qualitative content analysis. Accordingly, they have adapted Mayring's method accordingly. In contrast, Mayring (2019) clearly emphasizes that "this step of pilot testing the categories and modifying them in feedback loops is central and indispensable and feasible in labor economics". Accordingly, he disagrees with the proposal of the modified approach of Gläser & Laudel (2009). Just like Schreier (2012), Gläser & Laudel (2009) believe that in Mayring's approach, on the one hand, there is no direct work or too little work on the material. On the other hand, Gläser & Laudel (2009) criticize in particular that "the category system is only adjusted on 30% - 50% of the material." Mayring (2019) refutes this statement and clearly emphasizes that an adjustment of the category system is possible at any time due to a circular approach.

From the above argumentation on the approaches of different representatives of qualitative content analysis, it becomes clear that partly different views and opinions exist. There are various interpretative evaluation methods for content analysis, such as content-structuring, evaluative, scaling, summarizing, explicative, or type-forming content analysis. (Döring & Bortz, 2016; Schreier, 2014b). Schreier (2014) shows in her study that there are only two primary forms of qualitative content analysis, structuring qualitative content analysis and qualitative content analysis by extraction, under which the other variants can be subsumed. In contrast, Mayring (1994) speaks of three basic techniques of qualitative content analysis, each of which has different approaches, procedures, and goals. The summarizing qualitative content analysis (abstraction), the explicating qualitative content analysis, and the structuring qualitative content analysis are to be mentioned here, under which the formal, the content-related, the typifying, and the scaling structuring are classified. (Döring & Bortz, 2016; Mayring, 1994). Kuckartz follows a similar classification. He divides qualitative content analysis into three possible versions. According to him, there is content-structuring, evaluative, and type-forming qualitative research. When comparing the variants among the different representatives, it is noticeable that they all mention the structuring variant of qualitative content analysis. All in all, it can be seen that this procedure, the content structuring variant, can be understood as the central

focus of QCA. Schreier (2012) shares the view of Kuckartz (2012) and Mayring (2010) and sees this variant as the "core of a qualitative content analysis" (Schreier, 2014b). For the reasons mentioned above, the underlying study applies content-structuring qualitative content analysis according to Mayring, which is described in more detail in the following section.

4.1.4.2 The qualitative content analysis according to P. Maying

The essential foundations of qualitative content analysis, according to Mayring, lie in the category-guided approach, which accordingly also functions as a general distinguishing feature of this method. The rule-guided and especially systematic approach is described as very positive by both Mayring (2019) and Gläser & Laudel (2009). Mayring's qualitative content analysis can be divided into steps that comprise corresponding rules of interpretation. A general flow chart of qualitative content analysis can be seen in the following figure (Fig. 60).

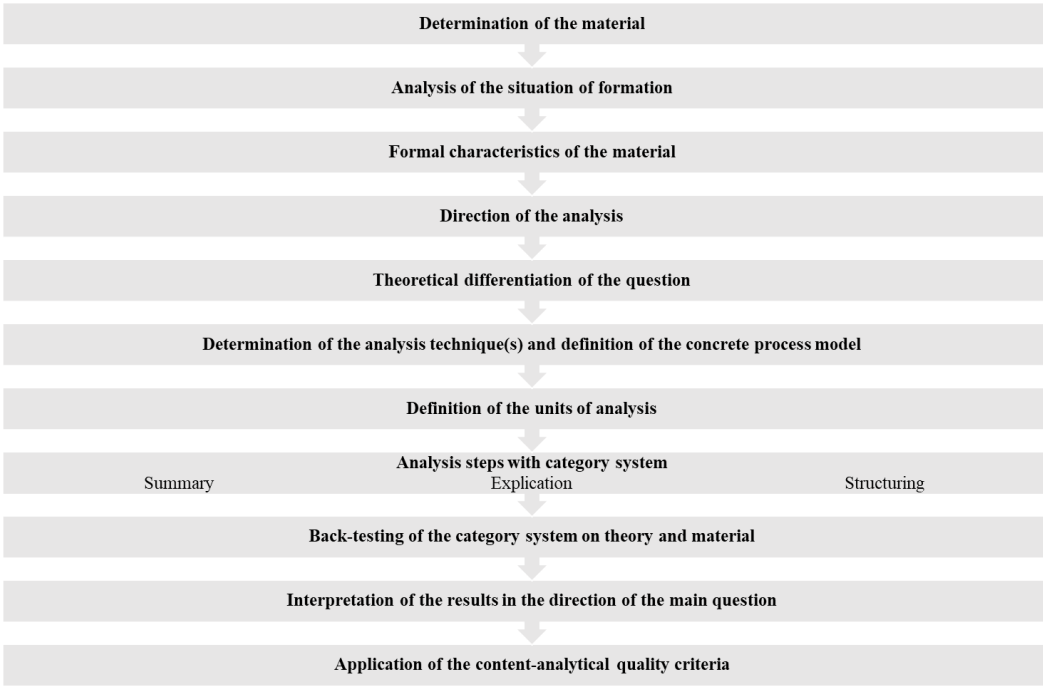

Figure 60: General process model of qualitative content analysis (Mayring 1988, quoted after Mayring, 1991, p. 210)

Evaluation of the research material oriented to the method of content structuring

The application of the steps of the general model, according to Mayring, will be briefly explained in the following. Likewise, the steps of the content-structuring content analysis applied in the study will be dealt with specifically.

Determination of the material, situation of origin & formal characteristics

When determining the material as a first step, the interviewees' representativeness and other economic aspects were analyzed before starting to conduct the expert interviews so that all the interviews could be included in the content analysis. Regarding the analysis of the originating situation, the interviews were conducted by the author online via Zoom, but this does not make any difference in data quality. Furthermore, all interviews were conducted as semi-structured

expert interviews. Regarding the formal characteristics, the interviews were recorded by a sound-recording cell phone, and the material is available in mp4 files. With the corresponding software MAXQDA 2020, these were transcribed. The corresponding transcript for the expert interview is also available. Relevant notes on the interview were made by the interviewer in the interview itself and shortly afterward in paper form and subsequently typed up.

Direction of the analysis, theoretical differentiation of the research question

For the analysis, the exact research question is crucial, establishing an advance in knowledge as a goal. The present research question was divided into several sub-questions, which are accordingly based on theoretical considerations. Accordingly, the guideline-supported interview encompasses various sub-questions contributing to the main research question about the donation potential of high-net-worth individuals in Germany. In total, 5 sub-questions/telling prompts could be developed by Helfferich's S-P-S method:

Subquestion 1: What knowledge do they have in principle regarding fundraising among very wealthy people in the hospital sector?

Subquestion 2: What has been your experience with high-net-worth donors regarding donation volume, donor acquisition strategies, challenges, donor behavior, input you have provided, etc.?

Subquestion 3: How would you describe the current situation regarding your organization's approach to fundraising among the very wealthy?

Subquestion 4: What are the goals for the future in establishing fundraising for high-net-worth individuals, and what would perfect fundraising for high-net-worth individuals look like to you in this regard?

Subquestion 5: What experience do you have with banks/foundations?

Determination of the analysis techniques and definition of the research question

The analysis technique is the content-structuring qualitative content analysis, according to Mayring, as this is particularly suitable for the theory-guided analysis of text material.

Definition of the units of analysis:

As a further important step, the units of analysis for the research project must be precisely defined so that the analysis process is comprehensible.

- **Evaluation unit:** Based on the expert interviews, each expert interview is considered as one evaluation unit in the following.
- **Context unit:** The most significant text component that falls under a category (sub-question) is understood as a context unit. Accordingly, the complete answer to the posed sub-question is defined as a context unit. If there are several sentences to the question, only the penalty that precisely reflects the answer to the question is used as the context unit.
- **Coding unit:** The coding unit is the smallest material component. This can also be a single word.

Analysis steps by means of category system:

The evaluation of the conducted expert interviews of this study are carried out with the structuring content analysis according to Mayring to "filter out certain aspects from the material and to lay a cross-section through the material under predefined order criteria and to assess the material under certain criteria". (Mayring, 1991). Content structuring as a sub-form of structuring qualitative content analysis is particularly suitable for answering the research question because the focus here is on the theory-guided analysis of the text material. For this reason, the corresponding steps for content-structuring qualitative content analysis, according to Mayring, are first presented clearly in a diagram in the following and then discussed in more detail.

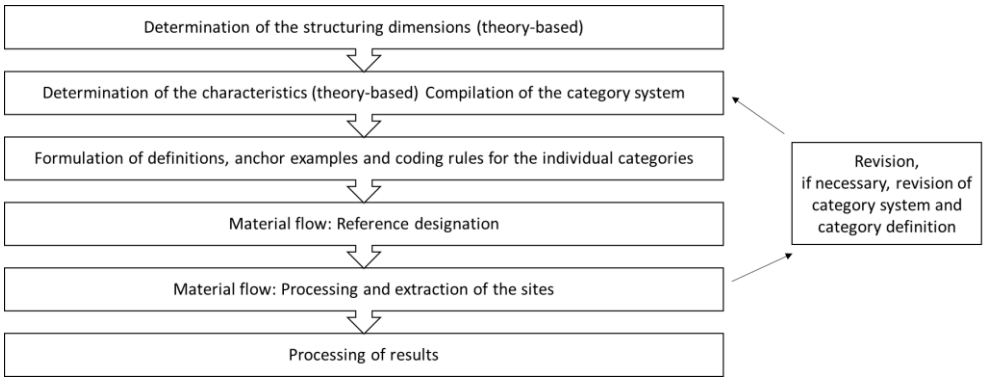

Figure 61: Process model structuring content analysis (Mayring 1987, quoted after Mayring, 1991, p. 212)

In the theory-based definition of the structuring dimensions (step 1), it is crucial to derive them from the main question and to formulate them as variables with different characteristics. Here, the direct work on the material provides corresponding justifications for the formulated variables.

In the next step, the corresponding expressions are determined (step 2). The proficiencies are formulated for each identified variable, whereby this step is carried out on the one hand, directly on the material, and, on the other hand, theory-guided. In this respect, it should be noted that an appropriate degree of differentiation is selected.

This is followed by the compilation of the category system (step 3), which includes the formulation of definitions on the one hand and anchor examples for the respective characteristics on the other. For corresponding borderline cases, rules should be formulated in this context. A corresponding coding guide should be compiled at the end.

Based on this, the material is sifted, and significant findings are marked (steps 4 & 5). In this process, the references are edited and extracted accordingly. If a connection can be assigned, it can be included in the coding guide as an anchor example. If, however, no clear coding is possible, it is necessary to establish a corresponding coding rule for this reference and enter it in the coding guide.

After the first material run, a revision with a possible revision of the category system and the category definition takes place (step 6). This feedback loop

shows that this is a circular process. At the end of the process, there is the processing of the results (step 7) (Mayring, 1991, 1994).

When conducting the analysis, special attention should be paid to the following three steps, as they characterize the structuring content analysis in particular:

1. **Definition of the categories**

The basis of qualitative content analysis is the assignment of text passages according to categories. In this study, categories are formed deductively-inductively. This means that categories are deductively derived in advance, i.e., on the basis of theory, and then deductively expanded by working "on the material". In addition to the categories derived from the theory, a further category, "residual category," is formed, under which data material falls that cannot be assigned to the deductively created categories. Subsequently, new categories are formed inductively.

Through the deductive approach, the main categories and subcategories are first defined through a theory-driven determination of the structuring dimensions, which are presented below.

Preliminary category system

Considering the preceding description of the theoretical framework and the analysis of the selected literature, a preliminary system of categories was developed for their application to the subject area of this study. According to a deductive procedure, main and subcategories were formed, listed in tabular form below. In creating this deductive category system, explicit care was taken to ensure that the main categories encompassed all aspects and contents of the literature analysis conducted in full in advance, as well as the detailed contents of the SPSS method conducted. The research question can justify the main categories, and the study's main objectives are listed together with their subcategories in the following table.

Main categories	Subcategories
1 General experience/knowledge	
2 Status quo	
3 Past	3.1 Donation volume 3.2 Donor acquisition/ donor approach 3.3 Challenges
4 Future perspective	4.1 Perfect fundraising 4.2 Budget allocation
5 Funding projects	
6 Potential of the donor target group	6.1 Closing the funding gap 6.2 Cutting-edge medicine 6.3 Potential analysis
7 Banks & Foundations	
8 Remaining category	

Table 27: Main and subcategories of the deductive category system (Own representation)

2. Identification of anchor examples

To best describe the category, specific examples of a category are listed.

3. Definition of coding rules

A clear assignment to a category is not always possible. Therefore, it makes sense to formulate rules to guarantee an unambiguous assignment where demarcation problems exist between individual categories. A corresponding coding guide could be created through this procedure, which guarantees a rule-guided procedure. The category system represents the core of the qualitative content analysis. The coding guide contains the following aspects directly oriented to the research question. In the guideline, the most concise and self-explanatory categories possible were aimed for.

- Name of the category

- Definition of the category
- Anchor example (typical text passage/coding unit for the respective category)
- Possibly coding rules (if there are difficulties in differentiating between categories, it is specified here again in more detail what is coded when and how).

Final category system and coding guide

The categories were adjusted during the evaluation process. On the one hand, category 8, the "Residual category," was used to form the category "Comparison America/Germany" since many interviewees compared fundraising with high-net-worth individuals in Germany and America. On the other hand, changes were made to the "Future Perspective" category in particular and to the "Status Quo" category during the evaluation process. The original category, "Perfect Fundraising," was changed to "Future Plans" because the subcategory "Perfect Fundraising" did not include all aspects of the interviewed subjects. Moreover, the new category includes all future planned ideas and approaches of the hospitals regarding significant gift fundraising with high-net-worth individuals, thus covering the future perspective in the best possible way. The category "budget provision" has been renamed "investment readiness", as investment readiness covers not only budget provision but also hospitals' general readiness to invest in whatever form. Accordingly, this category covers not only a pure budget query but also other aspects, such as the provision and training of professional major-donor fundraisers for this target group or cooperation with agencies for professional concept development. For this reason, this category has been made somewhat broader by the new designation. Furthermore, a change was made to the category of donation potential. A reduction from three to two subcategories was made because investments and funding gaps were recorded in one category. This was done because most respondents addressed these two topics together, making it more sense to record them together. In addition, in the second subcategory, the potential was also included as a general characteristic, and the category was changed to "potential/potential analysis". Last but not least,

the category "Status Quo" was subdivided into several subcategories that were not apparent at the beginning of the analysis based purely on the literature. The five subcategories "overview of the current situation", "earlier start with major gifts fundraising", "donors/donor structure", "hospital as a fundraising object," and "communication about investment projects" subdivide the top category in the best possible way, as they reflect the most essential aspects from the interviews.

The final categories are tabulated below, including the frequency for each code. A subsequent description follows. Appendix 3 corresponds to the final coding guide with its definitions, anchor examples, and coding rules for the individual categories.

Code list (Codesystem)	Frequency (n = 623)
K1 General experience/knowledge	33
K2 Status Quo	0
K2.1 Overview of current situation	64
K2.2 Donor/donor structure	38
K2.3 Hospital as donation object	23
K2.4 Communication about investment projects	23
K2.5 Earlier start with major gifts fundraising	13
K3 The past	0
K3.1 Donation volume	22
K3.2 Donor approach/acquisition	62
K3.3 Challenges/influencing factors	89
K4 Future prospects	0
K4.1 Future plans	53
K4.2 Willingness to invest	52
K5 Funding projects	37
K6 Potential of donor target group	0
K6.1 Potential/potential analysis	30
K6.2 Cutting-edge medicine and funding gaps	24
K7 Comparison of America/Germany	18
K8 Banks & foundations	42

Table 28: Final code system and frequencies - hospital (1. sub-study, own representation)

Main category 1: General experience and knowledge

The first category was chosen to present an overview of the subjects' general experience and level of knowledge on the topic. This comprises only a general description of previous (practical) experience and knowledge regarding fundraising among wealthy people in the hospital sector.

Main category 2: Status Quo

One research objective of the study is to present the status quo in German hospitals on the topic of major-donor fundraising by high-net-worth individuals. Currently, there is no detailed representation of the hospital sector in this context. The category, therefore, comprises a description of the current situation of the hospital, whereby it is of particular importance how hospitals are set up structurally as well as in terms of personnel. (K2.1) and what the donor structure looks like in terms of major donors as well as high-net-worth individuals (K2.2). Furthermore, this category includes the extent to which hospitals themselves see their hospitals as attractive donation objects for high-net-worth donors and for which reasons (K.2.3). In addition, the author analyzes whether and to what extent hospitals communicate about investment projects to the public (K2.4). Finally, the topic of an earlier start with major gifts fundraising is recorded in a separate subcategory (K2.5), to represent the current status best. Thus, the main category comprises a total of five subcategories, which were developed inductively from the interview material.

Subcategory 2.1 Overview of current situation

Structural and personnel conditions are summarized in this category. In particular, it is of interest to show whether hospitals have their fundraising department and whether they already have trained major donor fundraisers for the particular donor target group of high-net-worth individuals.

Subcategory 2.2 Donors/donor structure

To be able to depict the status quo, it is essential to depict the donor structure separately in a category. It is interesting to see whether there are currently large donors in the donor portfolio of German hospitals or whether the hospitals continue to focus only on small and medium-sized donors.

Subcategory 2.3 Hospital as a donation object

This category was formed inductively to solicit hospitals' views on the extent to which they believe hospitals are objects of interest and, thus, potential objects of donation to high-net-worth individuals.

Subcategory 2.4 Communication about investment projects

To attract potential donors, hospitals must publicly communicate their funding projects with their individual investment needs. Only by presenting the needs themselves can major donors become aware of them and assess whether they would like to donate to them or not. This category shows whether communication about investments takes place and in what way.

Subcategory 2.5 Earlier start with major gifts fundraising.

The interviews showed that hospitals see a high potential if they had started major gift fundraising earlier. Accordingly, this category captures the hospitals' opinions and thoughts about an earlier start and how an earlier start might have improved the hospitals' current situation (financially and structurally...).

Main category 3: The past

The hospitals' past is addressed in this main category. This includes a description of how the hospital has acted in the past concerning major gift fundraising with high-net-worth individuals, on the one hand, and how major gift fundraising with this target group has been experienced to date, on the other. The focus here is mainly on the challenges experienced so far, as well as influencing factors that represent possible hurdles for hospitals (K3.3). Other aspects, such as donation volume (K3.1) and donor approach (K3.2), are particularly important. For this reason, the main category was divided into further subcategories.

Subcategory 3.1: Donation volume

The general volume of donations in Germany across all donor target groups has been between 5 and 10 million euros in recent years (Deutscher Spendenrat e.V. & GfK, 2021; Gricevic et al., 2020a). Donor contributions by high-net-worth donors, however, turn out to be significantly higher (Dietmar Hopp

Stiftung, 2021; Haibach & Uekermann, 2021; Handel, 2014; manager magazin, 2008; Manfred Lautenschläger-Stiftung, 2021; Neitzsch, 2017; Stumpf, 2018). Therefore, the volume of donations received by hospitals from high-net-worth donors or significant donors is recorded in this category. Here, it is essential to know what experiences hospitals have had concerning the volume of donations from major donors. Specific figures or donation amounts in general or for specific projects are of interest. It is also recorded from which donation sum the hospitals define a major donor.

Subcategory 3.2: Donor approach/donor acquisition

There are various instruments and strategies that hospitals can use to approach major donors. In addition to the donor-oriented approach of "relationship fundraising," the application of the private banking approach can also lead to success (Burnett, 1996; Haibach & Uekermann, 2021; Major Giving Institute, 2015; Schiemenz, 2015). How exactly hospitals act, which means they use them, and what success they have achieved with them in the past is recorded within the scope of this subcategory.

Subcategory 3.3: Challenges/influencing factors

Another past-oriented aspect when analyzing hospitals' past experiences with major donors are the challenges experienced. Major donors represent a particular target group that hospitals need to be aware of to conduct successful major gift fundraising. Accordingly, all challenges that hospitals have experienced to date are summarized in this category. Among other things, other influencing factors can also play an important role. The challenges also include possible influencing factors that could impact the successful establishment of major-donor fundraising from the perspective of the hospitals.

Main category 4: Future perspective

This category was created to present the current status quo and the past and future perspectives. Of importance is how the hospital has acted so far and how it would like to position itself in the future concerning high-net-worth individuals as donors. Therefore, this category focuses on the plans and prospects of hospitals in major gift fundraising with high-net-worth individuals. On the one hand, the category includes a description of the hospital's outlook for the future

and, particularly, what perfect fundraising for the specific donor target group might look like. On the other hand, the category includes the topic of a budget allocation for professional major gift fundraising for this target group. These two aspects are therefore presented separately in a subcategory.

Subcategory 4.1.: Plans for the future

There are no studies on establishing and applying successful professional fundraising in the hospital sector with significant high-net-worth donors. Only general statements and results on major gift fundraising are available. (Haibach & Uekermann, 2021). Therefore, the category includes hospitals' opinions and attitudes about what major gift fundraising in the hospital sector with high-net-worth individuals might look like at best. Furthermore, any plans hospitals have regarding major gift fundraising are included in this category.

Subcategory 4.2: Willingness to invest

Investment readiness plays a vital role in hospitals' future planning with regard to major gift fundraising with high-net-worth individuals. Therefore, the aspect of a budget provision, in particular, is documented in this category. The extent to which a special budget is made available for establishing and implementing professional fundraising with high-net-worth donors is relevant here. In addition to general statements, concrete figures are also of interest. The category also includes the aspect of whether hospitals are generally prepared to seek professional advice in order to be able to work successfully with this target group and would invest in this. The survey also covers whether hospitals would invest in the qualification of special major-donor fundraisers and developing a concept for major-donor fundraising.

Main category 5: Funding projects

For major donors, the influence and impact of the donation are important. They also have high expectations of the organization (Indiana University Lilly Family School of Philanthropy, 2018; Neitzsch, 2017; Stumpf, 2018). Therefore, funding projects represent a crucial aspect for high-net-worth donors, as they can achieve a high level of effectiveness with their donation to the projects. Accordingly, the category includes a description concerning previous projects or

upcoming projects with an increased need for funding. In addition to naming and describing specific projects, this category focuses on the tendency to show whether funding is needed for specific projects.

Main category 6: Potential of the donor target group

Capturing the potential that high-net-worth individuals may represent is another research focus of this study. Based on this, the potential of the donor target group was included as the main category. The category includes a description of the potential that hospitals see regarding high-net-worth donors. This also includes a potential analysis of what hospitals may have done in terms of fundraising (K6.2). On the one hand, this category includes closing existing financing gaps with the help of high-net-worth individuals and, on the other hand, the realization of cutting-edge medical projects (K6.1). The focus here is on the attitudes and assumptions of the hospitals regarding the topic. For this reason, the main category is divided into two subcategories.

Subcategory 6.1: Potential/potential analysis

No study has recorded whether and to what extent hospitals focus on high-net-worth donors as donors. Therefore, hospitals' potential in this specific target group is investigated. The category captures whether hospitals have previously conducted a potential analysis and what potential they were able to identify through the analysis. Further thoughts and opinions of hospitals regarding the potential is also recorded.

Subcategory 6.2: Cutting-edge medicine and funding gaps

Hospitals and clinics in Germany are characterized by economic difficulties. The situation is increasingly deteriorating due to the nationwide increase in costs and rising personnel costs. Furthermore, investment allocations from the federal states are falling to cover the necessary investment requirements (Augurzky et al., 2019; Berger, 2020). The alternative source of financing that fundraising represents for hospitals can be one way of reducing the existing financing gap. Therefore, the category includes the general question of whether it is realistic from the hospital's perspective to reduce or even close these funding gaps through wealthy or significant donors.

Wealth leads to higher engagement (Bundesministerium für Arbeit und Soziales, 2016; Orosz et al., 2021; Probst, 2019; Schiemenz, 2015; Störing, 2015). The purpose as well as the goal of organizations play a crucial role (Indiana University Lilly Family School of Philanthropy, 2018). According to this, significant donors and high-net-worth individuals are particularly interested in investing in effective projects in their giving behavior. Cutting-edge medical projects can be relevant for hospitals to be attractive to this target group. Accordingly, this subcategory includes all aspects of advanced medicine and its projects in German hospitals and clinics. In both areas, it is interesting to see what opinion hospitals take and how realistic the achievement of these goals is estimated to be.

Main category 7: Comparison America/Germany

America is seen as a role model in terms of fundraising. There, major-donor fundraising with high-net-worth individuals works exceptionally well. In the interviews, most respondents often drew a comparison between America and Germany concerning possible challenges faced by German hospitals. Thoughts, opinions, and statements about a comparison between the two countries are depicted in this category.

Main category 8: Banks and foundations

In the wealth management sector, many private banks are already involved in setting up foundations. However, when comparing the largest private wealth management providers in Germany, there are hardly any or no foundations on the part of the banks that explicitly deal with hospital projects (Commerzbank AG, 2022b, 2022a; Deutsche Bank Stiftung, 2022; UBS AG, 2022c, 2022b, 2022a). For this reason, this category includes a description of the cooperation between hospitals and banks. The focus is mainly on the previous experience of hospitals with banks and foundations concerning cooperation with high-net-worth individuals as donors. Furthermore, in addition to the empirical values, hospitals' approach is listed, and the banks with which they generally cooperate are recorded.

4.1.5 Quality criteria of qualitative research

Special attention must be paid to the quality of qualitative research (Flick, 2005). However, the quality criteria of reliability, validity, and objectivity developed from classical test theory cannot simply be transferred to qualitative research since the "understanding of reality" of the two research approaches is "too different" (Lüders & Reichertz, 1986, S. 97). Therefore, the approach recommended is to apply alternative and, above all, methodologically appropriate criteria as qualitative quality criteria and to bring them to the forefront (Flick, 2005). In particular, the arbitrariness in the qualitative research direction represents a considerable problem due to non-standardized procedures, which can be circumvented with suitable catalogs of criteria or guidelines. (Lüders & Reichertz, 1986). It, therefore, seems all the more essential to provide a precise justification of which criteria were applied at which stage of the research process to increase the credibility and validity of qualitative studies (Döring & Bortz, 2016). To ensure the quality of qualitative studies, various catalogs of criteria and guidelines exist, which in turn differ from researcher to researcher in the literature. For this reason, only the criteria catalogs frequently used in qualitative research will be discussed in the following.

Lincoln & Guba (1985) emphasize that, in addition to trustworthiness, transferability, reliability, and confirmability, credibility is the central and, thus, overriding criterion of qualitative research. (Döring & Bortz, 2016; Flick, 2005). According to Lincoln & Guba (1985), trustworthiness as a quality criterion of credibility corresponds to truthfulness as a general quality aspect of scientific research. It can be assigned to the quantitative quality criterion of internal validity. Applicability as a general quality aspect is ensured by the criterion of transferability and corresponds to external validity in quantitative social research. The quantitative quality criterion of reliability is covered by the general scientific criterion of consistency and corresponds to the criterion of reliability in qualitative social research. Neutrality, as a general quality aspect of scientific research, is realized by confirmability and corresponds to objectivity in quantitative research. (Döring & Bortz, 2016).

In addition to Lincoln & Guba (1985) four criteria of credibility, which cover only methodological rigor as one of four general criteria of scientific quality, there is another approach by Steinke (1999) with seven core criteria. In addition to

methodological rigor, these criteria also take into account the relevance of the content and the quality of presentation (intersubjective comprehensibility) of scientific quality. Only ethical rigor as a criterion of scientific quality is merely implicitly covered in Steinke's approach by the criterion of reflected subjectivity. Overall, Steinke (1999) identifies the following core criteria as a checklist:

1. Intersubjective comprehensibility
2. Indication
3. Empirical anchoring
4. Limitation
5. Reflected subjectivity
6. Coherency
7. Relevance

The following table (Tab. 29) overviews the already mentioned general quality criteria of scientific research and the corresponding qualitative and quantitative quality criteria.

Standards of Scientificity	**Criteria of scientific quality**	**Quality criteria of quantitative research (Shadish et al., 2002)**	**Quality criteria of qualitative research** (Lincoln & Guba, 1985)	**Core criteria for the evaluation of qualitative research (Steinke, 1999)**
Scientific research problem	Content Relevance	-	-	Relevance
Scientific research process	Methodical Rigor	Objectivity	Confirmability	Reflective Subjectivity
		Reliability	Dependability	-
		Construct Validity	-	-
		Internal validity	Trust worthiness	Indication Empirical Anchoring Coherence
		External validity	Transferability	Limitation
		Statistical Validity	-	-
Science and research ethics	Ethical rigor	-	-	-
Documentation of the research project	Presentation quality	-	-	Intersubjective comprehensibility

Table 29: Overview of criteria of scientific quality in the qualitative and quantitative paradigm (in accordance with Döring & Bortz, 2016, p. 114)

Mayring (2002) recorded another set of criteria for qualitative research and established six general quality criteria. Like the criteria of Lincoln and Guba (1985), these focus on the methodological rigor of scientific research.

Thus, quality assurance in the context of qualitative content analysis is checked against the 6 quality criteria according to Mayring (2002):

- the rule-governedness
- the procedural documentation
- the proximity to the subject
- the communicative validation
- the triangulation
- the interpretation safeguarding with arguments

Quality criterion Rule-governedness

Rule-governedness means that the researchers analyze according to predefined rules. A systematic approach was taken into account in the study by breaking down the overall process into individual steps. In addition, the study design was defined during the planning, and the corresponding rules for the structuring content analysis were established at the beginning to guarantee a rule-guided procedure. Thus, the data (transcripts) to be included and the transcription rules to be applied were precisely documented in advance. The complete documentation can be taken from the methodical part. Accordingly, the quality criterion of rule-governedness can be regarded as fulfilled.

Quality criterion Procedural documentation

In the procedure documentation, each step of the evaluation is documented in order to meet scientific requirements. Therefore, the applied procedure was documented in detail to make the research process comprehensible for others. Also documented were the preliminary understanding, the compilation of the analysis instruments, and the practical implementation of the data collection and analysis. Thus, in this study, the intersubjective testability of the research process is to be regarded as guaranteed by a detailed and more extensive description of the procedure.

Quality criterion Proximity to the subject

Proximity to the subject is of particular importance in qualitative research. It can be understood as a basic methodological principle. Proximity to the subject means that interview partners are interviewed in their familiar environment, at best, to fulfill the subject's appropriateness. The subjects were interviewed in their natural environment since the interviews were conducted online and the subjects were in their natural environment. In this regard, the joint work between the researcher and the interviewee was based on a mutual and open relationship, pursuing a common interest. Accordingly, the closest possible proximity to the subject has been achieved in this study.

Quality criterion Communicative validation

One way to check the validity of results is through communicative validation. Here, the results are verified by having the researcher and interviewee discuss the results. This demonstrates that the person being researched has a significant role, provides data, and is placed on the same level as the researcher as a source of expertise. Such was fulfilled by the researcher conducting the interviews each time, allowing the subject to listen again to his statements and confirm that these are the most critical findings and that the subject sees himself in the statements. It was done in the context of a detailed discussion, with the interviewee having the highest proportion of speech.

Quality criterion Triangulation

Similarly, triangulation is about counteracting the researcher's subjectivity that always occurs as part of qualitative content analysis. "Triangulation always means that one tries to find different solutions for the research question and to compare the results." (Mayring, 2002, p. 147). Here, qualitative and quantitative analysis methods can be combined to use different data sources. The triangulation can be considered as fulfilled since, in the following study, a quantitative method in the form of a questionnaire was used in order to be able to represent so the results, which came off by the qualitative content analysis, also quantitatively.

Quality criterion Interpretation validation with arguments

Interpretation in the qualitative research process is significant, as this is how the research object is accessed. It is important to note that interpretations are not set but must be justified with arguments to assess the quality. Therefore, the detailed interpretation support with arguments takes place in the discussion part of this study.

There are differentiated quality criteria, especially for qualitative expert interviews. These include, among others, *"the intersubjective comprehensibility of the data collection and data evaluation procedures,"* the *theory-based approach*, and the *neutrality and openness of the researcher to new findings as well as other relevant systems and interpretation patterns."* (Kaiser, 2014). For the underlying study, the differentiated quality criteria for qualitative expert interviews by Kaiser (2014), among others, were applied to evaluate the study's validity based on the quality criteria.

Intersubjective verifiability cannot be fully guaranteed in qualitative studies because the survey methods are non-standardized instruments. However, the demand for intersubjective verifiability can be partially fulfilled by a systematic and openly presented procedure by the researchers. (Kaiser, 2014). According to Steinke (1999), it is significant for applying qualitative expert interviews that the criteria for selecting experts, the detailed description of the guideline, and the explanation of the evaluation methods are precisely stated. The quality criterion of intersubjective comprehensibility can be regarded as fulfilled due to the rule-governed and, above all, systematic approach of the author to the selection of suitable experts and the creation of guidelines for the expert interviews. In addition, the evaluation methods were presented and explained in detail based on the category system created, which also covers the quality criterion.

The *theory-based approach* cannot be used as a quality criterion for every qualitative study, as is the case, for example, with an explorative design. However, in most qualitative research designs, the research question and the interview questions derived for an expert interview result from basic theoretical knowledge, which should be known to the researcher in advance so that a theory-based approach can be regarded as a given. (Kaiser, 2014). Through an extensive

literature review that preceded the preliminary qualitative study, a theory-driven approach can also be considered to have been met.

In order to achieve and maintain the *neutrality and openness* of the researcher as a quality criterion of qualitative research, which is to be assigned to objectivity in quantitative research design, attention should be paid above all to the formulation of the interview questions in order to ensure openness. Accordingly, the interview questions or guide was developed using the S-P-S-S method, with the narrative prompts kept as open as possible to give the interviewee as much freedom as possible. Only the factual inquiries for a better understanding were partly asked to be able to inquire about a factual matter even better.

4.2 RESULTS OF THE EXPERT INTERVIEWS

In this chapter, the results of the data analysis of the 16 explorative interviews are summarized. Since the basic rules of summarization, according to Mayring, were applied in the structuring content analysis, the results are bundled as a whole or constructed according to the categories in a summarized and integrated manner. The detailed preparation of the results in terms of content also includes quantitative data to clarify the weighting of individual results.

4.2.1 General experience and knowledge

Most of the hospitals interviewed can generally demonstrate basic knowledge of fundraising. Surprisingly, however, the majority of hospitals have significantly limited experience and expertise in the area of high-net-worth significant donors.

"Yes, on the subject of fundraising, I have very detailed knowledge. I know every study, I would say, and yes, in terms of extremely wealthy people, I'm honestly, I'm honestly not that familiar." (Interview15, Pos. 2)

In this context, it can be documented that while some hospitals have a theoretical basis for fundraising with high-net-worth individuals, there is a fundamental lack of practical experience with this donor target group.

"Practically none at all. Theoretically, I'm in a good position." (Interview15, Pos. 10)

As the chart below illustrates, approximately 70% of the hospitals surveyed have had no practical experience dealing with high-net-worth individuals.

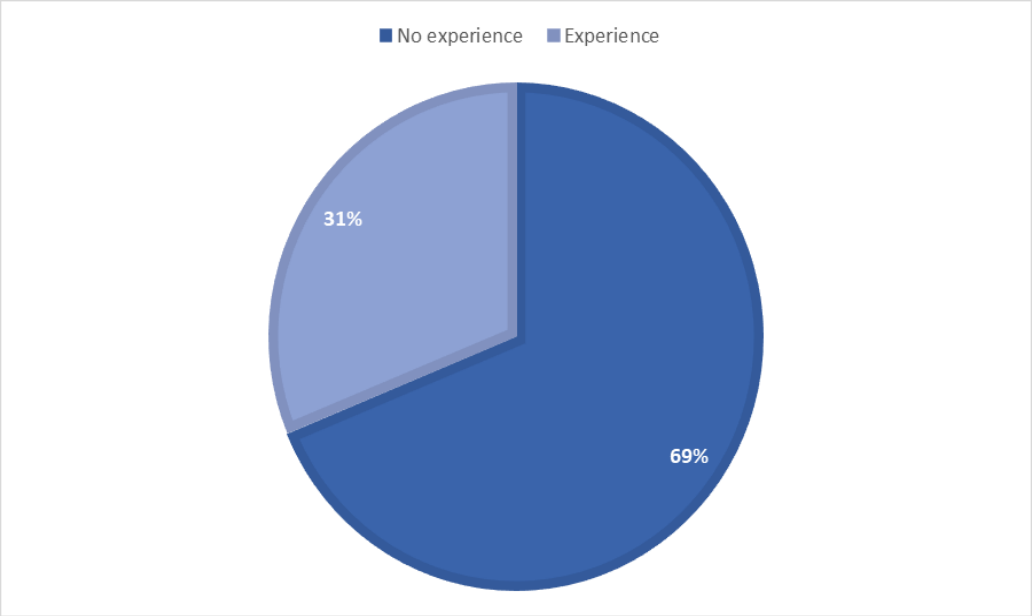

Figure 62: Results of the first sub-study - Experiences with high-net-worth major donors (Own representation)

However, there are also isolated establishments already actively addressing the issue and have gained practical experience with the donor target group in the past.

"In addition to the literature and technical literature I have read, I have essentially gained practical experience.(...) So in my company and by the fact that I was allowed to learn a lot from US-American and Canadian colleagues.(...) That is the background experience and, as I said, a bit of technical literature." (Interview7, Pos. 4)

However, not only positive experiences with high-net-worth donors are reported, but also tricky dealings with this donor target group are mentioned, as the following example makes clear.

"I have already had to deal with corresponding people on the part of the hospital. I remember one (...). This very descriptive personality spoke of many millions, double-digit million amounts, which he would also like to invest in our hospital. He also clearly

stated that he had better contacts with a rival hospital. (...) He had already established contacts there, and then some things in the hospital had not gone as he would have imagined in the context of his treatment. So as a VIP and then he turned to us. We then had several discussions involving the managing director and our superior managing director. Moreover, we would have been quite open and willing, especially since our children's hospital is a building complex that is well over 50 years old and, in principle, needs demolition and rebuilding (...). He was also very interested in the topic, but then (/) (...) he found some reasons why this was not as true as he had imagined, which was not at all comprehensible to us. So from that point of view, I had rather a very negative experience." (Interview1, Pos. 9)

4.2.2 Status Quo

The following section explicitly addresses the current status quo, which is divided into five subcategories and is intended to provide a comprehensive picture of the current situation in German hospitals.

4.2.2.1 Overview of current situation

Fundraising, in general, is a relevant topic for many hospitals. However, around 70% of the hospitals surveyed have no previous experience with high-net-worth individuals as significant donors. Three of the hospitals surveyed are even very negative about fundraising from wealthy people: "But I don't want to do that either, because I think it's wrong to try to curry favor with rich people." (Interview12, Pos. 6). This could be one reason why many of the hospitals, as well as their booster clubs, have not yet had a dedicated fundraising effort for high-net-worth individuals, and "do not (...) deal with the very wealthy people" (Interview15, Pos. 6).

It should also be noted that not every hospital in Germany has its own fundraising department. Less than half of the 16 hospitals surveyed have their own fundraising department. "We [have] our own fundraising department. That's not common. Not every hospital has that." (Interview5, Pos. 4). This hospital is aware that its fundraising department is a unique feature. Furthermore, in the vast majority of cases, there is only a small number of 1 to a maximum of 2 employees who are

responsible for fundraising in general. "I [do it] more or less on my own and it's just a matter of, how do you say, resources" (Interview13, Pos. 38). One hospital even reports that fundraising activities are conducted with only 25% of their workforce.

Since most hospitals do not have their own fundraising departments, on the one hand, and the topic of major-donor fundraising is not on the agenda, on the other, the hospitals also do not employ professionally trained fundraisers who explicitly cater to wealthy people. The use of qualified fundraisers who are familiar with the donor target group is sometimes perceived as positive by the hospitals:

"Of course, I am also aware that there are associations or NGOs that use professional people who take up this topic because they are well networked and are positioned accordingly, have structures and knowledge." (Interview1, Pos. 9)

In addition to the fact that many hospitals do not have a fundraising department, two hospitals even claim that they do not fundraise. They do collect donations, but these then go into a certain "black box" (Interview16, Pos. 27). According to this, they do not proceed in an earmarked or project-oriented manner but determine and use the donations only afterward, according to the current need, which speaks against the basic idea of fundraising.

"Our support association is also general. We don't advertise or collect money for specific things. Our members don't donate for specific things, but in general" (Interview12, Pos. 44).

"Our donors give and don't know what for. That's why we don't do fundraising. Because fundraising is always upfront already, so it's earmarked." (Interview15, Pos. 16)

One hospital even waits for a donor to volunteer without targeting donors: "Our activities are limited to recording donations without solicitation." (Interview14, Pos. 14).

Overall, it can be stated that most hospitals are not appropriately positioned in terms of personnel and structure to focus on high-net-worth individuals as significant donors. Most of the hospitals surveyed lack a dedicated fundraising department. Furthermore, most hospitals do not have professionally trained important donor fundraisers, as this target group has not yet been focused on.

4.2.2.2 Donors/donor structure

The exact donor structure is almost impossible for many hospitals to answer. Most hospitals do not know their donor composition and also do not know whether there are high-net-worth individuals among them. Only a few of the hospitals surveyed know the sociodemographic data of their donors "roughly" (Interview13, Pos. 20). Accordingly, it can be assumed that donation softwares are hardly used for fundraising, if at all.

One hospital, the only one of the respondents already actively engaged in major gift fundraising, can provide detailed information about its donor structure. "Absolutely. We monitor those, and yes, of course, on an ongoing basis. We know our major donors" (Interview11, Pos. 16).

The overall picture is consistent not only in terms of donor structure but also when it comes to the target group of significant donors. Having important donors in their donor portfolio is a rarity for most of the hospitals surveyed. "Regarding the association, I can say, as I said, there are individual major donors" (Interview1, Pos. 31). However, when it comes explicitly to high-net-worth major donors, there is significant uncertainty or ignorance on the part of hospitals.

"Whether there were ever any high-net-worth people involved, I don't know. But if I understand correctly, you are talking about people whom I, as chief physician, am a small boy against. We don't have anything like that here anyway. At least, I do not think so." (Interview14, Pos. 2).

It is interesting when it comes to defining major donors. There are different approaches to this. For a hospital, for example, it's in the five-figure range "if we start at 10,000 in this case" (Interview4, Pos. 22). Another talks about six-figure donations a year, above which a donor is considered a major donor: "The 6-figure donations that would be major donors" (Interview2, Pos. 58).

Knowledge about the wishes and needs of a significant donor is not present at all hospitals. However, a small number of the hospitals surveyed that already actively approach major donors or have had initial contact with major donors are aware of their needs and know how this donor target group would like to be treated:

"That is, of course, you have to dignify the donor. And that always has something to do with naming or with a column, whatever". (Interview5, Pos. 10)

"Our experience is, or my experience is, that people who go somewhat undercover with their assets are fascinating, and they don't necessarily want to be named. The others would like to be mentioned, which is good and right, has a role model effect for us if it is in the press. But the huge donors don't necessarily want to be mentioned and tend to fly under the radar." (Interview7, Pos. 14)

"There are indeed two different personality structures there. Some want to remain in the background and donate anonymously, and those who wish to gain maximum publicity or personal advantage." (Interview1, Pos. 9)

However, most hospitals are not currently focusing on large donors:

"Our activities are really just limited to normal people" (Interview12, Pos. 30)

"So in general, we do tend to be in the range of, I'll say, the mid-level donor." (Interview2, Pos. 24)

4.2.2.3 Hospital as a donation object

Hospitals are attractive donation objects for high-net-worth individuals. Fifteen out of 16 hospitals surveyed agree, "because health concerns us all" (Interview6, Pos. 47). From the hospitals' point of view, there is "per se a certain open-mindedness" (Interview13, Pos. 26) because illnesses can affect anyone, and everyone needs medical help at some point in their lives. Thus, institutions that take care of people's health are also interesting for wealthy people as an object of donation since everyone comes into contact with it at some point.

"I am firmly convinced that almost everyone feels the need to do something good with their money. (...) And that includes hospitals." (Interview16, Pos. 31)

In particular, the topic of children and young people is a good target for donations from the point of view of hospitals, where there is a high willingness to donate. However, areas such as cancer and its research are also important topics that could be interesting for wealthy people and could appeal to this donor target group in terms of donation activities. Furthermore, specialized hospitals

or rehabilitation clinics could also be interesting for donors from a hospital perspective.

"We have the children's hospital issue now. I'm sure that's good to work with in terms of donations." (Interview2, Pos. 54)

"We already have a very, very good standing there among the population. It is, of course, a social institution. We work mainly with children and young people. So in principle, we look after almost everyone who needs the age group—about 20, 22,000 children and adolescents. We also have neonatology. That also appeals to them. We have oncology. That is a topic that appeals. Also, geriatrics for seniors, I know from my private social commitment or through other active people here that these are topics that are played with pleasure and where there is a willingness to donate." (Interview1, Pos. 35)

"And we have specialty hospitals and rehab clinics where we have very high expertise, which is interesting. There you can already derive something, so to speak, that is interesting for donors." (Interview4, Pos. 34)

The regional aspect is also an argument for a hospital as to why high-net-worth individuals might see a hospital as an attractive donation target. It is possible that regional ties could play a decisive role in the donors' commitment.

"Yes, I could imagine that. I imagine they would say, we would like to do something good here for the district hospital. If as I said, there are also many companies and people who are strongly connected to the region. I imagine they would say, we would like to do something good here for the district hospital." (Interview3, Pos. 36)

For a hospital to be perceived as an attractive donor target by high-net-worth individuals, hospitals must do something about it and be positioned accordingly. Creating trust plays a decisive role here. In addition to good management, the hospital as a donation object must also have values matching wealthy donors' values.

"I believe that if a facility is well positioned, if it has good leadership, if it has values and a culture, if it is also frequently mentioned positively in public, then it has a good chance of being trustworthy, of being credible and then also of getting donor funds." (Interview5, Pos. 20)

Another argument that a hospital provides is that, due to its non-profit sponsorship, it is not geared towards making a profit compared to hospitals with private sponsorship and is therefore not dependent on the decisions of potential

shareholders, which makes them correspondingly attractive even to high-net-worth donors.

"We are a non-profit. We don't have to give to any shareholders. So it's not a private group like Helios or Sana. And that, of course, makes us attractive in that respect." (Interview1, Pos. 35)

Only one hospital believes that high-net-worth individuals would be reluctant to donate to a hospital per se, if at all. "I don't think wealthy people would spend money on something like that." (Interview14, Pos. 22). The issue of return on investment is mentioned in this context, which from the hospital's point of view, is the top priority for high-net-worth individuals, which it would thus not achieve if the investment were made as part of a donation to a hospital.

"No, not at all. Wealthy people have returns in mind, and those are low for hospitals. While we're talking about donations here, they never actually have a return. You can do that sometimes with smaller amounts. But why would a wealthy person donate millions when they can invest the money with a return? That's crazy." (Interview14, Pos. 32)

4.2.2.4 Communication about investment projects

Communication about current and future investment plans is crucial for fundraising to collect donations for specific projects. But there is a mixed picture about this among the hospitals surveyed. On the one hand, some hospitals say if "needs were not communicated, then we would not be doing our job properly" (Interview6, Pos. 45). On the other hand, there are houses in which "there is some communication, but too little for me personally" (Interview4, Pos. 32), as other facilities state in the interview. Or, alternatively, ″not at all, [because] the donations [are] virtually blind donations." (Interview14, Pos. 24) and thus, what happens with the money is only decided after the fact. It is interesting to note that hospitals that do not communicate sometimes report internally on projects and investments, but this is not made public to attract donors: "Often there has been no communication, or if there has been any at all, it has been among the staff and the chairmen and so on" (Interview9, Pos. 24). It therefore poses real challenges for some hospitals. "This is a task that challenges me on a regular basis" (Interview11, Pos. 20).

For hospitals, "that (...) is of course the classic. How transparent am I to my donors and my potential donors?" (Interview11, Pos. 20) and is crucial for collecting professional donations. Those who communicate projects "have different communication channels where [they] (...) also communicate donors and fundraising projects". (Interview5, Pos. 18).

"Through media collaborations, we're also making sure that this gets back into, I'll say, the public eye with new issues all the time." (Interview2, Pos. 30)

A hospital does not only report about current and future projects, but their strategy is to provide information to the donors also in retrospect of an already completed project to possibly convince new donors by presenting successful projects.

"But mostly retrospectively, so to speak, when the donation has been received, the project has been implemented, or the product has been purchased. Then it is reported on. What is it good for, and how is it used?" (Interview5, Pos. 18)

4.2.2.5 Earlier start with major gifts Fundraising

All the hospitals surveyed agree. If they, as hospitals, had already dealt with the topic of major-donor fundraising 10 years ago and explicitly with the donor target group of high-net-worth individuals, the hospitals would be in a better financial position today. Structural deficiencies or projects for a new hospital building could thus already have been remedied or realized. It would also have already been possible to set up funding associations or carry out relevant cutting-edge medical projects. Furthermore, from the hospitals' point of view, institutional readiness is mentioned, which could have been created much sooner in German hospitals with an earlier focus on (significant donation) fundraising and would, therefore, no longer represent a challenge for many hospitals today.

"Yes definitely. Uplifting, you can see that in all sorts of places." (Interview1, Pos. 39)

„Yes, I believe so. Especially in this field.“ (Interview2, Pos. 18)

"But I think already that I then, there perhaps the one or other project more somehow could have been realized, if there would be such a promotion association" (Interview3, Pos. 26)

"Yes, of course. You certainly could have started with smaller things, so to speak, to develop institutional readiness in the first place." (Interview4, Pos. 26)

Concerning an earlier start with professional fundraising for high-net-worth individuals, one hospital describes that fundraising in the hospital would then have looked significantly different in recent years. This is because wealthy people would then already have been present in their donor structure, on whom they would have focused more and more over the years and thus achieved success through strong donor retention. From this hospital's point of view, the donor target group of high-net-worth individuals would then have been the main target group on which they would have focused, and "everything that comes in anyway because we just have an easy-to-sell subject [would have been] seen as by-catch." (Interview11, Pos. 12).

"That is possible. Yes, that is absolutely possible. Hmm. And above all, I think if I had dealt with it 15 years ago, our fundraising would have looked completely different today and over the past 15 years because, as I said, an institution like ours, even if we had grown to the point that we would have needed twice the budget, it would still then also have been possible if I had, let's say now, one two three four five high-net-worth individuals, i.e., contacts that would have been built up, cultivated accordingly. Then our fundraising would definitely be different because we would have focused exclusively on exactly this clientele over the years." (Interview11, Pos. 12)

In this context, another hospital explicitly raises the issue of inherited donations or estate donations. It believes that an earlier focus on this area would have led to better success today. It is clear here that the potential of this target group has already been partially recognized by the hospitals.

"But I am sure that in this area (...) endowments, this topic area what happens with my assets after my death. That one would have with it still earlier beginning co-operation perhaps a little better successes." (Interview2, Pos. 20)

One hospital even believes that the potential of high-net-worth major donors used to be much higher than it is today.

"But (...) I think so because 10 or 20 years ago, fundraising looked fundamentally quite different. (...) It would have been a new topic that would certainly have had more potential back then than it does today." (Interview13, Pos. 16).

Only one hospital disputes this and does not believe that it would have a financial advantage as a result today.

4.2.3 The Past

The reference to the past relates in particular to the volume of donations achieved by hospitals explicitly through major donors in the past. In addition, the donor structure is analyzed, and a look is taken at how hospitals were positioned in the past concerning major donors. Furthermore, the results are reviewed with regard to the wishes and needs of major donors, and all relevant aspects mentioned by the hospitals in this context are addressed. In addition, challenges hospitals have already faced or how they see critical elements such as influence as potential challenges are analyzed.

4.2.3.1 Volume of donations

Little to no experience with UHNWIs and HNWIs as major donors is also reflected in the donation volume of hospitals. Most hospitals are in the small or medium donation segment; accordingly, the donation amounts are not in the million range. "Funds have also flowed in the past." (Interview13, Pos. 18), but at most hospitals, large donations are an exception. "And also quite, was once 6-digit. That all happened at one time or another. But these are absolute total exceptions" (Interview13, Pos. 18).

There are also isolated experiences with large donations that have reached five figures. "Even remember another person who lived in the neighborhood, has no relatives and gave us 50,000 euros for the children's hospital as well" (Interview1, Pos. 31). However, it must be made clear here that these are also exceptions where hospitals deal with individuals of this magnitude.

Hospitals know there is still a long way to go to are aware that there is still a long way to go to the huge donations. "But from the large donations, I say it comes to first successes, however they are not yet the mega donations" (Interview4, Pos. 20).

Further, hospitals can report low four-digit amounts per year. "Let's say 1500 to 3000 at most. We have about 15 of those a year at most" (Interview1, Pos. 31). Once again, it is important to keep in mind that these donations are isolated contributions, but not explicitly made by the donor target group of high-net-worth individuals.

However, most of the donations are far below the four-digit mark. "300 to 500 euros in the order of magnitude, which then also come spontaneously". (Interview1, Pos. 31) is cited by the hospitals as a normal donation amount.

On the whole, hospitals tend to pursue a strategy of approaching many donors with smaller donations and using the multiplier effect instead of generating more significant amounts through the donor target group of high-net-worth individuals "because it is rather tricky here to raise more than 1,500 euros." (Interview1, Pos. 11). Focusing solely on large donations is not yet an issue for hospitals. Large donations are also gratefully accepted in fundraising, but the majority is generated through smaller donations.

"In parallel (...) we drive a mix tour of (...) large donor fundraising and multipliers on which we rely and also smaller donations that come in which then contribute positively in their quantity to the result." (Interview7, Pos. 8).

In this context, a campaign of a hospital can be mentioned, in which a sum of more than 700,000 euros could be raised. This high donation sum was realized in a short period of 6 months. But here, too, it is uncertain to what extent high-net-worth individuals participated and what individual amounts were donated in each case.

Donations in the millions, which one would expect from wealthy major donors, are virtually non-existent in German hospitals. Only two hospitals could name any experience in this area.

"As a rule, quite large sums are also received there. So it's not just 1000€ here and 1000€ there, but there are also large sums, estate donations of 1 million or even 2 million". (Interview5, Pos. 4).

At this point, however, it must be noted that this hospital is mainly concerned with research funding and the acquired funds go to medical research within the framework of estate donations. In this context, not only private individuals were mentioned, but also well-known foundations such as the Wagner Foundation and universities, which have a vested interest in the topic of research and have accordingly handed over large donations to the hospital. It should also be noted that it cannot be clearly stated whether explicitly high-net-worth individuals have made these large donations.

German hospitals also have higher donation amounts in the 6-digit range or higher in exceptional cases. However, most of the donations are in the smaller segment "these are very small sums of 30, 40 or 50 euros" (Interview9, Pos. 2) to medium segment "300 to 500 euros in the order of magnitude, which comes spontaneously". (Interview1, Pos. 31) and therefore make a positive contribution to the overall donation result of the clinics.

4.2.3.2 Donor approach/acquisition

Initial preparations were already made in a few hospitals to address high-net-worth individuals. In the circle of chief physicians and administrative managers, fundraisers asked for personal contacts who belonged to the group of wealthy people and then recorded these contacts accordingly in a list. "And we also regularly inform ourselves in these publications, the richest people in Westphalia. There's something like that in the local newspaper sometimes. Names are mentioned there. Of wealthy private individuals who are behind certain companies." (Interview2, Pos. 6).

Researching where to find high-net-worth individuals and how best to approach them is another feature a few hospitals see as essential know-how. One hospital describes high-net-worth individuals as "shy deer" (Interview4, Pos. 6), where you have to know exactly how to address them.

"Be very careful and gentle with them. You have to track them down. Do a lot of research on this group of people per se. Where can I target them, and then, of course, sociological data. What type of person is this, anyway, high-net-worth? That's pretty important." (Interview4, Pos. 6).

"It [requires] rather (...) a targeting of these people" (Interview6, Pos. 19), how another hospital presents its view of how to deal with wealthy people in practice. Accordingly, some hospitals know they need to approach people with a lot of money differently, as it is a sensitive topic.

"You can't just walk in the door. First, create trust. Create a basis. Before you think you'll somehow get a few million or a hundred million donated here."Create a basis. Before you think you'll somehow get a few million or a hundred million donated here." (Interview5, Pos. 26).

In this context, trust is an elementary aspect that must be created on the part of the hospitals even to get the chance to delve more closely into the topic of major donations with the target group. About half of the hospitals interviewed are aware of this fact. Nevertheless, most hospitals find it difficult to define and follow a concrete and structured approach because they do not know how. Even if hospitals do not explicitly specialize in high-net-worth major donors and do not have professionally trained fundraisers, "they are always approaching CEOs." (Interview1, Pos. 21), to acquire significant donations. Hospitals are aware that wealthy individuals, as well as CEOs would like to be approached, but in most situations, they lack both the contact and the right approach to be successful.

"Of course, they may also want to be addressed, but (...) that in itself is not an issue today when approaching a managing director. But I think it's more a lack of direct contact". (Interview1, Pos. 23).

As soon as a new option for a somewhat larger donation is in prospect, one hospital clearly states in the interview that it is only possible via personal contact: "then we try to determine the wishes and needs and also requirements of the donor via personal contact. How important is it to him that he gets the concentration on a certain, on a certain project just then also for himself and his communication". (Interview11, Pos. 20). It is also evident that some hospitals know how to identify and satisfy donor

needs. However, it is also clear from this example that the insight or realization is there, but there is a lack of actual implementation.

Overall, about half of the hospitals have the general understanding that communication with significant donors must be different than with other donor groups. "But of course, communication with major donors is different than with somehow when I make a mass flyer." (Interview4, Pos. 14). Therefore, it was also mentioned on the part of the hospital in the interview that they worked with a consultant who has direct access to the donor target group, "which is very valuable for us. And prepares that with us also again a little differently than we have prepared it, I say, for the mass donor." (Interview4, Pos. 14). Another hospital reports working with special agencies regarding the approach to significant donors to adapt the communication accordingly.

"The fundraising campaign also started accompanied by an agency. We have had a communications agency specializing in hospitals that have helped us with the materials, with the launch of the campaign, and is doing so now" (Interview2, Pos. 36).

In addition, fundraising staff at this hospital were also trained, in collaboration with agencies, on how to approach major donors properly.

"This training came about as a result of the agency's mediation. Where we said, now we train here the people who have contacts. And who, based on their professional classification here in the hospital, in the foundation, is in a position to know people who can be approached". (Interview2, Pos. 36).

The training was provided by a US-American who shared her knowledge with the hospital. However, it must also be mentioned here that this did not necessarily lead to large donations, as the employees did not go into implementation accordingly with their new expertise. This professional approach, which has already been carried out by one hospital, shows that hospitals are on the right track to deal with the donor target group of high-net-worth individuals and to educate themselves accordingly to strengthen the competence among the fundraisers as well as the employees in the hospital. In contrast to this hospital, which has already taken advantage of professional support, most hospitals do not have a professional approach and are still at the beginning in this respect. Therefore, this approach is a clear exception. Many of the hospitals do not approach donors in this donation segment at all.

"Since I've been there, and I also don't think before, [we] haven't started calls like that at all now" (Interview3, Pos. 34).

"It is not targeted to the patients or approached who are now wealthier that they donate something themselves" (Interview8, Pos. 6).

Communication with donors is done through multiple channels. Hospitals report that concerning high-net-worth individuals, there is a mix of approaches to get their attention.

"Therefore, there is not always this one true and only major donation activity that you can do, but this mix leads to the fact that you stay in the conversation and contact. For that, maybe sometimes a WhatsApp or even just a phone call, whatever. But it's more than just this single major donation strategy. We see it more as a holistic strategy, orientation of our fundraising work." (Interview6, Pos. 51)

For donor acquisition, the following instruments are mentioned in particular, which, however, do not always explicitly refer to high-net-worth major donors. Since very few of them focus on large donors, only data from a few hospitals can be presented here:

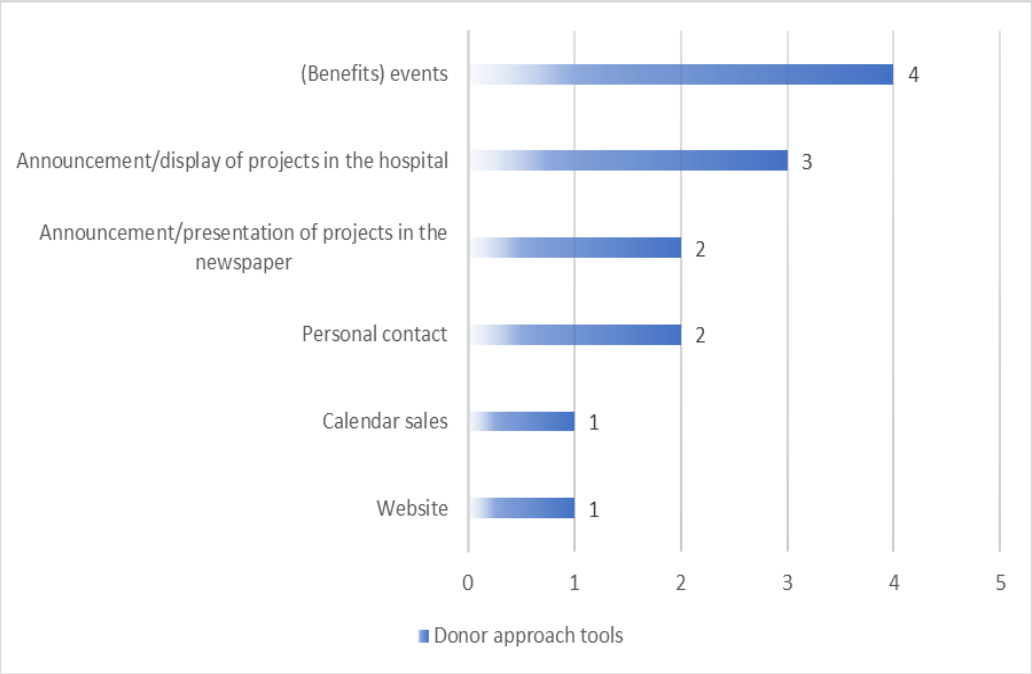

Figure 63: Results of the first sub-study - Donor approach tools (Own representation)

At this point, however, it must be made clear that these communication tools are not explicitly adapted to the donor target group of high-net-worth individuals. In most cases, this approach by hospitals relates to the small to medium donation segment. Only benefit events such as golf tournaments are mentioned by several hospitals in relation to wealthier people.

In terms of planned events for donors, it is essential to note that due to the pandemic, it was no longer possible for many hospitals to hold such circumstances, and this presents a challenge for contacting major donors from the hospitals' perspective. In this context, hospitals report that events specialized in wealthy people; however, they rarely resulted in a major donation.

"Our attempt, for example, was to invite wealthy individuals to the opening of a construction phase of a new clinic. About the company to which they belong. We managed to generate interest for the next phase of construction. And to say we are not finished yet, there is, goes on here. This has not led to success, so" (Interview2, Pos. 28)

This shows that there are major difficulties in approaching high-net-worth individuals correctly. Furthermore, one hospital reported that it had started approaching high-net-worth individuals by buying addresses from third-party service providers. Nevertheless, here it becomes clear that there is no structured proceeding, but at different corners again and again, something is undertaken for the speech of the donor target group. In addition, the repeated approaching of donors is often mentioned as a positive approach because once contact has been made, it is easier to convince them of another, perhaps larger, project. "It is the repeated approaching of donors, and good donors can also sometimes lead to higher donations" (Interview2, Pos. 24). This statement clearly shows that, with good luck, higher donations are sometimes received, but this is not based on a strategic approach in which the communication channel with major donors is clearly defined. An opposite example of a hospital was given in this regard, which was able to steer a donor of a successful major project to another project: "And once you have access to the donor, like in another hospital where I did pediatric palliative, the donor when the project was completed, the major project, I was able to steer the donor to adult urology" (Interview7, Pos. 30). This, however, also poses as an exception.

In summary, it can be stated that most hospitals hardly operate professional major-donor fundraising and, therefore, only have amateurish communication with major donors. Most hospitals try now and then to approach significant donors with the existing communication tools for small and medium-sized donors, but this often does not lead to success. One or two hospitals report practiced strategies for approaching wealthier people. Still, it gives the impression that these are applied without structure, and that expertise in this area is lacking at most hospitals.

4.2.3.3 Challenges

Hospitals face various challenges that, on the one hand, make active major gift fundraising with high-net-worth individuals complex and, on the other hand, complicate the establishment of major gift fundraising with the target

group for hospitals that have not actively worked with high-net-worth major donors in the past.

The most important reasons are summarized and quantified below. It should be noted that several aspects have been thematically bundled under the headings.

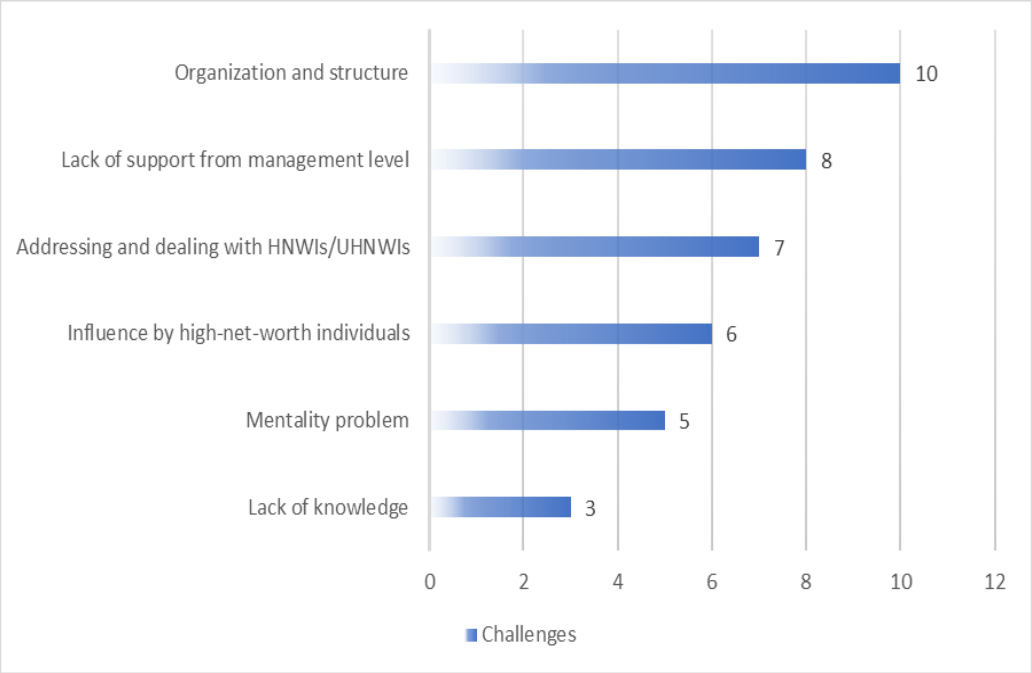

Figure 64: Results of the first sub-study – Challenges (Own representation)

Organization and structure

Organizational and structural conditions present difficulties because they cannot focus explicitly on high-net-worth individuals as major donors. As an example of a hospital, it can be mentioned that a central fundraising department with decentralized fundraisers in the respective hospitals may pose a problem in establishing major-donor fundraising.

"And if we now had a position for major donor fundraising, then it would be located somewhere central, and that would be very difficult from my point of view in terms of

credibility, authenticity related to the individual house for which we then fundraise. I don't think that's how it works for us." (Interview7, Pos. 10).

Moreover, the majority of hospitals have no professionally trained major donor fundraisers at all who are explicitly familiar with the donor target group of HNWIs and UHNWIs. Initial attempts on the part of hospitals to provide further training with regard to the donor target group of high-net-worth individuals have been made in some cases, but even isolated additional training seminars have not yet led to any success. Again, it is clear that a systematic and structured approach through professional fundraising is essential to be successful. The size of the hospital may be another determining reason hospitals have not previously engaged with the donor target group of high-net-worth individuals. "The hospital group was [too] small, and it's growing" (Interview4, Pos. 24), which represents a possible challenge of small facilities in this context and, if necessary, describes an outlook on the future direction. In this context, the annual budget was also mentioned, which is "too small for us to make this effort to get in touch with this clientele" (Interview11, Pos. 6). The effort hospitals would have to make to establish a major-donor fundraising system would not be justified in relation to achieving the low annual budget. The aspects presented clearly show that hospitals have not yet been appropriately positioned institutionally to deal more closely with the donor target group of high-net-worth individuals. "There must be a basic understanding of fundraising in the institution, among the management and the sponsor" (Interview5, Pos. 26). Institutional readiness must first be created to be able to build up professional fundraising in the next step and to be able to deal professionally with the donor target group of high-net-worth individuals.

Lack of support from management level

Not only are employees a challenge, but management itself is a critical factor in this regard. "They still think fundraising is begging and not appropriate" (Interview10, Pos. 16). Here, too, there must be a change in thinking and an understanding on the part of management to participate actively. Lack of support from management is a great obstacle for hospital fundraisers to be successful.

"Of course, the hospital management often understands that I would like to have so many millions because I have to solve some problem, but I have to do everything else. It's difficult to make them understand that they have to DO something. And they have to do something other than, let's say, give a bank annuity." (Interview4, Pos. 8)

Although successful campaigns have been carried out using fundraising, no focus is placed on fundraising due to a lack of projects and strategic decisions on the part of the management. Accordingly, fundraising generally has a lower priority in many houses. "And because this very capital donation campaign is ending, so to speak, with the construction (...) of our donation object. From summer/fall (...), fundraising will play a smaller role at our hospital" (Interview2, Pos. 12). However, in two of the hospitals interviewed, the support from the board of directors is presented as positive. The board and management are entirely behind fundraising and are even actively driving it forward, "but it also takes courage. This is not necessarily the case in all hospitals" (Interview7, Pos. 46). But there are already hospitals making efforts to increase employee readiness. ″Yes, there is willingness. And you also meet or discover some. And I also try to collect them" (Interview4, Pos. 28). The relevance of active participation by employees and managers is already seen by some hospitals and rated as high. "Fundraising is known to be a communicative process. And communication starts with ourselves on the inside" (Interview4, Pos. 30). This shows that some hospitals are already on the right track.

Addressing and dealing with (ultra)-high-net-worth individuals

Hospitals have difficulties in dealing with high-net-worth individuals. The needs of the donor target group may not be adequately understood, and accordingly, they cannot be met. Hospitals may lack the knowledge to conduct the proper conversation and build a special personal relationship with the donor.

"And then numerous points (/), although we were already maximally accommodating there, that's no problem. We are an extensive obstetrics department with over 200 deliveries a year. There he found reasons why that was also not as true as he would have imagined. Which was not at all comprehensible for us." (Interview1, Pos. 9)

This is also evident in that although some hospitals invite high-net-worth individuals and companies to exclusive events, this often does not successfully result in a significant donation. Hospitals are often unaware that they may not be

professionally positioned to meet the needs of donors when it comes to acquiring large donations.

"Inviting only major donors has not led to success for us. There are certainly companies here that we have invited from time to time, but that usually did not culminate in a major donation. That has always taken some other route." (Interview2, Pos. 26).

It is also noted that "direct contact" (interview 1, Pos. 23) with the very wealthy is more likely to be lacking. The lack of knowledge about which wealthy people would be potential donors is relevant. Furthermore, it is difficult for hospitals to gain access to this donor target group and to find the right approach. Moreover, hospitals see a problem in the fact that "the people who (...) are publicly known somewhere as very wealthy, very rich, etc. are usually (...) occupied. They are already committed to a certain topic that is interesting for them" (Interview 7, Pos. 14). Here it becomes clear that hospitals represent an assumption that high-net-worth individuals are already sufficiently socially engaged and have donation partners. Thus their budget is ultimately already planned. It is also seen critically that it is difficult to convince wealthy private individuals of something new and to win them over as major donors for hospitals if they already donate to other projects. Furthermore, from the hospitals' point of view, it is seen as problematic that "being wealthy (...) does not necessarily [mean] that one is willing to donate. Because there is also the exact opposite effect, that those who have a lot also want a lot and therefore also give little" (Interview13, Pos. 16). The potential that high-net-worth individuals may represent is not yet seen by all hospitals. "Everyone always immediately goes for he's a millionaire, he's a millionaire, I don't really think that's goal-oriented" (Interview7, Pos. 20). Here, too, perhaps a lack of knowledge or skills in dealing with the donor target group could be a possible reason for the view.

Influence by high-net-worth individuals

Too much influence is mentioned as a central aspect in many of the interviews. Hospitals are concerned that significant donors gain too much influence and power over the hospital through their donations. Independence represents a central feature for many hospitals, which they want to protect. "Not to let (...) influence the strategy and planning of the hospital" (Interview1, Pos. 37). The reputation

of the wealthy donor was also mentioned in this context. Should the good reputation of a donor turn negative due to his activities and actions in public, this could also have a negative impact on the hospital associated with the donor.

"That is also always the risk when people give away their name. As long as they are doing well and have a good reputation, everything is OK, but if the reputation then falls into disrepute, for whatever reason, or the person is discredited, whether justifiably or not, you are often quickly involved. It is a sensitive topic" (Interview5, Pos. 26).

Furthermore, hospitals must be aware of how much influence a high-net-worth individual should and may have. This is difficult, "but the culture in Germany is not yet such that you can say, ok we want to make ourselves dependent on private people or on people who have a lot of money" (Interview5, Pos. 6). The USA could serve as a model for Germany in this regard.

Mentatility problem

Another problem is that fundraising still has a negative connotation in some hospitals. Hospital employees have little understanding or acceptance of fundraising in general.

"Begging letters. The one we put out as a mailing. Then it's already clear; I'll say, where the view is, I'll say. That's what employees often say now. It is a bit disrespectful because they are annoyed when they receive something like that privately. But we're working on it." (Interview2, Pos. 40).

In this context, it is problematic that asking for donations still has a negative connotation in the hospital landscape. "This is still a bit of a taboo subject, I think. Especially to associate social institutions with advertising or (..) asking for financial support" (Interview8, Pos. 14). Terms such as "in the sense of chumming up" (Interview 1, Pos. 21) are also mentioned, which hospitals associate with fundraising. German hospitals' mentality and culture problem goes so far that hospital fundraisers do not dare to approach donors. Donors are expected to approach the hospital and dare take the first step. Voluntary donations are therefore perceived as positive and desirable. "That one says we want to have donations gladly, but the people are to give that voluntarily. And come up with it themselves" (Interview2, Pos. 40). Negative internal perceptions and lack of engagement are challenges hospitals must face and eliminate before successfully establishing major gift fundraising. As long as these thoughts are in people's minds, it will be difficult to establish significant

gift fundraising and actively approach major donors. The goal should be to achieve the right attitude among all stakeholders so that employees as well as the management level work hand in hand.

Lack of knowledge

Some hospitals have not yet focused on the target group due to a strategic decision by the management. In addition, for many hospitals, it is not a focal topic they would like to deal with more intensively. This could be since the lack of knowledge and qualifications of the fundraisers unsettles the management and the board of directors.

"My impression is also about the different facilities in which I was, or also the consultation I have made, that finds it to already be quite good, but everything seems complicated and no one knows how it goes exactly." (Interview7, Pos. 46)

Some hospitals even have no knowledge about fundraising at all. "I do not know if this is even possible or allowed by law" (Interview 9, Pos. 16). If basic knowledge about fundraising is unavailable, the basis for focusing on high-net-worth individuals as a donor target group is missing.

Funding projects

The current financial situation is complicated in German hospitals. However, the need for support for funding projects is huge: "I can only say yes to that. (...) There are a whole lot of funding projects, (...) There is a huge need. Definitely" (Interview5, Pos. 24). In particular, the construction situation is mentioned again and again, where hospitals urgently need financial help to build a new building or to carry out a renovation.

"I do not think there is a hospital in Germany that can't think of a clear and unambiguous YES to this. (...) The need for money is huge" (Interview16, Pos. 33).

"So our hospital needs money everywhere. (laughter) I could definitely think of several" (Interview10, Pos. 32)

"We have a construction situation here. We desperately need a new building" (Interview5, Pos. 24).

"There are two large blocks of buildings that would have to be torn down because they require renovation. We would have more than enough need there. And also in terms

of technical equipment. We don't have a surgical computer or robot, such as Da Vinci." (Interview1, Pos. 33)

"We could also use it for my department area, there was now also thought to invest again, so about 6 million in the new building." (Interview1, Pos. 39)

Another future project, which exists in a hospital, is particularly interesting because here, the intention comes from the management, and they have initiated the project. This is an exception because most hospitals, as the interviews show, cannot hope for support from the management level.

"Now, an executive approached me a while ago and pitched a fundraising-affine project to me and asked if that would be something for fundraising. I think that's great. And that's also a bigger project, and we could tackle that well. But that's not systematic because they're sending me a plan now. Not that. That's always constant communication with the business leaders." (Interview7, Pos. 40)

Future projects with high investment needs are many, as the interviews show. However, when it comes to projects that have already been successfully carried out, especially with high-net-worth individuals, there is little to no evidence of this, as the target group has not been focused on to date. Donation projects for pediatric cancer wards have been successfully implemented in one of the hospitals interviewed to provide better care for the children and parents. But again, the hospital reports that this project had no major donors.

"And that was a cancer ward that financed two to three doctors, a whole number of nurses, social workers, etc., through these regular activities and donations. And the equipment of the ward was, of course, also correspondingly comfortable. And a house for the parents, a Ronald McDonald house, where they could live in the immediate vicinity of the children's hospital. Al something like that exists, but no major donors there either." (Interview1, Pos. 23)

Another example is a "capital campaign, [which] (...) was aimed at 3 million euros" (Interview7, Pos. 8). Here, a mix of major-donor fundraising and smaller donations were used as a strategy, as well as relying on multiplier effects to achieve the goal.

Another hospital reported on a capital donation campaign that was carried out for the construction of a new section in a new clinic. In addition to acquiring existing small and medium-sized donors, the campaign also involved inviting

major donors to the opening of the construction phase to generate their interest in the next phase. Unfortunately, the acquisition of new major donors was not as successful as desired in this case, but this campaign was nevertheless also concluded successfully.

But not all projects have been successful in the past. Another hospital raised a considerable sum as part of a fundraising campaign to purchase a new CT scanner. In the end, however, this sum was not enough to successfully carry out the project and finance the CT machine with donations.

"We once had a fundraising campaign there, so to speak (...) It was about a CT, which also had to be purchased. Much money was collected, but again it was relative (/). So when I say we collected 700,000€, that is a lot of money for a campaign in Germany. (...) It probably sounds terse and ridiculous, but I thought that was much money. Nevertheless, in the end, it was not enough to finance the project. And that again, on the one hand, it is a great success to collect so much money in a relatively short time, it was just under 6 months. I thought that was enormous for Germany. But on the other hand, there was at least twice as much missing. Moreover, this then put the clinic or the sponsor under pressure, so to speak." (Interview5, Pos. 10)

4.2.4 Future perspective

The following section evaluates the future prospects of German hospitals for high-net-worth individuals. In the two subcategories, general plans for the future are discussed, and the willingness to invest is explicitly analyzed on the other, i.e., the extent to which the hospitals are prepared to invest in possible major-donor fundraising or to release a budget for professional fundraising consulting.

4.2.4.1 Future plans

Regarding future plans for high-net-worth donors, the vast majority of hospitals have no plans to focus on this target group, let alone to establish a major-donor fundraising program: "I have therefore not noticed any plans for this at my

institution in the future" (Interview 8, Pos. 14). One hospital reports difficulties with the donation mentality in Germany, which can be seen as a possible reason for hospitals to want to deal with the topic in the future.

"So far, as far as I know, no. Because I think it's still a bit of a taboo subject. Especially to bring social institutions in connection with advertising or (..) requests for financial support. (...) That's why I haven't noticed that something like this is planned for the future at my institution." (Interview8, Pos. 14)

Another reason there are no plans for the future is that the boards of directors or the managing directors of hospitals are not very keen on the subject and, in most cases, do not actively support it. Unfortunately, no concrete reasons were given as to why there was a rejection on the part of the board.

"No. There are no goals. (...) Our board doesn't want that at all. I have already brought this up. They have rejected it twice so far and I can't do anything about it". (Interview10, Pos. 36)

Another hospital cites that it does not currently have any major-donor projects to show for its efforts. Thus a focus on this target group of donors is not considered sensible for the near future.

"For (...), my impression is that we first pause a bit with the active approach because then we also miss the project. Because then the one thing is finished. That one says many thanks, and then one may approach the people again with a new project sometime. And until then, the small projects" (Interview2, Pos. 34)

Here it becomes clear that the hospitals are only looking at a limited time frame, where a more extensive project such as a new building may be pending, but are not fundamentally addressing the issue or fundamentally establishing the topic of major donations in their hospital and making it a firm cornerstone in fundraising. This hospital is not taking further advantage of the potential it has achieved through its initial major gift capital campaigns.

"With what we have there, all the donor data in the database and all the experience we have and also just here in "town" (...) to be known as a fundraising organization. Of course, we don't let that be taken away from us." (Interview2, Pos. 54)

But despite the successful implementation of a construction project, the activities in the future will not be further oriented towards large donors. Still, only small projects will be realized, such as a singing bowl therapy or other special

offers on the palliative care ward. Concrete reasons, except no existing project in the future, are not called from on the part of the hospital.

In comparison, some hospitals are just starting with the topic of major-donor fundraising and want to create a basis in the future within the framework of a support association to further expand fundraising based on this foundation. But here, too, there are no concrete plans regarding major-donor fundraising because the foundation for it is lacking at the hospital.

"At the moment, we are indeed on the way to making the sponsoring association better known. But we're starting with the basis first, because for us these are of course important multipliers, the 150 employees traditionally." (Interview1, Pos. 41)

"There's already, there used to be an idea to start a booster club, and there are aspirations." (Interview3, Pos. 20)

While some hospitals do not have concrete plans to establish major gift fundraising or focus on high-net-worth individuals as a donor target group, the majority of hospitals are not entirely opposed to the idea.

"I have not come across that explicitly. Or you can add a "still" there. But I can imagine that one or the other of the board members will get very attentive" (Interview13, Pos. 30)

This hospital also openly admits that it has yet to reach the point where it would need to change its strategy or consider a different direction. Nevertheless, this hospital is open to change. In particular, a preparation time of 3 to 5 years is mentioned here to focus on the donor target group of high-net-worth individuals and establish an appropriate major gift fundraising. It is clear here that this hospital is aware that it will take time and also that the resources must be in place to see success in a few years. Change does not happen overnight but is a costly and long-term process.

"So far, it has not been a point where we have said we have to change our strategy. However, as I said, I do not want to rule it out for the future. Our organization is now in its 11th year, and fundraising has grown over the years. Today we are reaping the fruits I sowed 6 or 7 years ago. In this respect, looking at where the development is going and what commitment we can make in 5,6 years for this task is worthwhile. Furthermore, for this reason, we should focus our activities on precisely this clientele that you mentioned.

Because that would be, I would say, a period that I would also set at 3 to 5 years as preparation to be able to focus more strongly on this task." (Interview11, Pos. 22)

Although there are no concrete plans for the future, the houses agree on what perfect fundraising for major donors should look like. There should be a separate department that deals exclusively with significant donors and high-net-worth individuals. At best, this should also be separate from the rest of the fundraising in the hospital to have more room for maneuver. After all, hospitals know "high-net-worth people (...) need a completely different approach and care." (Interview15, Pos. 24). In addition, appropriate preparations must be made that include the training of qualified major gift fundraisers and a conceptual design for this donor target group. "All parameters must be geared to these people." (Interview16, Pos. 35).

4.2.4.2 Willingness to invest

To deal with the donor target group of high-net-worth individuals as major donors, it may make sense to obtain the missing expertise from an external professional major-donor fundraising consultancy or agency. However, this would require an initial investment. However, if one looks at the future plans of hospitals in Germany, there are no concrete plans at almost all of the hospitals surveyed, which can be linked to a lack of willingness to invest, among other things. The difficulty of having a sufficient budget is also present in hospitals not opposed to the idea of major-donor fundraising. They can imagine establishing this in their hospital or using external consulting services to develop a concept.

"I think that makes sense to try that. But that's dependent on the size of the budget, and that's also dependent on the people you want to attract to it." (Interview13, Pos. 6)

"Whether we would actually (...) take sum X in hand as an investment to get two triple-digit million amounts, well double-digit at the most, I would have to ask. So I could imagine it." (Interview1, Pos. 25)

However, the amount of investment required to establish professional fundraising with appropriate structural and staffing requirements is not feasible for many facilities.

"Theoretically, yes, but I can't release the investment. We have more important construction sites. I think for them you would have to invest half a million euros, guaranteed. You can't make that clear to anyone in this day and age." (Interview16, Pos. 37)

"Yes, theoretically. But the question does not arise in our group. As I said, [for cost reasons]." (Interview15, Pos. 26-27)

"Because it's difficult with tight budgets overall to increase the budget for fundraising, you don't know how much of a benefit it is or isn't." (Interview13, Pos. 38)

Accordingly, most of the hospitals surveyed are not willing to set aside a budget explicitly for, for example, training professional major-donor fundraisers or working with agencies to develop concepts, even if they are not entirely opposed to the topic.

"So, to my knowledge, no. (...) So I think we can imagine it in principle and as I have experienced the manager (/). (...) So we would still be open to it." (Interview1, Pos. 25)

Another reason for not wanting to invest is the small annual budget generated by donations. An investment in the expansion of major-donor fundraising would not be worthwhile from the point of view of the facility since the effort to deal comprehensively with the donor group is not in proportion to the achievement of the annual budget target.

"I would not be willing to do that. But that has exactly to do with the reason I just mentioned. Our budget is (/). Our annual budget is too small to make that effort to get in touch with that clientele." (Interview11, Pos. 6)

Some clinic fundraisers have their hands tied in terms of budget allocation, which deprives them of the opportunity to focus on this donor target group due to a lack of budget: "Yes, I would do that in a heartbeat if I had my hands free" (Interview15, Pos. 6). Once again, it is clear that the board of directors or management plays a decisive role in the whole issue. "I don't really release the budget; my board does. I would then have to ask him" (Interview7, Pos.10). Likewise, in this house, the management is not willing to invest:

"Granted, whether to do it now or not. The campaign is coming to an end this year. You probably wouldn't do that now. That one invests there. Until now, my impression, when I think of the words of the management so." (Interview2, Pos. 10)

In contrast to most of the hospitals surveyed, one hospital answered the question about budget provision directly in the affirmative, which shows that a small proportion of hospitals have now recognized the potential of this donor target group. In addition, this hospital is aware of the need to invest first to see success in retrospect. In this context, the USA is seen as a role model that shows what successful major-donor fundraising in hospitals can look like: "Yes, definitely that. I think that would definitely be worthwhile. You can see that in many examples from the USA." (Interview10, Pos. 8).

4.2.5 Potential of the donor target group

The following section explicitly analyzes the potential of the donor target group from the perspective of hospitals, which represents a central research area of this study. On the one hand, the author looks at an analysis of potential already carried out. On the other hand, the author outlines the potential for closing financing gaps and implementing cutting-edge medical funding projects.

4.2.5.1 Potential/potential analysis

The potential of high-net-worth individuals as major donors is considered very high by some hospitals. One hospital reports dealing intensively with the topic by doing a lot of research on it and acquiring knowledge. Furthermore, another hospital cites the USA as a role model in this context and clearly shows the opportunities that major gift fundraising can provide for hospitals in Germany if a long-term relationship can be created with high-net-worth individuals.

"I think it's one of the most important funding issues of all" (Interview15, Pos. 4).

"You know the examples from the U.S., and that is why I think you can raise millions there, definitely. Above all, you can achieve a long-term commitment with high-net-worth individuals. Which I then just over the years (laugh) again accumulates accordingly, this money to be acquired. I believe that there are no limits to this opportunity." (Interview11, Pos. 8)

Furthermore, one hospital addresses the topic of estate donations concerning the donation potential. In this area, one hospital, in particular, sees an

opportunity to convince this target group to do something meaningful with their money after their death.

"There is, after all, a large clientele of wealthy people who are not getting any interest at the moment, even at the bank. That means they are going into a high-risk area. Many don't have children and don't know to who they should leave their estate. So I can imagine that if you're in contact with people at the right time, they'll see healthcare facilities as an option. Stop their money, so to speak, and also invest. Even on a large, large scale." (Interview5, Pos. 6)

However, more than three-quarters (81%) of the hospitals surveyed have not yet taken a close look at the donor target group of high-net-worth individuals in the vicinity of the hospital to see what potential there is in the immediate vicinity.

"But such an analysis has somehow not yet been done on the basis of that" (Interview3, Pos. 20)

"No I've never been involved in that." (Interview10, Pos. 14)

To be sure, some isolated hospitals know which potential major donors who fall into the category of UHNWIs or HNWIS are in the vicinity of the hospital. But a comprehensive analysis based on data and facts has not been conducted.

"Yeah I think we have those more or less on the radar, but we don't do anything in that sense, so not really a potential analysis. No." (Interview7, Pos. 22).

In one hospital, the board of directors explicitly took care of this issue and, through their contacts, provided education and a perspective on potential people they know. However, even here, no in-depth professional analysis has been conducted as a basis for major gift fundraising.

"No, not directly. But board members took over because I asked them who you knew. And our board is very well-staffed, and that's how it would have worked. That's also what happened in some cases." (Interview13, Pos. 14)

Thus, of the 16 hospitals surveyed, 13 did not conduct an accurate potential analysis, as the following figure (Fig. 65) makes clear.

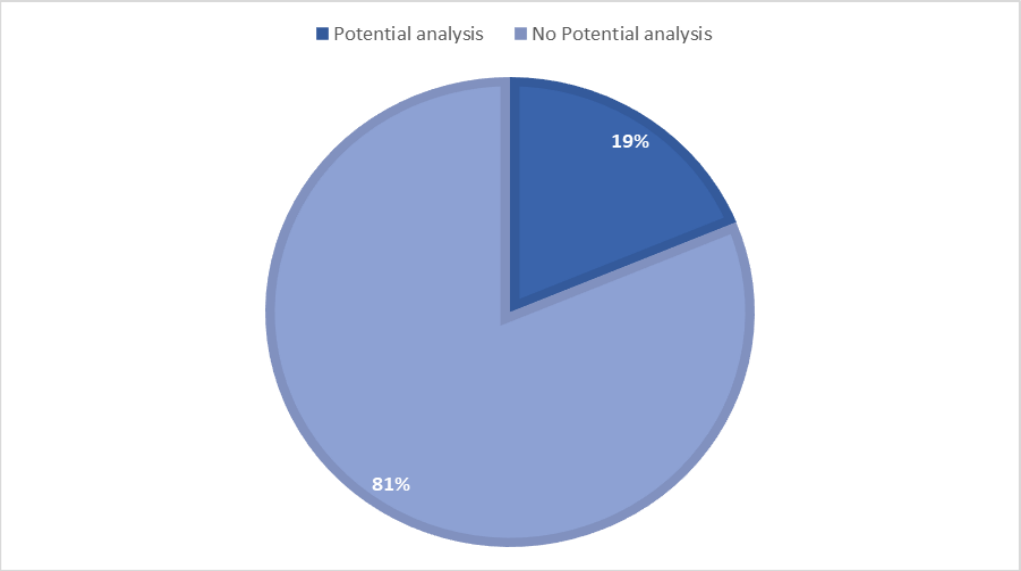

Figure 65: Results of the first sub-study - Number of potential analyses carried out in German hospitals (Own representation)

The cost aspect can again be seen here as a possible reason for the potential analysis not having been carried out so far: "No. That would also cost a lot of money. They would have to buy external data for that. People here are not so enthusiastic about that" (Interview15, Pos. 12). Furthermore, one hospital makes clear in the interview that due to a low donation target amount to be reached in the year, a potential analysis for the donor target group of UHNWIs and HWNIs has yet to be of importance far. "No. We have not done that. Hmm. Our (/) We are a small institution with a (..) manageable annual budget, which has not made us, so this kind of analysis necessary at all yet" (Interview11, Pos. 10).

However, three of the facilities surveyed that have analyzed the potential of the donor target group remain in the minority. One of the facilities that are already active in analyzing the potential of high-net-worth individuals reports that external data on potential significant donors have been purchased and that an environmental analysis is being planned: "Yes, we are in the process of doing that. We have bought data. And are researching, so to speak, in the perimeter of our facilities. A certain clientele" (Interview4, Pos. 20). Furthermore, another hospital can state

which potential donors are available in its environment because it has dealt with this.

"Yes. Sure I have. That is half a dozen or so. (...) From the Albrecht family to the old Thyssen-Krupp dynasties. That is a bit of what I would call the super-rich here in the region. I'm excluding the nouveau riche now. That is more the (...) households that (...) where the assets are under 100 million. But what's above that, I would say there are 4-6 people." (Interview6, Pos. 11)

A third hospital, which also analyzed the potential in the immediate vicinity, can prove that it makes sense to carry out something like this because you get a completely different perspective on the subject and see what opportunities and possibilities are available to the house.

"I once did an environmental analysis for a hospital, and it's exhilarating to deal with it. You look at the topics in a completely different way." (Interview5, Pos. 28)

4.2.5.2 Cutting-edge medicine and funding gaps

The general donation potential of high-net-worth individuals for German hospitals was evaluated in the previous section. Now it is interesting to look at what hospitals explicitly say about the use of large donations. In this context, the hospitals surveyed are unanimous. At present, they see no chance of using UHNWIs and HWNIs either to close existing funding gaps or to implement cutting-edge medical projects with a high funding requirement.

"I don't think it's out of the question that the journey will get there eventually but it's far from there yet" (Interview6, Pos. 21)

"But I think that at the moment, the time is not yet there that one can imagine this gap one closes over evenly large, large donations." (Interview5, Pos. 6)

In particular, the mentality in Germany regarding donations is viewed critically. If this problem is remedied and donations are seen as positive, as in the USA, there will be no limits to it.

"In the long term, yes. Currently, no. (...) It is due to structures that are not yet comparable between Anglo-Saxon conditions and the conditions in this country." (Interview6, Pos. 15-17)

"In principle, yes, but the mentality would have to be different. I think in Germany, and especially here in the north, we're not that far yet." (Interview16, Pos. 9)

Nevertheless, they believe that both goals can be achieved in the long term through major-donor fundraising. Because the hospital financing, which should cover the need for investments as well as arising costs of the houses, is not sufficient from front to back. On the one hand, the required investment sums are constantly increasing, and on the other hand, the hospitals are getting further and further into debt. However, especially when major donation projects in cutting-edge medicine are discussed, the hospitals see great potential for the future.

"This means that we only have one form of hospital financing, and the goal has always been that this dual hospital financing should also cover the need for investments and running costs. We know that this is not the case, especially in the area of investments. But I believe that at the moment, the time is not yet there that one can imagine closing this gap through large, large donations." (Interview5, Pos. 6)

"I think that as soon as a large investment is pending, as soon as an interesting project is to be realized, this topic will be interesting in any case, and I think it is realistic." (Interview11, Pos. 4)

However, some hospitals differentiate between using donated funds, believing that high-net-worth individuals would be happy to invest in spice medicine but would not be willing to reduce the debt mountain.

"I would say this. Investments in cutting-edge medicine, yes. Debt no. Rich people have no interest in that." (Interview12, Pos. 14)

"What the hospitals are building up in debt, no rich person will pay for. It's about funding certain cutting-edge medical projects up front, not after the debt has already been incurred. And I think wealthy people would be found to do that." (Interview16, Pos. 9)

"Yes, I would consider that realistic. I would also consider it welcome because everyone knows what the financial situation of hospitals is like. And there are certainly many projects where it would make sense, and I would also think the support and the willingness would be there. So, in any case, I find that welcome". (Interview3, Pos. 12)

This hospital also believes that cutting-edge medical projects for discovering and treating specific diseases can arouse a high level of interest among high-net-worth individuals. Because diseases can affect anyone, this hospital explicitly sees a high level of self-interest on the part of high-net-worth individuals, which could lead to a high potential for donations.

"Yes, of course. Sure. So I would already see it that way. It always depends on the purpose of the donation. And if, for example, they need a donation to treat a disease in the health care system that is simply insidious and that is dangerous and that actually anyone can get and basically any family and even super-rich people don't stop there, then that is certainly quite understandable or conceivable that such families or such donations are made in the health care system. Yes." (Interview13, Pos. 4)

Overall, hospitals have a positive view of the issue, but "it certainly takes some staying power" (Interview4, Pos. 8).

4.2.6 Comparison of America/Germany

A relevant topic is a comparison between America and Germany with regard to the donation potential of highly wealthy people. In the USA, there is a different donation mentality or culture, where donation activity is seen as something positive and sound and is supported by the population. This is not yet the case in Germany, which can be seen as a challenge for German hospitals.

"So I think that on the one hand, it's a cultural thing and as I said with the ingratiation (...) For me, that's a main argument." (Interview1, Pos. 21)

"But then we would have to develop a different self-image. In the U.S., that works, but the person who collects donations also has a different standing. In Germany, you're considered a beggar." (Interview16, Pos. 22)

"The culture is the powerful thing that is still holding us back from further development there. It may come sooner or later." (Interview6, Pos. 75)

The majority of the hospitals surveyed agree that mentality is the main reason why it has not yet been successful in Germany. A change in thinking must occur and become a matter of course, as this hospital makes clear in the interview.

If you have more money than most people, it should be seen as a matter of investing in all people's health.

"Look at the U.S., what do you think all the cutting-edge research is funded with? The money is collected insanely, and people like to give. But that's a completely different mentality. Here in Germany, you can't compare. Here, people are afraid to ask for money. In the U.S., it's more of a given." (Interview15, Pos. 14).

Thus, the USA is seen as a role model in terms of successful donation culture: "I always look at the U.S. because that's where it works. But we're just not there yet here." (Interview10, Pos. 20).

In addition to the different mentality, one hospital sees the problem in the other structures. Hospitals in the U.S. are much more professional and work with external companies specializing in data mining, for example.

"Otherwise, the structure in America is very different. In America, some companies have specialized much more in data mining." (Interview6, Pos. 21).

In addition, fundraising departments in U.S. hospitals are more competent in major gift fundraising and have significantly more staff explicitly dedicated only to high-net-worth significant donors.

"I'll say that, as far as I know, there are already huge teams on the road in the USA. I'm here alone with one colleague. That is a whole position. I know that in American clinics, 20, 30, 40, or more employees care for the patients." (Interview2, Pos. 18).

4.2.7 Banks and foundations

In the area of large-donation fundraising with high-net-worth individuals, topics such as working with banks to acquire this target group may potentially be of importance. Furthermore, many high-net-worth individuals have their private foundations set up for various donation purposes, which could also interest hospitals.

However, most houses surveyed have not yet had any contact with any bank concerning the topic of major gift fundraising, nor with regard to foundations, as shown in the following figure (Fig. 66).

"No, not at all. No. We have an account for the development associate at the local savings bank. They also donate smaller amounts from time to time. But in terms of large donors, foundations, etc. I have no experience at all." (Interview10, Pos. 45-47)

"Not at all (...) And concerning major donors, foundations, etc., I have no empirical values" (Interview12, Pos. 66-68)

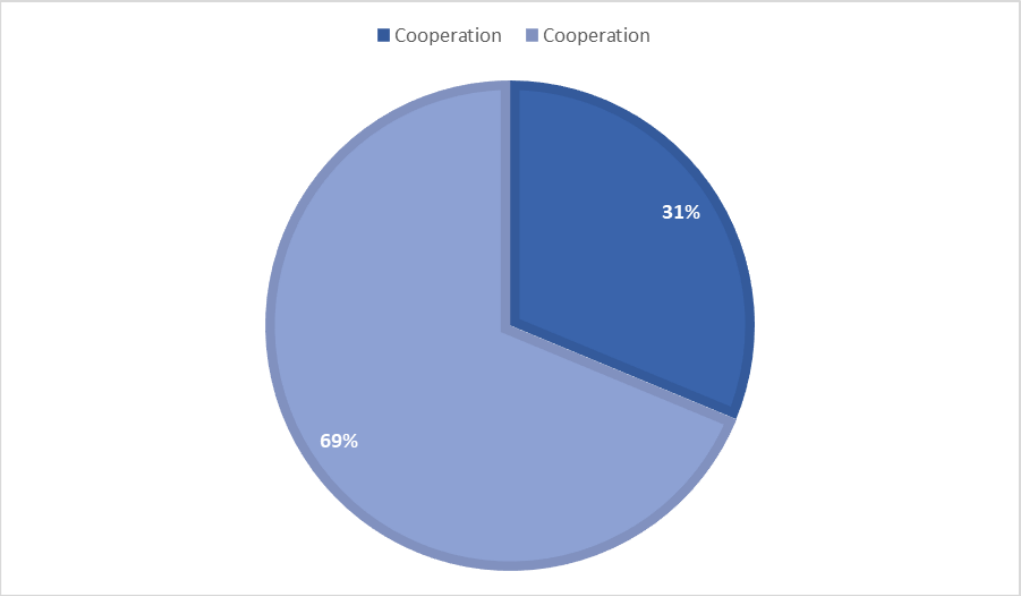

Figure 66: Results of the first sub-study - cooperation with banks (Own representation)

Accordingly, most hospitals surveyed cannot document any experience with banks approaching them to introduce them to potential donors interested in donating to the hospital. In this context, a win-win situation on the part of the hospital is mentioned, which could result from possible cooperation, but has not yet occurred.

"The fact that banks have now approached us, so to speak, to say that this is a good cause, what he is doing, we also have a potential donor who can imagine doing something in this area. This could be a win-win situation. Wouldn't you like to or something (/). This has never happened before in this form" (Interview13, Pos. 40).

In comparison, another hospital has experienced the opposite with banks and can report positive cooperation. The banks, not only the house bank but also

other private banks, actively approached the hospital when it was in the discovery phase concerning establishing a foundation. The bank saw potential and chose an active approach to generate added value for both sides.

"This is our house bank. Other private banks also approached us when we were in this discovery phase and thought it was possible. And presented all their projects. That was a time when they all seemed to be involved. Sending foundation officers around the country, I would say, and commissioning them to set up foundations." (Interview2, Pos. 72)

Another hospital can also report an active approach by banks. "No, there were two occasions, exactly two occasions from where it was said there are high net worth people, there you have the opportunity to present yourself" (Interview11, Pos. 24). Here, the potential high-net-worth donor did not approach the hospital directly, but the referral went through a bank that tipped off the hospital that there was a wealthy individual who was "looking for worthwhile fundraising projects or foundations uh excuse me charity projects [that] [was]" (Interview11, Pos. 24). But here it must also be mentioned that there were "small experiences, but they were not rewarding in the area of banks. In the foundation quite good experiences" (Interview11, Pos. 24). As a result, the hospital already works with several foundations and is equally active in approaching foundations that fit thematically with the hospital's grantmaking projects.

"Some foundations have funded us from the beginning. Some foundations have supported us once. And again, we approach them specifically when we know exactly what fits in with them" (Interview11, Pos. 24).

Furthermore, another hospital describes precisely the same situation, in which cooperation with banks is not relevant for the hospital itself, but cooperation with foundations is significantly more successful. Accordingly, this hospital also actively approaches foundations that are active in the healthcare sector "because foundations often simply fit in with our reason for working." (Interview13, Pos. 42). According to this, the topic of banks is not relevant, but instead, "[they] are quite intensively involved with foundations" (Interview13, Pos. 42), as the hospital states in the interview.

Interestingly, one house, in particular, describes excellent cooperation with banks: "Only good. Serious. Positive" (Interview7, Pos. 54). Here, the hospital

cooperates with private and public banks and the foundations of financial institutions. At this point, the wealth management department of the banks is explicitly mentioned, with whom the hospital is in contact regarding potential high-net-worth donors. "And that goes so far that we always sit down with a bank, for example, at the beginning of the year and say where our needs are, and they tell us that could go into our endowment area; we can manage that way, that's not for us. It's a very open discussion." (Interview7, Pos. 54).

The hospital mainly sees a win-win situation for both sides because if the fundraising of the hospital is successful on the one hand and is seen as serious on the other hand, this is a good starting situation for the bank, which can then present this hospital as a donation object to its clients who are looking for serious projects for investment. Here, recommendations from the bank play a decisive role for high-net-worth donors:

"When they see there is successful fundraising. Successful means for the newspapers, public relations, and certain sums. There is successful fundraising that is serious. Also that the clinic that is behind it or the holding company. It is serious. Then they have to find serious projects for their investors to whom they can donate. So and they usually want to have recommendations from them." (Interview7, Pos. 54)

The cooperation with the bank also goes so far that the hospital "sometimes gets a call from a wealth manager who asks what you have in the area of so many euros. Do you have anything there? Or do you have anything in the area of children, adults, psychiatry, or garden design, do you have anything there? And then we are looking, not (...). Either we have the project or can take a section of the project, which takes place anyway. And then, he offers that to his customer, but the customer usually relies on it. And that is then when the request comes; it is a guarantee that it will run. Because the bank's customer, in turn, has the corresponding trust." (Interview7, Pos. 54).

This example of a hospital represents optimal cooperation with banks, which is a complete exception among the surveyed hospitals. However, the hospitals do not only report positive experiences. Some hospitals have had very negative experiences with banks. They are partly deterred from cooperating because

they believe "that the banks are also just misusing these ideas as an acquisition tool to sell their financial investments."(Interview12, Pos. 68).

Potential for hospitals concerning foundations of wealthy private individuals are nevertheless seen, as one interview participant describes. Through foundations established by high-net-worth individuals, hospitals can thus become aware of this target group and contact them specifically through their private foundations. Important here is, of course, always the area in which the foundation is active.

"It is often the case that foundations are also set up, etc. And through these foundations, you can reach them very well because that naturally shows that they are at least on the move in this social context. With foundations, you also have to look at which areas they are active in" (Interview13, Pos. 12).

Overall, it can thus be stated that the essential cooperation between hospitals and banks in this area appears rather rudimentary. Of the few hospitals that do, the experiences range from very good to poor.

5 QUANTITATIVE ANALYSIS WITH HOSPITALS

The following quantitative study, which builds on the qualitative study conducted with the hospitals, is intended to substantiate the findings about the status quo in German hospitals on the topic of major-donor fundraising with high-net-worth individuals using the mixed-methods approach. In the following, the author first discusses the methodology of this sub-study and then present the core findings.

5.1 METHODOLOGY

The following chapter presents the empirical quantitative study conducted. In particular, the hypotheses formulated with the help of the initial results from the first sub-study will be answered. First, the objectives of the study and the study design of the empirical investigation are explained in more detail in this section. Subsequently, the research design and, in this course, the measurement of the conducted study will be discussed. In particular, the theoretical aspects of a questionnaire study, the instrument development, the contents of the questionnaire as well as the implementation of the study will be explained in detail. Furthermore, the analysis method of the data is presented, and the sample is described. At the end of this chapter, the descriptive results of the survey, as well as the verification of the hypotheses, follow.

5.1.1 Objectives of the empirical survey

At the beginning of every research project, there is the definition of the gain in knowledge. In the context of the quantitative study, the aim is to verify the data collected in the preliminary qualitative study using a downstream quantitative study and to verify or falsify the hypotheses set out in section 5.1.2. Thus, the focus of this sub-study is on hypothesis testing.

The aim of this study is to analyze the status quo of German hospitals and clinics with regard to major-donor fundraising with high-net-worth individuals as major donors. To this end, a questionnaire is used to collect data on the current position of hospitals concerning major-donor fundraising with this target group. In addition, it will be shown to what extent hospitals classify the potential of high-net-worth individuals as major donors for the realization of funding projects in cutting-edge medicine with a high financial requirement. Furthermore, the hospitals' view of the potential target group for closing existing funding gaps will be recorded. It is also interesting to see whether certain success factors, such as Institutional Readiness or Donor control, identified as the most frequently cited challenge in the preliminary study, also represent a challenge for hospitals across Germany. In addition, this questionnaire study will determine whether hospitals are willing to invest in professional fundraising with high-net-worth individuals in the future and are open to establishing major-donor fundraising for this target group.

5.1.2 Hypotheses

The following hypotheses are based on the key findings from the preceding qualitative preliminary study and the relevant literature. As a result, the following hypotheses can be generated for the underlying study:

Status Quo

1. The donor structure of German hospitals shows a small proportion of high-net-worth individuals as significant donors.
2. Active major-donor fundraising with high-net-worth individuals is not currently carried out in German hospitals.
3. hospitals would be in a better financial position today if they had focused on the target group of high-net-worth individuals earlier.

Influencing factors/Challenges

4. Hospitals in Germany show overall low institutional readiness for major gift fundraising with high-net-worth individuals.

5. Strong influence by high-net-worth individuals as major donors is not desired by hospitals.

Plans for the future

6. German hospitals' willingness to invest in establishing major-donor fundraising with high-net-worth individuals is low.
7. The establishment of professional major-donor fundraising for high-net-worth individuals as major donors has yet to be planned in German hospitals for the future..

Potential

8. The potential of high-net-worth major donors to realize cutting-edge medical funding projects with high financial requirements is rated significantly higher than debt reduction.

Funding requirements

9. German hospitals generally have a high investment requirement from their funds.

Banks & Foundations

10. Experience with banks and foundations in connection with high-net-worth individuals is almost nonexistent.

5.1.3 Research design

With the help of the study design, the essential question is posed as to which research method should be used to answer the research questions and the hypotheses derived. Among other things, the type of data collection and the data collection procedure are determined.

Before this, however, the question arises whether primary or secondary research should be applied. In contrast to secondary research, where already existing data are reanalyzed for investigation purposes, primary research involves a new collection of data (Kuß & Eisend, 2010). Since there was no data for the empirical study, primary data collection was carried out. The advantage of primary data collection is that precise and decision-relevant data can be requested, which are needed for the empirical survey. Furthermore, it is possible to work with

current data that provide information on the current situation (Magerhans, 2016). However, conducting primary research requires a lot of time and money. These costs depend on the sample size, the analysis tool used, and whether the survey is conducted orally or in writing (Olbrich et al., 2012).

A quantitative survey was chosen as the method for collecting the data. These are numerical data materials that can be statistically evaluated (Döring & Bortz, 2016). In addition, a standardized, written questionnaire was developed for this study to collect the necessary data, which is described in Chapter 5.1.3.2. In the following, the research design is presented in a table (Tab. 30).

Research subject	Review of the findings from the qualitative preliminary study on the status quo of German hospitals and clinics with regard to major-donor fundraising with high-net-worth individuals and its potential
Data collection	Quantitative standardized questionnaire study
Methodical approach	Creation of the questionnaire Selection and contacting of the test persons
Implementation	Period from 11/13/2022 to 12/14/2022
Evaluation method	Descriptive analysis

Table 30: Research design 2nd sub-study hospitals (own representation)

Before the questionnaire was sent out, it was thoroughly tested using various pretest procedures. The structured procedure of the pretests and the results can be found in the following section (section 5.1.3.1).

5.1.3.1 Pretests

„Even after years of experience, no expert can write a perfect questionnaire“ (Seymour Sudman & Bradburn, 1982, p. 283). Therefore, a pretest is

indispensable to check and improve the quality of the survey instrument. Every survey instrument constructed must be subjected to a pretest before it is used. The aim and purpose of a pretest are to provide information about, among other things (Converse & Presser, 1986; Lenzner et al., 2015; Porst, 2000; Statistisches Bundesamt, 1996):

- **the comprehensibility of questions**

Does the meaning associated with a question by respondents match the meaning intended by the researcher? Do respondents interpret the meaning of a question in the same way?

- **Problems of the respondent with his task**

How difficult is it for respondents to understand and answer the question? Is the issue addressed in the question unknown or sensitive?

- **Interest and attention of the respondent in individual questions**

Do fatigue effects set in during the survey? Are (individual) questions redundant from the respondent's point of view?

- **Frequency distributions of answers**

Is the full scale width used?

- **Context effects and problems with the order of questions**

Do previous questions influence the answers to subsequent questions?

- **Technical problems with questionnaire**
- **The duration of the survey**
- **Correctness of filtering**
- **Relevance for research purpose**

As a pretest, various procedures are available to test the evaluation of a questionnaire. Among others, the following tests can be used: Standard Pretest, Cognitive Interview, Behavior Coding, Respondent Debriefing, Group Discussion, Expert Review, Eyetracking, or Web Probing (Behr et al., 2013; Campanelli, 2008; Faulbaum et al., 2009; Prüfer & Rexroth, 1996). In general, these procedures can be divided into qualitative and quantitative pretests. It makes sense to improve gross errors using a qualitative pretest at first and then apply a quantitative

procedure. It should be noted that pretesting is not just a pure evaluation of a questionnaire:

„It should be noticed that the Pretest is never in any abstract sense only a test of the instrument but a test of the entire process of data collection and even of the first steps of analysis. In general what we do in a pretest analysis is to check whether the bridge between the problem and reality has been constructed“(Galtung, 1967, pp. 137–138).

The quality assurance in this study was ensured by a multi-step procedure. Fowler, F. J. (1995) for example, recommends the following methods for evaluating questions: focus groups, cognitive laboratory interviews, and a final field pretest with an evaluation of the response distributions. In contrast, other researchers envisage a flexible approach adapted to the research project in the form of multi-method pretesting.

Pretest 1

During the pretest survey, 15 experts were initially interviewed in a focus group. The focus interview or focus group is an old technique that describes a "relatively unstructured discussion about the survey instrument with groups of respondents or with individual respondents" defined (Statistisches Bundesamt, 1996, p. 13). Krüger & Casey (2000, p. 5) focus groups as a "carefully planned series of discussions designed to obtain perceptions on a defined area of interest in a permissive, non-threatening environment."

In addition, focus groups are considered as “a type of a group interview where a small group of individuals are gathered together for the purpose of discussing one (or sometimes more) topic of interest” (Barrows, 2000, p. 193). In general, a focus group is a group of interacting individuals with common interests or characteristics brought together by a moderator who uses the group and its interaction to gain information about a particular topic (Masadeh, 2012).

On the one hand, the test subjects came from clinics' hospitals and fundraising sectors. Therefore, they represent a cross-section of the target persons for the survey in terms of their professional position to obtain the opinions of as many different professional groups as possible that are relevant to the study. The experts expressed their opinions freely during the discussion, i.e., the interview

with the experts was unstructured to give the interviewees as much freedom as possible. In addition, the experts were questioned by the moderator during the interview about, among other things, the comprehensibility and wording of the questions and answer categories, the duration of the response, the understanding of the instructions in the questionnaire, the general structure and the visual design of the questionnaire. There was no predetermined system of categories for answering the questions because the focus group moderator is supposed to encourage openness in an accessible and spontaneous format (Eliot & Associates, 2005). The changes and comments were then incorporated into the questionnaire (Bohnsack, 2004; Cyr, 2019; Flanagan et al., n.d.).

Results of pretest 1

In the focus group pretest, which took place with 15 experts from the hospital sector, various aspects were addressed and discussed. One crucial aspect was the different naming of scales, which some experts criticized in the questionnaire. This could lead to difficulties in the response process of the subjects and possibly influence the data quality. In this regard, the author divided the questionnaire into several blocks. They designed the questionnaire in such a way that, on the one hand, the questions matched each other better thematically. On the other hand, questions with the same scaling appeared together on one page of the online format. Questions with different scaling were displayed on different pages to allow the respondent to concentrate on one or a set of questions at a time. The order of some questions was also changed, as the author decided, based on the pretest, to form topic blocks in order to be able to show the respondent a more transparent structure.

Furthermore, the pre-text for some questions was removed, which in the view of the experts, did not add any value because the questions are understandable and easy to complete even without a pre-text. Therefore, during the revision, care was taken to ensure that all questions were asked uniformly and only a brief explanation was given where necessary, such as the definition of UHNWIs and HNWIs.

Further, there was extensive discussion on the final questions regarding organization. In this context, the question about the number of houses could have

been more helpful to the experts in this survey. Therefore, it was replaced by two other questions:

- How many beds does your house have?
- Which sponsorship does your house belong to?

A possible fatigue effect for subjects on the Institutional Readiness construct due to the same sentence beginning in more than half of the questions was noted. This was remedied by rephrasing the statements.

The question "Do you actively fundraise at your institution?" was not helpful because the questionnaire explicitly referred to major gift fundraising with high-net-worth individuals. Therefore, this question was transformed as "Do you actively engage in major gift fundraising with high-net-worth individuals (HNWIs/UHNWIs) as donors?" to relate to major gift fundraising.

Concerning the number of fundraisers in the hospital, there was extensive discussion as to whether these were full-time or part-time employees and whether an explanation needed to be provided for the question. However, the experts decided against a precise explanation because they felt that the subjects filling out the questionnaire could not provide precise information on the staffing breakdown. Accordingly, it was decided against a differentiated question regarding the number of fundraisers to keep the dropout rate as low as possible. Nevertheless, the experts agreed that a corresponding statement could still be made regarding the number of fundraisers in German hospitals.

Questions about the organization were discussed about placement. A possible early dropout is one reason to place the questions at the end of the questionnaire, but it was decided to place the questions at the beginning of the questionnaire to give the subjects an easy start. In addition, it allows for a description of the sample despite an early dropout, which is considered essential for the study.

An "Other" field was added to the item description because not all subjects may find themselves directly in the three categories.

Also, instead of predetermined categories, an open field for average donation income per year was created to obtain more detailed information from subjects.

Overall, the filter guidance was discussed extensively. Here, it was essential to find out which questions were asked of which subjects in order to be able to guarantee logical and stringent guidance through the questionnaire, depending on the respective answers of the subject.

Further questions were developed by the experts to the hypotheses previously formulated and included in the questionnaire:

- Do you have experience dealing with banks and/or foundations about high-net-worth individuals? And if so, how would you rate the experience?
- How much budget per year would you be willing to invest in establishing a professional significant gifts fundraising with high net worth people?
- How much do you currently estimate your hospital needs to invest through its resources?
- Do you think your hospital would be financially better off today if you had started significant gift fundraising for high-net-worth individuals 10 years ago?

Pretest 2

A *standard pretest* with 20 people from the sample was then conducted online under real-world conditions. The online pretesting approach is a fast and cost-effective process that can quickly and efficiently identify potential problems in a survey (Murphy et al., 2015). This was used to check whether problems occurred when filling out the survey instrument or whether there were technical difficulties in processing the questionnaire concerning filter questions, etc. The questionnaire was also used to check whether there were any problems with the questionnaire. At the end of the questionnaire, the respondents were able to write down a general assessment of the survey instrument and any questions or difficulties they encountered in an input field. Since the questionnaire in the main study is conducted online, the author decided against conducting it in the context of a passive interview as part of the standard pretest since the questionnaire

survey should take place under the most realistic conditions possible - also online. However, since the procedure is to be classified as a very "rough" procedure due to the small number of cases, it was inserted between two qualitative pretests to check the understanding of the items in addition to the general functioning of the instrument (Lenzner et al., 2015).

Results of pretest 2

During the pretest, the respondents wrote some comments in the text field at the end of the questionnaire. It was noted that a third answer option, "I don't know," was missing for three questions regarding donor categories, donor structure, and donation amount, as not all respondents could answer this question explicitly. Furthermore, the filtering of the question about the percentage of the annual donation sum generated by high-net-worth individuals was criticized. This question can only be answered if the question about the presence of UHNWIs and HNWIs in the donor portfolio was previously answered in the affirmative. Secondly, an annual donation sum was entered. It has been adjusted accordingly

In the question about the fundraising department, it was criticized that the difference between a donation and a fundraising department is not clear here. Therefore, a short definition was added to the question.

Furthermore, in the questions about relevance to banks and foundations, the word "relevance" was found to be misleading. Therefore, relevance was removed in this context, and only experience was asked, as this is the main criterion for answering the hypothesis, and relevance plays a subordinate role here.

When asked about the percentage composition of the donor structure, it was noted that this was not presented precisely enough. The subjects did not know whether this was the number of donors or the donor total. This was changed to an annual donor total accordingly to prevent misunderstandings.

However, the most significant difficulties were again encountered with the questions on institutional readiness. This block of questions, in particular, was perceived to be more complex and challenging than the preliminary and final questions of the questionnaire. A few questions were duplicated, such as whether

UHNIWs and HNWIs were present in the donor portfolio, which were taken out accordingly. Also, for many of the subjects, it was unclear how and what to answer if, for example, they did not have any high-net-worth individuals as major donors to their house. In addition, the answer scale was not clear enough and unsettled many subjects, as table 31 makes clear.

Antworten zu Bitte geben Sie uns Feedback zum Fragebogen...
Teilfragen bei Frage 22 doppeln sich zum Teil mit vorangegangenen Fragen.
Bei Frage 14 fehlt eine Rubrik "Weiß ich nicht" Frage 22/3: Warum Zielbild nur für Großspender? Bei allen anderen Fragen wird nur nach generellem Fundraising gefragt - Klein und Mittelspender fühlen sich ggf. ausgeschlossen. Frage 22/10: Was ist wenn man keine speziellen Mitarbeiter hat? Was kreuze ich dann an?
Frage 17 und Frage 22/14 fragen exakt das Gleiche ab. Wie antworte bei Fragenkomplex in Frage 22 wenn ich sowas nicht habe (z.B. Mitarbeiter im Fundraising)? Kreuze ich dann "Keine Antwort" an?
Fragen 22/3, 22/13 und 22/15 sind nur auf Großspender zugeschnitten - Warum? Frage 16 sehr missverständlich: Reden Sie von der Anzahl der Spender (Köpfe) oder von der Spendensumme (Umsatz) - das sind völlig verschiedene Dinge, deshalb ist eine Antwort hier nicht möglich.
Frage 5: Warum nur auf Fundraising bezogen, warum nicht auf generelle Spenden - kennt jeder Beantworter überhaupt den Unterschied? Frage 14: es fehlt die Rubrik das man es nicht weiß Fragenkomplex 22: Was ist wenn das Haus keine speziellen Mitarbeiter hat - was soll dann angekreuzt werden?
Fragenkomplex 22 bezieht sich z.T. explizit auf Großspender. Was soll angekreuzt werden wenn ein Haus diese nicht vorweisen kann?
Bei Frage 14 fehlt die Möglichkeit anzugeben, dass man es nicht weiß.
Sie reden bei der Sammelfrage 22 immer von "unseren Ressourcen", "unserem Budget" etc. Was ist wenn das alles nicht vorhanden ist? Deshalb habe ich bei diesen Fragen überall "Keine Antwort" angekreuzt.
Frage 23, letzte Teilfrage, enthält einen Rechtschreibfehler (ein statt eine). Frage 22, Unterfrage 14 und Frage 17 fragen den gleichen Inhalt ab. Fragenbereich 22 z.T. nicht beantwortbar, da davon ausgegangen wird, das Haus habe ein Großspendenfundraising. Es muss erklärt werden was dann angekreuzt werden soll.
Bei Frage 22c sollte man anstatt dem Begriff "Einzigartigkeit" besser den Begriff "Kompetenz" benutzen. Wo liegt der Unterschied zwischen den Fragen 8 und 11? - Führt zur Verwirrung. Im Fragenkomplex 22 wird danach gefragt ob man UHNWIS im Spendenportfolio hat - das wird vorher auch schon abgefragt - sehr verwirrend.
Fragenkomplex der Frage 22 völlig falsch gestellt, wenn man vorher angekreuzt hat, dass man keine wohlhabenden Spender im Spendenportfolio hat. Was sollen immer die gleichen Fragen dazu, wenn man diesen Sachverhalt vorher schon mit Nein angekreuzt hat. Somit ist ein Viertel des Fragebogens überflüssig oder muss DRINGEND umformuliert werden.
Frage 22c) Einzigartigkeit? Falsche Wortwahl - wir reden von einem Krankenhaus... Frage 22 viel zu sehr auf Großspender abgestimmt. Wir haben keine Großspender, was nun? Bei allem "Keine Antwort" ankreuzen?
Frage 22 mit allen Unterfragen vollkommen unverständlich. Wir haben kein Fundraising und auch keine hochvermögenden Kunden. Was soll ich jetzt ankreuzen? 0 oder Frage kann nicht beantwortet werden? Rest des Fragebogens ist gut, jedoch muss Frage 22 dringend überarbeitet werden. Das kann man so nicht rausgeben...
Die Frage 20 mit allen Unterfragen kann nicht beantwortet werden wenn man kein Fundraising macht - sehr verwirrend.
Fragen 8 und 11 nahezu identisch. Frage 22 sehr komplex und nicht zu beantworten wenn man keine UHNWIS hat.
Frage 16: Anzahl oder Umsatz oder beides? Fragen 22 völlig sinnbefreit wenn man keine hochvermögenden Spender hat. Frage 22, Unterfrage 14 und Frage 17 gedoppelt.
Was bedeutet "Relevanz" bei der Frage 21? Erschließt sich aus der Frage in keinster Weise. Fragen 20 missverständlich und redundant und z.T. nicht zu beantworten, wenn man keine Fundraisingabteilung und/oder keine hochvermögenden Spender hat.
Relevanz? - Frage 21: Worauf bezieht sich das? Fragenkomplex 21 nicht verständlich wenn man besagtes Klientel nicht hat. Frage 16: welche prozentualen Anteile werden hier abgefragt? Anzahl der Spender oder Spendenumsatz?
Wann muss "Keine Antwort" angekreuzt werden? Wenn ich etwas nicht beantworten kann oder nicht beantworten will oder wenn ich entsprechende Positionen (z.B. hochvermögende Menschen) gar nicht habe? Sehr unmissverständlich das Ganze, besonders bei der Frage 20.

Table 31: Results of the pretest in the second sub-study (Original version in German, own presentation)

For better understanding, the results of the pre-test from the 2nd sub-study are translated into English.

Answers to the question: Please give us feedback on the questionnaire
Partial questions at question 22 partly duplicate previous questions
Question 14 lacks a "Don't know" section; Question 22/3: Why target image only for major donors? All other questions only ask about general fundraising, small and medium-sized donors may feel excluded; Question 22/10: What if you don't have any specific staff? What do I tick then?
Question 17 and question 22/14 ask exactly the same thing; How do I answer the set of questions in question 22 if I don't have such a thing (e.g. fundraising staff)? Do I then tick "No answer"?
Questions 22/3 and 22/15 are only tailored to major donors - Why?; Question 16 very misleading. Are you talking about the number of donors(heads) or the donation amount (turnover) - these are completely different things, so an answer here is not possible.
Question 5: Why only related to fundraising, why not to general donations - does any respondent even know the difference?; Question 14: missing the rubric that you don't know; Question set 22: What if the house has no special employees - what should be ticked then?
Question complex 22 refers in part explicitly to major donors. What should be ticked if a house does not have them?
Question 14 lacks the option to state that one does not know.
You always talk about "our resources", "our budget" etc. in collection question 22. What if none of that is available? That's why I checked "no answer" all over these questions.
Question 23, last sub-question, contains a legal spelling error; question22, sub-question 14 and question 17 ask for the same content; question area 22 partly unanswerable, as it is assumed that the House has major-donor fundraising. It must be explained what should then be ticked.
In question 22c, it would be better to use the term "competence" instead of "uniqueness"; Where is the difference between questions 8 and 11? Leads to confusion; In question set 22 it is asked whether one has UHNWIs in the donation portfolio - this is also asked before - very confusing.
Question complex of question 22 completely wrongly posed if one has previously checked that one has no wealthy donors in the donor portfolio. What is the point of asking the same questions over and over again if you have already ticked No to this question beforehand? Thus, a quarter of the questionnaire is superfluous or needs to be reworded URGENTLY.
Question 22c) Uniqueness? Wrong choice of words - we are talking about a hospital; question 22 is much too much geared to large donors. We don't have major donors what now? Check "no answer" for everything?
Question 22 with all sub-questions completely incomprehensible. We don't have fundraising or high net worth clients. What should I tick now? 0 or question cannot be answered?; rest of the questionnaire is good, but question 22 urgently needs to be revised. You can't give it out like that....
Question 20 with all sub-questions cannot be answered if you do not do fundraising - very confusing.
Question 8 and 11 almost identical; question 22 very complex and impossible to answer if you don't have UHNWIs.
Question 16: Number or turnover or both?; Questions 22 completely meaningless if you don't have high net worth donors, Question 22 sub-question 14 and question 17 duplicated.
What does "relevance" mean in question 21? Question 20 is ambiguous and redundant and in part impossible to answer if you do not have a fundraising department and/or high-net-worth donors.
Relevance? - Question 21: What does this refer to?; Question complex 21 not understandable if one does not have said clientele. ; Question 16: what percentages are asked here? Number of donors or donation turnover?
When should "No answer" be checked? If I can't answer something or don't want to answer it, or if I don't have the corresponding positions (e. g. wealthy people) at all? The whole thing is very unmistakable, particularly on Question 20.

Table 32: Results of the pretest in the second sub-study (Translation into English, own presentation)

From the respondents' point of view, the construct's complexity and the questions' structural design cannot be regarded as meaningful. For this reason, the author decided to dissolve this complex of questions and to include the particular topics of Institutional Readiness as independent questions that were thematically more appropriate in the questionnaire. In doing so, the answer format for some questions was changed from a 7-point Likert scale to a simple answer format (yes or no) to counteract complexity.

Furthermore, from the respondents' point of view, the questions about professional fundraisers for high-net-worth individuals and the existence of active significant gifts fundraising for this target group were duplicated, which is why only the questions about specific fundraisers for the target group were retained.

Pretest 3

Then, the *think-aloud method* was applied as a cognitive laboratory procedure, which is considered the central cognitive technique. Here, the utterances and thought processes expressed by the 10 test subjects were recorded, and the improvements were finally processed into the questionnaire accordingly. Between 5 and 30 interviews using this method are sufficient because the fundamental question problems can usually be identified by a small number of interviews (Willis, 2005). Cognitive pretests such as the think-aloud method are suitable for checking individual questions. Therefore, the first half of the questionnaire was tested by five subjects, and the other half of the questionnaire was reviewed by the other 5 subjects (Lenzner et al., 2015).

The "cognitive interview" is used to answer the following questions about the research design. (Willis, 1999):

- What do the words and phrases in the survey items and instructions mean to respondents?
- What do respondents think the survey is about?
- What types of information do respondents need to remember to formulate their answers?
- Do respondents expend enough mental effort to answer the question accurately and thoughtfully?
- Do respondents want to tell the truth? Are respondents saying something to make themselves look "better"?
- Can respondents reconcile their inner answers with the given answer choices?

The retrospective-think-aloud method was applied, which S. Sudman et al. (1996) advocate since it is much easier for the respondents to describe the response process accordingly after it has occurred. The corresponding thinking-aloud protocol for the pretest of the questionnaire, which was developed and

applied following the findings of Willis (1999), can be found in appendix 2. Overall, cognitive interviewing and thinking-aloud methods can provide valid evidence and thus improve the quality of the questionnaire (Padilla & Leighton Jacqueline P., 2017). For this reason, this pretest was conducted.

Results of pretest 3

The goal of the survey was clearly understood by all respondents. Moreover, from the respondents' point of view, the introductory text is well formulated and leaves no questions unanswered.

Particularly in the questions with the answer options "Yes" and "No," not all respondents could reconcile their inner answer with the given answer options. For this reason, a third option, "I don't know," was added to questions where no further option was available to offer the subjects this option in case of uncertainty or not knowing and thus to counteract premature termination of the questionnaire. It did not appear that subjects mistakenly checked "yes" to look better. All subjects answered the questions honestly, and the pretest results also clearly show that most hospitals are unfamiliar with the issue of significant gifts among high-net-worth individuals. Regarding the effort in answering the questions, no relevant details were given. The respondents could complete the questionnaire without difficulty or great effort. It was noticeable that not all respondents had an immediate answer to the question about investment needs. For some, it was challenging to enter a concrete number. For this reason, an additional answer option, "I don't know," was explicitly added here as well. Any relevant changes, additions, or revisions from this pretest were also incorporated into the construct specification after the survey pretest. To avoid senseless entries, mandatory questions were omitted.

It should be noted that even during the development phase of the questionnaire, there was a lively exchange between the author and other experts in the field. It led to a wide variety of constructive criticism being voiced. The wording of the individual questions and also the chosen order was therefore changed several times in the course of this process. Due to this, the respondents' comments during the pretests were few. By applying the different pretest procedures, the

weaknesses of the respective procedures could be eliminated. The pretests showed that the final questionnaire was easy to handle and could be completed in about 10 minutes.

5.1.3.2 The survey

For the data collection, the method of a written survey in the form of an online questionnaire was chosen. There are advantages to this type of survey, but also certain disadvantages that should be considered when selecting the right survey instrument. The following advantages of an online questionnaire can be mentioned.

- The participation of the test persons can be carried out flexibly in terms of time as well as self-determined, which is an enormous advantage for the sample of this study because the responsible persons from the fund-raising area of hospitals and clinics, as well as hospital directors, are very time-constrained and somewhat challenging to reach. (Porst, 1998; Scholl, 2014)
- In contrast to other types of surveys, the temporal, organizational, and, above all, the financial effort is lower because, in particular, the implementation, collection of data, and data analysis are automated. (Porst, 1998; Scholl, 2014)
- The anonymity of the survey, which must be guaranteed in this study due to the subject matter of the research, represents an extreme advantage. (Porst, 1998)
- The social desirability bias can be circumvented or minimized with the help of an online survey. (Scholl, 2014)

On the other hand, some disadvantages come with an online survey.

- A bias of the sample is possible due to the different existing technological knowledge of the test persons. Therefore, this "self-selection" should be considered when selecting the sample (Porst, 1998).

- It is impossible to check whether the correct target person also fills the questionnaire himself, which can lead to further bias in the samples (Porst, 1998).
- Finally, there is a high variation in the return rate for this survey instrument (Hippler, 1988).

The disadvantages of online surveys cited in the literature are invalidated by the study's design, so the advantages of the survey type outweigh the disadvantages. Developing a questionnaire concept is very time-consuming because, within this process, the quality criteria of validity, objectivity, and reliability must be considered and guaranteed. Reference should also be made here to the extensive pretests (cf. Chapter 5.1.3.2).

For a fully structured questionnaire study, the development process of a concept is first relevant, described below.

Theoretical concept of a questionnaire

"A questionnaire is a more or less standardized set of questions that are presented to individuals to answer to use their responses to test the theoretical concepts and relationships underlying the questions. Thus, a questionnaire represents the central link between theory and analysis" (Porst,1996, p. 738).

The structure of a standardized questionnaire comprises six questionnaire elements. In the beginning, the questionnaire title should give the participant a rough indication of the survey topic. The primary goal that the questionnaire developer wants to achieve with an introduction at the beginning of the questionnaire is to arouse interest and motivate the participant. Therefore, the following contents should be presented:

- Brief introduction of the researcher or institution responsible for conducting the research
- Brief description of the research question
- Statement on the further use of the collected data
- Request for complete and conscientious completion of the questions

- Indication that this is not a performance test and there are no "wrong" answers.
- Assurance of anonymity
- Finally a thanks to the participant

The subsequent instruction provides the respondent with orientation regarding the objective and procedure of the survey. At this point, information on the handling of the collected data (anonymity, voluntariness) as well as on the responsible person/institute should follow. The questionnaire instruction plays a decisive role because emerging misunderstandings strongly influence the final result and, thus, the data quality. Therefore, the instruction should describe precisely how which type of question should be answered. In addition, care should be taken to ensure that the language used is adapted to the sample under investigation.

Furthermore, there are content-related question blocks, which delimit individual topics within the questionnaire and thus also provide orientation for the participant. The introductory block should contain simple questions so as not to overwhelm the respondent.

Within a questionnaire, statistical information about the person must not be missing. These serve to describe the sample in the best possible way. In addition, further questions can be asked in this questionnaire element, which might not fit into the other blocks.

Finally, the participant can be allowed to give feedback within the questionnaire before a farewell with thanks is given (Döring & Bortz, 2016; Raab-Steiner & Benesch, 2018).

The process described above can be understood as the first rough concept according to Döring & Bortz (2016). Accordingly, in the complex concept, among other things, the filter guidance, the layout, the type of items, the answer formats, and the sequence of the items are discussed and determined. The use of a filter guide must first consider whether the entire questionnaire should be presented to each respondent in exactly the same way or whether there are question blocks or items that should only be made accessible to certain participants. In order to develop an optimal layout and thereby increase motivation and minimize the

dropout rate, various methods, such as the eye tracking method, can be used. In addition, it must be carefully considered which question types are used within the questionnaire and how the wording of the individual items can be adapted to the sample. Here, too, the order plays a crucial role, i.e., how the individual items or question blocks are arranged so that, for example, difficult questions do not evoke a negative mood in the participant (Döring & Bortz, 2016). It is also crucial to develop the questions based on the underlying theoretical concepts and hypotheses and select them systematically accordingly. That ensures that the predefined research interest to be tested using the questionnaire is guaranteed.

When developing a questionnaire, in addition to the context-dependent questions and the associated answers, the exact wording, in particular, is crucial in order to obtain the correct answers (Porst, 2014). Accordingly, "the development of a questionnaire ... is rather an extraordinarily complicated matter and can only lead to a satisfactory result if, in addition to intuition, feeling for language and experience, scientific knowledge about the processes taking place during a survey is also and above all taken into account." (Porst, 2014)

Item design

For the topic area to be researched, no ready-made questionnaires can be used for the study. Due to insufficient expertise in this area, the exploratory sequential mixed methods design was applied. Based on the interview results and the existing basic theory, a collection of items was created. It is essential to know that there is no defined procedure for item construction within a sequential mixed-methods study (Pentzek et al., 2012).

In exploratory sequential design, the following steps for item development, according to Pentzek et al. (2012), were used. First, the relevant categories from the previously conducted interviews were selected and determined to be included in the questionnaire. That represents the transition between the qualitative and quantitative study designs. Furthermore, existing questionnaires were searched, and, if possible, the items from the existing questionnaires were compared in terms of content with the interview categories to evaluate whether the items found correspond to the results of the interviews or whether these can

adequately represent the categories. For certain partial aspects of the interview results, which could not be covered by existing questionnaires, own items had to be formulated afterward. It should be noted that this was done in close reference to the interview material, the interviewees' typical formulations, and the codes created from the interviews. Afterward, the self-constructed items were checked for methodological quality by extensive pretests. Furthermore, the answer scale for the items was elaborated on in this step. Finally, the final questionnaire was subjected to a cognitive pretest within the target population (see section 5.1.3.1). The following figure (Fig. 67) shows the item development process in an explorative-sequential mixed-methods design used in this study.

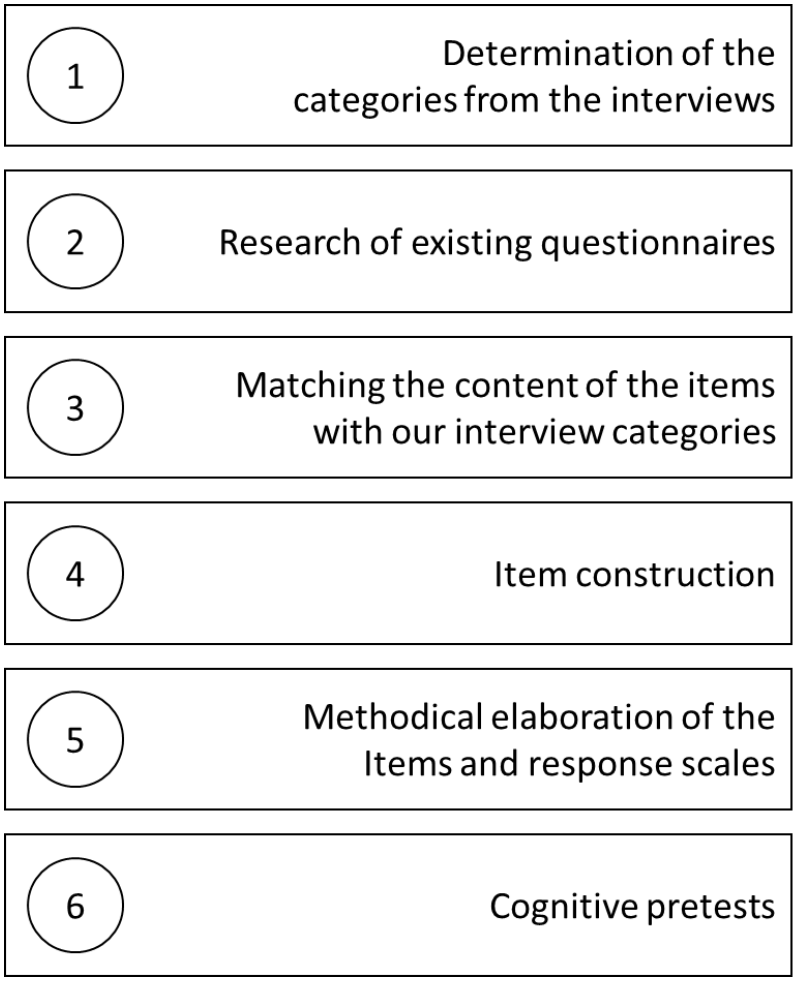

Figure 67: Steps of the item development within an explorative-sequential mixed-methods design (following Pentzek et al., 2012)

Care was taken to ensure they made sense in principle in the methodological development of the items and response scales. The formulations were so concise that they could not lead to comprehension problems when the respondent answered. The researcher does not have the opportunity to clarify comprehension problems directly with the respondent in an online survey. However, at this point, reference should be made to the detailed pretests that invalidate this problem. Probst (2000) created the following *"10 commandments of question*

formulation" to expand on the rough rules of thumb, "that questions and answers should be formulated simply, briefly and concretely, should not contain foreign words or incomprehensible terms; they should not be suggestive, semantically neither positively nor negatively loaded, not hypothetical; they should not overwhelm the respondent, but should not sound trivial either; questions should be unambiguous, not contain multiple stimuli or double negatives" (quoted from Porst, 2014, p. 99f.).

1. You should use *simple*, *unambiguous* terms that are understood in *the same way* by all respondents!
2. You should avoid *long* and *complex* questions!
3. You shall avoid *hypothetical* questions!
4. You shall avoid *double stimuli* and *negations*!
5. You shall avoid *insinuations* and *suggestive questions*!
6. You should avoid questions that aim at information that *many interviewees presumably do not have*!
7. You should use questions with a *precise time reference*!
8. You should use answer categories that are *exhaustive* and *disjunctive* (without overlapping)!
9. You should ensure that a question's context does *not* (*uncontrollably*) *affect its answer*!
10. You should define *unclear* terms!

The 10 commandments can be supplemented by further recommendations on the linguistic design of items for standardized questionnaires by Döring & Bortz (2016). First, it is of elementary importance for them to give clear and informative instructions at the beginning of the questionnaire. Furthermore, they believe that periods must be defined precisely to prevent misunderstandings. In addition, relevant words can be highlighted, e.g., using italics. However, this should be done sparingly. These aspects were taken into account when creating the questionnaire and its items.

The final questionnaire

After conducting pretests and adapting the survey design based on this, a 10-page questionnaire with 40 questions was created as the basis for data collection(see Appendix 4). The following question types were taken into account in the methodology:

- Choice answers with one or more answer options
- Rating scale
- Numerical answers in absolute numbers
- Open answer

Predominantly, to capture the corresponding variables in the best possible way, the binary question format yes/no, a five-point rating scale, and a 7-point Likert scale were used. The increased use of closed-ended questions brings advantages in the comparability of responses and greater objectivity in implementation and evaluation. No less important are the resulting reduced time and ease of answering for the survey participants and a reduced effort in data analysis for the researcher. On the other hand, a disadvantage of closed questions is that the answer options reveal only limited information, and sometimes essential information is not considered (Diekmann, 2007). However, closed questions are the best solution for the research project in subareas to capture the status quo with simple, uncomplicated questions. Furthermore, Likert scales represent, for many authors, the limit of the respondents' ability to discriminate and allows statements of tendency despite a medium category. Furthermore, a 5- or 7-level monopolar rating scale is considered positive, as an odd number of categories minimizes refusals among respondents (Baur & Blasius, 2014; Prost, 2011). Generally, a level between five and seven levels has proven to be effective in practice and provides the best validities and reliabilities psychometrically (Dawis, 1987; Lissitz & Green, 1975; Lozano et al., 2008; Preston & Colman, 2000; Rohrmann, 1978).

The two extreme values of the 7-step scale were verbally described in the questionnaire. The other expressions were not described verbally because of the possibility of distortions due to the different linguistic perceptions of the participants. A continuous scale, such as a slider, was not used; instead, care was taken

to achieve a numerical anchoring of the scale points. Paraphrased differently, this means that numbers from 1 to 7 were assigned to the categories or expressions. Using a discrete scale instead of a continuous one provides the basis for complex scales. This approach suggests that equidistant distances exist between each two scale points and therefore justifies treating the rating scales as interval-scaled data (Baur & Blasius, 2014; Stadtler, 1983; Unterreitmeier, 2003). In addition to a 7-point scale, a 5-point rating scale was also used to evaluate some items. Here, all answer options (e.g., very good, good, medium, poor, very poor) were written out so the subjects could assign themselves to a statement.

Rating scales can generally be regarded as (quasi)-interval scaled if the equality or equidistance between all expressions is not violated, which is usually the case with odd rating scales. Furthermore, the scales should be empirically tested (Rohrmann, 1978)

Thus, it can be summarized that for odd rating scales (from a 5-level expression) as well as for the use of numerical markers, (quasi)-interval scaled rating scales are assumed, which makes an application of parametric procedures possible and thus the highest possible test power with the smallest possible sample size (Baur & Blasius, 2014; Bortz & Schuster, 2010; Bühner, 2011; Prost, 2011).

In total, the questionnaire is divided into 8 sections. The individual questions are presented below according to the question blocks:

1. **Organization**
    a. What position do you currently perform in your home?
    b. What is the total number of beds in your house?
    c. What is the ownership of your facility?
    d. To which federal state does your facility belong?
2. **Fundraising**
    a. What is the importance of fundraising in your organization?
    b. Do you have a convincing and motivating fundraising target image (case for support) for potential donors?
    c. Do you have a separate fundraising department in your organization?

d. Does your organization engage in strategic fundraising planning?
e. Does the management/board support fundraising activities and act as role models in your organization?
f. How would you rate your organization's financial resources (budget) to carry out fundraising activities professionally?
g. How would you rate the technical resources (donor software, tools, etc.) in your organization to be able to carry out fundraising activities professionally?

3. Employees

a. Even if you do not have a dedicated fundraising department, are there fundraisers in your organization?
b. How many fundraisers are responsible for fundraising in your organization?
c. Are there any staff among your fundraisers who specialize in high-net-worth individuals?
d. How many staff members do you have who specialize in high-net-worth individuals?
e. How long have you been actively engaged in major gift fundraising with high-net-worth individuals?
f. Overall, how would you rate the staffing resources in your organization to be able to conduct fundraising activities professionally?

4. Conveyor and Investment needs

a. Through which donor group(s) are donations generated at your institution?
b. At what annual amount do you define small donors, medium donors, and large donors in your house?
c. Which donor categories donate in your house?
d. What is the percentage composition of your donation total?
e. Do you have HNWIs or UHNWIs in your donor portfolio?

f. Have you ever done a potential analysis to see if and how many high-net-worth individuals are in the vicinity of your home as potential donors?

g. What is your estimate of your hospital's current investment needs through its own resources?

h. Are the investment needs in your hospital presented in a plausible way for all donors?

i. Do you have realistic funding projects in your hospital that are presented in a way that is understandable to all donors?

5. Banks, Foundations, Agencies

a. Do you have experience with banks and/or foundations regarding high-net-worth individuals?

b. How would you rate your experience with banks/foundations?

c. Do you work with consultants or agencies to conduct fundraising activities professionally?

6. Influence from major donors

a. If you had high-net-worth individuals as major donors in your donor portfolio, to what extent would the following statements be true about influencing your organization?

i. By making a major gift, would we give high-net-worth donors the opportunity to change structures and processes in our organization?

ii. We would give high-net-worth major donors a say in the grant projects they support.

iii. We would give high-net-worth major donors the ability to determine the use of their monetary donations independently.

iv. We would recognize a major donation from high-net-worth individuals by naming a new building, for example.

7. Potential of highly wealthy people

a. Do you think hospitals are an attractive fundraising vehicle for high-net-worth individuals as major donors?
b. What do you think is the potential for high-net-worth individuals as major donors ... to reduce funding gaps missed by state funding ... to fund cutting-edge medical grant projects with high funding requirements?
c. Do you think your institution would be better off financially today if you had started major gift fundraising for high-net-worth individuals 10 years ago?

8. Future alignment

a. How likely is it that you will focus on the donor target group of high-net-worth individuals in your institution in the future?
b. How likely will you establish appropriate major gift fundraising for high-net-worth individuals as major donors in your institution?
c. Would you allocate a certain annual budget for professional major gift fundraising with high-net-worth individuals?
d. How much budget per year would you be willing to invest in expanding professional major gift fundraising?
e. If no professional major gifts fundraising has been conducted in your organization to date, what is the reason?

5.1.3.3 Conceptualization and operationalization of the variables

In the following, the relevant context and success variables for *donor control* and **institutional** *readiness* will be explained conceptually, and measures of these variables will be developed. Context is seen as „an open concept that we fill with concrete content depending on our research question and our respective knowledge"(Kieser & Walgenbach, 2003, p. 213). Only these two context variables

are explained in detail in this chapter, whereas all other variables of the research hypotheses do not require a more in-depth description.

A so-called conceptualization of the two central influencing factors or challenges for hospitals that emerged from the expert interviews is first carried out for a better understanding. This process defines and describes the conceptualizing variables, whereby the respective characteristics of the variables are elaborated and explained. Subsequently, measurement variables are developed for the variable to make it measurable or operationalizable in the best possible way (Homburg & Giering, 1998).

At the beginning of creating a multi-item scale, many indicators were discovered and included in the initial pool. A reduction to the essential indicators of the latent variables was then carried out with the help of experts and other researchers. Therefore, only the final indicators are presented below, tested for their quality by extensive pretests.

As the results of the qualitative preliminary study show, some institutions have already succeeded in gaining initial success with high-net-worth individuals as major donors in philanthropic support, while most hospitals are still at the very beginning. That raises the following question: "What is the strategy for a successful philanthropic approach by hospitals with UHNWIs and HNWIs in Germany?" How should these institutions organize, structure, function, and strategize to attract the attention of high-net-worth individuals as major donors, on the one hand, for cutting-edge medical projects with high financial needs and, on the other hand, to reduce the existing funding gap?

Two key factors were mentioned repeatedly during the interviews. First, institutional readiness is a challenge for many organizations in the hospital sector. Many institutions do not have a fundamental foundation in fundraising, nor are they specifically positioned to serve high-net-worth individuals as a target donor group. In addition to a lack of *institutional readiness*, fear of *too much donor influence* is the biggest hurdle for hospitals. In this context, the lack of support from management was mentioned several times. In addition, it was criticized that there is a low level of acceptance on the part of hospital employees for the topic of fundraising and that this makes the work of fundraisers in major gift fundraising with high-net-worth individuals more difficult. Furthermore, the influence

or control of major donors through the donation made was addressed, which causes concern and uncertainty for many hospitals. It is because many hospitals have had little familiarity with major gift fundraising with high-net-worth individuals and, due to a lack of expertise, do not know how to deal with this donor target group. Another aspect of institutional readiness mentioned was low human resources. A low number of fundraisers in the clinics and a lack of experts in major gift fundraising represent further hurdles for the clinics.

The context, as well as the operationalization of the two central context variables, are addressed in the following.

Success factors for major donor fundraising

The first step toward successful philanthropic fundraising in a hospital is establishing appropriate foundations. According to Tempel (2010), "effective fundraising builds on organizational strengths, and organizational weaknesses and vulnerabilities can undermine fundraising efforts" (p. 334). Therefore, it is even more important for an organization to analyze and strengthen its success factors.

Institutional readiness as a success factor for major gift fundraising with high-net-worth donors

Institutional readiness is originally a term from the IT industry, which encompasses the various prerequisites for the success of an organization, such as the technical requirements, among other things. If this term is now applied to major gift fundraising with high-net-worth individuals as the donor target group, institutional readiness means nothing other than that fundraising must be integrated into the overall process of the hospital organization to achieve success in major gift fundraising with high-net-worth individuals. It must become an integral and strategic part of the organization. An isolated approach by individual qualified major gift fundraisers within an organization is ineffective. Therefore, a tightly integrated management structure is one of the most important aspects of developing a successful fundraising program. In particular, fundraising goals, strategies, and processes must be aligned. In addition, establishing effective fundraising administration is a key element for success. At best, a specific staff

position is established within the organization to give fundraising a high profile (Heil, 2008; Schilling, 2011; Rosso und Associates nach Schneider, 2004; Schulz, 2008; Wallmeyer, 2008).

An organization's internal fundraising readiness (*Institutional Readiness*) forms the basis for successful fundraising. The quote from Hank Rosso aptly illustrates the importance of Institutional Readiness in fundraising success: " You can raise a lot of money to be successful in fund raising than you can through disorganized fund raising" (Hank Rosso nach Tempel, 2003, p. 30). That is why systematic major-donor fundraising is indispensable for activating the potential for major donations. However, this is where many organizations struggle, as the results of the interviews also show. Organizations often find that while they are well positioned for fundraising in general, they are not prepared for major donor fundraising when a major donor is willing to give large sums (Haibach, 2021).

Therefore, it is essential to focus on the particularly relevant points for major gift fundraising with high-net-worth individuals within the hospital organization. For this reason, the general requirements for institutional readiness will be briefly discussed below, followed by an explicit explanation of the organizational requirements crucial for major gift fundraising and, therefore, for high-net-worth individuals as a donor target group.

According to (Haibach, 2019, p. 91 ff.) "institutional readiness, i.e., the existence of the prerequisites for effective fundraising, involves the complex interaction of various components in terms of content, structure, and personnel". In general, a breakdown of institutional readiness can be made into the following four relevant points:

- personnel and structural framework
- convincing and motivating case for support (fundraising target)
- realistic funding projects and plausible financial requirements
- (potential) supporters

However, other items are relevant to institutional fundraising readiness within an organization, specifically for major gift fundraising. Accordingly, when preparing for fundraising from high-net-worth individuals as major donors, it is important that the following elements are in place within the

organization. Not only should these be in place, but they should be constantly updated (Haibach, 2019, 2021).

Developing know-how and essential personnel capacity within the organization is considered an essential prerequisite. In particular, major-donor fundraising should be actively integrated into the organization and established as a fixed and indispensable component. In addition to a fundraising target picture (case for support), this includes working out relevant support projects with plausible support needs and presenting them to major donors accordingly. In addition, the fundraising department should have sufficient human resources. At best, the organization has qualified major gift fundraisers focusing on high-net-worth donors. In most organizations, there are hardly any trained fundraisers for major donor fundraising. Another reason for having a sufficient number of fundraisers in major donor fundraising is that they can provide appropriate personal support to major donors and achieve significantly higher donation amounts through continuous relationship management. Furthermore, the issue of leadership and the associated active support from the business and management levels represents another important factor on the path to professional major gift fundraising with high-net-worth donors. In addition to human resources, potential major donors, i.e., people who could conceivably become involved in the organization, should also be identified (Haibach, 2019; Haibach & Uekermann, 2021; Major Giving Institute, 2015).

In concrete terms, the literature recommends an organizational and environmental analysis. From this analysis, the need for funding, the reasons for funding, and, based on this, the fundraising strategy can be derived.

Fundraising goal

The Case for Support, or Fundraising Goal Statement, is the general argument for why a nonprofit deserves support through donations (Sargeant & Shang, 2017; Seiler, 2001). Hospitals must provide wealthy people as potential major donors with appropriate arguments to convince them to donate. In addition, hospital fundraisers have to show what change a major donation brings about in the hospital. In general, it can be said that the fundraising target picture

contains all relevant factors, starting with traditions and successes from the past, through the current benefits and achievements in the present, to the organization's future plans (Haibach, 2019).

Mission and convincing organizational purpose

For many organizations, there is no clear self-image. However, in order to be successful in fundraising and to attract potential donors to the organization, the purpose of the organization must be clear and convincing. At best, a coherent, consistent and distinctive overall image should be achieved that conveys interest in fundraising activities internally and externally (Haibach, 2019). In other words, the answer to the question "Who are you and why do you exist?" corresponds to the organization's mission statement. This statement is more than a raison d'être and more than a definition of goals. It defines the value system that should guide program strategies. The mission statement is the magnet that attracts and holds the interests of trustees, volunteers, members, and donors (Rosso, 2003a). It is only through the mission of the hospital organization that the purpose of the respective fundraising activity is brought into focus and contributes decisively to the desired success (Gahrmann, 2012).

Public profile

The hospital as an organization has its own identity. Therefore, in addition to the organizational purpose of the mission, it is of great importance to develop its profile and bring it to the public. Here, the so-called corporate identity process plays a crucial role in consciously controlling image formation (Haibach, 2019). Public perception of whether an institution is well organized has much to do with fundraising success (Rosso & Associates, 2010). Hospitals that transparently communicate their identity and service profile have better chances in major gift fundraising with high-net-worth individuals.

Realistic funding projects and plausible financial requirements

According to Haibach, convincing and, at the same time, realistic funding projects are essential prerequisites for successful major gift fundraising. Furthermore, the financial requirements should be plausible for the major donor. Therefore, a funding project can be defined as a "targeted project, framed in a timeline, for which a concrete need for resources exists and financial resources are

required." (Haibach, 2019, p. 97). However, not all projects are suitable for acquiring donations from major donors as private sponsors. For this target group, there must be a compelling reason for funding that is consistent with their motives. Particularly for hospitals, which are generally funded by public funds, it is important to explain what funding needs are required exactly by private donations

Donor base and potential supporters (major donors)

In the context of successfully conducting fundraising activities with very wealthy individuals as major donors, a sufficient number of potential supporters must be identified: HWNIs and UWNWIs as private individuals and their foundations. On the one hand, the donation amount that the donor target group of wealthy private individuals can donate must conform to the financial target. On the other hand, it must be ensured that this potential, which UHNWIs and HNWIs represent for hospitals, can also be converted into an actual willingness to donate and thus also made tangible.

Structural requirements

The structural requirements for professional and, thus, successful major-donor fundraising with high-net-worth individuals include a good and stringent *communications strategy* and the provision of a sufficient *budget*. The communication strategy builds on the factors described above, such as the organization's purpose, reputation, profile, and funding needs. In addition to targeting potential supporters, the strategy should explicitly include relevant target groups such as high-net-worth individuals as major donors. In developing a communication concept, which includes messages to stakeholders and employees, there are, therefore, two directions: the internal orientation and the external orientation. It is important to note at this point that although an organization's PR department and fundraising should be aligned, they should still be seen as separate departments with different objectives.

The establishment of fundraising structures for the donor target group of high-net-worth individuals depends largely on the provision of financial resources by the hospital in question. Furthermore, the structural requirements include the existence of *fundraising software* and the development and maintenance

of a *funding database*. Furthermore, a *database fundraising* should be available in a hospital's fundraising department, making evaluating and utilizing the characteristics stored in the database possible. *Collaboration with consultants and agencies* is another essential feature of professional major gifts fundraising with high-net-worth individuals (Haibach, 2019).

Human resources

Committed executives who support fundraising activities in hospitals are indispensable. Unfortunately, many hospital executives are difficult to convince of the importance of fundraising and show little or no commitment. As the link between fundraising and the organization, the executive level has an extremely relevant role. (Haibach, 2019). "Fundraising needs leadership, representatives of the organization who act as fundraising role models internally and to the public" (Haibach, 2019, p. 112). Especially for major gift fundraising and consequently for the specific donor target group of high-net-worth individuals as major donors, the readiness of an organization's management level is crucial. Haibach has summarized the most important positions in management in a leadership triangle (Fig. 68) for fundraising. Fundraising cannot be carried out successfully without appropriate support from senior management in implementing and establishing major gift fundraising with high-net-worth major donors.

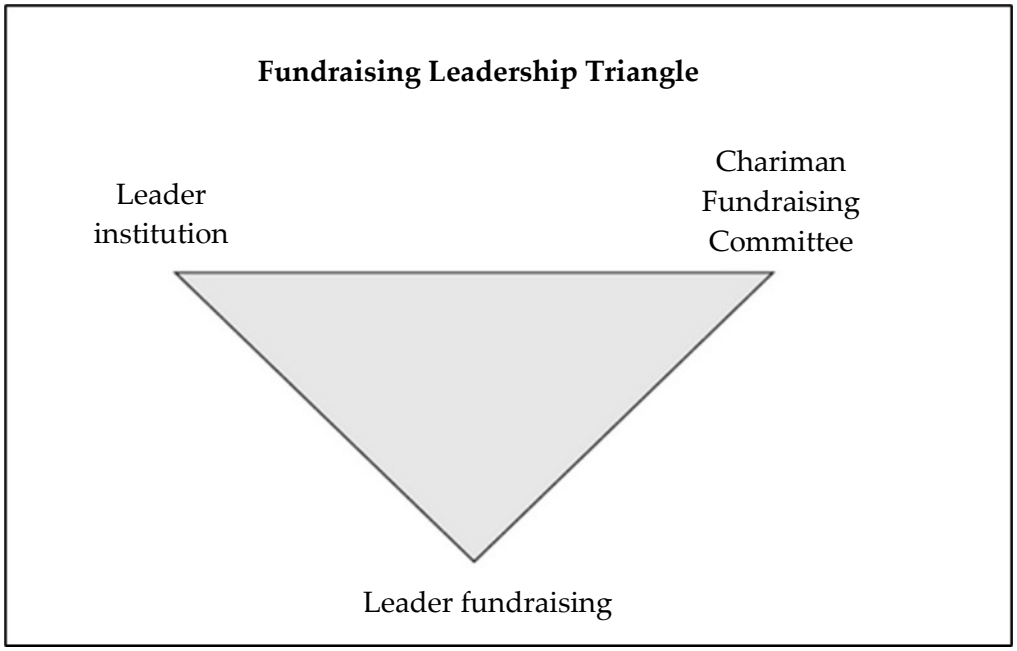

Figure 68: Fundraising leadership triangle (according to Haibach, 2019, p. 332)

Another important question in assessing Institutional Readiness is whether senior staff and board members believe the organization is ready to approach high-net-worth individuals as major donors. Further, whether they will use their personal and professional relationships for fundraising. In addition, the hospital that is interested in approaching high-net-worth individuals as donors should verify that it has board members who are actively involved in carrying out this fundraising strategy and also work hand-in-hand with staff accordingly to achieve the goal of (Fresina & Pickles, 2013).

In addition, there must be sufficient *fundraising staff* in hospitals and clinics alongside dedicated executives and board members because the best fundraising concepts and ideas are ineffective without the people who continuously work to implement them (Doktor, 2022, p. 121). Furthermore, *volunteer leaders and outside staff* can support clinic fundraisers because they can open doors to wealthy people through their contacts. They are the "key to any large-scale fundraising activity" (Haibach, 2008, p. 16).

Overall, staffing strongly influences fundraising activities and is directly related to the amount of fundraising revenue. The more donations the hospital collects as an institution, the larger and more differentiated the staffing should be. Therefore, when focusing on the donor target group of high-net-worth individuals, it makes sense to adjust the personnel capacity and expertise in the hospital in order to optimize the fundraising area accordingly (Haibach, 2019; Haibach & Uekermann, 2021). Likewise, *employee involvement* plays a crucial role in building the structures for professional fundraising. Therefore, internal acceptance and participation on the part of employees should also be focused on.

According to Haibach (2019) the factors mentioned above that influence an organization's institutional readiness cannot be viewed in isolation but are interrelated and interconnected.

In summary, a successful fundraising campaign with high-net-worth donors requires a carefully thought-out plan and timetable, people with the right skills in the right roles, and, above all, the willingness and ability to ask for donations (Rosso, 2003b). Institutional readiness is consistent with the indication that the fundraising process can take 2 to 3 years and is not simply a matter of support (Clarke & Norton, 1997; Loughton, 1993; Merriman, 1993).

Other studies show how *institutional readiness* in organizations can be analyzed and made measurable. From Barnes & Brayley (2006) study, several variables or measures of Institutional Readiness can be transferred as success factors for major gift fundraising with high net-worth individuals. The following eight factors were gathered after consulting with three fundraising experts and academics, as well as from the literature, to represent institutional readiness (Fig. 69). These included: writing a philanthropic mission statement, writing long-term goals with staff as well as engaging staff, writing a case statement, hiring a fundraising development director, engaging in fundraising, attending training related to fundraising and grantmaking, creating and establishing a charitable foundation, and establishing and working with a foundation board.

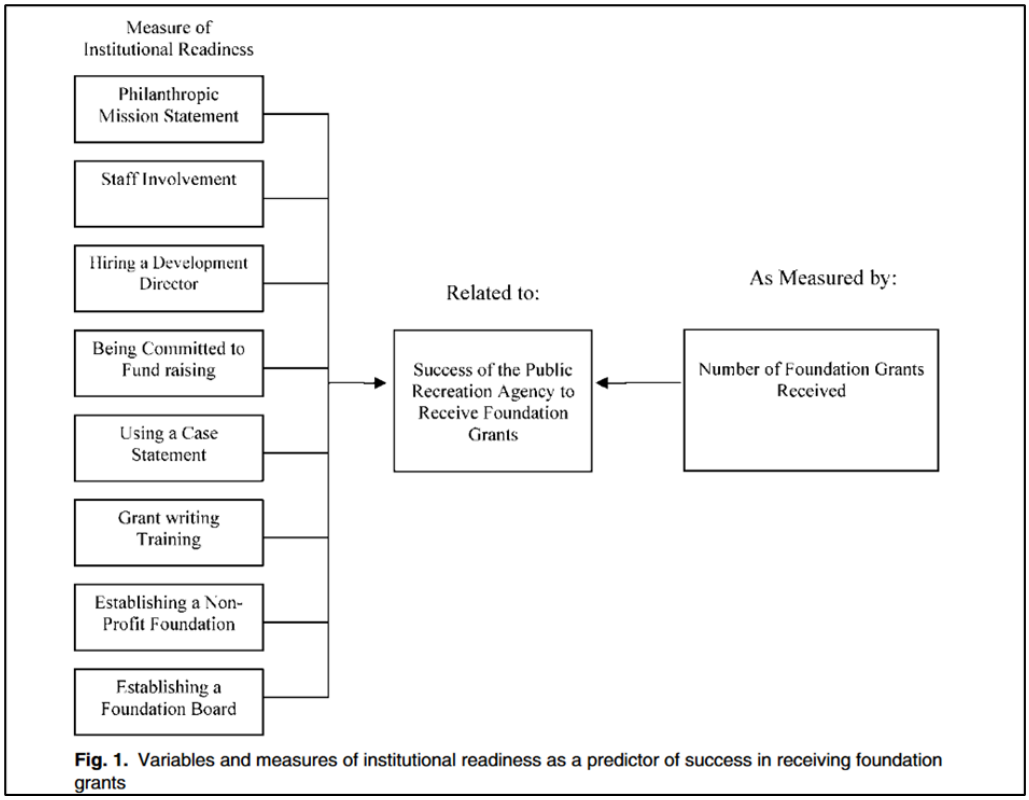

Figure 69: Variables and measures of institutional readiness as a predictor of success in receiving foundation grants (Barnes & Brayley, 2006)

A similar analysis and operationalization of *institutional readiness* for fundraising activities is provided by De Barbieri (2005) study.

To be successful in today's competitive fundraising environment, it takes more than a compelling plan. Accordingly, analyzing organizational readiness for fundraising is essential. According to De Barbieri (2005), the following points must be analyzed to determine institutional readiness. First and foremost, it is necessary to have a board of directors composed of individuals committed to the vision and mission of the organization *(support board of directors*). Further, these individuals must provide time, expertise, and the appropriate resources necessary to support the organization. Generally, the board and its members are important partners in raising funds for an organization because funders look to the

board for involvement and financial support. Furthermore, an *organizational strategic plan* is necessary to set forth the vision and mission and, consequently, provide benchmarks for good decision-making. In addition, a *fundraising plan* is essential, outlining the resources needed to achieve the goals and specific actions to raise those resources. A *case statement* should also state why the organization needs the funds and donations from high-net-worth donors. Lastly, it is important that the board of directors and the staff within the organization have the right attitude toward fundraising. Without the correct internal set-up and *right attitude*, the organization will not be able to engage with high-net-worth donors successfully.

Ostara Group assesses the strength of an organization's fundraising program based on three different aspects: *Culture, Capabilities*, and *Capacity*. When all three areas are strategically aligned and working in partnership, an organization will likely build a sustainable development enterprise. On the other hand, a weakness in one or more areas can severely impact operations and fundraising success (Central Washington University, 2015).

Capability: Capability refers to the level of experience of individuals in the organization and the quality of their work related to the fundraising process.

Capacity: organizational capacity refers to the processes, staff, and budget to achieve the desired fundraising goals.

Culture: an organizational culture that understands, supports, and participates in all aspects of development work-from, from setting a vision and strategic planning to donor cultivation and stewardship-is critical to efficient, effective, and sustainable fundraising. It is the most crucial element of successful fundraising and the most difficult to create and sustain. A practical and sustainable fundraising program is unattainable without a culture.

Culture of Philanthropy

A culture of philanthropy must be lived by individuals at all levels of the organization, from the board of directors to senior management, to administrative staff. Everyone plays a role in prospect and donor identification, cultivation, and stewardship. Fundraising is an important source of institutional revenue and should be considered an essential part of hospitals.

Institutional Vision

A culture driven by an all-encompassing vision for the organization's future is critical to philanthropic success. Without vision, donors have nothing to believe in or investing. Vision is also the foundation for all collaborative planning efforts between fundraising and the other departments in the hospital.

Communication

Internal departmental communications around philanthropy must be extended to the entire institution or hospital to foster a healthy fundraising culture.

Success factor: influence (donor control) of UHNWIs and HNIWs as major donors on the organization

The trend toward donor control is well-known and visible. However, this raises thorny issues for charities regarding money and influence (Blum, 2002). There is criticism that major donors are becoming more involved in their giving and thus want more control over where their money goes (Greene nach Ostrander, 2007). Increasingly, donors even tend to put in writing how they want their money spent. Not only that, but donors also demand seats on committees that oversee the projects they support. Furthermore, they insist that charities report to them on how they spend their donations within the institution (Blum, 2002). In particular, entrepreneurs who have built their businesses or corporate executives who are used to running things often want to control every part of their philanthropy, sometimes to the detriment of a charity (Hall, 2005). Down to the smallest detail, major donors want to oversee the projects or parts of the organization they support with their donations (Abramowitz nach Hall, 2005).

When major donors want to invest in issues in today's world, they expect results. In particular, it is important to them that organizations accept their ideas and opinions, not just their money. In addition, they want to be involved and often desire power or control in the program or organization they donate to (Grace & Wendroff, 2001).

"Major" or "significant" gifts are characterized by their unique ability to change an organization's programs, perceptions, and future. They are more than

gifts; they are actual investments in the future of an organization and the community (Grace, n.d.).

On a positive note, through the intensive involvement of donors in the life of the nonprofit organization, major donors develop an "ownership position" for the work done by the organization. As a result, as donors increase and see their "social equity share" in the institution, that is, as their interests intersect with the mission of the institution, more and more significant donations are made to further the cause (Hodge, 2011).

Regardless of what form the philanthropic relationship between major donors and the hospital as an institution, it is the donors who primarily control the provision of donations and who, therefore, inevitably appear to have relatively more power than the recipients who demand these funds. There are differences, however, in how much and what kind of power donors have over where their funds go and how they are used. There are also differences in how much and what kind of power donor-recipient organizations have to influence those same resources (Ostrander, 2007). Studies show that donors do not always or necessarily dictate the specific terms and uses of their donations. There are several donor-recipient relationships in which (1) the recipient of donations has sole control over the use of donated funds, (2) the recipient of donations and the donor collaborate, or (3) the recipient actively engages in dialogue and negotiation with the donor to gain support for what the recipient, i.e., the hospital, deems most important (Ostrander et al., 2005).

Recipients of donations are never utterly powerless in philanthropic relationships because they can decide whether to accept or reject the offered donation. That is an opportunity for hospitals to limit donor control, even if it means preceding large donations from high-net-worth individuals despite a shortage of funds (Ostrander, 2007).

As a fundraising organization, however, one should be aware that the donors themselves cause not all problems with donations. Some fundraisers and organizations jump to conclusions about what a donor wants and do not delve deeply enough to understand the goals of the person making a large donation. It is necessary to approach the wealthy donor and start by finding out what the

major donor wants to achieve because if one knows their factual movement background, one can almost always realize a donation (Hall, 2005).

Looking at what motivates and attracts today's donors and what has benefited institutions from their major gifts-one can conclude that the common element between the two is the desire to engage (Strickland, 2007).

Researching this trend of donor control is often tricky because organizations that collect funds from wealthy, influential people do not want to talk openly about heavy donor influence for fear of upsetting their donors or benefactors (Blum, 2002; Ostrander, 2007). For this reason, this study addresses this trend by speaking directly to hospital leaders.

Operationalization of the success factors

This section operationalizes the potential success factors that may impact establishing major gift fundraising with high-net-worth individuals in hospitals to present the status quo in hospitals. The factors are derived from the results of the preliminary qualitative study and the theoretical foundation laid in the previous section, and an extensive literature review. In particular, the expert interviews with fundraisers, CEOs, and hospital directors helped generate the constructs and specify the operationalization content[1]. Furthermore, the indicators and items were continuously improved through the pretests.

Institutional readiness hypothesis:

The hypothesis examines whether the personnel and structural prerequisites for major-donor fundraising exist in German hospitals.

Hypothesis: Hospitals in Germany show a low level of institutional readiness for major-donor fundraising with high-net-worth individuals.

The Institutional Readiness construct borrows remotely from items in the findings of Haibach (2019) und Haibach & Uekermann (2021). However, no established index exists in the literature for the study context that can be adopted

[1] The transcribed interviews of the expert discussions can be found in the appendix.

one-to-one. Due to this, the operationalization, supported in particular by the expert interviews, is as follows:

Possible success factor	**Indicators**	**Items**	**Question type**
Institutional Readiness (IR)	Fundraising Department	Do you have a separate fundraising department?	Binary question: Yes/No
	Fundraising target image	Does your organization have a compelling and motivating fundraising case for support for potential donors?	Binary question: Yes/No
	Place value Fundraising	How important is fundraising in your company?	Rating scale: very high to very low
	Fundraising Planning	Do you operate strategically oriented fundraising planning in your house?	Binary question: Yes/No
	Leadership	Does the management level/board support fundraising activities and act as role models in your organization?	Binary question: Yes/No
	Personnel resources equipment	How would you rate the overall staffing resources in your organization to carry out fundraising activities professionally?	Rating scale: very good to very poor
	Financial resources endowment	How would you rate your organization's financial resources	Rating scale: very good to very poor

		(budget) to carry out fundraising activities professionally?	
	Technical resources	How would you rate the technical resource equipment (donor software, tools, etc.) in your organization in order to be able to carry out fundraising activities professionally?	Rating scale: very good to very poor
	Qualification of fundraisers	Do you have staff among your fundraisers who specialize in high-net-worth individuals (HNWIs & UHWNIs)?	Binary question: Yes/No
	Communication strategy	Are parts of the communication in your house aimed at the special target group of high-net-worth people?	Binary question: Yes/No
	Realistic funding projects	Are grant projects presented realistically and in a way that all donors can understand?	Binary question: Yes/No
	Plausible investment requirements	Are the investment requirements in your institution presented in a plausible and comprehensible way for all donors?	Binary question: Yes/No

	Potential sponsors	Do you have HNWIs or UHWNIs in your donor portfolio?	Binary question: Yes/No
	Consultants and agencies	Do you work with consultants or agencies to carry out fundraising activities professionally?	Binary question: Yes/No

Table 33: Possible success factor - Institutional Readiness (Own representation)

The questions are intended to capture the status quo of the organizations. For this reason, a binary question format was used for most items to show whether these indicators are generally present in the houses in order to be able to carry out fundraising activities. Where it was necessary to evaluate an item, five-point rating scales were used in order to obtain detailed results.

Influence hypothesis

The hypothesis on the construct of donor control investigates the extent to which strong influence by (major) donors is accepted by hospitals.

Hypothesis: Strong influence by high-net-worth individuals as major donors is not desired by hospitals.

The construct of Donor Control (DC) borrows from the findings in the literature as well as the expert interviews. However, no established index in the literature for this study context can be adopted one-to-one. For this reason, the operationalization, supported in particular by the expert interviews, is as follows:

Possible success factor	**Indicators**
Donor Control (DC)	Change of structures and processes
	Participation in funding projects
	Determination of the reason for use
	Naming

Table 34: Possible success factor - Donor control (Own representation)

Accordingly, the following questions arise for the questionnaire, which are recorded on a 7-point Likert scale from 1 = *does not apply at all* to 7 = *applies completely*.

- Through the major gift, we would allow high-net-worth donors to make changes to structures and processes in our organization
- We would give high-net-worth major donors a say in the grant projects they support.
- We would give high-net-worth major donors the ability to determine the use of their monetary donation independently.
- We would honor a major donation from high-net-worth individuals by naming a new building, for example.

By summing the individual Likert-items to a Likert-scale, we can assume interval-scaled data for the Influence construct. Another relevant point is the number of response options for an item. A higher number is empirically more likely to indicate that the variable can be considered continuous and interval scaled (Boone & Boone, 2012; Joshi et al., 2015; Wu, H. & Leung, 2017).

5.1.4 Sample

For data collection, the survey was sent by mail to 978 subjects from the hospital sector as well as the fundraising sector. The questionnaire was sent to individuals who, on the one hand, had shown interest in participating in the study via the professional network LinkedIn and, on the other hand, revealed the essential characteristics of professional position and expertise in (major gifts) fundraising. Accordingly, subjects who either fell under the category of hospital directors, CEOs or clinic fundraisers and had sufficient knowledge of fundraising and major gift fundraising in their clinic participated. Difficulties in recruiting subjects arose due to lower participation than anticipated. For this reason, a reminder to participate was sent via email to subjects from the LinkedIn network on several occasions. However, hospital executives were difficult to reach for

participation, resulting in only a moderate response rate, which is sufficient for representative results.

For the study, it was almost impossible to examine the population or population. Therefore, in order to keep time and costs down, a partial survey was conducted. A sample aims to be able to infer the total mass as well and reliably as possible from its results. This is also referred to as inference or representation inference (Berekoven et al., 2009; Magerhans, 2016).

A sample is representative if it reflects the essential characteristics of the population. Accordingly, standardized methods use representative random sampling in order to be nevertheless able to make generally valid statements about the population. In order to be able to produce a random sample in practice, several steps are required (Baur, 2006; Behnke et al., 2006; Dillmann, 2000):

- **Definition of the target population:** In surveys, all persons about whom a statement is to be made must be defined.
- **Identification of the selection population:** A list must be identified or created in which ideally all members of the target population are covered.
- **Selecting a random sample:** each person in the population thus has a predictable chance of being included in the sample.

However, this presents a challenge for the study because a list of all hospital fundraisers, executive members of hospitals, and hospital directors is not available to the author. Accordingly, the sample population cannot be 100% identified. For this reason, opportunity sampling was applied, with the advantage that no a priori selection of subjects was made. However, all subjects who responded to the LinkedIn advertisement and met the predefined inclusion criteria regarding professional positions were included. Accordingly, this survey method has the advantage that subjects can be interviewed without much effort, to whom access is easier. The time aspect also turns out to be an advantage with an ad hoc sample. However, whether the results of opportunity sampling can be interpreted and generalized to the population is controversial (Döring & Bortz, 2016; Kastin, 1999). Overall, the goodness of the estimate is influenced by the combination of two criteria:

- Sample size

- Representativeness of the sample

The sample size can be determined with the help of the confidence level. Thus, to speak of a representative study, it requires a sample size of 276 at a confidence level of 5%. In addition, the response rate should be considered to make a statement about representativeness. The average response rate for online surveys is 44,1%, as shown in the meta-analysis by Meng-Jia et al. (2022), who examined 8672 studies and 1071 online surveys in education-related research regarding response rate. The response rate for email surveys is usually between 25% and 30% (Menon & Muraleedharan, 2020).

287 subjects completed the questionnaire. This results in a response rate of approximately 29,34%. Of the total number of subjects who participated, 287 subjects completed the questionnaire. Therefore, 287 complete data sets were also considered in the analysis. Due to the sufficiently large sample, this research work thus fulfills the conditions of a representative study. Although the relationship between response rate and representativeness is always emphasized, there is no certainty that high participation ensures statistical representativeness. However, high participation is more likely to represent the population (Ramm, 2014). Therefore, samples must be checked for certain characteristics to see if they match the population. These characteristic checks were also performed on the study and were deemed met.

The sample

A few relevant details were asked to describe the sample. Overall, of the 287 participants, about half of the subjects (49%) are hospital CEOs, followed by 88 fundraisers (31%) and 41 hospital and nursing directors (14%). Additionally, 18 chief medical officers (6%) among the participants formed a separate group. The following figure shows the composition of the sample.

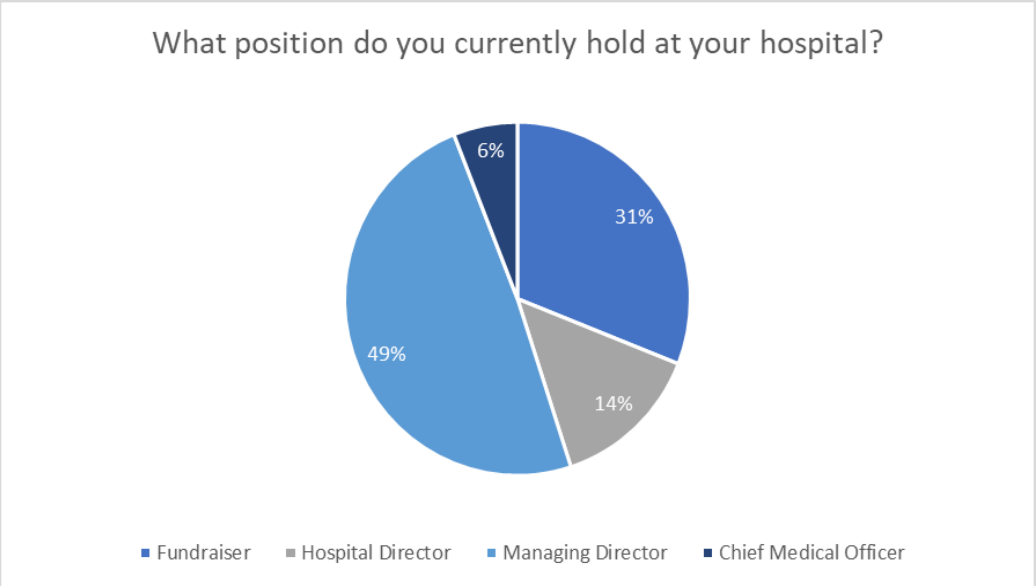

Figure 70: Sample of the 2 sub-study – Positions (Own representation)

Represented were small hospitals with a small number of beds (<50) and hospitals with some beds over 800. However, most respondents represent hospitals with some beds between 300 and 500 beds (25,78%). Up to 50 beds and over 800 beds have the lowest number in the sample, with 6.62% (<50 beds) and 7,32% (>800 beds), respectively, as shown in the figure below (Fig. 71).

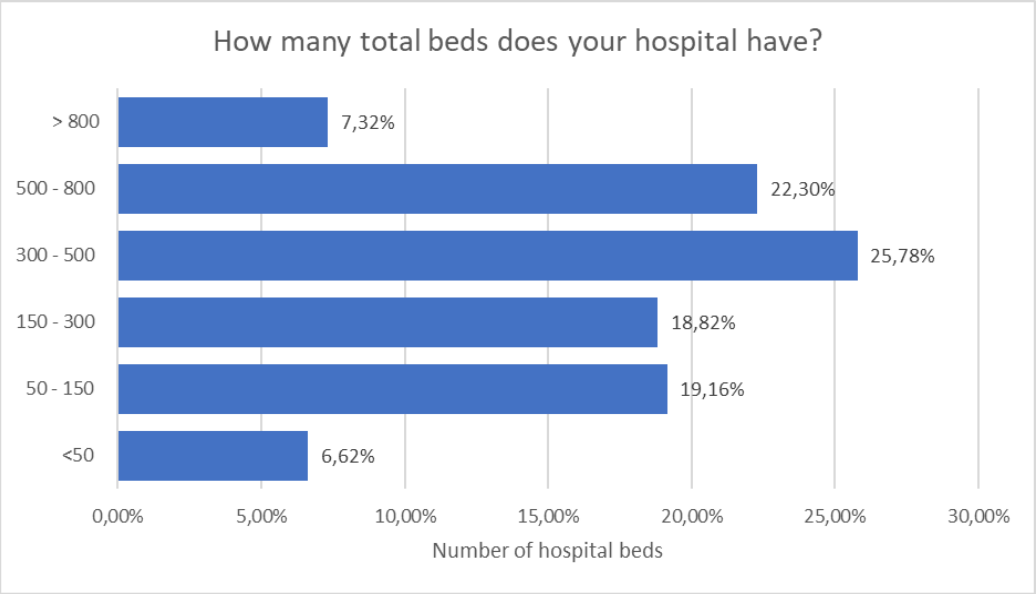

Figure 71: Sample of the 2 sub-study - Number of hospital beds (Own representation)

In addition, the question was asked about the hospital's ownership type. Here the author has in the sample a clear majority with private sponsorship with 45,64% (131 hospitals), followed by 29,97% non-profit houses (86 hospitals) and 24,39% public sponsorship (70 hospitals), as the following figure shows.

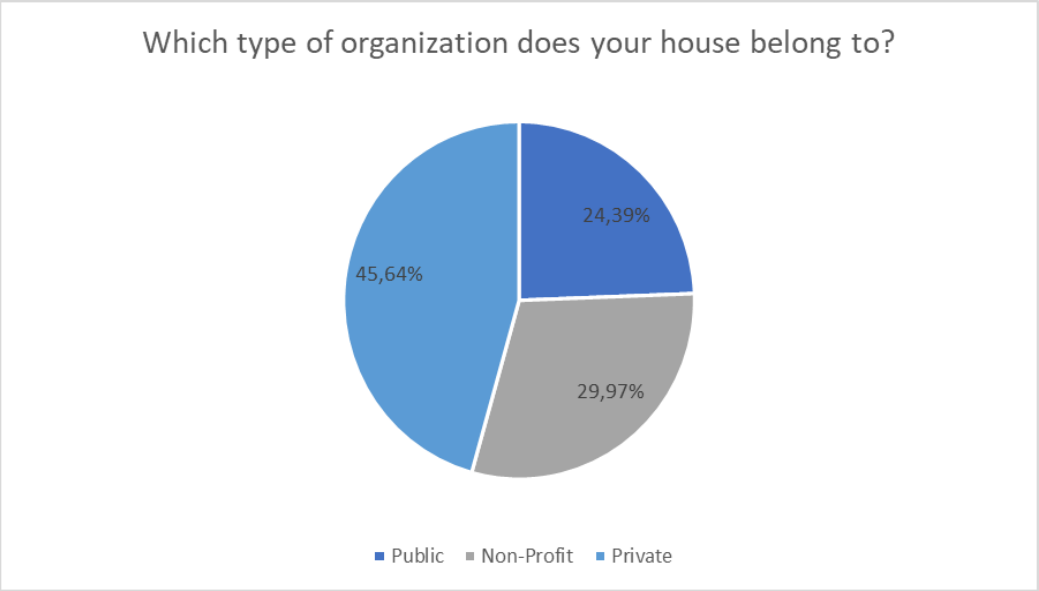

Figure 72: Sample of the 2 sub-study - Hospital organization (Own representation)

For a detailed description, the state was additionally surveyed. Most of the respondents have the seat of their hospital in North Rhine-Westphalia (20,56%). In contrast, Hamburg (0,70%) is the least represented state in this sample. The following table (Tab. 34) shows all data in absolute numbers and frequencies.

Federal state	Number (n =287)	Percentage
Baden-Württemberg	18	6,27%
Bavaria	21	7,32%
Berlin	4	1,39%
Brandenburg	10	3,48%
Bremen	9	3,14%
Hamburg	2	0,70%
Hesse	24	8,36%
Mecklenburg-Western Pomerania	18	6,27%
Lower Saxony	29	10,10%
North Rhine-Westphalia	59	20,56%
Rhineland-Palatinate	30	10,45%
Saarland	5	1,74%
Saxony	9	3,14%
Saxony-Anhalt	23	8,01%
Schleswig-Holstein	16	5,57%
Thuringia	10	3,48%

Table 35: Sample of the 2 sub-study - Federal state (Own representation)

5.1.5 Data collection

The quantitative sub-study was conducted using an online survey. The "Lamapoll" software was used for this purpose. The data collection was not carried out by a commercial data collection institute but by the author himself. For this purpose, senior fundraisers, hospital and nursing directors, and CEOs of hospitals and clinics throughout Germany were contacted, from whom a high level of expertise in the topic area was expected. Furthermore, to ensure that the respondents had a reliable overview of the study contents, a detailed description of the target group to be investigated was set out in the call for participants for the study.

In order to firstly arouse the interest of the target group to participate in the study and secondly to recruit a sufficiently large number of subjects, a LinkedIn call was launched online with a detailed presentation of the research question and a description of the sample being sought. By looking at the LinkedIn profile, the feedback from the subjects on LinkedIn ensured that the participating individuals were the right target group and highly relevant to the research. In the second step, the relevant people who showed interest in the study and fit the corresponding profile were invited to the study by mail via LinkedIn. It should be noted that the survey link sent out was a public link with a personalized password, although the password did not have to be entered manually but was contained directly in the link. Thus, the anonymity of the test persons was guaranteed, but multiple participation was prevented.

The data collection took place from 11/13/2022 to 12/14/2022. The present study is a quantitative cross-sectional study with only one measurement point.

5.1.6 Quality criteria of a quantitative study design

For precise and qualitatively good results of a study, it is important to consider the quality criteria of scientific research throughout the entire research process. The quality criteria were already applied when conducting the pretests. Three quality criteria for measuring instruments in quantitative research are objectivity, reliability, and validity.

Objectivity

Objectivity provides information on the extent to which the results are independent of the test administrator and can be subdivided into the objectivity of implementation, evaluation, and interpretation. Critically, within quantitative social research, this quality criterion can only be partially fulfilled (Krebs & Menold, 2014; Rammstedt, 2004). Feasibility objectivity was realized in the study by standardizing the questionnaires. In addition, evaluation objectivity was implemented by the author through good and accurate documentation of data preparation. Thus, a high evaluation objectivity could be guaranteed. Problems with the evaluation of closed questions, such as the handling of missing values, could be circumvented since all questions in the online survey that did not present a value were removed from the evaluation. However, there was no survey where a value was missing, so this aspect can be considered irrelevant to the study. Furthermore, there were no recoding instructions because there were no negatively poled items. More problematic is the objectivity of interpretation because an interpretation is always based on subjective judgments and can, therefore, only be realized with difficulty. Nevertheless, attention was paid to a clear description of the content of the multi-item scales for the latent constructs of donor control and institutional readiness to ensure the highest possible objectivity of interpretation of the scales.

Reliability

Reliability is the analysis and determination of the accuracy of a test. It is the "extent to which repeated measurements of a repeated measurements of an attitude object lead to the same values" (Krebs & Menold, 2014, p. 427). Accordingly, reliability can be used to make statements about how accurately an object can be recorded, given independent measurement replicates. However, it should be noted that not every measurement is error-free. Furthermore, the research should be structured so that other researchers using the same methods and procedures come to similar results, and thus consistent results are produced. This was thus fulfilled by describing in detail the study design, method selection, and all relevant procedures, thus allowing other researchers to replicate the study and obtain similar results. Furthermore, another aspect of reliability was met in the study by documenting exactly how the author moved from data collection to

conclusions. Finally, some factors can influence the reliability of research (Himme, 2007; Krebs & Menold, 2019; Lienert, 1989):

Situation (place & time): Measurements taken at different times can potentially impact reliability by leading to different results. However, the measurements in this study were only conducted online at one point, thus invalidating this factor.

Social desirability: in social desirability, subjects may not answer truthfully because they may think the truth is not positive. The online questionnaire only asks about the status quo in German hospitals. However, in part, some questions are not just pure knowledge queries but include measured attitudes and evaluations. Those can promote the effect of social desirability. However, this was counteracted by an anonymous survey, as the subjects need not fear truthful statements due to the anonymity.

Question-wording: Other researchers may ask the same question in different ways and thus influence the results. Your question should therefore be clearly formulated to achieve the desired results. Since the questionnaire was standardized and every respondent received the same questions, it is possible to speak of reliability.

Interpretation: Other researchers can interpret the same data differently and thus influence the findings and conclusions. Your evaluation method must therefore be unambiguous. The evaluation of the questionnaire has been standardized to such an extent that similar results are produced when the questionnaire is repeated, which has a positive effect on reliability.

Validity

In contrast to the reliability, validity indicates the " extent to which a measurement instrument measures the phenomenon it is intended to measure" (Bühner, 2004, p. 36). Thus, a statement can be made about the validity of a measurement instrument. Validity is distinguished between content validity, criterion validity, and construct validity (Krebs & Menold, 2014). Several factors influence the validity of the research (Himme, 2007; Krebs & Menold, 2019; Lienert, 1989):

Selection of the object of investigation: Certain inclinations or biases leading to the selection of objects of investigation may prove unrepresentative. This

factor was thus invalidated since the online questionnaire asked for the respective position in German hospitals of the respective participants and, on the other hand, the respective federal state where the hospital is located. Thus, the questionnaire was sent to subjects from all over Germany in order to be able to draw representative conclusions for all of Germany.

Course: Certain events that occur during the course of the research project (e.g., between the first and second phases of the research) may have a significant effect on the results. The study results are valid because there was only one measurement point, and the questionnaire was not administered at different times.

Data collection: the process of data collection itself may impact the subject of the study. The data collection took place online, and the subjects were in a comfortable and, above all, personal environment when filling out the questionnaire, thus keeping the results valid. That happened because the results corresponded to reality, as the subjects were not distracted or influenced by a test administrator.

Loss: The possible loss of study subjects during the research becomes significant in longitudinal studies. Since this study is a cross-sectional study with one measurement point, this factor does not affect the validity of this study. There is no loss due to participation cancellations at short notice, as this is an online questionnaire, and despite a low participation rate, the sample is large enough to have high validity still.

Döring & Bortz (2016) have summarized the criteria of scientific quality and the quality criteria of quantitative research based on the nine phases of the empirical research process. The four most important criteria of scientific quality and the quality criteria of quantitative research based on them are shown below:

Criteria of scientific quality	Quality criteria of quantitative research
Relevance to content	Scientific relevance
	Practical relevance
Methodical rigor	Construct Validity
	Internal validity
	External validity
	Statistical validity
Ethical rigor	Ethics of Research
	Ethics of Science
Presentation quality	Reporting standards

Table 36: The four criteria of scientific quality and the most important quality criteria of quantitative research (Döring & Bortz, 2016, p. 93)

In the first phase of the quantitative-empirical research process, the research topic, scientific relevance, is crucial within basic research, and practical relevance is also essential within application research. That means that the study fulfills the criterion of relevance in terms of content since, on the one hand, an advance in knowledge has been achieved, and on the other hand, the study has explicitly contributed to solving the problem. Furthermore, in this context, it is possible to speak of a high-quality study since the results obtained, recommendations for action, and measures developed can be practically implemented by decision-makers

In the second phase of the research process, the research status and the theoretical background, the literature research quality, the elaboration of the research status, and the theory building as a criterion of methodological rigor are decisive on the one hand. Here, a sound and in-depth analysis of the current state of research in German hospitals was conducted. In addition, the conclusiveness

of the derived research questions and hypotheses is crucial, elaborated in detail, and precisely documented.

In the research design, in phase 3, internal validity, on the one hand, and external validity, on the other hand, play a decisive role as a quality criterion of quantitative research. Internal validity provides information about the extent to which a causal cause-effect relationship exists between the examined variable correlations. Since this was only a question of the status quo and no cause-effect relationships were investigated, this aspect is less relevant to the study. However, explicit attention was paid to the excellent quality of the research design and its implementation, as this also influences internal validity. External validity, on the other hand, describes the extent to which the results are transferable and can be generalized. Since the quality of external validity depends particularly on the study design and the sample, a justification for the study design was also presented, and the implementation was documented. Furthermore, the choice of sampling method was described in detail.

In phase 4, operationalization is construct validity, which refers to defining the theoretical construct of a study as precisely as possible. Here, the measurement instrument used to measure the theoretical construct is essential. At this point, the author has explicitly devoted a chapter to the description and operationalization of the two constructs, donor control, and institutional readiness, to increase construct validity.

Sampling, the fifth phase of the process, focuses specifically on the criterion of representativeness as a sub-item of external validity. Although the methodology for sampling has been documented in detail, it must be mentioned at this point that representativeness cannot be guaranteed due to an opportunity sample compared to a random sample.

Methodological and ethical rigor is necessary as criteria of the sixth and seventh phases, data collection and data preparation. If good data quality is not present, this may impact construct validity. Furthermore, care must be taken when collecting data to ensure that research ethics are considered and that no participants are harmed. Data quality is considered high in this study due to the

choice of an online questionnaire as the study design. Research ethics were taken into consideration, and no participant impairment took place.

Within the eighth phase of the research process, data analysis, attention must be paid to statistical validity. Here, the author looks at whether descriptive and inferential statistical analyses have been performed correctly. In this context, it can be assumed that if there is low test strength, statistical validity can be seen as not met. However, since only descriptive results were presented for the survey of the status quo in German hospitals, statistical validity can be considered good at this point.

The final phase of the quantitative-empirical research process, the presentation of results, is characterized on the one hand by the relevance of the content, the ethical rigor, and on the other hand, by the presentation quality. Therefore, the results and recommendations for action in this study were interpreted and formulated according to the underlying theory. Furthermore, over-interpretation was avoided, and limitations were pointed out not to jeopardize the criterion of business ethics.

Overall, methodological rigor, which includes construct validity, internal and external validity, and statistical validity, occupies a central aspect of the research process. The previously mentioned four validity types go back to Donald T. Campell (1916-1996) (Döring & Bortz, 2016)-

5.2 RESULTS OF THE SURVEY

For descriptive analysis, the software program MAXQDA, the survey tool Lamapoll, and the statistical software program SPSS were used on the one hand. On the other hand, only frequency analyses are performed since the focus is on mapping the status quo and not on forecasts or predictions of a possible correlation of variables. The analysis is based on the hypotheses established at the beginning of the quantitative study to verify the qualitative findings from the 1st sub-study with the hospitals.

5.2.1 Status quo in German hospitals

In the following section, the hypothesis on the donor structure is addressed. For this purpose, various questions on donor groups, as well as donor categories, are evaluated. Furthermore, a definition of the hospitals is presented, from which annual donation sum they define the different donor categories. In addition to the annual donation sum, it is vital to determine whether hospitals have previously conducted a potential analysis for high-net-worth major donors in their area and whether they have any high-net-worth individuals in their donor portfolio.

Hypothesis 1: The donor structure of German hospitals shows a low proportion of high-net-worth individuals as major donors.

Half of the donations in German hospitals are generated by private individuals (48,33%). Another relevant share is taken up by companies with 39,41%. Only a tiny proportion of donations are generated by foundations (7,25%). The following figure (Fig. 73) shows the corresponding donor groups.

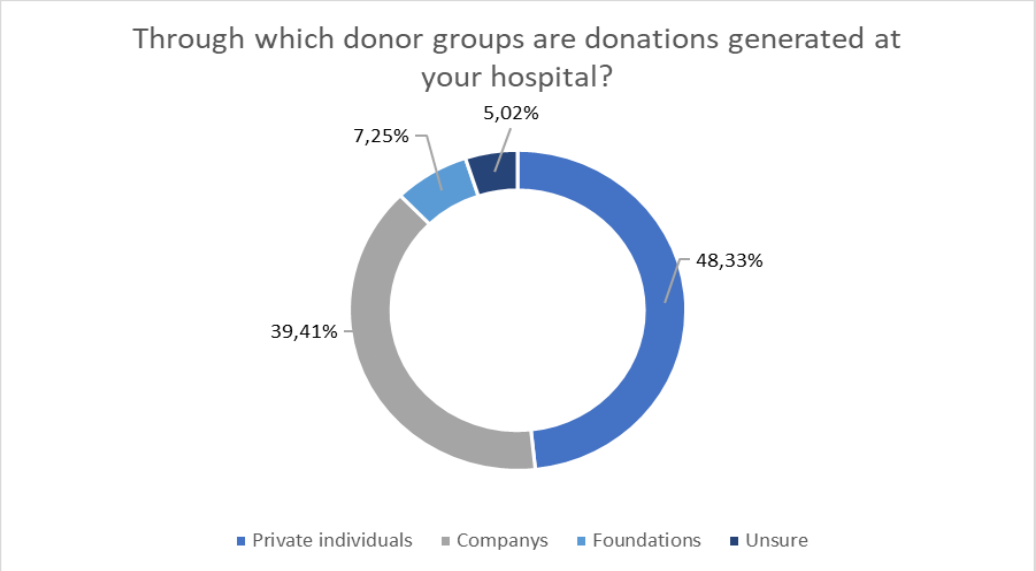

Figure 73: Results of the 2 sub-study - donor groups (Own representation)

Private individuals, therefore, play a decisive role in hospitals as a donor group. In this context, it is interesting to note through which donor categories the hospitals explicitly collect donations. As the results show, small and medium-sized donors are represented in equal proportions (32,46%) in the hospitals. Interestingly, 31,58% of the hospitals stated that they also have large donors, as shown in the following figure (Fig. 74).

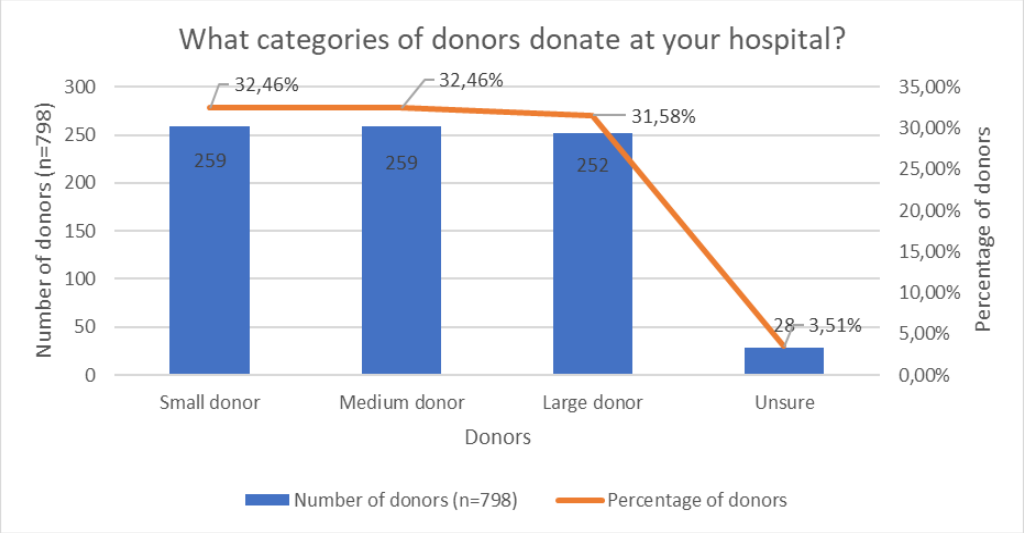

Figure 74: Results of the 2 sub-study - donor categories (Own representation)

Since there is no uniform definition for the donor categories in the literature, the annual donation sum for the respective donor categories was explicitly queried in order to be able to make a detailed statement as to the annual sum from which hospitals classify a donation as a major donation. Therefore, in the following, the results of the individual donor categories are presented in a table:

Variable	Small donor	Medium donor	Large donor
Number of responses	266	266	266
Mean	3,68	188,72	688,35
Lowest value	1	50	100
Highest value	100	1.500	10.000
Median	1	100	500

Table 37: Results of the 2nd sub-study - definition of donor categories by donation amount (Own representation)

The results show that for most hospitals, a small donation starts at 1€, a medium donation at 100€, and a large donation at 500€. It makes sense to take the median when comparing the results because this takes the number in the middle of the distribution, and extreme outliers do not distort the value. For small donors, the annual donation amount from which hospitals classify a donation in this category is between 1€ and 100€. Medium donors define hospitals from a donation sum of 50€ to 1.500€. The lowest value for the major donor category is 100€, and the highest value is 10.000€. The study's results make it clear that German hospitals have no uniform definition of small, medium, and large donors. The study's donation amount at which the hospitals define a major donor is of particular interest. Therefore, the following (Fig. 75) is a detailed presentation of the results for the category of large donors.

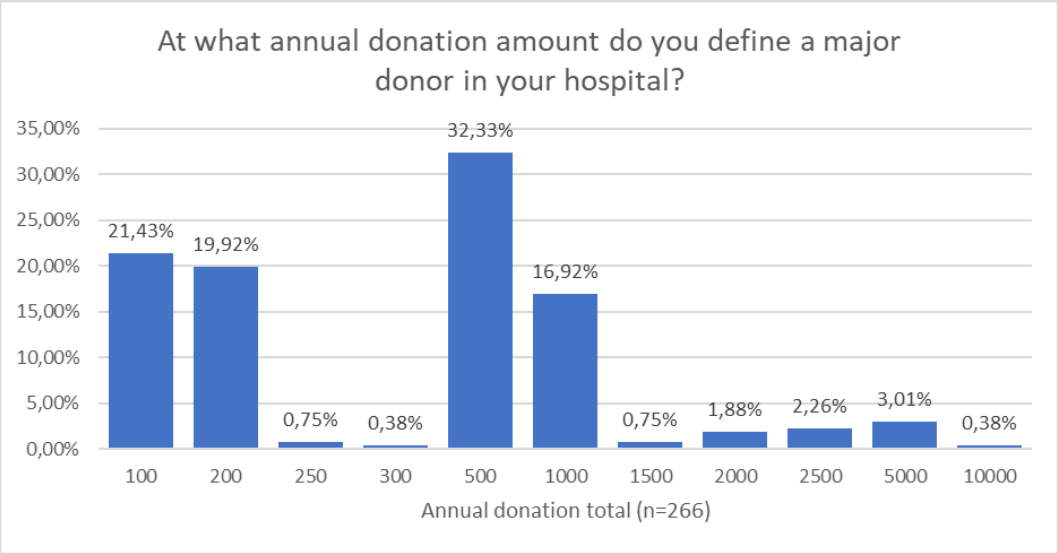

Figure 75: Results of the 2nd sub-study - Annual donation amount major donors (Own representation)

The figure shows that most hospitals (32,33%) define a major donation as an annual donation amount of 500€. Between 100€ and 200€, 41,35% of the hospitals already start a major donation, which matches the result that 31,58% of the hospital states have major donors in their donor portfolios. Thus, most hospitals (90,6%) already see a major donation starting with a small annual donation amount of 1.000€.

The annual donation amount plays a decisive role in defining the donor categories. For this reason, it was also asked how the annual donation sum of the hospitals is made up of the donor categories in percentage terms. The results are presented below.

Variable	Small donor	Medium donor	Large donor
Number of responses	172	172	169
Mean	50,03	30,32	20,12
Lowest value	30	10	5
Highest value	90	40	35
Median	50	30	20

Table 38: Results of the second sub-study - Percentage composition of the annual donation total (Own representation)

Small donors take between 30% and 90% of annual giving at most hospitals. In comparison, the percentage of medium donors is between 10% and 40%. Major donors take the lowest percentage, with 5% as the lowest and 35% as the highest. Thus it can be stated that 50% of donations are generated by small donors, 30% by middle donors, and a small portion of 20% by large donors, which confirms thus the typical donor pyramid.

Finally, it is interesting to see if hospitals have large donors and explicitly have UHNWIs and HNWIs in their donor portfolios. Although 31,58% of the hospitals (252 hospitals) report having major donors in their donor structure, only 17% (49 hospitals) explicitly feature high-net-worth individuals. Most hospitals (77%) could not answer this question, as shown in the figure below.

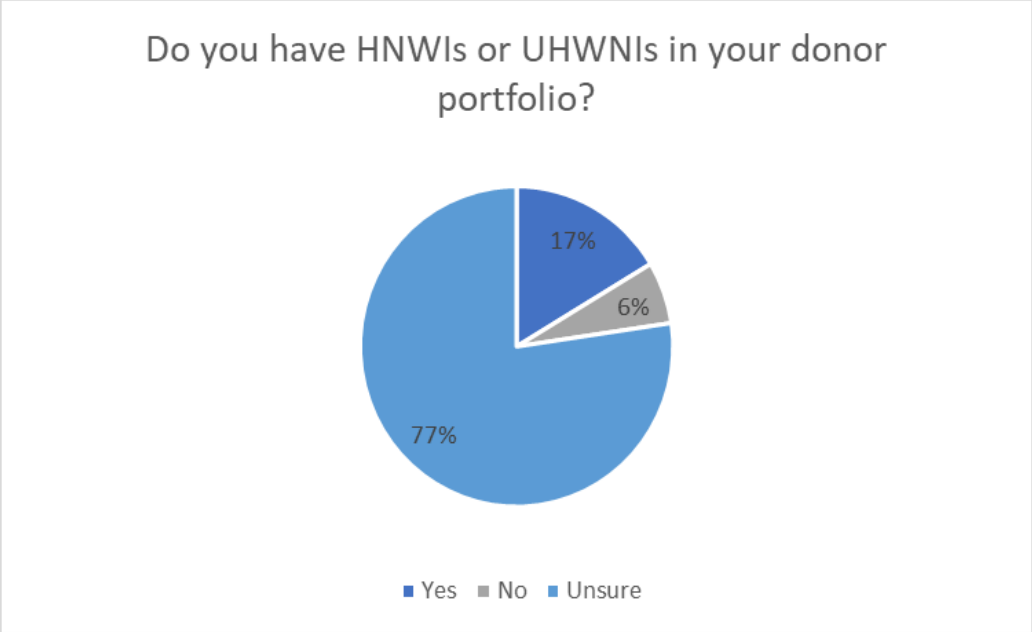

Figure 76: Results of the second sub-study - (U)HNIWs in the donor portfolio (Own representation)

In this regard, the results show that most hospitals in Germany do not do any potential analysis at all. 89% of the respondents state that they have not yet dealt with an analysis of potential in the vicinity of the hospital. The following table clearly shows the relevant values of the question.

Option	Number	Percentage
No	255	88,85%
Yes	26	9,06%
Unsure	6	2,09%
Total	287	100%

Table 39: Results of the second sub-study - Potential analysis of German hospitals (Own representation)

Accordingly, most hospitals do not know whether and how many high-net-worth individuals are available near the hospital who could be potential major donors. That clearly shows that the hospitals in Germany have so far had little or no knowledge of high-net-worth individuals and therefore do not know what potential high-net-worth individuals in the vicinity have as potential major donors.

In summary, the difficulty lies in the lack of a uniform definition of major donors in German hospitals. Thus, from the point of view of the hospitals, 31,58% have large donors, with a large donation starting at 100€ per year. However, only a tiny proportion of 17% are explicitly high-net-worth donors, which confirms the hypothesis that only a small number of hospitals in Germany can identify high-net-worth individuals as major donors.

Hypothesis 2: Active major-donor fundraising with high-net-worth individuals is not currently carried out in German hospitals.

In order to analyze the status quo regarding active major-donor fundraising in German hospitals, it is first necessary to look at how the hospitals are positioned in the fundraising area in the first place. 46% of German hospitals have their separate fundraising department, which in absolute terms, means that 131 hospitals practice active fundraising. Of the 156 hospitals (54%) that do not have

a separate fundraising department, 60 hospitals (38%) have fundraisers on staff to handle fundraising activities. Thus, a total of 191 hospitals in Germany were surveyed in which fundraising is practiced.

In addition to a fundraising department, the number of fundraisers responsible for fundraising activities is also crucial. Here, the number in German hospitals varies from one employee to seven employees responsible for fundraising. This survey does not distinguish between full-time and part-time employees but takes the number of people. The most significant percentage of hospitals (28,27%) have two fundraisers in the hospital. However, the average value is three employees for fundraising in German hospitals. Seven fundraisers represent the absolute exception with 1,57%, as shown in the following figure (Fig. 77). According to the results, there are thus a total of 592 fundraisers working in 191 hospitals.

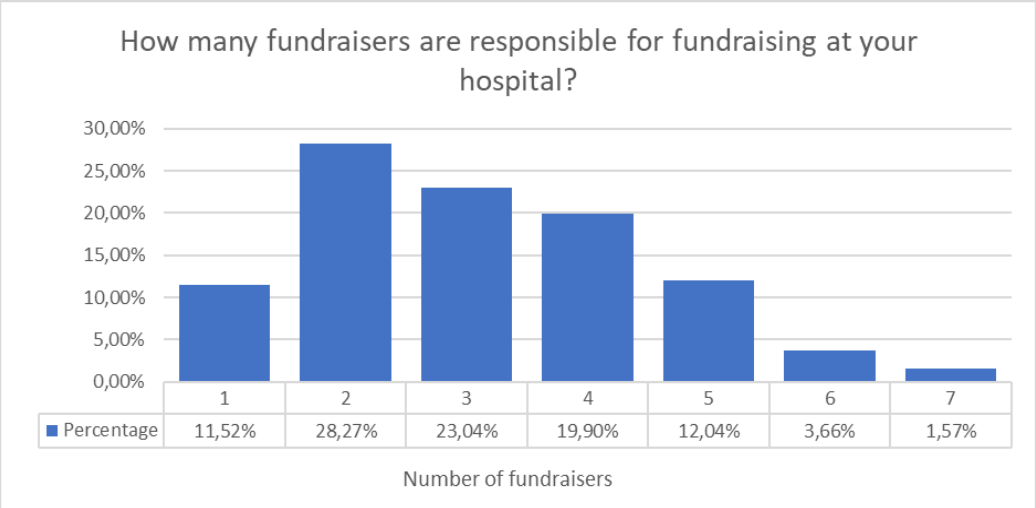

Figure 77: Results of the second sub-study - Number of fundraisers (Own representation)

Of the 191 hospitals with clinic fundraisers, only 15% have employees who focus on or specialize in high-net-worth individuals as major donors. In absolute terms, only 28 hospitals (14,66%) have specialized in high-net-worth individuals and have some prior knowledge and qualifications in this area. The following figure graphically illustrates the uneven distribution once again.

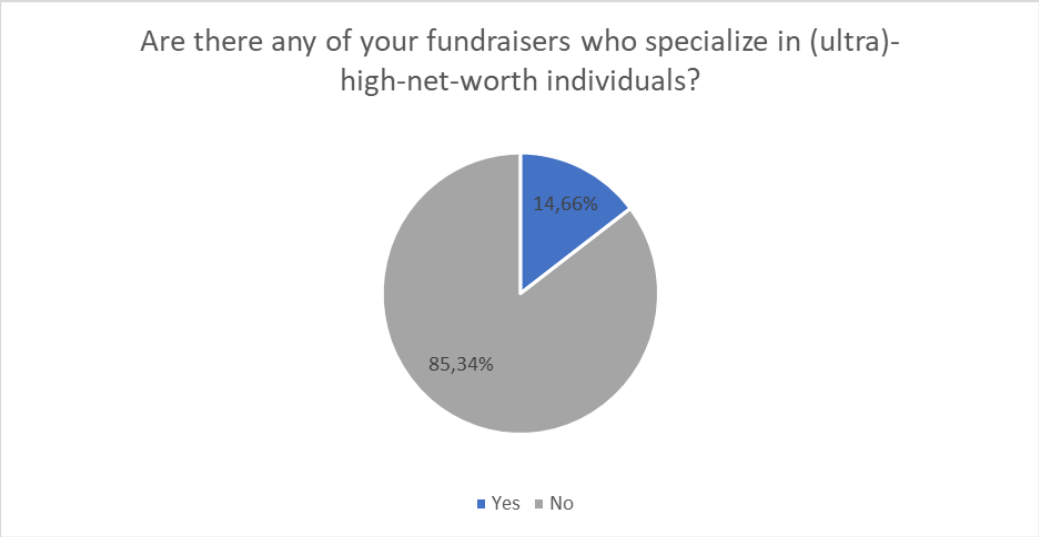

Figure 78: Results of the second sub-study - Fundraisers specializing in (U)HNWIs (Own representation)

16 of the 28 hospitals have only one person who is responsible for major gift fundraising with the high-net-worth donor target group. In addition, 12 hospitals even have two specialized major-donor fundraisers for the target group.

Thus, of the 287 hospitals surveyed in Germany, only 10% conduct active major-donor fundraising. It is interesting to note that around 61% of the hospitals have been doing this for 1 to 2 years, around 36% between 3 and 5 years, and a small proportion of 4% even for more than 5 years, which is, however, a clear exception (Fig 79).

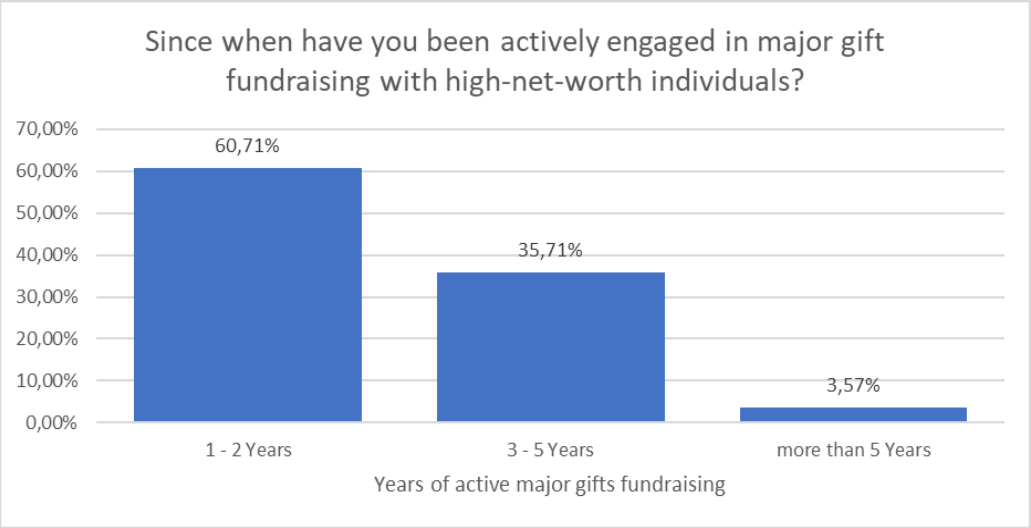

Figure 79: Results of the second sub-study - Active major gifts fundraising classified by year (Own representation)

Overall, most hospitals surveyed have not yet specialized in major-donor fundraising with this target group, and active major-donor fundraising remains a rarity in German hospitals.

It is interesting to take a closer look at the reasons hospitals give in this context. The most commonly cited reason is the lack of budget for major gift fundraising with high-net-worth individuals. The financial situation brings hospitals to their knees and leaves no room to focus on the issue. Instead, the money is used for more critical issues, such as ensuring nursing staff, because there is an acute need here. Accordingly, some homes see fundraising as a luxury because there are more important areas where the budget can be used or invested more sensibly in the financially difficult situation.

In addition, the organizations complain that the money available is not enough to set up a fundraising department, let alone hire trained staff for the special target group of high-net-worth donors. Another relevant aspect is that the board of directors often does not see sense and necessity of either a fundraising department or a focus on the donor target group of high-net-worth individuals. Thus, from the hospitals' point of view, the lack of support from the board and management is another relevant point. Furthermore, the hospitals see the

difficulty in that major-donor fundraising with high-net-worth individuals requires specially trained personnel. However, there are personnel bottlenecks everywhere in the hospitals, which is also caused by the financially difficult situation. Accordingly, there is no budget available for professionally trained major-donor fundraising personnel. Furthermore, the chances of success with the topic of major-donor fundraising with the specific donor target group are considered too low for the institutions to want to deal with it intensively. Difficulties in implementation, low donation levels, and too few high-net-worth people in the area are some of the aspects mentioned in connection with a low success rate. The too-high investment costs compared to the uncertain and low chances of success is another crucial reason mentioned by the houses in the survey. The last aspect seen is the difficulty with the (U)HNWIs themselves. Too much influence, which hospitals expect from major-donor fundraising, deters many hospitals from dealing with the topic.

The following are the hospitals' reasons for not addressing the issue of major gift fundraising for high-net-worth individuals, according to the number of mentions.

Figure 80: Results of the second sub-study - Reasons against major gift fundraising (Own representation)

Hypothesis 3: Hospitals would be in a better financial position today if they had focused on the target group of high-net-worth individuals earlier.

It was interesting to ask to what extent the hospitals believe that an earlier focus on high-net-worth individuals as major donors would have brought a financial advantage for the hospitals. In this regard, 89% of the hospitals surveyed believe that they would be doing better financially if they had started major gift fundraising for the target group of high-net-worth individuals 10 years ago. That is shown again clearly in the following table.

Option	Number	Percentage
No	11	11%
Yes	89	89%
Total	287	100%

Table 40: Results of the second sub-study - Financial benefit of starting earlier with major gift fundraising (Own representation)

5.2.2 Challenges / influencing factors

The following section addresses the challenges hospitals may face in fundraising with high-net-worth individuals. In addition, the results are presented according to the hypotheses on institutional readiness and influence.

Hypothesis 4: Hospitals in Germany demonstrate low overall institutional readiness for major gift fundraising with high-net-worth individuals.

Position of fundraising

At the outset, it was interesting to find out the general fundraising status in German hospitals. As the following chart shows, most hospitals rate their fundraising as average. However, there are also deviations upwards and downwards. Accordingly, around 11% (32 hospitals) classify the relevance of fundraising as very high and as many as 23,34% (67 hospitals) as high, whereas 21,6% (62 hospitals) of the hospitals surveyed state precisely the opposite and classify the importance of their fundraising as very low or low (16,72%). That shows that the importance of fundraising, in general, is assessed and perceived very differently by the houses.

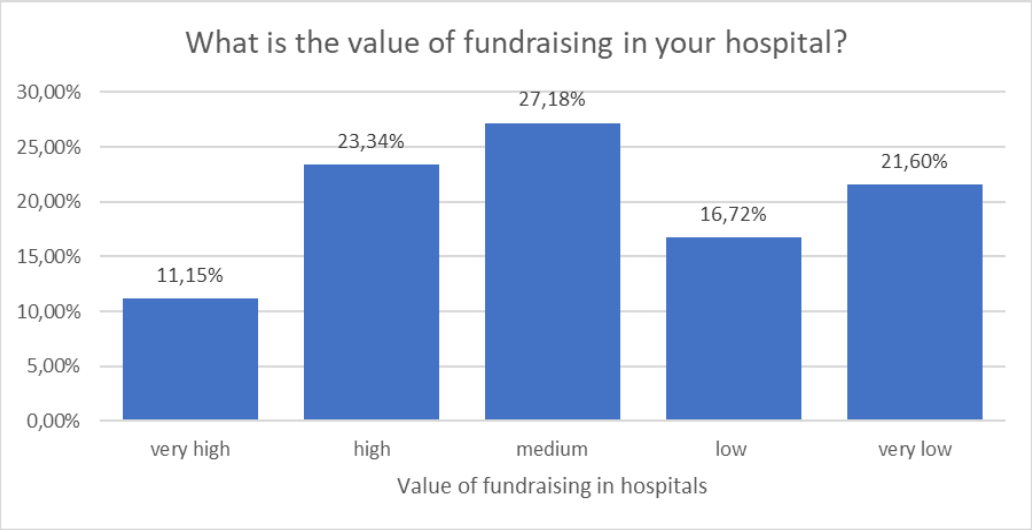

Figure 81: Results of the second sub-study - Value of fundraising in hospitals (Own representation)

Fundraising department

The majority (54%) answered the question about having their separate fundraising department with a no. In contrast, 46% have their fundraising department in their hospital.

Convincing fundraising target

Of the 287 participating hospitals, 29% stated they had a fundraising case for support. In contrast, the clear majority (70%) cannot present a convincing and motivating fundraising target for potential donors. Only one participating hospital did not provide any information on this.

Fundraising planning

Most hospitals do not have a dedicated fundraising department or a convincing fundraising goal statement. Accordingly, as the results show, the majority also do not operate a strategically oriented fundraising plan. 55% of the hospitals surveyed answered the question negatively. However, 54% were able to answer the question positively, and only 1% of the respondents did not provide any information on this.

Support of the management level

When asked about the support of the management level or the board of directors, about half of the respondents (54%) again responded negatively. Again, 46% of the hospitals surveyed indicated support from the board as existing and stated that the board also acts as a role model in their hospital regarding fundraising. Exclusively 2 hospitals did not take a position and chose the option "I don't know".

Resource endowment

When it comes to resources, a uniform picture emerges. Most hospitals rate their overall financial, technical, and personnel resources as poor to very poor.

Regarding financial resources, 64% of hospitals believe that there are poor to very poor in their hospitals. On the other hand, 13% rate the available budget for carrying out fundraising activities professionally as very good. 23% of the hospitals surveyed would classify themselves as having neither excellent nor poor financial resources.

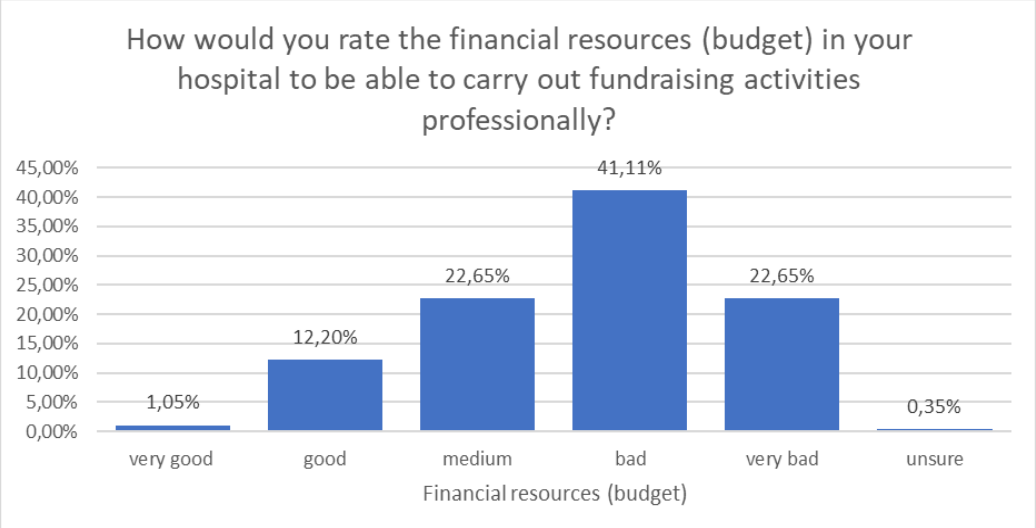

Figure 82: Results of the second sub-study - Financial resources (budget) (Own representation)

Compared to the financial resources, the technical resources (donor software, tools, etc.) are somewhat better. However, around half of the surveyed organizations consider the equipment poor to very poor, 18% rate it as very good to good. Thus, 5% of the houses gave a better rating than the financial resource equipment.

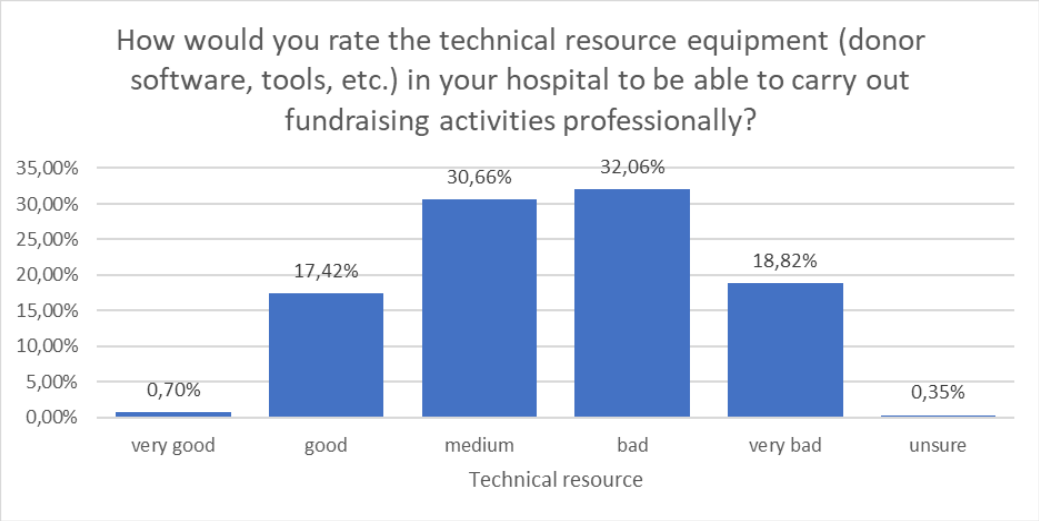

Figure 83: Results of the second sub-study - Technical resources (Own representation)

The personnel resources picture is similar to the technical and financial resources. Here, too, the majority perceive staff resources to be generally poor to very poor. However, around 14% of hospitals consider their human resources good. Astonishingly, there is no hospital that rates its staffing as very good.

Figure 84: Results of the second sub-study - Human resources (Own representation)

Potential supporters

In order to conduct major-donor fundraising with high-net-worth individuals, the existence of potential major donors, in particular, must be regarded as another essential basis in addition to the personnel, technical and financial requirements. Unfortunately, only 16% of the hospitals surveyed can point to UHNWIs or HNWIs in their donor portfolio as potential major donors. Interestingly, most respondents (77%) could not answer this question.

Qualifications of fundraisers in hospitals

The results show that the general staffing level is rated rather negatively in most hospitals. It is interesting to note that, in addition, the majority (85%) of hospitals do not have professionally trained staff or fundraisers who specialize in high-net-worth individuals (UHNWIs and HNWIs) as a donor target group. Thus, only 15% of 191 hospitals showing clinic fundraisers can also report that their staff is appropriately qualified in major gift fundraising. Of the 28 hospitals with qualified staff in major gift fundraising and especially in dealing with high-net-worth individuals, only one employed fundraiser (16 hospitals) to a maximum of two fundraisers (12 hospitals) for this target group.

That clearly shows that most hospitals are poorly positioned in fundraising in general, on the one hand, and have little to no professionally trained major gift fundraisers specifically for high-net-worth individuals, on the other.

Communication strategy

Only 47 of 287 hospitals surveyed have UHNWIs or HNWIs in their donor portfolio. Of these, 35 hospitals can report that parts of their communication are specifically geared to this target group. Thus, only 12% are specialized in their approach and communication with this donor target group.

Realistic funding projects and plausible investment needs

In general, the existence of realistic funding projects for donors was affirmed by 75% of the hospitals surveyed. That shows that more than half of the hospitals in Germany have a high need for funding projects. Overall, the hospitals surveyed have an average investment requirement of 3,5 million euro. However, it is astonishing that only 10% present their investment needs for this in a way that is plausible for all donors. Thus, although there are real projects and high investment needs from the hospitals' point of view that could interest donors, the needs are not mapped accordingly for the donors nor adequately communicated to reach suitable donors for the projects.

Consultants and agencies

In order to carry out fundraising activities professionally, organizations use consultants and agencies. However, as the results of the survey show, only 5% of hospitals in Germany currently work with agencies or consultants concerning fundraising. That clearly shows that most respondents do not prefer to work together in this context. Unfortunately, possible reasons were not asked in this context.

Overall, this shows that hospitals in Germany have a low level of institutional readiness, which may be one reason they have not yet engaged with the donor target group of high-net-worth individuals. Furthermore, the structural and personnel conditions are hardly present in most hospitals, as the results show, representing a central challenge for the hospitals. Accordingly, the majority of hospitals also have little to no UHNWIs or HWNIs due to a lack of institutional readiness, as they cannot adequately serve this target group due to a lack

of a foundation in fundraising. Hypothesis 4 has thus been confirmed by the survey study.

Hypothesis 5: Strong influence by high-net-worth individuals as major donors is not desired by hospitals.

When it comes to the influence of major donors on hospitals, a uniform picture emerges among them. In the following, the four answer options are each evaluated separately, and the four results on influence are summarized at the end.

The following figure shows the result of the first response category. Here, the question was asked about exerting influence on changing structures and processes. 72,47% do not agree at all with this statement. Accordingly, around ¾ of the hospitals do not want any influence exerted by high-net-worth major donors on their processes and structures. It is interesting to note that if one does not only consider the value 1 in isolation but adds the values 1, 2, and 3, it can be said that none of the hospitals surveyed agree with this exertion of influence.

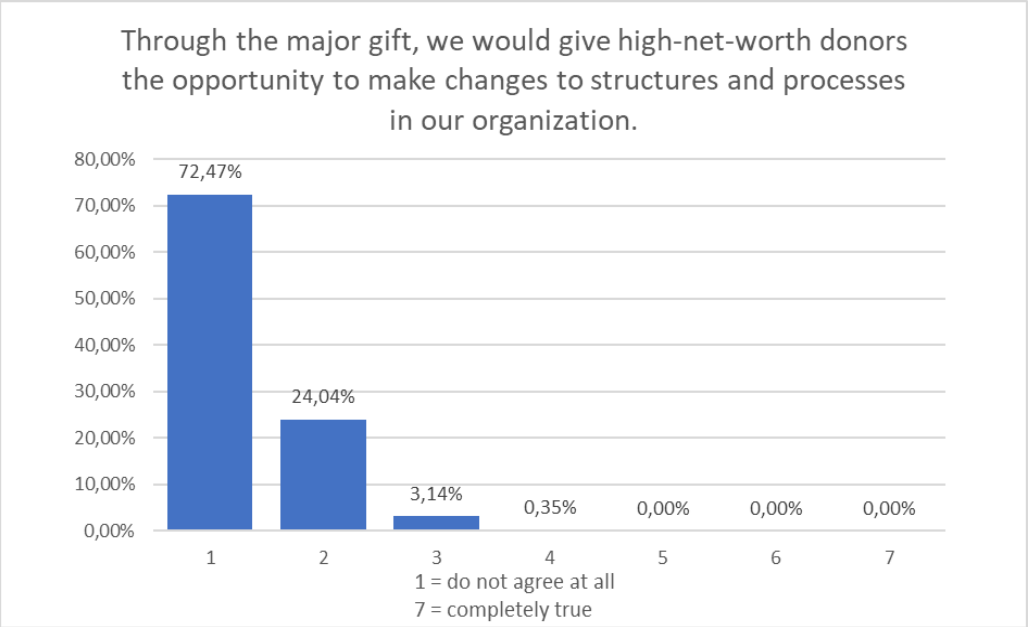

Figure 85: Results of the second sub-study - Influencing structures and processes in hospitals (Own representation)

The following statement asked hospitals to rate whether they would be willing to establish a say in the funding projects supported by high-net-worth major donors. The situation here is similar to the previous statement on hospital structure and process changes. Here, too, the majority of the hospitals do not want to have any influence. 86,06% of the hospitals do not want any influence from high-net-worth major donors regarding sponsored projects. Only a tiny proportion of the houses (3,49%) could imagine major donors having a say.

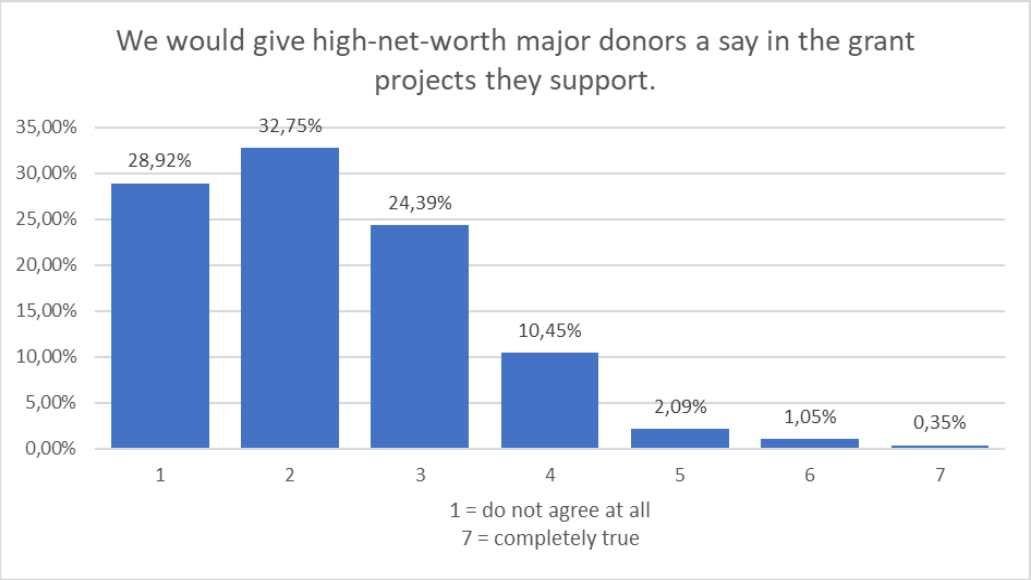

Figure 86: Results of the second sub-study - Right to a say in supported funding projects (Own representation)

The situation is different regarding the use of monetary donations. Here, hospitals would be willing to allow major donors to determine this independently. This view is shared by 55,74% of the hospitals surveyed. However, around 30% of hospitals are not prepared to accept this influence from high-net-worth donors.

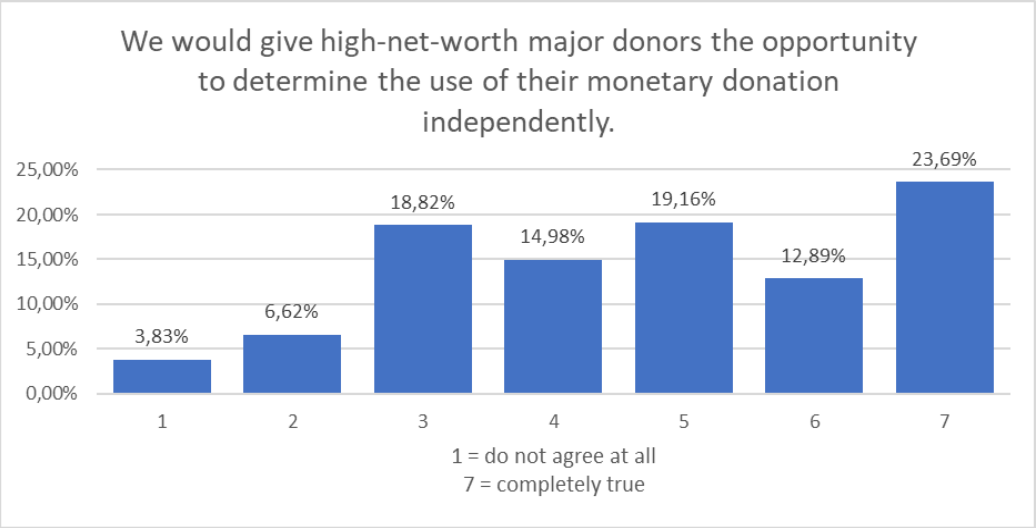

Figure 87: Results of the second sub-study - Independent determination of the use of a monetary donation (Own representation)

The last aspect assessed for influence was the appreciation of a donation from the hospital's point of view. Concerning this exertion of influence by major donors, the clear majority is also confident that they do not want this. 78,05% state that they do not grant this influence to high-net-worth individuals as major donors. In contrast, 19,93% favor recognition with, for example, the naming of a new building.

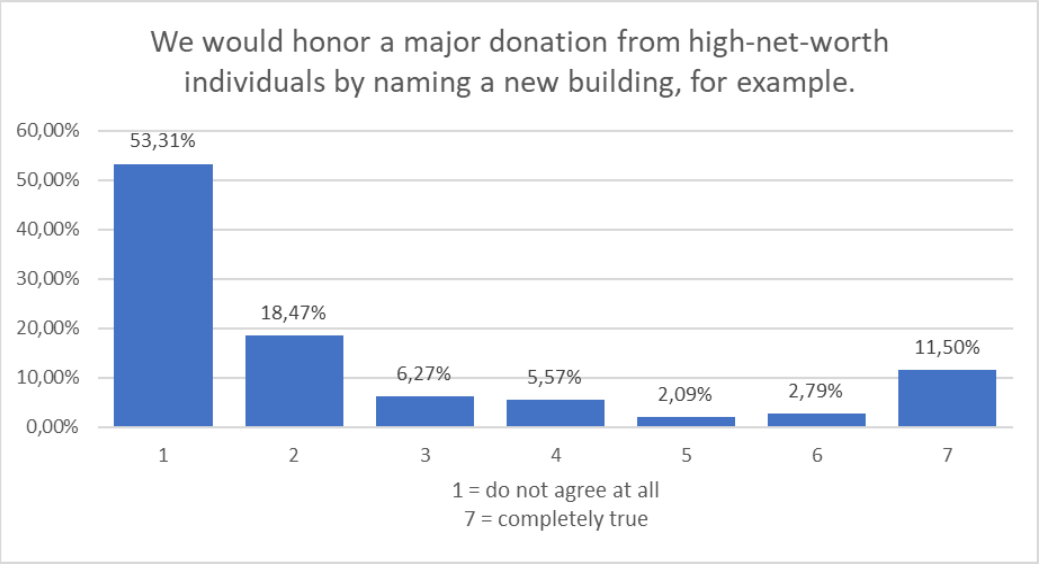

Figure 88: Results of the second sub-study - Appreciation of a major donation (Own representation)

That shows that hospitals rigorously reject the influence of major donors. Most hospitals would like to retain their freedom and not have their processes and structures interfered with by high-net-worth individuals making large donations. Only in the use of the monetary donation would the hospitals in Germany be willing to give the donors some influence.

5.2.3 Future plans of German hospitals

Hypothesis 6: The establishment of professional major-donor fundraising for high-net-worth individuals as major donors is not planned in German hospitals for the future.

Hospitals in Germany tend to be reluctant to engage in major-donor fundraising with high-net-worth individuals in the future. A focus is not planned at around 70% of the hospitals surveyed. By contrast, 23% of hospitals are more likely to focus on the donor target group in the future, as shown in the following figure (Fig. 89).

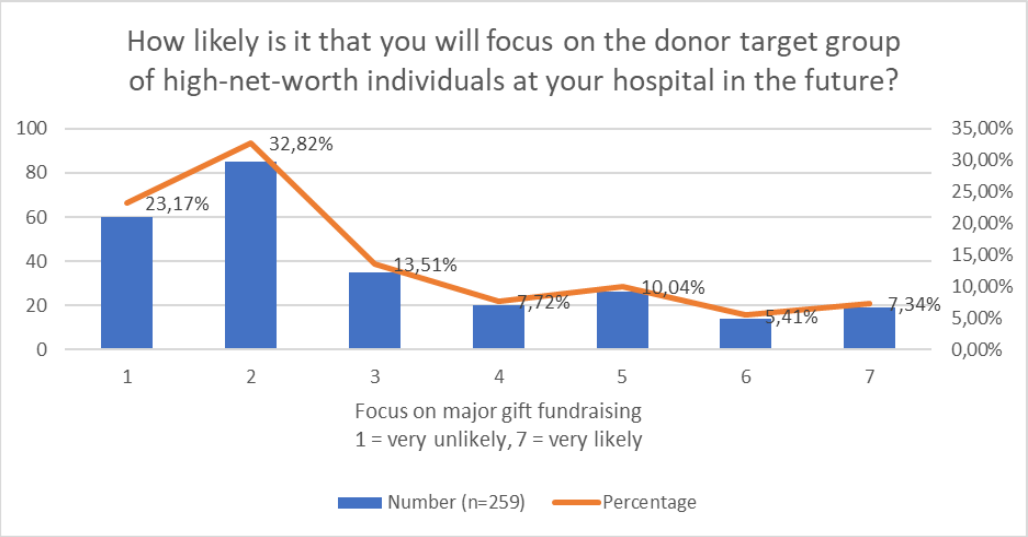

Figure 89: Results of the second sub-study - Focus on major gift fundraising (Own representation)

Not only is the probability very low for the majority of the hospitals surveyed when it comes to focusing on the donor target group, but also when it comes to the specific establishment of major-donor fundraising in the hospitals. Likewise, 70% think that the probability of establishing major-donor fundraising in German hospitals is very low. In contrast, 22,4% of the hospitals rate the probability as higher that, in addition to a focus, the hospitals will explicitly promote the introduction of major-donor fundraising with a view to high-net-worth individuals.

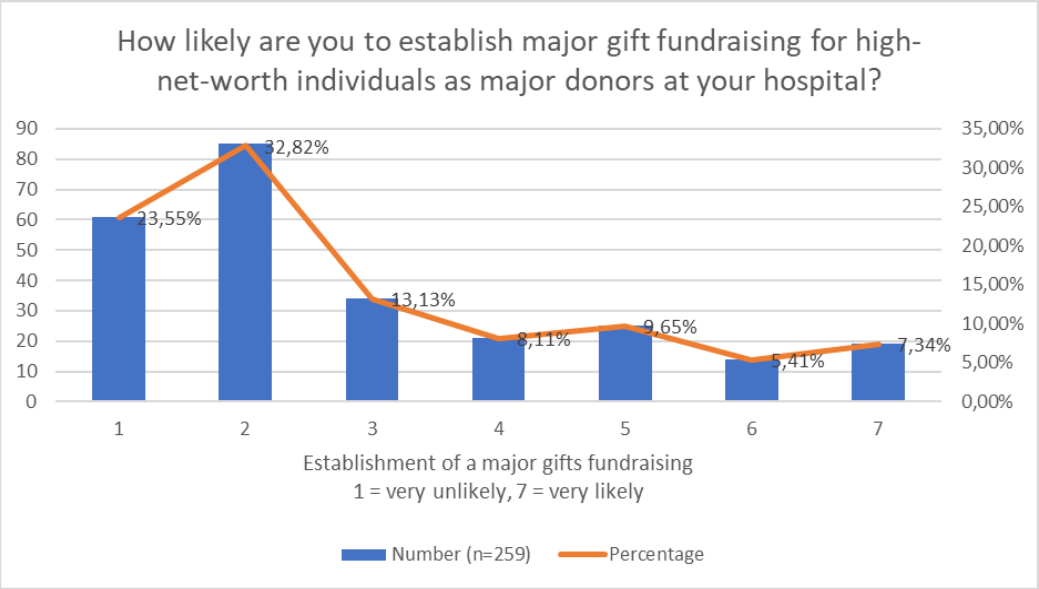

Figure 90: Results of the second sub-study - Establishment of a major gifts fundraising (Own representation)

Based on the results, it can be concluded that for most German hospitals, neither a focus nor an establishment of major gift fundraising for high-net-worth individuals is planned for the future. Accordingly, the hypothesis can be confirmed, as only around 7,34% of respondents are likely to aim for a future focus on high-net-worth individuals with an explicit establishment of major-donor fundraising.

Hypothesis 7: German hospitals' willingness to invest in establishing major-donor fundraising with high-net-worth individuals is low.

When it comes to German hospitals' plans for the future, willingness to invest is a particularly relevant aspect. Without the appropriate financial prerequisites, it is not possible to establish professional major-donor fundraising. Unfortunately, the willingness in German hospitals is only present in about half of the respondents (56,45%).

Of the 162 hospitals that are willing to invest in the establishment of fundraising, only 93 hospitals indicated a concrete budget. The table shows that the

varies between 20.000€ and 100.000€. On average, hospitals would provide 53.602,15€ for the establishment of major gifts fundraising.

Variable	**Value**
Number of responses	93
Mean	53602,15
Lowest value	20000
Highest value	100000
Median	50000

Table 41: Results of the second sub-study - Annual budget for major gifts fundraising investment (Own representation)

The following figure makes it clear again that most hospitals surveyed would invest between 40.000€ and 50.000€. A small proportion of 4,30% would provide between 90.000€ and 100.000€, but this is a clear exception.

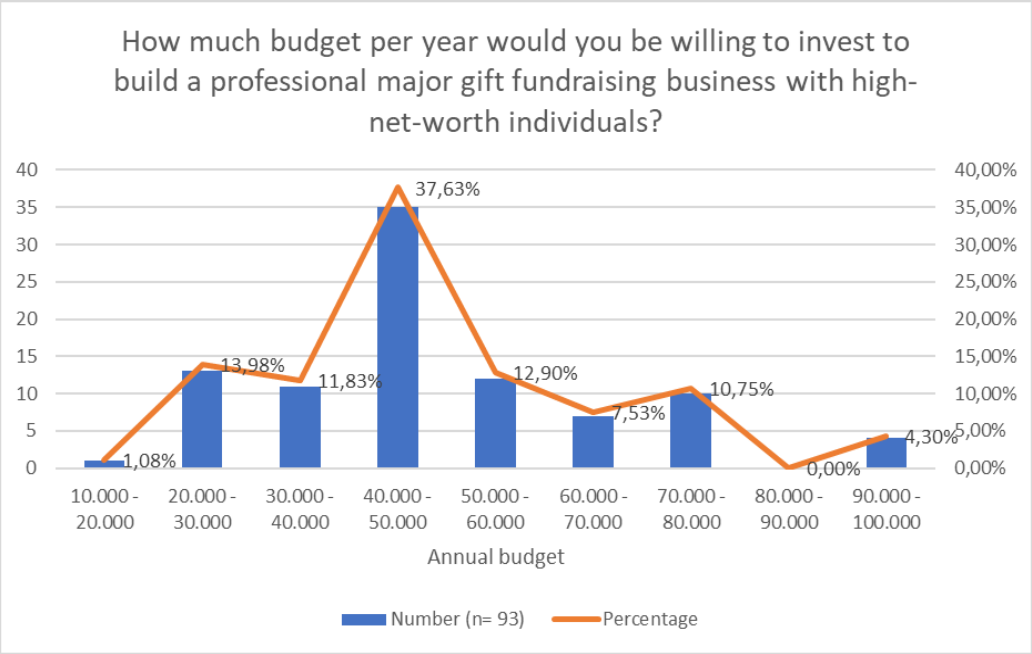

Figure 91: Results of the second sub-study - Annual budget for major gifts fundraising investment (Own representation)

In summary, around half of the hospitals in Germany would be willing to make a specific budget available for establishing major-donor fundraising. However, it is interesting to note that only 93 out of 287 stated a concrete annual budget. The annual budgets vary between 10.000€ and 100.000€, with an average budget of around 54.000€.

5.2.4 Potential UHWNIs and HWNIs for German Hospitals

Hospitals believe that they are an attractive donation object for high-net-worth major donors. This opinion is shared by 93% of the hospitals surveyed, as the following figure shows.

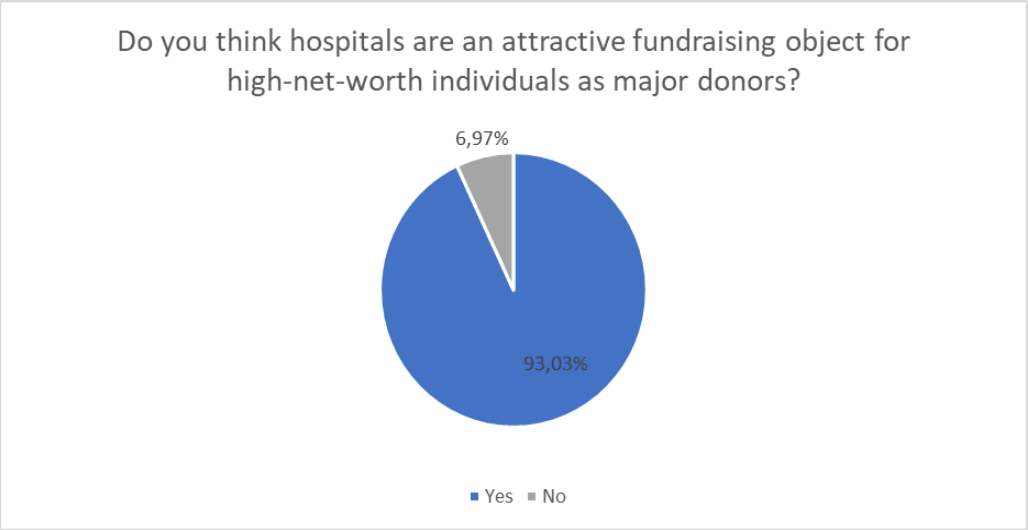

Figure 92: Results of the second sub-study - Potential of high-net-worth individuals from the perspective of hospitals (Own representation)

Hypothesis 8: The potential of high-net-worth major donors to realize cutting-edge medical funding projects with high financial requirements is rated significantly higher compared to debt reduction.

Similarly, hospitals agree regarding using the high potential of high-net-worth individuals. Almost all hospitals surveyed (99,31%) rate the potential of high net-worth individuals to reduce funding shortfalls from very low to low, as shown in the figure below.

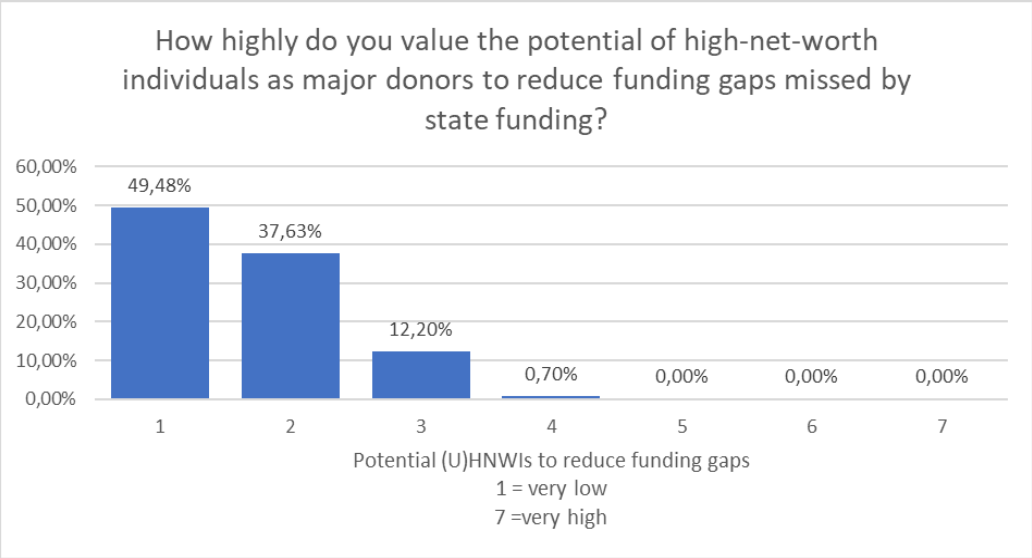

Figure 93: Results of the second sub-study - Potential of (U)HNWIs to reduce funding gaps from the hospitals' perspective (Own representation)

The above figure makes it clear that hospitals believe high-net-worth individuals do not want to use their large donations to reduce debt in German hospitals. In contrast, most hospitals (85,71%) rate the potential for financing cutting-edge medical funding projects as high to very high. Only less than 10% of the hospitals believe that the potential of this target group is also low to very low for cutting-edge medical funding projects in hospitals, as the following figure shows.

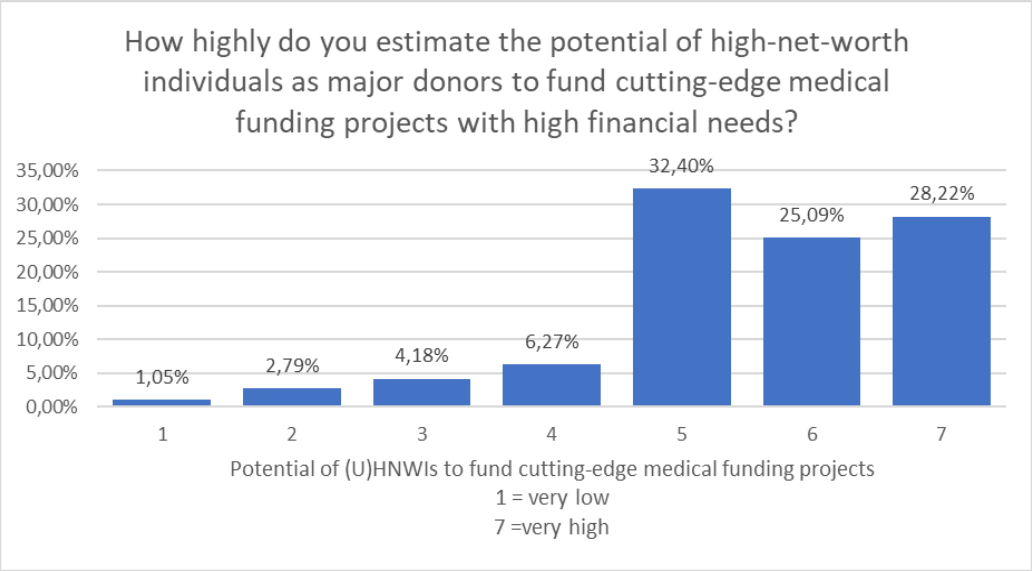

Figure 94: Results of the second sub-study - Potential of (U)HNWIs to finance cutting-edge medical funding projects from the hospitals' perspective (Own representation)

Thus, a consistent picture emerges in German hospitals regarding the potential of high-net-worth major donors. From the hospitals' point of view, wealthy people are more willing to donate to cutting-edge medical projects with a high financial requirement compared to closing existing funding gaps. In summary, when rated on a scale of 1 = very low to 7 = very high, almost all hospitals believe that high-net-worth individuals are unlikely to fill existing funding gaps missed by state funding with their donations. In contrast, most hospitals believe that the potential for realizing cutting-edge medical funding projects with a high financial requirement is high to very high and that HNWIs and UHNWIs in Germany are very optimistic about this.

5.2.5 Investment requirements

Hypothesis 9: German hospitals generally have a high investment requirement for their funds.

To assess the level of investment required, it is necessary to look at the donation income of German hospitals. The following table shows that the average

donation income per year is 244.650,38€. Here the value 10.000€ takes the lowest and 2.300.000€ the highest value. The median annual donation income is 120.000€.

Variable	Value
Number of responses	266
Mean	244.650,38
Lowest value	10.000
Highest value	2.300.000
Median	120.000

Table 42: Results of the second sub-study - Annual donation incomes (Own representation)

The figure below shows that almost 50% of the hospitals have donation revenues of less than 100.000€ per year. Only 1,13% have more than 800.000€ in donations they collect annually.

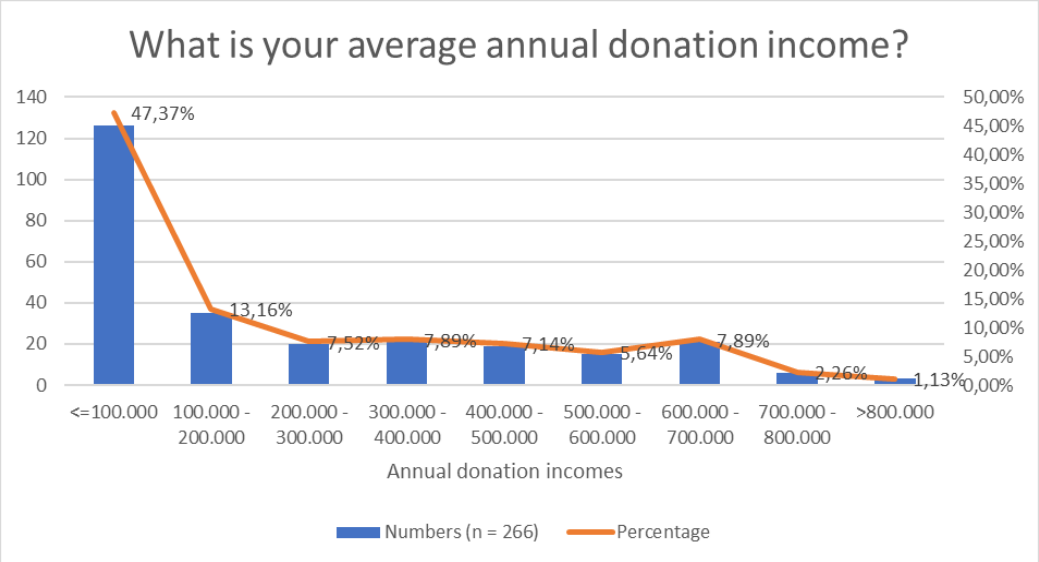

Figure 95: Results of the second sub-study - Annual donation income of German hospitals (Own representation)

In order to look more closely at the annual donation totals, the annual donation totals below 100.000€ are tabulated below. That is interesting because almost half of all annual donations are below 100.000€. Here it becomes again more evident that most hospitals take in between 10.000€ and 30.000€ annually by donations.

Annual donation income	Value	Percentage
<=10.000	1	0,79%
10.000-20.000	31	24,60%
20.000-30.000	32	25,40%
30.000-40.000	19	15,08%
40.000-50.000	8	6,35%
50.000-60.000	6	4,76%
60.000-70.000	4	3,17%
70.000-80.000	10	7,94%
80.000-90.000	4	3,17%
90.000-100.000	11	8,73%
	126	**100,00%**

Table 43: Results of the second sub-study - Annual donation income between 10,000€ and 100,000€ (Own representation)

In addition to donation income, it is also relevant for mapping the status quo in German hospitals to know how high the investment requirements of German hospitals are. However, only 60% of respondents were able to answer this question, which shows that many hospitals are unable to make any statement at all about the level of funding required, as they have perhaps not given any thought to this at all to date, or there is no professional fundraising to deal with this question.

On average, the hospitals indicate a value of 3,5 million euros. The median value for investment needs is 2,5 million euros. The lowest value is 400.000 euros, and the highest investment requirement is 70 million euros, as the following table shows.

Variable	Value
Number of responses	173
Mean	3.550.809,25
Lowest value	400.000
Highest value	70.000.000
Median	2.500.000

Table 44: Results of the second sub-study - Investment needs of German hospitals (Own representation)

The following figure shows that the current investment requirements from German hospitals' funds can be classified as high. 19,7% of hospitals have a requirement of fewer than 1 million euros and between 2 and 3 million euros. Between 1 million and 2 million euros is the investment requirement of 23,7% of the hospitals, which makes up the most significant proportion. A small proportion of 11% ranks their needs between 3 and 4 million euros. The smallest share is named by 9,2% of the hospitals with a need between 4 and 5 million euros. Values above 5 million were also summarized as a separate group and accounted for a share of 16,8%.

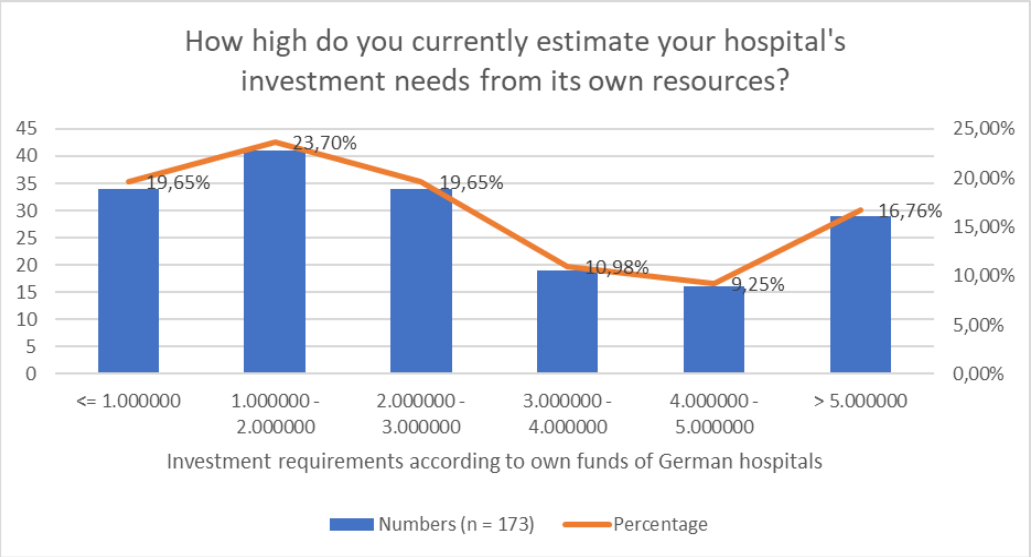

Figure 96: Results of the second sub-study - Investment requirements through own resources of German hospitals (Own representation)

Thus, in summary, it can be said that the investment needs of German hospitals average 3,5 million euro. In comparison, the average donation income per year is around 245.000€ (median: 120.000€), which clearly shows that the need is significantly higher than what the hospitals collect in donations. Thus, the hypothesis that has been put forward regarding the investment needs of German hospitals can be seen as confirmed, as they show a high need for investment.

At this point, it is fascinating that the high investment needs cited by hospitals are not plausibly presented to donors from their point of view. However, this view is held by 90% of the hospitals surveyed (Fig. 97), which is a shockingly high proportion considering that the need hospitals in Germany have can be classified as very high.

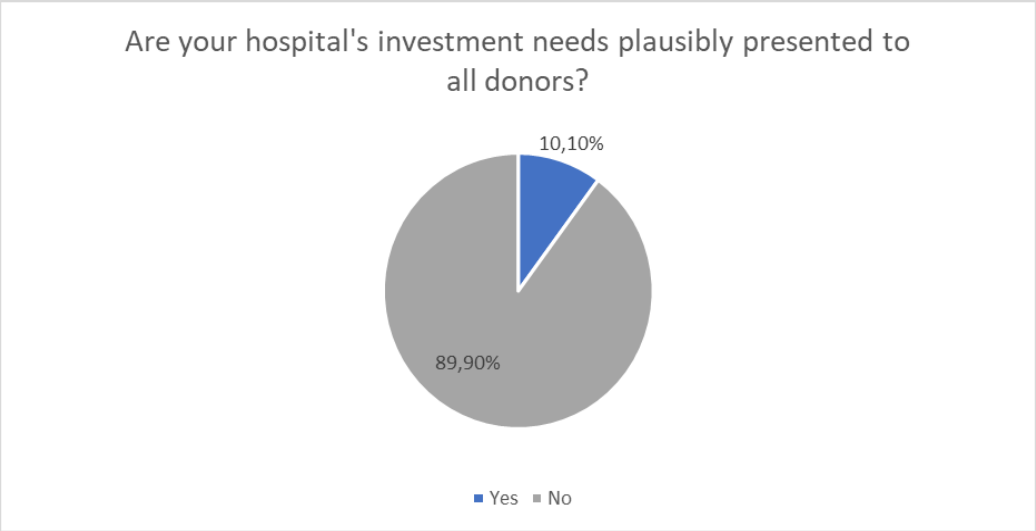

Figure 97: Results of the second sub-study - Plausible investment requirements for donors (Own representation)

5.2.6 Experience with banks and foundations

Hypothesis 10: Experience with banks and/or foundations concerning high-net-worth individuals is almost nonexistent.

Hospitals in Germany have little to no experience with banks and foundations for high-net-worth individuals, as the results of the survey show. Most hospitals have not yet focused on the donor target group, nor do they have UHWNIs and HNWIs in their donor portfolio. Thus, only 27% of the hospitals surveyed can report experience with banks and foundations. That is assessed by the 77 hospitals (27%), in some cases very differently, as the following figure shows. None of the hospitals surveyed rated their collaboration with banks and/or foundations as very good. In contrast, 19% of the hospitals rate their experience as good. A neutral opinion is held by 34%. However, the largest share is determined by a poor (36%) or even very poor (10%) rating.

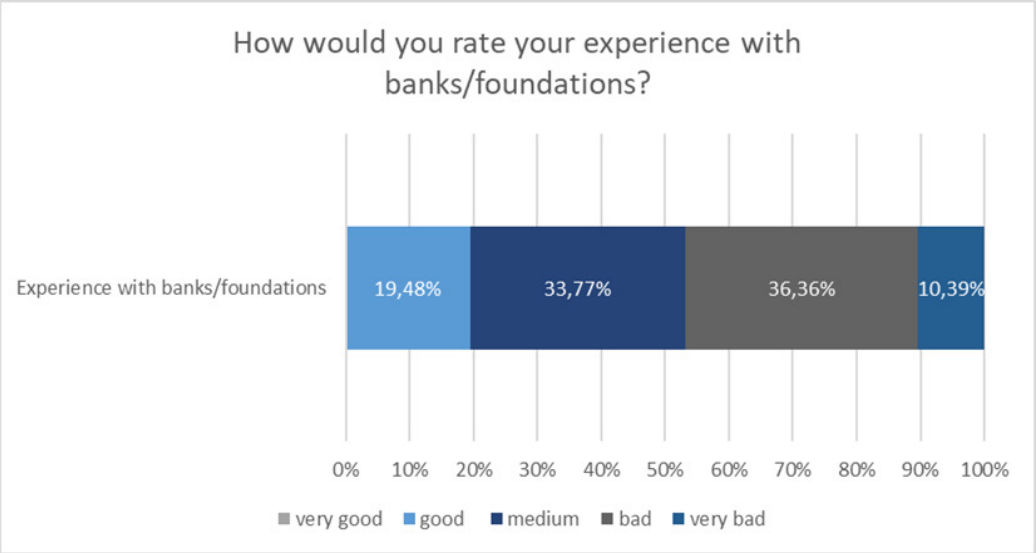

Figure 98: Results of the second sub-study - Evaluation of experience with banks/foundations of hospitals (Own representation)

In summary, the survey's hypothesis can be regarded as confirmed by the survey. Only a small proportion of hospitals (27%) can report experience with banks and/or foundations. Moreover, almost half of these are rated as poor or very poor (46%).

6 QUALITATIVE ANALYSIS WITH UHNWIS AND HNWIS

In the following section, the author will first present the methodology of the third sub-study with high-net-worth individuals in Germany. For this purpose, an overview of the study design used is given, and the research design is presented. This is followed by a description of the sampling method used and a justification of the sample composition. Everything relevant about the sample is also provided in this section. In addition, the data collection and analysis methods are described in detail to present this study's procedure accurately. The results of the first sub-study conclude this section.

6.1 METHODOLOGY

This section describes the methodological procedure for the empirical collection of the relevant data. The research design used, the survey instrument, the creation of the interview guide, the selection of the interview participants, the implementation, and the evaluation are explained.

The qualitative research approach, which is applied in this third sub-study, serves in particular to develop theories with which empirical facts can be described and understood. The focus is on individuals and the emergence and change of social events. The goal of qualitative research is, on the one hand, to discover something new and, on the other hand, to establish possible hypotheses that can be tested in further study. In doing so, the procedures are designed to be as open as possible to the object of study and to describe and explain fully, if possible, without bias. Regardless of the openness of the method used, the research process should be described in advance according to established and well-founded rules and thus be made comprehensible to third parties (Berger-Grabner, 2016; Mayring, 2016; Schumann, 2018).

6.1.1 Research design

The following table (Tab. 44) presents the research design of the third sub-study in tabular form. The individual points are described in detail in the following chapters.

Research subject	Examine the potential willingness of German UHNWIs and HNWIs to provide financial support to German hospitals and clinics, especially to provide financial support to specific medical grant projects with high financial needs.
Data collection	Qualitative expert interviews
Methodical approach	Preparation of the interview guide using the S-P-S method according to Helfferich Selection of the interview partners
Implementation	Period from 11/13/2022 – 11/30/2022
Evaluation method	Qualitative structuring content analysis according to Mayring

Table 45: Research design 3rd sub-study UHNWIs/HNWIs (Own representation)

6.1.2 Sample

When sampling a qualitative study, achieving representativeness for a population is not a top priority in sample selection. Accordingly, it is crucial to understand that the essence of the qualitative approach is to study real people in their natural environment and not in artificial isolation. Therefore, when selecting the sample, in addition to the characteristics of the individual, the temporal and spatial influences must also be taken into account (Marshall, 1996).

The following sections, therefore, describe the sampling methods used (section 6.1.2.1), the recruitment process (section 6.1.2.2), and the exact composition of the sample (section 6.1.2.3).

6.1.2.1 Sample methods

Sampling aims to improve the quality of results by ensuring that the units studied are representative of the broader population. However, the purpose here is not to achieve statistical representativeness but rather "representativeness of concepts" (Muckel, 2011, p. 337). Appropriate sampling decisions, as well as detailed information on sample selection, are of particular importance in order to increase the precision of qualitative research studies on the one hand and to be able to estimate the range of the results, i.e., the generalizability and quality, on the other hand. In this context, it is important to understand that the "size" of the sample is not synonymous with "significance" in qualitative research. Therefore, it should be noted that in qualitative research, the focus is not on broad comparisons but on a deep examination of individual cases (Kühl et al., 2009). As a result, compared to quantitative studies, the selection of cases to be studied must be drawn differently, as the focus of interest here is often on the specific.

Theoretical sampling is a procedure established in the context of grounded theory methodology, which goes back to Glaser & Strauss (1967a) In this process, the sample selection always alternates with the evaluation and interpretation of already generated data. This approach for qualitative studies developed by Glaser and Strauss is about consciously steering the process from the beginning until a "maximum theoretical insight value" (Döring & Bortz, 2016, p. 302) develops from it, and thus a theoretical saturation occurs.

As a case selection method, theoretical sampling is an established counter design to representative random sampling in qualitative research. In comparison, purposive sampling is determined a priori, i.e., a fixed, feature-mediated, and heuristically dimensioned representative random sample is obtained before data collection begins (Charmaz, 1990; Coyne, 1997; Dimbath et al., 2018; Döring & Bortz, 2016). Accordingly, purposive sampling, also known as judgmental, selective, or subjective sampling, is a non-probability method because it relies on the

researcher's judgment in selecting the individuals to be studied. The sample to be studied is usually quite small compared to probability sampling methods since particular cases are drawn from the population, and only these are analyzed (Patton, 2002). Different sampling methods and strategies have already been described in detail in the first sub-study (chapter 4.1.2.1) and will not be discussed further here.

Justification of the sampling method

In theoretical sampling, the sample selection is not determined in advance but is made in each case step by step based on already collected data and their preliminary analysis. This process is not considered suitable for the third sub-study since the characteristic "private wealth" for the classification into the group of UHWNIs, and HWNIs have already been defined in advance, which is relevant for the expert status. Therefore, the author take advantage of purposive sampling as this process allows the author to obtain better and more precise research results as only information can be collected from the most appropriate participants relevant to the research context.

For the underlying study, extreme case sampling was applied as a purposive sampling strategy. A targeted search for extreme cases concerning feature intensity is considered most suitable for answering the research question. In this context, the characteristic intensity the author is looking for is the private wealth of wealthy individuals in Germany.

6.1.2.2 Sample recruitment

For the qualitative expert interviews, which took place as a one-time survey, 10 subjects were recruited and interviewed. According to Döring & Bortz (2016), a study using the guided interview method usually involves 10 - 20 subjects. Thus, the number of ten subjects is considered sufficient for the study. It should also be mentioned that qualitative research methods generally work with only small samples (Berger-Grabner, 2016). Therefore, even a single interview can be sufficient to capture the object of investigation in the best possible way.

Furthermore, since the aim here is not to examine correlations, the number of cases or the sample size is less significant than in a quantitative research design (Brüsemeister, 2008). At this point, it should be noted that theoretical saturation was reached in the course of the 10 interviews, as no further insights were generated after the 7 interviews. However, since the literature described above calls for at least 10 interviews, which were also previously agreed upon with the subjects, the complete 10 interviews were conducted.

Subjects were selected who could be categorized as either UHNWIs or HNWIs, as this is the key characteristic related to expert status. " Expert" describes the specific role of the interview subject as a source of specialized knowledge about the social issues being researched. Expert interviews are a method of accessing this knowledge." (Gläser & Laudel, 2009, p. 12). Experts were selected from the population according to the following criteria

- Expressiveness on the subject of (large) donations
- Allocation to the group of UHNWIs or HNWIs according to net assets
- Thematik Different net assets and, thus, possibly differentiated views of the issue
- Short-term time availability
- Willingness to talk about financial assets and wants and needs

Access to high-net-worth individuals in Germany represents a challenge for this study. Establishing direct personal contact with the respondents is very difficult due to various security measures. Therefore, it is possible to simplify the access route and facilitate sample recruitment with the help of key persons (gatekeepers). For this reason, the author cooperated with a global financial company with access to high-net-worth individuals and companies through professional wealth management. During the initial contact, the bank approached the subjects regarding a primary interest in participating in the study. In the course of this, initial information on the project, the conduct of the study, and data protection were made available to the subjects. Due to the highly sensitive data of wealthy individuals in Germany, data protection was a key aspect of this study and had to be ensured at all costs. Once the subjects had shown interest in participating, the author scheduled an interview appointment. The interview appointments

then took place partly in person and online via ZOOM since some interviewed persons did not want to meet in person due to the current Covid 19 pandemic. The qualitative guided interviews were each conducted as individual interviews by the author with one interviewee in a face-to-face situation, as very sensitive data on the wealth structure of the subjects were collected. Face-to-face here means that the interviews took place either in person, at the interviewees' premises, or via ZOOM. The interviewing person was always the same (the author) and conducted the interviews in German due to the German-speaking origin. Another important point that needs to be mentioned concerns data protection. More than half of the interviewed (U)HNWIs stated in advance that they would only be available for an interview if the tape recording, after transcription, was destroyed. The interviewees placed strong emphasis on the fact that their voice would not remain recorded anywhere. Thus, the audio recordings of the interviews, after transcription, were destroyed. Ultimately, the general accessibility was decisive for the actual size of the sample.

6.1.2.3 Sample description

The population for this sub-study will be ultra-high-net-worth individuals (UHNWIs) on the one hand and high-net-worth individuals (HNWIs) of the German population on the other. HNWIs are high-net-worth individuals with a net worth of more than $1 million. In contrast, ultra-high-net-worth individuals (UNHWIs) have net assets of at least USD 30 million. The current Wealth Report 2020 shows that the number of NHWIs (1+ million) in Germany is approximately 2,208,163. In contrast, approximately 23,078 individuals have a net worth of more than 30 million U.S. dollars (as of 2019). The number of HNWIs and UHNWIs will continue to grow according to the Wealth Report 2020 forecast (2024: HNWI: 2,675,328, UHNWI: 26,819) (Knight, 2020).

Only the net assets of the test persons are relevant for the study. Other sociodemographic data, such as the subject's age and gender, are also recorded to describe the target group but are not relevant for expert status. The following table (Tab. 45) provides an overview of the sample.

Interview	Age	Gender	UHNWIs/HNWIs
1	74	male	UHNWI
2	56	male	HNWI
3	65	male	UHNWI
4	59	male	UHNWI
5	41	female	HNWI
6	63	male	UHNWI
7	54	male	HNWW
8	61	male	HNWI
9	60	female	UHNWI
10	71	male	HNWI

Table 46: Sociodemographic data on the sample with UHNWIs/HNWIs (3rd sub-study) (Own representation)

6.1.3 Data collection

The strength of the qualitative approach concerning the research question posed by this sub-study lies in the fact that it not only generates results but can also explain how they came about. For example, the quantitative approach cannot be used to conclude the motivation of UHWNIs and HNWIs to donate and their motives regarding large donations. Ultimately, the results to be generated in the context of this third sub-study also do not refer to numerical or statistical statements but rather, in particular, to identifying attitudes and motivations for

certain behavior of high-net-worth individuals. Furthermore, large-donor fundraising with the target group is a comparatively new phenomenon that has not yet been studied enough to generate sound hypotheses based on existing theories. Since previous research in this research area has not focused on high-net-worth individuals as potential major donors to German hospitals and clinics, the author opted for a qualitative approach.

Subsequently, it is now necessary to identify and weigh which instrument from the field of qualitative research is best suited to achieve the goals pursued with this sub-study.

Justification of the method selection

There are many instruments and methods that can be used in qualitative research. Therefore, a selection of the appropriate survey instrument is discussed below.

Observation, which can be defined as " the direct, immediate registration of facts relevant to a research context" (Häder, 2010, p. 300), is attributed relevant importance as a method in qualitative research. This instrument has a significant advantage over interviews because it is subject to only a small amount of influence. Thus the quality is not distorted by any interview effect. However, the author decided against this method because it is not the aim of the study to analyze language, behavior, nonverbal behavior, or social characteristics. In addition, facial expressions and gestures, which can be captured with an observation method, do not play a role. Accordingly, the author completely discarded observation for the study, as no relevant data could be collected using this instrument. (Berger-Grabner, 2016; Blatter et al., 2018; Häder, 2010):

- **Expert interviews:** In this form of an interview, expert status is assigned to the respondent based on specialized knowledge that is not accessible to others. This form of interview is characterized by a low level of structuring and is conducted with the help of an interview guide.
- **Narrative Interview:** In this interview, the interviewee is asked to narrate freely, with the lowest degree of structuring compared to all other

variants. This form is particularly suitable for topics with a strong connection to action (e.g., special experiences).

- **Ethnographic interview:** The interviewer is asked in particular about the reality of life, such as habits, to gain insights into value orientation. This form is characterized by active listening with low interview structuring.
- **Problem-centered interview:** Building on the conceptual approach of the narrative interview, this form creates a smaller volume of data and possibly a shorter duration of the interview through a higher degree of structuring. Accordingly, these aspects are advantages over the narrative interview.

By using the interview as a method, attitudes, wishes, and needs for the decision to make a major donation can be recorded in particular. In addition, the potential that this target group may represent for hospitals can be identified. Furthermore, the researcher can flexibly address specific issues in the interview that are considered relevant or can provide additional information. Thus, a holistic overview can be achieved through a flexible approach to individual aspects.

The expert interview is considered the most suitable form from the researchers' point of view. On the one hand, high-net-worth individuals can be regarded as having specialized knowledge about large donations since they have above-average net assets. This knowledge can be efficiently and effectively elicited via an expert interview. On the other hand, the degree of structuring plays a decisive role since a high degree of structure using an interview guide can make the interviews comparable. Furthermore, the facts that are particularly relevant to the study are defined in advance, which is another advantage for conducting the study.

The context of the study concerning financing issues and donation potential also presents a certain complexity, which makes an explorative survey in the form of an expert interview particularly suitable.

6.1.3.1 Semi-structured guided interview – expert interview

The interviews conducted can be described as so-called expert interviews. For example, expert knowledge is not characterized by specific knowledge in a professional context. Instead, a person's special knowledge is characterized by the fact that he or she possesses special knowledge related to a specific subject area - he or she is an expert in this area. (Döring & Bortz, 2016; Gläser & Laudel, 2009). Gläser & Laudel (2010, p. 11) state that a person has "a special perspective on the respective issue due to [...] his observations". It is precisely this expert knowledge that can be tapped through expert interviews. Accordingly, experts in this sub-study were defined as private individuals in Germany who either have net assets of more than $1 million (HNWIs) or more than $30 million (UHNWIs) and thus have special knowledge as high-net-worth individuals in the research context. "The special knowledge of the people involved in the situations and processes" is thus made available to the interviewer (Gläser & Laudel, 2010, p. 13).

Also, as in sub-study 1, verbal data were obtained employing semi-standardized guided interviews because when factual statements about a subject are the goal of the research, a guided interview is one of the most economical ways. Therefore, in preparation for the interview, the guideline development was done using the S-P-S principle, according to Helfferich (2011). Regarding the classification of the interview in terms of standardization, it should be noted that the chosen semi-standardized guided interview is characterized by the fact that a certain number of questions can be prepared on a given topic. The narrative prompts are processed according to the order of the created bundles, whereby the interviewing person is always granted certain flexibility in the order of the questions. In addition, questions can also be asked that have not yet been recorded in the guide, provided that these come up thematically in an individual interview (Gläser & Laudel, 2009).

The qualitative guided interviews were each conducted as individual interviews by an interviewer with an interviewee face-to-face, as sensitive data on the subjects' asset structure were collected. The interviewing person was always the same and conducted the interviews in German due to the German-speaking origin.

6.1.3.2 The interview guidelines and degree of structuring of the interviews

In order to comply with the quality criterion of intersubjective comprehensibility in qualitative research, it is essential to document the exact process, including all necessary decisions for the creation of the interview guide (Helfferich, 2011). The S-P-S principle, according to Helfferich (2011), for the creation of the guideline of the underlying study is presented in detail below. The exact requirements for a guideline can be found in chapter 4.1.3.1.

Guide construction – The S-P-S-S principal according to C-Helfferich

Step 1: Collecting questions

First of all, all possible questions are collected and noted in a brainstorming session. It is essential to keep this step very open.

Step 2: Checking the list considering prior knowledge and openness.

In the second step, the collected questions are reviewed according to their suitability and to what extent they can be considered suitable for answering the research question. Inappropriate questions are deleted accordingly in this step.

Step 3: Sorting the questions

A content sorting of the checked questions takes place in the third step. This is done after appropriately structuring the questions into three groups: Leading question, maintenance question, and concrete follow-up questions.

Step 4: Simple Subsuming narrative prompts.

In the last step, it is useful to arrange the sorted questions in a guide accordingly.

a) "S" - the collection of questions:

The following pool of questions could be generated:

1. What would you be willing to donate from your private wealth for the care of people in hospitals?
2. What would you donate to in the area of healthcare?

3. If you had to choose between cutting-edge medicine or reducing hospital debt, what would you rather donate your money to?
4. How important is the reputation of a hospital/clinic to you in your giving?
5. What must a hospital/clinic or a particular medical project have that you would be willing to donate?
6. What is most important to you when donating?
7. Why would you want to support an organization (hospital/clinic) in Germany with your private assets?
8. What hurdles/difficulties/barriers do you see concerning donating (as a person with a high level of private assets)?
9. Have you ever been asked if you would donate to a hospital?
10. Have you already donated to a specific project at a clinic? And if yes, why, or if no, why not?
11. Have you ever financially supported an organization or similar?
12. If yes: what exactly motivated you to support an organization financially?
13. If no: why have you not yet supported an organization financially?
14. What would you most like to donate your money to with a hospital in Germany?
15. What is particularly important to you when you donate, what makes donating attractive to you?
16. What must a project of the organization to be supported have for you so that you would donate to the project?
17. How would you like to get in contact with the hospital to be supported?
18. What are your motives for becoming an active donor?
19. For what reasons do you donate?
20. How important is recognition for your donation activity to you?

21. What advantages do you see for yourself in the fundraising model?
22. What advantages do you see for the hospital when you are acting as a donor?
23. Is it important that the hospital you donate to is geographically within your area?
24. Why do you think wealthy people in Germany donate?
25. Which areas of medicine or care would you personally support?
26. How important is it to you to have a direct connection to the project you are donating to? What might this direct connection look like for you?
27. How high do you estimate your impact on the hospital you support with your donation?
28. How often do you think about donating/donating to medical projects such as cancer research for children?
29. What aspects are most important to you when donating?
30. Would you consider yourself more of an altruistic or selfish donor?
31. Would you want to have some impact on the hospital after your donation?
32. Do you have a "pain threshold" regarding a specific donation amount?
33. What role do high income and estate taxes play in interest to donate?
34. What questions do you ask yourself before you donate?
35. Where do you think a donation will have the greatest impact?
36. How can you make the most difference with your funds?
37. What do you think cutting-edge medical projects would need to have for you to donate?
38. How often do you donate, and for what?
39. Do you currently donate to a medical project? And if so, for which one? Why did you choose this particular project?
40. How would you like a hospital or clinic to approach you about a donation?

41. How important would donor follow-up be for you?
42. Would you like to have certain privileges with the respective hospital or contract them in advance?
43. Would you donate more than once to a hospital?
44. Would a hospital for which you donate have to be located topographically close to you?
45. How would you like to receive appreciation for your donation?
46. Are you actively donating to a hospital?
47. How would you describe contact with a hospital as a donation object?
48. Are hospitals an attractive donation target/object in your view?
49. Do you have your foundation? Moreover, if so, to which area does it donate?
50. Why did you establish your foundation?
51. Have you ever been actively approached by banks about setting up foundations in the hospital sector?
52. What challenges do you see in principle with large donations?
53. How would you assess the basic potential of high-net-worth individuals like yourself to support hospitals?
54. How much would you donate to a hospital project?
55. Would you rather make a one-time donation or make multiple donations?
56. Have hospitals explicitly approached you to ask for a donation? If so, what was the approach like? What was presented to you, and how?
57. Do you generally believe that wealthy people have a social obligation to do good by donating?
58. Have you ever considered donating money to a hospital after your death?
59. Have you ever been approached by a hospital regarding legacy fundraising?

60. Could you imagine a bank approaching you and asking you to participate in an endowment for a hospital?
61. How important is it to you that a hospital follow up on donations?
62. Would you like to be actively approached by a hospital, or do you go looking for a donation object yourself?
63. Who should approach you if you wish to donate (hospital hierarchy)?
64. Would you consider it impertinent and/or presumptuous if a hospital approached you regarding a donation?
65. Is it important to you to know exactly what is done with the money you donate?
66. Do you see negative aspects, especially with hospitals, that you do not see with other donation targets?
67. Are there any difficulties for you that depend on the frequency of donations (single or multiple donations)?
68. What is a large donation for you (single or multiple donations)?
69. Why does it work in the USA? What does not work in Germany (large donations to hospitals)?

b) "P" - checking questions

The following test questions were asked to review the question pool:

- Which questions are purely factual, and are they necessary at all? Questions for information that could be answered with yes/no were deleted.
- Do the questions consider the specificity of the research interest, and do they serve at all to generate open narratives or answers?
- Do the questions do justice to what is narrative-worthy or narrative-able for the person being interviewed?
- What expectations do the authors have about the narrative person's answers? Questions that only confirm the authors' pre-existing knowledge have been eliminated. All questions that did not address the central interest of generating new facts and aspects were deleted.

- The authors also asked themselves which answers would surprise them and which answers would contradict the authors' prior assumptions. These questions remained in the questionnaire.
- Are the questions worded so that the person being interviewed can answer "in all directions"? Only such questions were allowed. Influential questions and/or questions that point in a particular direction and/or exclude a particular direction have been eliminated or reworded.
- Is the question to the person being interviewed a pure query of theoretical knowledge, or can the narrator also answer it subjectively? Purely theoretical queries were eliminated because the impression of a teacher-student situation should not arise.

The following questions remain after the review:

1 What is a major donation for you (single or multiple donations)?

2 What is particularly important to you when you donate, what makes donations attractive to you?

3 What must a project of the organization to be supported have for you so that you would donate to the project?

4 Where would your pain threshold be in terms of donation amount?

5 Do you generally believe that wealthy people have a social obligation to do good through donations?

6 Why does it work in the U.S. what it doesn't in Germany (large donations to hospitals)?

7 Have you ever been asked if you would donate to a hospital?

8 Have you already donated to a specific project at a hospital? And if yes, why, or if no, why not?

9 Have you ever given financial support to an organization or similar?

10 If yes: What exactly motivated you to support an organization financially?

11 If no: Why have you not yet supported an organization financially?

12 Would you be willing to donate to a hospital more than once?

13 Have you ever considered donating money to a hospital after your passing?

14 Regarding legacy fundraising, has a hospital ever approached you?

15 How important is the reputation of a hospital/clinic to you in your fundraising efforts?

16 What must a hospital/clinic or a particular medical project have that you would be willing to donate?

17 Why would you want to support an organization (hospital/clinic) in Germany with your private assets?

18 What would you most like to donate your money to about a hospital in Germany?

19 In your view, are hospitals an attractive donation target/object?

20 How would you assess the basic potential, of high-net-worth individuals like you, for supporting hospitals?

21 Would you be more likely to make one-time or multiple donations?

22 If you had to choose between cutting-edge medicine or reducing hospital debt, what would you rather donate your money to and why?

23 How or by what means would you like to get in touch with the hospital to be supported?

24 Would you like to be actively approached by a hospital, or do you go looking for a donation object yourself?

25 How would you like a hospital or clinic to approach you about a donation?

26 How important would donor follow-up be to you?

27 Who should approach you about a donation request (hospital hierarchy)?

28 Would you consider it impertinent and/or presumptuous if a hospital approached you regarding a donation?

29 What are your motives for becoming a donor?

30 Is it necessary for you to know exactly what is done with your donated money?

31 How important is recognition for your donation activity to you?

32 What benefits do you see for yourself in the fundraising model?

33 Is it necessary to them that the hospital they donate to is geographically within their radius?

34 Why do you think wealthy people in Germany donate?

35 How important is it to you to have a direct connection to the donation project? What might this direct connection look like for you?

36 Would you see yourself more as an altruistic or selfish donor?

37 Would you want to have some impact on the hospital after your donation?

38 What role do high income and estate taxes play in interest to donate?

39 What do you think cutting-edge medical projects would have to have for Se to donate?

40 Would you want certain privileges with the hospital in question or even contract them in advance?

41 What hurdles/difficulties/barriers do you see concerning donating (as a person with a large private fortune)?

42 What challenges do you generally see with large donations?

43 In particular, do you see negative aspects with hospitals that you do not see with other donation goals?

44 Are there any difficulties for you that depend on the frequency of donations (single or multiple donations)?

45 Do you have your foundation? Moreover, if so, to which area does it donate?

46 Why did you establish your foundation?

47 Have you ever been actively approached by banks regarding foundation formation in the hospital sector?

48 Could you imagine a bank approaching you and asking to participate in a foundation for a hospital?

c) "S" - the sorting of questions

The questions have now been bundled and combined into 7 bundles in total.

Bundle 1: General

- What is a major donation (single or multiple donations) for you?
- What is especially important to you when you donate, what makes donating attractive to you?
- What must a project of the organization to be supported have for you so that you would donate to the project?
- Where would your pain threshold be in terms of donation amount?
- Do you generally believe that wealthy people have a social obligation to do good through donations?
- Why does it work in the USA when it doesn't work in Germany (large donations to hospitals)?

Bundle 2: Past and current situation

- Have you ever been asked if you would donate to a clinic?
- Have you already donated to a specific project at a clinic? And if yes, why, or if no, why not?
- Have you ever given financial support to an organization or similar?
- If yes: What exactly motivated you to support an organization financially?
- If no: Why have you not yet supported an organization financially?
- Would you be willing to donate to a hospital more than once?
- Have you ever considered donating money to a hospital after your passing?
- Have you ever been approached by a hospital regarding legacy fundraising?

Bundle 3: The hospital as a donation object

- How important is the reputation of a hospital/clinic to you for your donation activity?
- What must a hospital/clinic or a specific medical project have that you would be willing to donate?
- Why would you want to support an organization (hospital/clinic) in Germany with your private assets?
- What would you most like to donate your money to concerning a hospital in Germany?
- Are hospitals an attractive donation target/object in your view?
- How would you assess the basic potential, of high-net-worth individuals like you, for supporting hospitals?
- Would you be more likely to make a one-time or multiple donation?
- If you had to choose between cutting-edge medicine or reducing hospital debt, what would you rather donate your money to and why?

Bundle 4: Behavior of the hospital in the event of a donation

- How do you want to get in touch with the hospital you want to support?
- Would you like to be actively approached by a hospital, or do you go in search of a donation object yourself?
- How would you like a hospital or clinic to approach you about a donation?
- How important would donor follow-up be to you?
- Who should approach you about a donation request (hospital hierarchy)?
- Would you consider it impertinent and/or presumptuous for a hospital to approach you regarding a donation?

Bundle 5: Motivational situation

- What are your motives for becoming an active donor?
- Is it necessary for you to know exactly what is done with your donated money?
- How important is recognition for your donation activity to you?

- What benefits do you see for yourself in the fundraising model?
- Is it important to them that the hospital they donate to is geographically within their radius?
- Why do you think wealthy people in Germany donate?
- How important is it to you to have a direct connection to the donation project? What might this direct connection look like for you?
- Would you see yourself more as an altruistic or selfish donor?
- Would you want to have some influence on the hospital after your donation?
- What role do high income and estate taxes play in interest to donate?
- What do you think cutting-edge medical projects would have to have for you to donate?
- Would you want certain privileges with the hospital in question or even contract them in advance?

Bundle 6: Negative aspects of giving

- What hurdles/difficulties/barriers do you see about donating (as a person with a large private fortune)?
- What challenges do you generally see with large donations?
- In particular, do you see negative aspects with hospitals that you do not see with other donation goals?
- Are there any difficulties for you that depend on the frequency of donations (single or multiple donations)?

Bundle 7: Dealing with banks and foundations

- Do you have your foundation? And if so, to which area does it donate?
- Why have you set up your foundation?
- Have you ever been actively approached by banks about setting up foundations in the hospital sector?
- Could you imagine a bank approaching you and asking to participate in a foundation for a hospital?

d) "S" - subsuming the questions

Narrative prompts with factual queries were created for each bundle in the final step.

Narrative prompt 1

As a very wealthy person, what comes to mind about donations? Why do you think hospital donations in Germany are so low compared to the U.S.?

Specific questions/fact check:

- Where would your pain threshold be in terms of donation levels?
- Do very wealthy people have a social obligation to donate?
- From your perspective, at what amount would you consider a donation

Narrative prompt 2:

How would you describe your personal experience with giving, especially to hospitals?

Specific questions/fact check:

- Have you ever donated to a specific project at a hospital or general?
- Do you currently donate to hospitals?
- Have you ever considered donating money to a hospital after passing away?
- Have you ever been approached by a hospital regarding donations?

Narrative Prompt 3:

What attributes does a hospital have to meet for you so that you would donate? How would you rank organizations like hospitals as donation destinations from the perspective of high-net-worth individuals?

Specific questions/fact check:

- What issues or areas would you most like to donate to at a hospital?
- Why would you donate with your assets?
- Do you see a basic potential of high-net-worth individuals to support hospitals in Germany?

- What form of donation (one-time or multiple times a year) would you prefer?

Narrative prompt 4:

How would the hospital have to behave for you to donate? What is important to you regarding contacting the hospital, or what would be your preferred contact when donating to a hospital?

Specific questions/fact check:

- Would you prefer the hospital contact you, or would you like to take the initiative?
- What is important to you about hospital donor outreach?

Narrative prompt 5:

How would you describe your motivation for donor activities?

Specific questions/fact check:

- Do you want a direct connection to the object of donation?
- What benefits do you personally see in fundraising for a hospital?
- Would you like to have a say in what happens with your donation at the hospital or how it is used?
- To what extent you would like to influence the hospital through your donation?
- Would you like to receive something in return for your donation from the hospital, and if so, what?

Narrative prompt 6:

What negative aspects could cause difficulties regarding (large) donations, especially hospital donations?

Narrative prompt 7:

What comes to your mind about having your foundation for donation activities?

Specific questions/fact check:

- Have you ever been approached by a bank regarding establishing a foundation?

- Do you find an approach by a bank impertinent?
- Could you imagine setting up your foundation for the hospital sector or cutting-edge medicine?

The final interview guide

The following is thus the finalized interview guide used in this work. From the total of 69 questions collected in Step 1 of the S-P-S-S method, seven bundles were developed through subsumption and concretization. The process was circular, as it was necessary to adapt the questions by running through the complete S-P-S-S method again.

Subsume (narrative prompt)	**Check (was that mentioned?)**	**Concrete question (fact check)**
Allgemeines		
As a very wealthy person, what comes to mind about donations?	What is important and unimportant in a donation	Where would your pain threshold be in terms of donation levels?
Why do you think hospital donations in Germany are so low compared to the U.S.?	When is an organization interesting as a donation object	Do very wealthy people have a social obligation to donate?
	Social obligation among wealthy people	From your point of view, in what amount would you consider a donation to be a major gift?
	Donation amount	
Past and current situation		
How would you describe your personal experience with giving, especially to hospitals?	Fundraising in the event of death - points of contact	Have you ever donated to a specific project at a hospital or general?

	Motives of the donation	Do you currently donate to hospitals?
		Have you looked into donating money to a hospital after your passing?
		Have you ever been approached by a hospital regarding donations?
The hospital as a donation object		
What attributes does a hospital have to meet for you so that you would donate?	Hospital reputation	What issues or areas would you most like to donate to at the hospital?
How would you rank organizations like hospitals as donation targets from the perspective of high-net-worth individuals?	Debt repayment vs. cutting-edge medicine	Why would you donate with your personal assets?
	Preferred donation areas	Do you see a fundamental potential for high-net-worth individuals to support hospitals in Germany?
	Form of donation (one-time or multiple)	What form of donation (one-time or multiple times a year) would you prefer?
Conduct of the hospital in the event of a donation		
How would the hospital have to behave for you to donate?	Preferred contact	Would you prefer the hospital to contact you or would you like to take the initiative?
What is important to you in terms of contacting the hospital, or what would be your	Donor Care	What is important to you about hospital donor care?
	Post-donation care	

preferred contact when it comes to donating to a hospital?	Who should do the addressing hierarchically?	
Motivation		
How would you describe your motivation for donating?	Influence	Would you like a direct link to the object of donation?
	Personal advantages	What benefits do you personally see in fundraising for a hospital?
	Motives of the donation	Would you like to have a say in what happens to your donation at the hospital or how it is used?
		To what extent would you like to impact the hospital through your donation?
		Would you like to receive something in return for your donation from the hospital if so, what?
Negative aspects of the donation		
What negative aspects could cause difficulties in the area of (large) donations, especially in the hospital sector?	Hurdles, difficulties, barriers	
	Differences, if any, between hospitals and other donated objects.	
Dealing with banks and foundations		

What comes to mind on the topic of having your own foundation for fundraising activities?	Own foundation if yes why, if no, why?	Have you ever been approached by a bank about setting up a foundation?
	Foundation for hospitals and/or cutting-edge medical research	Do you find an approach by a bank outrageous?
		Could you imagine setting up your foundation for the hospital sector or cutting-edge medicine?

Table 47: The final interview guide (3. sub-study) (Own representation)

6.1.3.3 Data analysis and evaluation

During data analysis and evaluation, the data collected in the interview is analyzed and evaluated using suitable methods. The goal is to answer the research questions posed at the beginning with the help of the evaluated data. The primary goal of this third sub-study is to obtain initial findings through the evaluation and analysis of the data material to achieve a first indication of the hospital sector in Germany with high-net-worth individuals as major donors.

The collected data material must first be appropriately processed and transcribed for data analysis. Thus, the transcription of the material in the context of data preparation represents the first central step. In this sub-study, the focus is on what is said and less on the emotional level. For this reason, simple transcription was chosen for the preliminary study. Additionally, due to the time-consuming transcription process and the related economic view, the simple transcription system, according to Dresing & Pehl (2018), including the extended rules, is applied in this study. A detailed description of the transcription rules can be found in chapter 4.1.4.

6.1.3.4 Data analysis methods

A variety of instruments are available for the evaluation of qualitative interviews. Qualitative content analysis is an evaluation method of qualitative research that aims to analyze written communication in a systematic and theory-based way (Mayring, 2010). It is considered an established analysis procedure in qualitative social and educational research, with Kuckartz (2016) and Mayring (2015) as prominent representatives (Schreier, 2014a; Stamann et al., 2016).

Within the qualitative content analysis procedure, category formation takes a central role. Categories, especially the formed category system, are considered the "main instrument of content analytic work" (Stamann et al., 2016, p. o.S.). Likewise, Mayring (2015) understands qualitative content analysis as "category-guided text analysis" (Mayring, 2015, p. 13). Thus, category formation represents the heart of qualitative content analysis. For this reason, it seems appropriate to apply content-structuring qualitative content analysis in this sub-study to filter out and assess the most important findings or certain aspects of the material in a criterion-oriented manner. In addition, this method's flexibility was critical to this approach's choice, as Mayring does not present a single rigid method but rather identifies eight different analysis techniques that can be used. Accordingly, in determining the appropriate analysis technique in Maring's general content analysis process model, three basic forms are mentioned: summarization, explication, and structuring. From this, Mayring finally derives eight qualitative analysis techniques that can be applied in various combinations:

Basic form	Analysis techniques
Summary	1. summary
	2. inductive category formation
Explication	3. narrow context analysis
	4. wide context analysis
Structuring (deductive category application)	5. formal structuring
	6. content structuring
	7. typifying structuring
	8. scaling structuring

Table 48: Qualitative work techniques (Own representation according to Mayring, 2015, pp. 67–68)

Central to the present analysis is the structuring of content (6) through deductive category application. The eight analysis techniques can be characterized by the following features. At this point, it must be mentioned that the designation and arrangement of the eight characteristics have been reformulated for better understanding. However, the original structure and content have been retained:

- Use of a category system
- Systematic and rule-based approach
- Choice of an appropriate procedure concerning the object of study
- Review and adaptation of specific analytical instruments in the work process
- Inclusion of quantitative analysis steps
- Theory-guided analysis
- Embedding of the material in a communication model
- Application of content-analytical quality criteria

The following figure (Fig. 99) depicts the process model of qualitative structuring content analysis based on Mayring, which is applied in this substudy. It should be noted that this model was adapted to the present study.

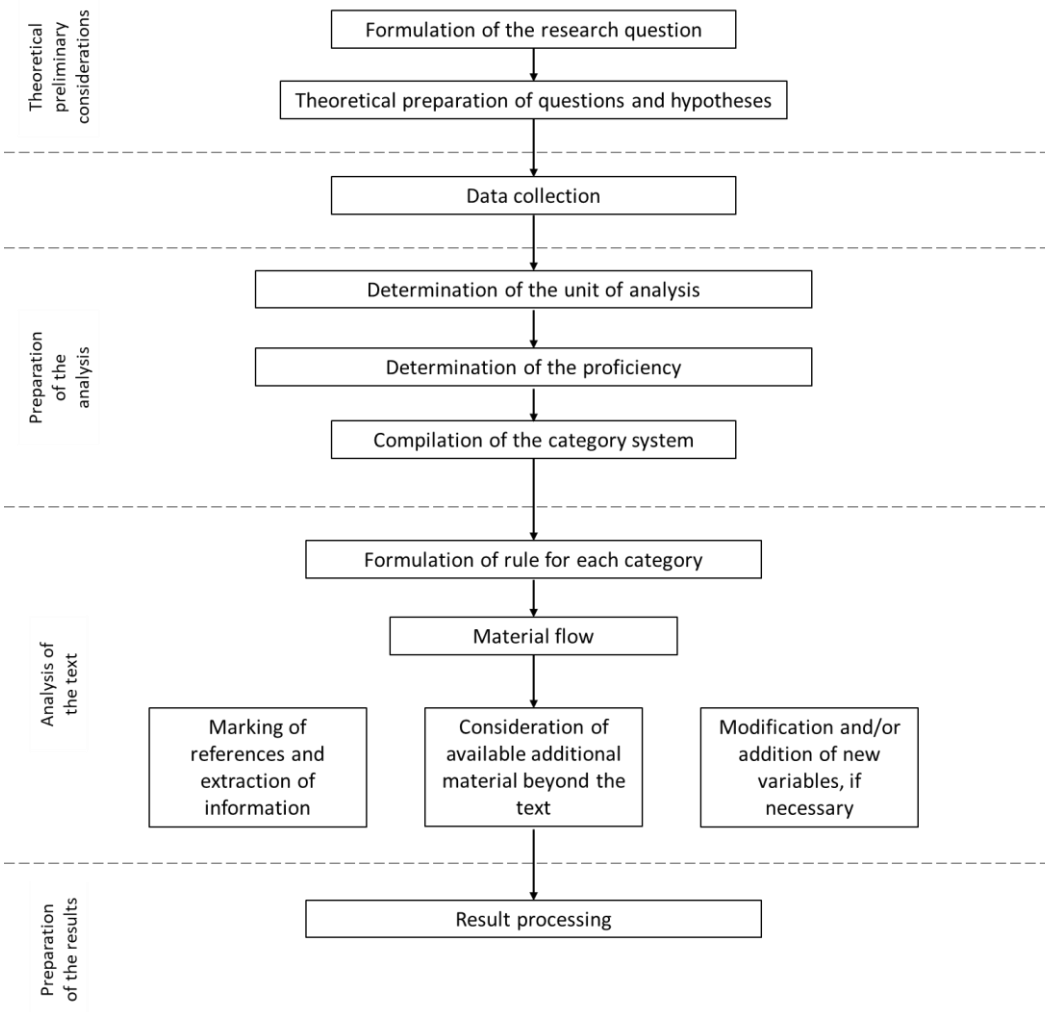

Figure 99: Process model of qualitative structuring content analysis according to Mayring (Own representation and adaptation to the present study)

6.1.3.5 The qualitative content analysis according to P. Maying

In the following, the steps of the general process model according to Mayring are presented first, followed by the steps of the specific process model and the application of the category system. At the beginning of the analysis process, the initial material is determined.

Determination of the material

Here, a statement is made about the population by defining it precisely. In addition, the sample size is determined according to representativeness considerations and economic considerations. For this study, this means that the population is made up of high-net-worth individuals in Germany with net assets of either more than USD 1 million or USD 30 million. These can therefore be assigned to the two categories of HNWIs or UHNWIs. The sample was selected specifically according to the characteristic of net wealth, which means that sampling was carried out according to the extreme case sampling method. With 10 respondents, this can be assumed to be a representative sample for the underlying research objective. Moreover, the sample size can be considered acceptable from an economic point of view since recruiting high-net-worth individuals was challenging for the author.

Analysis of the situation in which the interviews were conducted

The author in a face-to-face situation collected the interviews. Furthermore, all interviews were conducted as semi-structured expert interviews to ensure better comparability through a guided interview.

Formal characteristics of the material

The interviews were recorded with an audio-recordable cell phone. They were transcribed using a corresponding MAXQDA 2020 software. The corresponding transcripts for the expert interviews are available. In addition, relevant notes on the interview were made by the interviewer in the interview itself and shortly afterward in paper form and subsequently typed up.

The direction of analysis and theory-driven differentiation of the research question:

Next, the research question for the analysis is brought into focus. The determination of the research question can be divided into two steps. For the content analysis, a precise research question is needed, which determines the

direction of the analysis. The goal of the analysis in this sub-study is, on the one hand, to describe the collected data and, on the other hand, to present the various statements and opinions of the subjects regarding the research question in a structured manner. The analysis follows a precise theoretically based research question, which was mapped in detail in the theoretical part of this study. The research question was linked to existing theories and previous research and was founded accordingly. Sub-questions were differentiated using the S-P-S-S method according to Helfferich:

Sub-question 1: As a very wealthy person, what comes to mind about donations? Why do you think donations to hospitals in Germany are so low compared to the U.S.?

Sub-question 2: How would you describe your personal experience with giving, especially to hospitals?

Sub-question 3: What attributes does a hospital have to meet for you so that you would donate? How would you rank organizations like hospitals as donation destinations from the perspective of high-net-worth individuals?

Sub-question 4: How would the hospital behave for you to donate? What is important to you regarding contacting the hospital, or what would be your preferred contact when donating to a hospital?

Sub-question 5: How would you describe your motivation for donating?

Sub-question 6: What negative aspects do you see that could cause difficulties regarding (large) donations, especially in the hospital sector?

Sub-question 7: What comes to your mind about having your foundation for donation activities?

Determination of the analysis techniques

The analysis technique is the content-structuring-qualitative-content analysis, according to Mayring, as this is particularly suitable for the theory-guided analysis of text material.

Preparation of the analysis

To prepare the analysis, the units of analysis are first defined, and the characteristics determined. Based on this, the preliminary deductive category system is then created with the respective definitions, the anchor examples, and the coding rules. After the final material run, the category system can be adapted accordingly.

Units of analysis

The determination of the units of analysis represents a basic decision that must remain unchangeable in the work process to avoid arbitrariness in structuring the material. Following Mayring, three units of analysis are defined: the coding unit, the context unit, and the evaluation unit.

- **Evaluation unit:** Based on the expert interviews, each interview is considered an evaluation unit in the following.
- **Context unit:** the most significant text component that falls under a category (sub-question) is understood as the context unit. Accordingly, the complete answer to the posed sub-question is defined as a context unit. If several sentences answer the question, only the sentence that exactly represents the answer to the question is used as the context unit.
- **Coding unit:** The coding unit is the smallest material component. This can also be a single word.

Definitions of categories, identification of anchor examples, and determination of coding rules.

The assignment of text passages is the basis of qualitative content analysis. This means that categories are derived deductively in advance, i.e., based on theory, and then expanded deductively by working "on the material". In addition to the categories derived from theory, a different category, "residual category," is formed, under which data material falls that cannot be assigned to the deductively created categories. Subsequently, new categories are inductively formed if the data material found does not fit into the deductive categories.

In order to be able to describe the category in the best possible way, concrete examples of a category are given. However, a clear assignment to a category is not always possible. Therefore, it makes sense to formulate rules in order to be able to guarantee an unambiguous assignment where demarcation problems

exist between individual categories. By this procedure, a corresponding coding guideline could be provided, which serves to guarantee a rule-guided procedure. The category system represents the core of the qualitative content analysis. The coding guide contains the following aspects directly oriented to the research question. In the guideline, the most concise and self-explanatory categories possible were aimed for.

- Category name
- Definition of the category
- Anchor example (typical text passage/coding unit for the respective category)
- Possibly coding rules (if there are difficulties in distinguishing between categories, it is specified here again what is coded when and how)

Final category system and coding guide

The final category system with the number of codes used is shown below. Accordingly, all categories were developed deductively from the findings of the previous sub-study, as well as based on the literature. A residual category was unnecessary in the evaluation process, as no category was developed inductively. Thus, no adjustment was made in the categories in this sub-study. The description of each category follows the table below. The final coding guide can be found in appendix 5.

List of codes	Frequency
Code system	N = 239
K1: Attitude towards donations	41
K2: Hospitals as an object of donation	46
K3: Relevant aspects of donation	71
K4: Type and amount of donations	23
K5: Challenges / difficulties	18
K6: Comparison to the USA	11
K7: Banks and foundations	29

Table 49: Final category system 3rd sub-study (U)HNWIs (Own representation)

Main category 1: Attitude toward the topic of donations

The first category was chosen to give an overview of the general experience, level of knowledge, and attitude toward the topic of donations of high-net-worth individuals. In this category, only the general relationship to donations is seized. Concrete experiences and attitudes towards the hospital sector are to be distinguished. In addition, the topic of social commitment is considered in this category, as well as their attitude toward it. Furthermore, the willingness of high-net-worth donors to reduce debt in German hospitals is recorded.

Main category 2: Hospitals as an object of donation

This category looks more specifically at the hospital sector. On the one hand, personal and practical experiences with hospitals with donation activities are recorded here. On the other hand, in addition to experiences with hospitals

as an object of donation, it is also discussed whether hospitals represent an attractive object of donation, especially for wealthy people, and what reasons high-net-worth individuals give in this context. Furthermore, the category includes areas where high-net-worth individuals name what they would like to donate at the hospital. Additionally, the topic of estate donations for hospitals is analyzed in this category.

Hauptkategorie 3: Relevante Aspekte beim Spenden

Which aspects are important for high-net-worth donors when making donations is recorded in this category. In particular, needs are included that are of particular importance in the context of donations for high net-worth individuals. Thus, any aspects mentioned in this context fall under this category. Furthermore, the category includes other items, such as the motivation for a donation.

Main category 4: Type and amount of donation

In this category, the donation type is recorded. Here, a distinction between one-time and multiple donations is made, and the respondents' preference is analyzed. In addition, the donation amount explicitly documents the sums that high-net-worth individuals are willing to donate.

Main category 5: Challenges/difficulties

This category records possible disadvantages or difficulties that high-net-worth donors express concerning donating to a hospital. Here, any challenges that are mentioned in this context are recorded. It is essential that, in addition to concrete difficulties, opinions and attitudes are also recorded.

Main category 6: Comparison USA

In this category, a comparison is made to fundraising in the USA from the point of view of highly wealthy people. Accordingly, this category includes high-net-worth people's opinions, attitudes, and views on this topic. It also includes possible reasons why fundraising in American hospitals is significantly more successful than in Germany.

Main category 7: Banks and foundations

This category covers the attitudes of high-net-worth individuals toward foundations. In particular, the opinion on the topic of foundation formation is included, as well as the cooperation with banks. In addition, the areas in which the foundations of high-net-worth individuals are active are of interest. Finally, possible reasons for or against setting up a foundation in the future are also included in this category.

6.1.4 Quality criteria of qualitative research

Applying classical quality criteria such as validity, reliability, and objectivity is repeatedly criticized in qualitative research (Döring & Bortz, 2016; Kuckartz, 2012; Mayring, 2016; Steinke, 1999, 2013). Because interviews are always context-dependent and repeated at several data collection points, a qualitative research design can neither be objective nor reliable according to the classical quality criteria of standardized (Helfferich, 2011).

Although qualitative content analysis is considered an established method in science didactics research, proposals differ with regard to quality criteria to be applied and quality assurance measures to be implemented. Accordingly, the corresponding quality criteria are still extensively discussed (Steinke, 2013). For qualitative content analysis, in particular, a variety of theoretical proposals, quality criteria, and quality assurance measures exist (Lamnek & Krell, 2016; Mayring, 2020; Schreier, 2012). J However, the implementation of quality assurance measures generally cannot be seen as a routine procedure where there are universal rules for application (Hartig et al., 2012). "Rather, quality assurance should be understood as a theory-driven and complex process in which, depending on the research context, justification and decisions must be made about which quality assurance measures can provide evidence for the intended interpretation of data." (Göhner & Krell, 2020).

For this reason, quality assurance in the context of qualitative content analysis is examined using the 6 quality criteria according to Mayring (2002):

- the rule-guardedness
- the procedural documentation

- the proximity to the object
- communicative validation
- the triangulation
- the validation of interpretation with arguments

Quality criterion Rule-guardedness

Rule-governedness means that the researcher analyze according to predefined rules. A systematic approach was taken into account in the study by breaking down the overall process into individual steps. In addition, the study design was defined in advance during the planning, and the corresponding rules for the structuring content analysis were established at the beginning in order to be able to guarantee a rule-guided procedure. Thus, the data (transcripts) to be included and the transcription rules to be applied were precisely documented in advance. The complete documentation can be taken from the methodical part. Accordingly, the quality criterion of rule business can be regarded as fulfilled.

Quality criterion procedural documentation

In the procedural documentation, each step of the evaluation is documented in order to fulfill scientific requirements. Therefore, the applied procedure was documented in detail to make the research process comprehensible for other researchers. Also documented were the preliminary understanding, the compilation of the analysis instruments, and the practical implementation of data collection and analysis. Thus, in this study, the research process's intersubjective verifiability is guaranteed by a detailed and more extensive description of the procedure.

Quality criterion proximity to the object

Proximity to the subject is of particular importance in qualitative research. It can be understood as a basic methodological principle. Proximity to the subject means that interview partners are interviewed in their familiar environment, if possible, to ensure that the subject is appropriate. The subjects were interviewed in their natural living environment. The joint work between the researcher and the interviewee was based on a mutual and open relationship, pursuing a

common interest. Accordingly, the most significant possible closeness to the subject was achieved in this study.

Quality criterion communicative validation

One way of checking the validity of results lies in communicative validation. Here, the results are checked by having the researcher and interviewee discuss the results. This demonstrates that the researched person has a significant role and provides data, and is placed on the same level as the researcher as a source of expertise. The researcher fulfilled this after transcribing each interview, allowing the subject to reread his statements and confirm that these were the most important findings and that the subject reflected himself in the statements.

Quality criterion triangulation

Similarly, triangulation is about counteracting the researcher's subjectivity that always occurs as part of qualitative content analysis. "Triangulation always means trying to find different ways of solving the problem and comparing the results" (Mayring, 2002, p. 147). Here, qualitative and quantitative analysis methods can be combined to use different data sources. However, in Mayring's qualitative analysis, only structuring content analysis was used, making triangulation challenging for this study. However, triangulation can be fulfilled if, for example, a quantitative method in the form of a questionnaire is used in a subsequent study. The results obtained through qualitative content analysis can also be mapped quantitatively. This is a limitation of this partial study.

Quality criterion: Securing interpretation with arguments

The interpretation in the qualitative research process is significant because this is how access to the research object is made. It is important that interpretations are not set but have to be justified by arguments in order to be able to assess the quality. Therefore, the detailed interpretation support with arguments takes place in the discussion part of this study.

There are differentiated quality criteria, especially for qualitative expert interviews. These include, among others, "the *intersubjective comprehensibility of the procedures of data collection and data evaluation*, the *theory-driven approach,* and the *neutrality and openness of the researcher to new insights as well as other systems of relevance and patterns of interpretation*" (Kaiser, 2014). For the underlying study, in

addition to Mayring (2002) 6 quality criteria, Kaiser (2014) differentiated quality criteria for qualitative expert interviews, among others, were applied to assess the study's validity based on the quality criteria.

Intersubjective verifiability cannot be fully guaranteed in qualitative studies because the survey methods are non-standardized instruments. However, the requirement for intersubjective verifiability can be partially fulfilled by a systematic and openly presented approach by the researcher (Kaiser, 2014). Specifically for applying qualitative expert interviews, according to Steinke (1999), the precise presentation of the criteria for selecting experts, the detailed description of the guideline, and the explanation of the evaluation methods, among other things, are important. Therefore, the quality criterion of intersubjective comprehensibility can be fulfilled due to the rule-governed and, above all, systematic procedure of the researcher for the selection of suitable experts as well as for the creation of the guideline for the expert interviews. In addition, the evaluation methods were presented and explained in detail based on the category system created, which also covers the quality criterion.

The theory-driven approach cannot be used as a quality criterion for every qualitative study, such as in an explorative design. However, in most qualitative research designs, on the one hand, the research question and, on the other hand, the derived interview questions for an expert interview result from basic theoretical knowledge, which should be known to the researcher in advance, whereby a theory-driven approach can be considered as given (Kaiser, 2014).

A theory-driven approach can also be considered fulfilled through an extensive literature review that preceded the qualitative study and the two substudies conducted in advance.

In order to achieve and maintain the *neutrality and openness* of the researcher as a quality criterion of qualitative research, which can be assigned to objectivity in quantitative research design, the main focus should be on the formulation of the interview questions to ensure openness. Accordingly, the interview questions or guide was developed using the S-P-S-S method, with the narrative prompts kept as open as possible to give the interviewee as much freedom as possible. In

addition, only the factual questions for a better understanding were partly asked securely in order to be able to query a factual issue even better.

6.2 RESULTS OF THE EXPERT INTERVIEWS

In this chapter, the results of the data analysis of the ten interview transcripts are summarized. Since the basic rules of structuring according to Mayring were applied in the structuring content analysis, the results are bundled according to the deductively/inductively developed categories. Furthermore, in the detailed preparation of the results in terms of content, quantitative information is also provided to clarify the weighting of individual results.

6.2.1 Attitude towards donations

The basic attitude toward the subject of donations is positive among high-net-worth individuals. It is seen as "a humanitarian element of society" (UHNWI interview 6, item 14). Nine out of ten of the wealthy people interviewed recognize the relevance of donations to society and have a positive opinion of it. One interview participant, in particular, believes that people are "far too modest in Germany" (UHNWI interview 4, item 16) concerning donation activities. Another UHNWI agrees: "Many more people should donate. There is so much misery in the world and also in Germany" (UHNWI interview 1, item 75).

In general, from the perspective of HNWIs and UHNWIs, "donations [are] considered a good thing" (HNWI interview 8, item 10). However, the wealthy take a clear view on this: "But it cannot be that fewer and fewer people should donate more and more. I will not go along with that. It has to be distributed on all shoulders. Not just on a few" (HNWI interview 8, item 10). This makes it clear that while wealthy people are willing to support others with their money, society should not see them as the only support. Accordingly, regardless of their wealth, everyone should be involved in the topic of donations. Another UHNWI takes a similar view in the interviews. No difference is seen between the wealthy and non-wealthy from the perspective of a high-net-worth individual: "But I do not see that big of a difference

there. I am wealthy, but I still would not donate much" (HNWI interview 8, item 8). Accordingly, he believes that wealth does not equate to high giving levels.

In comparison, a wealthy interview participant has a rather negative attitude towards donations: Donating for me is basically something I do not want to follow. I do not donate as a matter of principle" (HNWI interview 7, item 8). He justifies this by saying that wealthy people pay sufficient taxes due to the high tax rate in Germany to use them to remedy the ills in society. Accordingly, the problem is seen to lie with the state and the proper use of tax money. Therefore, from the point of view of the wealthy interview participant, it is primarily the system in Germany that is criticized: "It cannot be that I work all my life and pay taxes, and then I am also supposed to pay for the things that the state cannot seem to get a handle on. That does not make sense to me" (HNWI interview 7, item 10).

In contrast, one wealthy participant has "a very ambivalent relationship to the issue of donations" (HNWI interview 2, item 10). This is due to the fact that "it is a balancing act between doing something good and getting harnessed to some bullshit" (HNWI Interview 2, pos. 12). In this context, an example was given where a one-time donation was made to an organization. That organization kept contacting the wealthy donor to see if there was not an interest in active participation in that organization, within a certain position, in addition to donating. However, the wealthy donor continued to be contacted even after multiple denials. This, in turn, led to frustration and annoyance on the part of the donor, which is why this ambivalent relationship to the subject of donations has arisen. This shows how important a good relationship with the donor is and that their needs should be considered.

Social responsibility

When it comes to donations by high-net-worth individuals, social responsibility plays an important role. The majority of the (U)HNIWs interviewed see an obligation to society through their high wealth.

"People like me have a social obligation. It does not matter what they donate to. It matters that you donate" (UHNWI interview 1, item 10).

"I think donations are important. My guild has a social responsibility. And that social responsibility is not paying taxes" (UHNWI interview 3, pos. 14).

"social responsibility means giving money where it will go. Purposefully and accurately" (UHNWI interview 3, item 14).

"I have always been of the opinion that I have been very lucky in my life. That is why I feel there is an obligation to give back" (UHNWI Interview 6, pt. 14)

"If they are as wealthy as I am, then donating becomes a social obligation. Whether they want to or not. They kind of have to. (...) Anything else would lead to social ostracism" (UHNWI interview 9, item 20).

In contrast, a small proportion of the high-net-worth individuals interviewed hold the opposite opinion about a social obligation to donate based on high sums of wealth.

The interviews reveal a lack of understanding of why high-net-worth individuals should feel obliged to donate if they have inherited assets. From the point of view of the wealthy, society should be happy if they donate out of their interest and not out of a sense of obligation.

"No one is obligated to do anything. I inherited my money, and my father worked for it. What does the world care about my father's money? If I donate, the world and society should be satisfied. I am not obligated to do anything." (HNWI Interview 5, pos. 42).

Another argument mentioned against a societal obligation with regard to donating is the payment of taxes in Germany. From the perspective of the wealthy, it is sufficient that high taxes are paid that benefit society.

"I have an obligation to pay taxes and take care of myself in this country. The subsidiarity principle is what they call it. I have no other obligations" (HNWI interview 10, item 18).

Another argument is other social actions in addition to paying taxes, which support society in addition to a donation activity, thus contributing to social welfare. In this context, the interview participant mentions the employment of staff in his company, whereby he has fulfilled a social obligation. Accordingly, he does not consider himself obligated to do any further social acts in the form of donations.

"No, I do not. I have given work to dozens of people in my life. I have paid taxes. Isn't that enough. I have fulfilled my social obligation. Fully and completely. That is all I can do, and that is all I want" (HNWI interview 7, item 14).

Estate and testamentary donations

Regarding estate donations, a consistent picture emerges among the respondents. Nine out of ten high-net-worth individuals would be willing to donate a portion of their inheritance. "And I would give it. Half for my daughter, half for a good cause." (HNWI interview 2, item 20). For most, it is first important that the assets provide well for the surviving family. However, this is no reason why it should not be stated in the will that part of the assets will be donated. Accordingly, there is a high willingness and interest to donate parts of the inheritance to a good cause. ″But that is interesting in principle" (HNWI interview 5, item 46).

For some interviewees, donating their money after their death seems more than reasonable since they cannot use the assets for themselves after their passing. Thus, they can do something good for an organization like a hospital with their assets during their lifetime and after their death.

"Nothing can go wrong financially in my life, and they know that. And I am going out the way I came in. Naked. With nothing in my pocket. So what am I going to do with all that wealth. I cannot spend it anyway" (UHNWI interview 6, item 20).

"What am I supposed to do with the money when I am no longer there. Then certain organizations, like a hospital, can put that to use better" (HNWI interview 10, item 28).

Even some wealthy respondents have already left hospitals as objects of donation in their wills to support them financially after their passing. "I will donate a large portion of my estate after I die. This includes hospitals and medical research" (UHNWI Interview 9, pos. 36-37). Thus, estate giving among high-net-worth individuals seems to be a relevant issue that hospitals should consider when building relationships with high-net-worth major donors. Again, there seems to be a high potential for hospitals here.

6.2.2 Hospitals as donation object

Regarding donations in general, the attitudes of wealthy people are very positive. However, it is interesting to find out the situation with hospitals as a specific object of donation and what the experiences of wealthy people are with hospitals in Germany about donations. As the following figure (Fig. 100) shows, only 30% of respondents have experience with hospitals when it comes to the subject of donations.

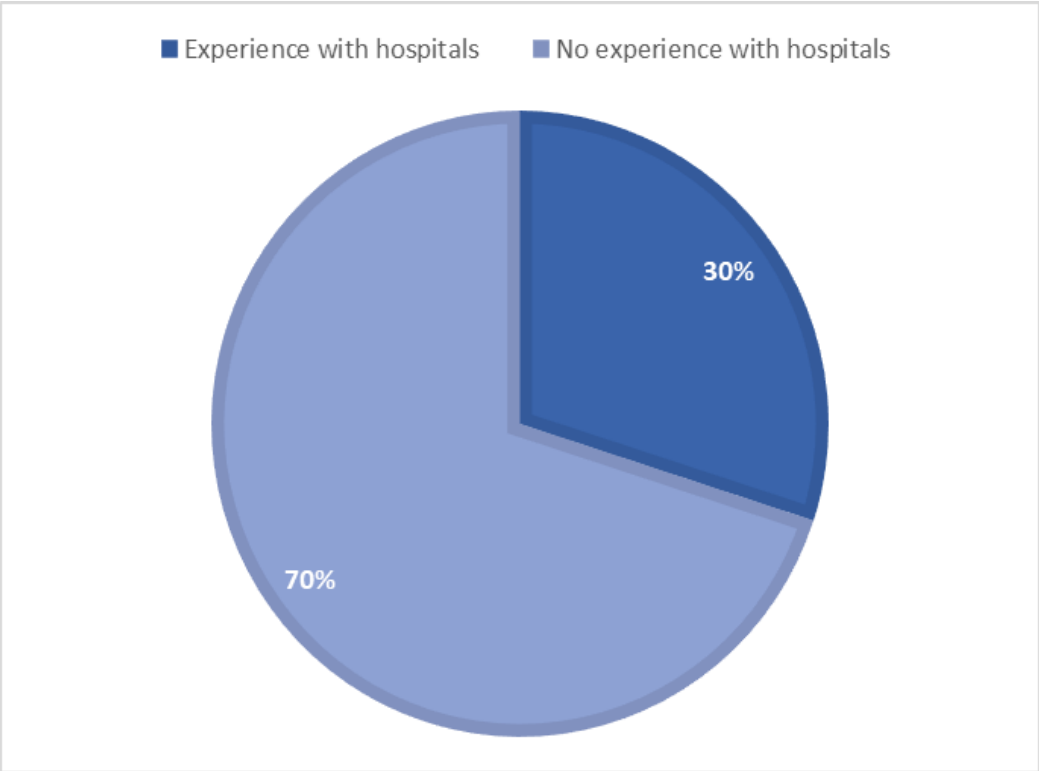

Figure 100: Results of 3 sub-study - (U)HNWIs' experiences with hospitals regarding donations (Own representation)

This may be because most wealthy respondents have never been asked by a hospital to donate and therefore have no experience in this area. Nevertheless, it is interesting to note that most of them would be interested in donating if hospitals asked them.

"We have never done it. But we would, as I just said. But I have also never thought about it. The questions one also never" (HNWI interview 2, pos. 22).

The smaller proportion of respondents who had already had contact with hospitals regarding donations and had given money as single or multiple donations reported positive cooperation and good donor care.

"We have donated to a pediatric oncology unit before. 100,000. I am still in good contact with them today. They have enjoyable donor support" (UHNWI interview 3, item 26).

One interviewee donated to a hospital to fund or upgrade the emergency department. From the high-net-worth donor's perspective, this was "something that made absolute sense" (HNWI interview 8, item 26). Inpatient treatment was the ignition key for further action by the hospital, which subsequently invited the high-net-worth patient to a fundraising evening explicitly for wealthy people and presented the fundraising project with a high financial requirement. The pleasant atmosphere and the hospital's professional approach resulted in several donations from the high-net-worth patient.

"Yes, I did. I have donated to the local hospital a total of 4 times already (...) As I said, a few thousand each time. Not huge sums, I do not do that" (HNWI Interview 8, pos. 14-16).

Interestingly, even one interview participant reports that he has already been contacted and approached by a hospital several times. In this course, he has also donated again and again: "Yes, of course. (...) That happens again and again. And then I also like to give. Why not. Money does not make me happy" (UHNWI interview 9, item 30). It is evident here that high-net-worth individuals represent a certain potential, and if hospitals actively approach these people, this can result in donation activity for the hospital. In this context, donations were made through wealthy people's foundations "for cutting-edge medical research and hospitals" (UHNWI interview 9, item 28).

Attractive donation target

In general, as the interview results show, high-net-worth individuals see hospitals as beautiful objects of donation for themselves personally. "Hospitals, children's homes, hospices, animal shelters, zoos, species conservation. These are all areas you cannot do without donations. I think that is attractive. Furthermore, hospitals, in

particular, give something back. (...) Because it will probably be the case that I will also need them at some point. Or my family" (UHNWI interview 3, item 44). Everyone gets sick at some point in their lives, and this argument is a central motive for high-net-worth individuals to donate, which is why hospitals are considered an attractive donation target for everyone. "We all get sick sometimes. I think everyone can identify with medicine, research, and care" (HNWI interview 5, item 56). From the perspective of most high-net-worth individuals, besides environmental issues, for example, there is nothing more meaningful than donating to the health of all people and investing in their health as well as the health of others. "Environment and health. Those are the most important things of all. From there, yes, that is a worthwhile donation goal even for wealthy people" (HNWI interview 8, item 32). Thus, on this topic, the ten interviewees agree that "everyone can relate to donating to a clinic. No matter if rich or poor" (HNWI Interview 10, pos. 40). Therefore, the topic of hospitals and support through a donation in this area makes absolute sense from the perspective of high-net-worth people in Germany.

Preferred donation areas within the hospital

The respondents also have a uniform view regarding specific donation areas within a hospital. Especially for new medical-technical equipment or for support in the nursing area, the donation money should be used from the respondents' point of view:

"Research, new apparatus, new equipment, more staff" (UHNWI interview 6, item 55).

"For additional staff in nursing, for medical research, for social support, I can think of many things" (UHNWI interview 4, item 36)

"I would donate to nursing or interesting medical research. Preferably for research in university hospitals, so that animal testing does not have to be done anymore" (HNWI interview 5, item 52).

However, some interviewees do not have a preferred area of donation. However, they feel that it "should [be invested] for medical or for nursing projects. Maybe even more for nursing" (UHNWI Interview 3, pos. 34). What is important to most wealthy people, however, is that their donation is invested wisely and, above all, sustainably, in the hospital.

Donating to reduce debt

The results show that, especially for cutting-edge medical areas in hospitals, the willingness to make a large donation is powerful among wealthy people. But what about the issue of debt reduction? Here, the respondents are also in agreement. For them, debt reduction to be financed by their donation is definitely out of the question.

"I am not going to give money for someone else's inability to pay. No, absolutely not. Whoever screwed up should pay for it" (UHNWI interview 1, item 40).

"Never. Never ever. I can set my assets on fire directly" (UHNWI interview 3, item 38).

"So that they can possibly pay off their own debts. I wouldn't have that" (UHNWI interview 6, item 51).

"No way! Those responsible have to pay for it themselves" (HNWI interview 2, item 32).

It is clear from these statements that they are neither prepared to pay for shortcomings for which the hospital itself is responsible nor for the mistakes of the German healthcare system.

6.2.3 Relevant aspects when making a donation

Regarding donations, various aspects are particularly relevant for high-net-worth people as major donors, and these should be taken into account by hospitals in particular. Topics such as an active approach, consideration of needs, and the guarantee of anonymity directly influence the donation activity of wealthy people, as the results of the interviews, show. The following figure (Fig. 101) presents the most important aspects clearly and according to relevance.

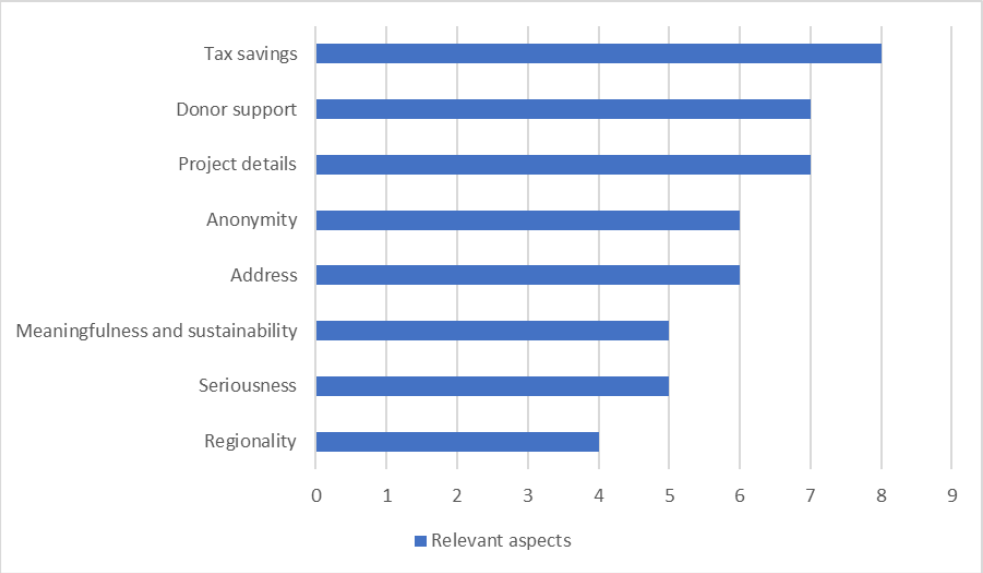

Figure 101: Results of the 3 sub-study - Relevant aspects of high-net-worth individuals with regard to donations (absolute figures) (Own representation)

The regional aspect is mentioned by less than half of the respondents in terms of relevant aspects. Only four out of ten explicitly address this point. "If I donate to a hospital, which is in the neighborhood" (HNWI interview 10, item 58). Only for one of the interviewees does the regional factor not represent an exclusion criterion, and thus a Germany-wide donation for hospitals would be possible for one out of ten interviewees.

From the perspective of high-net-worth individuals, donations, specifically in the hospital sector, should be used sensibly on the one hand and sustainably on the other. These two aspects are repeatedly mentioned in the interviews as general criteria that are decisive for wealthy people regarding donations. Another requirement of the interviewees in this context is that they "have the feeling that the leading people in the hospital can also handle the money accordingly" (UHNWI interview 6, pos. 51). In addition, it is important that the donation areas and projects match the personal interest of the major donors: "Otherwise, it should be a donation area that interests me" (UHNWI interview 4, pos. 34).

On the point of anonymity, the majority of respondents also agree. They want to remain in the background regarding a donation. Accordingly, the

hospital should ensure the anonymity of its major donors in order to meet the needs of wealthy major donors.

"I care a lot about anonymity" (UHNWI Interview 1, pos. 60).

"That we remain anonymous is the most important thing" (HNWI Interview 2, item 14).

"I want to remain anonymous. Otherwise, they will be lining up for me later. I ask for absolute anonymity when I make donations" (UHNWI interview 6, item 63).

Most respondents also agree regarding influencing the hospital through a donation, involvement through a position on the board of directors, or naming a building or project. However, this is not desired from the perspective of wealthy people. Since most people surveyed place a high value on anonymity, influence or participation in the hospital would contradict this aspect. Thus, 6 of the 10 people surveyed do not see any personal benefit from a donation. Only one of the respondents would like to have a say when it comes to the projects in the hospital: "If someone from the hospital wants my money, then I also decide how it is used. They are welcome to suggest some projects to me. But in the end, I decide" (UHNWI interview 3, item 38). However, this is an exception among the interviewees.

The majority of the interviewees also attach great importance to the right approach. Here, my initiative is rated rather negatively. They would like to be addressed directly by people from the hospital sector and not actively search for a hospital as a donation object themselves. "And I find it completely all right if one addresses for a socially high-quality sense people who have more than enough" (UHNWI interview 1, pos. 54).

On the one hand, the competence and, on the other hand, the sympathy of those responsible play a decisive role. Furthermore, it is essential that persons from the hospital approach wealthy persons. Since competence, according to the interviews, has a strong influence on high-net-worth individuals, at best, hospital management or senior fundraisers with decision-making authority should perform this task for the specific target group. "I only talk to decision makers" (UHNWI interview 1, item 56).

The rugged appearance of the hospital, as well as the presentation of serious projects, represents another important aspect for half of the interviewees.

"The hospital must raise funds for a serious project" (UHNWI Interview 9, pos. 42). In addition, the financial situation is mentioned in this context by some of the interviewees, which is also decisive for the donors: "I would look at the financial situation. Because I would not donate to a hospital that 6 months later is broke" (HNWI Interview 2, pos. 34).

In properly addressing high-net-worth individuals, a detailed explanation of the projects to be supported represents a central role. As the interviews show, high-net-worth donors, in particular, want to know exactly what their money is used for and in which areas it is invested. "Then I would like to see the donation project in detail and have it explained to me. And if it convinces me, I would donate" (UHNWI Interview 3, pos. 46).

Furthermore, good donor stewardship is of great importance for wealthy major donors. On the one hand, the hospital should regularly inform the donors about the status of the projects. On the other hand, a good relationship with the hospital is essential to them. Accordingly, hospitals should put a lot of effort into building relationships with wealthy major donors as well as taking time to meet their needs.

"I want to know what is happening with my money, what it is being used for, and so on. And I am also always happy when I am invited for a cup, and they explain certain things to me for once and explain the progress of the project I am donating to" (UHNWI interview 1, pos. 58).

In this context, appreciation, and respect for donors concern high-net-worth individuals, which can lead to a positive relationship between the hospital and the donor. Furthermore, communication at eye level is another important issue when dealing with high-net-worth major donors.

"I already want to have the feeling of having sympathetic people in front of me. People who also appreciate my concession. And that has nothing to do with the fact that I want something in return. But you should be at eye level" (HNWI interview 10, pos. 62).

The last and thus the most relevant aspect is tax savings as a motivating factor for high-net-worth individuals. Almost every interviewee would like a donation receipt as part of a donation activity.

"Of course, I want a donation receipt in order to save taxes privately. But then I also think I am entitled to that. After all, I give money for things that should be regulated by the state" (UHNWI interview 1, item 62).

"The only thing I really value is the certificate for the tax office" (UHNWI interview 3, item 52).

6.2.4 Type and amount of donation

Regarding the amount of the donation, the maximum donation amounts of the respondents vary greatly. However, for many, the maximum donation amount they are willing to give is in the six-figure range.

"A pain threshold? That would depend on the time. I am 69 now, so today 100,000 would be the pain threshold for me. I would not give more than that at one time" (HNWI interview 2, item 18).

"I would not give over 100,000. That is enough. That is all I will give" (HNWI interview 5, item 76).

However, a few of the respondents also mention five-figure donations that they would be willing to give to a hospital.

"Big donation to a hospital, mh, (...). 10,000€ I would say. I think that is already a lot of money for a one-time donation" (HNWI interview 10, item 20).

"I am wealthy, but I still would not donate much. What does even a lot mean? I would not donate 100 thousand. That would mean a lot to me. But I would not do that" (HNWI interview 8, item 8).

In addition, there is also a particular opinion of a high-net-worth individual regarding an appropriate donation amount as a UHNWI or HNWI. This person would even go into the millions with his donation. He would be willing to donate beyond 5 million if the money was used sensibly, sustainably, and meaningfully. Here it becomes clear again that the projects must be appropriately well-prepared and structured so that high-net-worth individuals are interested in giving a high donation amount.

"5 million would already be a pain threshold for me, there I would say, there is not more at once. And if the 5 million is used sensibly, then we could also talk about more" (UHNWI Interview 3, pos. 18-19).

A small proportion of respondents do not have a maximum limit on how much they would donate. Accordingly, it depends on how the hospital presents its projects, its approach, and how much is ultimately needed for the project.

One respondent, in particular, believes that people with a high net worth should also donate a corresponding amount. No pain threshold or maximum donation amount is mentioned in this context. "I would say, yes. Those who have a lot should also give a lot. Actually, there should be no limits" (UHNWI interview 1, item 12).

The results are fascinating regarding the definition of a large donation from the perspective of high-net-worth individuals. Some of the interviewees were able to represent the question of when a donation is a large donation for them with a substantial sum. The answers varied here from low six-digit donation sums to the million euro range. Here, a possible connection between the amount of wealth and the amount for a large donation is evident. UHNWIs tend to have higher sums when defining when a donation is a large donation. However, as noted earlier, not all of the respondents had a concrete answer to this, reflecting the difficulty of this question.

"I find it difficult to give a concrete figure. But it should be a few million" (UHNWI interview 1, item 18).

"For me, sums of 100,000 or more are already a large donation. You can do a lot with that" (HNWI interview 2, item 18).

"Phew, I never thought about that before. I would say from 500,000" (UHNWI Interview 4, pos. 28-29).

"From one million" (UHNWI interview 9, item 22).

Regarding the type of donation, eight out of ten high-net-worth individuals are willing to make a one-time donation and donate a larger sum several times a year. "If the need is there, yes" (UHNWI interview 1, item 42). On the other hand, investing in a meaningful and sustainable project is crucial in this context: "If it is good, a meaningful project, why not?" (UHNWI interview 6, item 53). Furthermore, in the case of multiple donations, the issue of donor appeal is particularly relevant. If the hospital approaches high-net-worth individuals accordingly and considers

the aspects already addressed, multiple donations are also interesting for the interviewees.

"Yes, why not? I would not have a problem with that. And if the hospital approached me appropriately, then I would do that" (HNWI Interview 2, pos. 36-37).

It is interesting to note that even one respondent in the interview explicitly prefers multiple donations compared to a single donation with a large donation amount. Here, the long-term support provided by his donation plays a primary role for the wealthy respondent.

"No, not all at once. I could definitely imagine supporting a hospital in the long term. Every year 10,000€ over 10 years. But not all at once. I could do that, but it goes against my outlook on life" (HNWI interview 10, item 46).

6.2.5 Challenges/difficulties

A general difficulty is seen in the fact that hospitals rarely approach wealthy people and ask for a donation for a project. "I have never been asked by a hospital" (HNWI interview 10, item 16). Furthermore, the financial situation of hospitals is also a challenge for some of the interviewees, as they are reluctant to donate to institutions that "are (...) up to everyone's neck [in] water" (UHNWI Interview 4, pos. 18). In particular, it becomes clear in this context that affluent people are informed about the current situation of hospitals and that for them the difficult financial situation of hospitals is crucial when it comes to donations. Therefore, before donating, affluent people "want to know or at least be sure that the hospital will not close in a year" (HNWI Interview 2, pos. 54). They see the difficulty as being that the impact of their donation will not be what they want it to be if the hospital cannot demonstrate a financially stable foundation as an object of donation.

"I would have difficulty if I feel my donation is not going to do anything. If the hospital is already doing so badly that it will soon close or be bought anyway. Then I would not donate" (UHNWI interview 4, item 52).

"After all, it is an open secret that the management in German hospitals is not among the most established. I do not want to donate money if the hospital I donate to does not exist a year later" (HNWI Interview 10, pos. 60).

Furthermore, in addition to the low level of competence at the management level, the underqualification of fundraising staff is criticized from the perspective of high-net-worth individuals. In particular, the quality of management is viewed negatively by wealthy donors in the interviews.

"Or when I am asked to donate to things where I feel like they are not well managed." (HNWI interview 10, item 60).

"And one thing is clear: (...) the quality of management in hospitals is underground. They all earn less than in the free economy" (HNWI interview 7, item 36).

Accordingly, hospitals are poorly positioned in this area compared to other industries. This is shown by experiences with other organizations and institutions with which high-net-worth individuals are in contact.

"Because they are not merchants. They do not understand the market. All the executives in hospitals, they are all second choice. They do not dare approach wealthy people. I am convinced that many of them do not even know in detail what fundraising is. Ask an executive from any other industry. They know that" (UHNWI interview 4, item 20).

"The envy factor is tremendously high" (UHNWI interview 9, item 52) and is therefore seen as a critical challenge by one of the interviewees. For this reason, high-net-worth individuals tend to tread carefully and prefer to donate through a foundation, thus avoiding personal contact. "But resentment is often there. That is why I do not show up in person at most of these fundraising events anymore" (UHNWI Interview 9, pos. 54-55).

For some, on the other hand, regarding donating to a hospital, there are no difficulties that would prevent them from donating.

"No, I do not see that. Donating is a good thing. I see absolutely no disadvantages" (UHNWI interview 3, item 54).

"If the object of donation is checked, if it is a legal, charitable organization, I do not see any disadvantages there" (UHNWI interview 6, item 69)

"No, actually I do not. Donating is charity, there is nothing negative about it. Donating is service to others, it is something deeply Christian" (UHNWI interview 1, pos. 64).

Overall, a mixed picture emerges regarding potential challenges. Some see problems in hospitals' structural and financial situation regarding donations, and

others see no problems or reasons why they should not donate. However, the points mentioned are very similar in the frequency with which they are mentioned, which illustrates the relevance of these points.

6.2.6 Comparison with the USA

From the point of view of wealthy people in Germany, there are various reasons why fundraising in America goes much better for hospitals than in Germany. However, the main difference to Germany is seen as the different attitude, mentality, and value system with regard to fundraising. This cultural difference is crucial to the success of fundraising from the respondents' point of view.

"Because Americans have a completely different attitude" (UHNWI interview 1, item 20).

"Because they are not ashamed like we Germans are. For Yanks, donating is part of life, and it is not antisocial to ask for donations" (UHNWI interview 3, pos. 22)

"The rich have to donate because it is proper in those circles, and the needy do not ask because they are ashamed. It is very different in the U.S., and everyone dares to donate because there is nothing wrong with donating" (UHNWI interview 9, item 26).

In this context, the repeated active approach of potential major donors is mentioned, which could lead to success from the interviewees' point of view. However, only those who have professional fundraising in their organization and approach donors in a targeted manner will also achieve the corresponding result. This is shown by the comparison drawn by the affluent in the interviews.

"Because Americans actively ask. Success is generated by three letters. DO. If they do not, if they do not ask, nobody gives them anything. Americans do, that is why they are successful" (HNWI Interview 10, item 24).

It is also mentioned that in America, "giving [is] still a much bigger social obligation than it is here" (UHNWI Interview 9, pos. 26). According to this, the mentality in the U.S. and the values result in a social obligation to donate, especially for people with high wealth. However, high-net-worth individuals do not share this view in Germany, and, above all, it is not practiced, as the results show.

In addition, one of the interviewees sees the difficulty in that there are significantly more wealthy people with significantly higher assets in America than in Germany. "But that also depends on what they understand by rich. There are guys running around who have billions. I am not one of those" (HNWI interview 8, item 12). Thus, from the interviewees' point of view, the higher wealth Americans can show a possible reason for the difference in successful fundraising.

Only one of the respondents has not yet dealt with the U.S. regarding fundraising. "I do not know; I have never dealt with the USA" (HNWI Interview 5, pos. 44).

Accordingly, a key difference can be found in the interviews. The cultural difference in America, in terms of donations, is possibly crucial for their success. In Germany, in the view of the interviewees, asking for donations is too negatively tainted, and hospitals and other institutions do not approach wealthy people accordingly in order to acquire donations. "I do not think it is because wealthy people do not want to donate; it is because those who need coal do not come forward" (UHNWI Interview 1, pos. 20). As this quote makes clear, the prerequisite and willingness of highly wealthy people to donate are present in Germany. Now all that remains is to overcome the hurdle of the negative view of fundraising by hospitals in Germany.

6.2.7 Banks and foundations

The respondents have different views and experiences on foundations and banks. A total of 4 of the respondents already have their foundation, while the majority of high-net-worth individuals do not have their foundation, as the following figure (Fig. 102) shows.

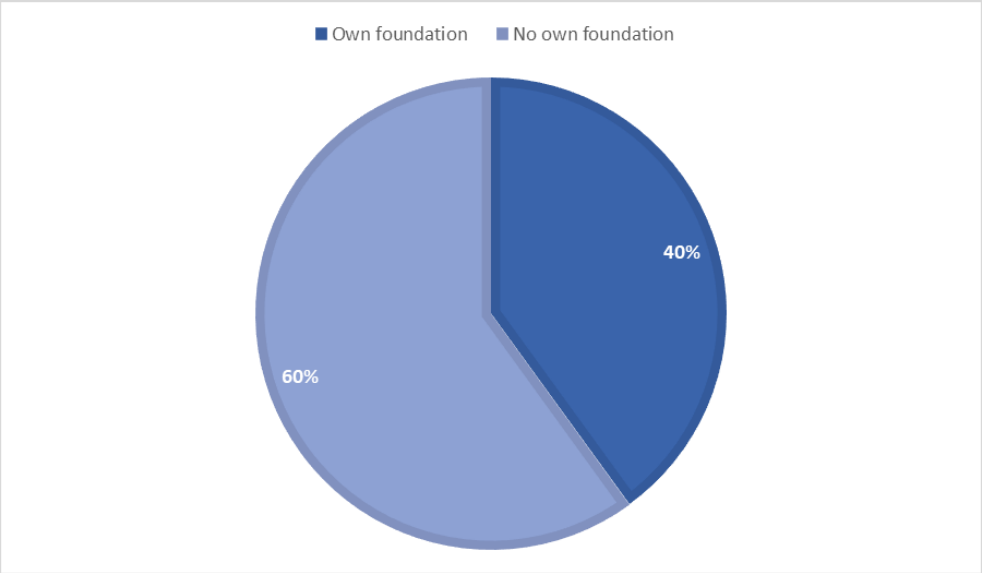

Figure 102: Results of the 3rd sub-study - Own foundation of highly wealthy people (Own representation)

Accordingly, on the one hand, there are wealthy people among the respondents who have already set up their foundations and have a positive attitude toward the subject of setting up foundations. "I have my own foundation. (...) I can only take a positive view of it" (UHNWI Interview 1, pos. 68). An active approach and support by the bank with regard to a foundation establishment and foundation support, is seen as very promising by two interviewees with their foundation. So far, however, most of the foundations of the respondents are not in the health and healthcare sector. Nevertheless, as the results show, they would be willing to specialize in hospitals or set up their foundation for that purpose. "I tell them honestly though, I could also imagine setting up a foundation for the medical purpose" (UHNWI Interview 4, pos. 54). Only one foundation is committed to "cutting-edge medical research and for hospitals" (UHNWI interview 9, item 28). Thus, 40% of the interviewees have their own foundation, even partly for the hospital sector, and can demonstrate good cooperation with banks regarding the foundations and the establishment of foundations.

On the other hand, there is also the exact opposite, where a wealthy person, despite his or her wealth, has not yet given any thought to setting up his or her foundation and, consequently, has not yet come into contact with a bank or has not done so. "No, never. Never thought about it" (HNWI Interview 2, pos. 58). The reason given in this context is that his assets are too small, which in his opinion, makes it unnecessary to set up a foundation. "I am also too small for that. If I had billions, ok. But we with our few millions, I can also donate privately" (HNWI Interview 2, pos. 58). Overall, two of the interviewees share this opinion, and can justify it accordingly, as the following quote makes clear.

"For me, however, this is out of the question. I think my assets are too small for that. The foundation donates from the interest profits while at the same time preserving assets. What is the point if I have put in a few hundred thousand? I am not heavy enough to do that" (HNWI interview 10, item 64).

Another high-net-worth individual shared in the interview that he was "actually thinking [about] setting up a foundation" (UHNWI Interview 3, pos. 56). And there is primarily interest in investing in a foundation with "medical and nursing projects" (UHNWI Interview 3, pos. 56).

When approaching a bank regarding foundations, most respondents are positive and would welcome it. "No, I would not feel attacked or harassed. Whether a hospital addresses me directly or a bank, I do not care" (HNWI Interview 5, pos. 82). In particular, respondents who do not yet have their foundation agree with this view that it is neither negative nor harassing to be approached by a bank regarding foundation establishment. In this context, even some of the wealthy respondents can already report a pleasant approach and initial contact with a bank:

"We are invited to such evenings now and then. But of course on different topics. It is quite interesting, and there is delicious food and drink" (HNWI interview 2, pos. 64)

"Yes, indeed, I am" (HNWI interview 8, item 52).

"Yes, indeed. UBS wants that all the time, too" (HNWI interview 10, pos. 64).

Overall, as the results show, wealthy people are generally optimistic about setting up foundations and welcome an active approach by banks in this context.

7 DISCUSSION

The central objective of this research work is directed at the donation potential of high-net-worth individuals (UHNWIs and HNWIs) for the hospital sector. In this context, it is of particular importance to what extent wealthy people can contribute with their large donations to the support of hospitals, to realize cutting-edge medical projects with a high investment requirement. The analysis of the donation potential focuses not only on implementing funding projects in cutting-edge medicine with the help of (U)HNWIs, but also on the possible reduction or closure of the annual funding gap with the help of high-net-worth individuals. The study also investigated the current status of major-donor fundraising as an additional source of financing in German hospitals. This is because the situation of German hospitals and clinics is more dramatic than ever before - characterized by poor annual results, revenue problems due to low case numbers, and a general downward trend. Almost every second clinic in Germany is in the red. Urgently needed investments or even the realization of projects in cutting-edge medicine and research with high financial requirements cannot be realized due to financial bottlenecks. The COVID pandemic, in particular, is drastically exacerbating the situation of hospitals and clinics.

However, there have been no scientific studies on major gift fundraising with high-net-worth individuals for cutting-edge medicine and research in German hospitals and clinics and the associated recommendations for action. For this reason, data on high-net-worth individuals as significant donors and on the status quo of German hospitals concerning major-donor fundraising with high-net-worth donors were collected for the first time as part of this study.

The purpose of answering the research question *"What is the donation potential of high-net-worth individuals as the most potent donor target group to realize medical funding projects of cutting-edge medicine and research in German hospitals and clinics on the one hand and to reduce the annual funding gap of the bilingual financing system on the other hand?"* is to close the research gap that has existed to date. The objectives developed from the research question are, firstly, to examine the status quo

of German hospitals and clinics on the topic of major gift fundraising and explicitly on UHWNIs and HWNWIs as significant donors. Secondly, another important focus of this study is to examine the potential willingness of high-net-worth individuals to donate on this topic. Derivation of practical recommendations for action for German hospitals should thus conclude the study.

In line with the research question of this study as well as the central research objectives of this thesis, a mixed-methods approach was chosen to answer it adequately. The study is divided into three sub-studies in total. It combines qualitative and quantitative research approaches to shed light on the research question from different perspectives with a bipolar approach tailored to hospitals and high-net-worth individuals. Accordingly, this makes the study unique.

7.1 SUMMARY AND INTERPRETATION OF THE RESULTS

The topic of fundraising is widely covered in professional publications, and the number of publications and the presentation of the topic in various handbooks and textbooks proves that fundraising is used in numerous organizations. The study conducted thus substantiates the interest in fundraising. Based on a comprehensive literature review on major gifts fundraising with high-net-worth individuals, the central research question of the thesis was established. Accordingly, the results of the three sub-studies are now systematically summarized and interpreted.

Results of the first and second substudies with hospitals:

Through the expert interviews with hospitals throughout Germany, it became apparent that hospitals have general knowledge of fundraising. However, most hospitals have limited experience and knowledge in major gift fundraising with high-net-worth individuals. Only a few hospitals are already actively addressing the issue and can thus report initial practical experience with the donor target group. However, implementing active major-donor fundraising with the target group of high-net-worth individuals represents an explicit exception in the hospital landscape. This, in turn, highlights the untapped potential still to be

found in hospitals, as only about 10% of the hospitals surveyed in the questionnaire study indicated that they were actively doing so. Interestingly, the small proportion of hospitals with active major-donor fundraising have, for the most part, only been carrying this out for one to two years, and it is, therefore, still in its infancy.

The most frequently cited reason hospitals have not yet addressed the issue of major gift fundraising or the donor target group of high-net-worth individuals is the financially tricky situation in which hospitals have found themselves for years. The Corona situation has exacerbated this, as the study's literature analysis results show. The financial situation is bringing hospitals to their knees and leaving no room for maneuvering to focus on the issue. The money is used for more important issues, such as securing nursing staff, as there is a more acute need here from the hospitals' point of view. Furthermore, there is hardly any budget to set up a fundraising department or hire specially trained staff for major-donor fundraising. The high investment costs compared to the uncertain chances of success, in the view of the hospital employees surveyed, is another crucial reason that the hospitals regard as a risk. Overall, the study with the hospitals shows that the financial situation is very tight. However, the hospitals agree in this context that an earlier focus on high-net-worth individuals as significant donors and generally earlier investment in major-donor fundraising could have positively counteracted the financially difficult situation of the hospitals in Germany and thus put them in a better starting position.

At this point, it should be mentioned that the potential that high-net-worth individuals represent for hospitals is generally rated as high by hospitals. Not only is the potential of large donations mentioned in the interviews, but the topic of estate donations is also relevant for many hospitals in this context. It is particularly interesting to explicitly address the central research question that both of the first sub-studies present a uniform picture concerning the potential of high-net-worth individuals. Hospitals rate the potential of high-net-worth individuals to reduce funding gaps as low. Thus, the debt reduction into which hospitals have fallen due to missed state funding does not represent a suitable fundraising project for hospitals, which UHNWIs and HNWIs would be happy to support. The potential to fund cutting-edge medical funding projects is considered high.

Accordingly, from the hospitals' perspective, wealthy people are more willing to donate to cutting-edge medical projects with high funding needs than to fill existing funding gaps missed by state funding.

Nevertheless, the interviews show that due to the financially strained situation, the topic of major-donor fundraising represents a positive aspect for hospitals, but that currently is not the right time to deal intensively with the matter of major-donor fundraising. However, it is seen as having high potential for the future. In general, hospitals are seen as attractive donation objects or targets for high-net-worth people as donors because health is relevant to everyone. Accordingly, there is a certain open-mindedness on the part of people toward hospitals as an object of donation.

However, from the point of view of the hospitals, the mentality problem is mentioned again and again, which becomes a challenge for hospitals. In this context, the USA is often presented as a role model in expert interviews. The different mentality, the hospital employees interviewed agreed, is the main reason why major-donor fundraising has yet to be successful in Germany. A change in thinking must take place here. On the one hand, asking for donations should no longer have a negative connotation, and on the other hand, donations from wealthy people should become a matter of course, as in the USA.

Not only did the interviews make it clear, but the quantitative survey also confirmed the result that fundraising in general in German hospitals is predominantly "incidental" and is thus hardly institutionally anchored in the organization. There are only isolated examples of professionally run fundraising in German hospitals. The majority of hospitals are not adequately staffed or structured to focus on high-net-worth individuals as significant donors. The following prerequisites are not present in German hospitals, which repeatedly present the hospitals with challenges in terms of professionalizing fundraising:

- Low status of fundraising within the organization
- There is hardly any separate fundraising department of its own
- Trained major gift fundraisers are a rarity
- There is hardly any strategically oriented fundraising planning

- A convincing and motivating fundraising target image is often missing
- Parts of the communication are hardly targeted at UHNWIs and HNWIs
- Lack of support from the management level or the board of directors
- Hardly any potential sponsors in the donor portfolio
- Conducting an analysis of the potential of high-net-worth individuals is hardly ever done
- Realistic funding projects are often available, but there are difficulties in presenting a plausible investment need to funders
- Cooperation with consultants and agencies is seen as difficult

The general importance of fundraising in German hospitals is rated high to very high for their organization by only about one-third of the hospitals. This, in turn, is also reflected in the existence of an in-house fundraising department, which only around half of the hospitals have, according to the survey. Thus, even if they have their fundraising department, hardly any hospitals are equipped with professionally trained major donor fundraisers who cater to a particular target group of high-net-worth significant donors. The low status of fundraising is also reflected in the general number of fundraisers. Compared to America, where there are sometimes dozens of fundraisers in a hospital, according to the survey, an average of three employees are responsible for fundraising in German hospitals. In some hospitals, as the expert interviews also show, fundraising is carried out by an even smaller number of employees, sometimes even alongside their actual jobs. This clearly shows that fundraising is attributed only minor importance.

Furthermore, only half of the German hospitals have a strategic fundraising plan. Since fundraising is not structurally integrated into the hospital organization, only about one-third of the hospitals can present a convincing and motivating fundraising target image for potential donors. Furthermore, communication is not explicitly targeted at high-net-worth major donors, possibly due to a lack of fundraising department and planning. Additionally, the lack of support from the management level or the board of directors is criticized in the interviews. This finding is supported by the quantitative study, as around half of the hospitals stated that the active involvement of the board and the acceptance of fundraising

are currently low in the hospitals. This also makes it virtually impossible to establish fundraising for significant donors.

When it comes to resources, the picture is also consistent. Most hospitals rate their overall financial, technical, and personnel resources as poor to very poor. This means that the hospitals do not have the essential resources for professional fundraising and cannot establish professional fundraising for high-net-worth individuals.

In order to deal with the topic of major gift fundraising and in particular with the donor target group of high-net-worth individuals, in addition to the structural, human, and technical resources, there should first be sufficient potential supporters in the area and secondly an appropriate number of significant donors in the hospitals' donor portfolio. However, most hospitals do not know whether potential significant donors are present in their donor portfolio, let alone what the exact composition of their donor structure is. An additional problem for hospitals is that there is no uniform definition of small, medium, and large donors, making it difficult to compare the existing donor structures of hospitals in Germany. For this reason, there is a particular challenge in establishing major-donor fundraising to define the exact annual donation amount and other characteristics required to identify a significant donor. The interviews and the survey make it clear that a uniform approach and definition is highly relevant for the future and would have to be regulated uniformly for Germany in establishing major-donor fundraising in the hospitals. Thus, a direct comparison concerning the donor structures of the hospitals would only be possible. In this context, it should also be mentioned that hardly any hospitals have carried out a corresponding potential analysis to identify major donors in the area. Here again, it is clear that the topic has hardly been the focus of hospitals to date.

Another relevant aspect concerning the institutional readiness of hospitals can be mentioned as realistic funding projects, which are indispensable for major-donor fundraising. This does exist at most hospitals, with the average investment requirement, according to the survey, being 3.5 million euros per year. However, very few facilities present this high investment requirement in a plausible way to

major donors due to a lack of structural requirements, such as the existence of a separate fundraising department or the integration of fundraising into organizational structures.

Working with consultants and agencies is still helpful for professional fundraising. However, as the quantitative survey shows, most hospitals do not prefer active collaboration with consultants from banks, for example. It is also clear from the expert interviews that the fundamental cooperation between hospitals and banks in this area appears to be rather rudimentary. Of the few hospitals that do, the experience ranges from very good to bad. The bad experiences, as the interviews with hospital employees, show, result primarily from the fact that the banks are perceived as institutions that consider only their own business and their realization of new business areas. The banks view hospitals or wealthy people exclusively as a means to an end.

Overall, this shows that hospitals in Germany have a low level of institutional readiness. This may be a key reason hospitals have not yet addressed the donor target group of high-net-worth individuals. As the results of the qualitative and quantitative study show, the structural and personnel prerequisites are hardly present in most hospitals, which represents a central challenge concerning major-donor fundraising. The majority of hospitals also have little to no UHNWIs or HWNIs due to a lack of institutional readiness, as they are unable to adequately serve this target group at all due to a lack of foundation in fundraising or awareness of the target group. The relevant hospital staff frequently do not know whether high-net-worth individuals are in their donor portfolio. This fact can also be attributed to a lack of institutional readiness of the hospitals.

In addition to institutional readiness, the topic of influence by major donors was repeatedly mentioned as a challenge by hospitals in the expert interviews. They are afraid of giving up too much power to major donors. Independence represents a central motive for most hospitals, which they would like to preserve. Based on the data from the quantitative study, it is also clear that hospitals rigorously reject the influence of major donors. Most houses would like to retain their freedom and not have their processes and structures interfered with by wealthy people making large donations. Likewise, an acknowledgment of the donation, for example, by naming a new building, would be undesirable from the point of

view of the hospitals. Only in the use of the money donated would the hospitals in Germany be willing to give the donors some influence by allowing co-determination of the money donated for specific projects.

What is interesting here is that the concern of high-net-worth individuals exerting influence on the structures of a hospital turns out to be completely unfounded. The qualitative interviews with the (U)HNWIS have clearly shown that an influence of these donors is not sought at all. On the contrary, the possibility of influencing a hospital through a donation is rigorously rejected by the (U)HNWIS. As a result, the relevant hospital employees are starting from the wrong premises as far as the risk of influence being exerted on their hospitals is concerned. In this context, a comparison with the USA must also be made. It is not a problem for U.S. hospitals if (U)HNWIS exerts a particular influence on a hospital. Even naming a specific person who has donated or even naming an entire hospital after a major donor is not a problem for the USA. Here, the different mentality between the responsible hospital employees in Germany and the USA can be illustrated very strikingly.

Even though the potential that the hospitals see concerning high-net-worth individuals as major donors is high, the vast majority of hospitals currently have neither concrete plans for focusing on the donor target group nor for establishing professional major-donor fundraising in the future. They are also somewhat reluctant to engage in major-donor fundraising with high-net-worth individuals in the future. This may be because hospitals face financial bottlenecks, and the institutional willingness to deal with the issue is too low. Nevertheless, a few hospitals would be willing to invest in major-donor fundraising. According to the survey, about half of the hospitals are willing to invest a specific budget in major-donor fundraising. However, the average budget to be invested is around €54,000 annually. From a business point of view, this budget is not even close to sufficient for setting up a major-donor fundraising operation, considering that, in addition to the structural requirements, human and technical resources are also necessary.

Results of the third sub-study with UHNWIs and HNWIs:

By taking a bipolar approach to the study, the perspective of high-net-worth individuals was also included alongside that of hospitals to capture the issue of major donation fundraising in the hospital sector from two different perspectives.

From the perspective of UHNWIs and HNWIs in Germany, donations are generally seen as good and positive. Here, the relevance of donations enabling positive change in society is evident in the interviews with high-net-worth individuals. At this point, the social obligation that high-net-worth individuals have to society due to their high wealth can be mentioned in particular. This view is held by most of the (U)HNIWs interviewed.

Most wealthy people have a fundamentally positive attitude to setting up foundations and welcome an active approach from banks in this context. However, since many (U)HNWIS have hardly dealt with the topic, this represents an enormous potential in the field of major-donor fundraising.

Almost every (U)HNWIS respondent shows a fundamentally positive attitude toward donations and considers donating a kind of social obligation. However, this does not have to be limited to a pure monetary donation but can also be seen in the context of providing jobs as a social commitment and participation in society.

Furthermore, most of the wealthy people interviewed are prepared to donate part of their inheritance to hospitals as part of an estate or will. As long as the surviving family is sufficiently financially secure, high-net-worth individuals see no reason why they should not support hospitals in Germany financially with part of their inheritance. Inheritance fundraising, which has been virtually non-existent in German hospitals to date, thus represents a high potential for future donations by wealthy individuals. These activities should therefore be stepped up significantly by hospitals in Germany.

However, limits are also set concerning charitable giving. High-net-worth individuals believe that they are already providing adequate support to society through tax payments and ensuring a better standard of living within society. Furthermore, it becomes clear through the interviews that although wealthy people see a higher obligation to social commitment, every person, regardless of income and wealth, should commit to society in the context of a donation activity.

UHNWIs and HWNIs do not want to be seen as the only source of donations but as a supporting pillar for society, especially the hospital sector.

Hospitals as donation objects are mostly new donation terrain for wealthy people in Germany. Many have had little experience with hospitals in terms of donations. However, most of those surveyed would generally see hospitals as a good and attractive donation target for themselves because health, like all other people, plays a decisive role in what is worth investing money in.

However, a clear distinction must be made as to what high-net-worth individuals are willing to donate to in the hospital sector. The study's results show that the willingness to make a large donation is firm among wealthy people, particularly for cutting-edge medical areas in hospitals. However, a reduction in hospital debt, which Germany itself has caused through the failure to finance the individual states, is not an option as a reason for donating. UHNWIs and HNWIs do not want to pay or donate for grievances that are the hospital's fault, nor for the failures of the German health care system.

Therefore, the preferred areas for donations are research, medical technology, and care. In the medical-technical field, wealthy people in Germany are interested in using their donations to acquire new equipment for cutting-edge medicine, for which the hospital would otherwise have no budget. In this way, they can offer society and themselves great added value when health care is improved through new technology and research.

It is crucial to high-net-worth individuals as major donors to hospitals that the organizations respect their needs, wishes, and limits. Anonymity plays a significant role here. Hospitals should respect this and allow the major donors to act more in the background. In this context, high-net-worth individuals set an important limit that only a cash donation is preferred. Accordingly, further interaction with the hospital, such as in the context of involvement in an appropriate position or participation in the hospital's project, is not desired by most (U)HNWIS. This is in direct contrast to what the corresponding hospital employees believe. Said occurence is because they mostly believe that wealthy people want to use their donations to gain entry into the decision-making structures of

a clinic. The opposite, this study has shown, is the case. They also care that their donation is invested wisely and, above all, sustainably in the hospital. The serious appearance of the hospital, as well as serious and well-thought-out projects, are further points that are important for high-net-worth individuals. In addition, professional fundraising with an appropriate donor approach and support is desirable. Such includes donor retention and project presentation and implementation, for which the major donors are expected to donate. Self-initiative is not seen here, but hospitals must actively approach wealthy people to win them over as significant donors. The interviews with the (U)HNWIS also showed that these people would like to correspond with people who have decision-making authority in the relevant hospitals. The (U)HNWIS refuse to cooperate with employees who are incompetent to make decisions concerning a significant donation.

Thus, a professional fundraising concept is an essential aspect because only in this way can hospitals professionally serve high-net-worth individuals. From the point of view of high-net-worth individuals, hospitals are criticized for approaching the wealthy too infrequently. This may also be because there is no appropriate fundraising staff available, nor is it possible to address them adequately due to a lack of a fundraising concept. Hospitals are, therefore, not professional enough in the area of fundraising. The most relevant consideration from the point of view of high-net-worth individuals is tax savings. Should a hospital recruit a wealthy person as a major donor, a donation receipt should be issued for tax relief.

Not only was a comparison drawn between America and Germany concerning fundraising in hospitals among the hospitals themselves, but high-net-worth individuals were also asked this question. Here, too, a consistent picture can be seen. The people's mentality, attitude, and values due to the cultural difference favor the success of major gift fundraising in America, as the UHNWIs and HNWIs mention in the interview. In America, according to the high-net-worth, professional fundraising with repeated active appeals to people with high wealth is the key to success. The attitude that giving is negative has to change into something positive from the point of view of the wealthy in Germany. In addition, the social obligation, which high-net-worth individuals in Germany also see, is significantly higher in America. Accordingly, a central difference can

be found in the interviews. The cultural difference in America with regard to donations is possibly decisive for their success.

Overall interpretation of the results:

The qualitative study first showed that hospitals are not appropriately institutionalized, either structurally, in terms of personnel, or technically, to conduct major-donor fundraising with high-net-worth individuals. The quantitative empirical study again corroborated this. However, there is a general interest in the topic in German hospitals. In this context, the hospitals rate the potential of major-donor fundraising with the specific donor target group of high-net-worth individuals, particularly highly, especially for cutting-edge medical research projects with a high investment requirement. However, only a few hospitals are willing to invest large sums in establishing major-donor fundraising. This is due to the financially strained situation in which the hospitals have found themselves for years. The relevance and focus on major-donor fundraising are moving further and further into the background. This is where the challenge for hospitals lies: there needs to be a change in thinking, particularly at the management level. Management, as the study shows, does not sufficiently support the fundraising area and thus does not act as a role model to actively bring the topic of major-donor fundraising forward. A change in thinking must occur, especially among hospitals, because this is the only way to create the conditions for major-donor fundraising. High investment costs deter many hospitals, but the understanding must be created that the high donation income significantly increases the return on investment with major-donor fundraising.

On the other hand, high-net-worth individuals are particularly interested in contributing to the well-being of society and could well imagine fulfilling their social obligation and supporting hospitals with a significant donation. Health is also relevant for the wealthy, who would like to commit. However, the problem is that the wealthy are not approached consistently, effectively, and sustainably. Accordingly, many high-net-worth individuals have had little experience with hospitals regarding donations due to the lack of a correct approach, but there is a great deal of interest. In this context, as the results show, wealthy people often

do not feel addressed on the one hand. On the other hand, the expectations of these people towards the organization, projects, and fundraisers are not met according to their wishes and needs. Anonymity is a relevant aspect that hospitals should take into account. Wealthy people want to act in the background as much as possible. The issue of influence is somewhat secondary. Only a say in projects and a general update on the supporting projects should be granted by hospitals to strengthen the donor relationship positively. The concern of the hospitals on this point is, therefore, unfounded.

In summary, there is a high level of willingness on the part of high-net-worth individuals to act as potential major donors for future projects in German hospitals. On the other hand, however, hospitals are not yet in a position to adequately serve this potential. Hospitals should be aware that this is the largest growth area in the German donations market and that working with high-net-worth individuals is an excellent financial resource for securing cutting-edge medical projects in the future.

7.2 IMPLICATION FOR RESEARCH AND PRACTICE

The present work claims practical relevance. Thus, one of the research objectives was to derive practical recommendations for German hospitals regarding major donation fundraising with high-net-worth individuals as major donors. Considering the core results of this study, various implications for practice can be derived.

Framework conditions must be right: Major donation fundraising is lucrative, but it is not a task that can be done on the side. Awareness must change in hospitals, starting with leadership across all employees, and fundraising must be recognized as a relevant task within organizational structures. The following prerequisites should therefore be created:

- Major donation fundraising is anchored as a central management task and actively supported by management.
- It is integrated into the overall strategy.
- Adequate staffing with trained major donation fundraisers is available.

- Financial resources are adequately provided by the management.
- Major donation fundraising projects are well presented, and investment needs are clearly defined as a goal and regularly monitored.
- Proactive internal and external communication takes place.

Finding suitable partners: Approaching potential significant donors must be carefully prepared. An analysis of potential in the immediate and broader environment of the hospital is indispensable. An individual approach strategy must be developed. "Communication at eye level" should be taken into account in the conversation, with hospitals presenting their projects and plans with enthusiasm and expertise on the one hand and high-net-worth individuals contributing the financial means to help shape the project on the other. A presentation of the project tailored to the affluent, in which the essential facts underpin the project's relevance on an emotional level, as well as concrete calls to action for a financial commitment, are decisive for success. It is important to note that it is not only the major gift fundraisers who approach the potential high-net-worth significant donors but also the management level that can serve as an important door opener. This depends on the attitudes and interests of the major donor and their connection to the hospital. Again, the importance of the leadership level in major gift fundraising is evident.

Set realistic goals: To pursue and achieve fundraising goals, hospitals must develop and implement an appropriate strategy. Your major donation fundraising goals should be done in coordination with other organizational units and consistent with the organization's purpose.

Do not shy away from acquiring inheritances: The study results show that high-net-worth individuals are willing to donate part of their inheritance to hospitals. First, however, a suitable donor relationship should be established during one's lifetime, making further contact regarding legacy donations much more effortless. Hospitals as organizations should also be brought to the attention of other target groups, such as notaries, lawyers, or banks, as they draw up wills. Hospitals could therefore benefit from working in these areas.

Do not stir up unfounded fears: Substudies 1 and 2 have shown that many responsible employees are afraid that (U)HNWIS will use large donations to obtain management positions or a say in the respective clinics. Substudies 1 and 2 clearly showed that these fears are false.

Hospital managers should be aware of the value of major donation fundraising through (U)HNWIS: New hospital managers, board members, etc. should be aware that major donation fundraising through (U)HNWIS is a funding source of the future, as it is already today in the USA. This requires hospital managers with entrepreneurial know-how and an essential attitude. Such people should be sought when filling new top management positions in hospitals. Professional major-donor fundraising cannot work in German hospitals without the right mindset and the acceptance that donations from high-net-worth individuals represent a source of funding for the future. Hospital executives of the future should be aware that major gift fundraising is part of the business management toolkit of the future.

Do not perceive (U)HNWIS as "exotic" but as legitimate hospital supporters: the results of the present work have shown that (U)HNWIS do not act aloof and far from reality, but that most of them would care to donate to a hospital. Most (U)HNWIS consider the gift of a donation, especially to a hospital, as a gift for the general medical care of the population. Many are not even averse to bequeathing parts of their assets to a hospital in their will.

Use of fundraising consulting: Hospitals should, in many cases, use fundraising consulting for top executives. Even though this is difficult in times of low budgets, it must be clear that the ROI here is high. Hospital managers must be aware that institutionalized major gift fundraising through (U)HNWIS will be a business milestone in the future of hospitals. Hospital executives should therefore seek advice or coaching on these issues. This has so far, as the present study shows, only been done in exceptional cases.

Equip staff involved in major gift fundraising with decision-making authority: the third sub-study (interviews with the (U)HNWIS) showed that high-net-worth individuals are used to discussing and debating with decision-makers. Hospitals in Germany should also meet this basic requirement. The appropriate staff members, not part of the clinic management (e.g., salaried fundraisers),

should be given the decision-making authority to be perceived as adequate interlocutors vis-à-vis high-net-worth individuals.

7.3 FINDINGS AND LIMITATIONS OF THE STUDY

The findings of this study are of both a substantive and methodological nature. Therefore, in the following, the added value of this study for science and practice will be considered in a differentiated way from these two perspectives.

7.3.1 Discussion of the content perspective

From the point of view of content, the following results of this work can be listed: A closer look at the scientific penetration achieved in the literature to date on the topic complex of "donation potential of high-net-worth individuals as major donors for the hospital sector" revealed the necessity and relevance of the present work. That is because a comprehensive joint empirical investigation of the two constructs of hospitals and high-net-worth individuals as major donors and practical recommendations for action for the hospital sector derived from this has yet to take place within the framework of previous research achievements. It was found that only general fundraising or major donation fundraising was the subject of the analyses. Still, a joint study of the German hospital landscape and the donor target group of high-net-worth individuals as significant donors was lacking. Against this background, the motivation to close the research gap arose. Moreover, the central purpose of the present work was to expand the scientific knowledge of the targeted research area.

The thesis fulfills its underlying objective by first presenting the status quo in German hospitals on the topic of major-donor fundraising with high-net-worth individuals based on an appropriate theoretical foundation with the help of a comprehensive literature review, as well as by using a mixed-methods approach in a preliminary qualitative study (16 interviews) and a building quantitative empirical study with a sample of 287 subjects. In addition, the objective can be considered fulfilled since the views of UHNWIs, and HNWIs in Germany on

the donation potential for German hospitals were also recorded with the help of a further qualitative study (10 subjects). This helped to identify well-founded implications for the hospital sector in dealing with high-net-worth significant donors based on the three sub-studies.

Specifically, to achieve the objectives, it was necessary to use a bipolar approach to explicitly tailor the study to high-net-worth individuals and hospitals and to concretize major-donor fundraising for German hospitals. This was done using an interdisciplinary approach, taking insights from research on the implementation and success of major gift fundraising in other organizational settings, as well as insights from (motivational) psychology and the needs of people when giving, and applying them to the context of hospitals and high-net-worth individuals as significant donors.

The empirical study revealed a clear picture of the German hospital landscape regarding major donation fundraising with high-net-worth individuals. The lack of institutional readiness not only structurally but also technically and in terms of personnel puts hospitals in Germany in a difficult situation that makes focusing on major donation fundraising much more difficult. Above all, the financial aspect must not be disregarded because financial bottlenecks make it almost impossible to establish major-donor fundraising. These effects directly influence the success of major-donor fundraising with the target group of high-net-worth individuals because, without these aspects, major donation fundraising in German hospitals is not possible.

A second result of the empirical study was the view of high-net-worth individuals on fundraising for German hospitals. Hospitals see great potential in this area, and high-net-worth individuals are convinced that they can give something back to society and contribute to social welfare by making large donations. The purpose of the donation is relevant from the point of view of hospitals and for UHNWIs and HNWIs as significant donors. Support for funding projects in cutting-edge medicine, which involve an enormous amount of financing, is seen as positive. However, high-net-worth individuals do not want to use their money to reduce debt.

Based on the three results of the empirical study, corresponding recommendations for action and implications for practical application in German hospitals were then discussed.

Overall, the objective of this work is concretized in the successful completion of the two research objectives, which were to map the status quo in German hospitals on the topic of major-donor fundraising with high-net-worth individuals for the first time (1st research objective). Additionally to include the perspective of high-net-worth individuals as potential major donors for the hospital sector (2nd research objective) as well as to derive recommendations for action, based on the findings, for the hospital sector in dealing with UHNWIs and HNWIs (3rd research objective). The work thus fulfills the demand of the practice, a first-time presentation of the situation of hospitals in Germany on the topic of major-donor fundraising, particularly with the specific donor target group of high-net-worth individuals. Also, showing concrete measures for the hospital sector that contribute to successful major-donor fundraising with high-net-worth individuals. The work thus provides a comprehensive understanding of major gift fundraising with UHNWIs and HNWIS specifically for the hospital sector.

Consequently, this paper contributes to a better understanding of the current status in German hospitals on the topic of major gift fundraising and a better empathy with the perspective of UHNWIs and HNWIs. By analyzing the current situation in German hospitals and taking into account the needs and views of high-net-worth individuals as potential major donors, hospitals can now create the structural and personnel conditions for appropriate major-donor fundraising in order to make the best possible use of the donation potential that high-net-worth individuals represent for the hospital sector. Considering the fundraising potential of UHNWIs and HNWIs to close existing funding gaps as well as to realize cutting-edge medical funding projects with high investment needs, both from the perspective of hospitals and high-net-worth individuals, helps to increase the tangibility of the concept of the fundraising potential of this target group and to generate a sound understanding as well as implementation capacity among hospital fundraisers and academia. The work thus promotes the necessary shift away from conventional thinking and fundraising approaches and

measures. Through the empirical study findings, hospitals can understand the relevant factors that are important for successful major gift fundraising with high-net-worth individuals. This helps to ensure that they can design and implement the measures effectively. In particular, the measures listed in chapter 7.2 help to ensure that major-donor fundraising in the hospital sector becomes more important and that the involvement of high-net-worth individuals as major donors can become more widespread in this area.

However, the work provides exciting results for researchers and managers in the healthcare sector and contributes to a better general understanding of major gift fundraising for other sectors that may also want to deal with the donor target group of high-net-worth individuals. All researchers and managers involved in major gift fundraising with this target group can gain valuable insights into how high-net-worth individuals view the topic of giving through this work.

7.3.2 Discussion of the methodological approach

From a methodological point of view, the work's added value lies in the detailed presentation of the current literature on the subject of major-donor fundraising in German hospitals and on the potential of high-net-worth individuals and their needs concerning fundraising. Furthermore, another added value can be seen in the linking of three sub-studies on this topic, as this is the first time that the topic of major-donor fundraising with high-net-worth individuals has been examined using qualitative as well as quantitative research approaches. It is precisely this combination of the bipolar approach, tailored to hospitals and high-net-worth individuals, that makes this work unique so far in Germany. Furthermore, a detailed execution of the operationalization of the construct's influence and institutional readiness as a central aspect in major donation fundraising with high-net-worth individuals was conducted. This generates further added value from the study, as there are hardly any empirical questionnaires on the two constructs concerning high-net-worth individuals as significant donors for German hospitals.

The questionnaire developed for the second sub-study with the hospitals on the subject of major-donor fundraising focused on the questions essential to

the investigation; questions that were not relevant to the objective were omitted. This requires extensive preliminary work, including a prior comprehensive literature review of the current state of knowledge on the topic and extensive pretests in advance. Furthermore, qualitative expert interviews were conducted in advance with hospital directors and clinic fundraisers (1st sub-study), which initially provided an initial state of knowledge. The hypotheses developed on this basis were then verified in the second step with the help of the quantitative questionnaire study (2nd substudy). In order to look at the research question from the hospitals' perspectives, a third sub-study was also carried out, in which the views of the UHWNIs and HNIWs (third sub-study) on the topic were analyzed with the help of the qualitative expert interviews. The mixed-methods approach not only provides further added value to this study but should also serve as a stimulus and orientation for other researchers.

The interview guideline questions for the expert interviews were developed for both the 1st sub-study with the hospitals and the 3rd sub-study with the (U)HNWIs using Helfferich's S-P-S-S method. They were repeatedly improved through several circular processes. Through additional lively discussions with further researchers (after a few modifications and adjustments through a circular process), these were found to be positive. In the operationalization and evaluation, great importance was attached to transparency and comprehensibility, which are not always given in other investigations and studies. The questions for the qualitative surveys were also examined using a wide range of decisive quality criteria for qualitative research and were also evaluated as positive. In addition, care was taken in the first sub-study to fulfill the corresponding quota plan to interview hospitals on the topic from all German states. This enabled a picture of the status quo in hospitals throughout Germany.

In the quantitative investigation (2nd sub-study), the two central constructs of influence and institutional readiness were also tested for various reliability and validity properties with the aid of a wide-ranging set of performant quality criteria and were judged to be positive in the process following extensive pretests (focus groups, think-aloud method, and standard pretest).

Comprehensibility, transparency, and stringency also were relevant aspects of this sub-study's operationalization and evaluation.

Conditional on the conscientiousness that the work always sought, errors were avoided through extensive pretesting in the specification and construction of the questions and constructs. Furthermore, during the raw data analysis, an intensive data exploration occurred, including the treatment of missing values. However, found no significance in this study since no missing values were available due to the questionnaire structure. Using the software Lamapoll and SPSS, a descriptive approach was chosen that best represents the results of the status quo in German hospitals. The accurate operationalization of the two relevant constructs shown in this work can be a valuable aid to other researchers for further research.

Overall, from a methodological point of view, this study offers enormous added value to hospitals and academia, as qualitative and quantitative research approaches were combined. Thus the topic was investigated for the first time using a mixed-methods approach.

7.3.3 Limitations of the study

Like any scientific work, the present study has certain restrictions, simultaneously providing points of departure for the next bullet point (Chapter 7.4: Further Research Needs).

As with many studies, the generalizability of the results of this study presents a problem (Ahearne et al., 2005). Although the data for the empirical quantitative part (2nd sub-study) of this thesis was collected for the whole of Germany, the results show that the federal states are not all equally represented in the sample, which makes a possible bias of the results and a generalization for the whole of Germany difficult. Accordingly, Bavaria, as the largest state in terms of area, should be most frequently represented, but this is not the case, as North Rhine-Westphalia is the most frequently represented state in the sample, with 20.56%. It should also be critically noted that only a descriptive analysis was carried out and that the quantitative study results can, therefore, only be related to the sample and cannot be transferred to the population of all hospitals in

Germany. Due to an uneven distribution of the federal states in the sample of the quantitative survey and the evaluation method, the results of the present mixed-methods study cannot be generalized. However, as a first investigation of the donation potential of high-net-worth individuals for the hospital sector, as well as the presentation of the status quo of German hospitals on the topic of major gift fundraising with (U)HNWIs, they provide new insights and allow a first picture of the German hospital landscape with this topic.

It should also be critically noted that only a small number of subjects could be generated due to the limited time frame, lack of financial resources, and difficulty accessing hospitals and high-net-worth individuals. However, theoretical saturation was achieved in both qualitative sub-studies, meaning that the sample's representativeness can be guaranteed.

Furthermore, a response rate of 287 out of 978 was achieved in the quantitative study with the clinic employees (2nd sub-study), corresponding to a percentage response rate of 29.3%. This means that the 5% confidence interval was achieved, indicating that the study can be assumed as representative.

In addition, the study was only a one-off (cross-sectional) investigation with one measurement point for all three sub-studies, allowing only a point-in-time analysis. However, since the study only aimed to provide a picture of the status quo, it is not possible to make statements about major donation fundraising over a longer period. It, therefore, remains unclear whether the factors identified, such as the institutional readiness of German hospitals or the exertion of influence, are valid only in the situation studied or permanently. Therefore, statements about possible changes through the application of the recommendations for action are impossible.

Furthermore, it can be viewed critically that only a purely qualitative investigation was conducted in the study with the target group of high-net-worth individuals. Due to the difficult access to UHNWIs and HNWIs, the study was limited to a qualitative investigation. The Covid 19 problem further complicated access to this group of people in the time window of the study. Statements on the generalizability of the conclusions cannot, therefore, be guaranteed for the high-

net-worth segment in Germany. The view of high-net-worth individuals in a Germany-wide comparison may vary from the results of this study. It, therefore, remains unclear whether the findings found apply to all of Germany or whether the results can be reproduced in a similar study at a later date.

Nevertheless, in summary, the present work contributes to laying a foundation stone in fundraising research with the specific donor target group of high-net-worth individuals as major donors for the hospital sector. At the same time, it provides starting points for further research activities, which other researchers and scholars are strongly encouraged to pursue in further studies.

7.4 FURTHER RESEARCH NEEDS

Without question, further and, above all, more in-depth research into major-donor fundraising for German hospitals appears necessary. An initial picture of the current situation in the hospital sector concerning major donation fundraising with high-net-worth individuals remains a first start and, thus, an auxiliary construct used to approach the subject matter in its complexity and to gain an overview of the field. The knowledge gained through the study can thus serve as a basis but cannot fully capture the complex structures. Accordingly, there is a need for further research in this subject area.

A first recommendable research project on major-donor fundraising with high-net-worth individuals would be to validate the findings obtained through the study. This should involve investigating the extent to which the findings can be replicated in a second study and whether a similar result can be reached with the help of the second data set. Confirming the findings in a replication study would be a valuable gain in knowledge.

Another research task is to investigate the topic of major-donor fundraising with high-net-worth individuals in a long-term study in German hospitals. In contrast to the analysis in this paper, a long-term study would repeat the survey with several measurement points over several years in order to analyze the development and success of the hospitals in the area of major-donor fundraising with the target group over the long term, building on the current situation in German hospitals. This multiple sampling of the same variables at the same

hospitals as subjects over time with different time points allows for the detection of change and a measure of success.

Furthermore, it would make sense to integrate the proposed recommendations for action and strategies into an empirical study as well. Hardly any scientific study - including the present work - analyzes German hospitals' successes through practice-oriented recommendations for action.

Building on the findings of this work, measurement tools could be identified and developed specifically for the hospital sector that evaluate the success of homes with high-net-worth individuals based on the recommendations for action developed here. In this way, it would be possible to determine success factors for promoting major gift fundraising with the donor target group of UHNWIs and HNWIs.

In addition, the scope of this work could be extended to other related aspects. For example, it would be interesting to explore the difference between America and Germany in terms of major gift fundraising with high-net-worth individuals and in what ways hospitals in Germany can learn and benefit from the American role models in this area. A comparison between America and Germany was briefly addressed in the literature review but could only be considered a partial aspect of the empirical data collection. For successful major-donor fundraising with high-net-worth individuals in Germany, it would be particularly relevant for German hospitals to conduct a comparative study to give more importance to this topic. The concrete application of the American success model to German hospitals could thus become a research focus in further studies.

The findings of this study show that, on the one hand, high-net-worth individuals represent an enormous potential for fundraising in hospitals and, on the other hand, hospitals are not institutionally positioned to take advantage of this potential, giving rise to a further question which, however, could not be considered in the context of this study. The question is how to concretely build hospitals institutionally so that they can use high-net-worth individuals as an additional source of funding in cutting-edge medicine in the context of professional major-donor fundraising. This goes far beyond the recommendations for action

in this study and requires further research directly related to hospitals. Thus, there is a need for further research on a more in-depth analysis of the situation of German hospitals with a focus on ensuring institutional readiness for major-donor fundraising. It would be interesting to take a closer look at the recommendations for action on this topic outlined in chapter 7.2.

7.5 OUTLOOK

Wealth and assets have always been a marginal topic in German society. However, the growing number of high-net-worth individuals and the level of wealth itself have brought it increasingly into focus. Accordingly, interest in the topic of wealth has grown in many areas. For hospitals, too, the growing number of wealthy people means that the target group of high-net-worth individuals is of growing importance (Major Giving Institute, 2016).

For the future of fundraising practice in German hospitals with the donor target group of high-net-worth individuals, it seems essential that hospitals recognize where they still need to catch up in terms of institutional readiness for major donation fundraising and work specifically on the weak points. In particular, hospitals' management and executive level must be more integrated and act as role models in fundraising. This requires a more assertive entrepreneurial attitude on the part of hospital management personnel, as major-donor fundraising with high-net-worth individuals will become an increasingly well-known alternative form of financing and, thus, basic business management and entrepreneurial function in German hospitals.

It can be assumed that major gift fundraising with high-net-worth individuals, which represents a high potential for hospitals, as well as the corresponding measures to establish such major gift fundraising for hospitals, will become more widespread in the coming years due to increasing financial constraints and thus an increasing need to invest in alternative sources of funding. Therefore, hospitals should not wait too long and promptly address major donation fundraising and the target group of high-net-worth individuals despite high initial investment costs.

In contrast to the USA, where major gift fundraising is widespread and has a high success rate in hospitals, Germany still has some catching up. The main problem, confirmed by the study, is, on the one hand, the different mentality and, on the other hand, the attitude of donors towards fundraising. Nowadays, the public claim of non-profit work is often equated with the idealistic collection of alms. (Brinckerhoff, 2000; L. Schulz, 2008). "Fundraising is perceived as begging; [...]; professional fundraising marketing is seen as frivolous, manipulative, and an unauthorized invasion of privacy" (Hönig & Schulz, 2008, p. 288). Here, a rethink is needed on both sides - the hospitals and the major donors - regarding the issue of donations.

Article 14 (2) of the Basic Law of the Federal Republic of Germany makes this clear: "Property obliges. Its use shall at the same time serve the common good." (Bundesministerium der Justiz, n.d.). This is exactly where it is possible to start. Hospitals must find out for themselves what this article of the Basic Law means in practice.

The study makes clear that while hospitals see the different donation mentality compared to America as a challenge in major gift fundraising with high-net-worth individuals, on the other hand, the interviews with UHNWIs and HNWIs refuted that mentality was an obstacle. This is because high-net-worth individuals in Germany are willing to donate to hospitals and support them financially with a significant donation. Thus, hospitals can take advantage of the principle article in major gift fundraising and integrate this into their work with high-net-worth individuals. At this point, it must be made clear that high-net-worth individuals require professional fundraising. This means that addressing, retaining, and building relationships with the hospital tailored to high-net-worth individuals is crucial to success. In particular, addressing UHNWIS through decision-makers within the hospital is to be seen as a success factor here. Projects and their investment needs must be tailored to high-net-worth individuals, and wishes and needs such as saving on donations or anonymity must be guaranteed.

However, the difficulty remains that many wealthy people who engage in large donations do so intentionally in the background and often do not want

publication. Thus, there is a lack of regular large-donation rankings on the philanthropic engagement and donor behavior of German people (Major Giving Institute, 2016). However, here, too, hospitals can add value to German society through major-donor fundraising by convincing their acquired significant donors to become publicly known in order to create more transparency and continuity in this area.

By additionally applying major-donor fundraising with UHNWIs and HNWIs, hospitals can compensate for the financially difficult situation that makes it almost impossible to realize relevant cutting-edge medical funding projects and retain profitable significant donors in the long term. This increases the performance of the hospitals, which brings greater benefits to society in Germany through improved cutting-edge medicine. Thus, German hospitals have become more competitive without waiting for money from the government. This study has clearly demonstrated this.

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APPENDIX

APPENDIX 1: LINKEDIN CALL FOR THE STUDY – HOSPITAL (1. SUB-STUDY)

Studie zum Thema Krankenhausfinanzierung/Fundraising in Deutschland – Mitwirkung/Teilnahme erwünscht

Herr Axel Rump führt eine Studie zum Thema „Fundraising bei hochvermögenden Menschen zur Schließung von Finanzierunglücken und Förderung von Spitzenmedizin in deutschen Krankenhäusern“ durch. Dazu ist es vonnöten, den aktuellen Ist-Zustand bzgl. dieses Themas in Deutschland zu ermitteln. Hierzu werden ca. 20 Interviewpartner benötigt, die sich in einem qualitativen Experteninterview dieser Thematik stellen. Die Interviews erfolgen via ZOOM. Die Interviewpartner sollten aus dem Krankenhaus (öffentlich-rechtlich) kommen und zu den folgenden Berufsgruppen gehören: kaufmännische Direktoren (-innen), Klinikleiter(-innen), Chefärzte (-innen), leitende Oberärzte(-innen), Leiter(-innen) von Fundraisingabteilungen, Leiter(-innen) Unternehmenskommunikation. Welcher Trägerschaft sich das Krankenhaus befindet spielt keine Rolle. Das Interview dauert ca. 20-30 Minuten. Das Interview wird mit einem Tonbandgerät aufgezeichnet, transkribiert und anschließend ausgewertet. Die Interviews werden im Anschluss vollkommen anonymisiert, d.h. es lassen sich keinerlei Rückschlüsse herstellen, wer das Interview gegeben hat bzw. zu welchem Haus die entsprechende Person gehört. Wir bitten um die Teilnahme bei dieser in Deutschland bisher einzigartigen Studie über das Spendenverhalten und die Aktivitäten deutscher Krankenhäuser im Bereich hochvermögender Privatleute.

Wenn Sie sich als Interviewpartner zur Verfügung stellen möchten schreiben Sie uns bitte unter pameru@rocketmail.com. Informationen zu den Interviews und/oder zur Studie können auch gerne vorab unter dieser Emailadresse erfragt werden.

APPENDIX 2: THINK ALOUD PROTOCOL

Einleitung

Evaluator: Vielen Dank, dass Sie heute an diesem Interview teilnehmen. Zweck dieses Ge-sprächs ist es, eine Umfrage zu testen, die wir gerade entwickeln. Ich werde Sie bitten, den Umfrageentwurf auszufüllen und nachdem Sie die Anweisungen und die einzelne Frage gelesen und beantwortet haben laut zu "denken". Dazu werden Sie mir einfach sagen, woran Sie denken. Dies wird uns helfen, die Anweisungen und Fragen klarer zu formulieren und die aufgeführten Antwortmöglichkeiten zu verbessern. Ich werde mir während des Gesprächs Notizen machen.

Umfrage-Test

Evaluator: Dies ist der Entwurf der Umfrage, die wir testen wollen. Bitte lesen Sie die An-weisungen sowie die dazu gehörige Fragen aufmerksam durch und tragen Ihre Antwort zu jeder Frage ein. Sagen Sie mir anschließend was sie dabei denken.

Der Auswerter sollte ruhig bleiben, während der Testteilnehmer beschreibt, woran er denkt. Jedes Mal, wenn der Testteilnehmer eine Pause macht, sollte der Auswerter sagen: "Sagen Sie mir, woran Sie denken".

Evaluator: Ich danke Ihnen sehr. Das war sehr hilfreich. Jetzt möchte ich, dass Sie sich die Umfrage noch einmal ansehen. Welche Teile waren ggf. verwirrend oder unklar für Sie?

Schluss:

Evaluator: Ich danke Ihnen nochmals. Gibt es noch etwas, was Sie zu dieser Umfrage sagen möchten, bevor wir das Interview beenden?

Evaluator: Ich weiß Ihre Zeit heute wirklich zu schätzen. Dieses Interview war sehr informativ und wird uns helfen, die Umfrage zu verbessern.

APPENDIX 3: FINAL CATEGORY SYSTEM OF THE QUALITATIVE PRELIMINARY STUDY WITH HOSPITALS

K1: Allgemeine Erfahrungen und Kenntnisse Die Kategorie umfasst eine allgemeine Beschreibung der bisherigen (praktischen) Erfahrungen und Kenntnisse bezüglich des Themas Fundraisings bei sehr wohlhabenden Menschen im Krankenhausbereich.			
Kategorie	**Definition**	**Ankerbeispiele**	**Kodierregeln**
Allgemeine Erfahrungen/Kenntnisse	Textstellen, die eine Beschreibung von allgemeinen Erfahrungen und/oder Kenntnissen mit hochvermögenden Spendern aufzeigen.	„Praktisch gar keine. Theoretisch bin ich da gut aufgestellt“ (Interview15, Pos. 10)	Lediglich allgemeine übergreifende Aussagen zum Thema Großspenden-Fundraising/Hochvermögende Spender werden codiert.
K2: Status Quo Die Kategorie umfasst die Beschreibung der aktuellen Situation des Krankenhauses. Von besonderer Bedeutung ist wie Krankenhäuser personell sowie strukturell im Bereich Fundraising aktuell aufgestellt sind und inwieweit der Fokus auf ein Großspenden-Fundraising mit hochvermögenden Menschen gelegt wird. Die Kategorie gibt durch die fünf Unterkategorien ein umfassendes Bild zur aktuellen Situation.			
Kategorie	**Definition**	**Ankerbeispiele**	**Kodierregeln**

K2.1 Überblick über aktuelle Situation	Die Kategorie beinhaltet die Beschreibung und Bewertung der aktuellen Situation im Fundraising deutscher Krankenhäuser.	„Wir [haben] eine eigene Fundraising-Abteilung. Das ist ja nicht üblich. Das hat nicht jedes Krankenhaus“ (Interview5, Pos. 4)	Alle Aspekte, die nicht explizit in die vier anderen Unterkategorien zur aktuellen Situation passen, werden in dieser Kategorie eingeordnet.
K2.2 Spender/Spenderstruktur	Die Kategorie umfasst die konkrete Abfrage der Spenderstruktur sowie das Wissen, ob hochvermögende Menschen im Spenderportfolio vorhanden sind, da dies entscheidend für den Aufbau und den Erfolg eines Großspenden-Fundraising für Krankenhäuser ist.	„Ob da jemals hochvermögende Menschen dabei waren, weiß ich nicht. Aber wenn ich das richtig verstehe, reden Sie von Menschen wo ich als Chefarzt ein kleiner Jun-ge gegen bin. Sowas	

		haben wir hier sowieso nicht. Glaube ich zumindest“ (Interview14, Pos. 2).	
K2.3 Krankenhaus als Spendenobjekt	Die Kategorie umfasst die Meinung und Einstellung in Bezug auf Krankenhäuser als attraktive Spendenobjekte für hochvermögende Menschen.	„Wir haben jetzt das Thema Kinderklinik. Das lässt sich sicher gut spendenmäßig verarbeiten.“ (Interview2, Pos. 54)	
K2.4 Kommunikation über Investitionsvorhaben	Die Kategorie erfasst zum einen die Abfrage, ob und in welcher Form Krankenhäuser ihre Investitionsvorhaben sowie Projekte in der Öffentlichkeit kommunizieren.	„Durch Medienkooperationen stellen wir auch sicher, dass das mit immer neuen Themen wieder, ich sag mal, in die Öffentlichkeit	

		gelangt.“ (Interview2, Pos. 30)	
K2.5 Früherer Beginn mit Großspenden-Fundraising	Die Kategorie umfasst die Bewertung und Einstellung der Krankenhäuser bezogen auf das Potenzial des Großspenden-Fundraisings, wenn die Häuser damit bereits früher begonnen hätten. Zudem fällt unter die Kategorie welche möglichen Auswirkungen ein früherer Beginn	„Aber ich bin sicher das man in diesem Bereich (..) Zustiftungen, dieser Themenbereich was passiert mit meinem Vermögen nach meinem Ableben. Das man damit noch früher beginnenden Kooperationen vielleicht ein bisschen bessere Erfolge hätte“ (In-terview2, Pos. 20)	

K3: Vergangenheit Die Kategorie umfasst eine Beschreibung, wie das Krankenhaus bisher das Großspenden-Fundraising mit hochvermögenden Menschen erlebt hat und vor welchen möglichen Herausforderungen die Häuser bezüglich Großspenden-Fundraising standen. Von besonderer Bedeutung sind weitere Aspekte wie Spendenvolumen und Spenderansprache.			
Kategorie	**Definition**	**Ankerbeispiele**	**Kodierregeln**
K2.1 Spendenvolumen	Die Kategorie umfasst eine Beschreibung des möglichen Spendenvolumens durch hochvermögenden Spender, welches bisher generiert werden konnte.	„Und auch durchaus auch, war auch mal 6-stellig. Das hat es alles mal gegeben. Aber das sind absolute totale Ausnahmefälle“ (Interview13, Pos. 18).	Einzuordnen sind Aussagen zu erhaltenen (Groß)spenden, bestenfalls durch vermögende Menschen. Es müssen keine konkreten Zahlen genannt werden. Eine allgemeine Aussage zum allgemeinen Spendenvolumen ist ausreichend.
K2.2 Spenderakquisition/ Spenderansprache	Die Kategorie erfasst Textstellen, die bereits praktizierte Strategien oder Vorgehensweisen/Wege zur Ansprache von Spender im Allgemeine	„Unser Versuch war zum Beispiel bei der Eröffnung eines Bauabschnittes einer neu-en	Einzuordnen sind mögliche Strategien oder Wege, die das Krankenhaus bereits gegangen ist oder ausprobiert

	sowie explizit von hochvermögenden Spendern beschreiben.	Klinik vermögende Privatpersonen einzuladen. Über das Unternehmen dem die zugehören. Was wir geschafft haben für den nächsten Bauabschnitt Interesse zu we-cken. Und zu sagen wir sind noch nicht fertig, es gibt, geht hier weiter. Das hat nicht so zu Erfolg geführt“ (Interview2, Pos. 28)	hat, um hochvermögende Spender anzusprechen. Einzuordnen sind ebenfalls Erlebnisse und Empfinden sowie Bewertungen der durchgeführten Wege in diesem Kontext.
K2.3 Herausforderungen/Einflussfaktoren	Die Kategorie umfasst Textstellen, die darstellen vor welche möglichen	„Das ist auch immer das Risiko, wenn Menschen	Hier sind Empfindungen, Gedanken, Erlebnisse sowie Handlungen bezogen auf Herausforderungen mit

	Herausforderungen das Krankenhaus stand und welche Einflussfaktoren auf das Krankenhaus in Bezug auf Fundraising mit hochvermögenden Menschen wirken.	dann sozusagen auch ihren Namen hergeben. Das solange es denen gut geht und die einen guten Ruf haben ist alles OK, wenn der Ruf dann mal, warum auch immer oder die Person in Verruf gerät berech-tigt oder nicht berechtigt hängt man auch oft schnell mit drin. Es ist ein sensibles Thema“ (Interview5, Pos. 26).	vermögenden Menschen als Spender einzuordnen. Hierzu zählen auch allgemeine Herausforderungen gegenüber vermögenden Spendern in Krankenhäusern sowie im Kontext dessen erlebte Situationen.
K4: Zukunftspläne Im Zentrum dieser Kategorie stehen die Zukunftspläne und Aussichten von Krankenhäusern beim Großspenden-Fundraising mit hochvermögenden Menschen. Die Kategorie umfasst zum einen eine Beschreibung der Pläne des Krankenhauses für			

die Zukunft und dabei insbesondere, wie ein perfektes Fundraising für die spezielle Spenderzielgruppe aussehen könnte. Zum anderen umfasst die Kategorie das Thema der Investitionsbereitschaft für die verschiedenen Aspekte eines professionelles Großspenden-Fundraising bei dieser Zielgruppe.			
Kategorie	**Definition**	**Ankerbeispiele**	**Kodierregeln**
K4.1 Zukunftspläne	Die Kategorie umfasst Textstellen, die darstellen, welche Pläne Krankenhäuser in Bezug auf ein Großspenden-Fundraising in Zukunft haben und wie möglicherweise ein perfektes Fundraising mit hochvermögenden Spendern in Zukunft für das Krankenhaus aussehen könnte.	„Nein. Da gibt es keine Ziele. (…) Unser Vorstand möchte das auch gar nicht. Ich habe das schon vorgebracht. Die haben es bisher zweimal abgelehnt und da kann ich auch gar nichts machen“ (Interview10, Pos. 36)	Einzuordnen sind Beschreibungen, wie sich Krankenhäuser ein perfektes Fundraising für wohlhabende Spender vorstellen würde. Allgemeine sowie konkrete Ziele der Krankenhäuser in diesem Kontext werden ebenfalls codiert.

		„Es gibt schon, es gab mal eine Idee, einen Förderverein zu gründen, und da Bestre-bungen.“ (Interview3, Pos. 20)	
K4.2 Investitionsbereitschaft	Die Kategorie beinhaltet Textstellen, die die Budgetbereitstellung für ein professionelles Fundraising mit hochvermögenden Spendern in Zukunft thematisieren sowie die generelle Investitionsbereitschaft abbildet.	„Ob wir jetzt tatsächlich (..) Summe X als Investition in die Hand nehmen würden, um dann ein zwei dreistellige Millionenbeträge, naja zweistellig höchstens zubekommen das müsste ich mal fragen. Also ich könnte es mir	Einzuordnen sind alle Aussagen, Bewertungen, subjektive Einschätzungen sowie Gründe des Krankenhauses für eine generelle Bereitschaft für Investitionen in ein Großspenden-Fundraising.

		vorstellen“ (Interview1, Pos. 25)	
K5: Förderprojekte Die Kategorie umfasst eine Beschreibung in Bezug auf bisherige Projekte oder anstehende Projekte, die einen erhöhten Förderbedarf haben. Der Fokus in dieser Kategorie liegt weniger auf konkreten Projekten, sondern mehr auf einer Tendenz von Krankenhäusern, ob Fördergelder für bestimmte Projekte benötigt werden.			
Kategorie	**Definition**	**Ankerbeispiele**	**Kodierregeln**
K5: Förderprojekte	Die Kategorie umfasst Textstellen, die eine allgemeine Beschreibung oder eine Nennung der aktuell anstehenden oder vergangener Projekte für Großspender darstellen, die eine hohe Finanzierungssumme haben.	„Es gibt zwei große Gebäudeblöcke, die müsste man im Grunde genommen abreißen, weil sanierungsbedürftig. Da hätten wir mehr als genug Bedarf. Und auch was die technische	Eine konkrete Nennung der Projekte ist nicht notwendig. Allgemeine Aussagen und Bewertungen zu Projekten im Krankenhaus mit hochvermögenden Spendern werden codiert.

		Ausstattung anbetrifft. Wir haben kein Operationscomputer oder Roboter, so einen Da Vinci“ (Interview1_B.M., Pos. 33)	
K6: Potenzial der Spenderzielgruppe Die Kategorie umfasst eine Beschreibung des Potenzials, die Krankenhäuser bezüglich hochvermögender Spender sehen. Zum einen umfasst diese Kategorie das Thema der Schließung vorhandener Finanzierungslücken mithilfe von hochvermögenden Menschen und zum anderen die Realisierung von spitzenmedizinischen Projekten. Zudem wird das Thema Potenzialanalyse aufgegriffen.			
Kategorien	**Definition**	**Ankerbeispiele**	**Kodierregeln**
K6.1 Potenzial/Potenzialanalyse	Die Kategorie umfasst Textstellen, die Aussagen oder Gründe zu einer Potenzialanalyse darlegen sowie das	„Aber so eine Analyse ist auf Grundlage dessen irgendwie noch nicht, als	Es werden alle Aussagen, Meinungen, Äußerungen, die in Bezug zum allgemeinen Potenzial der Zielgruppe sowie zu einer durchgeführten

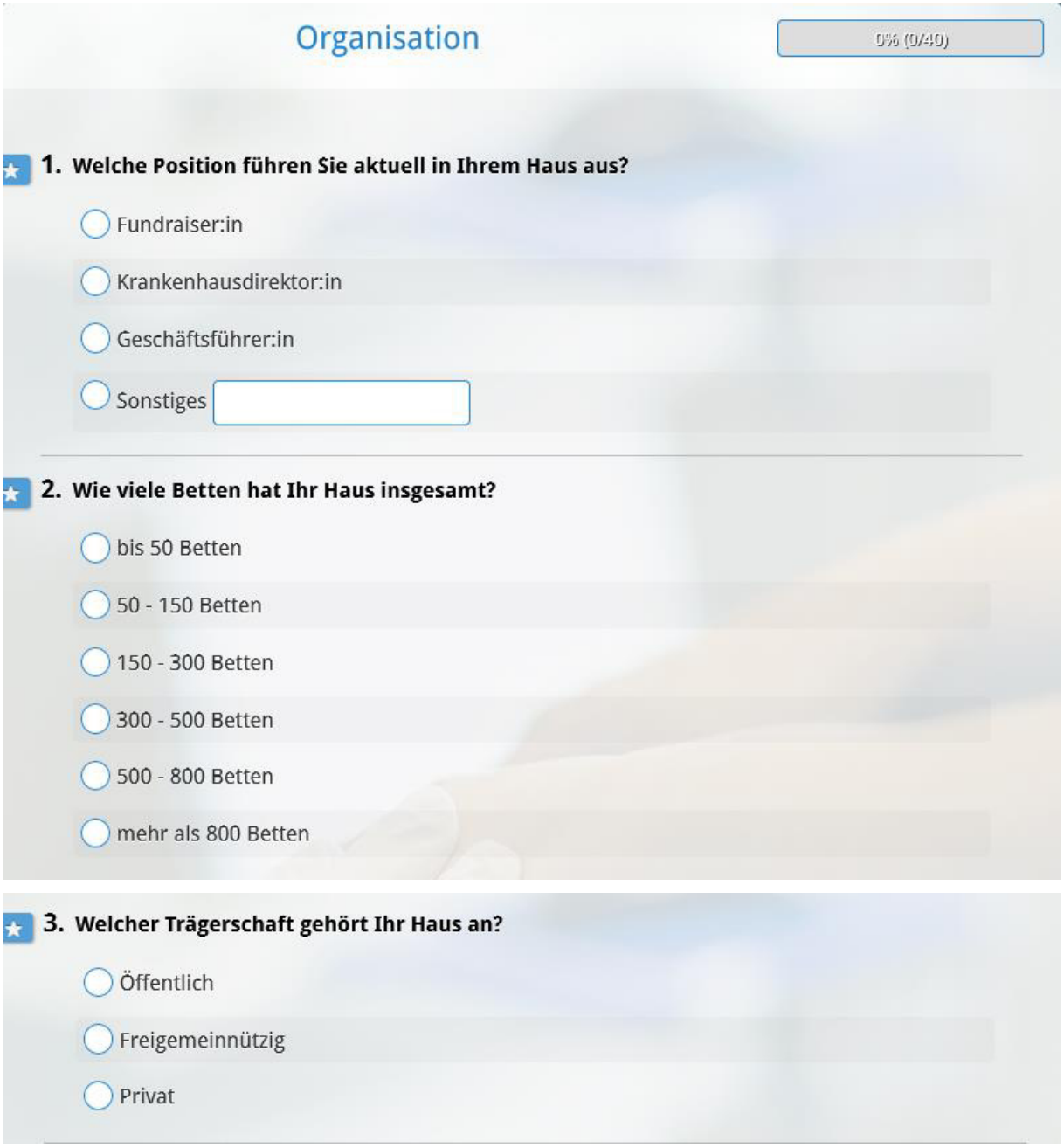
	Potenzial der Spenderzielgruppe hochvermögender Menschen beinhalten.	Grundlage noch nicht durchgeführt worden“ (Interview3, Pos. 20) „Ich selber habe mal eine Analyse gemacht, eine Umfeldanalyse für ein Krankenhaus und das ist schon spannend sich damit auseinander zu setzen. Guckt man nochmal ganz anders auf die Themen“ (Interview5, Pos. 28)	Potenzialanalyse stehen, codiert. Zusätzlich werden Gründe für oder gegen eine Potenzialanalyse in diesem Kontext einbezogen.
K6.2 Investitionen und Finanzierungslücken	Die Kategorie umfasst Textstellen, die darlegen, ob eine	„Aber ich glaube das im Moment	Alle Aussagen, Meinungen, Empfindungen zum Thema

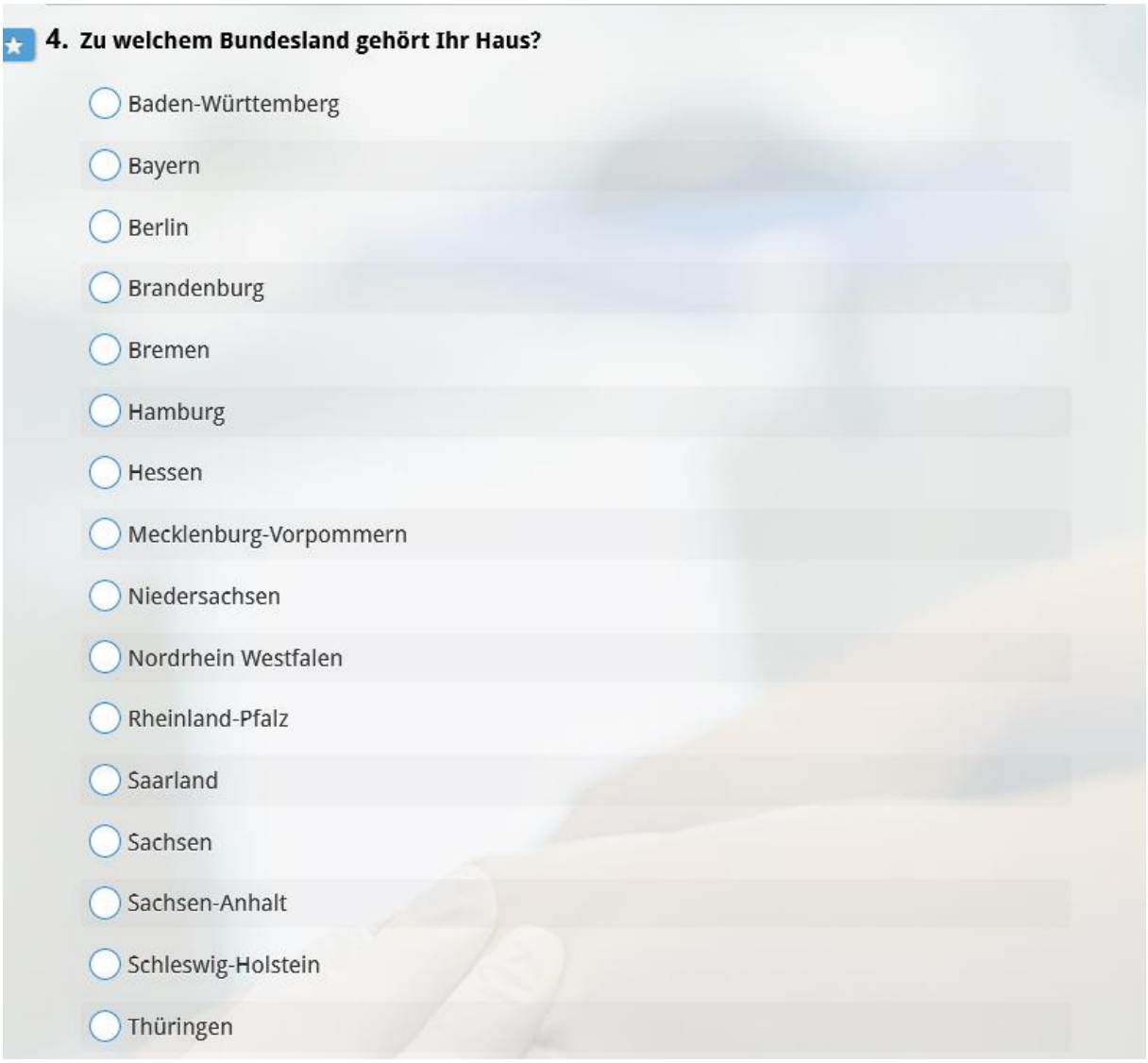
	Schließung der bestehenden Finanzierungslücke durch Großspenden-Fundraising mit hochvermögenden Spendern möglich ist oder nicht sowie die Darstellung des Potenzials von Großspenden-Fundraising mit hochvermögenden Spendern für die Spitzenmedizin.	noch nicht der Zeitpunkt da ist das man sich vorstellen kann diese Lücke schließt man über eben große, große Spenden“ (Interview5, Pos. 6) „ich würde so sagen. Investitionen für Spitzenmedizin ja. Schulden nein. Da haben reiche Leute kein Interesse daran“ (Interview12, Pos. 14)	Finanzierungslücken in Krankenhäusern und deren mögliche Schließung mithilfe von hochvermögenden Spendern werden codiert. Eigene Erfahrungen, Herausforderungen des Krankenhauses sowie Vermutungen über das vermeintliche Potenzial dieser Spenderzielgruppe für spitzenmedizinische Projekte werden ebenfalls codiert.
K7: Vergleich Amerika/Deutschland Die Kategorie umfasst den Vergleich von Fundraising mit hochvermögenden Spendern in Deutschland zu Amerika.			
Kategorie	**Definition**	**Ankerbeispiel**	**Kodierregeln**

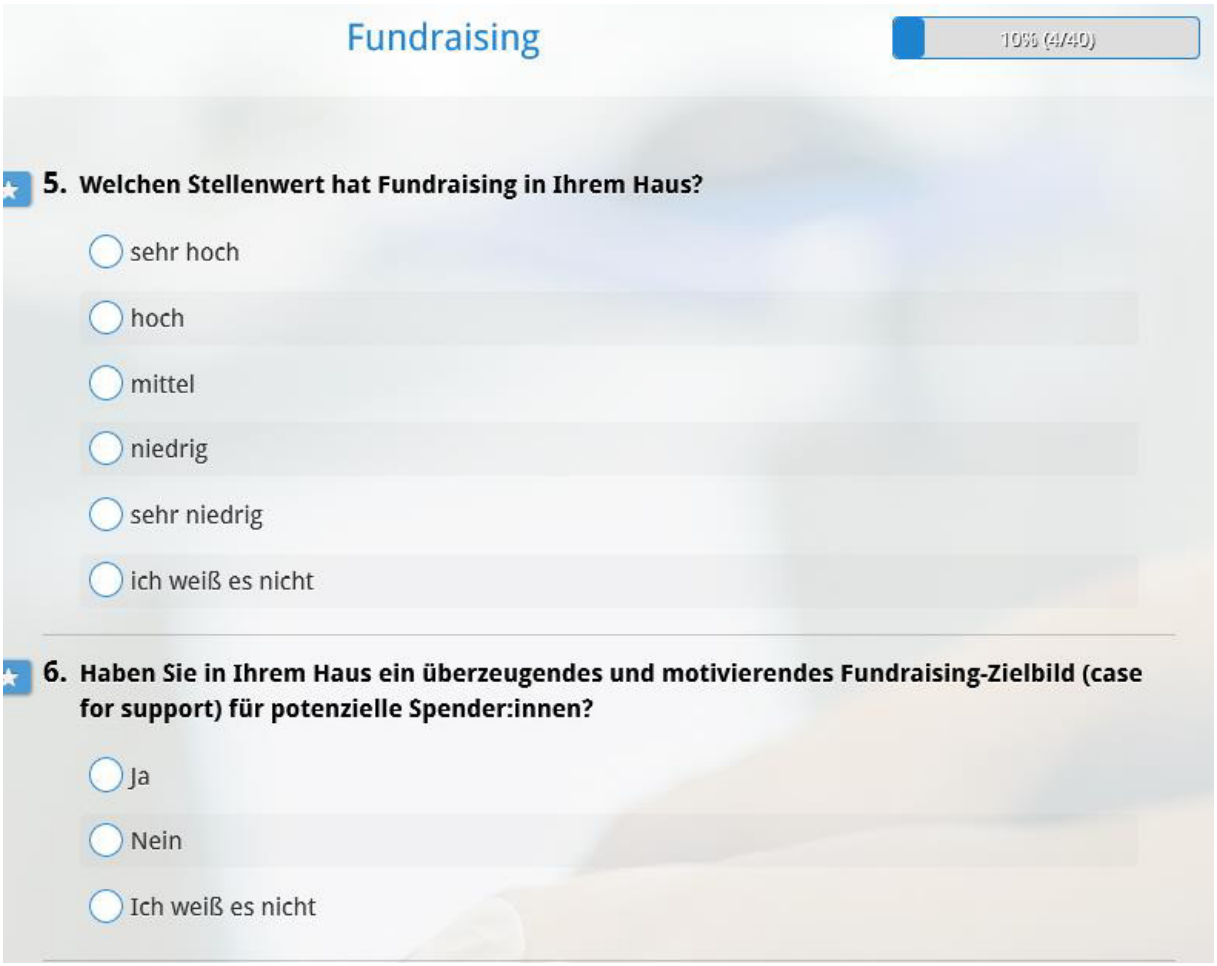
K8: Vergleich Amerika/Deutschland	Alle Textstellen die einen Vergleich von Deutschland zu Amerika in Bezug auf Fundraising mit hochvermögenden Menschen darstellen.		Neben einem allgemeinen Vergleich werden auch weitere Textstellen zu Herausforderungen und Gründen wieso möglicherweise ein Großspenden-Fundraising in Amerika besser läuft als in Deutschland codiert.
K8: Banken und Stiftungen Die Kategorie umfasst eine Beschreibung der Zusammenarbeit zwischen Krankenhäusern und Banken sowie Stiftungen. Der Fokus liegt insbesondere auf den bisherigen Erfahrungen von Krankenhäusern in Bezug auf hochvermögende Menschen.			
Kategorie	**Definition**	**Ankerbeispiel**	**Kodierregeln**
K7: Banken und Stiftungen	Die Kategorie umfasst Textstellen die das Thema Umgang bzw. Zusammenarbeit mit Banken und Stiftungen darstellen.	„weil Stiftungen häufig zu unserem Arbeitsanlass einfach passen“ (Interview13, Pos. 42). „Nein überhaupt nicht. Nein. Also	Es werden Aussagen kodiert, wenn der Umgang mit Banken und Stiftungen thematisiert wird. Es werden sowohl allgemeine als auch spezifische Aussagen zu Banken & Stiftungen berücksichtigt.

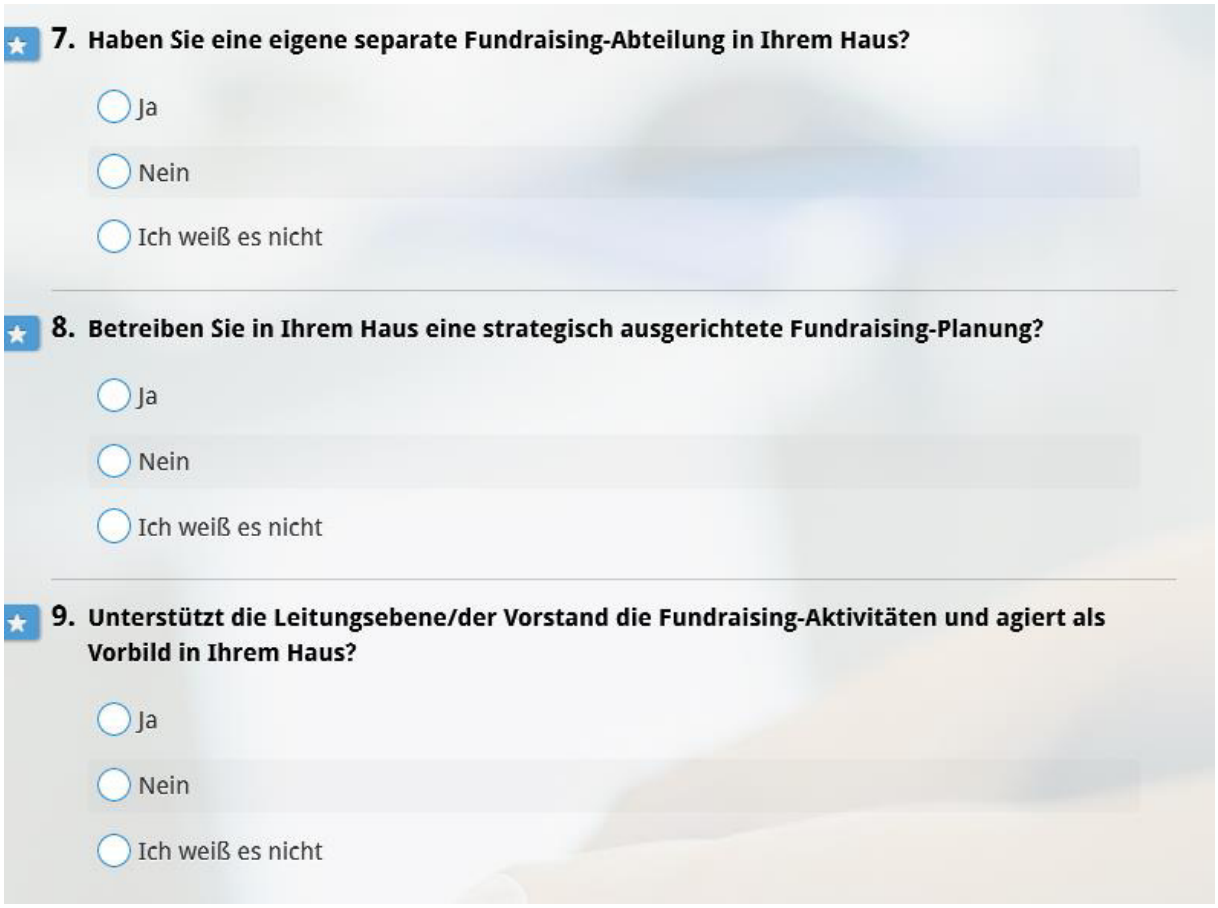
		wir haben das Konto für den Förderverein bei der hiesigen Sparkasse. Die spenden auch schon mal kleinere Beträge. Aber hinsichtlich Großspendern, Stiftungen usw. da habe ich gar keine Erfahrungswerte“ (Interview10, Pos. 45-47)	

APPENDIX 4: THE QUESTIONNAIRE - HOSPITAL (2. SUB-STUDY)


Organisation
0% (0/40)
1. Welche Position führen Sie aktuell in Ihrem Haus aus?
Fundraiser:in
Krankenhausdirektor:in
Geschäftsführer:in
Sonstiges
2. Wie viele Betten hat Ihr Haus insgesamt?
bis 50 Betten
50 - 150 Betten
150 - 300 Betten
300 - 500 Betten
500 - 800 Betten
mehr als 800 Betten
3. Welcher Trägerschaft gehört Ihr Haus an?
Öffentlich
Freigemeinnützig
Privat


4. Zu welchem Bundesland gehört Ihr Haus?
Baden-Württemberg
Bayern
Berlin
Brandenburg
Bremen
Hamburg
Hessen
Mecklenburg-Vorpommern
Niedersachsen
Nordrhein Westfalen
Rheinland-Pfalz
Saarland
Sachsen
Sachsen-Anhalt
Schleswig-Holstein
Thüringen


Fundraising
10% (4/40)
5. Welchen Stellenwert hat Fundraising in Ihrem Haus?
sehr hoch
hoch
mittel
niedrig
sehr niedrig
ich weiß es nicht
6. Haben Sie in Ihrem Haus ein überzeugendes und motivierendes Fundraising-Zielbild (case for support) für potenzielle Spender:innen?
Ja
Nein
Ich weiß es nicht



7. Haben Sie eine eigene separate Fundraising-Abteilung in Ihrem Haus?

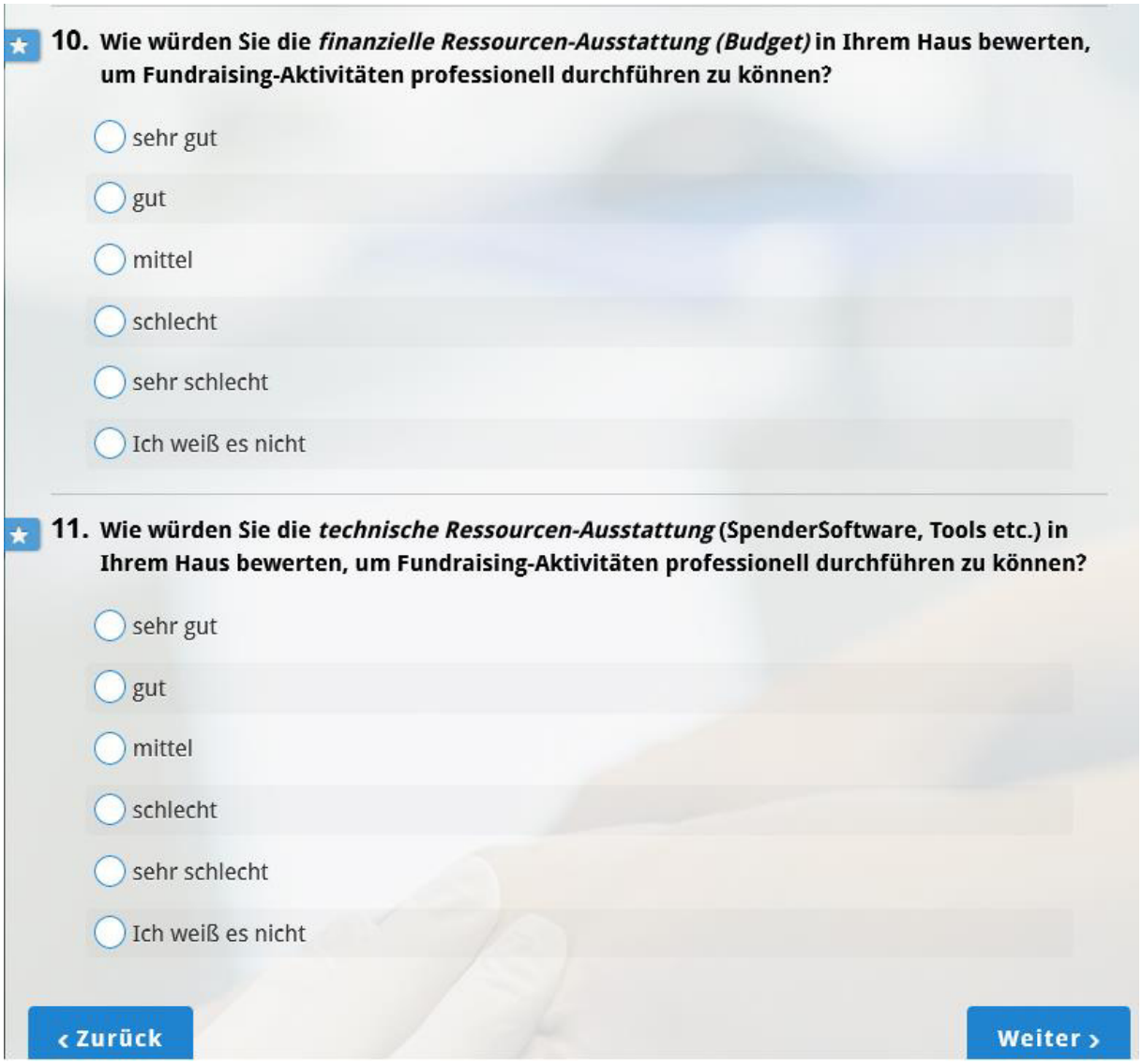
- ◯ Ja
- ◯ Nein
- ◯ Ich weiß es nicht

8. Betreiben Sie in Ihrem Haus eine strategisch ausgerichtete Fundraising-Planung?

- ◯ Ja
- ◯ Nein
- ◯ Ich weiß es nicht

9. Unterstützt die Leitungsebene/der Vorstand die Fundraising-Aktivitäten und agiert als Vorbild in Ihrem Haus?

- ◯ Ja
- ◯ Nein
- ◯ Ich weiß es nicht



10. **Wie würden Sie die *finanzielle Ressourcen-Ausstattung (Budget)* in Ihrem Haus bewerten, um Fundraising-Aktivitäten professionell durchführen zu können?**

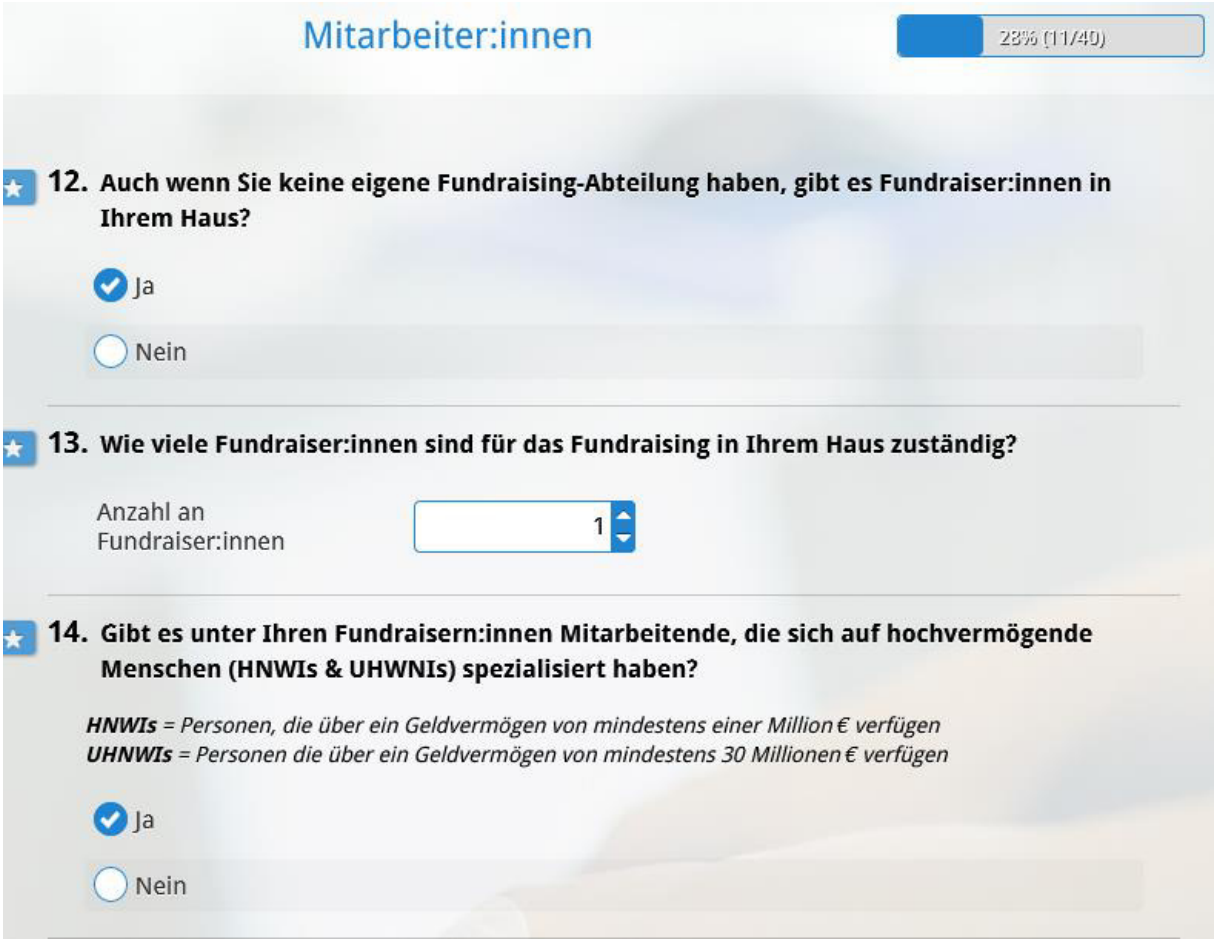
- sehr gut
- gut
- mittel
- schlecht
- sehr schlecht
- Ich weiß es nicht

11. **Wie würden Sie die *technische Ressourcen-Ausstattung* (SpenderSoftware, Tools etc.) in Ihrem Haus bewerten, um Fundraising-Aktivitäten professionell durchführen zu können?**

- sehr gut
- gut
- mittel
- schlecht
- sehr schlecht
- Ich weiß es nicht

‹ Zurück

Weiter ›


Mitarbeiter:innen
28% (11/40)
12. Auch wenn Sie keine eigene Fundraising-Abteilung haben, gibt es Fundraiser:innen in Ihrem Haus?
Ja
Nein
13. Wie viele Fundraiser:innen sind für das Fundraising in Ihrem Haus zuständig?
Anzahl an Fundraiser:innen
1
14. Gibt es unter Ihren Fundraisern:innen Mitarbeitende, die sich auf hochvermögende Menschen (HNWIs & UHWNIs) spezialisiert haben?
HNWIs = Personen, die über ein Geldvermögen von mindestens einer Million € verfügen
UHNWIs = Personen die über ein Geldvermögen von mindestens 30 Millionen € verfügen
Ja
Nein

15. Wie viele Mitarbeitende haben Sie, die sich auf hochvermögende Menschen (HNWIs & UHWNIs) spezialisiert haben?

***HNWIs** = Personen, die über ein Geldvermögen von mindestens einer Million € verfügen*
***UHNWIs** = Personen die über ein Geldvermögen von mindestens 30 Millionen € verfügen*

Anzahl an Mitarbeitenden

16. Seit wann betreiben Sie aktiv Großspenden-Fundraising mit hochvermögenden Menschen?

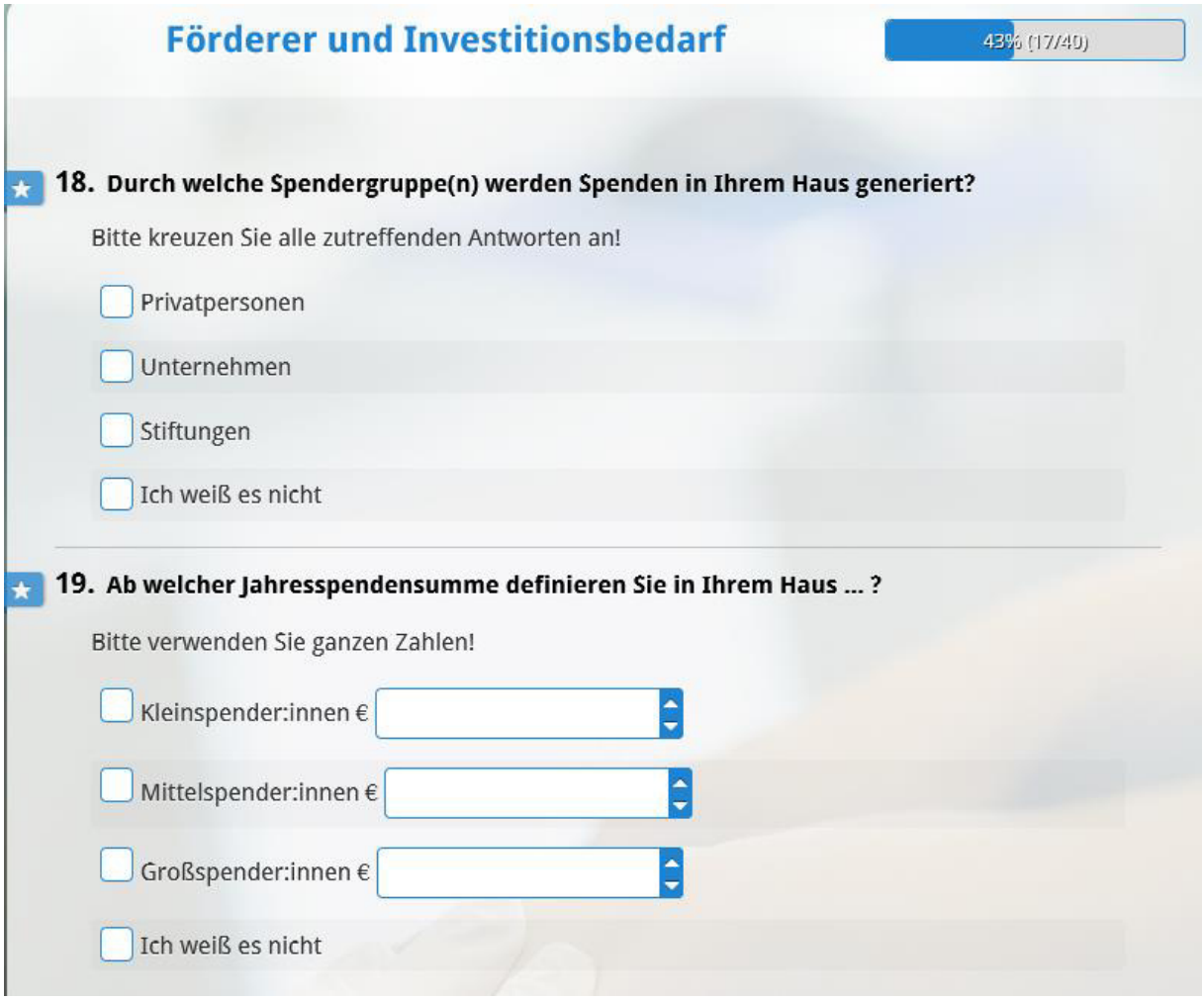
***HNWIs** = Personen, die über ein Geldvermögen von mindestens einer Million € verfügen*
***UHNWIs** = Personen die über ein Geldvermögen von mindestens 30 Millionen € verfügen*

- ○ 1 - 2 Jahre
- ○ 3 - 5 Jahre
- ○ mehr als 5 Jahre
- ○ Ich weiß es nicht

17. Wie würden Sie insgesamt die *personelle Ressourcen-Ausstattung* in Ihrem Haus bewerten, um Fundraising-Aktivitäten professionell durchführen zu können?

- ○ sehr gut
- ○ gut
- ○ mittel
- ○ schlecht
- ○ sehr schlecht
- ○ Ich weiß es nicht

‹ Zurück Weiter ›



Förderer und Investitionsbedarf

43% (17/40)

18. Durch welche Spendergruppe(n) werden Spenden in Ihrem Haus generiert?

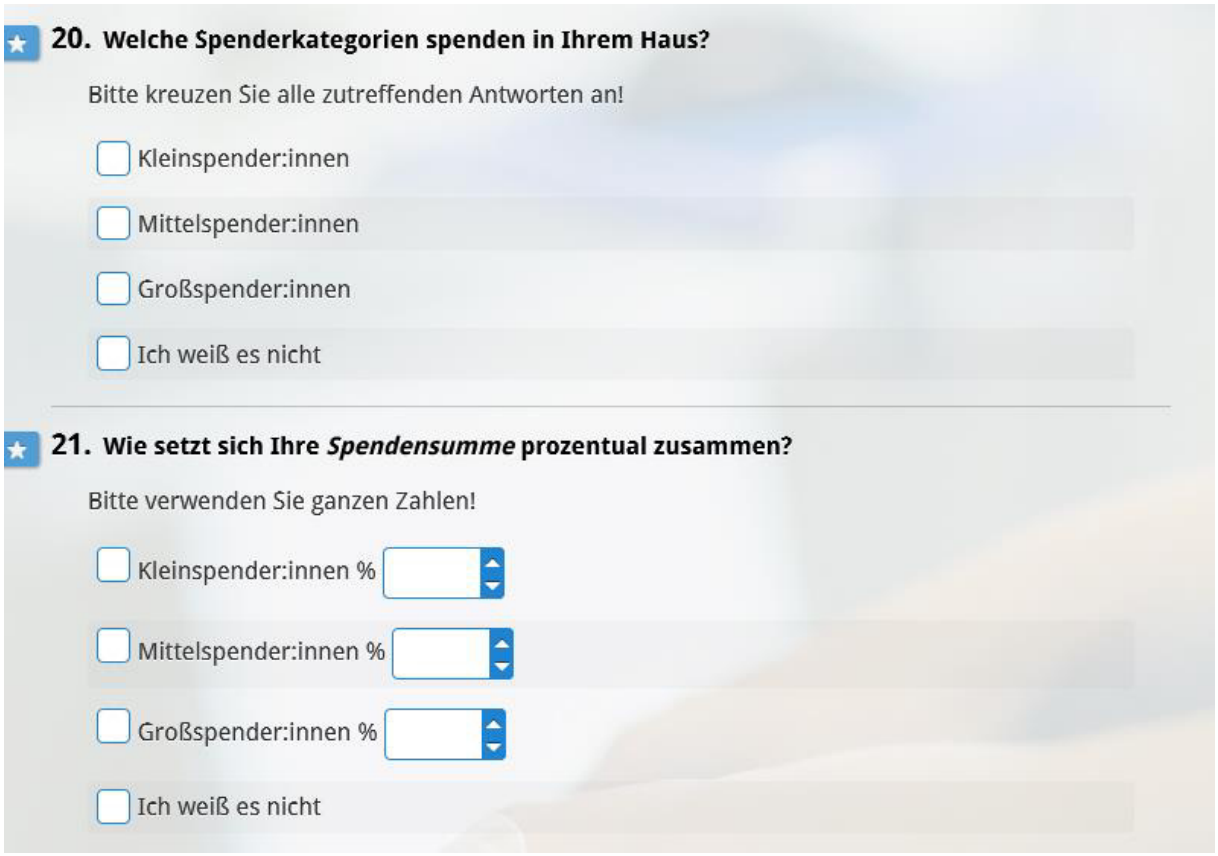
Bitte kreuzen Sie alle zutreffenden Antworten an!

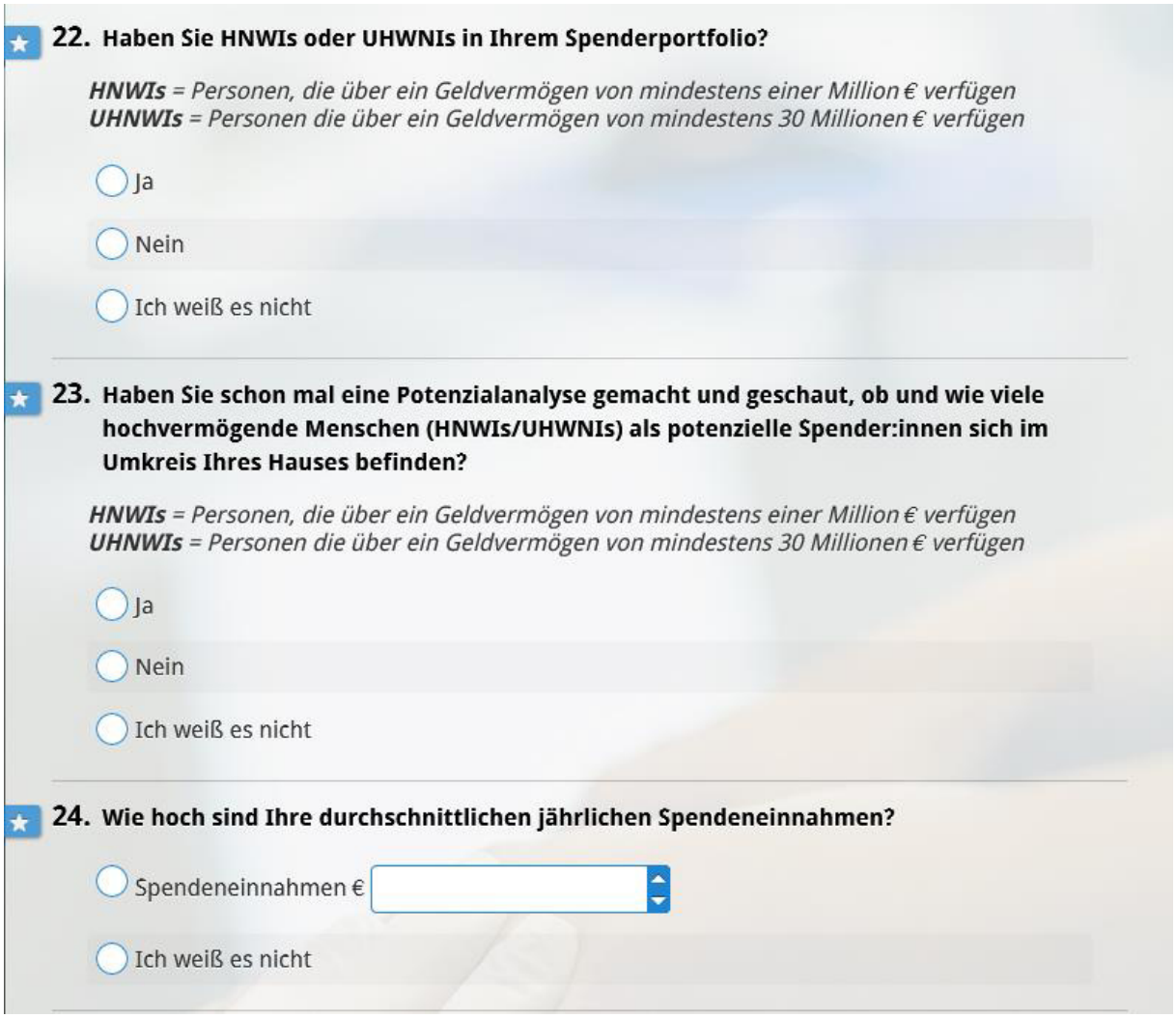
- [ ] Privatpersonen
- [ ] Unternehmen
- [ ] Stiftungen
- [ ] Ich weiß es nicht

19. Ab welcher Jahresspendensumme definieren Sie in Ihrem Haus ... ?

Bitte verwenden Sie ganzen Zahlen!

- [ ] Kleinspender:innen €
- [ ] Mittelspender:innen €
- [ ] Großspender:innen €
- [ ] Ich weiß es nicht


20. Welche Spenderkategorien spenden in Ihrem Haus?
Bitte kreuzen Sie alle zutreffenden Antworten an!
Kleinspender:innen
Mittelspender:innen
Großspender:innen
Ich weiß es nicht
21. Wie setzt sich Ihre Spendensumme prozentual zusammen?
Bitte verwenden Sie ganzen Zahlen!
Kleinspender:innen %
Mittelspender:innen %
Großspender:innen %
Ich weiß es nicht



22. Haben Sie HNWIs oder UHWNIs in Ihrem Spenderportfolio?

HNWIs = Personen, die über ein Geldvermögen von mindestens einer Million € verfügen
UHNWIs = Personen die über ein Geldvermögen von mindestens 30 Millionen € verfügen

- ◯ Ja
- ◯ Nein
- ◯ Ich weiß es nicht

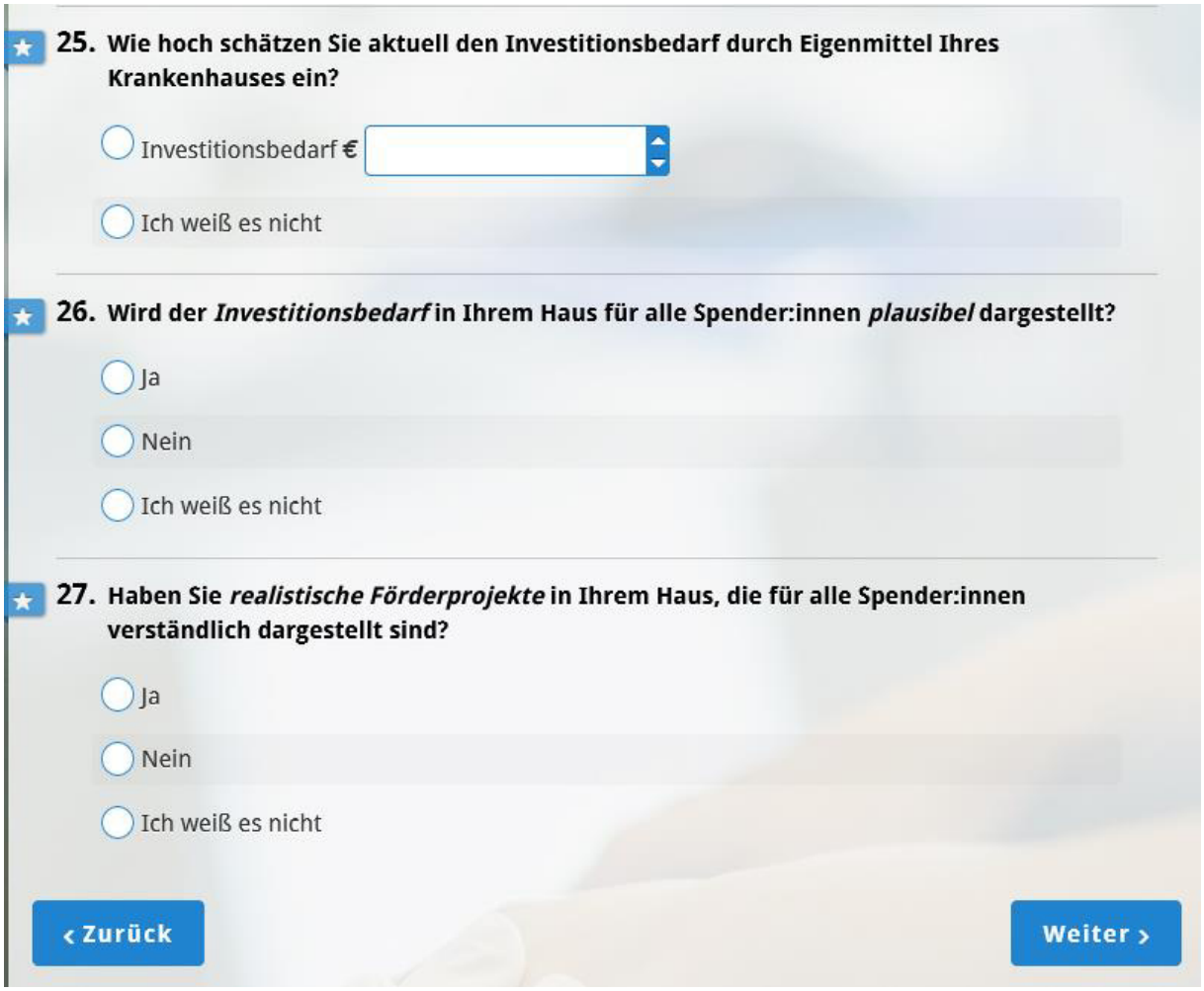
23. Haben Sie schon mal eine Potenzialanalyse gemacht und geschaut, ob und wie viele hochvermögende Menschen (HNWIs/UHWNIs) als potenzielle Spender:innen sich im Umkreis Ihres Hauses befinden?

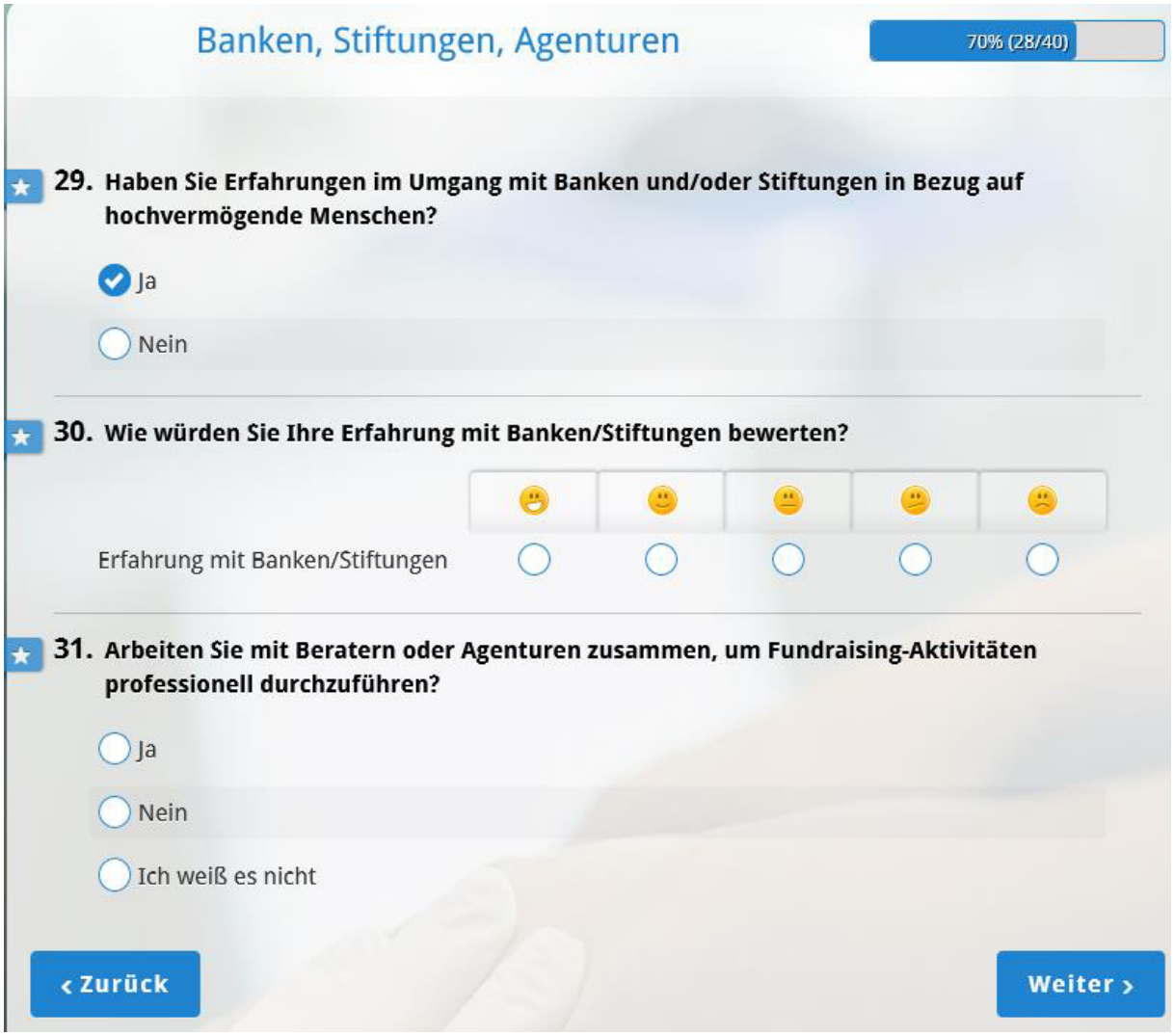
HNWIs = Personen, die über ein Geldvermögen von mindestens einer Million € verfügen
UHNWIs = Personen die über ein Geldvermögen von mindestens 30 Millionen € verfügen

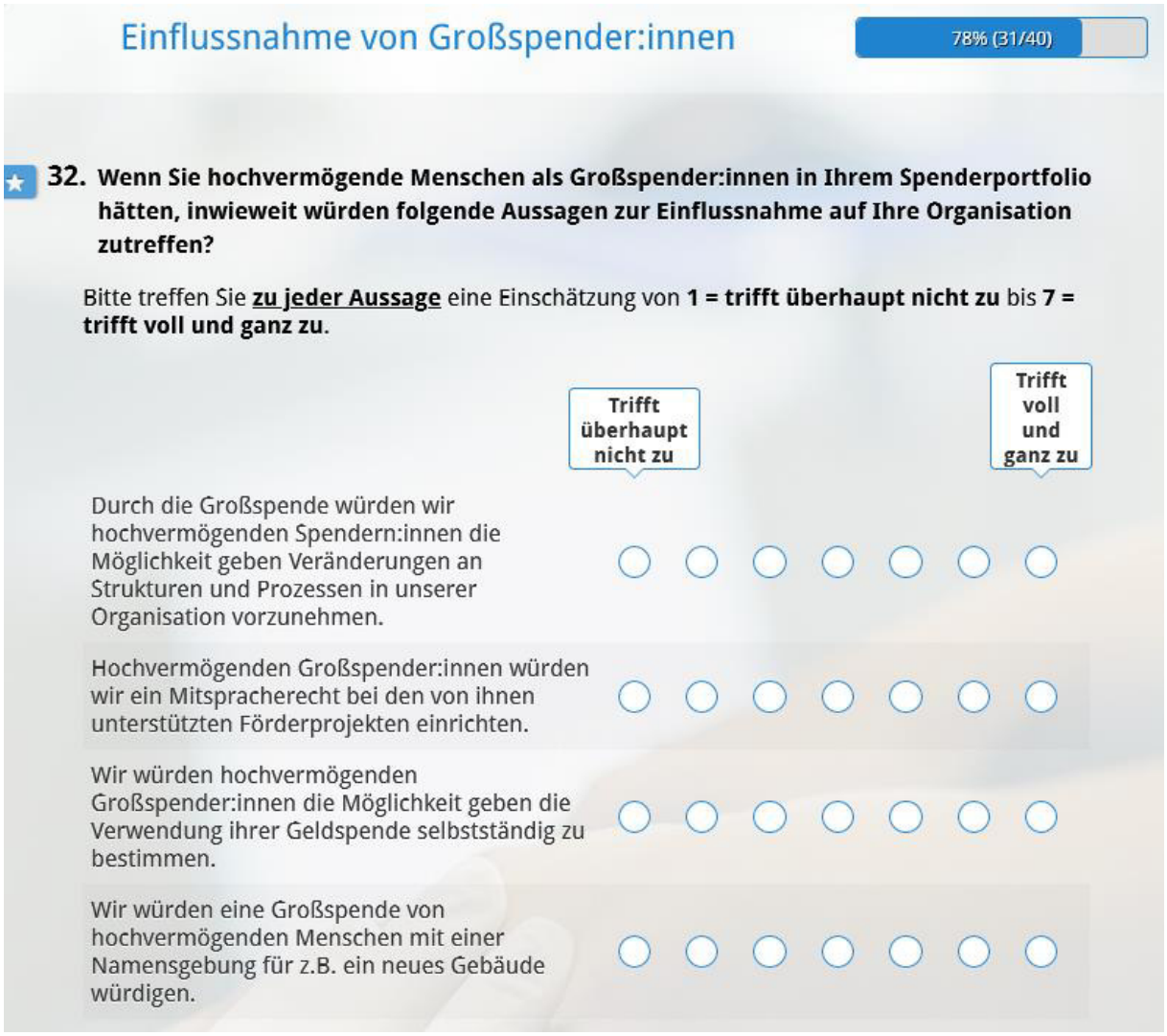
- ◯ Ja
- ◯ Nein
- ◯ Ich weiß es nicht

24. Wie hoch sind Ihre durchschnittlichen jährlichen Spendeneinnahmen?

- ◯ Spendeneinnahmen € _____
- ◯ Ich weiß es nicht


25. Wie hoch schätzen Sie aktuell den Investitionsbedarf durch Eigenmittel Ihres Krankenhauses ein?
Investitionsbedarf €
Ich weiß es nicht
26. Wird der *Investitionsbedarf* in Ihrem Haus für alle Spender:innen *plausibel* dargestellt?
Ja
Nein
Ich weiß es nicht
27. Haben Sie *realistische Förderprojekte* in Ihrem Haus, die für alle Spender:innen verständlich dargestellt sind?
Ja
Nein
Ich weiß es nicht
‹ Zurück
Weiter ›


Banken, Stiftungen, Agenturen
70% (28/40)
29. Haben Sie Erfahrungen im Umgang mit Banken und/oder Stiftungen in Bezug auf hochvermögende Menschen?
Ja
Nein
30. Wie würden Sie Ihre Erfahrung mit Banken/Stiftungen bewerten?
Erfahrung mit Banken/Stiftungen
31. Arbeiten Sie mit Beratern oder Agenturen zusammen, um Fundraising-Aktivitäten professionell durchzuführen?
Ja
Nein
Ich weiß es nicht
‹ Zurück
Weiter ›



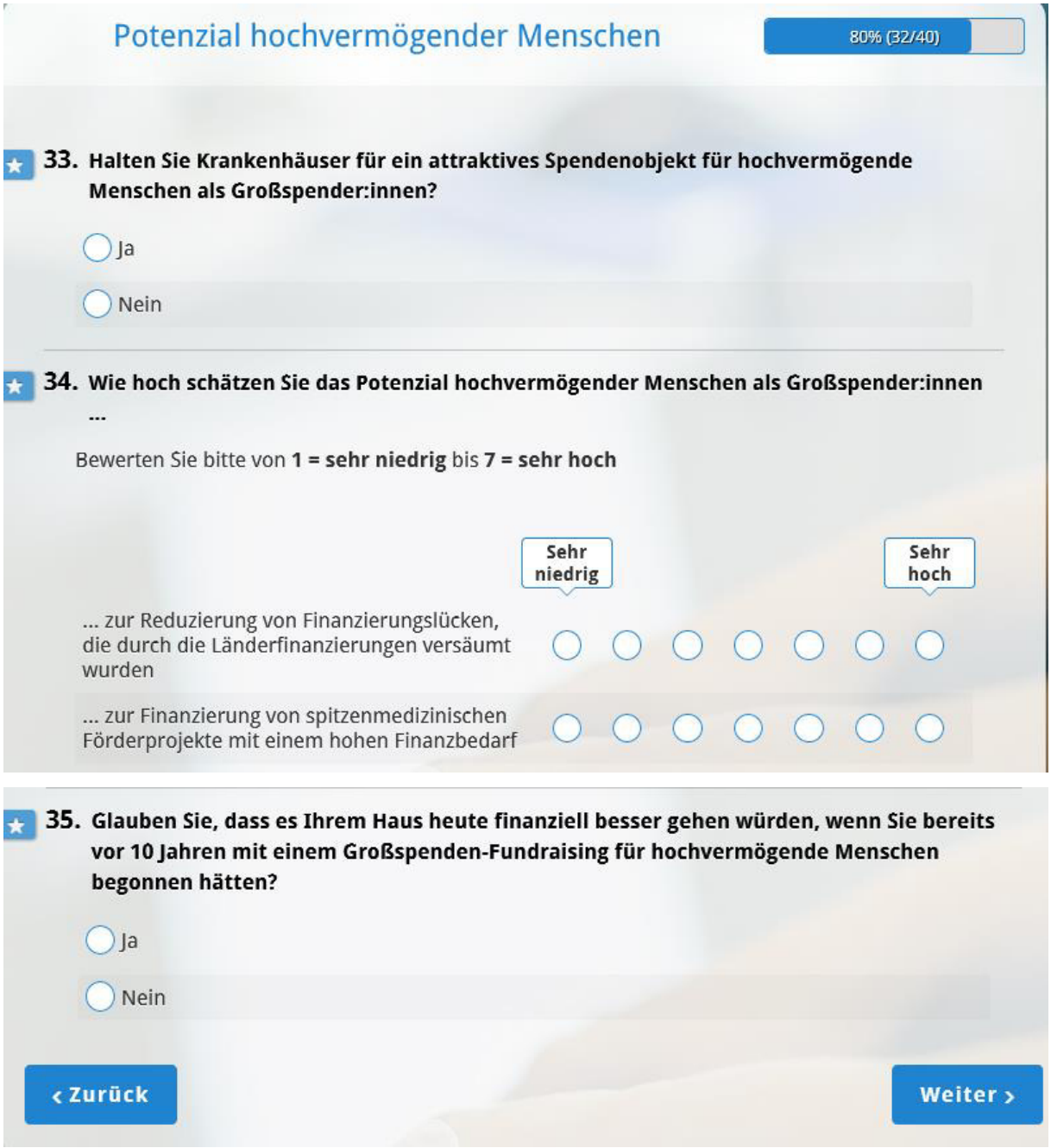
Einflussnahme von Großspender:innen

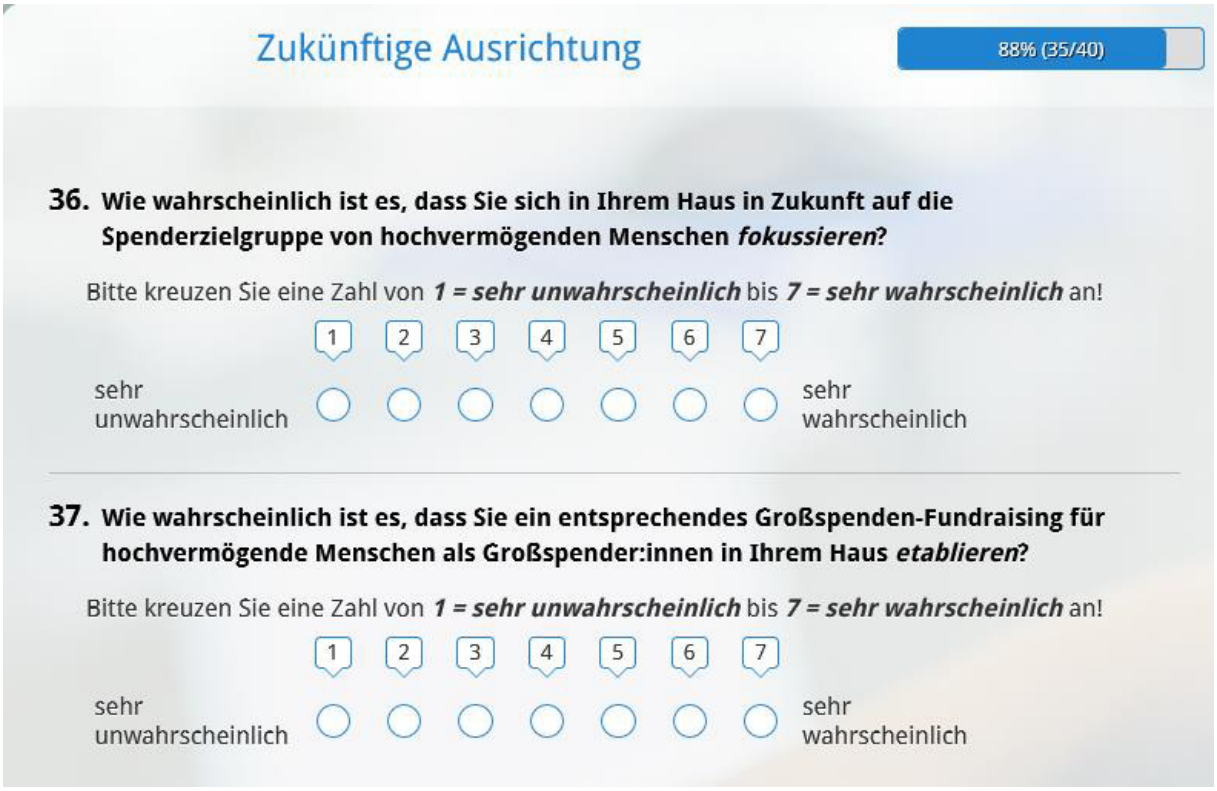
78% (31/40)

32. Wenn Sie hochvermögende Menschen als Großspender:innen in Ihrem Spenderportfolio hätten, inwieweit würden folgende Aussagen zur Einflussnahme auf Ihre Organisation zutreffen?

Bitte treffen Sie **zu jeder Aussage** eine Einschätzung von **1 = trifft überhaupt nicht zu** bis **7 = trifft voll und ganz zu**.

	Trifft überhaupt nicht zu						Trifft voll und ganz zu
Durch die Großspende würden wir hochvermögenden Spendern:innen die Möglichkeit geben Veränderungen an Strukturen und Prozessen in unserer Organisation vorzunehmen.	○	○	○	○	○	○	○
Hochvermögenden Großspender:innen würden wir ein Mitspracherecht bei den von ihnen unterstützten Förderprojekten einrichten.	○	○	○	○	○	○	○
Wir würden hochvermögenden Großspender:innen die Möglichkeit geben die Verwendung ihrer Geldspende selbstständig zu bestimmen.	○	○	○	○	○	○	○
Wir würden eine Großspende von hochvermögenden Menschen mit einer Namensgebung für z.B. ein neues Gebäude würdigen.	○	○	○	○	○	○	○


Potenzial hochvermögender Menschen
80% (32/40)
33. Halten Sie Krankenhäuser für ein attraktives Spendenobjekt für hochvermögende Menschen als Großspender:innen?
Ja
Nein
34. Wie hoch schätzen Sie das Potenzial hochvermögender Menschen als Großspender:innen ...
Bewerten Sie bitte von 1 = sehr niedrig bis 7 = sehr hoch
Sehr niedrig
Sehr hoch
... zur Reduzierung von Finanzierungslücken, die durch die Länderfinanzierungen versäumt wurden
... zur Finanzierung von spitzenmedizinischen Förderprojekte mit einem hohen Finanzbedarf
35. Glauben Sie, dass es Ihrem Haus heute finanziell besser gehen würden, wenn Sie bereits vor 10 Jahren mit einem Großspenden-Fundraising für hochvermögende Menschen begonnen hätten?
Ja
Nein
‹ Zurück
Weiter ›



Zukünftige Ausrichtung

88% (35/40)

36. Wie wahrscheinlich ist es, dass Sie sich in Ihrem Haus in Zukunft auf die Spenderzielgruppe von hochvermögenden Menschen *fokussieren*?

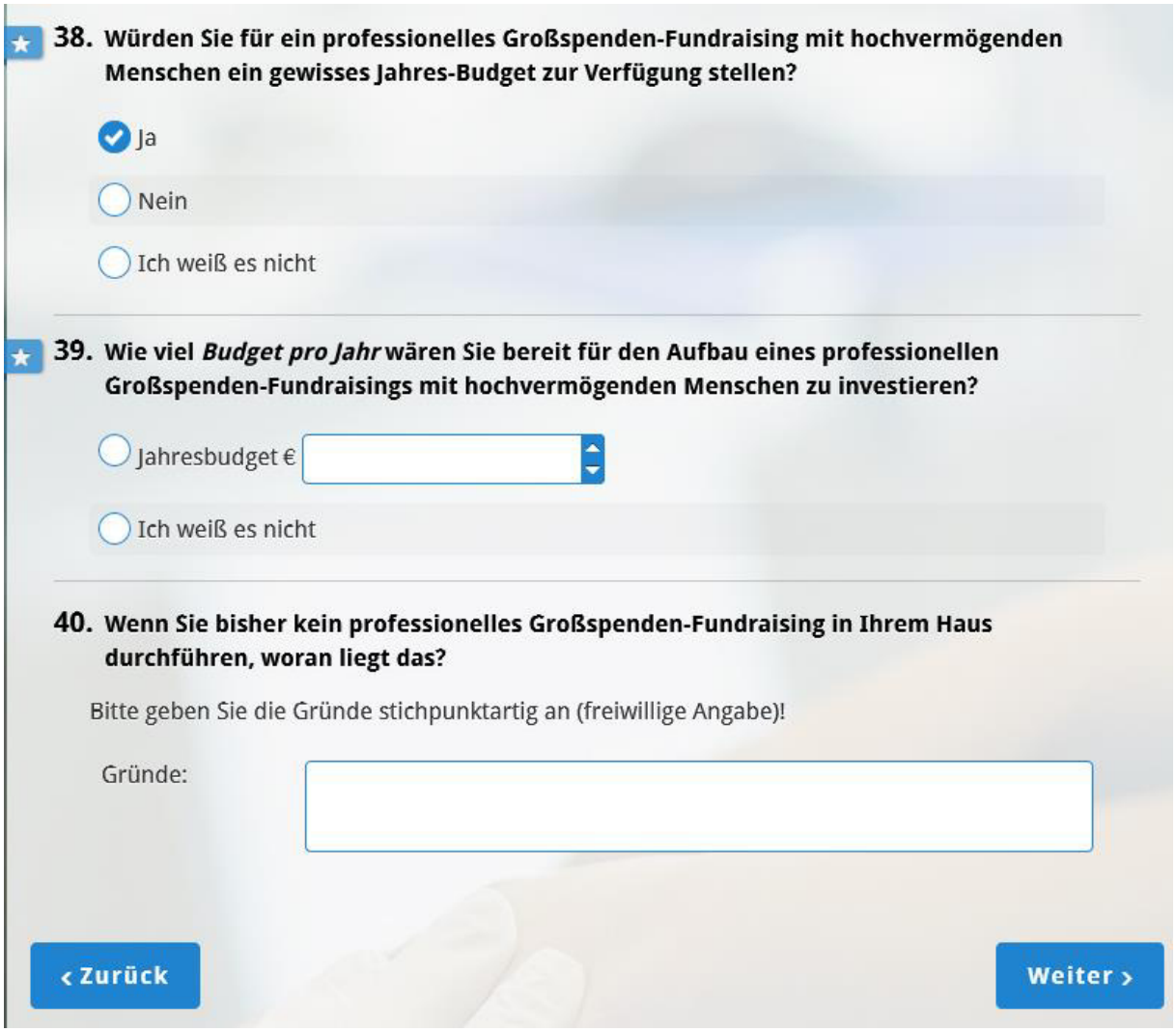
Bitte kreuzen Sie eine Zahl von ***1 = sehr unwahrscheinlich*** bis ***7 = sehr wahrscheinlich*** an!

	1	2	3	4	5	6	7	
sehr unwahrscheinlich	○	○	○	○	○	○	○	sehr wahrscheinlich

37. Wie wahrscheinlich ist es, dass Sie ein entsprechendes Großspenden-Fundraising für hochvermögende Menschen als Großspender:innen in Ihrem Haus *etablieren*?

Bitte kreuzen Sie eine Zahl von ***1 = sehr unwahrscheinlich*** bis ***7 = sehr wahrscheinlich*** an!

	1	2	3	4	5	6	7	
sehr unwahrscheinlich	○	○	○	○	○	○	○	sehr wahrscheinlich


38. Würden Sie für ein professionelles Großspenden-Fundraising mit hochvermögenden Menschen ein gewisses Jahres-Budget zur Verfügung stellen?
Ja
Nein
Ich weiß es nicht
39. Wie viel *Budget pro Jahr* wären Sie bereit für den Aufbau eines professionellen Großspenden-Fundraisings mit hochvermögenden Menschen zu investieren?
Jahresbudget €
Ich weiß es nicht
40. Wenn Sie bisher kein professionelles Großspenden-Fundraising in Ihrem Haus durchführen, woran liegt das?
Bitte geben Sie die Gründe stichpunktartig an (freiwillige Angabe)!
Gründe:
‹ Zurück
Weiter ›

APPENDIX 5: FINAL CATEGORY SYSTEM OF THE QUALITATIVE STUDY WITH (U)HNWIS (3RD SUB-STUDY).

K1: Einstellung zum Thema Spenden			
Kategorie	**Definition**	**Ankerbeispiele**	**Kodierregeln**
Einstellung zum Thema Spenden	Textstellen, die die Einstellung hochvermögender Menschen im Allgemeinen gegenüber dem Thema Spenden aufzeigen.	„Viel mehr Leute sollten Spenden. Es gibt soviel Elend in der Welt und auch in Deutschland“ (UHNWI Interview 1, Pos. 75).	Zusätzlich werden Textstellen miteinbezogen, die das Thema soziale Verpflichtung aufgreifen. Ferner ist der Schuldenabbau ein weiteres Thema, welches unter diese Kategorie fällt.
K2: Krankenhäuser als Spendenobjekt			
Kategorie	**Definition**	**Ankerbeispiele**	**Kodierregeln**
Krankenhäuser als Spendenobjekt	Die Kategorie umfasst die Bewertung und Einstellung hochvermögender Menschen bezogen auf Krankenhäuser	„Umwelt und Gesundheit. Das sind die wichtigsten Dinge	Erfahrungen mit Krankenhäusern als Spendenobjekte, sowie Gründe in diesem Zusammenhang finden in dieser Kategorie Anwendung.

	als Spendenobjekt, sowie deren Gründe für eine Spende.	überhaupt. Von daher, ja, das ist auch für wohlhabende Menschen ein absolut lohnendes Spendenziel“ (UHNWI Interview 8, Pos. 32).	Ferner werden Textstellen zum Thema Nachlassspenden codiert. Präferierte Spendenbereiche innerhalb des Krankenhauses sind ebenfalls in diese Kategorie mitaufzunehmen.
K3: Relevante Aspekte beim Spenden			
Kategorie	**Definition**	**Ankerbeispiele**	**Kodierregeln**
Relevante Aspekte beim Spenden	Die Kategorie umfasst eine Beschreibung der relevanten Aspekte, die hochvermögende Menschen in Bezug auf Spenden äußern.	„Umwelt und Gesundheit. Das sind die wichtigsten Dinge überhaupt. Von daher, ja, das ist auch für wohlhabende	Neben konkreten Aspekten zu den Bedürfnissen hochvermögender Menschen beim Spendenwerden auch allgemeine Aussagen zur Spendenmotivation codiert.

		Menschen ein absolut lohnendes Spendenziel“ (UHNWI Interview 8, Pos. 32).	
K4: Spendenart und -höhe			
Kategorie	**Definition**	**Ankerbeispiele**	**Kodierregeln**
Spendenart und -höhe	Die Kategorie umfasst Textstellen, die darstellen, welche Spendenart hochvermögende Menschen präferieren und wie hoch die Spendensummen aus Sicht wohlhabender Menschen sein dürfen.	„Über 100.000 würde ich nicht geben. Das reicht. Mehr gibt’s von mir nicht“ (UHNWI Interview 5, Pos. 76)	Neben konkreten Spendensummen werden auch allgemeine Aussagen zu diesem Bereich codiert.
K5: Herausforderungen/Schwierigkeiten			
Kategorie	**Definition**	**Ankerbeispiele**	**Kodierregeln**

Herausforderungen/Schwierigkeiten	Die Kategorie umfasst Textstellen, die eine allgemeine Beschreibung oder eine Nennung der Herausforderungen aus Sicht von wohlhabenden Menschen anbringen.	„Schwierigkeiten hätte ich, wenn ich das Gefühl habe meine Spende bringt nichts mehr. Wenn es dem Krankenhaus schon so schlecht geht, dass es sowieso bald schließt oder gekauft wird. Dann würde ich nicht spenden“ (UHNWI Interview 4, Pos. 52)	Nicht nur konkrete Herausforderungen, sondern auch eine allgemeine Einstellung zu möglichen Herausforderungen wird codiert.
K6: Vergleich zu den USA			
Kategorie	**Definition**	**Ankerbeispiel**	**Kodierregeln**

Vergleich zu den USA	Alle Textstellen die einen Vergleich von Deutschland zu Amerika in Bezug auf Fundraising darstellen.	„Weil Amerikaner eine komplett andere Einstellung haben“ (UHNWI Interview 1, Pos. 20)	Neben einem allgemeinen Vergleich werden auch weitere Textstellen zu Herausforderungen und Gründen, wieso möglicherweise ein Großspenden-Fundraising in Amerika besser läuft als in Deutschland codiert.
K7: Banken und Stiftungen			
Kategorie	**Definition**	**Ankerbeispiel**	**Kodierregeln**
Banken und Stiftungen	Die Kategorie umfasst Textstellen, die das Thema Umgang bzw. Zusammenarbeit mit Banken und Stiftungen darstellen. Zusätzlich wird das Thema Stiftungsgründung in dieser Kategorie aufgenommen	„Ich sage ihnen aber ehrlich, ich könnte mir auch vorstellen eine Stiftung für den medizini-schen Zweck aufzulegen“ (UHNWI Interview 4, Pos. 54)	Es werden Aussagen kodiert, wenn der Umgang mit Banken und Stiftungen thematisiert wird. Es werden sowohl allgemeine als auch spezifische Aussagen zu Banken & Stiftungen aus Sicht hochvermögender Menschen berücksichtigt.

APPENDIX 6: INTERVIEW 1 (GERMAN VERSION) - HOSPITAL (1ST SUBSTUDY)

[0:00:00.0] I: So ok die Aufnahme läuft. Also es ist der 28.02.2022, 8:50, und ich führe ein Interview mit Herrn B.M. Herr M. wenn Sie sich vielleicht kurz vorstellen würden.

B: Ja einen wunderschönen Guten Morgen Herr R. Bin promovierter Humanmediziner, hab also erstmal Humanmedizin studiert an der Uni Gießen, ähm hab dann nach meinem Studium zunächst in der Pädiatrie begonnen, bin dann in den Fachbereich der Kinder-und Jugend Psychiatrie und Psychotherapie gewechselt. Habe in dem Bereich meine Facharztausbildung absolviert und auch Psychotherapieausbildung für Kinder- und Jugendlichen und Erwachsene. Ich war dann zunächst an der Uni Marburg. Das ist eine der führenden Unis in unserem Fachgebiet und bin von dort aus 1997 an die Uni, ach (unv.) RWTH Aachen gewechselt. Dort wurde mit meiner damaligen Chefin, (unv.) wir zusammen eine EIGENE Abteilung für Kinder- und Jugendpsychiatrie und Psychotherapie aufgebaut. Dort war ich bis 2004 tätig. Hab dann am Sankt Marienhospital in Düren (unv.), das liegt zwischen Köln und Aachen, eine eigene Abteilung aufbauen können, die mittlerweile über 2 (Tagesdienstsektoren?) verfügt mit 20 Behandlungsplätzen und einer großen (Suizid-Ambulanz?). Seit 2012 bin ich auch ärztlicher Direktor dieses Krankenhauses. Krankenhaus mit etwa 380 Betten. Gehöre entsprechend zu der Betriebsleitung des Krankenhauses, wobei ich da keine Prokura habe, sondern dass ist eine gGmbH, die von der Geschäftsführerin geleitet wird unter dem Dach einer Holding der mittlerweile Josefs-Gesellschaft. Ursprünglich war es mal die Caritas Trägergesellschaft West. Das sind also ein Verbund mit von 7 Krankenhäusern und zahlreichen .. Sozialeinrichtungen, die vor allem auch in der Kinder- und Jugendhilfe aktiv sind. Ja seit 2012 bin ich auch Vorsitzender eines Fördervereins unserer Kinderkinderklinik des Sozialpädiatrischen Zentrums und meiner Abteilung. Wir nennen uns auch Kinderzentrum. ... Ich bin .. Mitglied des Lionsclubs Düren, einer der ältesten in Deutschland. War auch im Vorstand .. und ansonsten auch in anderen Bereichen sozialengagiert, aber insbesondere sehr stark vernetzt in der Region. Seit langem Mitglied auch im Golfclub hier vor Ort und muss sagen Dürener gehören ja zu den Rheinländern und sowohl unter Kollegen als auch .. im Allgemeinen im Bereich der Jugendhilfe ist man sehr sehr stark miteinander verbunden. Ich leite einen

Arbeitskreis ... seit 2004, der sich um die Belange von Kindern und Jugendlichen und Erwachsenen mit Aufmerksamkeitsdefiziten und (unv.) beschäftigt. Aber alles andere / , verschiedene Netzwerke aufgebaut, die sich um sich härtere Erkrankungen ranken, (unv.) gegen Depression .. und zum Bereich Essstörungen (unv.) bin ich sehr insgesamt engagiert unterwegs.

I: Ok vielen Dank. Ich muss dann mal eben fragen, weil das habe ich gerade nicht ganz verstanden. Der TRÄGER des Krankenhauses, wer ist der Träger des Krankenhauses?

B: Das ist die Josefs-Gesellschaft.

I: Josefs-Gesellschaft

B: Finden Sie ganz einfach im Internet. Sitz Köln ... 7 Krankenhäuser im Verbund. Wir haben alleine in Düren ein Doppelverbundhaus, das ist die .. Keink-Kliniken, Jülich (unv.). Dann haben wir das (unv.) St. Augustinus Krankenhaus und das St. Marienhospital. Dann gibt es noch ein Krankenhaus in Prüm, das Eduardus Krankenhaus in Köln und im Sauerland gibt es noch eins (unv.)

I: OK. Wunderbar.

I: [0:04:37.3] So dann würde ich mit der ersten Frage beginnen. Es geht um grundsätzliche das Thema Fundraising bei wohlhabenden Menschen. Welche Kenntnisse haben Sie persönlich grundsätzlich bezüglich des Themas Fundraising bei sehr wohlhabenden Menschen im Krankenhausbereich? Gehen Sie auf so Punkte bitte ein wie Potenzial, Gewinnung von Spendern, Herausforderungen mit diesen Menschen usw. Gibt es da irgendetwas was Sie dazu sagen können, wo Sie vielleicht in Ihrer Position jetzt schon mal Erfahrungen mit gemacht haben?

B: Ja also vielleicht fang ich mal so ganz Allgemein an. Ich hab mich also immer wieder auch sozial engagiert. Sehr frühzeitig bin ich auch Mitglied der Ärzte gegen Atomkrieg IPPNW geworden, Unesco Friedenspreis und jetzt Nobelpreisträger. Und da ist natürlich das Thema Fundraising genauso wie bei meinem Förderverein oder im Bereich Leistung ganz wichtiges Thema. Ich hatte (/). Mir ist natürlich auch bewusst, dass es sowohl Vereine gibt oder NGOs, die sich professioneller Personen bedienen, die also diese Thema aufgreifen, weil sie gut

vernetzte sind und da entsprechend aufgestellt sind, Strukturen haben und Kenntnisse. .. Ich hab auch von Seiten des Krankenhauses bereits mit entsprechenden Personen zu tun gehabt. Ich erinnere mich an einen (..) (unv., undeutliche Aussprache, Ritterassistetenordens?) (6:18). Das war schon eine sehr schildernde Persönlichkeit, der von vielen Millionen , zweistelligen Millionenbeträgen gesprochen habt, die er doch sehr gerne auch in unserer Krankenhaus investieren würde. Er hat auch ganz klar zu verstehen gegeben, dass er vorher eigentlich bessere Kontakte noch zu einem Konkurrenzkrankenhaus. Es gibt nämlich noch ein weiteres Krankenhaus im bereits aufgezählten Düren, in kommunaler Trägerschaft, also Kreis und Stadt Düren. Da hatte der auch schon Kontakte geknüpft und dann waren da einige Dinge in dem Krankenhaus im Rahmen einer eigenen Behandlung nicht so gelaufen wie er sich das vorgestellt hätte. So als VIP und dann hat er sich dann uns gewandt. Wir hatten dann also auch mehrere Gespräche unter Einbeziehung der Geschäftsführerin und unserer übergeordneten Geschäftsführers. Und wären also durchaus auch offen und bereit gewesen, insbesondere da unser Kinderklinik ein Gebäudekomplex ist, der also deutlich über 50 Jahre als ist und in jeder Hinsicht im Prinzip abschrissbedürftig, neubaubedürftig für ein 80 Betten Kranken (/), Kinderklinik, kann man sich vorstellen da braucht man auch zweistellige Millionenbeträge. Das Thema hat den auch sehr interessiert, allerdings waren dann (/), war schon spürbar, dass der von seiner Persönlichkeit sehr besonders ist. Interessanterweise, warum auch immer, hat er dann seine Tochter , die ein Kind entbinden sollte, auch mal bei uns vorgestellt und dann zahlreiche Punkte (/), obwohl wir da schon maximal entgegen kommend waren, das ist ja auch kein Problem. Wir sind eine extrem große Geburtshilfe, mit über 200 Entbindungen im Jahr. Da hat er dann irgendwelche Gründe gefunden, weshalb das dann auch nicht so wahr wie er sich das vorgestellt hätte. Was für uns überhaupt nicht nachvollziehbar gewesen ist. Also so gesehen hatte ich da eher sehr negative Erfahrung gemacht. Im Übrigen, das vielleicht gleich als Randbemerkung. Es gibt da sicherlich zwei verschiedene Persönlichkeitsstrukturen. Die einen, die also absolut im Hintergrund bleiben wollen, letzlich anonym spenden wollen und die die also maximal dadurch in die Öffentlichkeit treten wollen oder sich persönliche Vorteile verschaffen wollen.

I: [0:08:46.4] So ist es.

B: Ähm ja und man muss natürlich sagen also auch bei diesem Ritter des Tempelordens, der hat da so wirklich ziemliches Geheimnis daraus gemacht. Und das alles sehr uminös dargestellt. Wir haben bis letzt auch (lachen) die gewisse Zeiten gehegt. Also Persönlichkeitsstruktur war schon höchst pathologisch. Der hätte in jedem Fall bis zum letzten Detail, welche Armatur in welchem Bad da angebracht wird, mitgestalten wollen und das ist natürlich dann auch etwas was wir als unabhängiges Krankenhaus, gemeinnützig, auch so nicht hätten mit uns machen lassen. Wobei soweit ist es gar nicht gekommen. Also wir haben da schon, natürlich Gestaltungsspielräume aufgezeigt. Also das war so die Negativerfahrung, von Seiten meines Fördervereins muss ich sagen. In Düren gibt es sehr viel soziales Engagement und da haben wir uns was Fundraising usw. anbetrifft extrem viele Kontakte. Ich weiß auch, dass Düren mal eine der wohlhabendsten Städte Deutschlands war, zweistellige Millionärsmenschen, auch hier vor Ort. Allerdings sind die teilweise auch ausgestorben. Und ich habe viele Kontakte zu Geschäftsführern. Da habe ich jetzt aber bisher keinen getroffen, der da aus persönlichem Vermögen viel investieren möchte. Es fällt eher auf, wenn man jetzt für bestimmte Benefitsveranstaltungen mal Spenden einwirbt, beispielsweise für den Lionsclub oder auch für unsere Kinderklinik. Das bewegt sich dann so im niedrigen vierstelligen Bereich. Das ist dann also schon richtig viel, weil wir auch die Spenden dann breit fächern. Also wir haben wirklich ein sehr großes bürgerschaftliches Engagement. Es gibt allein drei, drei Leitfüchse. Und da ist man natürlich bemüht, dass so ein Stück weit zu verteilen. Und auch vom Golfclub, da gab es immer mal Spenden, die jetzt an den Förderverein gegangen sind. Aber da bemüht man sich natürlich auch, dass ist auch in meinem Sinne, das gerecht zu verteilen. Muss man nicht in eine Richtung das alles (unv. undeutliche Aussprache, legen?). Übrigens am Krankenhaus, seit etwa 2 Jahren noch einen weitere Förderverein. Da bin ich jetzt nicht Mitglied. Von unserem Medizin-Versorgungszentrum für Onkologie. Weil dort auch immer wieder von Schwerkranken onkologischen Patienten, die dann je nachdem genesen waren oder verstorben sind. Da sterben leider auch ausreichend viele. Da gab es durchaus den spontanen Bedarf etwas zu spenden. Und das macht natürlich dann Sinn

das in einen Förderverein zu spenden, um denen die steuerliche Absetzbarkeit zu ermöglichen oder umgekehrt, dass auch adäquat zu verbuchen. Und da sind wir aber auch jetzt keine so hohen Beträge reingekommen, wie man das jetzt vielleicht erwarten könnte. Der höchste Betrag den ich mal an Land ziehen konnte, das war ..(überlegt) über partnerschaftliche Vereine, die sich für Geistigbehinderte bzw. für schwer lungenkranke Patienten engagiert haben. Da hatten wir mal ein Haus mit Grundstück vererbt bekommen, quasi, für mein Förderverein, das war so .. (überlegt) etwa 60.000 Euro unter dem Strich. Ansonsten auch haben wir auch 10.000 Euro (/). Das sind eigentlich so die höchsten Beträge, die ich da über die Fördervereine akquiriert habe. Bei einem Umsatz, sag ich mal, so von 50.000 60.000 Euro. Beim Lionsclub sind es ungefähr 75.000 Euro. Lionsclub ist ja so die machen Activitys und machen einerseits die Idee des Lions dadurch bekannt und andererseits werden dann über Kalenderverkäufe oder jetzt planen wir ein Golfturnier, entsprechende Aktivitäten unterstützt. Das geht alles in die Jugend oder Seniorenarbeit. Wir sind jetzt gerade dabei für das Benefitsgolfturnier, weil da braucht man einfach Sponsoren und es ist nicht so leicht gewinnbringend zu gestalten. Da muss man dann schon gucken. Wir haben unsere Hauptsponsoren sozusagen 1500 Euro, Förderer 300 Euro. Also da bekommen wir schon locker 10.000 /15.000 Euro zusammen. Aber das sind dann halt wirklich eine ganze Anzahl von Personen, weil über 1.500 Euro ist es hier eher schwierig.

I: [0:13:42.7] Das heißt Sie haben also in Ihrem Förderverein jetzt, ich sag mal, keine Leute die sich oder keine Menschen, die sich PROFESSIONELL um wohlhabende Menschen kümmern. Die also die Leute wirklich sagen wir mal professionell angehen.

B: Das haben wir nicht. Nein. Auch Krankenhäuser nicht.

I: [0:14:03.9] OK. Ja ok. Was glauben Sie, warum funktioniert das in den USA so hervorragend, weil in den USA die haben zum Beispiel auch nicht diese zweigeteilte Finanzierungssystem, was wir hier in Deutschland haben. Also, ich kann Ihnen ein Beispiel zum Beispiel nennen, das hab mich selber erschlagen. Ich

wusste das auch vorher nicht. Das UCLA, das University College von LA, die Sammeln jedes Jahr zwischen 110 und 120 Millionen Dollar an Spenden ein.

B: Hmm (bejahend)

I: (...) Finde ich eine unvorstellbare Zahl.

B: Jaja klar.

I: Jedes 120 Millionen im Jahr einzusammeln. Glauben Sie, dass Sie das das hier in Deutschland auch so ein bisschen mit der Mentalität zusammen hängt? Das die Leute vielleicht sagen, naja also so SPENDEN und das hat immer so etwas von Anbiedern und und betteln gehen und solche Sachen.

B: JA, ich bin sicher, das ist eine Kulturfrage. Andererseits muss man natürlich auch gucken. Da gibt es hier sicherlich auch ausreichend Millionäre und Milliardäre, aber sicherlich nicht in der Anzahl wie in USA. Hat zum Teil möglicherweise auch was mit den Geldanlagen zu tun. .. Wir Deutschen haben auch Schwierigkeiten in Aktien und Fonds zu investieren. Und entsprechend also die größte Vermögen, auch wenn man sich das anschaut, werden ja doch über die Börsen Geschäfte gemacht und die wachsen ja dann wenn es richtig investiert wird. Dann automatisch mehr oder weniger. Ich kenn mich jetzt im Steuerrecht in USA nicht so aus. Ich denke da gibt es auch noch mal andere Möglichkeiten. Es ist ja bei uns auch ein Stück weit limitiert an der ein oder anderen Stelle oder auch das Stiftungsrecht, das ist ja doch sehr kompliziert. Ich bin da nicht so in der Tiefe aber ich erinnern mich, eine sehr wohlhabende Familie in meinem Heimatort, die im Prinzip in der Pharmaindustrie im kleinen Stil im aktiv sind. Die haben eine entsprechende Stiftung gegründet und da habe ich schon mitbekommen, wie kompliziert das war. Was dann wie genutzt werden kann und verbucht werden muss. Und das war so am Rande der Legalität.

[0:16:19.5] **I**: (lachen) Ja.

B: Bekommt man ja eh auch mit. Was dann noch geht oder nicht geht. Also ich denke das es einerseits eine kulturelle Angelegenheit und auch wie gesagt mit dem Anbiedern oder (/). Für mich ist das ein Hauptargument, das habe ich auch so von meinem Vorgänger, der den Verein gegründet hat, hier unseren Förderverein der Kinderklinik, übernommen. Der übrigens auch so sehr gut vernetzt war und ist. Das man sich eben nicht gegenseitig die doch mehr oder weniger

Mittel dann gegenseitig abwirbt. Im Sinne von anbiedern. Natürlich sprechen wir immer wieder Geschäftsführer an, aber das ist wahrscheinlich ein großes Problem. Und dann sagte ich ja schon, dann gibt es die die dann auch gerne auf irgendwelche Täfelchen stehen. Das ist ja in den USA auch ganz groß, das man dann den Namen überall präsentieren kann. Ja das ja dann auch ein Stück was mit Macht zu tun. Stelle mich als eine sehr wohlhabende Person da, die auch das tut, mit dem Vermögen im Prinzip sozialverantwortlich umgeht. Was natürlich teilweise zwiespältig ist. Gehe ich mal von aus, wenn man schaut wo die Gelder dann letzten Endes gewonnen worden sind.

I: [0:17:42.3] Ja. Halten Sie das denn grundsätzlich für möglich, zum Beispiel, Finanzierungslücken oder große Spendenprojekte durch wohlhabende Menschen zu schließen. Jetzt in Ihrer, in Ihrer Situation, in Ihrem Krankenhaus? Also sehen Sie das Potenzial da?

B: Auf jeden Fall, werde das eine Möglichkeit. Eine Sache ist mir noch durch den Kopf gegangen. Unser Krankenhaus steht wirtschaftlich insgesamt gut da, weil wir sehr konservativ das Krankenhaus stets geführt haben. Wir sind ja eine gGmbH. Gut das hat jetzt nichts damit zu tun, das man gut wirtschaften kann oder auch im .. noch .. im Bereich der schwarzen Zahlen ist. Aber wir haben natürlich auch hier mit der (Situation?) was Investition anbetrifft. Und wir haben denk ich unser Krankenhaus auch strategisch gut ausgerichtet. Also als Krankenhaus von Jung bis Alt, eine sehr hohe Anzahl an Geburten. Wir haben mit Level 1 Neonatologie . Wir haben bis hin dann zu der Geriatrie alles vor Ort, was wir brauchen, auch das ist ein Alleinstellungsmerkmal hier in Region Geriatrie. Also diese zwei Säulen tragen maßgeblich dazu bei, dass unser Krankenhaus wirtschaftlich gut dar steht. Grundsätzlich ist das möglich. Ich hatte ja gesagt, ich habe an der Uni in Gießen studiert. Da gab es eine Station Peiper. Können Sie mal recherchieren. Die hat regelmäßig eine sogenannte Tourpeiper organisiert. Also sie wurden aber auch über eigenen Aktivitäten natürlich teilweise auch über Spenden (/). Aber jetzt ... meines Wissens gab es auch keine Großspender oder zumindest nicht im Millionen Bereich. Da bin ich ganz sicher. Das ist auch schon viele Jahre her. Da .. (überlegt) 89 bis 94 studiert. Und das war eben eine Krebsstation, die hat darüber , über diese regelmäßigen Aktivitäten und Spenden

(unv., undeutliche Aussprache) zwei bis drei Ärzte finanziert, eine ganz Anzahl an Krankenschwestern, Sozialarbeitern usw. Und die Ausstattung der Station war natürlich auch entsprechend komfortabel. Und ein Haus für die Eltern, so ein Ronald-McDonald-Haus, wo die dann in der direkten Nähe des Krankenhaus der Kinderklinik leben konnten. Al sowas gibt es, aber auch da keine Großspender. Es wäre SPANNEND, ob das etwas ist, was ich hier in Deutschland entwickeln kann, weil es bis dato (/), weil wir wissen ja alle wie es aussieht in den Krankenhäusern. Klar wollen sie vielleicht auch gerne angesprochen werden, aber (.) das ist ja an sich heute kein Thema an einen Geschäftsführer heranzutreten. Aber ich denke es mangelt dann eher an dem direkten Kontakt. Es gibt ja Städte wie Essen, da sieht es ja ein bisschen anders aus.

I: [0:20:42.2] Hmm, ok. Gut (...) Wären Sie grundsätzlich dazu bereit ein Budget für so etwas zur Verfügung zu stellen? Das Sie sagen, wenn jetzt Leute zu Ihnen kommen würden, die würden sagen: Ich könnte mir vorstellen, dass ich für das Krankenhaus Düren die und die Summe X im Jahr generiere, weil es gibt mittlerweile immer mehr Krankenhäuser die wirklich professionelle FUNDRAISER auch einstellen. Die dann letzten Endes diese hochvermögenden Leute wirklich ganz gezielt angehen. Gibts es da, hat es da schon mal Überlegungen gegeben in diese Richtung?

B: Also meiner Kenntnis nach nicht. Also im Sinne von wir gehen das jetzt strukturiert an. Man muss auch sagen auch die Holding, die wir jetzt haben die ist an sich (..) wirtschaftlich steht die sehr gut dar. Wir haben so ein spezielles System (...) das wurde so berichtet also wenn wir (..) sozusagen bisschen Gewinne erwirtschaften dann geht das in einen Topf und wenn wir dann Investitionen tätigen wollen dann können wir aus diesem Top entsprechend Ausschüttungen erhalten. (...) Im Krankenhaus-Sektor machen wir sicherlich nicht das große Geld, aber im dem sozialen Bereich da kann ich auch ja ganz anders kalkulieren. Da habe ich also soviel (..) Heimplätze sage ich jetzt mal und handel das mit den Kostenträgern aus und dann hab ich genau eine Erlössituation die ich sehr klar kalkulieren kann. (unv.) Es gibt sehr sehr viele unbekannte, nicht zuletzt welche und wie viele Patienten kommen zu mir. Also ich denke grundsätzlich können wir uns das vorstellen und auch so wie ich die Geschäftsführerin erlebt habe (/). Wir haben das natürlich auch geprüft unser einer Geschäftsführer ist

Jurist. Bevor wir mit diesem Tempelorden Menschen da etwas intensiver gesprochen haben (/). Also wir wären da schon noch offen für. Ob wir jetzt tatsächlich (..) Summe X als Investition in die Hand nehmen würden, um dann ein zwei dreistellige Millionenbeträge, naja zweistellig höchstens zubekommen das müsste ich mal fragen. Also ich könnte es mir vorstellen. Ich weiß es, also ich kenne einige NGOs. Eine die Bangladesch unterwegs ist. Die macht das so oder die NPPNW weiß ich auch, das sie so unterwegs sind. Schon seit vielen Jahren.

I: [0:23:17.7] Haben Sie da schon mal eine Potenzialanalyse gemacht? Ich sage mal bei Ihnen im Umkreis von kein Ahnung von 30, 40, 50 Kilometern? Das Sie sich mal die Frage gestellt haben, welche Leute gibt es hier eigentlich, die richtig Geld haben und zu so etwas bereit wären?

B: Ne haben wir nicht gemacht. Wie gesagt, ich kenne ja viele Geschäftsführer auch traditionsreiche Unternehmen. Wenn Sie mal schauen hier in Düren gab es traditionell eine Papierindustrie, die es auch noch führend ist und die entsprechenden Zulieferer. Da auch zu einzelnen sehr wohlhabenden Menschen Kontakt. Aber ich nehme so war das die, also die sind sehr bodenständig. Also muss man wirklich sagen. Gut die werden auch mal teure Urlaube machen, reisen viel, aber die hängen das jetzt hier nicht so raus. Fährt auch keiner mit einem Rolls-Royce oder Bugatti rum. Aber die investieren das doch sehr intensiv in ihre eigenen Unternehmen. Das sind oft Familienunternehmen über viele Generationen und was ich so erleben geht da alles an Gewinnen auch wieder direkt in die Unternehmen. Es sind teilweise internationale Unternehmen. Können Sie sich ja mal anschauen. GKD Kufferath. Die machen so Metallwebereien. International, Dubai (/). Große Wolkenkratzer werden damit bekleidet. Mittlerweile mit LED Technik oder so. Also das wird alles irgendwie in die Unternehmen wieder investiert. Oder ich hab ein Freund der (unv., Malzenfabrik?) hat, der hat auch schon zwar dreißig Oldtimer und der Sohn fährt Ralleys und hat als Hobby Huskies. Aber letztlich was da so rein kommt an Geld, was ich mitbekommen, das wird in die Firma investiert.

[0:25:18.9] **I:** Hmm. Hmm. Ok. Gut. Vielen Dank. Die zweite Frage haben Sie eigentlich schon mit beantwortet. Das wäre nämlich die Frage gewesen, ob

Sie in der Vergangenheit schon einmal mit wohlhabenden Menschen Erfahrungen gemacht haben. Das haben Sie ja eben geschildert mit dieser "pathologischen Persönlichkeitstruktur" (lachen) da. Und dann wären wir die dritte Fragen (/). Haben Sie eigentlich auch schon mit beantwortet, weil die wäre nämlich gewesen, wie die aktuelle Situation Ihres Hauses mit dem Thema Fundraising ist. Aber da haben Sie ja schon erzählt mit Ihrem Förderverein und so weiter wie sich das darstellt. Was mich noch interessieren würde. Haben Sie grundsätzlich eine Vorstellung davon, wie Ihre Spenderstruktur aussieht? Also was der, ich sage mal, was der Großteil der Leute (/) welche Summen die spenden. Können Sie das klassifizieren? Wird da irgendwie so ein Controlling gemacht, dass Sie sagen wir haben was weiß ich 3% der Leuten spenden mehr als 5.000 Euro, 70% dann zwischen 10 und 50 Euro usw. Gibt es da Übersichten?

B: Ähm .. (überlegt). Fange ich mal mit dieser Frage an. Aber eine Sache nochmal um Mittel zu generieren. Jetzt hängt irgendwie das Video keine Ahnung. Das dürfen wir nicht vergessen, weil es gibt ja sehr viele Fördermittel vom Land mittlerweile. Da haben wir ja auch (/), vielleicht zeige ich das kurz noch, für unsere Kinderklinik. Meine 5,4 Millionen für unser Pflegebildungszentrum (/), wir haben sehr sehr große Krankenpflegeschule mit jetzt ab September 300 Schülern. Das ist schon eine der größten in der ganzen Region oder sogar NRW.

I: Das ist viel. Also das ist extrem viel 300.

B: Ja das ist wirklich sehr viel. Und da bekommen wir auch etwa 2,8 Millionen. Das sind Fördermittel vom Land. Also da sind wir immer sehr aktiv, wenn es entsprechende Möglichkeiten gibt. Zu dem Verein kann ich sagen, wie gesagt, es gibt einzelne Großspender. Erinnere mich sogar noch an eine weitere Person, die in der Nachbarschaft lebte, keine Angehörigen hat und uns 50.000 Euro für die Kinderklinik auch zur Verfügung gestellt hat. Wie gesagt da ist keiner mehr der irgendetwas erben könnte. Das sind Einzelpersonen in dieser Größenordnung, fünfstellig. Das sind immer wirklich nur Einzelne. Ansonsten haben wir immer wieder besondere Geburtstage oder Sterbefälle wo geringe vierstellige Beträge reinkommen. Sagen wir mal 1500 bis 3000 maximal. Davon haben wir etwa 15 höchstens im Jahr. Alles andere liegt darunter. Das können auch mal eine Schulklasse sein oder ein Fußballverein, die irgendetwas gemacht haben, ein Sommerfest und sagen hier das ist jetzt unser Überschuss. Oder ein

Weihnachtsbasar. 300 bis 500 Euro in der Größenordnung, die dann auch spontan kommen. Was ich immer sehr schön finde, wenn die dann sagen hier, hier ist meine Oma schon zur Welt gekommen in dem Krankenhaus und ich auch. Alle. Und die kommen natürlich dann auch. Ist natürlich auch vernetzt mit (unv., Swissbruderschaft?) und Karnevalsgesellschaft usw. Wo man sich natürlich auch engagieren möchte. Zur Schirmherrschaft habe oder sind (unv., undeutliche Aussprache).

I: [0:28:49.5] Gibt es spontan Projekte wo Sie sagen würden für Ihr Krankenhaus da könnten wir in der Zukunft Geld gebrauchen. Also Sie brauchen sie jetzt gar nicht zu nennen.

B: Auf jeden Fall. Auf jeden Fall. Wir haben zwar jetzt alle Stationen saniert aber es ist ein Krankenhaus mit einer über 140 Jährigen Geschichte und entsprechend hat sich die bauliche Struktur entwickelt, über viele Generationen. Es gibt zwei große Gebäudeblöcke, die müsste man im Grunde genommen abreißen, weil sanierungsbedürftig**.** Da hätten wir mehr als genug Bedarf. Und auch was die technische Ausstattung anbetrifft. Wir haben kein Operationscomputer oder Roboter, so einen Da Vinci. Wobei mit so einem Ding kann man nicht wirtschaftlich arbeiten. Das muss man sagen. Das gibt es nur wenige einzelne Indikationen wo ich zügig mit unterwegs sein kann. Aber das wären dann so Dinge wo man sagen könnte (/) oder auch Personal sind wir natürlich gesetzlich entsprechend der Bestimmung unterwegs. Kriegen Personaluntergrenzen oder GBA Beschluss. Natürlich mehr Personal, Servicepersonal für den Patienten würde nicht schaden. Auch die Seelsorge würde wir so gerne noch weiter ausbauen. Da gibt es ja im Moment Personalmangel (lachen) in der katholischen Kirche.

I: [0:30:16.4] Würden Sie denn grundsätzlich sagen das Ihr Krankenhaus bei Ihnen da in der Region das das ein attraktives Ziel wäre für vermögende Spender. Würden Sie sagen, dass sie da, sagen wir mal, in der Gesellschaft da bei Ihnen in Düren das das Krankenhaus .. das das so eine Meinung vorherrschend ist. Da würden wir gerne für Geben?

B: Ja, also das kann ich mir durchaus vorstellen. Natürlich bin ich sehr überzeugt von unserem Krankenhaus. Ich hab mich auch nicht für die Stelle als

ärtzlicher Direktor beworben, sondern bin da vom Geschäftsführer vorgeschlagen worden. Und von meinen Kollegen werde ich gewählt seitens den Fachabteilungen. wir haben da schon einen sehr sehr guten Stand in der Bevölkerung. Es ist natürlich eine soziale Einrichtung. Wir haben vorwiegend mit Kindern und Jugendlichen (/). Also da betreuen wir im Prinzip fast jeden der Bedarf hat in der Altersklasse. Etwa 20, 22.000 Kinder und Jugendliche. Wir haben ja eben die Neonatologie. Auch das spricht sie an. Wir haben eine Onkologie. Das ist ein Thema was anspricht. Auch die Geriatrie der Senioren, das weiß ich auch meinem eigenen sozialen Engagement privat oder auch über andere Menschen die hier aktiv sind, dass das diese Themen sind die gerne gespielt werden und wo Spendenbereitschaft besteht. Wir sind gemeinnützig. Wir müssen nicht an irgendwelche Shareholder abgeben. Also kein Privatkonzern, wie Helios oder Sana. Und das macht uns natürlich dahingehend schon attraktiv.

I: [0:32:03.0] Jetzt haben Sie eben gesagt Sie hatten noch nicht so professionelles, sagen wir mal, Fundraising bei hochvermögenden Menschen aufgebaut. Gibt es da Gründe für weshalb Sie das bisher nicht getan haben? Also die Frage ist ist das, hat sich das hier bisher einfach noch nicht so ergeben oder gibt es ganz bestimmte Gründe das Sie gesagt haben, nein wir wollen das auf keinen Fall machen?

B: Also, wichtig war und ist natürlich immer auch eine Unabhängigkeit was Entscheidungen anbetrifft. Gerade im Medizinsektor. Gut kann man sagen da gibt es natürlich jetzt auch nicht irgendeinen Hokuspokus, in den man investieren würde, sondern das wäre dann Ausstattung sowie unser Förderverein, um das Umfeld attraktiver zu gestalten. Wir haben beispielsweise auch so einen Klinikladen oder so etwas. Die Unabhängigkeit ist ein großes Thema. Sich da nicht im (/), die Strategie und Planung des Krankenhauses reinfunken zu lassen. Man müsste einfach mal so einen Deal (unv., undeutliche Aussprache) Geschäftsführer, die Übergeordneten auch dazu stehen. Man muss natürlich auch da wieder schauen (..) sind das alles Gelder die sozusagen sauber erwirtschaftet wurden. Nicht aus irgendwelchen Waffenhandel oder Atomenergie oder was auch immer. Das ist (/). Es klingt erst mal albern, aber ich bin schon davon überzeugt da damit die meisten, die größten Renditen erzielt werden in diesen Sektoren. Das wäre natürlich auch eine Voraussetzung. Wir sehen das im Moment bei der

Personalakquise. Da arbeiten wir natürlich mit entsprechenden Firmen zusammen. Wenn man dann mitbekommt, was die da für Bedingungen haben. Das ist schon teilweise echt krass. Zu den Personen die die vermitteln. Das ist grenzwertig. Muss man schon sehr genau hingucken.

I: [0:34:07.3] Glauben Sie denn das es Ihrem Krankenhaus heute besser gehen würde, wenn Sie mit so einem Fundraising schon vor 10 Jahren angefangen hätten?

B: Ja auf jeden Fall. Erbaulich, das sieht man an verschiedensten Stellen. Ich bin da immer wieder auch mit unseren Handwerkern unterwegs und kenne da eigentlich jeden Quadratmeter. Da gibt es hohen Sanierungsbedarf und Rückstand, wobei die Stationen sind jetzt alle tiptop. Wir haben gerade noch ein paar Fenster ausgetauscht, aber danach waren alle Stationen im Prinzip auf allerneustem Stand. Wir könnten auch für meinen Abteilungsbereich, da war jetzt auch angedacht noch einmal so etwa 6 Millionen zu investieren. Im Neubau. Es hat leider nicht geklappt, weil wir schon zwei größere (unv., undeutliche Aussprache) Bescheide bekommen haben, für die Kinderklinik und das Pflegebildungszentrum. Das wir da diesmal rausgefallen sind. Es gäb vor allem was diese bauliche Struktur anbetrifft und auch nochmal die Versorgung des Patienten könnte man sicherlich noch einiges machen. Zulagen, Zahlungen für die Mitarbeiter um diese zu binden. Solche Dinge, da sind wir im Moment auch nach den Tarifverträgen unterwegs. Das würde sicherlich einiges bringen. Da könnte man natürlich auch die besten der Besten an das Haus holen. Weil die entsprechend bezahlen würden.

I: [0:35:33.5] Gibt es bei Ihnen im Krankenhaus für die Zukunft Pläne so etwas zu etablieren oder zu sagen wir wollen grundsätzlich diesen Förderverein, ich sag mal, professionalisieren? Ausbauen, an hochvermögenden Menschen gezielt rangehen? Gibt es da irgendwelche Pläne?

B: Im Moment sind wir in der Tat unterwegs den Förderverein bekannter zu machen. Aber wir fangen erst mit der Basis an, weil für uns sind das natürlich wichtige Multiplikatoren, die 150 Mitarbeiter traditionell, weil es auch so (/), das hat (schlechte Verbindung). Es war sicherlich so das der Förderverein um das

Ganze auch schlank zu halten. Wir haben 35 Mitglieder oder 40. Und bewusst nicht größer gemacht wurde, weil das ist natürlich auch so, wir haben alle viel zu tun. Aber da sind wir jetzt im Moment unterwegs, über die sozialen Medien und die direkte Ansprache unserer Mitarbeiterinnen, mehr Mitglieder zu werben und dann so im Sinne eines Schneeballsystems auch über die Mitarbeiterschaft hinaus mehr Mitglieder oder auch Förderer zu bekommen. Für den einen Förderverein würde ich das auf jeden Fall jetzt nochmal ansprechen, thematisieren und mit der Betriebsleitung, ich würde das jetzt auch durchaus nochmal zum Thema machen, weil einfach weiterhin sehr viel zu investieren ist.

I: [0:37:10.1] Haben Sie denn mal darüber nachgedacht sich bezüglich Fundraising für hochvermögende Menschen mal professionell beraten zu lassen? Weil es gibt ja zum Beispiel Beratungsunternehmen, die ganze, ich sag mal, Potenzialanalysen machen, die Zugangswege aufzeigen usw. Haben Sie da schon einmal drüber nachgedacht, drüber geredet?

B: (..) Bisher nicht. Wie gesagt, weil das ist ja nicht das Thema war, entsprechende Großspender zu generieren. Aber jetzt da nachdem (lachen) wir uns da ja intensiver auseinander gesetzt haben. Das ist durchaus interessant. Keine Frage. Ich weiß nicht, ob es direkt in der Region (/) (..). Da wird es vielleicht jetzt im Moment 10 geben, die auch entsprechende Vermögen haben und investieren würde. Da kommt es natürlich auch immer drauf an, wie ist deren Bezug zum Krankenhaus. Wenn die beispielsweise im Nachbarkrankenhaus geboren wurden, in Behandlung waren. Dann liegt für mich auf der Hand das sie dann eher in die Richtung gehen würden, weil sie den ein oder anderen Chefarzt kennen oder Geschäftsführer. Ich glaube in Düren selbst ist es nicht so einfach. In Aachen sieht es schon wieder ganz anders aus. Das weiß ich auch von einer neuen Mitarbeiterin (unv., Geräusche). Andere Fördervereine in Aachen gearbeitet hat. Da gibt es viel mehr wohlhabenden Menschen wie auch Investierende. Wenn man jetzt südlich von Köln geht da gibt es natürlich Krankenhäuser wie Sand am Meer. Weil es unglaublich (/). Die werden natürlich dann auch eher (unv., undeutliche Aussprache) aktiv werden.

I: [0:38:59.5] Gut dann wären wir schon bei der letzen Frage und zwar die letzte Frage und zwar die letzte Frage befasst sich mit Banken und Stiftungen. Es geht eigentlich darum haben Sie schon einmal Erfahrungen gemacht als

Krankenhaus mit Banken oder mit Stiftungen? Das Sie zum Beispiel auf Banken oder auf Stiftungen zugegangen sind und gesagt haben: liebe Stiftung, liebe Bank wir bräuchten eine Summe X. Habt ihr vielleicht in eurem Kundenbestand irgendwelche Leute, die da interessiert wären, sagen wir mal durch eine Spende (unv. undeutliche Aussprache). Oder sind vielleicht sogar Banken auf Sie zugekommen und haben gesagt wir haben einen wohlhabenden Menschen der möchte eine Stiftung eröffnen. Was weiß ich eine Krankenhausstiftung, um damit irgendwelche Sachen zu machen. Wären Sie daran interessiert? Gibt es da, haben Sie da schon mal Berührungspunkte zu Banken und oder Stiftungen gehabt?

B: Mir ist das nicht bekannt. Es gibt hier so ein Vermögenssparen oder so das wird auch ausgeschüttet. Da hat der Förderverein auch schon von profitiert. Aber in der Richtung ist mir nichts bekannt.

APPENDIX 7: INTERVIEW 2 (GERMAN VERSION) - HOSPITAL (1ST SUBSTUDY)

[0:00:00.0]

I: [0:00:01.5] Ja Frau K. ich darf Sie begrüßen. Es ist, was haben wir denn, Dienstag 15.03 14:08 jetzt und wir führen ein Interview bezüglich der Studie die wir durchführen. Die habe ich Ihnen gerade in groben Zügen vorgestellt und wir Sie erstmal bitten, dass Sie sich kurz vorstellen und Ihre Funktion nennen, die Sie beruflich ausüben.

B: [0:00:25.8] Ja das mache ich gerne. Mein Name ist B. K.. Ich bin angestellt seit mittlerweile 17 Jahren hier im Sankt Franziskus Hospital in Münster. Ein Krankenhaus das in die Trägerschaft der Franziskus-Stiftung gehört, einer konfessionellen Krankenhausstiftung. Ich bin hier angefangen mit dem Bereich Presse und Öffentlichkeitsarbeit und darf mich seit 2015 nur noch um das Thema Fundraising kümmern. Anlass dafür war eine Kapitalspendenkampagne hier am Hospital, wo man eben jemand suchte der sich da hauptverantwortlich darum kümmern möchte und das durfte ich dann seither bis zum heutigen Tage machen.

I: [0:01:05.3] Gut. Wunderbar. Sehr schön. Frau K. nur noch mal damit ich das (.), mit wir das geklärt haben. Sie sind mit dem Aufzeichnen des Interviews einverstanden. Das ich das nachher transkribiere und auch verwerten darf. Was allerdings vollkommen anonymisiert geschieht.

B: [0:01:23.6] Ich bin einverstanden.

I: [0:01:25.3] OK. Wunderbar. Dann wäre meine erste Frage an Sie Frau K. Es geht um grundsätzliche Kenntnisse. Also welche Kenntnisse grundsätzlich haben Sie bezüglich Fundraising bei sehr wohlhabenden oder bei überdurchschnittlich wohlhabenden Menschen in Ihrem Berufsfeld? (...) Es geht jetzt noch nicht mal so um bestimmte Beispiele. Es geht nur so darum, haben Sie sich, haben Sie da Kenntnisse. Haben Sie da vielleicht schon mal mit angefangen sich um

diese Menschen zu kümmern. Gibt es da irgendwie (/). Wie ist da der Sachstand sozusagen?

B: [0:02:01.9] Mit Start der Kampagne haben wir tatsächlich angefangen hier im Kreis der Chefärzte und der Verwaltungsleitungen nach Kontakten anzufragen. Nach persönlichen Kontakten und privaten Kontakten zu Menschen, die in diese Gruppe gehören könnten. Und haben da Listen erstellt. Und wir informieren uns auch regelmäßig in diesen Publikationen, die reichsten Menschen in Westfalen. Sowas gibt es manchmal in der Lokalzeitung. Da werden tatsächlich Namen genannt. Von vermögenden Privatpersonen, die hinter bestimmten Unternehmen stecken. Das, sag ich mal so, das nehmen wir hier schon wahr und gucken ob wir da Kontakte haben.

I: [0:02:44.5] OK. Halten Sie das denn grundsätzlich für realistisch, sagen wir mal, Finanzierungslücken oder Großprojekte im Krankenhaus mit solchen Menschen, sagen wir mal, mit dem Kapital solcher Menschen zu füllen?

B: [0:02:56.4] Prinzipiell ja.

I: [0:02:58.2] Ok. (...) Sind auch schon mal bei Ihnen Gedanken darüber aufgekommen ein gewisses Budget, wie gesagt ich will keine Zahlen wissen, aber vielleicht zu sagen, wir schalten ein gewisses Budget frei, um mal so ein Projekt zu initiieren, um diese Leute mal professionell anzugehen?

B: [0:03:18.7] Ähm. Wir haben tatsächlich mal Geld in die Hand genommen und haben eine Schulung gemacht. Großspenderansprache mit einer US-Amerikanerin, die uns da wirklich mal eine Schulung gegeben hat. Der Sohn, dem wir eben zutrauen das da Kontakte (/) und diese sogenannte Türöffnerfunktion auch vorhanden sein könnte. An dieser Stelle hat man investiert. Zugegeben, ob man das jetzt noch macht. Die Kampagne geht dem Ende zu in diesem Jahr. Das würde man jetzt wohl so nicht mehr machen. Das man da investiert. Bis jetzt mein Eindruck, wenn ich an die Worte der Geschäftsführung so denke.

I: [0:03:52.6] Ok warum nicht. Weil es sich nicht gelohnt hat? Oder weil es keinen Return On Invest gebracht hat? Weil es keinen Kapitalrückfluss gebracht hat?

B: [0:04:02.2] Ja Kapitalrückfluss da hatten wir uns mehr von versprochen. Und weil eben diese Kapitalspendenkampagne mit dem Bau dieses, unseres Spendenobjekts sozusagen zu Ende geht. Wird Fundraising ab Sommer/Herbst, sag ich mal, bei unserem Hospital eine kleinere Rolle spielen. Und dann investiert man natürlich nicht mehr so groß, weil die Summen die wir künftig einwerben wollen auch nicht mehr so groß sind wie die die wir gerade machen.

I: [0:04:26.4] Aja, ok. Gut. Prima. Das wär's schon zur ersten Frage. Die zweite Frage. Haben Sie schon in Ihrem Projekt da, persönlich oder durch Mitarbeiter wirklich Erfahrung mit hochvermögenden Spendern gehabt? Das heißt hinsichtlich Akquisition, Herausforderung wie man diese Leute akquiriert, das Verhalten dieser Spendern, wie man diese Spender vielleicht auch betreut, wie man mit den umgeht, was diese Leute hören wollen usw.

B: [0:04:57.7] Äh. Ich muss sagen wenig. Unsere Großspenden kamen eben eher von Stiftungen. Es gab eben auch MAL den ein oder anderen dankbaren Patienten, der in einer Größenordnung gespendet hat die ich da wohl reinpacken würde. Das man da vorher Anbahnungsgespräche oder ähnliches geführt hätte, das haben wir so nicht. Kann ich nicht von berichten.

I: [0:05:23.7] Ja. Ok.

B: [0:05:24.1] Also. Ne

I: [0:05:26.3] Glauben Sie das wenn Sie so zurück blicken, wenn Sie das vielleicht auch mit den Vereinigten Staaten vergleichen wie das da gemacht wird, das es oder das Ihr Klinikum heute besser da stehen würde wenn Sie mit einer solchen Form von Fundraising schon vor 10, 15 Jahren professionell begonnen hätten?

B: [0:05:43.5] (...) Ja das denke ich schon. Gerade doch in diesem Bereich. Ich sag mal ich, so nach meiner Kenntnis sind in den USA ja schon riesen Teams unterwegs. Ich bin hier allein mit einer Kollegin. Das ist eine ganze Stelle. Ich weiß das es in den amerikanischen Kliniken durchaus, also ich sag auch mal 20, 30, 40 oder mehr Mitarbeitende gibt, die sich kümmern.

I: Das kann ich Ihnen bestätigen, dass das so ist.

B: [0:06:06.0] Genau. Das sehe ich natürlich so jetzt in dem Maße nicht. Aber ich bin sicher das man in diesem Bereich (..) Zustiftungen, dieser Themenbereich was passiert mit meinem Vermögen nach meinem Ableben. Das man damit noch früher beginnenden Kooperationen vielleicht ein bisschen bessere Erfolge hätte. Das haben wir jetzt auch. Das ist ja ein Thema das so läuft, das wir nicht aktiv betreiben, aber ich sehe das das Chancen hat, wenn man sich als spendensammelndes Unternehmen präsentiert. Das da auch Menschen hellhörig werden, die in diese Kategorie fallen.

I: [0:06:36.9] Ja.Ja. Das heißt die praktisch, die entweder ein Teil ihres Vermögen spenden oder gar keine Erben haben und dann sagen, sie (/).

B: [0:06:45.4] Genau. Oder die eben eine Zustiftung (/). Die sagen unsere Kinder sind versorgt, aber es gibt eine gewisse Summe, die die Kinder nicht brauchen und die Erben. Und die würde ich gerne aus Dankbarkeit, aus welchen Gründen auch immer dem Krankenhaus vermachen. Da sehe ich noch grundsätzlich Chancen.

I: [0:07:00.5] Wie würden Sie denn die aktuelle Situation Ihres Hauses mit dem Thema Fundraising erstmal generell beschreiben? Wie gesagt wir brauchen keine Zahlen, aber wie würden Sie generell das beschreiben und spezifisch im Bereich der hochvermögenden Menschen.

B: [0:07:22.1] (...) Also generell sind wir doch eher im Bereich, ich sag mal, dem mittleren Spender unterwegs. Wir generieren Spenden tatsächlich über

Stiftungen und über unsere Mailings an Patienten und an bestehende Spender. Es ist das wiederholte Ansprechen von Spendern und guten Spendern auch mal zu höheren Spenden führen kann.

I: [0:07:43.6] Das heißt da muss ich eben mal nachhaken, weil das ist wichtig. Das heißt Sie sprechen auch Spender die schon mal Spender waren nochmal an? Das heißt Sie, die sind praktisch in so einem (lachen) das soll jetzt nicht despektierlich (/), in so einem Hamsterrad drin wo sie die immer und immer und immer wieder ansprechen.

B: [0:08:00.5] Ja also es gibt schon natürlich so vor, keine Ahnung, also wir sagen der dreimal nichts gespendet hat, den schreiben wir nicht mehr an. Der aber schon mal gespendet hat. Es gibt tatsächlich so interne Absprachen, wer (/). Wir wollen ja jetzt nicht 6 Jahre lang jemanden anschreiben, der einmal irgendwann gespendet hat. Da gibt es intern in der Datenbank, die wir für diesen Zweck haben, auch Möglichkeiten Menschen auszuschließen, wo man das Gefühl hat, da trifft man einfach nicht auf offene Ohren. Da stimmt, da passen wir nicht zusammen an der Stelle. Das war eben nur eine Einzelspende. Das können wir nicht wieder hervorrufen, dieses Gefühl, warum diese Person seinerseits gespendet hat. Bei uns ist es tatsächlich, sind es die Patientenmailings. Wir waren vor Corona viel auf Veranstaltungen auf den wir auch Kontakten knüpfen konnten. Veranstaltungen auch für Spender, die man dann exklusiv eingeladen hat. Dieses Thema nur Großspender einzuladen hat bei uns nicht zum Erfolg geführt. Es gibt durchaus Unternehmen hier die haben wir dann mal eingeladen, aber das gipfelte meistens nicht in einer Großspende. Das hat immer irgendwelche anderen Wege genommen.

I: [0:08:59.1] Können Sie mir mal ein Beispiel sagen für einen anderen Weg, weil das interessiert mich. Das heißt die Leute, die Unternehmer kommen dahin und was passiert da? Was muss ich mir unter einem anderen Weg vorstellen?

B: [0:09:11.2] Hmm. Unser Versuch war zum Beispiel bei der Eröffnung eines Bauabschnittes einer neuen Klinik vermögende Privatpersonen einzuladen. Über das Unternehmen dem die zugehören. Was wir geschafft haben für den

nächsten Bauabschnitt Interesse zu wecken. Und zu sagen wir sind noch nicht fertig, es gibt, geht hier weiter. Das hat nicht so zu Erfolg geführt. Was bei uns eben lief waren eben diese bestehenden Spender, die man immer wieder angesprochen, und die dann (/). Wo da irgendwann mal nach ein paar kleinen Spenden richtig richtig große Spenden kamen. Die man sich jetzt aber ehrlich gesagt so nicht erklären kann. Das sind diese Überraschungen, die man hat. Genau. Das man jetzt so was gemacht hätte wie wir laden zum Abendessen ein oder wir machen eine exklusive Veranstaltung und dann kommen 10 Personen und von den spenden am Schluss 2. Das haben wir so nicht erlebt. Was wir machen, was aber wegen Corona auch nicht geht im Moment, ist ein Benefits-Golftunier. Das war eigentlich die Idee natürlich sich an vermögende Menschen zu wenden. Und auch, ich sag mal, eine relativ kleine Hürde für Kollegen Menschen einzuladen wo man vielleicht auf das Thema nicht hinweisen wollte. Wo man gesagt hat, Mensch komm doch zum Golftunier, ich weiß du spielst. Und dann das Fragen nach Spenden anderen überlassen, nämlich uns. Und auch da muss ich sagen gab es diese großen Spenden eigentlich nicht. (..) Hat sich aus Gründen die ich jetzt nicht, kann ich Ihnen nicht benennen. Hat sich nicht aufgelöst in Großspenden, diese Abende, die wir gemacht haben, diese zwei.

I: [0:10:39.9] Kommunizieren Sie denn generell Ihre Investitionsvorhaben? Zum Beispiel, ich sag jetzt mal, als Beispiel irgendwie bei Ihnen in der örtlichen Presse. Das da steht Ihr Haus plant einen neuen Bauabschnitt und dafür braucht es noch so und soviel Geld oder so. Also generell wird bei Ihnen im Umkreis publiziert und öffentlich gemacht, das Sie Geld für bestimmte Dinge brauchen?

B: [0:11:02.5] (..) Wir sind seit Beginn der Spendenkampagne regelmäßig in der Zeitung. Durch Medienkooperationen stellen wir auch sicher, dass das mit immer neuen Themen wieder, ich sag mal, in die Öffentlichkeit gelangt. Man sieht es im Krankenhaus, es gibt Website und wir schreiben eben Patienten, die sich einverstanden erklärt haben, die müssen das ja im Vorfeld auch schon sagen, und sprechen die auch regelmäßig an. Und sagen das ist der Stand der Dinge, sie haben geholfen das es soweit, das es jetzt schon soweit ist, dafür danken wir

ihnen, können Sie sich vorstellen den nächsten Bauabschnitt vielleicht sich wieder zu engagieren, zu helfen. Das gibt es mehrere Ebenen auf die wir immer wieder kommunizieren.

I: [0:11:38.2] Ja. Ok. Gut. (...) Das heißt Sie hatten bisher schon, wenn ich das richtig verstanden habe, schon mindestens 2 Projekte wo Sie diesen Weg versucht haben zu gehen. Sie haben mir gerade erzählt Sie hatten den ersten Bauabschnitt, den zweiten Bauabschnitt. Das heißt Sie hatten schon mehrere von diesen Förderprojekten wo Sie praktisch versucht haben das so zu machen.

B: [0:12:06.5] Genau. Der erste ist zu Ende gegangen. Wir wollten dann den, die Power, sag ich mal nutzen für den zweiten Bauabschnitt. Und haben gesagt wir zeigen mal was so ging und weisen hin das es eben so weiter geht. Genau, das haben wir gemacht.

I: [0:12:21.2] Wie sieht es denn bei Ihnen in der Zukunft aus? Sie haben das eben schon so ein bisschen beantwortet, weil Sie gesagt haben wir brauchen eigentlich nicht mehr so viel Geld weil wir diese großen Spenden eben im Moment nicht mehr benötigen. Aber gibt es da trotzdem Pläne für die Zukunft. Vielleicht für hochvermögende Spender, irgendwelche Strukturen aufzubauen?

B: [0:12:42.5] Nein gibt es im Moment nicht. Wir reden jetzt darüber was machen wir wenn die Kampagne endet. Im Sommer, Herbst diesen Jahres. Es gibt natürlich genau immer, ich sag mal, kleine Projekte hier im Haus. (unv. ‚Klinikum Palliativstation?) . Das sind aber nicht die Projekte wo man Großspender braucht. Das ist im Moment kein Thema. Es liegt, es liegt vielleicht auch daran das es eben noch nicht das Folgeprojekt gibt für die riesen große Baumaßnahme. Sondern alles im kleineren Rahmen sich bewegt und dann wahrscheinlich auch niemand im Moment die Idee hat wir investieren da jetzt nochmal. Weil unser Bedarf ja einfach gar nicht mehr so groß ist. Für in(/), meinen Eindruck das wir erstmal ein bisschen pausieren mit der aktiven Ansprache, weil uns dann auch das Projekt fehlt. Weil dann ist die eine Sache beendet. Das sagt man vielen Dank und dann wird man möglicherweise mit einem neuen Projekt irgendwann wieder auf die Menschen zugehen. Und bis dahin die kleinen Projekte (/).

I: [0:13:33.2] Sie haben eben gesagt dass Sie sich mal eine Amerikanerin engagiert haben, die dann Sie zum Thema Fundraising beratet hat. Wenn ich das richtig verstanden habe. Da gibt es aber jetzt bei Ihnen auch keine Perspektive, dass Sie sagen wir holen uns in Zukunft vielleicht mal oder wir würden uns vielleicht wenn noch mal Projekt ansteht mal eine professionelle Beratung einholen von Leuten die Fundraising im richtig großen Stil betreiben.

B: [0:14:02.1] Die Spendenkampagne startete auch in Begleitung einer Agentur. Wir haben eine auf Krankenhäuser spezialisierte Kommunikationsagentur gehabt, die uns bei den Materialien, bei dem Start der Kampagne unterstützt hat und das jetzt auch tut, noch macht. Da sind wir aber schon länger eigentlich raus. Und über deren Vermittlung, weil wir eben dieses Thema Großspender-Fundraising (/). Das müssen wir entweder am Anfang angehen oder wir lassen es liegen. Aufgrund Vermittlung dieser Agentur kam es eben zu dieser Schulung. Wo wir gesagt haben, jetzt schulen wir mal hier die Menschen die Kontakte haben. Und die eben auf ihrer beruflichen Einordnung hier im Hospital, in der Stiftung, in der Lage sind Menschen zu kennen die man ansprechen kann. Dann ist es aber immer noch so das die Menschen mit ihrem neu erworbenen Wissen auch losgehen müssen. Und den Türöffner machen, das die sagen hier, die Frau K. ruft sie mal an und dann hat man ja gleich eine andere Gemengelage als wenn ich jetzt von hier aus kalt anrufe. Das ist eben nicht in dem Maße so geschehen wie wir uns das gewünscht hätten. Da ist an irgendeiner Stelle ist dieses, diese Idee versandet.

I: [0:15:03.7] Glauben Sie das das ein Mentalitätsproblem ist? Weil ich sag mal in Deutschland ist es vielfach, das ist auch bisher in den Interviews so rausgekommen, das viele immer noch so der Meinung sind Spenden ist, das hat so was negatives. Nicht ich sag mal so Türklinken putzen, sich anbiedern, betteln gehen. Ja solche Begriffe fallen da. Glauben Sie das das für die Mitarbeiter auch schwer ist da jetzt, ich sag mal, das was diese Damen, diese Amerikanerin da vorgeschlagen hat das praktisch umzusetzen.

B: [0:15:31.2] **Ic**h denke das insbesondere bei uns (). Als ich weiß das das in der Mitarbeiterschaft dieses Thema, ich schreibe Bettelbriefe, was wir als Spendenbriefe bezeichnen.

I: Wird das so bezeichnet, Bettelbriefe?

B: [0:15:42.7] Bettelbriefe. Das was wir als Mailing rausgeben. Dann ist ja schon klar, sag ich mal, wo die Ansicht, sag ich mal, ist. Das sagen jetzt die Mitarbeitenden oft. So ein bisschen despektierlich, weil die selber genervt sind, wenn die so etwas selber privat bekommen. Aber da arbeiten wir dran. Das Anlass, sag ich mal, zu betiteln. Ich glaube bei uns ist das genauso wie Sie das sagen. Man traut sich nicht so richtig zu fragen. Wir werden eher tendenziell ein bisschen zurück gehalten. Fragt lieber einmal weniger als einmal mehr, denn wir sind ja Franziskaner und die franziskanische Bescheidenheit (/) Man möchte (unv., undeutliche Aussprache) eigentlich ein Projekt haben, aber man möchte eigentlich nicht so richtig fragen, weil man eigentlich (/). Ja das ist bei uns wirklich so ein Mentalitäts- und Kultur-Ding. Das man sagt, klar wollen wir gerne Spenden haben, aber eigentlich sollen die Leute das lieber freiwillig geben. Und selber drauf kommen. Das beobachte ich schon. Das wäre vielleicht einfacher gewesen wenn man das nicht im Hinterkopf hätte. Der heilige Franziskus der hat auch in Armut gelebt und warum müssen wir denn jetzt immer so fragen und so. Das habe ich beobachtet.

I: [0:16:45.6] Aber trotzdem ist man wahrscheinlich im Endeffekt wenn jemand fragt und dann einen vermögenden Spender an Land zieht ist man wahrscheinlich sehr dankbar oder? Das lehnt man das wahrscheinlich nicht ab.

B: [0:16:55.7] Richtig. Genau. Aber man möchte es lieber freiwillig bekommen und nicht danach fragen. Und sagt dann natürlich herzlichen Dank und ist dann glücklich. Also Dankbarkeit und die Art und Weise wie wir uns hier bedanken da haben wir richtig Arbeit reingesteckt. Das machen wir richtig intensiv. Aber (unv., so?) zu bekommen, das wäre natürlich schön, wenn man noch ein bisschen häufiger dahin gekommen wäre.

I: [0:17:13.6] Wenn Sie, sagen wir mal, Sie würden mir jetzt (/), die Geschäftsleitung würde auf Sie zukommen und würde Ihnen sagen, Frau K. wir haben uns das jetzt noch mal überlegt, wir möchten jetzt mal ein richtig schönes Budget für Fundraising zur Verfügung stellen mit wohlhabenden Menschen. Sie sollen jetzt mal (/). Sie haben jetzt sozusagen freie Türen und freie Tore. Sie können jetzt mal losgehen wie Sie wollen. Wie sähe denn für Sie vielleicht mal so knapp umrissen, wie sähe so ideales Fundraising bei diesen Leuten aus? Wie würden Sie das angehen? Was glauben Sie wäre wichtig, solche wohlhabenden Menschen anzusprechen?

B: [0:17:53.9] Ich bin Fan von dieser Idee das man auf Augenhöhe miteinander spricht und das man einen Türöffner hat. Also das ich zum Beispiel oder der der fragt einen Türöffner hat, der vorher schon mal eingenordet hat. Und das, was sag ich mal dagegen spricht das man das hier mal eben so nebenbei einführen könnte wäre das ich glaube ja die constitutional readyness wie man so sagt, bei denen Menschen die dafür wichtig sind, also die so im Netzwerk Business, sag ich mal, sind noch nicht so ausgeprägt ist. Das heißt man müsste erst intern anfangen. Bin ich mir ganz sicher. Man müsste NOCH MAL mit denen Menschen sprechen die Kontakte zu wohlhabenden Menschen haben, zu vermögenden Menschen haben und da noch mal die innere Einstellung bisschen bearbeiten und sagen das ist nicht peinlich, das ist nicht schlimm, wenn man das macht. Man darf fragen, man darf Projekte vorstellen. Man muss auch nicht selber fragen, dafür hat man ja jemanden. Also ich würde erstmal hier im Unternehmen versuchen die Einstellung zu verändern, die sich dann nach außen trägt und dann eben über diese Kontakte tatsächlich so wie wir das seiner Zeit versucht hatten da noch mal zu gucken. Weil ich wüsste jetzt spontan nicht an welcher Stelle man investieren sollte.

I: [0:19:00.9] Aber diese Kontakte das hatte ich so verstanden das die von dieser Dame zur Verfügung gestellt worden sind oder habe ich das falsch verstanden.

B: [0:19:08.8] Nein da habe ich mich wahrscheinlich bisschen missverständlich ausgedrückt. Die kam und hat erklärt wie man über normale Kontakte, privat beruflich, an Spenden kommen kann.

I: Ah ok.

B: Und dann wurde gefragt schreibt doch mal auf euer idealen Spender zum Beispiel. Also aus der ganzen Gruppe von Leute die ihr kennt, wer könnte denn infrage kommen. Wo stellt ihr euch vor das es klappen kann. Und dann hat man sich eben idealtypisch mit dieser Person beschäftigt und gesagt wie könnte ich mir das vorstellen. Ich lade den ein uns sag (/). Das wurde so richtig an einem Beispiel (/) Für jede Person hat ihr eigenes Beispiel gemacht und geguckt wie kann ich das hinkriegen das diese Person sich mal mit unserem Projekt beschäftigt. Das die mal uns (unv., undeutliche Aussprache). Das ist alles theoretisch. Wirklich gut überwacht worden, diese ganze Geschichte. Es gab Materialien und so. Aber dann muss man ja los.

I: Ja genau.

B: [0:19:56.0] Dann muss man ja auch mit seinem Handwerkszeug los. Das tun wir hier im kleinen Rahmen. Aber das muss man eben dann auch versuchen. Da hab ich halt festgestellt, da ist eben dann in der Ebene wo diese Bekanntschaften sind einfach Nachholbedarf. Da fehlt dann vielleicht diese amerikanische Brille.

I: [0:20:09.4] Ok. Jetzt habe ich es verstanden. Ja. Ok. Ja. Das heißt Sie würden sagen zuerst (...) intern und dann erst extern irgendwas machen.

B: [0:20:20.7] Weil ich (/). Ich habe gelernt man ist doch eher, man gibt ja eher jemanden den man kennt (/). Ich stelle fest Kaltakquise geht schlecht. Das man eben immer aufgrund einer vorhandenen Beziehung versucht was aufzubauen. Das können wir bei Spendern die schon mal gespendet haben. Aber da kommen wir nur an gewisse Ebenen und nicht an diese Großspender.

I: [0:20:42.4] Was mich da mal interessieren würde. Sie haben ja eben gesagt Sie hätten für dieses größere Projekt jetzt, für dieses Bauprojekt, haben Sie auch Spenden und so etwas eingesammelt. Jetzt haben Sie gesagt das legen wir jetzt erstmal wieder auf Eis, weil wir haben jetzt kein größeres Spendenprojekt. (...) Warum tun Sie das? Warum sagen Sie sich nicht OK das hat einmal funktioniert wir machen jetzt Vollgas weiter. Wir haben vielleicht im Moment kein aktuelles Projekt aber wir haben vielleicht nächstes Jahr eins und wir könnten ja schon mal, sag wir mal, ein gewissen Spendenstock ansammeln für spätere Projekte. Warum sagen Sie so kategorisch wir brauchen jetzt im Moment nichts mehr, vielleicht irgendwann mal, aber wir hören jetzt sozusagen mit den Aktivitäten auf.

B: [0:21:27.8] Nein, aufhören tun wir nicht. Dann habe ich mich wahrscheinlich falsch ausgedrückt. Wir machen, wir beenden diese Kapitalkampagne (unv., undeutliche Aussprache) mit 100% Spendeneinnahmen. Wir sind da gut dabei. Im Herbst/Sommer denke ich haben wir die Summe zusammen. Dann wird das Bauprojekt vollendet, wird begonnen (unv., undeutliche Aussprache). Mit dem was wir da haben, die ganzen Spenderdaten der Datenbank und die ganzen Erfahrungen die wir haben und auch eben hier in Münster und im Münsterland bekannt zu sein als spendensammelnde Organisation. Das lassen wir uns natürlich nicht nehmen. Da wird aber eben nicht in dieser (/). Wir haben jetzt zum Beispiel Spenden in Höhe von 1,25 Millionen einzusammeln. Die wir eben (/). Ich schätze 85% haben wir schon. In diesem Rahmen, sage ich mal, gibt es im Moment nichts vergleichbares. Wir haben jetzt das Thema Kinderklinik. Das lässt sich sicher gut spendenmäßig verarbeiten.

I: Mit Sicherheit.

B: Genau. Deswegen läuft das auch so toll. Wir wollen aber nicht direkt die nächste Großspendenkampagne anschließen, sondern man könnte eben mit den vorhandenen Spendern, Kontakten und mit der Einstellung in der Bevölkerung (/). Das Franziskus freut sich über Geld. Natürlich Sachen wie die Klinik-Clowns die eben keine Gegenfinanzierung haben. Sondergeschichten auf der

Palliativstation. Das da mal ein Klangschalen Therapie kommt oder Therapiehund oder Dinge die man eben so nicht bezahlt bekommt. Das man die eben weiter macht. Die bewerben wir auch und die laufen natürlich auf den gleichen Ebenen. Die haben eben nur nicht so diese finanzielle nicht Durchschlagskraft sondern eben diese hohe finanzielle Zielsetzung. So es wird nicht auf die eigentliche Kapitalspendenkampagne direkt die nächste folgen, sondern das geht jetzt erstmal im Kleinen weiter. Aber auf den Pfaden die wir da schon eingeschlagen haben sozusagen.

I: [0:23:11.7] Was ist denn jetzt in Ihrem Haus (/). Sie waren ja jetzt damit beschäftigt. Wie würden Sie das denn jetzt einkategorisieren? Was ist für Sie in Ihrem Haus jetzt(/). Sie haben gerade die Spendensumme genannt, ab wann würden Sie sagen hier reden wir von einem Großspender? Ab welcher Summe? Was müsste ich Ihnen geben damit Sie mir sagen ich bin in Ihrem Haus für das Kinderkrankenhaus ein Großspender? Haben Sie da so eine Größenordnung?

B: [0:23:36.7] Wir haben tatsächlich so eine Spenderpyramide gemacht und haben geguckt was ist und wie viele Spenden à so und so brauchen wir. Wäre tatsächlich bei 6-stellig. Die 6-stelligen Spenden das wären Großspender. Wir haben auch schon mal hohe 5-stellige Beträge gehabt. Gut die haben wir glaube ich (/). Muss ich jetzt aus Erinnerung jetzt sagen. Ich habe das nicht mehr vor Augen, aber ich glaube da waren wir noch im Bereich dieser Mittelspender. Und ich glaube Großspender da waren tatsächlich die 6-stelligen.

I: [0:24:14.6] Dann haben Sie eben was gesagt, dass Sie sich (/). Das ist dann auch schon die letzte Frage. Welche Erfahrungswerte haben Sie mit Banken bzw. mit Stiftungen bezüglich Fundraising für hochvermögende Leute? Es ist ja immer so die Frage man hat ja nicht nur die Möglichkeit auf Leute direkt zuzugehen sonder man kann ja auch als Haus z.B. auf Stiftungen zugehen. Es gibt vielleicht auch Banken, die sagen oder beziehungsweise es gibt nicht vielleicht, es gibt auch Banken, die sagen wir haben bestimmte Stiftungen von bestimmten Leuten. Wir suchen Objekte wo wir letzten Endes Stiftungskapital reinstecken können. Haben Sie damit irgendwelche Erfahrungen? Sie haben glaube ich gerade schon gesagt ja, aber wenn Sie das vielleicht nochmal ein bisschen ausholen.

B: [0:25:03.4] Wir haben zum einen über Förderstiftungen Gelder eingeworben, die wir hier für das Bauprojekt verwenden können. Und zum anderen haben wir auch tatsächlich mit einigen Banken Gespräche geführt, darüber ob man vielleicht so eine Trägerstiftung, so eine Dachstiftung hier ins Leben ruft. Damit man künftig zum Beispiel auch für dieses Thema Zustiftungen und Testamentspenden sich besser aufstellt und einfach ein breiteres Angebot hat. Wenn dann so Kontakte sind. Das ist aber alles auf Eis. Diese Gespräche. Das haben wir jetzt erstmal beendet. Das war eine Geschäftsführungsentscheidung, Stiftungen machen wir nicht. Und das wir Förderstiftungen ansprechen. Das tun wir natürlich nach wie vor.

I: [0:25:42.6] Was verstehen Sie jetzt genau unter Förderstiftungen? Sind das Sachen die zum Beispiel vom Land NRW rausgegeben werden oder die von der Kreditanstalt für Wiederaufbau oder irgendwie so was rausgegeben werden? Ich sag mal so die öffentlichen Dinge?

B: [0:25:55.0] Das sind mehr Unternehmensstiftungen. Es gibt ja viele Unternehmen die auch so eine Fairy-Stiftung haben und da haben wir eigentlich viel viel erreicht mit. Dieses Thema Kinder scheinbar recht angesagt. Da gibt es auch viel, die das als Hauptthema haben. Das sind weniger die öffentlichen Quellen (unv., zu leise).

I: [0:26:14.0] Darf ich fragen warum hat man denn diesen Gedanken mit der Stiftung für das Krankenhaus, für Ihr Haus, Warum hat man das so rigoros auf Eis gelegt?

B: [0:26:23.3] Ich denke das hat Strategiewechsel in der Geschäftsführung. Wir hatten eine personelle Änderung und da war eben Fundraising, begann eben mit ganz viel Drive und dann hat man sich das angeguckt und die neue Geschäftsführung sieht das eben ein bisschen anders. Die wertet Dinge anders. Dann sind eben diese Themen vom Tisch.

I: [0:26:44.1] Schade eigentlich. Muss ich sagen.

B: [0:26:49.0] Wir haben es (/) (unv., zu leise).

I: [0:26:52.1] Weil Sie haben es ja scheinbar richtig gut gemacht. Wenn Sie mir sagen Sie haben die 1,25 Millionen da schon 85% zusammen. Da müssen Sie ja irgendetwas richtig gemacht haben. Das ist ja so.

B: Ja das sehe ich auch. Genau. Deswegen es läuft super. Wir sind total zufrieden und freuen uns natürlich, wenn das jetzt auch ein Ende hat. Denn man muss aber auch sagen durch Corona sind wir eben so ein bisschen auch in die Zeit gekommen sind was das Bauprojekt angeht zumindestens. Wir hätten auch eigentlich schon gebaut.

I: JaJa. Ok. Aber das ist ja jetzt, sagen wir mal, das ist ja eine Sondersituation. Da wollen wir mal hoffen dass wir bald von ab sind, aber ja (...). Eine Frage habe ich noch. Abschließend. Als Sie diesen Gedanken hatten eine Stiftung zu gründen oder als Sie da mal drüber nachgedacht haben. Haben Sie das mit einer externen Bank gemacht oder haben Sie, sind Sie zu Ihrer Hausbank gegangen die auch Ihre Geschäftskonten vom Krankenhaus unterhält und haben denen das vorgeschlagen?

B: [0:27:52.4] Eher Umgekehrt sogar. Die haben uns das vorgeschlagen. //Wir hatten auch andere Banken(/).

I: //Und was das Ihre Hausbank oder was das eine Privatbank?

B: Das ist unsere Hausbank. Auch andere Privatbanken kamen auf uns zu als wir in dieser Findungsphasen waren und das für möglich hielten. Und haben alle ihre Projekte vorgestellt. Das war irgendwie so eine Zeit wo die scheinbar alle dabei waren. Stiftungsbeauftragte, sag ich mal durch die Lande zu schicken und die mit Gründungen von Stiftungen zu beauftragen.

APPENDIX 8 : INTERVIEW 3 (GERMAN VERSION) - HOSPITAL (1ST SUBSTUDY)

1	[0:00:00.0]
2	**B:** Ich heiße Lara S. und meine Funktion ist die Marketingleitung im Kreisklinikum Siegen.
3	**I:** [0:00:07.7] Ok wunderbar, und Sie sind mit dem ein Interview auch einverstanden?
4	**B:** [0:00:11.9] Ich bin mit dem Interview einverstanden.
5	**I:** [0:00:13.3] Wunderbar. Gut. Wir haben vorab schon geklärt. Es geht um das Thema Fundraising bei wohlhabenden Menschen. Und die erste Frage wäre mal grundsätzlich haben Sie im Bereich Fundraising und Spenden in ihrem Arbeitsbereich, Kenntnisse oder Erfahrungen im Bereich mit wohlhabenden Menschen?
6	**B:** [0:00:42.0] Ich habe da in meinem Arbeitsbereich bisher noch keine Erfahrung mit gesammelt. Die einzigen Erfahrungen, die wir jetzt mit Spenden gesammelt haben, waren dann eher Spenden von Unternehmen mal oder aber nicht von wohlhabenden Personen, Privatpersonen.
7	**I:** [0:01:03.5] Gibt es denn, haben Sie den grundsätzlich sich vielleicht für den, für Ihre Arbeitsstelle mit dem Thema schon mal befasst? Also mal abgesehen davon, ob Sie es durchgeführt haben, aber haben Sie da, ich sag mal, hatten Sie schon mal eine Fortbildungen? Haben Sie irgendwelche Kenntnisse, darüber? Haben Sie Sich vielleicht mal keine Ahnung, einen Berater geholt der Ihnen etwas darüber erzählt hat, irgendwie?

8	**B:** [0:01:23.2] Nein. Also, da war jetzt bei uns hier im Marketing noch gar nicht so der Schwerpunkt drauf. Und deswegen habe ich da noch keine Fortbildung oder was in diesem Bereich gemacht. Berater war auch noch nicht dazu im Haus. Was ich halt sagen kann, weiß ich nicht, ob Sie da auch noch drauf irgendwie zukommen werden auf die Frage, ob es so Bestrebungen gibt.
9	**I:** [0:01:45.0] Ja, da kommen gleich noch zu. //Da kommt noch eine gesonderte Frage.
10	B: //Ok. Dann lasse ich das ertsmal.
11	**B:** [0:01:50.4] Also nein in dem Bereich haben wir uns hier noch gar nicht mit befasst im Marketing.
12	**I:** [0:01:56.4] Halten Sie es denn grundsätzlich für realistisch, dass man bestimmte Projekte im Krankenhaus mit Spenden durch wohlhabende Leute finanzieren kann?
13	**B:** [0:02:06.5] Ja Ich würde das schon für realistisch halten. Ich würde das auch für begrüßenswert halten, weil es ja doch, ja jeder weiß, wie die finanzielle Situation der Krankenhäuser darum bestellt ist. Und da gibt es bestimmt viele Projekte wo das sinnvoll wäre und wo ich auch denken würde, dass die Unterstützung und die Bereitschaft da wäre. Also Auf jeden Fall finde ich das begrüßenswert.
14	**I:** [0:02:34.2] Würden Sie dafür auch ein Budget zur Verfügung stellen? Oder ist Ihnen da schon mal, was bekannt geworden, dass man zum Beispiel Budget zur Verfügung gestellt hat und gesagt hat. Wir stellen jetzt mal Summe X zur Verfügung, das mal so ein Fundraising mal aufgebaut wird oder dass man mal irgendwie sowas in die Richtung macht.

15 **B:** [0:02:49.7] Nein, da das bei uns jetzt noch nicht so konkret irgendwie angegangen wurde das Thema, habe ich da jetzt keine Vorstellung oder kein konkretes Budget

16 **I:** [0:02:58.9] Ja. Ok. Gut. Alles klar. Dann sind wir schon bei der zweiten Frage. Die haben Sie aber eigentlich schon beantwortet, weil es geht darum, ob Ihr Haus tatsächlich in der Vergangenheit, also wir sind jetzt wirklich in der Vergangenheit, schon mal Erfahrungen mit, ich sag mal, wohlhabenden Privatpersonen, Stiftungen etc. gemacht hat, wo dann wirklich mal größere Beträge gespendet worden sind. Gibt es da irgendwelche Erfahrungswerte?

17 **B:** [0:03:28.3] Nicht das ich wüsste. Ich gehe nicht davon aus. Ich mach das jetzt seit zwei Jahren erst. In der Zeit auf keinen Fall, aber ich würde auch nicht denken vorher.

18 **I:** [0:03:38.7] Was glauben Sie denn, was Ihr Haus bisher davon abhält, sowas professionell zu machen?

19 **B:** [0:03:43.6] Also ich sag mal so. Unser Haus hat auch erst jetzt seit zwei Jahren, seitdem ich hier bin so eine richtige Marketing-Abteilung aufgebaut. Vorher gab es da in dem Bereich gar nichts. Also das hat alles erstmal aufbauen. Ich denke, der Mann hat jetzt auch andere Team erstmal Priorität. Wenn hätte das dann schon noch aus einer anderen Ecke, irgendwie anderen Abteilungen kommen müssen, aber wahrscheinlich sah ich da jetzt auch keiner irgendwie für zuständig oder hat sie sich mit dem Thema voher eingehender befasst.

20 **I:** [0:04:17.3] Haben Sie denn schon mal so eine Art Potenzialanalyse gemacht? Das Sie gesagt haben, wir gucken uns mal an, wie viele wohlhabende Menschen gibt es eigentlich hier Umkreis von 30, 40, 50 Kilometern?

21 **B:** [0:04:30.2] Nein. Haben wir auch noch nicht gemacht. Also, wie gesagt, ich weiß nicht ob noch was dazu kommt. Es gibt schon, es gab mal eine Idee, einen Förderverein zu gründen, und da Bestrebungen. Aber so eine Analyse ist auf Grundlage dessen irgendwie noch nicht, als Grundlage noch nicht durchgeführt worden.

22 **I:** [0:04:47.2] Ok. Das wäre jetzt auch was. Da wir jetzt gerade bei der Vergangenheit sind. Also, wenn Sie da mal vielleicht, können Sie da, was zu sagen. Sie hatten die Idee einen Förderverein zu gründen.

23 **B:** [0:04:55.5] Genau, wie gesagt wir haben auch seit zwei Jahren einen neuen Geschäftsführer und der ehemalige Geschäftsführer ist in der Region auch ganz gut vernetzt und kennt auch viele wohlhabende Menschen. Firmeninhaber hier, und da stand halt jetzt nach seinem Ausscheiden dann die Idee im Raum, dass er sich das Projekt zu Förderverein annehmen würde und da Akquise (/). Wir hatten auch schon Veranstaltungen geplant, um die Leute einzuladen, aber das ist jetzt coronabedingt immer wieder verschoben worden. Hat deswegen noch nicht so richtig durchgestartet.

24 **I:** [0:05:31.9] Aber das ist auch geplant, dass dann sozusagen demnächst mal zu machen?

25 **B:** [0:05:36.1] Genau das ist mein letzter Stand, dass das weiterhin geplant ist. Zumindest mal da zusammenzukommen und wie genau da, was zu gründen.

26 **I:** [0:05:44.7] Glauben Sie denn, dass es dem Krankenhaus, wo Sie sind, heute besser gehen würde, finanziell, wenn Sie mit sowas schon vor 10 Jahren angefangen?

27 **B:** [0:05:57.5] (...) Das ist jetzt eigentlich schwer einzuschätzen, wie dann auch die Spendenbereitschaft der Leute ist, von diesem Förderverein. Aber aber ich denke schon, dass ich dann, da vielleicht das ein oder

	andere Projekt mehr irgendwie hätte realisiert werden können, wenn es so einen Förderverein geben würde.
28	**I:** [0:06:15.8] Was hat Sie denn (/) Haben Sie ein Ahnung was das Kranken (/), was Ihr Haus bisher davon abgehalten hat, so, ich sag mal, so ein Großspenderf-Fundraising zu betreiben? Also wirklich mal wohlhabende Menschen aus der Umgebung anzugehen. Warum Sie das bisher nicht gemacht haben?
29	**B:** [0:06:29.9] Ich könnte mir vorstellen, dass vielleicht einfach die Idee dazu noch nicht da war. (...)
30	**I:** [0:06:39.2] **Dann sind wir** schon bei der dritten Frage: Wie würden Sie die aktuelle Situation bezüglich des Umgangs Ihres Hauses mit dem Thema Fundraising bei sehr wohlhabenden Menschen beschreiben. Das haben Sie ja jetzt im Grunde genommen eigentlich schon fast getan. Das heißt Sie haben (/), wenn ich (/), ich fasse das noch mal eben zusammen, damit ich das richtig verstanden habe. Sie haben bisher noch nichts gemacht. Aktuell machen Sie nichts. Sie planen aber gegebenenfalls einen Förderverein zu gründen.
31	B: Genau. Das haben Sie richtig
32	I: //Ist das richtig so?
33	B: //Ja das haben Sie so korrekt zusammengefasst.
34	**I:** [0:07:12.8] Geht Ihr Haus hin und kommuniziert Investitionsvorhaben. Also steht zum Beispiel, ich sag mal, auf Ihrer Homepage, wir wollen ich sag jetzt mal irgendwas, wir wollen ein neues MRT Gerät kaufen, das kostet 1000000 Euro und wir brauchen dafür Geld oder kommt da mal jemand bei Ihnen vom Käseblättchen, da irgendwo in der in der in der hiesigen Presse und schreibt, da mal was drüber? Wird das kommuniziert?

35 **B:** [0:07:38.2] Nein. Also, zumindest auch kann ich jetzt sagen, seit ich da bin und ich denke auch nicht vorher haben jetzt solche Aufrufe gar nicht gestartet. Also wenn was uns mal gespendet wurde, da kam es wirklich auf Eigeninitiative der Leute. Wir hatten zum Beispiel Sätze zum Benefizkonzert wo dann was in Spendenerlös an die Neurologie ging. Aber das war jetzt nicht auf unsere Initiative oder unseren Aufruf.

36 **I:** [0:08:02.7] Glauben Sie denn generell, dass ein Krankenhaus oder vielleicht auch Ihr Haus, wenn Sie jetzt Ihr Haus mal exemplarisch nehmen, dass das für Leute, die, die richtig Geld haben, dass das attraktiv wäre? An Sie zu spenden?

37 **B:** [0:08:19.7] **(...)** Ja, könnte ich mir schon vorstellen. Gerade so hier regional. Wenn es dann, wie gesagt auch viele Firmen gibt und Menschen, die stark hier mit der Region verbunden sind. Kann ich mir schon vorstellen, dass die sagen würden, hier würden wir gerne was Gutes tun, für das Kreisklinikum.

38 **I:** [0:08:35.9] Gibt es da Förderprojekte, die Ihnen aktuell einfallen. Also brauchen Sie jetzt nicht, wie gesagt, Sie brauchen jetzt keine internen auszuplaudern, brauche Sie jetzt nicht. Aber gibt es haben Sie so vor Ihrem geistigen Auge Sachen, wo Sie sagen, da wissen Sie da braucht vielleicht Ihr Haus in den nächsten Jahren größere Beträge. Ohne die zu nennen, einfach mal nur so.

39 **B:** [0:08:57.2] Das kann ich Ihnen jetzt ehrlich gesagt gar nicht so genau sagen. Ich (/) Zwar jetzt, als es um das Thema Förderverein (/). Gibt zum Beispiel ein Thema, was so Ausbildung angeht, weil wir auch so ein Projekt immer haben jetzt jedes Jahr ein Sommercamp wo (unv., Formulanten?) dann hier vier Wochen sind und da wird auch die ganze Zeit die Unterkunft bezahlt. Und sowas wäre auch was, wo man dann Förderverein wieder Gelder gebrauchen könnte. Aber

ob es da jetzt so größere Projekte gibt, dass weiß ich nicht ehrlich gesagt.

40 **I:** [0:09:30.2] Dann sind wir bei der vierten Frage. Da geht es dann um die Zukunft. Mit ihrem Förderverein, wenn ich das Mal fragen darf, wie ist denn da(/) Gibt es da schon feste Ziele? Also, was Sie da jetzt machen wollen und die Frage ist ja auch: ist das ein Förderverein, wo jetzt auch ich sage mal Kleinspender, wo Oma fünf Euro spendet oder ist das auch ein Förderverein, wo jetzt wirklich sich auch intensiv um die Leute gekümmert wird, die richtig Kohle haben? Dass man die angeht und sagt: Mensch hab ihr nicht Lust? Ihr werdet mal eingeladen und so weiter.

41 **B:** [0:10:06.5] Eher Letzteres. Also wirklich, dass man die Leute gezielt anspricht, wo man weiß, dass die finanziell gut gestellt sind und dass man dann auch für die Leute Veranstaltungen organisiert. Und genau. So was war da jetzt eher in Planung.

42 **I:** [0:10:22.2] Gibt es das schon so einen Horizont wann man das einführen will?

43 **B:** [0:10:29.6] (...) Also, wie gesagt, es war der erste Schritt wäre gewesen, die Leute einzuladen und den das vorzustellen. Aber da das jetzt coronabedingt irgendwie zweimal verschoben wurde und da wohl auch wichtig war, dass es in Präsenz dann schöner, im schönen Rahmen irgendwie immer stattfinden, gibt es da aktuell noch keinen meines Wissens nach, noch kein neuen Termin.

44 **I:** [0:10:51.0] Hat man denn mal darüber nachgedacht, bei Ihnen vielleicht mal professionelle Hilfe in Anspruch zunehmen. Das man sagt, man lädt sich zum Beispiel mal, ich sag jetzt mal, eine Unternehmensberatung ein, die einem Mal so richtig erzählt wie man Fundraising für vermögende Menschen betreibt. Oder man lädt Sich vielleicht mal

	eine Bank ein, die eine Mal erzählt, wie man sowas machen könnte, oder oder oder.
45	**B:** [0:11:15.3] Wüsste ich jetzt nichts von.
46	I: [0:11:18.7] Gut und dann sogar schon bei der letzten Frage und dann sind wir auch schon durch. Gibt es irgendwelche Erfahrungen, die Ihr Haus mit Banken oder mit Stiftungen gemacht hat? Das also Banken oder Stiftungen auf Sie zukommen und sagen: Wir haben die Leute, die wollen Geld spenden oder Sie sich vielleicht an Banken oder Stiftungen gewandt haben und haben gefragt: Gibt es da irgendwelche Leute, die ggf. über Stiftungen an uns irgendwas spenden möchten.
47	**B:** [0:11:43.5] (...) Wüsste ich auch nicht. Ist aber jetzt allerdings auch unter Vorbehalt. Wenn Sie sonst da irgendwie im Nachgang (/) Müsste ich sonst nochmal nachfragen, weil wie gesagt ich bin auch erst zwei Jahre da. Und ob es davor jetzt schon mal irgend sowas gab
48	**I:**//Ja aber zwei Jahre, also zwei Jahre, wenn Sie sagen die letzten zwei Jahre (/).
49	**B:** //Da jetzt nicht. Nein.

APPENDIX 9: INTERVIEW 4 (GERMAN VERSION) - HOSPITAL (1ST SUBSTUDY).

1	[0:00:00.0]
2	**I:** Ok die Aufnahme läuft. Es ist der 12.04. 15:08. Ich sitze hier via Zoom zusammen mit der Frau Dr. V., die sich bereit erklärt hat ein Experteninterview mit mir zum Thema der Studie der Doktorarbeit zu führen, die gerade eben von mir der Frau Dr. V. erklärt worden ist. Frau Dr. V. ich würde Sie bitten dass Sie sich kurz vorstellen insbesondere was Sie beruflich machen.
3	**B:** [0:00:28.3] Vielen Dank Herr R. Mein Name ist V.V. Ich bin von Haus aus Juristin und habe lange im Gemeinnützigkeitsbereich gearbeitet, Recht gearbeitet. Fachanwalt für Steuerrecht und bin sozusagen über das Ehrenamt zum Fundraising gekommen und habe mich im laufe der Jahre im Gesundheitsfundraising, Klinikfundraising spezialisiert. Ich bin zurzeit bei der Johanniter GmbH. Dort sind alle Kliniken bundesweit angesiedelt, 18 Stück. Das mache ich seit 2 Jahren und baue das auf. Vorher war ich 4 Jahre bei der Charité und habe dort das vorangetrieben, das Fundraising. Davor war ich ungefähr 8 Jahre bei Diakovere in Hannover. Das ist eine langjährige Expertise im Gesundheitsfundraising. Vielleicht so in Kürze.
4	**I:** [0:01:26.2] **G**ut. Wunderbar. Ich darf Sie nochmal bitten, Frau Dr. V., das Sie kurz angeben, dass Sie mit Interview einverstanden sind und vor allen Dingen mit der Verwertung Ihrer Aussagen einverstanden sind. Die aber dann, das betone ich nochmal, komplett anonymisiert werden.
5	**B:** [0:01:44.3] Sie können meine Aussagen zu wissenschaftlichen Zwecken gerne verwerten und bitte in der Tat darum das das anonymisiert verwertet wird.

6 **I:** [0:01:54.2] Gut. Wunderbar. Dann würde ich mal mit der ersten Frage bzw. mit der ersten, man sagt bei so teilnarrativen Interviews, redet man von Erzählaufforderungen. Würde ich mit der ersten Erzählaufforderung beginnen. Und mich würde mal interessieren welche Kenntnisse Sie in Ihrer jetzigen Funktion, die Sie gerade beschrieben haben, beim Thema Fundraising mit sehr wohlhabenden Menschen haben. Also es mir (/). Es geht jetzt nicht so sehr darum welche grundsätzlichen Kenntnisse Sie haben im Fundraising sondern tatsächlich gibt es Kenntnisse die Sie bezüglich dieser Personengruppe haben.

7 **B:** [0:02:35.8] Ja. Ich habe Kenntnisse. Das sind Menschen, die man wie scheues Reh betrachten muss. Sehr vorsichtig und behutsam umgehen. Man muss sie aufspüren. Viel über diese Personengruppe per se recherchieren. Wo kann ich sie ansprechen und dann natürlich soziologische Daten, was ist das überhaupt für ein Menschentyp, der hochvermögend ist. Das ist ziemlich wichtig. Weiß nicht ob das in diese Richtung geht mit Ihrer Fragestellung.

8 **I:** [0:03:27.3] Ja das geht definitiv in diese Richtung. Haben Sie denn (/). Halten Sie das denn für grundsätzlich realistisch das man Finanzierungslücken in Krankenhäusern mit diesen Menschen versucht zu schließen?

9 **B:** [0:03:45.1] Ja in Teilbereichen ja. Auf alle Fälle. (...) Man braucht dafür sicherlich einen langen Atem. (..) Wenn wir auf diese Personengruppe schauen dann wird das in Deutschland insbesondere Menschen die unternehmerisch tätig sind oder waren, ihr Vermögen damit aufgebaut haben. Viele von denen. Mit anderen Worten, wir müssen die auch so behandeln. Weil das deren Ansprüchen "deren Empfängerhorizont" ist. Darauf müssen wir uns einstellen. Das ist (..) sag ich mal für die Geschäftsleitung der Krankenhäuser die ich erlebe oder erlebt habe sehr schwierig. Nach dem Motto dann müssen wir ja alles aufdecken, alle unsere Geheimnisse (lachen). So aber das geht gar nicht anders. Wenn ich zur Bank gehe muss ich auch alles aufdecken, wenn ich da Geld haben will oder andere Finanzierungswege. Wenn wir uns dem stellen oder die Kliniken sich dem

stellen so zu denken und sie so involvieren und sie sozusagen ernst zu nehmen in diesem Bereich. Es ist natürlich in den Klinikleitungen oft so das Verständnis, ich möchte jetzt gerne die so und so viel Millionen haben, weil ich irgendein Problem lösen muss aber da muss ich ja doch alles mögliche andere tun. Das ist so ein bisschen schwierig denen klar zu machen, dass sie dafür etwas TUN müssen. Und zwar etwas anderes tun müssen als, sag ich mal, eine Bank Annuität zu geben.

1 **I:** [0:05:48.3] Wären Sie denn als Führungskraft jetzt in diesem Bereich des Fundraisings (/). Sie haben gerade gesagt man braucht einen relativ langen Atem dafür. Glauben Sie oder wären Sie bereit dafür auch ein gewisses Budget zur Verfügung zu stellen? Das Sie sagen: Ja ich bin mir darüber im Klaren, da brauche wir einen langen Atem für oder zu und deshalb brauchen wir auch ein gewisses Budget um so eine Sache mal anlaufen zu lassen.

1 **B:** [0:06:13.9] Ja die Bereitschaft ist vorhanden bei uns.

1 **I:** [0:06:16.8] Ok..

1 **B:** [0:06:18.5] Ich kann sagen das explizit der Vorsitzende der Geschäftsführung dieser ganzen Holding ein HOHES Interesse daran hat. Und er von sich aus eine gewisse Initiative ergriffen hat und wir, ich sag mal so, mit Sandkastenspielen angefangen haben. Wo wir bestimmte Ideen einfach mal getestet haben für uns und wie gehen wir vor. Und ich als Fundraiser gesagt habe so und so müssen wir vorgehen, um dahin zu kommen. Und das hat dann sozusagen auch in der gesamten Geschäftsführung wiederholt und fortgeführt. Und wir sind jetzt sozusagen mitten in einem solchen Prozess dass ich der Geschäftsführung nahe bringe wie es funktionieren kann.

1 **I:** [0:07:09.3] Ok. Das heißt, so verstehe ich es zumindest, dass Sie eigentlich bisher mit hochvermögenden Menschen noch keine wirklichen Erfahrungen haben. Sie sind sozusagen jetzt so auf den ersten Stufen der Treppe, die Sie so besteigen. So habe ich das jetzt so verstanden.

1 **B:** [0:07:26.3] Ja hier jetzt. Sag ich mal in meiner (/) in den Johanniterkliniken und wir arbeiten im Moment mit einem Kontakt zusammen, der Zugang in die Welt der Family Offices hat. Was ziemlich gut ist. Und mit dem besprechen wir sehr offen die Dinge und er ist ein Lotse für uns. Und dem haben wir verschiedene Projekte vorgestellt und er hat dazu eine Meinung geäußert. Was für uns sehr wertvoll ist. Und bereitet das mit uns auch noch einmal ein bisschen anders auf als wir es aufbereitet haben, sag ich mal für den Massenspender. (unv., undeutliche Aussprache) wenn das nicht Ihre Frage ist. Aber natürlich ist die Kommunikation mit Großspendern anders als mit irgendwie wenn ich einen Massenflyer mache und ins Krankenhaus (unv., bringe?). Es ist zum Teil sehr erhellend, finde ich, also diese Blickrichtung noch einmal zu schärfen. Und da bittet er sich auf dem Weg sozusagen und bindet uns aber in diese Kommunikation von vorne herein mit ein, um dann so jetzt haben wir hier eine Krise nach der anderen Corona, Ahrtal, Krieg. Und das stört sozusagen gerade immer wieder (lachen) unsere Krankenhausthemen.

1 **I:** [0:08:55.1] Ja. Ja. Verstehe ich. Das heißt also wirkliche praktische Erfahrungen mit diesem Spenderklientel haben Sie bisher noch nicht.

1 **B:** Aus anderen Häusern schon.

1 **I:** Genau. Aber jetzt bei Ihnen eben noch nicht.

1 **B:** Genau wir sind jetzt sozusagen genau auf diesem Weg um dahin zu kommen.

2 **I:** [0:09:16.6] Haben Sie schon einmal so eine Potenzialanalyse gemacht. Ich sag mal wie bei Ihnen, was weiß ich, im Umkreis von 50 60 Kilometern. Wie viel Leute es da gibt die eben dementsprechend in diese Kategorie reinfallen.

2 **B:** [0:09:28.9] Ja da sind wir dabei. Wir haben Daten gekauft. Und recherchieren sozusagen in dem Umkreis unserer Häuser. Ein bestimmtes Klientel. Und versuchen da auch die ersten Ansprachen. Und das ist sag ich mal sozusagen das mittlere Segment ist im Großspenden. Aber es sind noch nicht die Mega-Spenden. Aber von den Großspenden sag ich mal kommt es zu ersten Erfolgen.

2 **I:** [0:10:02.2] Was ist denn für Sie jetzt eine Großspende? Was würden Sie als Großspende definieren?

2 **B:** Wenn wir bei 10.000 in diesem Fall anfangen.

2 **I:** [0:10:12.0] Was hat den die Johanniter bisher davon abgehalten sich nicht schon vor Jahren mit dieser Klientel auseinander zu setzen.

2 **B:** Die Klinikgruppe war klein und sie ist im Wachstum begriffen. Und sie wächst gerade auf ganz vielen Feldern. Und dazu gehört das Fundraising auch dazu.

2 **I:** [0:10:41.1] Glauben Sie wenn Sie da eher damit angefangen hätten, dass es Ihrer Klinik oder das es dem Klinikkonzern heute besser gehen würde? Sehen Sie dieses Potenzial? Also würden Sie selber sagen da hat man eigentlich in den letzten Jahren Potenzial verschenkt, wenn man mal so will, weil man sich eben jetzt erst damit anfängt auseinander zu setzen?

2 **B:** Ja natürlich. Man hätte sicherlich sozusagen mit kleineren Dingen schon anfangen können, um überhaupt eine Institutional Readiness zu entwickeln. Wobei sozusagen die Institutional Readiness in gewissen Bereich

vorhanden ist, weil wir fast jede oder in ganz vielen Kliniken diese Fördervereine (unv., undeutliche Aussprache) haben. Mit nach (/). Es gibt erstmal eine Aufgeschlossenheit und eine positive Reaktion das da irgendetwas kommt. Und es gibt Vereine die sind erfolgreicher und weniger erfolgreich. Und bei den erfolgreichen da ist sozusagen auch eine Unsicherheit, das ich jetzt dazwischen komme mit meinen Prozessen. Aber da ist fehlt noch das Verständnis das man doch vielleicht, wenn der Verein schon so gut ist, da auch noch mehr machen könnte. Das ist ja nur eigentlich ein Indikator das etwas da ist und das Potenzial noch höher sein kann.

2 **I:** [0:12:01.4] Das ist ein interessanter Punkt den Sie ansprechen. Wir würden Sie denn selber sagen wie empfinden die Mitarbeiter in den Kliniken Ihre Arbeit? Also haben Sie so ein bisschen das Gefühl dass die sich denken, oh Gott da kommt die Frau Dr. V. wieder und die will wieder das wir anfangen zu betteln und so. Ja. Oder haben Sie das Gefühl das auch bei den Mitarbeitern da eine gewisse Bereitschaft da ist?

2 **B:** [0:12:24.0] ja es gibt Bereitschaft. Und man trifft auch auf die oder entdeckt welche. Und die versuche ich auch einzusammeln. Aber wir haben natürlich das generelle Problem das die Leute total überfordert sind oder (unv., schlechter Empfang) Corona ist einfach. Die sind am Limit in vielen Bereichen. Und die Krankenhausfinanzierung per se . (...) Wenn Sie von anderen Häusern hören. Es wird geätzt sozusagen, es kneift. Unsere (/). Der Versuch jetzt ist das wir eine sogenannte Awarenss Kampagen starten werden, die sich nach innen richtet einerseits aber sieht aus als ob sie sich nach außen richtet.

3 **I:** [0:13:23.4] (lachen) Das hört sich A interessant und B reltiv kompliziert an wenn ich ganz ehrlich bin (lachen).

3 **B:** [0:13:34.5] (lachen) Man muss (/). Man darf die Mitarbeiter (/). Man muss die Mitarbeiter ja motivieren und kann ja nicht sagen (unv., schlechter Empfang) schlecht. (lachen). Was das angeht, sondern muss sie ja mitnehmen.

Es ist (/). Fundraising ist bekanntermaßen ein kommunikatives Geschehen. Und die Kommunikation fängt bei uns selbst im inneren an. Und sofern wollen wir nach innen etwas sichtbar machen aber das werden auch die Patienten (unv., Übertragungsprobleme) und die Gäste und (unv., schlechter Empfang). Das muss eine Linie kriegen. Eine Kommunikationslinie.

3 **I:** [0:14:16.0] jetzt haben Sie ja schon sehr eindrücklich die Situation geschildert, in Ihrem Haus, wie sie im Moment mit dem Thema aufgestellt sind. Jetzt haben Sie über Kommunikation geredet. Kommunizieren denn Ihre Häuser generell auch Investitionsvorhaben an die Öffentlichkeit? Kommunizieren Sie, was weiß ich, wir brauche ein neues CT-Gerät. Das kostet so und so viel Hundert Tausend. Und gibt es da Leute die sich daran beteiligen möchten etc. Also werden solche Dinge auch nach außen kommuniziert, dass Leute vielleicht darauf aufmerksam werden könnten?

3 **B:** [0:14:53.8] Hmm. In (/). Es wird etwas kommuniziert, aber mir zu wenig. Man muss dazu sagen, also es gab jetzt einen sehr spannenden Strategieprozess (..) wo bestimmte Themen herausgestellt werden und der nächste Schritt für diesen Strategieprozess wäre daraus fundraisingrelevante Maßnahmen und Investitionen abzuleiten. Oder in Verbindung zu bringen. Denn das ist ja genau das womit wir denn dann Großspendern locken können und sagen so das hat eine unternehmerische Stringenz. Und wir wollen da und da fachlich hin.

3 **I:** [0:15:47.2] Glauben Sie denn grundsätzlich das ein Krankenhaus bzw. jetzt Ihre Klinik-Gruppe das die grundsätzlichen interessantes Ziel für hochvermögende Spender sind. Also interessante Spendenobjekte sind?

3 **B:** [0:16:05.2] Ja mit Sicherheit. Mit Sicherheit. Das ist natürlich eine gemischte Gruppe. Was natürlich auch historisch bedingt ist. Einerseits haben wir Regionen das sind wir der wichtigste Versorger und dann gibt es Regionen da haben wir gewisse Spezialisierungen. Und wir haben

Fachkrankenhäuser und Reha-Kliniken wo wir eine sehr sehr hohe Expertise haben, die interessant ist. Da kann man sozusagen schon was ableiten was für Spender interessant ist.

3 **I:** [0:16:44.9] Gibt es da (..) oh ich glaube jetzt sind Sie gerade weg nein da sind Sie wieder. Ok. Ich hatte Sie mal ganz kurz nicht mehr gesehen. Gibt es denn Förderprojekte die Ihnen direkt ad hoc einfallen würden. Also Sie brauchen die jetzt nicht namentlich zu nennen. Aber haben Sie so ein Portfolio im Kopf wo Sie sagen würden ja wenn ich jetzt so einen hochvermögenden Spender habe, da fallen mir direkt so zwei drei Sachen ein, wo ich den sozusagen mit bombardieren könnte.

3 **B:** Ja. Ja.

3 **I:** [0:17:18.5] Wenn Sie sich so ein ideales Fundraising für hochvermögende Menschen vorstellen. Das heißt Sie sind da ja jetzt in dem Prozess das Sie schon sagen (/) Also das wäre jetzt die nächste Frage gewesen, welche Ziele gibt es für die Zukunft in Ihrem Haus. Das haben Sie eigentlich schon beantwortet, weil Sie ja gesagt haben, Sie fangen gerade an da die ersten Schritte zugehen, Ihr Geschäftsführer ist dem Thema gegenüber sehr offen. Wenn Sie sich jetzt mal so zwei Jahre weiter denken und Sie hätten da jetzt mit viel Unterstützung etwas aufgebaut. Wie würden Sie sich so ein ideales Fundraising für hochvermögende Menschen vorstellen? Also was sind so Eckpunkte wo Sie sagen würden das müssen wir auf unserem Weg auf jeden Fall noch machen damit das substanziell vernünftig aufgestellt ist.

3 **B:** [0:18:06.4] Also wir müssen sozusagen diese Strategien, von denen ich Ihnen erzählt habe, die muss sozusagen für die Kommunikation dieser Zielgruppe aufbereitet werden. Also sprich wir brauchen den case for support. (..) Und dazu diese spannenden Einzelprojekte zu dem Projekt-Katalog, mit diesen spannenden Themen, wo sich die Verbindung zu den Strategiezielen ableiten lässt oder sichtbar wird und die Menschen

fasziniert. Dazu gehören entsprechende Testimonials von Menschen aus dem Netzwerk, Spendern etc., Stakeholder. Dann muss ich mitnehmen, sag ich mal, die ganzen Stakeholder, wobei man bei den Johannitern sagen muss, wir sind ja ein evangelischer Lion-Orden und das sind eher sehr interessante Leute aus zum Teil, Menschen aus dieser Szene oder die viele, wo viele Kontakt in diese Szene haben. So eins meiner Ziele ist, also jedes Haus hat ein Koratorium, wo auch solche Menschen sitzen, die Kontakt in diese Welt haben. Die muss ich in diesen Prozess hineinnehmen. Das ist eigentlich mein, einer meiner nächsten Schritte. Das diese Strategie die da entstanden ist nicht nur den Mitarbeitenden, das jeder Mitarbeiter weiß wofür wir stehen in den nächsten Jahren, sondern (unv., die?) und das die sozusagen ihr Netzwerk für dieses Thema mit öffnen und die Ansprache mit begleiten. Je nachdem was für Kontakte die in diese Welt haben.

4 **I:** [0:20:09.1] Haben Sie mal darüber nachgedacht sich dafür vielleicht auch von außen, also von extern, professionelle Hilfe, was weiß ich, Berater, irgendwelche Fundraisings-Beratungen die sich auf solche Sachen spezialisiert haben? Also da letzten Endes auch für externe Professionalisierung auch Geld zu investieren?

4 **B:** [0:20:31.2] Ja in welcher Weise meinen Sie das?

4 **I:** [0:20:34.3] ich meine das das Sie sich zum Beispiel Fundraising-Berater holen, die Ihnen bestimmte Strukturen, bestimmte Prozesse aufmachen der Akquise für solche Leute. Die Ihnen vielleicht ein Netzwerk aufmachen aber auch, aber Leute eben die das, die nicht dieses private Netzwerk haben, sondern die das professionell gegen eine Bezahlung machen .

4 **B:** [0:21:00.7] (...) Ja was machen die da. Also die Ansprache müssen wir ja selber machen. Ich sag mal wenn das so, wenn wir das über dieses

johanniterliche Netzwerk machen, zumindest ein Teil (unv., kein Empfang) wenn wir die brauchen.(/)

4 **I:** Entschuldigung Frau V., Sie waren (/). Entschuldigung Sie waren gerade abgeschnitten. Ich konnte nichts mehr verstehen. Können Sie das noch einmal wiederholen bitte.

4 **B:** Ok. Es ist immer die Frage wofür braucht man Berater. Die Ansprache über dieses johanniterliche Netzwerk, die müssen wir selber machen. Sonst wird die Sache nicht ernst genommen. Nach dem Motto warum besucht der mich nicht selbst. Und das was meinetwegen im Backup alles dazu erforderlich ist, wenn es eine bestimmte Menge erreicht. Da kann man natürlich von hinten immer nachschieben. Und so. Und wenn wir jetzt bei der Identifikation von Personen sind, die wir nicht kennen oder über unser Netzwerk nicht erreichbar sind, da kann man mit Dritten arbeiten.

4 **I:** [0:22:18.9] Dann nochmal eine Frage. Aus einem ganz anderen Bereich. Also schon dem Bereich, aber in eine andere Richtung. Welche Erfahrungswert haben Sie in diesem Zusammenhang mit Banken bzw. Stiftungen gesammelt? Hatten Sie jetzt in Ihrer beruflichen Tätigkeit die Erfahrung, dass vielleicht auch Banken auf Sie zugekommen sind und haben gesagt wir könnten zum Beispiel für die Johanniter (/). Wir könnten mal irgendetwas gründen. Oder wir haben vielleicht vermögende Leute, die sich für so etwas interessieren. Weil unsere Erfahrung nach fangen auch immer mehr Banken an selbst mittlerweile, ich sag mal, die ganz normalen Hausbanken wie Sparkasse, Volksbank, solche Institutionen. Das die mittlerweile natürlich diesen Markt auch langsam anfangen für sich zu entdecken. Gibt es da irgendwelche Erfahrungswerte die Sie da haben?

4 **B:** [0:23:11.3] Ja mit Banken und mit Sparkassen habe ich explizit schlechte Erfahrungen in diesem Bereich.

4 **I:** Ah. Sehr interessant. Da würde ich Sie bitten das mal ein bisschen auszuführen. (lachen).

4 **B:** (lachen) Hören Sie das zum ersten oder zum mehrfachen Mal?

5 **I:** Nein. Ich höre das ehrlich gesagt zum ersten Mal, weil die meisten die wir bisher hatten, haben mit Banken in dieser Beziehung noch GAR KEINE Erfahrungen gemacht.

5 **B:** Aso. Ok. Ich habe mehrfach mehrfach schlechte Erfahrung. Und zwar bei meinen Vorhergehenden. Aber zusammenhängend jetzt mit den Johannitern noch nicht. Haben sich diese Banken gemeldet. Zu Anfang dachte ich oh das ist interessant. Das ist sicherlich hilfreich, weil sie Kontakt in eine bestimmte Welt haben. Es hat sich jedes Mal ergeben, dass sie eigentlich primär nur an ihr eigenes Geschäft gedacht haben. Und gesagt haben sie würden dann auch den Kontakt vermitteln, wenn wir unser Geschäftskonto dahin legen. So da habe ich gesagt dafür bin ich nicht zuständig. Da müssen Sie in die Abteilung Finanzen gehen oder zum kaufmännischen Geschäftsführer. Der entscheidet mit welchen Banken wir zusammen arbeiten. Und das war sozusagen die eine Aufforderung und die andere Aufforderung war nach dem Motto nennen Sie uns doch mal Ihre Großspender, damit wir mit denen entsprechende Geschäfte machen. Immer (/). Das geht gar nicht. Wir können gerne ein Matching oder eine gemeinsame Veranstaltung denken die irgendwie thematisch interessant für ihre wie für unsere Gruppe. So und dann können Sie die kennenlernen, aber wir nennen Ihnen die bestimmt nicht für Ihre Anlagengeschäfte oder so.

5 **I:** [0:25:01.8] Ah das ist ja ein Ding. Das ist ja (/) (lachen)

5 **B:** [0:25:06.1] Das ist für mich gestorben. Und da bin ich mir mit meinen Fundraisern-Kollegen sozusagen (/). Ich habe (/). Ich kann nochmal eine Sache erzählen (lachen). Ich habe lange Jahre mit einer Kollegin einer anderen Organisation einen Arbeitskreis Großspenden und Testamentspenden

geleitet im deutschen Fundraising-Verband. Und wir hatten mal eine Session gemacht, bei unseren Treffen. Die Bank als Störer. Das ist ein GANZ wichtiges Thema wahrzunehmen, dass Banken in diesem Segment Störer sind. (...) Und also ich (/). Und eine andere Störung kenne ich . Und da haben (/). Das war auch in einer der vorhergehenden Kliniken, die hatte aus ihrer Bankbeziehung Menschen die gemeinnützig vererbt haben, weil die keine natürlich Erben hatten. Und haben dann ein Testament entworfen, indem eine Stiftung errichtet wurde und diese Stiftung dann sozusagen dauerhaft für gemeinnützige Kliniken ausschütten sollte. So und (unv. unddeutliche Aussprache) so beraten, dass sie steuerlichen Ärger machte. Und das war ein Beratungsfehler der Banken. Die ist dann verklagt worden von uns. Es waren zwei große Organisationen begünstigte und wir mussten die Bank verklagen, weil sie definitiv falsche Beratungen gemacht hatte. Die wollen dieses Geschäft haben, gucken aber nur auf ihr Geschäft und machen außerdem noch Fehler.

5 **I:** [0:27:09.5] Interessant. Habe ich so auch noch nicht gehört.

5 **B:** [0:27:12.9] Ja. Da bin ich sehr vorsichtig. Natürlich sind wir sehr freundlich zu Banken. (unv., kein Empfang) Aber es ist kein echter Kooperationspartner.

5 **I:** [0:27:34.4] Die Banken über die Sie gerade gesprochen haben, wo Sie die schlechten Erfahrungen mit gemacht haben waren das Privatbanken oder (/). (Aufnahmeunterbrechung) So Frau Dr. V. sorry die letzten zwei Minuten waren nicht mehr drauf. Irgendwie hat das Gerät sich hier ausgeschaltet nach 25 Minuten oder irgendwas. Vielleicht nochmal ganz kurz zu den Banken. Ich hatte Sie gefragt, Sie haben mit diesen Banken grundsätzlich schlechte Erfahrungen gemacht. Es ging um mehrere Banken und Sie hatten das Gefühl, wenn ich das richtig verstanden habe, dass die Banken viel mehr daran interessiert sind ihr eigenes Geschäft unter zu bringen als mit Ihnen sozusagen, mit Ihrem Haus zu kooperieren. So habe ich das (/).

5 **B:** [0:28:14.6] Ja genau. Sie wollen darüber Kunden gewinnen einerseits und als Organisation und anderseits unsere Großspender für deren Anlagegeschäft oder Testamentvollstreckung etc, alles was die Banken seit jüngerer Zeit aufbauen und das bis zu Prozessen geführt, wo wir sozusagen Großspender hatten die uns zu unseren Gunsten testiert haben und fehlerhafte Testamentsberatungen, Stiftungsberatungen gemacht haben.

5 **I:** Da hätte ich nochmal eine Nachfrage. Was haben denn diese Kunden also diese vermögenden Menschen die da zu ihren Gunsten testiert haben. Was haben die denn dazu gesagt, dass die (/).

5 **B:** Das war ja nach deren Tode. Also einmal was es nach dem Tod, wo erst wo das sozusagen durch die Eröffnung des Testaments eigentlich erst klar wurde. Weil das Testament im laufe der Zeit dann mehrfach geändert wurde.

6 **I:** Aber Familie und Angehörige die müssen sich doch dann irgendwie wahrscheinlich geäußert haben oder?

6 **B:** Ja. Das eine und das andere Mal da war sozusagen die Beratung des Kreditinstituts noch zu Lebzeiten und da hat uns dann eine Witwe die keine eigenen Nachkommen hatte angesprochen und gesagt so und so das wäre der Gestaltungsvorschlag ihrer Bank. Und die hätte den Eindruck das sei nicht nötig und dann habe ich gesagt genau das sein nicht nötig. Das würde nur Geld kosten was ihr vorgeschlagen sei und würde ja dann eigentlich was sie wirklich vor habe das das Geld an gemeinnützigen Zweck zu Gute kommt konterkarieren.

6 **I:** [0:29:58.2] Ja eigentlich (/). Wenn das so gestaltet wird das die Bank letzten Endes den guten Zweck konterkariert ist das schon gewisse Form von Abgebrühtheit. Ne das muss man schon mal sagen finde ich.

6 **B:** Ja das ist ist. Das ist es. Das ist auch eine Frechheit. Und, gut. nochmal ein extra Exkurs, aber das hat jetzt nichts hier mit Großspender-Fundraising zu tun. Das sind die ganzen Havarien im Erbschaftsfundraising. Da kann man noch mehr solche Geschichten erzählen. Man muss sozusagen sagen, wenn diese hochvermögenden Menschen zum Testament kommen dann sind wir in einem Markt, der Gier.

6 **I:** [0:30:49.9] Sind Sie da auch aktiv. Das Sie auch dieses Testamentsfundraising bei wohlhabenden Menschen forcieren. Sehen Sie das als eine Möglichkeit sich auch, ich sag mal, darauf zu spezialisieren in diesem Sinne?

6 B: Ja. Das wird (/). Das muss (unv., schlechter Empfang) das Portfolio alles zusammen, weil alles Geld kostet.

6 **I:** Entschuldigung Frau V. Man konnte Sie gerade wieder nicht verstehen. Das war irgendwie (/). Da war die Leitung irgendwie bei Ihnen da unterbrochen. Wenn Sie das nochmal kurz wiederholen könnten.

6 **B:** [0:31:52.3] (unv., schlechte Empfang, Unterbrechungen) Das Testamentsfundraising, Nachlassfundraising (unv., schlechter Empfang) Großspender und vorhergehenden Organisationen nochmal aufgebaut und das wird bei uns hier bei den Johanniter auch kommen.

APPENDIX 10: INTERVIEW 5 (GERMAN VERSION) - HOSPITAL (1ST SUBSTUDY)

1 [0:00:00.0] **I:** [0:00:01.9] **E**s ist der (/). Wir haben heute den 13.04. Es sind 17:06 Uhr. Ich führe ein Interview mit Frau V. L. Frau L. es wäre ganz wenn Sie sich kurz vorstellen und dann auch noch kurz erklären, dass Sie mit der Auswertung der Antworten für die Studie einverstanden sind.

2 **B:** Ja vielen Dank. Mein Name ist V. L. Ich bin Pflegedirektorin und Geschäftsführung der Pflege an der medizinischen Hochschule in Hannover. War zuvor Pflegedirektorin an der Uniklinik in Köln. Hab dort in Vorstandserfahrung gesammelt. Bin seit über 30 jahren im Gesundheitswesen tätig und bin selber auch ausgebildete Fundraisingmanagerin. Hab auch Erfahrung im Fundraising. Und ja bin damit einverstanden das Sie mein, das Interview ausgewertet werden und auch die Informationen die ich sozusagen auch dann gebe, das Sie die verwerten dürfen.

3 **I:** [0:00:58.9] OK. Ich erkläre hiermit nochmal, dass die Antworten anonymisiert werden, das heißt das niemand letzten Endes nachvollziehen kann wer hier welche Antworten gegeben hat. Nur damit wir das nochmal der vollständigkeitshalber haben. Ja Frau L. meine erste Frage an Sie wäre, welche Kenntnisse Sie bzw. Ihr Haus in dem Sie arbeiten grundsätzlich mit dem Thema Fundraising bei hochvermögenden Menschen haben. Es geht jetzt nicht so sehr um allgemeine Kenntnisse bezüglich des Fundraising. Es geht um Fundraising bei hochvermögenden Menschen.

4 **B:** Zum einen haben wir eine eigene Fundraising-Abteilung. Das ist ja nicht üblich. Das hat nicht jedes Krankenhaus. Auch nicht jede Hochschule. Das ist nun mal ein (Norum?) und eine besondere sozusagen auch Situation das das vorhanden ist. Diese Abteilung befasst sich oder hat sich befasst primär auch mit dem Thema Forschungsförderung, also wenn auch Gelder akquiriert die eben für die Forschung gehen auch genutzt werden.

Dort gehen in der Regel auch ziemlich große Summe ein. Also nicht irgendwie mal 1000€ da und 1000€ dort, sondern es gibt eben auch große Summe, Nachlassspenden von 1 Millionen oder auch 2 Millionen. Die Leipzig Universität hat Geld gespendet und beziehungsweise die (Wagner?) Stiftung. Das heißt wir haben ein Fundraising. Primär ist es das Thema Hochschule und Forschung eben im Fokus. Und es ist sozusagen ein Thema mit Menschen in Kontakt zu kommen die eben große Summen spenden. Ist aber nicht vergleichbar mit den Summen, die wir aus Amerika kennen und hören.

5 **I:** [0:02:51.8] Halten Sie es denn grundsätzlich für realistisch zum Beispiel bestehende Finanzierungslücken oder ich sag mal Investitionen in Spitzenmedizin, das man die durch Fundraising schließt? In Deutschland.

6 **B:** Zum jetzigen Zeitpunkt würde ich das noch nicht für realistisch halten. Kann aber sein, dass eine Entwicklung in Gang kommt die das notwendig macht. Und ich sag mal so, wenn es in Deutschland (/). Es gibt ja doch ein großes Klientel an vermögenden Menschen, die im Moment auch auf der Bank keine Zinsen kriegen. Das heißt sie gehen in ein Hochrisikobereich. Viele haben keine Kinder und wissen nicht wem sie ihren Nachlass sozusagen auch hinterlassen sollen. Da kann ich mir schon vorstellen, wenn man da zur rechten Zeit in Kontakt ist mit den Menschen, dass die Gesundheitseinrichtungen als Option für sich sehen. Halt ihr Geld sozusagen auch zu investieren. Auch im großen, großen Umfang. Die Kultur in Deutschland ist aber noch nicht so, dass man sagen kann, ok wir wollen uns abhängig machen von Privatmenschen oder von Menschen die viel Geld haben. Sonder wir sind da sozusagen eine öffentliche Institution. Wir sind immer noch ein großer Teil der Krankenhäuser ist öffentlich oder gemeinnützig. Das heißt wir haben nur eine Krankenfinanzierung und das Ziel war bis dato immer dass diese duale Krankenhausfinanzierung auch in Bedarf an Investitionen und laufende Kosten abdeckt. Dass das nicht der Fall ist, gerade im Bereich Investitionen, das wissen wir. Aber ich glaube das im Moment noch nicht der Zeitpunkt da ist das man

sich vorstellen kann diese Lücke schließt man über eben große, große Spenden.

7 **I:** [0:04:45.7] Ja Ok. Danke. Wären Sie denn grundsätzlich bereit als Geschäftsführerin sagen wir mal für diese Form von Fundraising ein gewisses Budget zur Verfügung zu stellen? Also das Sie zum Beispiel sagen würden, wir haben eine Fundraising-Abteilung wo wir ein gewisses Budget freigeben, damit zum Beispiel bestimmte Daten akquiriert werden von wohlhabenden Leuten usw., bestimmte Veranstaltungen gemacht werden.

8 **B:** Ich meine, ich bin ja ausgebildete Fundraiserin und ich schätze diesen Bereich und ich glaube das da Möglichkeiten (...) gegeben sind, das man Geld akquiriert für Gesundheitseinrichtungen. Und ich persönlich wenn ich Geschäftsführerin wäre ich würde eben eine Fundraising-Abteilung implementieren.

9 **I:** [0:05:36.0] Danke. Haben Sie in Ihrer Vergangenheit, also jetzt mal abgesehen von der jetzigen Position die Sie bekleiden. Haben Sie in der Vergangenheit schon mal Erfahrung gehabt hinsichtlich Spendenvolumen, Strategien, Akquisitionen von hochvermögenden Leuten etc.? Also wenn Sie mal so an Ihr Berufsleben zurück denken, gibt es da Sachen wo Sie sagen ja da hatten wir mal weiß ich nicht Erfolgsgeschichten oder Niederlagen oder oder oder in diesem Bereich mit hochvermögenden Menschen?

1 **B:** Wir haben (/). Ich habe ja auch in Darmstadt. Wir haben dort mal sozusagen eine Spendenaktion gehabt, die (/). Da ging es um einen CT, was eben auch angeschafft werden muss. Da ist eine Menge Geld zusammen gekommen, aber auch da wieder relativ (/). Also wenn ich sage wir haben 700.000€ eingesammelt, dann ist das für Deutschland einfach für eine Kampagne viel Geld. (unv., undeutliche Aussprache) hört sich wahrscheinlich lapidar und lächerlich an,aber ich fand das ist eine Menge Geld. Hat aber am Ende nicht gereicht, um das Projekt aus zu finanzieren. Und das wiederum einerseits ist es ein ganz toller Erfolg so viel Geld

einzusammeln in relativ kurzer Zeit, es waren knapp 6 Monate. Das fand ich enorm, also für Deutschland. Auf der anderen Seite fehlten aber mindestens nochmal doppelt so viel. Und dadurch wurde dann die Klinik oder der Träger sozusagen in Zugzwang gesetzt. Und das ist natürlich schwierig, wenn ich die Mittel verplant habe wo ich dann gezwungen werde damit die Spender nicht verbrät werden Mittel wieder um zu widmen für, um dann das Projekt zu ende zu bringen. Das finde ich problematisch. Das greift dann in die Unternehmensentscheidungen, Steuerung ein, in die Verwendung von mitteln und das ist dann nicht nicht wirklich positiv. Von daher sehe ich es ein bisschen zweischneidig, wie setzt man so ein Projekt auf. Wir haben aber auch Kinderklinik Darmstadt, auch damals Neubau, viele Mittel akquirieren können um die Innenausstattung des Neubaus der Kinderklinik zu unterstützen. Den Andachtsraum, Raum der Stille, besondere Ausstattung nochmal hervorzuheben. Das ist ein Menge Geld zusammengekommen und das hat dann immer mit da zu tun, was machen wir. Wir haben Tag der offen Tür gemacht, wir haben Golfturnier veranstaltet, wir haben die Leute angesprochen. Es waren (..) viele Menschen eben auch mit der Kinderklinik involviert, die sozusagen Geschäftsleute sind, die dort viel Geld verdienen und die auch Möglichkeit und wiederum und vernetzt und wiederum andere kennen. Das Thema Kommunikation ist ein wichtiges Thema. Merk hat zum Beispiel in Darmstadt einen großen Stellen, also einen Stellenwert. Die haben auch immer sozusagen Restpfenning gespendet. Da kann dann auch schon mal eine Menge Geld zusammen. Da gibt es viele Möglichkeiten. Wichtig ist das dieses Thema wie viel Einfluss nimmt denn der Großspender sozusagen (..) will der nehmen. Wie viel Einfluss will der nehmen. Und dieses Thema was zum Beispiel UKE in Hamburg (/). Da laufen Sie durch den Neubau, dann haben Sie eine ganz große Spenderwand. Da stehen alle Spender dran. Da haben die sozusagen ihre Schilder aufgestellt, wer hat was gespendet. Das heißt man muss den Spender natürlich auch würdige. Und das hat immer mit was Namensgebung oder aber mit einer Säule, was auch immer. Ich finde das ist auch in Ordnung. Aber auch das operative Geschäft innerhalb darf das eigentlich keinen Einfluss nehmen.

Dann wird es problematisch. Und (..) ja das kann ich vielleicht bei einem privaten Unternehmen machen, wenn ich aber ein öffentliches Haus bin ich auch öffentliche Mittel verwende, dann habe ich natürlich auch eine bestimmte Verpflichtung gegenüber dem Rechnungshof diese Mittel eben auch sachgerecht, sparsam, wirtschaftlich usw. anzusetzen.

I: [0:09:31.0] Haben Sie in Ihrem Haus schon mal eine Potenzialanalyse durchgeführt? Das Sie sich angeguckt haben, was weiß ich, im Umkreis von 50, 60 Kilometer welche Leute haben wir die vielleicht für ein gewisses Spendenvolumen in Frage kommen.

B: Ich kann das nicht mit Gewissheit mit Ja beantworten. Aber ich denke wir haben eine professionelle Fundraising-Abteilung und ich gehe mal davon aus, dass die das gemacht haben. Gerade in Hannover, wir haben hier gesagt VW, Volkswagen-Stiftung, wir haben die Baden-Stiftung. Hier gibt es eben auch eine Menge Menschen, die Geld haben. Und würde jetzt mal behaupten, aber ohne Gewähr ja.

I: [0:10:17.1] Wie würden Sie denn die aktuelle Situation Ihre Hauses mit dem Thema Fundraising bei sehr wohlhabenden Menschen beschreiben? Also aktuell so wie es jetzt im Moment ist. Würden Sie sagen, dass ist ausbaufähig oder da könnte man (/). Wir sind gut bei der Sache oder wir sind eigentlich schon über Ziel. Also wie würden Sie das grundsätzlich beschreiben?

B: Ich würde denken, dass das noch ausbaufähig ist.

I: [0:10:49.7] Haben Sie eine Vorstellung davon, wie Ihre aktuelle Spenderstruktur aussieht. Wie viele wirklich wohlhabende Menschen Sie haben die da gewisse Summen spenden?

B: Nein habe ich nicht. Weil es natürlich auch vertraulich ist. Klar ganz klar. Der Schutz eben auch der Spender und so. Ich denke mal wenn ich mit dem

Leiter der Abteilung sprechen würde, dann würde er mir sicher Informationen geben können wie so die Struktur in etwa, also ohne Namen zu nennen aber wie die Struktur aussieht. Aber ich kann es nicht sagen. Ich kann auch (/). Ich weiß nicht genau ob wir eine professionelle Spenden-Software haben, wo man sozusagen eben auch sehen kann wer spendet wie viel, wie häufig, in welchem Rhythmus. Gibt es Nachlassspenden. Gibt es Erbschaftsmarketing usw. und so fort. Ich kann es nicht sagen, aber für mich gehört normalerweise zum professionellen Fundraising eine solche Datenbank und auch diese Informationen natürlich dazu, weil es ist immer einfacher auf die Spender zuzugehen als neue Spender zu gewinnen. Und die Spender eben die man hat zu pflegen. Von daher muss ich natürlich auch über meine Struktur Informationen haben und mein Umfeld kennen.

1 **I:** [0:12:07.3] Geben Sie denn oder kommunizieren generell Investitionsvorhaben an die Öffentlichkeit? Geht Ihr Haus hin uns sagt zum Beispiel, wie Sie eben sagten, wir planen ein neues CT oder MRT-Gerät anzuschaffen, wer möchte kann sich daran beteiligen etc. Werden solche Dinge an die Öffentlichkeit kommuniziert? Das auch, sagen wir mal, wohlhabende Menschen auf Sie aufmerksam werden durch Presse durch irgendwelche Internetauftritte etc.

1 **B:** Wir haben verschiedene Kommunikationswege wo wir eben auch Spender und Fundraisingprojekte auch kommunizieren. Aber meistens sozusagen retrospektiv, wenn die Spende sozusagen eingegangen ist oder das Projekt umgesetzt oder aber das Produkt gekauft worden ist. Dann wird darüber berichtet. Vorfür ist es gut, was wie wird es eingesetzt, welche (unv., undeutliche Aussprache) der Patienten und dann wird kommunziert. Und das versuchen wir auch über die HAZ, die Hannoverische Allgmeine Zeitung oder auch wir haben eine KRH ? Infozeitung, die wird aber sehr breit gestreut. Die liegt auch in Arztpraxen in Hannover. Das gibt es so große Auflagen. Da wird schon versucht sozusagen dann das auch zu kommunizieren. Und Benefitstuniere zum Beispiel Golf gibt es

natürlich auch. Auch da treffen sich natürlich Menschen die eben auch in der Regel wohlhabender sind.

1 **I:** [0:13:30.3] Schätzen Sie ein Krankenhaus, Ihr Haus, generell Krankenhäuser für wohlhabende Menschen als attraktive Spenderobjekte ein?

2 **B:** Jein. Jein. Ich glaube das kann man gar nicht generell sagen. Sondern wie ist ein Haus aufgestellt? Welche Kultur hat ein Haus? (..) Wie tritt ein Haus in der Öffentlichkeit auf? Habe ich eine gute Presse, habe ich negative Presse. Gibt es eben Innovationen, die für die Bevölkerung wichtig sind. Ob das jetzt Demenz ist oder wir haben (/). Wir sind Schlag (/). Wir sind Transplantationszentrum. Wir sind eines der größten in Deutschland. Ich glaube wenn ein Haus gut aufgestellt ist, wenn es eine gute Führung hat, wenn es Werte hat und eine Kultur, wenn es in der Öffentlichkeit auch häufig positiv erwähnt wird, dann hat es eben gute Chance auch vertrauenswürdig zu sein, glaubwürdig zu sein und dann auch Spendergelder zu kriegen. Wenn man aber so ein, ich sag mal, Waldfeld und Wiesen Krankenhaus ist und (..). Dann ist es schon schwieriger. Dann kriegt man mal vielleicht irgendwie ein paar Toilettenstühle oder paar Gehwägen oder ja irgendwie so ein (unv, Blister?) geschenkt aber das ist ja (/).

2 **I:** [0:14:56.0] Wenn Sie //jetzt mal (/).

2 **B:** //Jetzt nochmal reinfunkt. Ich glaube die die sozusagen selber, ich denke mal Miltenyi-Haus in Köln. Miltenyi hatte Krebs gehabt. Da gab es Stiftungen und über das Geld in die Miltenyi-Stiftung ist dann das, die erste Palliativstation überhaupt entstanden. Die wurde sozusagen dann auch gebaut. Es sind auch immer wieder Menschen die sozusagen durch eigene Erfahrungen, Erkrankungen in der Familie, die Kinder sind erkrankt, dann eben auch eine Stiftung in das Leben rufen und dann dafür Geld sammeln, dass geforscht wird, damit man dieser Krankheit besser begegnen kann. Ob das eine Möglichkeit hat man Schwerpunkte, hat man

Forschungsschwerpunkte wo man sozusagen auch weiß, ok das Geld ist gut investiert bei wenn mal irgendjemand vielleicht nicht mehr meine Mutter, mein Vater davon profitieren kann aber die nächste Generation dieses Leid nicht mehr erleben muss. Sondern geheilt werden kann. Auch das sind natürlich immer Themen die gute Chancen haben dann auch, das man dafür gut Geld sammeln kann.

2 **I:** [0:16:02.7] Gibt es in Ihrem Haus, Sie brauchen das jetzt nicht im Einzelnen zu nennen, aber ich sage mal, wenn Sie mal so in sich gehen würden gibt es Projekte, wo Sie jetzt ad toc sagen würden, in Ihrem haus wo Sie jetzt sind, Ja dafür könnten wir jetzt morgen, übermorgen, nächste Woche größere Summe, ich sag mal vertragen oder größere Summen gerne gespendet bekommen. Gibt es solche Förderprojekte wo Sie sagen würden, ja die fallen mir sofort da könnten wir mal ein paar Millionen für gebrauchen.

2 **B:** Ja. Da kann ich nur ja sagen. Wenn wir (/). Es gibt eine ganze Menge Förderprojekte, aber wir (/). Das gibt es einen riesen großen Bedarf. Auf jeden Fall. Ich kann jetzt gar keins nennen, weil ich denke mal, wir haben hier eine bauliche Situation. Wir brauchen dringend einen Neubau. Und es ist das Geld für zur Verfügung gestellt worden, aber wir könnten auch sicherlich interimistisch Geld gebrauchen, um Dinge schneller zu machen. Sozusagen auch diesen formalen Wegen, die wir auch alle eingehalten müssen. Mit Ausschreibungen usw. Es ist ein riesen Bedarf da. Auch das Thema Digitalisierung zum Beispiel. Selbst jetzt wo der Bund und auch die Länder Geld zur Verfügung gestellt haben. Wir stellen zum Beispiel bei der Pflege fest. Das Geld ist schon ausgegeben. Das sind wir an hundertster Stelle noch lange nicht dran. Und dann heißt es immer, dafür ist halt dann nichts mehr übrig. Weil immer eben alles andere wichtiger ist. Von daher gäbe es genug Bedarf Projekte umzusetzen, die schneller dann auch realisiert werden können als wenn man mit knappen Mittel immer Prioritäten setzen muss und dann ein Teil von Projekten die vermeintlich schon auch wichtig sind, die fallen dann am Ende hinten immer runter. So erleben wir das oft. Das hängt eben an dieser sozusagen nicht ausreichenden, ausfinanzierten Investitionsmittel-Förderungen. Und ich

glaube schon auch das die Prioritäten manchmal eben sehr sehr unterschiedlich sind (unv., der Experten?).

I: [0:18:24.6] Wenn Sie mal so in die Zukunft blicken, gibt es da Dinge die Ihr Haus im Bezug auf Fundraising mit hochvermögenden Menschen geplant hat bzw. wenn Sie sich mal so selber die Frage stellen würden, wie sähe für Sie so ein ideales Fundraising aus bei hochvermögenden Menschen in Ihrem Haus. Was würden Sie sagen? Was müssten da für Sie für Parameter erfüllt sein und gibt es da vielleicht schon Dinge die irgendwie für die Zukunft geplant sind?

B: Naja ich glaube das ist (/). Man müsste erstmal gucken, um was geht es. Geht es um Forschung, wo ich ja keine Garantien geben kann, das was gelingt und was am Ende dabei rauskommt. Sondern ich habe, ich sage mal ein gesellschaftlich relevantes Thema, was uns alle interessiert, ob das jetzt Demenz ist oder verschiedene Parkinson-Erkrankungen und so. Wo man auch sagt, ok ich könnte jederzeit davon auch betroffen sein. Das ist ein Geisel der Menschheit und wenn wir da Fortschritte machen wie in der Onkologie. Da ist es mir einfach wert sozusagen mich daran zu beteiligen und viel Geld auch zu geben, das wir da voran kommen. Das andere ist immer Menschen wollen auch immer zeigen, dafür habe ich mein Geld gegeben. Gibt es ein Gebäude, gibt es ein Bildungscampus, wo Forschung, Lehre der (unv., Krankenversorgung?) auch visuell gezeigt werden kann. Ich sage mal moderne Bauten mit neuster digitaler Technik, mit Vernetzung auch national, internationale Kooperationen. Das sind natürlich immer schöne Herzeige-Objekte, wo man auch reingehen kann, wo man sagen kann das Gebäude kann auch deinen Namen tragen oder das der Institution. Das ist sicherlich auch wichtig und ich finde schon, es ist immer wichtig das die Dinge nachhaltig sind. Geld schnell verbrennen und da ist es weg. Das glaube ist nichts, sondern es muss nachhaltig sein und muss einen Sinn machen. Und das glaube ich würde wenn ich jetzt richtig viel viel viel Geld hätte, ein paar Milliarden, dann würde ich mir

ein Thema suchen was liegt mir am Herzen. Sind das Kinder, sind es alte Menschen, ist es ein Forschungsthema, bin ich architektonisch, ich sage ich will gute Arbeitsbedingungen schaffen, wie könnte so ein Campus aussehen damit die Leute sich begegnen, damit sie lernen können mit den neusten auch digitalen Mitteln, Vernetzung. Dann würde ich auch auf sowas stehen. Aber ich glaube man muss glaube ich gut mit den Menschen ins Gespräch kommen. Man muss die Menschen ein bisschen kennen lernen, was ist denen wichtig, wie leben die, was haben die für eine Haltung. Ich glaube diese Thema Fundraising und auf Menschen die viel Geld haben zuzugehen, das ist ein ganz sensibles Thema. Man nicht mit der Tür ins Haus fallen. Man muss Kontakte knüpfen, Vertrauen aufbauen, die Leute mal einladen, selber Veranstaltungen machen wo man sagt ok wir präsentieren uns auch. Erstmal Vertrauen schaffen. Eine Basis schaffen. Bevor man denkt man kriegt jetzt irgendwie hier ein paar Millionen oder Hundertmillionen gespendet. Vertrauensvolle Institutionen, Werte und eine Haltung, ein gutes Renommee, eine gute Kommunikation nach außen und Darstellung. Und eben dahin gehen wo diese Menschen sich auch aufhalten. Ich muss einfach Kontakte knüpfen und muss mich da bewegen. Und dafür brauche ich auch keinen der, ich sag mal so, Fundraising mal nebenher abends macht, sonder ich brauche einen Profi. Ich brauche ein gutes Team und jeder im Team hat eine andere Fähigkeit, der andere kann gut das Geld verwalten und die Administration machen und der andere ist ein Kommunikator, der geht auf Menschen zu der kann gut Small-Talk machen der kann sich gut in diesen Kreisen auch bewegen. Von daher glaube ich es das Wichtigste das man ein gutes Team hat. Das man Menschen auswählt, die gut auch auf dieser Ebene auch agieren können. Und es muss so ein Grundverständnis sein für dieses Thema Fundraising auch in der Institution, bei der Geschäftsführung und dem Träger. Wollen wir das und wie weit ist die Grenze, wie weit machen wir uns abhängig von einzelnen Menschen. Ich denke jetzt mal an (...) wie heißt unser (...) na (...) bekanntes Ehepaar, was sich getrennt hat (..) nicht (unv.). Bill Gates und (unv.). Es ist ja nicht nur alle immer nur positiv. Wenn man viel Geld hat. Das ist auch (/). Das ist auch immer das Risiko, wenn

Menschen dann sozusagen auch ihren Namen hergeben. Das solange es denen gut geht und die einen guten Ruf haben ist alles OK, wenn der Ruf dann mal, warum auch immer oder die Person in Verruf gerät berechtigt oder nicht berechtigt hängt man auch oft schnell mit drin. Es ist ein sensibles Thema.

2 **I:** [0:23:20.0] Haben Sie als Top-Führungskraft mal darüber nachgedacht sich bezüglich Fundraising bei hochvermögenden Menschen auch professionell beraten zu lassen? Das Sie zum Beispiel sagen Sie holen sich ich sag jetzt mal eine Unternehmensberatung die sich auf diesen Bereich spezialisiert hat. Irgendwie sowas?

2 **B:** Ich weiß nicht ob unsere Fundraising-Abteilung das schon gemacht hat oder ob sie es tut oder selber auch berät. Keine Ahnung. Ich kann mir aber vorstellen, wenn ich mein neues Ziel habe, ein großes Ziel ich merke ich komme nicht so richtig voran. Man braucht nochmal einen Schub. Dann ist es sicher eine gute Möglichkeit zu sagen wie kann ich das aufsetzen. Ich selber habe mal eine Analyse gemacht, eine Umfeldanalyse für ein Krankenhaus und das ist schon spannend sich damit auseinander zu setzen. Guckt man nochmal ganz anders auf die Themen. Wenn ich jetzt als Unternehmen sage ja ich will daran an dieses Thema, ich habe aber nicht so wirklich die Ressourcen und auch noch gar nicht so, noch so viel Erfahrungen dann würde ich mir Beratungen (/). Wenn der Wille da ist dann würde ich mir auch Beratungen holen.

2 **I:** [0:24:28.8] Dann nochmal ein ganz anderes Thema. Also nicht ein ganz anderes Thema aber ein anderer Bereich dieses Themas. Haben Sie was Fundraising angeht Erfahrungen mit Banken. Also es ist (/). Wir haben festgestellt, dass Bank sich auch immer mehr dem Thema Fundraising näher. Erbschaftsmarketing. Gibt es Banken, die Sie vielleicht schon mal angesprochen und gesagt haben wir hätten da vielleicht Leute für Sie oder das Sie vielleicht auf Banken zugegangen sind und haben gesagt, gibt es nicht

irgendwelche Leute in Ihrer Kundschaft die vielleicht mal bereit wären (/). Gibt es da irgendwelche Erfahrungen in diesem Bereich?

3 **B:** (...) Nein. Nein. Aber ich glaube schon das die Fundraising-Abteilung (/). Das gehört wieder zur Kommunikation zum Thema Vernetzung. Wie komme ich an die Menschen ran. Wie bin ich mit unserer Hausbank unterwegs. Für ich da eben auch wo ich unsere Gelder verwalte und vermittle, führe ich da eben auch vertrauliche Gespräche und man kommt darüber ins Gespräch. Ich persönlich habe keine Erfahrungen aber ich kann mir vorstellen, dass unsere Abteilung doch Verbindungen hat. Ob die das aber jetzt ganz gezielt und ganz bewusst machen, auch das ist ja so ein Thema. Die Bank hat Kunden und die Kunden vertrauen der Bank und die möchten natürlich nicht das Informationen weiter gegeben werden. Aber man kann das ja auch anders machen. Es gibt Banken die eben Jahres, Neujahrsfeiern machen, Empfänge machen oder machten in der Vergangenheit. Das es ein Sommerfest gibt oder auch da wieder Banken sagen wir machen ein Benefizturnier. Wir laden sozusagen wir bringen die Menschen auf einer anderen Ebene zusammen, die ins Gespräch kommen. Ich glaube da gibt es viele Möglichkeiten, weil auf der einen Seite (..) wie gesagt gibt es viele Menschen die haben viel Geld. Viele haben heute keine Nachkommen oder wollen das viele Geld (lachen) nicht alles ihren Nachkommen sozusagen hinterlassen, weil die auch nicht immer so nett sind zu ihnen. Da glaube ich ist einfach gibt es viele Möglichkeiten zu sagen, wo treffen die sich und wie kann man sich unterhalten. Ich hab davon (..) meine Abschlussarbeit bei der Fundraising-Akademie hatte ich das Thema: Ist Erbschaftsmarketing für Krankenhäuser ethisch vertretbar? Das war hochspannend. Und das kann man natürlich in Frage stellen. Und ich habe einige Untersuchungen mir angeschaut und Studien und auch aus Amerika und auch Deutschland. Und natürlich kann das kritisch gesehen werden, wenn man mit Organen handelt zum Beispiel. Du kriegst nur eine Niere, wenn du jetzt irgendwie Geld spendest oder (/). (..) In anderen Ländern wird mit Organen (/). Also Kinder werden gestohlen und verkauft und was nicht alles. Es gibt ganz viele schreckliche

Sachen. Ich glaube aber schon, dass das eine Möglichkeit ist wenn man seriös agiert, dass das eine Option sein könnte. Und das man auch als Krankenhaus Erbschaftsmarketing machen kann. Und von daher denke ich mal Banken und Spender und Institutionen zusammen zu bringen das muss man sehr sehr sensible machen aber ich glaube das gibt es Möglichkeiten und Plattformen das auch zu tun. Und da auch auf eine ganz sensible Art und Weise die Menschen sozusagen ins Gespräch zu bringen ohne das man mit Druck agiert, sondern eben auf einer wirklich sehr (...) guten Ebene. Erstmal sozusagen Vertrauen aufbauen, sich kennen lernen, sich austauschen, über gute über Projekte auch berichten zum Beispiel. Über gelungene Projekte auch berichten. Menschen zusammenbringen, die sagen ich habe mein Geld gespendet, ich habe das so und so gemacht. Es gibt aber auch manchmal Beziehungen zu, Patienten zu Ärzten, die wiederum ja eine lange vielleicht chronische Geschichte haben die über ein paar Jahre geht, wo dann (/). Ich habe schon erlebt das eben auch dann (..) die Patienten den Ärzten angeboten haben, sie wollen was spenden usw. Das wird es dann aber kritisch. Dann müsste man gleich sagen, das freut uns natürlich aber als Arzt müsste ich sozusagen an eine neutrale Stelle verweisen. Entweder an die Bank oder an die Fundraising-Abteilung, weil ich ansonsten in ein Konflikt komme als Arzt und Patient. Das gibt es glaube ich viele Möglichkeiten. Es ist aber äußerst sensibel.

3 **I:** [0:29:08.2] Gut. Frau L. das war es schon. Wir sind schon fertig. Vielen vielen Dank.

APPENDIX 11: INTERVIEW 6 (GERMAN VERSION) - HOSPITAL (1ST SUBSTUDY)

1	[0:00:00.0] **B:** [0:00:02.5] Sie können schon mal auf Aufnahme drücken.
2	**I:** Genau. Ich habe Aufnahme an jetzt. Ja.
3	**B:** Müsste sonst aber eigentlich immer irgendwo so ein roter Bubbel erscheinen.
4	**I:** Nein. Ich habe hier. Ich habe so ein Aufnahmegerät. //Damit nehme ich das mit auf.
5	**B:** //Ah. Ok. Ja. Wunderbar. Nur Ton. Das ist ja noch, noch entspannter. J.N. bin mit der Aufnahme einverstanden.
6	**I:** Wunderbar. Aller klar. Sagen Sie mir bitte noch eben Ihre Position. Was Sie machen. Sie brauchen nicht das Haus zu nennen, aber nur was Sie machen in welcher Position Sie tätig sind.
7	**B:** Ich bin Geschäftsführer einer oder mehrer Stiftungen, die im Gesundheitswesen aktiv ist.
8	**I:** [0:00:34.7] Ok. Wunderbar. Gut. Herr Dr. N ich habe (/). Erste Frage: Welche Kenntnisse haben Sie persönlich und da geht es jetzt nicht unbedingt um ihre jetzige Tätigkeit sondern grundsätzlich was Sie in hrem Berufsleben bisher so erfahren haben bezüglich des Themas Fundraising bei sehr wohlhabende Menschen im Krankenhausbereich. Das heißt es geht explizit um die wohlhabende Menschen. Es geht nicht um Kenntnisse grundsätzlich im Fundraising, sondern habe Sie irgendwelche Kenntnisse bezüglich dieses speziellen Bereiches?
9	**B:** Soll ich das jetzt bilanzieren zwischen 1 bis 10? Soll ich einfach sagen ja habe ich oder?
10	**I:** Nein. Sie (/). Nein es wäre ganz gut wenn Sie vielleicht ein zwei Beispiele sagen. Wenn Sie sagen da und da habe vielleicht schon mal irgendwas

	oder habe ich gar keine Kenntnisse. Wenn Sie das so ein bisschen eingrenzen.
11	**B:** Ja. Klar habe ich. Das sind ein halbes Dutzend ungefähr. (..) Von Familie Albrecht über den alten Thyssen-Krupp Dynastien. Das ist hier so ein bisschen in der Region das was ich so unter den Superreichen zählen würde. Die Neureichen klammere ich jetzt mal aus. Das sind jetzt so dann eben mehr die (..) sie Haushalte die (..) das wo sich das Vermögen unter 100 Millionen bewegt. Aber das was drüber ist würde ich jetzt mal sagen so (..) 4-6 Personen sind das.
12	**I:** Und das sind auch Personen wo Sie auch mit dem Thema Fundraising dann auch Erfahrungen gemacht haben. Das heißt die auch schon irgendwie sagen wir mal als Spender in Erscheinung getreten sind.
13	**B:** (..)Ja genau.
14	**I:** [0:02:17.8] Ok. Halten Sie es denn für grundsätzlich realistisch durch überdurchschnittlich wohlhabende Leute Finanzierungslücken oder zum Beipsiel Spitzenmedizin in Krankenhäusern zu finanzieren? So nach dem Vorbild USA?
15	**B:** (...) Langfristig ja. Aktuell nein.
16	**I:** Warum aktuell nein?
17	**B:** Klar gibt es Beispiele. Es gibt in Hamburg die Kinderklinik die nach Herrn Otto auch benannt ist. Es gibt aber auch immer wieder Geschichten und oder ich sage mal Mythen kann man schon fast sagen von Großspendern die nicht verwirklicht werden. Das ist hier dieser Sultan aus Oman unten in München. Das klappte irgendwie nicht mit den 17 Millionen. Ich fasse es so zusammen, bisher ist mir neben Herrn Otto und vielleicht ein zwei anderen kein großes Beispiel bekannt und ich glaube es liegt nicht an der Diskretion. Es liegt an aktuell noch nicht vergleichbaren

	Strukturen zwischen Angelsächsischen Verhältnissen und den Verhältnissen hierzulande.
18	**I:** [0:03:34.1] Wären Sie grundsätzlich dazu Sie als Geschäftsführer bezüglich der sagen wir mal gezielten Akquise von solchen Leute ein Budget zur Verfügung zu stellen. Das Sie sagen ich habe eine Fundraising-Abteilung und den gebe ich jetzt ein bestimmtes Budget, damit explizit diese Leute angesprochen werden.
19	**B:** Diese Leute anzusprechen ist in der Praxis nicht so einfach möglich. Dazu bedarf es eher einer ich sage mal eine Ausrichtung auf diese Leute. Um es mal mit diesen Leuten (lachen) die Bezeichnung fortzusetzen. Das machen wir ja schon. Ja. Also Ja.
20	**I:** [0:04:13.4] Haben Sie für Ihr Haus wo Sie jetzt tätig sind oder vielleicht auch früher schon mal in anderen bei anderen Arbeitgebern wo Sie waren. Haben Sie schon mal eine Potenzialanalyse gemacht. Das heißt haben Sie sich mal angeguckt, was weiß ich, im Umkreis von 50, 60 Kilometer haben wir so und so viel Menschen die in eine gewisse finanzielle Kategorie reinfallen.
21	**B:** (...) Ja. Soziodemografische Analyse sind (..) grundsätzlich immer nett, wenn man so im dunkel stochert. Wenn man bestehende Strukturen hat, dann ist man meistens in der Lage über diese Netzwerke auch an High-Potentials zu kommen. Und von daher haben wir bisher den anderen Weg nun mal in Ansätzen beschritten. Da gibt es bei der Selektion von Fremdadressen zum Beispiel die Möglichkeit sich über Dienstleister Adressen filtern zu lassen,um die dann gesondert anzuschreiben. Ansonsten unterscheidet uns auch hier die Struktur in Amerika ganz gravierend davon. In Amerika gibt es Firmen, die sich da viel weiter drauf spezialisiert haben auf das Data Mining. Und da ist es zum Beispiel auch im Krankenhaus ganz üblich und ich war auch schon da und habe mir das da angesehen. Von den Kollegen mir auch gezeigt bekommen. Da kommt dann Patient A (unv., undeutliche Aussprache) ins

	Krankenhaus und erst dann eben gescored nach A, ist ein High Potenzial und das wird dann allein über seine ich glaube erstes Kriterium ist der Wohnort oder die Straße sogar. Das heißt die generieren direkt über die Privatanschrift so ein groben Value welchen Wert der einzugruppieren ist. Dann kriegt der dann eben schon im Krankenhaus eine besondere Betreuung. Eigene Kuscheldecke, eigene Zahnbürste, was auch immer. Nein und das ist so. Sie lachen. Und das ist deswegen (/). Das ist hierzulande noch nicht Usus und nicht denkbar. Das ist viel viel zu intim ein Krankenhausaufenthalt und auch irgendwie zu plump wäre das hier. Die Amis ticken da komplett anders und deswegen sagte ich ich halte es nicht für ausgeschlossen, dass die Reise da irgendwann hinkommen wird aber sie ist aber bei weitem noch nicht da. Deswegen halte ich es momentan nur in kleinen begrenzten Einzelfällen für möglich, dass GROßE Finanzierungslücken, wirklich relevante Finanzierungslücken durch private Geldgeber gedeckt werden.
22	**I:** [0:07:06.5] Haben Sie grundsätzlich in dem Haus wo Sie jetzt tätig sind Erfahrungen also praktische Erfahrungen mit Großspenden?
23	**B:** Ab wann ist denn eine Großspende eine Großspende?
24	**I:** Ja das ist. Wenn man sich die Literatur anguckt, dann würde man sagen hier für deutsche Verhältnisse, sagen wir mal, so ab 100.000 Euro aufwärts. Bei den Amerikanern ist das eher eine Lachnummer, aber hier so in Deutschland kann man schon sagen, dass ist schon eine Großspende.
25	**B:** Einzelspender oder kumulierte Jahresspenden.
26	**I:** Das ist eigentlich egal, ob jemand jetzt 10 mal 10.000 Euro im Monat spendet oder einmal 100.000 ist egal. Das macht nichts aus.
27	**B:** Dann Jahresspender.
28	**I:** Ja.

29	**B:** 100.000. Ja klar haben wir.
30	**I:** [0:07:57.3] Betreuen Sie diese Spender in Ihrem Haus gesondert. Gibt es spezielle Leute die für die zuständig sind.
31	**B:** Ja. Singular. Es ist eine Kollegin oder bin auch ich dann. So jetzt sehe ich gerade mein IPad hat noch 5%. Das könnte knapp werden. Da muss ich einmal gerade entführen. (...) Aber die haben wir. Ja.
32	**I:** [0:08:26.6] (...)Wie würden Sie denn die aktuelle Situation Ihres Hauses mit dem Thema Fundraising bei sehr wohlhabenden Menschen heute beschreiben. Würden Sie sagen wir sind da richtig in einem guten Fahrwasser; wir sind noch am Anfang;es lässt sich noch verbessern. Würden Sie (/). Wie würden Sie das beschreiben, wenn Sie das heute einschätzen würden.
33	**B:** Besser geht immer. Aber wir sind jetzt mit einer Vollzeitkraft zumindest soweit aufgestellt, dass wir da eine für die wichtigsten eine gute Betreuung sicher stellen können und natürlich ist Betreuung nicht nur Händchen halten, sondern immer auch das drum herum von individualisierten oder persönlichen Briefen, Geburtstagsgrüßen, Treffen usw. All das was man (...) vom Blumenstrauß des Großspenden-Fundraisers so kennt. Und dann auch bedient.
34	**I:** [0:09:39.8] Das heißt wenn wir eben nochmal Ihren Vorschlag aufgreifen so im Schulnotensystem 1 bis 6. Was würden Sie sagen, wo stehen Sie?
35	**B:** (...) 1 ist das Beste?
36	**I:** Ja. 1. Schulnotensystem. 1 bis 6. Ja.
37	**B:** Wie ich schon gesagt habe. Besser geht immer. Würde ich uns eine 2 geben.
38	**I:** [0:10:04.8] Kommunizieren Sie bzw. Ihr haus generell größere Investitionsvorhaben an die Öffentlichkeit? Kann man zum Beispiel bei Ihnen auf

	der Homepage nachlesen wir möchten das und das groß anschaffen. Wer ist daran interessiert etc?
39	**B:** (...) Ob wir das kommunizieren?
40	**I:** Ja ob Sie das kommunizieren.
41	**B:** Ja.
42	**I:** Wo?
43	**B:** (...) Wir haben sowohl eigene Publikationen worüber wir das kommunizieren. Sie meinen jetzt so einen klassischen, von Spendenmailing über Infomagazin über Öffentlichkeitsarbeit, über Social media.
44	**I:** [0:10:49.8] //Würden Sie sagen, dass (/).
45	**B:** //(unv., Verzerrung der Stimme) Bedarfe nicht kommunizieren würden, dann würden wir unseren Job nicht richtig machen.
46	**I:** [0:11:02.4] Würden Sie grundsätzlich sagen, dass Ihrer Erfahrung nach Krankenhäuser für sehr wohlhabende Menschen ein interessantes Spendenobjekt sind?
47	**B:** Das ist ja jetzt auch eher eine (..) Frage nach meinem subjektiven Empfinden, wenn ich es versuche zu beantworten. Es kommt keiner darum herum. Klimaschutz kann man gut im Netz finden. Gibt Leute die brauchen es nicht. Tiergesundheit, Kindeswohl, UNICEF was auch immer, aber Gesundheit geht uns alle an. Früher oder später holt es einen ein. Von daher würde ich es mal so sagen ist das die Möglichkeit sich zu engagieren wo keiner drum herum kommt und entsprechend ist das ein Thema was nachher auch für Großspender natürlich geeignet ist.
48	**I:** [0:11:57.8] Gibt es aktuell, Sie brauchen jetzt die nicht im Einzelnen zu nennen, aber wenn Sie das vor Ihrem geistigen Augen mal so passieren

	lassen, gibt es aktuell größere Investitionsvorhaben in Ihrem Haus wo Sie Gelder für benötigen würden?
49	**B:** Benötigen würden immer. Ich glaube mit unter ist das hier in Deutschland auch noch nicht so rasant als sich das entwickelt. Alle warten drauf. Weil tatsächlich, das kann ich hier sagen, weil ich ja nicht zitiert werde, weil hierzulande die Finanzierungen im Gesundheitswesen im Vergleich zu anderen Non-Profit-Bereichen sehr stabil ist. Natürlich kennt man die Diskussion um unterbezahlte Pflegekräfte. Man kennt, weiß nicht, hört von maroden maroder Bausubstanz. Aber es ist auf der anderen Seite, das können die auch alles google auch nicht immer so leicht zu vermitteln. Warum die Chefärzte 500.000 Jahresverdienst haben und man trotzdem noch 50 Euro von (Ömakes?) für die Finanzierung der eines Spielgerätes auf der Kinderonkologie braucht. Und das kriegen die Großspender, dass da so(/). Das wirft auch noch mal auch so in den Ring für vielleicht für den Diskussionsteil das ist denke ich schon ein ganz gravierender Unterschied zu anderen Non-Profit Anliegen, die es hierzulande gibt wo ich sag mal können wir ja mal Herrn Buntrock fragen der war ja vorher bei mir in der Position wo ich jetzt bin. Hatte das da ein paar Jahre aufgebaut. (..) Und auch er, es ist wenn man irgendwo einen Termin hat fährt man da mit einem Fahrservice hin. Dienstreisen Businessclass. Ja sorry. Ich habe da ein Sachkostenbudget, auf was ich zugreifen kann. Da guckt man schon ein bisschen drauf, aber man kann ganz anders schalten und walten als jetzt ich habe vorher bei UNICEF gearbeitet. Das wäre nicht denkbar gewesen.
50	**I:** [0:14:22.9] Ja glaube ich. Ja. Ok. Gibt es in Ihrem haus für die Zukunft konkrete Pläne zu Etablierung eines Fundraising bei hochvermögenden Menschen. Gibt es akute Pläne zu sagen, da forcieren wir bestimmte Dinge, da haben wir bestimmte Pläne wie wir die Leute demnächst dezidierter angehen etc.
51	**B:** (...) Nein. Ich denke das jetzt die grundsätzliche Ausrichtung so gut ist. Wie ich schon sagte. Schulnote gut. Das wird da auch Erfolge auf Erfolge

verweisen können. Es klappt. Das wird das jetzt komplett auf, komplett jetzt einmal umdrehen und in Frage stellen ist momentan im Grunde nicht geplant. Sondern ich würde jetzt eher sagen wir setzen unsere Arbeit so stringent weiter fort. Gucken natürlich immer mal nach links und rechts, wenn man mitbekommt wie andere das auch machen, vielleicht besser machen. Was für uns davon abgucken können. Was wir jetzt zum Beispiel auch jetzt neu ins Leben gerufen haben ist das Aktionsbündnis Gesundheit fördern. Ich weiß nicht ob Ihnen das begegnet ist in Ihrer Recherche. Da bin ich eben auch Initiator oder Ideengebern oder Umsetzer. Wie auch immer man das bezeichnen mag. Und dahinter steckt der unter anderem intensive kollegiale Austausch der Klinik-Fundraiser. Und das ist, war auch ein Uniklinik Umfeld viel wissenschaftlich gearbeitet wird und theoretisch analysiert wird ist das für mich gesegnet so ein bisschen der Kosmos, Mikrokosmos von den acht, neun größten Häusern hierzulande. Wo dann auch ein guter Wissenstransfer möglich ist. Wir treffen uns jetzt zum Beispiel auch in diesem Jahr zum 01.07. Posium in Präsenz. Einmal im Quartal tauschen wir uns virtuell aus. Und das ist jetzt so ein Rahmen wo man und an mal eine Idee mitnimmt, aber beim Fundraising ist ja immer sogenannte Mix ein ganz wichtiger Rahmen. Nämlich viele Zielgruppen reagieren ja nicht allein weil sie persönlich angesprochen wurden sondern weil sie zum Beispiel nur einen Zeitungsartikel gelesen haben und sich dann wieder erinnern, aja der Herr N. noch da oder die Stiftung oder wie auch immer. Und daher gibt es nicht immer nur diese einzig wahre und einzige Großspendenaktivität, die man machen kann, sondern dieser Mix führt dazu, dass man im Gespräch bleibt und das man in Kontakt bleibt. Dazu vielleicht auch mal eine WhatsApp oder auch nur ein Anruf, wie auch immer. Aber es ist mehr als nur diese einzige Großspendenstrategie. Wir betrachten das eher als ganzheitliche Strategie, Ausrichtung unserer Fundraisingarbeit.

52	**I:** [0:17:48.5] Nehmen Sie oder haben Sie genommen die Hilfe von professionellen Beratern in Anspruch. //Das Sie irgendwelche (/).
53	**B:** //Nein.
54	**I:** Gar nicht?
55	**B:** Nein.
56	**I:** [0:18:00.8] Dann sind wir schon bei der letzten Frage. Welche Erfahrungswerte haben Sie mit Banken bezüglich Fundraising. Haben Sie mal die Erfahrung gemacht, dass Banken auf Sie zukommen und sagen sollen wir mal vielleicht ein gemeinsames Meeting machen. Wir haben vielleicht liquide Privatkunden die würden mal gerne für ein Krankenhaus spenden. Oder haben Sie vielleicht schon mal Banken gehabt, die auf Sie zugekommen und zum Beispiel den Vorschlag gemacht haben eine Stiftung zu gründen etc?
57	**B:** Ja.
58	**I:** Könnten Sie das etwas (lachen) kleines bisschen ausführen.
59	**B:** Ja ich sage mal so. Da hat natürlich die regionale Verbundenheit spielt da auch eine Rolle. Da können Sie an zwei drei Fingern abzählen welche Banken das waren. Deswegen will ich da jetzt etwas diskreter zu antworten. Ist Herr Buntrock denn noch bei der Bethmann? Bank eigentlich.
60	**I:** Nein. Da ist der schon lange nicht mehr.
61	**B: K**önnen Sie ihm mal ausrichten, wir haben auch noch eine Rechnung offen. Er hat das nämlich uns mal versprochen das da mal was möglich ist. Da ist aber leider nichts draus geworden. Ich vergesse nichts. Ich bin was das angeht bin ich ein Elefant.
62	**I:** Ich werde es ihm sagen (lachen).

63 **B:** Schönen Gruß. Da ist noch was offen. Nein können Sie etwas filtern (lachen). Aber klar da gibt es einen guten Austausch.

64 **I:** [0:19:23.2] Würden Sie diesen Austausch ganz grob gesagt ohne Namen zu nennen oder würden Sie diesen eher als für sich jetzt persönlich als Geschäftsführer eher als positiv oder als negativ (/). Was ich wissen will (/).

65 **B:** Absolut positiv. Total.

66 **I:** Haben Sie schon mal das Gefühl das die Banken auf Sie zukommen, weil die vielleicht, weil die eben ausschließlich eigenes Geschäft generieren wollen?

67 **B:** Natürlich ist das eine Win-Win-Situation. Wenn da ein sehr vermögender Kunde ist, der kinderlos und nach dem Ableben sein Lebenswerk nicht nur in gute Händen, sondern auch für einen guten Zweck geben möchten. Dann hat die Person Immobilien, die in der Regeln dann veräußert werden. Da gibt es bei Banken die entsprechende Abteilungen die sich darum kümmern. Bis hin zum Testamentsvollstrecker. Das da immer auch ein paar Prozent übrig bleiben. Und ganz am Ende ist die Vermögensverwaltung. Das sind dann die Bereiche. Na klar gucken dann die beteiligten Partner, dass man in einem vertrauensvollen Rahmen das auch im Sinne des Stifters oder des Spenders in die Hand nimmt. Aber solange das unter marktüblichen und auch ganz transparenten Rahmenbedingungen verläuft finde ich da überhaupt nichts verwerfliches daran.

68 **I:** [0:20:59.5] Das heißt grundsätzlich würden Sie die Zusammenarbeit mit Banken in dieser Hinsicht als positiv bezeichnen.

69 **B:** Das sind ganz (/). Natürlich. Und natürlich auch jetzt langfristig vertrauensvoll gewachsene Strukturen. Da kommt man jetzt nicht sofort rein. Da

	kann man jetzt nicht sagen hier ich habe jetzt hier meinen (..) meinen Gesundheitsverein und bitte macht mal was für uns. Sondern das sind über Jahre gewachsene Beziehungen. Und das ist dann so der eine hilft dem anderen.
70	**I:** [0:21:32.0] Ok. Das wäre es. Dann wären wir schon am Ende. //Dann werde ich jetzt (/).
71	**B:** //Das war ja noch fast eine Punktlandung.
72	**I:** Ja 20 Minuten.
73	**B:** [0:21:43.3] Woher Geld haben kommt.
74	**I:** Von Geld halten (lachen).
75	**B:** Richtig. Und das ist durchaus auch jetzt mal ganz etabliert zum Golfbereich ist das so. Die golfspielende Fraktion. Da hat keiner Bock eine Runde zu geben. Seine Golffreunde einzuladen. Oder wenn es dann um die Startgelder bei den Golftunieren geht, da holt man dann das (unv.) Geld raus so ungefähr. Das ist schon. Da ist Amerika anders. Das ist dann auch (/). Da ist es, ich sage das mal ganz überspitzt, ist es geil zu spenden. Es ist wirklich geil. Die finden das oder machen eine geile Fundraising-Party und ich haue noch mal einen drauf. Und ich merke das geht mir weil das kommt gut an, die Leute freuen sich und es ist so normal. Und hier ist es immer noch so (/). Es fängt auch schon vielleicht im Kleinkindalter an , wenn Sie sich erinnern, wie hat die Oma Ihnen früher den Heiermann gegeben. Hier so unter der Hand. Nicht Papa, nicht Mama zeigen. Hier hast du es, kauf die was schönes. Und das ist so im übertragenen Sinne, es ist die Kultur. Die Kultur ist das Entscheidende, was uns da noch von der weiteren Entwicklung abhält. Kann sein das es früher oder später kommt. Jetzt haben wir ja auch hier Elon Musk der einfach mal seine Fabrik aufgebaut hat ohne Baugenehmigung.
76	**I:** Ja genau. Das hat es auch noch nie gegeben so, aber genau (/)

77 **B:** Früher oder später kommt das andere vielleicht dann auch nach nur. Da haben wir noch bisschen eine Reise vor uns. Ich wünsche Ihnen auf jeden Fall viel Erfolg bei Ihrer Arbeit und jetzt erstmal der Zusammenstellung. Wenn sie noch Fragen haben gerne einfach mal anklingeln.

78 **I:** [0:23:37.3] Wenn die Arbeit fertig ist wenn die Studie fertig ist, alle Interviewpartner bekommen die Studie zur Verfügung gestellt. Ich werde die Ihnen dann als PDF zu schicken. Ich sagen Ihnen wohl jetzt direkt es wird noch mindestens noch ein halbes Jahr dauern. Es ist noch ein gewisser Prozess. Aber Sie bekommen es auf jeden Fall bekommen Sie das fertige Endergebnis bekommen alle Interviewpartner zugeschickt.

79 **B:** [0:24:00.4] Ja das ist super. Das heißt Sie rechnen schon mit einer Veröffentlichung noch in diesem Jahr?

80 **I:** Eher Anfang nächsten Jahres. Muss man realistisch sein. Ich bedanke mich.

APPENDIX 12: INTERVIEW 7 (GERMAN VERSION) - HOSPITAL (1ST SUBSTUDY)

1	[0:00:00.0] I: So damit geht es los. Wir haben heute den 26.04.2022 und ich führe ein Interview bezüglich der Studie mit Frau Dr. K. Frau Doktor K. würden Sie sich bitte kurz vorstellen, Ihre Position nennen und mir kurz bestätigen, dass Sie mit der Aufzeichnung und der Verwertung des Interviews einverstanden sind.
2	**B:** [0:00:24.4] M. K., Leiterin Fundraising der Alexinaner GmbH und ich bin sehr einverstanden mit der Aufzeichnung und Auswertung des Interviews.
3	**I:** [0:00:33.8] Danke. Dann die erste Erzählaufforderung. Frau Dr. K. Welche Kenntnisse haben Sie persönlich grundsätzlich bezüglich des Themas Fundraising bei sehr wohlhabenden Menschen im Krankenhausbereich?
4	**B:** Ich habe über das hinaus was ich bisschen an Literatur, Fachliteratur gelesen habe im wesentlichen praktische Erfahrungen. Das heißt ganz konkret einmal in meinem Unternehmen hier Alexinaner, das ist ja uninteressant, also in meinem Unternehmen und dadurch, dass ich mir sehr viel abschauen durfte bei US-amerikanischen und kanadischen Kollegen und Kolleginnen. (..) Das ist der Erfahrungshintergrund und wie gesagt ein bisschen Fachliteratur.
5	**I:** [0:01:19.5] Ok. Halten Sie es für grundsätzlich realistisch sagen wir mal Finanzierungslücken in Krankenhäusern oder auch Capital Campaign für zum Beispiel Spitzenmedizin in Deutschland über Fundraising mit wohlhabenden Menschen zu finanzieren?
6	**B:** Das sind zwei Einschränkungen dabei. Sie haben als ersten genannt (/). Entschuldigung Sie müssten das bitte nochmal wiederholen, den ersten Begriff den Sie genannt haben. Ah. (//) Finanzierungslücken.

7 **I:** (//) Halten Sie es (/). Genau.

8 **B:** Genau. Finanzierungslücken. Nein, weil beim Fundraising geht es nicht um Finanzierungslücken oder um Defizite die Häuser meinetwegen aufgebaut haben sondern die zu stopfen sozusagen (unv.) sondern es geht immer bei unserem Fundraising um das was on top dazu kommt. Unterschied vorher nachher für den Patienten für den Klienten für den Kunden wie auch immer. Aber nicht das wir darüber das was das Krankenhaus budgetmäßig sowieso finanzieren muss wozu wir verpflichtet sind auch fundraisen oder irgendwelche Defizite abdecken. Das machen wir explizit nicht. Auch nicht solche Dinge wie jetzt etwas polemisch formuliert der Kaffeevollautomat für das Schwesternzimmer. Kommt auch nicht vor. Solche Anfragen wir natürlich auch (lachen) aber kommt nicht vor. Das heißt keine Finanzierungslücken. Ja man kann aus meiner Sicht Spitzenmedizin oder auch anderes was eben für den, wie ich gerade sagte, Kunden, Klienten, Patienten Unterschied macht, vorher nachher Unterschied macht, kann man über Fundraising finanzieren. Dafür sind wir auch da und man kann das über Capital Campaign machen wenn man über eine Capital Campaign wenn man ein sogenanntes, wie nennen es Leuchtturmprojekt haben. Das muss dann auch eine bestimmte Größenordnung sozusagen haben. Das sind keine paar Tausend Euro oder der Gleichen. Unsere Capital Campaign ist für auf 3 Millionen Euro ausgerichtet gewesen. Und das kann man machen, aber aus meiner Sicht nicht ausschließlich. Sprich es muss (/). Wir fahren parallel ist bei uns eine Mix-Tour aus innerhalb der Capital Campaign aus Großspender-Fundraising und Multiplikatoren auf die wir setzen und auch kleinere Spenden die eingehen die dann in ihrer Quantität zum Ergebnis positiv beitragen.

9 **I:** [0:03:49.0] Wären Sie denn grundsätzlich bereit für Fundraising bei hochvermögenden Menschen nur für diesen Part in Ihrem Haus ein spezielles Budget freizuschalten?

10 **B:** Das Budget schalte ich nicht wirklich frei, sondern mein Vorstand. Den müsste ich dann bitten. Nein ich würde im Moment müsste ich ein bisschen länger darüber nachdenken. Habe ich aber noch nicht. Im Moment würde ich intuitiv nein nicht ausschließlich für (/). Doch ich würde sagen doch. Doch das ist eine gute Idee (lachen). Die dann genau eine Kollegin, ein Kollege der so wie wir jetzt auch Erbschaftsfundraising setzen wollen, also ein Teil unserer Arbeit setzen wollen. Es ausschließlich durch eine Kollegin, ein Kollege abgedeckt werden soll wäre es natürlich auch interessant das für Großspender zu machen. NUR aufgrund unserer Struktur dass wir hier zwar eine mit mir all Leiterin eine zentrale Einheit haben, die aber dezentral aufgestellt ist. Sprich die Kollegin ist in Berlin, die Kollegin ist in Köln oder in Potsdam und die sind dort verortet auch. Macht es keinen Sinn für das von der Zentrale aus zu führen, weil meine feste Überzeugung ist ich brauche die Fundraiserin vor Ort. Deshalb sind die auch in den Städten und nicht in der Zentrale. Die müssen vor Ort die Spender pflegen, die müssen präsent sein auch physisch präsent sein, die müssen sich dort in den Netzwerken tummeln auf Veranstaltungen usw. Und wenn wir jetzt eine Stelle hätten für Großspender-Fundraising, dann wäre die irgendwo zentral angesiedelt und die das wäre sehr schwierig bezüglich aus meiner Sicht bezüglich der Glaubwürdigkeit, Authentizität bezogen auf das einzelne Haus für das wir dann fundraisen. Ich glaube nicht das das so funktioniert bei uns.

11 **I:** [0:05:36.1] Ok. Aber ein Budget würden Sie grundsätzlich dafür freischalten? Das Sie sagen (/)

12 **B:** [0:05:40.2] Aber nur wenn es Sinn macht. Und das macht keinen Sinn. Für uns jetzt nicht. Grundsätzlich würde ich die Frage beantworten mit ja kann Sinn machen, wenn man sagen wir mal vorher war ich im

Klinikum. Ich habe für ein Haus war ich die Fundraiserin und wenn dann eine Person mit mir zusammenarbeitet und ausschließlich für Großspender zuständig ist, wunderbar. Ich glaube das das eine sehr sehr gute Idee ist, aber wir sind so aufgestellt, dass wir im Prinzip ein Großspender-Kollegen in Berlin dann dazu nehmen müsste, in Köln, in Düsseldorf. Und das wäre viel viel zu aufwendig bei unserer Aufstellung. Ansonsten Ja.

13 **I:** [0:06:18.1] Ok. Danke. Da kommen wir schon zur zweiten Frage. Welche Erfahrungen, praktische Erfahrungen haben Sie in der Vergangenheit mit sehr vermögenden Spendern gehabt in Bezug auf Punkte wie Spendenvolumen, Strategie der Spenderakquisition, Herausforderungen usw.? Das heißt grundsätzlich gibt es da Beispiele, gibt es da Erfahrungen die Sie in diesem Bereich schon gemacht haben. Das muss jetzt nicht hier aktuell in Ihrem Haus sein, es kann auch vorher irgendwo gewesen sein.

14 **B:** Die größten einzelenden Beträge, Spenden habe ich von Menschen bekommen, die nicht sozusagen unbedingt offiziell auf der Agenda stehen, die nicht als Millionäre ausgewiesen sind oder als sehr vermögende Menschen ausgewiesen sind, sondern die wir über das netzwerken tatsächlich kennengelernt haben. Die Menschen die so, ich sage mal, öffentlich irgendwo öffentlich bekannt sind als sehr vermögend, sehr reich usw. die sind in der Regel erstens in der Regel besetzt, die engagieren sich schon für ein bestimmtes Themas das für sie interessant ist. Und die sind nicht unbedingt die besten Spender. Die die in der Öffentlichkeit stehen mit ihrem Geld. Und die damit sehr offen auch umgehen. Das ist nicht unsere Erfahrung. Unsere Erfahrung ist oder meine Erfahrung ist das gerade Leute die etwas undercover gehen mit ihrem Vermögen die sind sehr interessant und die sind die wollen auch nicht unbedingt genannt werden. Die anderen möchten genannt werden was auch absolut gut und richtig ist, hat für uns eine

	Vorbildwirkung, wenn es in der Presse ist. Aber die die richtig groß spenden, wollen nicht unbedingt genannt werden und bleiben eher ein bisschen fliegen unter dem Radar.
15	**I:** [0:08:13.1] Warum sind das denn Ihrer Meinung nach die "besseren" Spender? Haben Sie Erfahrung gemacht, dass die die nicht bekannt sind mehr spenden als die die (/).
16	**B:** [0:08:23.1] Ja Exakt. Das die Erfahrung (/). Das ist jetzt meine persönliche Erfahrung. Die kann ja bei anderen anders ausfallen. Aber meine persönliche Erfahrung ist, die die am lautesten (lachen) mit ihrem Vermögen das sozusagen dokumentieren am lautesten sind nicht unbedingt für uns gute Spendern. Die sind eher kleinteiliger in ihren Spenden und andere die, wie gesagt, die die anonym bleiben wollen oder die (..) dann auch auf uns zukommen tatsächlich und sagen ich habe davon gehört über Freund X, Freund Y oder ich habe es auch in der Zeitung gelesen ich würde mich gerne mal mit ihnen darüber unterhalten. Das passiert auch.
17	**I:** [0:09:06.5] Das ist eine interessante Frage. Kommunizieren Sie denn jetzt hier in Ihrem Haus, wo Sie jetzt sind, generell Spendenvorhaben in der Öffentlichkeit? Weisen Sie das auf Ihrer Homepage aus, lassen Sie eine Bericht in der Zeitung schreiben irgendwie sowas?
18	**B:** Ja.
19	**I:** [0:09:21.7] Ja?
20	**B:** Ja. Bei der Großkampagne mit den 3 Millionen haben wir das mit der Initialspende. Dann sind wir erst an die Öffentlichkeit gegangen und haben gesagt wir haben eine halbe Millionen und es geht da und darum. Und dann haben wir versucht Verbündete zu finden. Und Verbündete können sein, das man bei der Weihnachtszeitungs-Aktion dabei ist. Dann ist das fast jeden Tag in der Presse. Ne ist sogar jeden Tag in der Presse. Oder man hat Nachbarn, es sind fünf

Schrebergartenvereine. Das hört sich jetzt vielleicht erstmal sehr kleinteilig an, aber diese fünf Schrebergarten-Vereine, die um dieses Leuchturmprojekt herum physisch angesiedelt sind die haben wiederum ganz viele Freunde, Bekannte, Verwandte und auf einmal melde sich ein großes Unternehmen bei uns und sagt die Tochter von Herrn X, der da ein Schrebergarten hat die hat uns von der, von ihrem Vorhaben erzählt und wir würden gerne mit ihnen ins Gespräch kommen. Und das sollte (/). Mich hat Fundraising gelehrt das man gerade das nicht unterschätzen sollte. Diese Multiplikatorenwirkung. Alle gehen immer sofort auf der ist Millionär, der ist Millionär, das halte ich nicht wirklich für zielführend.

21 **I:** [0:10:26.6] Haben Sie schon mal hier in Ihrer Umgebung eine Potenzialanalyse gemacht. Also was weiß ich im Umfang von 50 Kilometern, as Sie sich regelmäßig mal angucken, obwohl Sie gerade gesagt haben, die die bekannt sind sind eigentlich nicht so sehr die Interessanten. Machen Sie es trotzdem? Haben Sie die Leute auf dem Radar, die hier in der Umgebung Geld haben?

22 **B:** Ja ich glaube wir haben die mehr oder weniger auf dem Schirm, aber wir machen keine in dem Sinne nicht wirklich eine Potenzialanalyse. Nein. Was wir machen ist ich bin persönlich zum Beispiel Mitglied in, ich bin Rotarierin. Ich bin Vorstand der Universitätsgesellschaft, im Frauenunternehmerinnen-Club und in Berlin im Verband der Berliner Kaufleute und Industriellen und so. Sehr viele ich weiß nicht irgendwie nicht über 10 aber an die 10 Mitgliedschaften so ungefähr und das ist ein Teil des Potenzials. Dort sind wir und bin ich insbesondere dann als Mitglied und lerne Leute kennen, höre Geschichten, höre nebenbei einfach was ist. Es geht nicht darum dort hinzugehen und zu fundraisen. Überhaupt nicht aber es ist Teil der Netzwerkbildung. Und das ist das Interessante und darüber erfahre ich dann oder mein Team erfahre ich dann wo tut sich was, wer ist gerade wo am

Start. Es kommt (/). Ich habe einfach durch, weil jemand eine Zigarettenpause hier vor dem Hotel gemacht hat und ich auch auf jemanden gewartet habe, habe ich erfahren, dass ein großes Unternehmen was noch nicht in der Zeitung steht sich in Münster ansiedeln wird demnächst. Das ist jetzt natürlich, da wären wir möglicherweise die Ersten aus Fundraisingsicht, die auf die zugehen. Die können direkt willkommen wir sind in Münster viel mehr sagen wir sind in Münster hallo Münster und wir engagieren uns für Münster. Und wir wären dann diejenigen die am Start sind. Das ist meine Potenzialanalyse (lachen).

23 **I:** [0:12:26.1] Wie würden Sie denn die aktuelle Situation hier in Ihrem Hause beschreiben hinsichtlich gezieltem Fundraising bei sehr wohlhabenden Privatleuten?

24 **B:**Naja das ergibt sich über diese wohlhabenden Privatleute, die in der Regel auch ein Unternehmen führen. Also keine Privatiers, sondern die ein Unternehmen führen oder CEOs irgendwo sind. Die tummeln sich genau auf diesen Veranstaltungen von denen ich spreche. Oder die rotarische Freunde oder die sind sonstwo auf Jahresempfängen, bei der IHK und was weiß ich. Und die spreche ich wenn wir ins Gespräch kommen dann reden wir einmal können wir über Spenden, wir reden nicht dann konkret über Spenden, aber wir reden einmal den Spenderunternehmen und wir reden über den Spender privat. Und häufig ist es auch eine Vermischung. Wir haben hier einen Industriellen, der sowohl als auch, der spendet über seine Firma. Der ist auch noch Vorstand eines sehr sehr vermögenden Vereins. Darüber spendet er auch. Und privat. Und dann ist der auch noch Präsident von einem Sportclub und der macht auch noch ein Benefitsspiel für uns. Das heißt haben wir in der Person haben wir tatsächlich alles abgedeckt. Das ist jetzt nicht die Regel, so viel. Aber Unternehmen sind insbesondere für mich interessant, wegen der Person die sie führen. Nicht das Unternehmen selbst, sondern die Person. Ich muss an die

Person herankommen. Und die dort Empathie schaffen. Deshalb sind interessant und dann spenden die in der Regel auch privat.

25 **I:** [0:14:08.8] Jetzt sagten Sie gerade das Sie solche Sachen machen. Gibt es hier in Ihrer Abteilung haben Sie da auch Mitarbeiter, die da gezielt solche Leute angehen?

26 **B:** Ich (lachen)

27 **I:** Sie machen es?

28 **B:** Ich mache das! Jaja (lachen). Ich mache das. Natürlich ist es so wenn in Potsdam der Ball der Wirtschaft stattfindet oder so, dann ist die Mitarbeiterin auf dem Ball der Wirtschaft. Ja. Und oder ich bin jetzt beim Reinoldimahl in Dortmund. Das ist sowas wie Kramermahl in Münster als Gast eingeladen. Das ist für mich ganz wunderbar, weil dann an meinem Tisch nicht nur nette sondern auch sehr finanziell potente Menschen sitzen, die nicht in Dortmund unbedingt verankert sind, sondern um Dortmund herum, Münsterland. Und sowas ist dann (..) das sind Ansatzpunkte.

29 **I:** [0:15:01.0] Schätzen Sie grundsätzlich Ihr haus oder Krankenhäuser als alternative Spenderprojekte für wohlhabende Menschen?

30 **B:** [0:15:14.1] Klar. Weil insbesondere für ältere wohlhabende oder wohlhabendere Menschen. Wir haben eher die Situation, dass wir gucken müssen wie wir an Jüngere herankommen, jüngere Zielgruppen. Ältere die sogenannt Silberrücken, die in ihre eigene Zukunft auch investieren. Die die sagen Krankenhaus wird für mich als älterer Mensch potenziell wichtiger noch. Kann einen immer treffen aber potenziell wichtiger und die sehr affin bei Palliativ, bei Geronto, bei Krebs. Und wenn man einmal den Zugang zum Spender hat, wie in einem anderen Haus wo ich Kinderpalliativ gemacht habe, der Spender als das Projekt abgeschlossen war das Großprojekt, konnte ich den

	Spender auf die Erwachsenen-Urologie lenken. Von Kinder- zu Erwachsenen-Urologie. Das sind Welten natürlich. Aber da dieses Vertrauen geschaffen und alles ist gut. Aber die investieren zum Teil in ihre eigene Versorgung. Wobei ich das bitte nicht falsch verstehen, verstanden haben möchte, selbstverständlich wird jeder ob er spendet oder nicht spendet, gleich gut versorgt. Das ist vollkommen klar, aber Menschen sind dann sehr dankbar und sagen mir ist es da so gut gegangen, die haben mir echt geholfen und ich möchte einfach was dafür tun, das es da, das ist es noch besser wird, die Situation sich noch positiver verändern kann.
31	**I:** [0:16:36.9] Das was Sie jetzt beschrieben, wie Sie auf diese Leute zugehen, was würden Sie sagen seit wie vielen Jahren machen Sie das schon. Seit wie vielen Jahren. Ja genau. Seit wie vielen Jahren würden Sie sagen haben Sie wirklich diesen direkten Draht oder auch dieses Bestreben wohlhabende Menschen anzugehen?
32	**B:** Ehrlich gesagt von Anfang an. Wobei als ich vor 15 Jahren mit Fundraising anfing wusste ich nicht was es ist. Ich konnte es buchstabieren, aber (/). Habe ich auch so gesagt. Ich war Geschäftsführerin der medizinischen Fakultät am Universitätsklinikum und habe einen Anruf bekommen. Und die haben mich sozusagen abgeworben und ich habe gesagt das ich keine Ahnung habe und das war keine Koketterie, sondern die Wahrheit. Wie gesagt ja das wissen wir, aber wir glauben trotzdem das sie die Richtige sind (lachen). Und nach einigem hin und her, auf jedenfall habe ich gekündigt, einen unbefristeten Vertrag am UKM.
33	**I:** Mutig. //Hätte auch nicht jeder getan.
34	**B:** //Ja fand ich auch. Die Kollegen haben auch gesagt er wäre auch ganz schön bescheuert. Die haben sich nicht ganz so höflich aufgedrückt wie Sie und haben gesagt wie kann man von einem UKM mit einem unbefristeten Vertrag an ein peripheres Haus gehen, in einen Job von

dem du keine Ahnung hast, nachweislich, und in eine Stadt die noch nicht mal einen Bahnhof hat.

35 **I:** Die Frage ist mit Sicherheit irgendwo verständlich (lachen).

36 **B:** Absolut (lachen). Und meine Antwort darauf war genau deshalb. Weil nicht wegen des fehlendes Bahnhofs, sondern weil ich keine Ahnung davon habe und entweder ist mein nächster Job, kriege ich eine Millionen angeboten oder er ist wahnsinnig spannend. Und ich fand den so spannend, weil mir von außen was zugetraut wurde was ich nicht konnte zu dem Zeitpunkt jedenfalls. Und das fand ich so spannend. Und das war mir das Risiko wert. Ich fand es im Nachhinein find ich es auch mutig. Damals fand ich es gar nicht mutig, sondern ich hatte einfach einen totalen Spaß dran und was ganz Neues zu entdecken. Und da war dann, das war erste Mal das ich Fundraising gemacht habe und das hat dann auch tatsächlich gut geklappt. Irgendwann habe ich vier Preise bekommen, Fundraising-Preise. Die Kampagnen wurden ausgezeichnet. Alles super geklappt. Aber tatsächlich (/). Hat alles super gut geklappt und als die Großkamapagne abgeschlossen war an dem Haus wäre es business as usual gewesen was wichtig ist für das Fundraising, aber ich wollte eigentlich das nächst größere Ziel erreichen im Fundraising und dann ich nach Chicago gegangen und habe gedacht dann lerne ich mal ein bisschen was endlich (lachen).

37 **I: J**etzt aber richtig (lachen).

38 **B:** Jetzt aber richtig. Genau.

39 **I:** [0:19:24.5] (..) Haben Sie jetzt in diesem Moment vor Ihrem geistigen Auge Förderprojekte, Sie müssen nicht sagen welche, aber grundsätzlich Förderprojekte wo Sie sagen: Ja da weiß ich jetzt schon da brauchen wir hier als Alexianer in den nächsten 5 Jahre ein paar Millionen Euro.

Gibt es das jetzt schon? Gibt es so einen Vorlauf, das man sagt wir haben diese Sachen schon in der Pipeline.

B: Ja. Das hört sich jetzt so professionell an, wir haben die schon in der Pipeline. Es ist ehrlich gesagt so, dass wir uns mühsam erarbeitet haben, von den verschiedenen Häuser, in denen wir tätig sind und dann von den Stationen, von den Chefärzten, Pflegerinnen, Pflegern usw. Therapeutinnen Wunschlisten zu bekommen, kleine, große. Weil der Punkt ist immer wenn man mit einem Spender spricht bezüglich eines bestimmten Projektes hört man auf einmal, ach der Schwager ist da und da oder ich habe noch das und das.Und dann kann man anderes noch mit einfließen lassen. Man hat Nebeneffekte, die durchaus interessant sind. Und deshalb brauche ich immer im Hintergrund so eine Wunschliste, wo ich was mit abfrühstücken kann (lachen). Und da sind, da fordere ich auch immer dazu auf denken Sie immer groß. Denken Sie mal richtig groß. Nicht irgendwie ohh es ist sowieso (/). Schaffen wir nie oder der der Geschäftsführer willigt da gar nicht ein. Ich fordere jeden auf den Geschäftsführer und die Pflegerinnen. Denken Sie groß. Was wäre gut aus Ihrer Sicht für das Haus. Und daraus entwickeln sich Projekte und wenn dann die Pflegerin sagt: Ja ich fände es interessant das und das. Dann kann die das natürlich nicht entscheiden, aber ich kann es mit der Geschäftsführung diskutieren und dann sagen die vielleicht sogar haben wir auch schon mal daran gedacht oder noch nie oder möchten wir nicht. Passt nicht in unsere Strategie. Aber daraus entwickeln sich durchaus große Projekte. Wir holen die in der Regel ab und erst nach einer Zeit, ist meine Erfahrung bislang, nach einer Zeit entwickelt sich so etwas das sie tatsächlich auf uns zukommen. Jetzt ist ein Geschäftsführer vor einiger Zeit auf mich zugekommen und hat ein sehr sehr fundraising-affines Projekt auch mir angetragen und gefragt ob das was für das Fundraising wäre. Ich finde das klasse. Und das ist auch ein größeres Projekte und das könnten wir sehr gut angehen. So aber das ist nicht systematisch im Sinne

von die schicken mir jetzt einen Plan. Das nicht. Das ist immer ständige Kommunikation mit den Geschäftsführern.

41 **I:** [0:21:55.1] Auf welche Mentalität stoßen Sie denn da in Ihrem Haus? Wenn Sie jetzt rausgehen und sagen denkt mal groß. Was können wir gebrauchen.

42 **B:** Dann lachen die (lachen).

43 **I:** Genau (lachen). Die Frage ist sagen die Leute, Mensch Frau K. super Idee oder haben Sie das Gefühl die denken manchmal so oh Gott jetzt dreht die Frau K. total ab. Jetzt will sie von uns jetzt irgendwie wissen wofür eine Millionen Euro ausgeben.

44 **B:** Das haben die sicherlich am Anfang gedacht. Mittlerweile nicht mehr, weil wir gezeigt haben was wir können. Und eben Millionenprojekte aufgestellt haben auch in anderen Regionen. Nicht nur in Münster. Und wir machen auch Eigenmarketing. Das heißt wir wenn wir in der Presse sind ist es auch Eigenmarketing im Haus für uns oder hier die interne Zeitung Alexinaner-Zeitung. Da werden dann auch Projekte abgebildet und ich lege immer sehr viel Wert drauf das WIR auch, eine von uns, auf dem Foto ist. Damit klar ist oh das haben die Fundraiser gemacht. Weil das intern, intern dann eben klar wird auch Mensch die kriegen das hin. Die quatschen nicht nur die können das auch umsetzen. Und deshalb trauen die sich dann auch. Das war nicht von Anfang an so. Aber wir haben jetzt ein neues Haus dazu bekommen. Vor einem halben Jahr oder so. Und da habe ich genau das gefragt: Denken Sie mal groß und so. Und dann kommt die an un sagt, wir waren zu dritt, zwei Führungsleute dabei (lachen) und dann sagt die Frau: ja zum Beispiel so Aromatherapie. Und ich denke die brauchen eine Stelle. Eine Personalstelle. Und dann sagt die ja so Fläschchen (lachen). Und das ist eigentlich wie jetzt Fläschchen (lachen). Dann sage ich welchen Umfang hat denn das. Ja so 40, 80,100 oder

irgendwie Euro.Ich sage: ja das ist ja gut, das ist dann auch da drauf. Aber wer macht denn die Aromatherapie. Wird die vom Haus oder brauchen wir da zusätzlich Geld. Und dann sagt die: ne das ist, weiß ich nicht hat sie mir was erzählt. Auf jeden Fall haben wir dann inzwischen haben wir den Musiktherapeuten finanziert und den Kunsttherapeuten und Aroma hat sie jetzt ihre Fläschchen auch bekommen und so. Aber dann hat die als das dann reinkam mit den Personalstellen dann hat die gesagt ja wie jetzt, das geht. Ja klar wir rechnen dann runter wir sagen dann zum Beispiel Musiktherapie eine Stunde Lebensqualität oder Erhöhung, nicht so sperrisch ausgedrückt, aber Erhöhung der Lebensqualität kostet 80 Euro oder irgendwie sowas. Und damit sind sie schon dabei. Machen es auf einen Flyer oder irgendwie sowas. Und dann geht es los. Und inzwischen sind die richtig groß dabei. Die haben das jetzt verstanden (lachen) dieses neue Haus. Die sind jetzt vollkommen weg von der Aromatherapie-Fläschchen. Die planen jetzt eine neue Station mit mir (lachen). Das kommt dann nachher. Es geht. Und wie gesagt man muss aber auch zeigen, dass man nicht nur quatscht, sonder man muss liefern. Nicht nur gackern, sondern auch legen.

45 **I:** [0:24:55.8] Was würden Sie grundsätzlich sagen auch bei den jetzigen Erfahrungen nicht nur in diesem Haus auch in den zurückliegen Jahren vielleicht. Geschäftsführungen, Vorstände wie stehen die diesem Thema gegenüber. Haben Sie das Gefühl die sind da schon offen oder haben Sie das Gefühl dass es eher so ein bisschen: haben wir das nötig, sollen wir uns anbiedern, wir möchten doch als Krankenhaus keine Klinken putzen, was macht das für einen Eindruck. Wir würden Sie das beschreiben was ist Ihnen da so untergekommen?

46 **B:** Grundsätzlich ist mein Eindruck auch über die verschiedenen Häuser in den ich war oder auch Beratung die ich gemacht habe, das ist grundsätzlich finde die das schon ganz gut, aber alles kompliziert und keiner weiß auch wie es genau geht. Und man hat das auch nicht so richtig als Geschäftsführung unter Kontrolle, weil diese Fundraiser laufen

unter dem Radar, neben, außerhalb. Und die holen irgendwie eine Karnickel aus dem Zylinder und man weiß jetzt gar nicht wie das gemacht haben. Das das harte Arbeit ist und das das jetzt nicht nur jeden Abend Champagner trinken oder Kaffee trinken oder so etwas ist. So das heißt das die wollen schon aber trauen sich häufig nicht, weil sie es nicht abschätzen können, weil es ein neues Business ist für Deutschland. So neu, viele haben es ja aber es ist nicht etabliert, so meine ich das. Ich hatte das große Glück jetzt hier, ich habe sonst immer Fundraising 1 zu 1 gemacht, ich war die Fundraiserin des Hauses und nach meiner Vancouver-Erfahrung habe ich mir für Deutschland, für meine berufliche Tätigkeit vorgestellt eben das Modell zufahren was ich jetzt gerade mache. In einer Holding zu arbeiten und Satelliten zu haben. So und ich hab das große Glück, dass ein Vorstand tatsächlich (/). Es waren sogar drei Holdings die das machen wollten. Die wollten das aktiv. Die wollten dieses Modell haben und haben das Vertrauen in mich gesetzt sozusagen. Und dieses Haus ist es dann für mich geworden oder diese Holding. Aber die haben mich aktiv abgeworben, das heißt die wollten das und die haben tatsächlich, ich habe, ich kann mich echt erinnern dass ich im Bewerbungsgespräch mit dem Vorstand gesagt habe, wenn Sie mir im Nacken sitzen bin ich ganz schlecht. Sie können mich jetzt hier nicht jeden Tag am Abend fragen was haben sie heute gemacht oder so. Ich brauche kein Controlling. Wenn Sie mich laufen lassen dann kann da was draus werden. Und das haben die gemacht. Die lassen laufen. Die Ergebnisse sind ja auch gut. Aber von daher habe ich einen sehr mutigen Vorstand hier tatsächlich, aber dazu gehört auch Mut. Das ist nicht unbedingt in allen Häusern so gegeben.

47 **I:** [0:27:44.4] Damit wären wir schon bei der vorletzten Frage. Wenn Sie sich mal ein perfektes Fundraising für hochvermögende Leute vorstellen würden, so auf einem weißen Blattpapier, welche Elemente würde das enthalten. Nehmen wir an der Vorstand käme morgen und würde

sagen Frau Dr. K. ich gebe Ihnen jetzt ein unbegrenztes Budget. Sie etablieren mir jetzt ein Fundraising für Leute die richtig richtig viel Geld haben. Wir wollen das jetzt richtig intensivieren. Was wären so vier fünf Punkte wo Sie sagen würden so müsste es sein.

48 **B:** Ich würde eine Person die da sich drum kümmert auch. Eine Personalstelle. Aber ich glaube noch nichtmals das man wirklich ein großes Budget braucht, weil das was die Leute Großspender, potenzielle Großspender, vermögende Leute, die haben Geld davon haben die genügend. Die wollen jetzt die wollen kein Champagner Abend. Die wollen eher bei einer OP dabei sein. Was die Amerikaner machen, die amerikanischen Kollegen. Wir machen das nicht. Ab einer bestimmten Spendensumme dürfen sie vor dem Fenster stehen, ab einer bestimmten Spendensumme dürfen sie in den OP rein. Das machen vielleicht nicht alle, aber dort wo ich war. Ja. Im OP gibt es immer verschiedene Bereiche, wie nah man an den Tisch darf und die sind natürlich im Außenbereich, aber die sind im OP. Das würden wir nicht machen, aber was ich meine ist man muss das Besondere für diese Menschen kreieren, was nichts mit was man kaufen kann zu tun hat. Sondern der besondere Zugang zu einem Chefarzt, zu einer wie gesagt wir machen keine OP, aber das Besondere was sie ansonsten mit Geld sich nicht kaufen können. Das brauchen wir. Oder wir brauchen einen Kaminabend mit (/). Aber da geht es Kaminabend geht es jetzt nicht um die Häppchen, sondern es geht tatsächlich (lachen), es geht tatsächlich darum mit wem komme ich da zusammen. Mit wem werde ich zusammen geführt. Mit wem darf ich sprechen. Oder bei dem Spender eben zuhause zu sein. Ich habe mal ein Fundraising-Event mit gemacht, nicht mein eigenes, das war in Berlin in der Villa eines sehr sehr vermögenden Menschen und das war für ein Kulturbereich. Und die haben am Anfang am Eingang, alles mit Fahrern mit Kies und so weiter. Und die haben am Eingang so ein riesen Champagner Kühler, aber wissen Sie wo so 10 Flaschen. Und da warf man nur seine Visitenkarte mit einer Ziffer drauf rein. Und das wurde

dann nachher gespendet. Und die Zahlen standen (/). Nur Visitenkarten waren nur da drinnen mit einer Ziffern. Das heißt und dort wurde dann der Zugang zu den Künstlern gewährt, zum Intendanten, zur Regisseurin und so weiter. Und das war der GANZ besondere Abend, nicht ein Vortrag, sondern man kam einfach ins Gespräch mit den Leuten. Oder darf ich Ihnen mal vorstellen. Ich würde Ihnen gerne einfach mal Herrn sowieso, Frau sowieso vorstellen und so weiter. Das ist das was Großspender aus meiner Sicht brauchen. Die brauchen nicht irgendwie teure Events. Interessiert die auch nicht. Finden die langweilig. Müssen die dauernd machen.

49 **I:** [0:30:53.8] Gibt es hier in Ihrem Haus jetzt Aktivitäten die geplant sind zur Etablierung eines Großspenden-Fundraising für solche Leute? Wissen Sie heute schon, dass Sie sagen das ist eine Zielgruppe, der werden wir uns in den nächsten Jahren mehr widmen als das wir das bisher tun?

50 **B:** Ja insofern als das wir die Großspender die wir bislang schon haben noch intensiver pflegen müssen aus unserer Sicht, um darüber wiederum an die nächsten Friends of Friends zu kommen. Und auch solche Veranstaltung das wir bei den Leuten, bei den Großspendern zum Beispiel bei denen zuhause. Das die uns einladen im ganz kleinen Kreis zu Themengarten. Oder was immer die im Garten (/). Grillen im Garten keine Ahnung (lachen). Irgendwie Champagner im Garten. Aber das die uns einladen, sagen uns ist es eine Ehre Chefarzt X und Schwester Y einzuladen. Auch übrigens die kleinen Leute sind sehr von Interesse nicht nur die Chefärzte, sondern auch die kleinen Leite, die Einblick geben in die Stationsarbeit, in den Klinikalltag. Das ist sowas wie Emergencyroom oder wie In aller Freundschaft. Das die Dinger werden nicht umsonst so geguckt, weil alle wissen wollen ooh wie ist das denn eigentlich wirklich in einer Klinik. Und darauf müssen wir mehr Zeit verwenden, zur Pflege dieser Großspender die wir

haben um darüber neue zu gewinnen. Aber nicht im Sinne von wir greifen jetzt ab irgendwelche Adresse, irgendwelche Verzeichnisse, die es auch gibt. Wir machen kein Mailing. Wir kaufen keine Adresse oder dergleichen. Weil ich an dieses Face-to-Face glaube.

51 **I:** [0:32:42.8] Haben Sie in der Vergangenheit professionelle Fundraising-Beratungen in Anspruch genommen oder planen Sie das? Das Sie sagen ich lade mir irgendeine Unternehmensberater ein hier der hier besonders viel Ahnung von dem Thema hat und da gebe ich ein bestimmtes Budget für aus?

52 **B:** Nein. Hmm (verneinend). Ich bilde mir ein das ich das im kollegialen Austausch machen kann. Und so etwas wie zum Beispiel in Chicago wo die Capital Campaign des Kinderkrankenhauses des Brain dahinter das Konzept hat. (unv., undeutliche Aussprache) Philanthropic Management. Bei denen habe ich auch eben gearbeitet. Die haben jemandes Brain dahinter sozusagen. Sowas ist hier nicht wirklich vorstellbar weil wir dafür für ein Krankenhaus schon relativ viele Leute sind, 10. Das ist ja nicht das Übliche, die übliche Größe. Und deshalb würde dafür auch glaube ich kein Geld zur Verfügung gestellt. Was wir uns geleistet haben ist das geht vielleicht in die Richtung und zwar weil wir in das Erbschaftsfundraising einsteigen wollen und das wirklich ein ganz neuer Bereich für uns ist. Da haben wir uns in der Tat von einer Fundraiserin die darauf spezialisiert ist beraten lassen. Die haben wir auch bezahlt. Und das war dann auch so erfolgreich, das wir die Stelle genehmigt bekommen haben. Weil ich dann das sozusagen das Futter hatte (schmunzelnd), um entsprechend argumentieren zu können, was ich alleine nicht geschafft hätte. Was hier aber ansonsten das übliche Fundraising. Nein.

53 **I:** [0:34:16.5] Dann wäre wir schon bei der letzten Frage. Ich habe das eben schon angesprochen. Welche Erfahrungswerte haben Sie mit Banken und oder mit anderen Stiftungen oder mit Stiftungen, die von Banken aufgelegt werden wollen etc.?

54 **B:** Nur gute. Ernsthaft. Absolut positiv. Wir arbeiten mit Banken privaten und öffentlichen zusammen. Wir arbeiten mit den Stiftungen der Geldinstitute zusammen und wir arbeiten mit Wealth-Management Abteilungen oder Leuten, Verantwortlichen den Banken zusammen. Und as geht auch soweit, dass wir uns mit einer Bank zum Beispiel Anfang des Jahres immer zusammen setzen und sagen wo unsere Bedarfe sind und die sagen uns das könnte in unseren Stiftungs-Bereich rein, das können wir so managen, das ist nichts für uns. Es ist eine sehr offene Diskussion. Und ansonsten mit einigen Privatbanken auch, mit denen wir sehr gut im Geschäft sind, weil ich halte das auch für eine Win-Win. Wenn die sehen da ist ein erfolgreiches Fundraising. Erfolgreich heißt für die Zeitungen, Öffentlichkeitsarbeit, bestimmte Summen. Da ist ein erfolgreiches Fundraising, das ist seriös. Auch das die Klinik die dahinter steht oder die Holding. Es ist seriös. Dann ist die müssen für Ihre Leute eben auch Ihre Anleger seriöse Projekte finden wohin die spenden können. So und die wollen von denen in der Regel Empfehlungen haben. Also kriege ich auch mal einen Anruf von einem Wealth-Manager der sagt was haben Sie denn im Bereich von so und so viel Euro. Haben Sie da irgendetwas. Oder haben Sie im Bereich, dann inhaltlich gesprochen, im Bereich von Kindern, von Erwachsenen, von Psychiatrie, von Gartengestaltung, haben Sie da irgendwas? Und dann suchen wir, nicht suchen wir. Entweder haben wir das Projekt bzw können einen Ausschnitt nehmen des Projektes das sowieso stattfindet. Und dann bietet er das seinem Kunden an, der sich in der Regel aber absolut darauf verlässt. Und das ist dann wenn die Anfrage kommt ist es eigentlich ein Garant dafür das es auch läuft. Weil der Kunde der Bank wiederum entsprechendes Vertrauen hat.

55 **I:** Jetzt sagten Sie gerade mit Privatbanken. Machen Sie das auch mit ganz normalen Hausbanken wie Sparkassen, Volksbank usw.? Mit denen läuft das auch?

56 **B:** Ja. Und zwar immer zweigleisig. Einmal die haben in der Regel Stiftungen. Das ist für die größeren Summen. Und für die kleineren Geschichten die wir so zwischendurch brauchen machen wir das direkt mit den zentralen, die für die Region zuständig sind. Und die finanzieren das dann direkt aus deren Budget irgendwie.

57 **I:** Ich bedanke mich für das Gespräch.

58 **B:** Sehr gerne.

APPENDIX 13: INTERVIEW 8 (GERMAN VERSION) - HOSPITAL (1ST SUBSTUDY)

1	[0:00:00.0] I: Ok. Gut. Das Gerät läuft. Also wir haben jetzt Freitag der 01.07 20:13. Wir würden jetzt mit dem Interview beginnen. Und dann habe ich die erste Frage. Und die Frage lautet: Welche Kenntnisse haben Sie persönlich grundsätzlich bezüglich des Thema Fundraisings bei sehr wohlhabenden Menschen im Krankenhausbereich? Also gibt es irgendwelche Erfahrungen, gibt es irgendwelche Kenntnisse die Sie letzten Endes in diesem Bereich gemacht haben?
2	**B:** [0:00:41.5] Muss ich tatsächlich sagen, dass ich persönlich keine Erfahrungen in dem Bereich gemacht habe. Eigentlich in bisher keiner der Kliniken in denen ich bisher gearbeitet habe. (...)
3	**I:** [0:00:56.2] Ok. Wissen Sie denn, ob es da irgendwelche Abteilungen gab, die Öffentlichkeitsarbeit, Fundraising-Abteilung, Spendenverein, irgendwie sowas, die sich damit beschäftigt haben jetzt abgesehen von den privaten oder den persönlichen Erfahrungen, die sich damit beschäftigt haben, Geld einzusammeln von sehr wohlhabenden Privatleuten?
4	**B:** [0:01:25.5] Direkt eine solche Abteilung gab es nicht. Es gab eine in der letzten Klinik eine Marketing-Abteilung, die generell für die Öffentlichkeitsarbeit zuständig war aber jetzt soweit ich weiß nicht direkt Einzelpersonen da angesprochen hat oder rekrutiert hat, um da finanziell Verstärkung zu bekommen.
5	**I:** [0:01:55.8] Ok. In dem Haus wo Sie jetzt beschäftigt sind gibt es da so etwas. Geht es da so in die Richtung das man zum Beispiel vorab weiß welche Kunden zu Ihnen kommen. Das man zum Beispiel weiß da kommen Menschen die haben vielleicht ein gewissen finanziellen Status. Werden praktisch Personen, Patienten die zu Ihnen

	kommen werden die, wenn man so will, werden die gescannt. Wird da geguckt wer kommt da zu uns. Gibt es da vielleicht Leute die bereit wäre mal eine Spende für das Haus zu tätigen?
6	**B:** [0:02:32.6] So direkt nicht. Es gibt natürlich bestimmte Kooperationen zum Beispiel mit dem Konsulat oder wo bestimmte wohlhabende Patienten immer wieder (..) zu uns kommen. Zum Beispiel aus arabischen Ländern aber es werden jetzt nicht gezielt die Patienten oder angesprochen die jetzt wohlhabender sind, das sie selbst was spenden. Es geht da eher darum weitere Patienten zu rekrutieren aber nicht direkt finanzielle Spenden zu akquirieren.
7	**I:** [0:03:13.6] Ok. Gibt es denn Leute oder wissen Sie von Leuten die da von sich aus sagen wir sind, was weiß ich, mit dem Haus jetzt so zufrieden uns ist so gut geholfen worden wir machen jetzt von uns aus eine Spende für das Haus?
8	**B:** [0:03:26.9] Ja das habe ich schon öfters gehört. Das gab es schon vereinzelt, das (..) EINZELNE Personen dann doch eine Geldspende dann uns zukommen lassen. Das war nicht aufgrund Anfrage der Klinik sondern weil sie das selbst so gewünscht haben.
9	**I:** [0:03:50.0] Halten Sie Halten Sie denn grundsätzlich Krankenhäuser für wohlhabende Menschen für eine für ein attraktives Objekt um zu spenden?
10	**B:** [0:04:03.4] (...) Ja (unsicher) Krankenhäuser sind natürlich immer soziale Einrichtungen. So sehe ich das zumindest als aus ärztlicher Seite. (..) Je nachdem wie das Krankenhaus aufgebaut ist und was für einen Träger das hat (..) gibt es natürlich unterschiedliche Voraussetzungen. Und es gibt wahrscheinlich schon Krankenhäuser die auf maximalen Umsatz ausgelegt sind. Die sind sicherlich interessant für Investoren. Zum Spenden ist natürlich jedes Krankenhaus geeignet, weil wenn man das vor allem (..) ja (..) auch Menschen zu Gute

		kommen lassen will, die sich vielleicht nicht direkt irgendwelche Behandlungen, speziellen Behandlungen leisten können.
1	1	**I:** [0:05:04.8] Ist es in dem Krankenhaus, wo Sie jetzt arbeiten oder grundsätzlich in den Krankenhäusern wo sie vorher waren, wurden da Investitionsvorhaben wurden die öffentlich kommuniziert? Ist da zum Beispiel ein Haus hingegangen und hat gesagt wir brauchen, jetzt nur mal als Beispiel, wir brauchen ein neues MRT Gerät aller neuster Standard, das kostet so und so viel Hundert Tausend und dafür brauchen wir jetzt Spenden?
2	1	**B:** [0:05:29.1] (...) Hmm. Nicht das ich wüsste.
3	1	**I:** [0:05:37.4] Gibt es da Ihrer Meinung nach in den Krankenhäuser wo Sie bisher waren oder auch in dem Haus wo Sie jetzt sind gibt es da Ziele für die Zukunft bei der Etablierung eines Fundraisings für hochvermögende Menschen? (...) Gibt es da Bestrebungen das man sagt wir führe so etwas mal ein, das wir vielleicht hochvermögende Menschen mal bitten uns oder gezielt ansprechen uns gewisse Dinge zur Verfügung zu stellen?
4	1	**B:** [0:06:05.3] (..) Bis jetzt soweit ich weiß nicht. Weil das immer noch ein bisschen ein Tabu-Thema ist glaube ich. Gerade soziale Einrichtungen in Verbindung zu bringen mit Werbung oder (..) Bitte um finanzielle Unterstützung. (..) Daher habe ich das jetzt bei meiner Einrichtung jetzt nicht so mitbekommen, dass da sowas geplant wäre in der Zukunft.
5	1	**I:** [0:06:44.9] Wenn Sie jetzt mal so vor Ihrem inneren Auge Revue passieren lassen würde es in dem Haus wo Sie jetzt sind, würde es da generell Projekte geben wo Sie sagen würden da benötigen wir Geld ohne das Sie die jetzt nennen.

16	1	**B:** [0:07:01.8] (..) Ja. Gibt es immer wieder. In verschiedenen Bereichen.
17	1	**I:** Haben Sie mal darüber nachgedacht, also sie jetzt kleingeschrieben, Sie nicht persönlich, sich bezüglich Fundraising mal professionell beraten zu lassen? Das sie zum Beispiel sagen wir holen uns mal eine Beratungsgesellschaft in das Haus oder einen Berater der vielleicht von diesem Thema sehr viel Ahnung hat, um mal zu gucken wo liegt da unser Potenzial?
18	1	**B:** [0:07:30.8] (..) Nein ich glaube das das dieses Thema gar nicht so aktuell bzw. noch gar nicht. Vielleicht kommt das in Zukunft tatsächlich, aber es ist glaube ich noch nicht so etabliert, das sich da näherliegende nähere Gedanken drüber gemacht worden ist.
19	1	**I:** [0:07:51.1] Ok. Haben Sie in dieser Beziehung, das ist dann auch schon die letzte Frage, Erfahrungswerte mit Banken oder Stiftungen? Sind zum Beispiel, was man in der letzten Zeit zum Beispiel immer mehr erlebt ist, das Banken wohlhabende Menschen als Kunden haben und diese wohlhabenden Menschen fragen vielleicht bei der Bank nach: Habt ihr nichts für das wir spenden können und Banken kommen dann sozusagen auf soziale Einrichtungen zu und sagen wir hätten da einen Kunden der würde vielleicht gerne mal gewisse Gelder spenden. Haben Sie da irgendwelche Erfahrungen mit in diesem Bereich?
20	2	**B:** [0:08:24.8] Nein ich persönlich jetzt nicht. Weiß ich jetzt auch nicht ob die Klinik sowas schon hatte. Da das jetzt direkt nicht in meinem Bereich ist der Kontakt zu den Banken (/). Jaaaa das hmm vielleicht Kontakte zu größeren Firmen bestehen die als Unterstützer quasi in Frage kommen oder (..) bestimmte Vergünstigungen bieten oder gegen Werbung zum Beispiel finanzielle Unterstützung bieten.

1	2	**I:** [0:09:05.3] Ok. Das wären dann eher so Firmen aus dem Healthcare Bereich aus dem medizinischen Bereich?
2	2	**B:** Ja.
3	2	**I:** Aber das sind dann in diesem Sinne keine Privatpersonen, die sagen wir hätten mal oder Privatpersonen die sagen wir haben eine Stiftung und würden da gerne mal Geld verteilen irgendwie.
4	2	**B:** Nein.
5	2	**I:** [0:09:24.6] Gut. Alles klar. Dann wäre es dann schon.

APPENDIX 14: INTERVIEW 9 (GERMAN VERSION) - HOSPITAL (1ST SUBSTUDY)

1	[0:00:00.0] I: So alles klar. Dann geht es jetzt los. Ich habe das Diktiergerät angeschaltet. Es ist der 06.07. 14:08 und ich würde mit der ersten Frage beginnen. Und die erste Frage lautet erstmal ganz allgemein, welche Kenntnisse haben Sie persönlich bezüglich des Themas Fundraising bei sehr wohlhabenden Menschen im Krankenhausbereich. Also es geht jetzt erstmal so darum, haben Sie theoretische Kenntnisse darüber noch nicht mal so haben Sie praktische Kenntnisse sondern wissen Sie grundsätzlich welche Möglichkeiten es da gibt. Das wäre die erste Frage.
2	**B:** [0:00:39.2] Bezüglich der Spenden. Also das ist so in den Kliniken aus meiner Erfahrungen muss ich sagen es gibt keine Spendenmöglichkeit für eine Klinik außer die Vereine die zum Beispiel für das Klinik für das was die dort ja arbeiten die eine Art als eine Art von Dankbarkeit das die spenden das sind so ganz kleine Summe von 30, 40 oder 50 Euro. Gibt es nicht. Also es gibt (unv., schlechter Empfang) Spenden die dann eben ja durch den Verein. Wir möchten also diese Klinik unterstützen sozusagen. Und diese Gelder die werden (/) Mit diesen Geldern werden sozusagen bestimmte Geräte in der Klinik oder in einer bestimmten Abteilung gekauft und geschenkt. Aber sonst keine größere Spenden. Ist mir nicht bekannt.
3	**I:** [0:01:53.3] Ok. Ist es denn Ihrer Meinung nach, halten Sie es für realistisch das man nach amerikanischen Vorbild, ich sage mal, in deutsche Kliniken bestehende Finanzierungslücken durch Fundraising mit sehr wohlhabenden Menschen schließen könnte.
4	**B:** [0:02:10.9] Das wäre möglich, aber das Problem wäre das diese Menschen oder diese Vereine oder diese Institute dann sehr viel Einfluss nehmen. Würden dafür im Zusammenhang mit dem Behandlungsmöglichkeiten in einer Klinik. Jeder Mensch ist ja eigentlich frei behandelbar. In Amerika ist das System ja ganz anders. Da haben nur

	Menschen die können ja eigentlich nicht alles erlauben in der Klinik. Die würden auch nicht behandelt. Von daher ist es ja eigentlich hier dieser Fundraising nicht unbedingt erforderlich. Und ich denke also von meiner persönlichen Erfahrung und Meinung her ist es eigentlich hier in Deutschland ein ganz anderes medizinisches oder soziales System. Daher ist es eigentlich dieses Fundraising nicht notwendig. (unv., kein Empfang) Gesundheitswesen mein ich.
5	**I:** [0:03:09.3] Ich. Entschuldigung. Ich habe das Letzte nicht verstehen können, da war Ihre Internetverbindung irgendwie ein bisschen abgebrochen.
6	**B:** [0:03:14.5] Im Gesundheitswesen meinte ich. Diese Möglichkeit im Gesundheitssystem oder in Krankenhäusern. Ist nicht unbedingt notwendig oder erforderlich, weil jeder Mensch, jeder menschliche Behandlung im Krankenhaus bekommen kann.
7	**I:** [0:03:33.3] Ok. Hmm. Jetzt nehmen wir mal an Sie würden als, Sie würden irgendwo als Fundraiser oder als leitender Fundraiser eingestellt. Wären Sie bereit ein oder glauben Sie das es sinnvoll wäre ein Budget zur Verfügung zu stellen, um damit hochvermögende Leute zu akquirieren?
8	**B:** [0:04:00.0] Das wäre meiner persönlichen Meinung nach möglich. Also ich würde das machen. Und zwar aus den Gründen weil das ja dann viel mehr Personen angestellt. Dann gibt es einen sogenannte private Krankenhaussystem, die dann in der Lage sind auch durch dieses Fundraising oder durch diesen Fund, durch dieses Geld dann sozusagen sicherlich der Klinik gut verteilen kann. Das davon bin ich überzeugt. Auch aus der Erfahrungen heraus. (unv., undeutliche Aussprache). Das ist möglich. Und ich würde auch dafür plädieren.

9	**I:** [0:04:33.9] Haben Sie eine Vorstellung davon oder Kenntnisse darüber welchen Return Fundraising bringt. Also wenn ich einen 1 Euro investiere und ich mache das sagen wir mal professionell, wie viel Euro ich damit zurück bekomme, wenn ich das professionell über Fundraising mache.
10	**B:** [0:04:52.6] (...) Bei einem, also gute Institute oder gute Menschen die zum Beispiel aus diesem einen Euro den Mehrwert erwirtschaften wollen, aber dafür auch dann auch eine Leistung erbringt. Das ist sozusagen dann denke ich schon das da von diesem 1 Euro auch mehrfach Gewinne erwirtschaften kann.
11	**I:** Gut. Jetzt haben Sie die zweite Frage eigentlich schon mitbeantwortet bzw. das zweite Fragengebiet. Das zweite Fragengebiet war nämlich ob Sie persönlich Erfahrungen schon Erfahrungen gemacht haben hinsichtlich Fundraising bei sehr wohlhabenden Menschen. Tatsächlich persönliche Erfahrungen in einer der Kliniken wo Sie mal gearbeitet haben. Ob es da grundsätzlich Bereiche gibt im Krankenhaus wo Sie mal davon gehört haben oder persönlich erfahren haben das da Leute sehr viel Geld gespendet haben.
12	**B:** [0:05:50.9] Ich habe nur im Leben in drei Kliniken in Deutschland gearbeitet. Und in allen drei Kliniken haben ich sowas nie gehört.
13	[0:05:59.6] **I:** [0:06:00.3] Nie gehört?
14	**B:** Nie gehört.
15	**I:** Ok. Ja Ok. Haben Sie eine Erfahrung, Wissen darüber ob es Kliniken gegeben hat die vielleicht mal so eine Art Potenzialanalyse gemacht haben. Das man sich mal die Frage gestellt hat wie viel sehr wohlhabende Menschen gibt es eigentlich bei uns in der Umgebung, die wir vielleicht mal fragen könnten, ob die uns was spenden würden.

16 **B:** [0:06:23.9] (..) Also solche Überlegungen hat es in der Klinik nicht gegeben, weil das da nicht üblich ist und vielleicht ich weiß nicht ob das da vom Gesetz her überhaupt möglich ist oder erlaubt ist. Und wenn es erlaubt wäre, dann würden wir Menschen vielleicht auch mal (unv., undeutliche Aussprache) machen aber das ist glaube ich jetzt auch nicht möglich, also gesetzlich. Das ist so mein, obwohl ich nicht mit dem Gesetz auseinander setzen kann und nicht weiß, aber trotzdem denke ich das es nicht möglich ist. Und daher wahrscheinlich keiner da war, da in die nach draußen Werbung zu machen und auch mal ein Fundraising zu machen. Ich denke das wird wahrscheinlich vom Gesetz her nicht möglich sei wird. Denke ich und deswegen habe ich das auch nie erfahren, dass es sowas gibt oder geben kann oder ja möglicherweise geben soll.

17 **I:** [0:07:19.0] Haben Sie denn glauben Sie das es Krankenhäusern oder Kliniken heute wenn man mal so ein durchschnittliches Krankenhaus in Deutschland nehmen, glauben Sie das es einem Krankenhaus besser gehen würde finanziell, wenn es sagen wir mal vor 10 Jahren angefangen hätte professionell Fundraising mit sehr wohlhabenden Leute zu betreiben?

18 **B:** [0:07:44.2] Ich denke schon und zwar in der angespannten finanziellen Situation von Krankenhäusern. Die sind ja sehr abhängig von Krankenkassen. Wäre möglich, wenn da zum Beispiel erlaubt wäre Fundraising zu organisieren, das die dann mit diesem Geld auch viel Gutes, also sei es, vielen Menschen helfen kann, das glaube ich. Ich glaube schon sowas wenn es gäbe viele Möglichkeiten gibt die Menschen im Krankenhaus besser zu betreuen.

19 **I:** [0:08:22.3] Was würden Sie denn grundsätzlich sagen. Die aktuelle Situation (/). Sie haben es eigentlich schon teilweise schon beantwortet aber die aktuelle Situation in Krankenhäusern in Deutschland,

	wie würden Sie die beim Thema Fundraising mit wohlhabenden Menschen beschreiben? Würden Sie sagen wir sind da eher so in den Kinderschuhen oder das sind wir so mittelfristig erfolgreich oder würden Sie sagen da sind wir in Deutschland absolute Profis. Also wie würden Sie sagen, wie sind Kliniken da bisher so aufgestellt in Deutschland?
20	**B:** [0:08:53.7] Hmm. Wenn das so eine freiwillige Fundraising auch so ein Krankenhaus Unterstützung aufgrund dieses Fundraising beteiligen könnten wäre eigentlich gut möglich. Aber es ist ich sage immer wieder es ist (..., kein Empfang). Jeder oder jedes wenn ich sozusagen im Krankenhaus wird kontrolliert vom Krankenhaus und gegeben vom Krankenhaus. Und es gibt keine andere Einnahmen für das Krankenhaus. Soweit ich weiß. Dafür ist das gut wenn dieser Besitzer oder dafür (unv., kein Empfang) der Gesetzgeber durch eine Seite gegeben hätte dann würde sowas gut funktionieren.
21	**I:** [0:09:53.7] Das heißt Sie würden sagen, wenn der Gesetzgeber sagt also das wäre in Ordnung so dann würden Sie sagen glauben Sie das es auch in Deutschland gut funktionieren würde?
22	**B:** Ja glaube ich.
23	**I:** [0:10:04.2] Was ist Ihrer Erfahrung nach, Sie haben eben gesagt Sie haben bisher in drei Häusern gearbeitet, wurden in diesen Häusern Investitionsvorhaben wurden die öffentlich kommuniziert? Wurde da zum Beispiel auf der Homepage geschrieben wir, ich sage jetzt mal irgendein Beispiel, wir brauchen ein neues MRT Gerät, das kostet 800.000 Euro und dafür brauchen wir jetzt spenden. Also haben Sie die Erfahrung, dass solche Dinge offiziell kommuniziert worden sind damit auch Leute sagen können wir spenden dafür?
24	**B:** [0:10:38.0] Oft sind nicht kommuniziert worden oder wenn dann überhaupt nur unter den Mitarbeitern und den Vorsitzenden und so weiter. Wir hatten mitgeteilt das wir eigentlich Investitionen brauchen und dafür werden wir Anträge stellen an die Staat, an die

jeweilige Bundesland. Dies sind ja eigentlich zuständig dafür das die zum Beispiel eine Investition bewilligen oder nicht. Und an die Krankenkasse. Also die müssen eigentlich diese Investitionen bewilligen, wenn das überhaupt etwas gemacht werden kann. Und das gibt das diese Investitionen würde gemacht und auch aufgrund der Bewilligung von den Staatsregierung oder von Krankenkassen oder von beiden.

25 **I:** [0:11:29.0] Glauben Sie das Sie wenn Sie heute ein Krankenhaus fragen würden oder einer der Krankenhäuser wo Sie bis her gearbeitet haben, wenn man die heute fragen würde gibt es irgendwelche Förderprojekte wo ihr Geld für bräuchtet. Glauben Sie das da spontan den Leuten was einfallen würde?

26 **B:** [0:11:47.4] Ja. Zum Beispiel zuletzt wo ich gearbeitet habe ist das so das da die Probleme wegen den ja finanziellen Situation haben die zum Beispiel die Mitarbeiter haben gesagt, ja wir werden einen Monat unser Lohn verzichten und so konnte manche Minus ausgeglichen werden. Und das ist so ein extremes Beispiel weil es dann sonst eigentlich in Insolvenz (/) (unv., undeutliche Aussprache) da solche Geschichten und noch. Und dann denke ich wenn jemand zur Seite springen würde, also helfen würde mit ihren Geldern, die würden wenn das Gesetz erlaubt ist, würden die sofort annehmen und akzeptieren und auch sowas durchführen. Denke ich schon.

27 **I:** [0:12:38.7] Glauben Sie denn das es bei Krankenhäusern in Deutschland oder in den Krankenhäusern wo Sie bisher gearbeitet haben dass es da Ziele gibt für die Etablierung eines Fundraisings bei hochvermögenden Menschen. Haben Sie irgendwas davon mitbekommen, dass Ihr Haus wo Sie arbeiten das die gesagt haben wir planen sowas. Wir gucken uns mal wollen sie sowas vielleicht mal fest installieren, wollen wir mal wirklich gucken welche Patienten haben wir die

	vielleicht auch wohlhabend sind das wir die vielleicht mal professionell angehen. Haben Sie das irgendwie sowas mitbekommen?
28	**B:** [0:13:16.9] Ich habe nicht nicht mitbekommen. Wenn es sowas im Krankenhaus intern gesprochen worden wäre dann müsste ich das mitbekommen, weil ich ja auch in der Leitungsposition war. Also das ist nie der Fall gewesen.
29	**I:** [0:13:32.1] Ok. Haben Sie denn die Erfahrung gemacht das es bei Ihren Häusern mal das die Sprache mal darüber war das man sich vielleicht mal professionell beraten lässt. Das man vielleicht mal Unternehmensberater holt die sich mit Fundraising auskennen und sich da vielleicht mal hinsichtlich Fundraising bei hochvermögenden Menschen mal professionell beraten lässt um mal zu gucken wie hoch ist das Potenzial?
30	**B:** [0:13:58.0] Das könnte das auch nicht wenn (/). Doch es gibt natürlich durch die Unternehmensberatung gab es natürlich Gespräche und da ging es nur darum wie viel, wo man kürzen kann, wo man sparen kann. Solche Unternehmensberatungen hat es es gegeben, aber keine von Fundraising.
31	**I:** [0:14:20.0] Das heißt Sie haben schon Erfahrungen mit Unternehmensberatungen, aber da ging es praktisch nur darum wo kann man Kosten einsparen.
32	**B:** [0:14:27.4] Genau. Nur darum. Um die Stelle streichen kann, wo was einkauft werden kann, wo die Einkäufe zusammengelegt werden kann. Solche Dinge wurden natürlich gesprochen. Da gab es natürlich beratende Firmen die aktiv waren.
33	**I:** [0:14:47.2] Letzte Frage und dann sind wir schon fertig. Haben Sie schon mal Erfahrung gehabt mit zum Beispiel Banken oder Stiftungen? Das zum Beispiel mal Banken auf Sie zugekommen sind oder Stiftungen die gesagt haben wir haben da hochvermögende Menschen die

suchen mal nach einem Spendenobjekt. Da gib es Menschen die wollen vielleicht mal ein paar Hundert Tausend oder ein paar Millionen spenden, die sozusagen über Banken oder über Stiftungen an Sie als Krankenhaus herangetreten sind. Haben Sie da mal irgendwelche Erfahrungen gemacht?

34 **B:** [0:15:21.2] Wenn sowas im Gespräch war war das nur wenn jemand, wenn ein Haus sozusagen pleite also fast pleite ist wie dieses Krankenhaus gekauft, also verkauft (lachen) werden kann an Privatmenschen. Nicht das Krankenhaus weiter zu betrieben, sondern sonstige wie auch immer welche Art und Weise dieses Haus oder diese Institut verwendet werden kann. Also das heißt um dieses Krankenhaus am Leben zu erhalten hat es eigentlich nie darüber gedanklich diskutiert worden, ob jemand zum Beispiel dafür interessieren interessiert sozusagen Spenden aufgerufen werden kann, um das Krankenhaus am Leben zu erhalten. Das ist eigentlich nie gesprochen worden.

35 **I:** [0:16:14.5] Gut dann war es das schon. Dann bedanke ich mich sehr herzlich. Dann sind wir fertig. Moment ich muss mal eben hier auf Stopp drücken. Aso ne. Eine Sache wollte ich noch fragen. Sie haben am Anfang des Interviews, da habe ich noch nicht aufgezeichnet, haben Sie mir ein sehr schönes Beispiel erzählt über Amerika. Und da wollte ich Sie noch fragen, ob Sie mir dieses Beispiel jetzt hier vielleicht noch einmal für das Interview erzählen würden.

36 **B:** [0:16:41.9] Ich kenne jemanden sehr gut und der in Amerika eine führende Position im Krankenhaus hat. Und dieser hat erzählt das ein Patient ihm 1 Millionen Dollar geschenkt oder schenken wollte, da er eigentlich als Privatmann sozusagen nicht dieses Geschenk annehmen darf haben die dann natürlich an das an die Institut an Krankenhausverwaltung oder wo immer auch dieses gespendet. Also es gibt Spenden von wohlhabenden Menschen in Amerika als zum Beispiel

	Dankbarkeit. Nicht irgendeine Flasche Wein schenkt (lachen), sondern (lachen)
37	**I:** Wir schenken keine Flaschen Wein. Wir schenke heute mal 1 Millionen Dollar oder so. (lachen). Genau. Ist ja auch nicht schlecht.
38	**B:** Sowas gibt es. Ja.
39	**I:** Dieses Beispiel war aber jemand der war Patient in einem Krankenhaus. War wahrscheinlich dann mit der Behandlung sehr zufrieden und hat dann gesagt als Dankeschön möchte ich dem Arzt 1 Millionen geben.
40	**B:** So ist es.
41	**I:** Und der hat es dann aber abgelehnt, weil er es eben als Privatmensch nicht annehmen und dann ist das an das Krankenhaus gespendet worden.
42	**B:** So ist es.
43	**I:** Genau. Ja interessantes Beispiel. Genau. Ja. Gut. Alles klar. Dann würde ich jetzt hier auf Stopp stellen.

APPENDIX 15: INTERVIEW 10 (GERMAN VERSION) - HOSPITAL (1ST SUBSTUDY)

1	[0:00:00.0] I: So. Guten Abend. Es ist Freitag der 08.07, 18:22. Sitze hier mit meiner Gesprächspartnerin zum Thema Fundraising bei wohlhabenden Privatleute. Zur Erklärung, meine Gesprächspartnerin möchte namentlich nicht genannt werden. Sie möchte auch nicht das ihre Position im Unternehmen genannt wird bzw. vor allem nicht für welches Krankenhaus für welche Klinik sie arbeitet. Von daher werden Namen und Klinik nicht genannt. Ich darf mir da kurz von Ihnen das Ok abholen, dass ich das so richtig formuliert habe.
2	**B:** Ja das ist richtig.
3	**I:** [0:00:39.6] Gut. Dann wären wir schon beim ersten (/). Muss mal eben meine Liste hier nehmen. Moment. Dann wären wir schon bei der ersten Frage.Es geht darum welche Kenntnisse Sie persönlich und grundsätzlich beziehungsweise des Thema, bezüglich, Entschuldigung, bezüglich des Themas Fundraising bei WICHTIG hochvermögenden Menschen haben. Das wäre die erste Frage.
4	**B:** Zum Thema Fundraising grundsätzlich habe ich viele Kenntnisse, da ich den Förderverein unserer Klinik seit vielen Jahren leite und auch schon in anderen Häusern Kenntnisse dazu gesammelt habe. Zum Thema Fundraising mit hochvermögenden Menschen haben ich bisher leider noch gar keine Erfahrung gemacht.
5	**I:** [0:01:23.6] Ok. Kurze Zwischenfrage. Halten Sie es denn grundsätzlich für realistisch Finanzierungslücken in Krankenhäusern durch Fundraising mit hochvermögenden Menschen zu schließen?

6	**B:** Ja Investitionen für die Spitzenmedizin. Ja. Auf jeden Fall. Schulden nein, denke ich nicht. Da haben reiche Leute glaube ich überhaupt gar kein Interesse dran.
7	**I:** [0:01:51.4] Ja.Ok. Da werden wir gleich nochmal zu kommen. Wären Sie denn (/), Sie haben ja gesagt so viel dürfen wir sagen, dass sie den Förderverein in ihrem Hause leiten als Fundraising letzten Endes auch als Spenden-Profi anzusehen sind. Wären Sie denn grundsätzlich bereit für Fundraising mit hochvermögenden Menschen ein Budget zur Verfügung zu stellen? Das Sie sagen, ich würde da Geld für ausgeben, dass sich Leute nur mal mit diesem Thema befassen.
8	**B:** Ja das auf jeden Fall. Da würde ich denke, dass sich das auf jeden Fall lohnen würde. Das sieht man ja auch an vielen Beispielen aus den USA.
9	**I:** [0:02:31.9] Haben Sie grundsätzlich eine Vorstellung davon welchen Return on Investment man mit Fundraising erreichen kann?
10	**B:** Nein. Habe ich gar nicht.
11	**I:** [0:02:41.6] Dann wären wir bei der zweiten Frage. Welche Erfahrungswerte haben Sie in der Vergangenheit mit sehr vermögenden Spendern hinsichtlich Spendenvolumen usw. gemacht? Sie haben das gerade schon so ein bisschen beantwortet. Vielleicht aber trotzdem nochmal diese Frage.
12	**B:** Genau wie gesagt. Also da habe ich gar keine Erfahrung. Unsere Aktivitäten beschränken sich auf normale Personen.
13	**I:** [0:03:08.0] Haben Sie denn schon einmal eine Potenzialanalyse durchgeführt? Sind Sie schon mal hingegangen und haben sich die Frage gestellt, wie viele vermögende Leute oder hochvermögende Leute wohnen in Ihrem Umkreis ich sage mal 30,40, 50 Kilometer um Ihr Krankenhaus herum?

14 **B:** Nein da habe ich mich nie mitbeschäftigt.

15 **I:** [0:03:24.9] Was hält Sie denn (/) Sie haben ja gesagt Sie haben durchaus Kenntnisse vom Fundraising bzw. vom spenden, auch über Ihren Förderverein, aber was hält Sie denn bisher davon ab oder warum haben Sie Großpenden-Fundraising in diesem Sinne bisher noch nicht betrieben?

16 **B:** Ja das ist einfach so, dass unser Vorstand das überhaupt nicht möchte. Die halten Fundraising immer noch für Betteln und nicht angebracht. Denen ist oft unser Förderverein schon ein Dorn im Auge. Ich glaube sie haben auch Angst das sich Spender sich da in die Arbeit einmischen würden.

17 **I:** Das heißt das die Spender sich praktisch in die Objekte für die gespendet würde nachher einmischen würden.

18 **B:** Ja genau das meinte ich. Ja.

19 **I:** [0:04:13.3] Glauben Sie denn das es Ihrem Krankenhaus heute besser gehen würden, wenn Sie mit dieser Form des Fundraising schon vor 10, 15 Jahren angefangen hätten.

20 **B:** Ja das glaube ich sicher. Ich sehe da immer die USA, weil da funktioniert es auch. Aber wir sind einfach noch nicht so weit hier. Das hat vielleicht auch etwas mit dem Ego zu tun. Unsere Klinikdirektoren die meinen immer sie könnten alles alleine. Aber das ist ein Trugschluss.

21 **I:** Das heißt die Klinikdirektoren bei Ihnen der Vorstand sagt letzten Endes mit uns ist das nicht zu machen.

22 **B:** Ja genau so.

23	**I:** [0:04:54.4] Dann wären wir bei der dritten Frage. Die haben Sie im Grunde genommen schon beantwortet. Es geht also darum, wie Sie die aktuelle Situation in Ihrem Haus beschreiben würden. Das haben Sie im Grunde genommen in der zweiten Frage schon gemacht. Deswegen nur noch vielleicht ein zwei Zwischenfragen. Kommunizieren Sie Investitionsvorhaben öffentlich? Das heißt wenn Ihr Haus ich sage jetzt mal irgendwas, sie brauchen ein neues CT-Gerät. Gehen Sie dann hin und veröffentlicht das z.B. auf Ihrer Homepage, dass Sie sagen wir brauchen Gelder für das CT?
24	**B:** Nein, überhaupt nicht. Da ist unser Förderverein auch eher allgemein gehalten. Da wird nicht für spezielle Dinge gesammelt oder geworben.
25	**I:** Ok. Das heißt die Leute die in ihren Förderverein spenden, die spenden sozusagen, ja ich sage mal, in so eine Blackbox. Die wissen eigentlich nicht was mit dem Geld passiert.
26	**B:** Ja genau so ist das.
27	**I:** [0:05:53.5] Kennen Sie denn Ihre Spenderstruktur? Wissen Sie z.B. Durchschnittsalter, welches Alter spendet das Meiste? Kennen Sie vielleicht Spender wo Sie auch wissen da ist Vermögen vorhanden? Also klassifizieren Sie diese Spender?
28	**B:** Nein das tun wir nicht.
29	**I:** [0:06:15.3] Halten Sie denn grundsätzlich ein Krankenhaus für ein attraktives Spendenziel für sehr wohlhabende Menschen? Glauben Sie das wohlhabende Menschen sagen, ja ein Krankenhaus ist grundsätzlich etwas wo wir gerne Geld für geben würden.
30	**B:** Ja grundsätzlich glaube ich das schon. Weil Gesundheit braucht jeder Mal. Eben auch der reichste Mensch. Damit kommt jeder

	in Berührung. Also ich denke schon das das ein sehr dankbares Spendenobjekt ist.
31	**I:** [0:06:49.7] Würden Ihnen denn aktuell in Ihren Häusern für die Sie jetzt zuständig sind Förderprojekte einfallen? Ich will die jetzt nicht namentlich wissen, ich will auch keine Summen wissen, es geht mir nur darum gibt es Projekte die Ihnen adoc einfallen wo Sie sagen würden da bräuchte unsere Klinik jetzt Geld.
32	**B:** Also unsere Klinik braucht überall Geld. (lachen) Da würden mir auf jeden Fall mehrere einfallen.
33	**I:** Mehrere würden Ihnen adoc (/).
34	**B:** Mit Sicherheit.
35	**I:** Ok. Würden Ihnen adoc einfallen. Hmm. Ja dann sind wir schon bei der vierten Frage. Sie sehen das geht ganz schnell hier. Und ich (/). Die haben Sie auch schon indirekt eigentlich beantwortet. Es geht also darum , ob es für die Zukunft Ziele in Ihren Häuser gibt wo Sie sagen da möchten Sie mal bezüglich hochvermögender Menschen, ich sage mal, angreifen. Das Sie vielleicht da sagen wir gehen jetzt mal aktiv auf hochvermögende Menschen zu. Also wir betreiben jetzt mal Fundraising in diese Richtung. Gibt es da formulierte Ziele?
36	**B:** Nein. Da gibt es keine Ziele. Wie eben auch schon gesagt. Unser Vorstand möchte das auch gar nicht. Ich habe das schon vorgebracht. Die haben es bisher zweimal abgelehnt und da kann ich auch gar nichts machen.
37	**I:** [0:08:04.2] Hat der Vorstand eine Begründung letzten Endes dafür genannt, warum die das abgelehnt haben. Ist Ihnen eine Begründung bekannt oder haben Sie einfach nur Schreiben zurück gekriegt abgelehnt, sind wir nicht für, sind wir dagegen.

38	**B:** Eine Begründung ist mir nicht bekannt. Nein.
39	**I:** Ok.
40	**B:** Die haben es abgelehnt.
41	**I:** Schade hätte mich interessiert. Noch eine kurze Zwischenfrage. Könnten Sie sich denn vorstellen oder Sie jetzt persönlich für eine professionelle Beratung bezüglich Fundraising Geld auszugeben?
42	**B:** Denke das hat sich auch erübrigt. Denn auch dazu bräuchte ich auch die Genehmigung unseres Vorstandes.
43	**I:** Aso. Ok. Das heißt da könnten Sie (/). Ja gut.
44	**I:** [0:09:00.6] Gut dann sind wir schon bei der letzten Frage. Und zwar geht es so ein bisschen um das Thema Banken. Ich würde gerne mal wissen, Banken bei Ihnen in der Umgebung, es kann auch Ihre Hausbank sein, also Hausbank der Klinik sein, nicht Ihre private, Hausbank der Klinik. Sind die schon mal bezüglich hochvermögender Menschen auf Sie zugekommen? Also hat zum Beispiel schon mal eine Bank gesagt, wir haben da jemanden der würde vielleicht gerne mal Geld an euch spenden oder der würde vielleicht gerne eine Stiftung auflegen, wo ihr dran partizipieren könnt etc. Also gibt es da Erfahrungen mit Banken?
45	**B:** Nein überhaupt nicht.
46	**I:** Überhaupt nicht.
47	**B:** Nein. Also wir haben das Konto für den Förderverein bei der hiesigen Sparkasse. Die spenden auch schon mal kleinere Beträge. Aber hinsichtlich Großspendern, Stiftungen usw. da habe ich gar keine Erfahrungswerte.

48	**I:** Wenn ich mal kurz unterbrechen darf. Sie sagten gerade die Sparkasse spendet auch schon mal kleinere Beträge. Was sind denn kleinere Beträge?
49	**B:** Tausend Euro.
50	[0:10:12.8] **I:** Das ist jetzt tatsächlich nicht so wahnsinnig viel (lachen). Gut. Entschuldigung jetzt habe ich Sie aber unterbrochen. Das heißt es gibt da keine Erfahrung, da ist letzten Endes noch keiner auf Sie zugekommen.
51	**B:** Nein. Ich habe da. Nein da habe ich gar keine Erfahrungswerte wie gesagt und ich glaube aber auch das sich unsere Sparkasse selber nicht damit auskennt. Ganz ehrlich (lachen).
52	**I:** Das kann natürlich sein (lachen). Gut, dann sind wir auch schon durch mit dem Interview. Vielen Dank.

APPENDIX 16: INTERVIEW 11 (GERMAN VERSION) - HOSPITAL (1ST SUBSTUDY)

1	[0:00:00.0] I: Guten Morgen. Es ist Freitag der 22.07, 09:35. Ich führe ein Interview mit einer Person und dieses Interview wird online via Zoom und ich würde jetzt beginnen mit der ersten Frage. Und die erste Frage lautet, welche Kenntnisse haben Sie persönlich grundsärtlich bezüglich des Themas Fundraising oder Spenden bei sehr wohlhabenden Menschen?
2	**B:** (...) Bei sehr wohlhabenden Menschen das haben Sie in unserem Telefonat neulich kurz definiert, da sprechen wir von Personen mit dreistelligen Millionenbeträgen im Privatvermögen oder darüber hinaus. Mit solchen Personen und Fundraising in Zusammenhang mit diesen Personen habe ich keine Kenntnisse, weder im persönlichen noch im geschäftlichen Bereich.
3	**I:** [0:01:28.3] Halten Sie es denn grundsätzlich für realistisch, dass Krankenhäuser, Kliniken, Vereine etc Finanzierungslücken durch Fundraising mit hochvermögenden Menschen schließen, Investitions- oder Finanzierungslücken?
4	**B:** Grundsätzlich halte ich das durchaus für möglich. Und da gibt es für mich zwei Aspekte, die dafür oder dagegen sprechen. Ich denke je höher der Finanzbedarf, umso größer die Wahrscheinlichkeit. Das hängt ganz einfach damit zusammen, dass man ein gewissen Etat als Organisation pro Jahr benötigt und das es möglicherweise gar kein Sinn macht sich an Hochvermögende zu wenden, wenn man über weniger Vermögende aber dennoch auch Vermögende in der Lage ist seinen Etat jedes Jahr einzuwerben. Also das heißt, ich denke, sobald eine Großinvestition ansteht, sobald ein interessantes Projekt zu realisieren ist wird diese Thematik in jeden Falle interessant und halte ich absolut realistisch.

5	**I:** [0:03:05.9] Wären Sie bereit für Fundraising mit hochvermögenden Menschen ein Budget zur Verfügung zu stellen? Das Sie zum Beispiel sagen würden, in meiner Organisation in der ich arbeite gibt es jetzt ein oder zwei Personen die nur professionell bei hochvermögenden Menschen akquirieren?
6	**B:** [0:03:29.4] Dazu wäre ich nicht bereit. Das hat aber genau mit dem Grund zu tun den ich eben genannt habe. Unser Etat ist (/). Unser Jahresetat ist zu klein, als das wir diesen Aufwand betreiben müssten, um mit dieser Klientel in Kontakt zu kommen.
7	**I:** [0:03:49.8] Haben Sie eine Vorstellung davon, was Fundraising mit hochvermögenden Menschen, welcher Return on Investment, also welches Geld Sie sozusagen damit erwirtschaften könnten, wenn Sie das professionell betreiben würden. Haben Sie sich da mal Gedanken darüber gemacht?
8	**B:** Also ich habe mir nur jetzt im Zusammenhang mit dem anstehenden Gespräch Gedanken gemacht. Wobei ich da jetzt nicht über Quantifizierung nachgedacht habe. Aber ich bin (/). Man kennt die Beispiele aus den USA und deswegen bin ich der Meinung, dass man da sehr viele Millionen einwerben kann, definitiv. Man kann vor allen Dingen eine langfristige Bindung erzielen mit Hochvermögenden. Was ich dann eben über die Jahre (lachen) entsprechend noch mal wieder anhäuft, dieses einzuwerbende Geld. Ich glaube in diesem dieser Chance sind da keine Grenzen gesetzt.
9	**I:** [0:05:07.7] Jetzt haben Sie eben gesagt Sie hätten in der Vergangenheit mit sehr vermögenden Spendern eigentlich noch keine Berührungspunkte gehabt, wenn ich Sie richtig verstanden habe. Haben Sie denn mal zum Beispiel eine Potenzialanalyse gemacht, also haben Sie oder das Haus für das Sie arbeiten, ist man da mal hingegangen und hat mal geguckt, wir gucken uns jetzt mal an, ich sage mal im Umkreis

	50,60,70 Kilometern welche Leute gibt es hier eigentlich die so viel Geld haben?
10	**B:** Nein. Das haben wir nicht gemacht. Hmm. Unsere (/) Wir sind eine kleine Einrichtung mit einem (..) überschaubaren Jahresetat, der uns, also diese Art von Analyse noch gar nicht notwendig gemacht hat. Es ist, ich glaube es ist wie gesagt immer die Frage wie hoch, wie viel Geld wollen und müssen sie einwerben, ob einmalig oder jährlich und wie gut können sie ihre Thematik Spendern oder potenziellen Spendern vermitteln. Und je komplizierter und je anspruchsvoller diese beiden Aufgaben sind umso wichtiger natürlich die Analyse und das Abschätzens des Potenzials im eigenen Umfeld. Unsere Einrichtung beschäftigt sich mit einer Thematik, die extrem leicht zu verkaufen ist, keine Erklärung braucht und die sehr viele Unterstützer findet ohne großen Aufwand. Insofern kann ein kleines Team bei uns diese Aufgabe sehr gut leisten. Ohne, das heißt, wir könnten jetzt eine wissenschaftliche Arbeit daraus machen und hätte im Zweifel hinterher ein Problem mit dem Vereinsrecht, wenn wir eine Menge Geld einwerben was wir nicht ausgeben können. Sie verstehen was ich meine. Wir würden uns Probleme an den Hals holen, wenn wir uns dieser Thematik intensiv widmen würden.
11	**I:** [0:07:46.6] Das heißt würden oder glauben Sie denn wenn Sie ich sage mal schon vor 10, 15 Jahren sich mit dieser Thematik befasst hätten, das Sie also schon vor 10 Jahren gesagt hätten wir gehen jetzt ganz explizit an die Großspender ran. Glauben Sie dann das sich der Bereich für den Sie da arbeiten, dass sich der ja größer entwickelt hätte? Glauben Sie das es diesem Bereich für den Sie arbeiten das der heute vielleicht besser finanziell, größer, expansiver dar stehen würde als er es heute ist?
12	**B:** (..) Das ist möglich. Ja das ist absolut möglich. Hmm. Und vor allen Dingen glaube ich wenn ich nicht vor 15 Jahren damit auseinander gesetzt hätte, würde unser Fundraising heute und im Laufe der

vergangenen 15 Jahre komplett anders ausgesehen haben, denn wie gesagt eine Einrichtung wie die unsere, selbst wenn wir soweit gewachsen wären das wir den doppelten Etat benötigt hätten, wäre es trotzdem dann auch möglich gewesen, wenn ich sage jetzt mal, ein zwei drei vier fünf Hochvermögende hätte, also Kontakte hätte, die man entsprechend aufgebaut hätte, gepflegt hätte. Dann wäre unser Fundraising definitiv ein anderes, denn wir hätten uns über die Jahre genau auf diese Klientel ausschließlich konzentriert. Und hätten alles was sowieso herein kommt, weil wir eben eine leicht zu verkaufende Thematik haben als Beifang gesehen.

13 **I:** [0:09:58.6] Damit wären wir jetzt bei der dritten Frage, die Sie aber eigentlich schon beantwortet haben, denn die dritte Frage ist wie Sie die aktuelle Situation Ihres Hauses bezüglich des Themas Fundraising bei sehr wohlhabenden Menschen beschreiben würden. Aber das haben Sie eigentlich schon getan, indem Sie gesagt haben es gibt eigentlich kein spezielles Fundraising für sehr wohlhabende Leute, wenn ich Sie richtig verstanden habe.

14 **B:** Richtig. Aus den genannten Gründen.

15 **I:** [0:10:28.5] Wissen Sie denn trotzdem oder haben Sie grundsätzlich eine Ahnung über Ihre Spenderstruktur? Also gibt es trotzdem bei Ihnen zum Beispiel Aufzeichnungen, naja da haben wir jemanden da wissen wir der hat Geld und das ist jemand der spendet nur (/). Die Spenderstruktur ist Ihnen schon bekannt in Ihrem Haus?

16 **B:** Absolut. Die kontrollieren und ja beobachten wir natürlich laufend. Wir kennen unsere Großspender. Wir versuchen da natürlich auch über Kontaktpunkte immer wieder auch zu schaffen. Unsere Dankeskultur ist gegenüber Großspendern natürlich nochmal deutlich ausgeprägter gegenüber Kleinspendern. Wir sehen auch sehr gut ob es da Veränderung gibt. Fällt da jemand weg oder gibt es ja irgendwelche

	Themen die wir adressieren müssen. Also ja wir kennen unsere Spenderstruktur und haben ein besonderes Auge auch auf unsere Großspender, ganz klar.
17	**I:** [0:11:40.2] Darf ich mal fragen was ist denn, was definieren Sie für sich als Großspender? Wie viel müsste ich Ihnen geben im Jahr damit Sie von mir sagen der Herr Rump ist ein Großspender? Gibt es da so eine Größenordnung?
18	**B:** Ja ich unterscheide da nochmal nach der Einzelspende, nach der Unternehmenseinzelspende sagen wir mal so und der Großspende die mehrfach erfolgt. Ich will jetzt nicht unbedingt Dauerspender sagen aber Mehrfachspender. Und die dann entweder auch eine Privatspende ist oder möglicherweise ein die Förderung durch eine Stiftung die uns einfach im Auge hat. Und die einfach gut in den Stiftungszweck passt. Wenn ich mir diese letzt genannten anschauen also die Stiftungen oder auch die Privatperson, die geneigt ist uns mehrfach zu spenden dann sprechen ich von einem Betrag ab 10.000 Euro im Jahr.
19	**I:** [0:12:52.5] Kommunizieren Sie mit Ihrem Bereich grundsätzlich explizite Investitionsvorhaben? Kann man zum Beispiel bei Ihnen eine Liste kriegen wo drauf steht wir brauchen für das und das so und so viel Geld? Wir benötigen für irgendwie (/) Kann ich als Spender tatsächlich, also spende ich bei Ihnen als Spender ich sage mal in so eine Blackbox, das ich einfach nur sage ich gebe Geld guckt was ihr damit macht oder kann ich von Ihnen noch tatsächlich Informationen darüber kriegen wo Sie aktuell das Geld am meisten brauchen oder welche Investitionsvorhaben da jetzt vorliegen aktuell.
20	**B:** Ja. Das ist natürlich der Klassiker. Wie transparent bin ich gegenüber meinen Spendern und meinen potenziellen Spendern. Das ist eine Aufgabe die mich regelmäßig vor Herausforderung stellt, weil das bei uns nicht ganz einfach ist mit der Liste sag ich mal, weil es bei uns so gut wie keine Investitionsvorhaben gibt. Das heißt wir haben

einfach, wir haben drei wesentliche Merkmale in die Spendengeld fließt. Das ist Raum, Zeit und Herz. Das bedeutet wir müssen dafür sorgen das wir Räume zur Verfügung haben die finanziert werden müssen, in denen unser Angebot stattfindet. Wir brauchen Zeit und das sind die Zeitspenden, die wir erhalten durch den hohen Anteil von ehrenamtlichen Mitarbeitenden. Und diese wiederum, das ist das Herz, die müssen entsprechend qualifiziert, fortgebildet und auch ja mit Superversionen versorgt werden und auch Honorare für Gruppenleitende. Das sind so Fixkosten die wir haben, die man auch vermitteln kann, aber das ist eben jetzt keine Liste, in der steht wir wollen anschaffen dies und jenes und wir brauchen dies jedes Jahr neu dieses und jenes. Wir versuchen da ein Zwischending. Wenn wir sehen da ist eine neue Option für eine Großspende oder auch für eine mittelgroße Spende wie auch immer, dann versuchen wir über den persönlichen Kontakt die Wünsche und Bedarf und auch Bedürfnisse des Spendenden zu ermitteln. Wie wichtig ist es ihm das er eine wirklich die Konzentration auf eine bestimmte, auf ein bestimmtes Projekt eben dann auch für sich und seine eigene Kommunikation bekommt. Dann können wir da auch einfach unsere Kommunikation bisschen umstellen. Ich nenn ein Beispiel: Da ist einer der sagt wir hätten 6.000 Euro. Wir möchten Kindern helfen. Jetzt gerade habe ich mal das Wort Kinder hergebracht ohne näher ins Detail zu gehen aber dann können wir sagen ok für 6.000 Euro können wir eine Gruppe mit so viel Kindern solange so versorgen, das heißt du hast ganz konkret hinterher diese Maßnahme finanziert. Wir können da maßschneidern, in dem Moment um da dem Spender zumindest das Gefühl zu geben er hat hier etwas ganz konkretes möglich gemacht.

21 **I:** [0:16:54.5] Die nächste Frage wäre, ob es in Ihrer Einrichtung für die Zukunft Ziele gibt ein Fundraising für hochvermögende Menschen zu etablieren. Sie haben ja bisher jetzt gesagt brauchen wir nicht wir sind bisher auch ohne gekommen. Wir haben Großspender aber

wir haben eben kein Bereich die sich explizit darauf konzentrieren nur auf diese Menschen. Ist es denn da in der Zukunft etwas geplant oder könnten Sie sich vorstellen zum Beispiel auch das Sie eine Beratung hinsichtlich, es gibt ja auch Unternehmensberatung die sich zum Beispiel sehr gut mit Fundraising auskennen. Da vielleicht mal eine Beratungsleistung in Anspruch zu nehmen, um mal zu gucken können wir da als Haus vielleicht irgendwie in der Zukunft was machen. Gibt es da Überlegungen?

22 **B:** Es gibt aktuell keine Überlegungen. Will das aber für die Zukunft nicht ausschließen. Natürlich sehen auch wir Veränderungen im Fundraising durch einmal durch Covid aber auch durch Krisenzeiten wie jetzt aktuell in diesem Jahr Ukraine. Als das hat (/) Oder auch im vergangenen Jahr die das Hochwasser an der Ahr. Also das sind natürlich alles (..) Vorkommnisse die sich auch im Fundraising niederschlagen. So etwas beobachten wir natürlich, nehmen wir wahr. Bisher war es noch kein Punkt das wir gesagt haben wir müssen unsere Strategie verändern. Aber ich will das aber wie gesagt nicht ausschließen für die Zukunft. Unsere Organisation existiert jetzt im 11 Jahr und Fundraising ist ja nun auch etwas was über die Jahre wächst. Wir ernten heute Früchte, die ich vor 6, 7 Jahre gesäht habe. Insofern ist es natürlich lohnend zuschauen wo geht die Entwicklung hin, welchen Einsatz können wir in 5,6 Jahren für diese Aufgabe erbringen. Und sollten wir aus diesem Grund unsere Aktivitäten fokussieren auf genau diese Klientel die Sie genannt haben. Denn das wäre dann ich sage mal ein Zeitraum, den ich auch ansetzen würde 3 bis 5 Jahre würde ich ansetzen als Vorbereitung, um sich auf diese Aufgabe, um diese Aufgabe dann stärker in den Fokus nehmen zu können.

23 **I:** [0:19:47.7] Sie haben eben schon mal kurz das Wort Stiftung in den Mund genommen. Haben Sie bzw. Ihre Organisation, Ihr Haus grundsätzlich Erfahrungen mit Banken und oder Stiftungen? Das heißt gibt es bei Ihnen Stiftungen oder Banken die auf Sie zukommen und sagen wir haben da ggf. einen Großspender, der hat eine Stiftung da

würdet ihr ins Portfolio passen, da würden wir vielleicht mal einen Kontakt herstellen etc. Also Frage ist welche Erfahrungen haben Sie bzw. Ihr Haus grundsätzlich mit Banken und Stiftungen bezüglich des Fundraisings? Was ja dann wenn wir über Stiftungen reden sind es ja meistens Unternehmen bzw. dann auch eher hochvermögende Privatleute, nein ich sage mal die Durchschnittsperson hat ja keine eigene Stiftung. Gibt es da Erfahrungen?

24 **B:** Gibt es Erfahrungen. Sowohl mit Banken als auch mit Stiftungen. Mehr mit Stiftungen. Es gibt eben einige Stiftungen die uns von Anfang an fördern. Es gibt einige Stiftungen die uns einmalig gefördert haben. Und wieder die wir ganz gezielt ansprechen, wenn wir genau wissen das passt bei denen rein. Und es gibt Banken, die (/). Es gibt eine Bank die bisher gezielt auf uns zugekommen ist. Nein es gab zwei Gelegenheiten, genau zwei Gelegenheiten von wo es hieß da gibt es Hochvermögende, da habt ihr die Möglichkeit euch zu präsentieren. Ich muss dazu sagen, dass diese beiden Gelegenheiten, also die eine liegt schon sehr sehr weit zurück, die würde ich jetzt eigentlich schon wieder rauslassen. Die zweite die hat nicht funktioniert, wobei ich da (...) nicht glaube, das es daran also das es an uns gelegen hat. Das hat vermutlich andere Gründe gehabt. Ich kann durchaus auch selbstkritisch sein, aber ich glaube nicht das das (/). Also diese Person ist nicht auf uns zugekommen und hat gesagt ich will ich bin bereit und will künftig ein großes Vermögen in eine Organisation wie ihre investieren, sondern das war nur ein Hinweis der Bank das es sich hierbei um eine hochvermögende Person handelt und das die auf der Suche ist nach lohnenswerten Fundraising-Projekten bzw. Stiftungen äh Entschuldigung Charity-Projekten. Ja also wie gesagt kleine Erfahrungen, die aber nicht wirklich lohnend waren in dem Bereich Banken. Im Bereich Stiftung durchaus gute Erfahrungen.

25	**I:** [0:23:12.3] Haben Sie bei den Banken das Gefühl gehabt, dass die wirklich an Ihrer Sache interessiert sind oder gab es auch da so ein Nebengeschmack das Sie sich das Sie so vielleicht ein bisschen den Eindruck hatten die Bank will eigentlich auch nur Geschäft machen. Die wollen vielleicht eine Stiftung für jemanden anderen auflegen, die wollen vielleicht eine Vermögensverwaltung machen, die suchen dafür. Also hatten Sie das Gefühl dass es eher in Richtung Eigengeschäft für die Bank geht oder hatten Sie das Gefühl das das tatsächlich etwas ja etwas wahr für Ihr Haus wo es um ich sag mal um bedürftige Menschen bzw. Investitionen geht.
26	**B:** Nein ersteres. Es war Zufall das man uns kannte und uns da ins Spiel gebracht hat. Aber das war nicht der Fokus. Das war auch aus der Stiftungsabteilung der Bank ist man auf uns zugekommen. Also da war mit Sicherheit liefen da ganz andere Gespräche im Hintergrund.
27	**I:** [0:24:16.5] Gut. Dann war es das schon. Dann werde ich mein Gerät jetzt ausschalten.

APPENDIX 17: INTERVIEW 12 (GERMAN VERSION) - HOSPITAL (1ST SUBSTUDY)

1	[0:00:00.0] I: Hallo Frau "Name". Ich sitze hier mit Ihnen zusammen im Klinikum in "Stadt". Ich würde Sie bitte dass Sie sich kurz vorstellen und mir bitte sagen, dass Sie mit der Aufnahme und der Verwertung des Interviews einverstanden sind.
2	**B:** [0:00:21.1] Guten Tag Herr Rump. Mein Name ist "Name". Ich bin Chefarzt-Assistentin der Klinik für die Kardiologie und Diabetologie und momentan Leiterin der Spendenabteilung des Klinikums "Krankenhaus". Ich bin einverstanden mit diesem Interview.
3	**I:** Ok. Und auch damit das das Interview letzenendes hier aufgenommen und dann verarbeitet wird.
4	**B:** Selbstverständlich.
5	**I:** [0:00:44.4] Gut. Dann bedanke ich. Dann fangen wir schon mit der ersten Frage an. Sie haben ja eben schon gesagt Sie hätten jetzt nicht so ganz viel Zeit. Sie haben glaube ich gesagt 20 Minuten wäre das Maximum, dann haben Sie schon den nächsten Termin. Von daher ich will mich etwas, wollen wir uns etwas dran halten, ja damit wir das auch durch kriegen. Also erste Frage wäre, welche Kenntnisse haben Sie persönlich grundsätzlich bezüglich , Entschuldigung, des Themas Fundraising bei sehr wohlhabenden Menschen im Krankenhaus-Bereich?
6	**B:** Zum Thema Fundraising grundsätzlich rudimentäre Kenntnisse. Da ich auch im Förderverein unserer Klinik seit vielen Jahren die Leitung mache und auch in anderen Häusern bereits Kenntnisse dazu gesammelt habe. Zum Thema mit hochvermögenden Menschen habe ich doch hier doch bisher noch gar keine Erfahrung gesammelt. Ich

	möchte das aber auch nicht da ich es für falsch halte sich bei reichen Menschen anzubiedern.
7	**I:** [0:01:50.6] Moment da muss ich mal eben nachfragen. Sie halten das für falsch sich bei (/). Das heißt Sie sind also grundsätzlich eigentlich dagegen wenn ich das richtig verstehe.
8	**B:** Denn das einzige was die wollen ist Einfluss auf das Krankenhaus zu nehmen. Es wird sich durch Fundraising sozusagen Einfluss erkauft und das haben sie nicht in einem Förderverein wo mal jemand 100 Euro spendet Herr Rump.
9	**I:** [0:02:20.9] Ok. Das heißt Sie würden sagen das Fundraising grundsätzlich das zu dient das wohlhabende Menschen sich bei Ihnen in Ihrem Haus Einfluss erkaufen.
10	**B:** Ja.
11	**I:** [0:02:35.0] Das heißt Sie sind dem Fundraising mit hochvermögenden Menschen gegenüber wenn ich Sie richtig verstehe sehr negativ eingestellt eigentlich.
12	**B:** So ist es.
13	**I:** Dann hätte ich vielleicht ein Zwischenfrage. Halten Sie es denn für realistisch das man bestehende Finanzierungslücken im Krankenhaus durch Fundraising mit hochvermögenden Menschen schließen kann.
14	**B:** Ja ich würde so sagen. Investitionen für Spitzenmedizin ja. Schulden nein. Da haben reiche Leute kein Interesse daran Herr Rump. (..) Aber ich halte es grundsätzlich nicht für richtig.
15	**I:** Moment. Was halten Sie nicht für richtig? Also mit bei wohlhabenden Menschen Spenden einzutreiben?

16 **B:** Genau. Es ist wohl realistisch aber nicht richtig wie gesagt. Da ich mich zwischen Pest und Cholera entscheide, denn wie gesagt diese Menschen wollen nur Einfluss Herr Rump.

17 **I:** [0:03:42.9] Ok. Das heißt wenn ich Sie (/). Das muss ich nochmal eben zusammenfassen. Das heißt Sie sagen also Sie entscheiden sich zwischen Pest und Cholera, weil auf der einen Seite haben Sie kein Geld und auf der anderen Seite wenn Sie Geld von denen bekommen haben Sie nur Leute die wollen Einfluss.

18 **B:** So ist es.

19 **I:** [0:04:03.2] Das ist ein relativ extreme Meinung, wenn ich das mal so sagen darf.

20 **B:** Das dürfen Sie.

21 **I:** [0:04:14.7] Ok. Gut. Wären Sie denn grundsätzlich bereit für Fundraising bei hochvermögenden Menschen ein Budget zur Verfügung zu stellen?

22 **B:** Auf keinen Fall. Denn wie gesagt ich halte das zwar für realistisch, aber nicht für richtig. Bei uns werden die meisten Spenden sowieso online getätigt. Wozu braucht man dazu eine Beratung Herr Rump?

23 **I:** Aso ok. Das heißt Sie haben die meisten Spenden werde (/). Das heißt Sie veröffentlichen auf Ihrer Homepage so eine Art Spendenkonto und da gehen dann die Spenden ein.

24 **B:** Ja das haben Sie richtig formuliert.

25 **I:** [0:04:56.0] (...) Ok das ist jetzt für mich ein bisschen (/). Ich muss Ihnen jetzt ehrlich sagen, dass ist eine sehr extreme Meinung die Sie

	haben Frau "Name". Ich hätte aber trotzdem nochmal eine Frage dazu. So grundsätzlich. Haben Sie eine Ahnung oder eine Vorstellung was Fundraising bringt? Also haben Sie zum Beispiel eine Vorstellung davon welchen ROI, welchen Return on Investment Fundraising bringt?
26	**B:** Ehrlich gesagt nein. Das ist aber schon eine sehr betriebswirtschaftliche Frage Herr Rump. Ich mache die Spenden nur mit 25% meines Zeitbudgets. Ich bin da jetzt theoretisch auch nicht so drin.
27	**I:** Ok. Aso. Stimmt. Sie sind ja, Moment ich muss nochmal nachgucken,was haben Sie gesagt, Chefarzt-Assistentin. Das heißt Sie betreiben das Fundraising oder den Spendenverein, den Sie haben für die gesamte Klinik mit 25% Ihrer Zeit?
28	**B:** Genau ich mache da mit 25% meiner Zeit.
29	**I:** [0:06:13.9] Dann die Frage zwei. Die haben Sie im Grunde genommen jetzt schon ein bisschen mit beantwortet. Welche Erfahrungen haben Sie in der Vergangenheit mit sehr vermögenden Spendern hinsichtlich, ich sage mal so Sachen wie Spendenvolumen, Strategien usw. Verhalten der Spender. Welche Erfahrungen haben Sie da bisher gemacht?
30	**B:** Wie schon gesagt Herr Rump. Eigentlich gar keine. Unsere Aktivitäten beschränken sich eigentlich nur auf normale Personen. Und ich finde das sollte auch so bleiben.
31	**I:** Das sollte auch so bleiben wegen dem Einfluss den diese wohlhabenden Personen ausüben.
32	**B:** Genau.
33	**I:** Das heißt im Grunde genommen Sie möchten auch nicht in die Richtung gehen das Sie sagen Fundraising für wohlhabende Menschen soll in der Zukunft mal intensiviert werden.

34	**B:** Nein.
35	**I:** [0:07:13.1] Ok. Hmm. Gut jetzt sind wir an einem interessanten Punkt. Glauben Sie denn trotzdem das wenn Sie Fundraising schon vor oder Großspenden-Fundraising, wenn Sie Großspenden-Fundraising schon vor 10 Jahren letzten Endes in Ihrer Klinik eingeführt hätten, hmm, glauben Sie dann das es der Klinik heute besser gehen würde?
36	**B:** (...) Könnte sein.
37	**I:** Ok. Hmm. Aber was heißt jetzt könnte sein. Also. Könnte sein. Ja Sie müssen das etwas mehr ausführen letzten Endes.
38	**B:** Ok. Ja. Finanziell sicherlich. Ich sehe da immer die USA bei denen geht das ja auch. Aber äh, wir sind da noch nicht so weit, Herr Rump. In den USA hat man erkannt, dass Einflussnahme mit Geld besser ist als keine Einflussnahme ohne Geld. Da muss sich in den Köpfen was ändern, Herr Rump. Auch in meinem Kopf. Ich und die meisten anderen die ich kenne wollen diese Einflussnahme nicht. Und dann komme ich natürlich auch nicht zu Geld. Es ist wie gesagt die Entscheidung zwischen Pest und Cholera.
39	**I:** [0:08:57.3] Ok. Das heißt Sie würden schon sagen das es Ihnen, also Sie würden schon zustimmen der Frage das es Ihnen finanziell heute besser gehen würde wenn Sie schon vor 10 Jahren damit angefangen hätten.
40	**B:** Ja.
41	**I:** [0:09:09.5] Aber auf der anderen Seite tun Sie es deshalb nicht weil Sie die Einflussnahme durch die wohlhabenden Menschen nicht möchten.
42	**B:** Genau.

43	**I:** [0:09:17.2] Ok. Ja. Gut. Die dritte Frage die haben Sie jetzt im Grunde genommen auch schon beantwortet. Ich möchte Sie trotzdem nochmal hier wiederholen. Wie würden Sie grundsätzlich die aktuelle Situation bezüglich des Umgangs Ihres Hauses mit dem Thema Fundraising bei sehr wohlhabenden Menschen beschreiben. Das haben Sie jetzt im Grunde genommen schon gesagt, weil da läuft ja eigentlich wenn ich Sie richtig verstanden habe gar nichts. Das heißt Sie beschränken sich auf sogenannte "normale Menschen". Da habe ich aber trotzdem noch eine Zwischenfrage zu dieser dritten Frage. Kommunizieren Sie denn Investitionsvorhaben öffentlich? Ich sage mal so wenn Sie irgendwo Geld für brauchen, erscheint das auf Ihrer Homepage? Also sind da irgendwelche, werden da irgendwelche Sachen veröffentlicht?
44	**B:** Nein überhaupt nicht, Herr Rump. Unser Förderverein ist auch allgemein gehalten. Da wird für spezielle Dinge geworben oder gesammelt. Unsere Mitgliedern spenden nicht für spezielles sondern allgemein, Herr Rump. Deshalb ist es streng genommen auch kein Fundraising. Denn das ist ja immer projektgebunden.
45	**I:** Ja. Genau. Da haben Sie Recht. Das ist projektgebunden. Hmm. Da hätte ich trotzdem noch eine zweite Zwischenfrage. Kennen Sie denn Ihre Spenderstruktur? Ich sage mal so wissen Sie welche Spender Ihnen welche Höhen an Spenden zukommen lassen. Wie hoch das Einkommen dieser Leute ist. Haben Sie Ihre Spender irgendwie klassifiziert?
46	**B:** Nein. Herr Rump. Da kann ich Ihnen gar nichts zu sagen.
47	**I:** Also haben Sie gar nichts bisher gemacht.
48	**B:** Nein.
49	**I:** [0:11:00.7] Ok. Hmm. Glauben Sie denn grundsätzlich (/). Also das ist jetzt nochmal eine Zwischenfrage dazu. Ich muss Ihnen Zwischenfragen stellen, weil Sie so eine extreme Meinung dazu haben. Haben Sie denn (/). Halten Sie denn grundsätzlich ein Krankenhaus für ein

attraktiven Spendenziel für reiche Leute? Also würden Sie trotzdem sagen, dass zum Beispiel Ihr Haus in dem Sie jetzt hier in "Stadt" tätig sind, dass es da wohlhabende Menschen geben könnte, die sagen dafür spenden wir gerne für dieses Haus?

50 **B:** Ja schon. Weil Gesundheit braucht jeder mal. Auch der reichste Mensch wird mal krank. Damit kommt jeder mal mit in Berührung. Ich denke schon, dass das ein dankbares Spendenobjekt ist. Aber für mich, Herr Rump, sind reiche Leute keine attraktiven Spender aus den Gründen die ich bereits genannt habe. Ich hatte schon einen wohlhabenden Industriellen Sohn an der Angel, der hat mir aber gleich mitgeteilt, welche Einflussnahme er sich für die Spenden vorstellt. Der wollte sogar ein Büro in unserem Verwaltungstrakt, obwohl er sagte er wäre nie da. Und ehrlich gesagt ich habe gelacht und direkt abgewunken.

51 **I:** [0:12:34.9] Das heißt Sie hatten schon mal einen wohlhabenden Spender, Sohn eines Industriellen, der bei Ihnen spenden wollte und der hat gesagt dafür will ich ein Büro bei Ihnen im Krankenhaus.

52 **B:** Ganz genau.

53 **I:** [0:12:47.8] Ok. Und das haben Sie dann dementsprechend abgelehnt?

54 **B:** Genau. Und auch abgewunken, wie gesagt.

55 **I:** [0:12:57.2] Haben Sie denn grundsätzlich, ich will jetzt keine Zahlen wissen oder keine genauen Dinge, haben Sie denn grundsätzlich Förderprojekte im Moment in Ihrem Haus? Also würden Sie sagen, dass hier das Klinikum "Stadt" das es da im Moment Projekte gibt, wo Sie jetzt sagen würden als Leiter der Spendenabteilung, da brauchen wir momentan Geld.

56	**B:** [0:13:17.6] Oh Ja. Mehrere. Wir brauchen überall Geld Herr Rump.
57	**I:** [0:13:26.0] Dann kommen wir auch schon zur vierten Frage Frau "Name". Das die haben Sie aber im Grunde genommen auch schon fast beantwortet. Es geht nämlich darum, welche Ziele gibt es in der Zukunft bei der Etablierung eines Fundraisings für hochvermögende Menschen? Da haben Sie aber, wenn ich Sie richtig verstanden, im Grunde genommen, so habe ich es zumindest verstanden, dass wenn Sie solange Sie hier den Daumen drauf haben wird es das nicht geben. So habe ich es zumindest verstanden. Ist das richtig? Können Sie das vielleicht nochmal ein bisschen ausführen. Also welche Ziele Sie da für die Zukunft ggf. haben oder gar keine Ziele haben.
58	**B:** Also im Grund gar keine Ziele. Aus den besagten Gründen. Das perfekte Fundraising mit hochvermögenden Menschen wäre für mich ein Geben ohne Nehmen. Man muss den Leuten klarmachen, dass es sich um einen Akt der Philantrophie handelt und nicht um eine Investition. Dann spielen die Menschen aber nicht mehr mit, das ist das Problem.
59	**I:** [0:14:39.4] Das heißt Sie würden also grundsätzlich sagen (/). Ok das ist ja jetzt auch eine interessante Sache. Das heißt Sie würden sagen grundsätzlich finden Sie die Idee gar nicht schlecht. Sie würden es auch dann umsetzen, wenn die Leute praktisch Geben ohne Ansprüche zu stellen. Habe ich Sie da richtig verstanden?
60	**B:** Genau.
61	**I:** [0:14:55.8] Ok. Hmm (bejahend). Würden Sie denn, um letzten Endes ein Konzept für dieses Fundraising zu erstellen eine professionelle Fundraising-Beratung in Anspruch zu nehmen? Weil es gibt ja auch Unternehmensberatungen die sich zum Beispiel auf solche Felder spezialisieren.

62 **B:** Nein, Herr Rump. Ich weiß was ich machen müsste, um Geld zu kriegen. Da wollen wir hier im Haus aber nicht, weder ich noch die anderen Chefärzte und Führungskräfte mitmachen.

63 **I:** [0:15:39.6] Ok. Das heißt Sie würden sagen (/). Sie lehnen das grundsätzlich ab, weil Sie sagen Sie möchten das nicht.

64 **B:** Genau.

65 **I:** [0:15:47.6] Gut. Dann wären wir schon bei der letzten Frage Frau "Name". Und da geht es so ein bisschen um das Thema Banken und Stiftungen. Welche Erfahrungswerte haben Sie diesbezüglich mit Banken und Stiftungen? Ich frage in die Richtung gibt es Banken die zum Beispiel schon mal auf Sie zugekommen sind die gesagt haben wir hätten da vielleicht einen wohlhabenden Menschen der möchte Geld bei euch anlegen usw.? Gibt es Stiftungen die auf Sie zugekommen sind? Haben Sie da bezüglich Banken und Stiftungen irgendwelche Erfahrungen in Ihrem Haus?

66 **B:** Überhaupt nicht, Herr Rump. Wir haben das Konto für den Förderverein bei unserer Hausbank. Und die Spenden zu Weihnachten zu meist auch 500 Euro.

67 **I:** 500 Euro. Das ist aber großzügig (lachen).

68 **B:** Das ist wirklich wahr, da sagen Sie was (lachen). Und hinsichtlich von Großspendern, Stiftungen usw. habe ich keine Erfahrungswerte. Ich habe aber von Kolleginnen und Kollegen gehört, das sdie Banken diese Ideen auch nur als Akquisitionsinstrument missbrauchen, um Ihre Geldanlagen zu verkaufen. Und das ist letztlich auch wieder nur eine Einflussnahme, die wir nicht wollen. Von daher nein danke, Herr Rump.

69	**I:** [0:17:19.8] Ok. Ich muss mal eben an meinem Kaffee trinken Frau "Name". Moment mal. So. Ok. Das heißt Erfahrungen mit Banken und Stiftungen sind auch nicht vorhanden. Auch das, ich fasse das noch mal kurz für mich zusammen. Auch das sehen Sie negativ mit den Banken, weil Sie sagen, wenn Banken auf Sie zukommen würden, ist das eigentlich auch wieder nur Eigennutz, weil die nur ihre Anlageprodukte verkaufen wollen. Haben ich Sie da richtig verstanden?
70	**B:** Genau. Herr Rump.
71	**I:** [0:17:51.7] Darf ich mal fragen, Ihre Hausbank, um was für eine Bank es sich da handelt? Ist das eine private Bank, ist das zum Beispiel ich sage mal so Deutsche Bank, Commerzbank, irgendeine Privatbank oder ist das eher so das ich nenne das mal öffentlich-rechtliche, so Sparkasse, Volksbank oder oder oder?
72	**B:** Das kann ich Ihnen sagen Herr Rump. Es handelt sich bei uns um unsere hiesige Volksbank. Die sind bei solchen Dingen wahrscheinlich sowieso nicht so gut aufgestellt. Und die privaten und börsenorientierten Banken sind da so, habe ich persönlich gehört, viel aggressiver unterwegs, aber das ist für uns gut so, Herr Rump.
73	**I:** [0:18:39.5] **Gut** so in dem Sinne das die hiesige, was war das Sparkasse, nein Volksbank, das die praktisch gar nicht auf Sie zukommen.
74	**B:** Ganz genau Herr Rump.
75	**I:** [0:18:50.0] Gut. Alles klar Frau "Name". Das war auch schon die nächste die letzte Frage. Und dann wären wir auch schon durch. Kleinen Moment, dann würde ich jetzt mal eben mein Aufnahmegerät hier ausstellen.

APPENDIX 18: INTERVIEW 13 (GERMAN VERSION) - HOSPITAL (1ST SUBSTUDY)

1	[0:00:00.0] I: Ok dann würden wir direkt mit der ersten Frage starten. Und die erste Frage bezieht sich so ein kleines bisschen auf die Vergangenheit. Und zwar lautet die: Welche Kenntnisse haben Sie persönlich grundsätzlich bezüglich des Themas Spenden und Fundraising bei sehr wohlhabenden Menschen?
2	**B:** (..) Ich habe nur allgemeine Fundraising-Kenntnisse, die ich mir mal in einem 1 jährigen Fortbildungsseminar zum Management für Non-Profit Veranstaltungen Organisation vielmehr zugelegt habe, aber explizit zu HNWIs nein nicht.
3	[0:00:49.0] **I:** Ok. Halten Sie es denn grundsätzlich für realistisch, dass zum Beipspiel Institutionen aus dem Gesundheitsbereich das die durch Fundraising bei hochvermögenden Leute Finanzierungslücken schließen bzw. Investitionsvorhaben finanzieren können?
4	**B:** Ja natürlich. Klar. Also das würde ich schon so sehen. Das hängt immer von dem Spendenzweck dann ab. Und wenn die beispielsweise eine Spende brauchen, um eine im Gesundheitswesen so eine Krankheit zu behandeln, die einfach heimtückisch ist und die gefährlich ist und die eigentlich jeder kriegen kann und im Grunde genommen jeder Familie und da macht auch Superreiche kein Halt davor, dann ist das sicherlich durchaus nachvollziehbar oder vorstellbar das solche Familien oder solche Spenden im Gesundheitswesen getätigt werden. Ja.
5	[0:01:55.2] **I:** Würden Sie denn grundsätzlich für ein, sagen wir mal, ein Konzept für Fundraising bei hochvermögenden Leuten, würden Sie da ein Budget für freigeben? Also nehmen wir mal an, der Vorstand oder irgendjemand würde jetzt fragen, ja, wie sieht das aus.

	Halten Sie das für realistisch das wir da ein gewisses Spendenaufkommen mit generieren. Würden Sie dafür ein Budget freigeben? Glauben Sie das sich das lohnen würde?
6	**B:** (...) Ich halte das für sinnvoll das zu versuchen. Das ist aber abhängig von der Höhe des Budgets und das ist auch abhängig davon von den Personen, die man dafür gewinnen will. Gut nicht alle Personen HNWIs sind bekannt aber die allermeisten haben ja doch ein Namen der nicht zum ersten Mal so in den Ohren klinkelt. Und außerdem kann man das ja auch recherchieren. Und NRW sage ich mal das wäre jetzt unser Einzugsgebiet, da würde ich schon denken, dass man das schon mal probieren sollte. Ja. Aber man wird auch hier sicherlich die Erfahrung machen wie auch bei wenn man Fundraising macht bei Firmen mit großem Kapital, das die meisten schon irgendwelche Spendenpartner Sozialpartner haben. Das sie im Grunde genommen deren Budget letztlich irgendwie schon verplant ist. So stelle ich mir das vor.
7	**I:** [0:03:38.2] hHaben Sie persönlich eine Vorstellung davon welchen Return on Investment also welchen Rücklauf man da erhält, wenn man Geld in Fundraising investiert? Also ob Fundraising eine lukrative Investitionsquelle ist.
8	**B:** Jetzt in Bezug auf diese Klientel?
9	**I:** Ja bezogen auf diese Klientel. Genau.
10	**B:** Ähh puuh (überlegt). Ja wie gesagt es ist eine Frage der Höhe. Der Eingabe des Fundraisings. Ich wär da ein bisschen vorsichtig, weil ich glaube halt, dass manche die Erwartungen nicht zu hoch setzen darf, weil die in der Regel alle schon gut im Geschäft sind, sage ich mal. Also ich kann mir nicht vorstellen, dass es reiche Familien gibt, die also supereiche Familien gibt oder auch Einzelpersonen die diesbezüglich noch nie angefragt worden sind. Und ich kann mir auch nicht vorstellen, dass nicht schon die ein oder andere, dass nicht dann noch alle Personen die irgendwie eine Bereitschaft zeigen nicht da

auch schon in irgendeiner Form festgelegt sind oder irgendwas machen. Auf jedenfall die Bereitschaft etwas neues zu machen, finde ich nicht so einfach, weil die meisten sagen, ich habe das lange genug recherchiert, ich habe mich beraten lassen und ich habe jetzt irgendwie eine Kooperation und da bin ich eigentlich recht glücklich mit damit möchte ich mich eigentlich nicht mehr mit beschäftigen. Und bei den die gar nichts machen, die wollen auch fördern in der Regel nichts machen. Gut da kann man noch mit einem speziellen gesundheitspolitischen Thema oder Gesundheitsthema um die Ecke kommen, von denen wie gesagt im Grunde genommen wo die wo es schwere Erkrankungen gibt und wo die Erkrankung letztlich in jede Familie kommt. Das kann sich natürlich schnell ändern, wenn mal eine Person gesagt hat vor einem halben Jahr , nein da mache ich überhaupt nichts, die ist plötzlich vielleicht aufgrund eigener Erfahrung oder vielleicht weil die Ehefrau oder der Ehemann, Kindern. Plötzlich sieht die ganze Welt schon wieder ander aus. Aber wie gesagt viel würde ich da nicht erwarten. Deswegen ist die Höhe des Budgets, das hängt tatsächlich von den Einnahmen ab und von dem was man da auch braucht.

11 **I:** [0:05:54.6] Haben Sie denn, Sie haben es schon so ein kleines bisschen eigentlich beantwortet, haben Sie persönlich in der Vergangenheit tatsächlich Erfahrungen gemacht mit dieser Art von Klientel hinsichtlich so Sachen wie Spendenvolumen, Akquisition von solchen Leuten, Verhalten der Spender usw.? Hatten Sie tatsächlich in der Praxis Kontakt zu solchen Leuten?

12 **B:** Wie ich schon eingangs sagte, da habe ich keine Erfahrung mit solchen Leuten. Ich habe natürlich Erfahrung mit Leuten, die vielleicht ein kleines Stückchen drunter sind. Da ist es häufig so, dass auch Stiftungen gegründet werden etc. Und über diese Stiftungen wiederum kann man die auch sehr gut erreichen, weil das natürlich schon zeigt, dass sie in diesem sozialen Kontext zumindest unterwegs sind. Wobei

	man bei Stiftungen auch genau dann gucken muss, in welche Bereiche die unterwegs sind.
13	**I:** [0:06:55.2] Haben Sie in Ihrem Umfeld schon mal eine Potenzialanalyse gemacht? Das Sie sich vielleicht mal gedacht haben, ich gucke mir mal an, ich sage mal, im Umkreis von 50 km welche wohlhabenden Familien, welche wohlhabenden Leute habe ich, die ich vielleicht mal ansprechen könnte?
14	**B:** Nein, nicht direkt. Aber das haben im Grunde Leute aus dem Vorstand übernommen, weil ich die natürlich frage wen kennt ihr. Und unser Vorstand ist sehr gut besetzt und darüber wäre das dann gelaufen. Das ist vereinzelt auch so gelaufen.
15	**I:** [0:07:30.4] Glauben Sie das es ihrem Haus heute besser gehen würden, wenn Sie schon vor 10 oder 20 Jahren mit dieser Art von professionellem Großspender-Fundraising begonnen hätten? Wen Sie schon vor 10, 20 Jahren gesagt hätten, wir konzentrieren uns jetzt professionell auf die wirklich wohlhabenden Leute?
16	**B:** Hmm (überlegt). Wolhabend heißt nicht unbedingt, dass man spendenfreudig ist. Weil es gibt ja genau auch den umgekehrte Effekt, dass die die viel haben auch viel wollen und deswegen auch wenig geben. Ja ist so. Und da kann man nur mit den Kopf schütteln. Aber wie gesagt ich glaube schon, denn vor 10 oder 20 Jahren sah das Fundraising grundsätzlich ganz ander aus. Da hörte man mit (/). Da wäre es so ein richtig neues Thema geworden, von dem ich denke, dass hätte damals sicherlich auch noch mehr Potenzial gehabt als heute.
17	**I:** [0:08:35.7] Das heißt, wenn Sie die aktuelle Situation des Hauses beschreiben würde, in dem Sie heute tätig sind, in Bezug auf sehr wohlhabende Menschen, wie würden Sie die aktuelle Situation beschreiben? Also machen die etwas, machen die gar nichts. Ich meine Sie haben es im Grunde genommen schon so ein bisschen beantwortet, aber wenn Sie da vielleicht noch ein bisschen was zu sagen könnten.

18	**B:** Es gibt über den Vorstand sicherlich die ein oder andere Initiative hinter der wiederum wohlhabende Menschen stehen, die angesprochen werden. Und da sind auch schon früher mal Gelder geflossen. Und auch durchaus auch, war auch mal 6-stellig. Das hat es alles mal gegeben. Aber das sind absolute totale Ausnahmefälle. Und es hängt immer davon auch ab, wer diese Menschen akquiriert. Also da ist schon ein gewisses Maß an, sagen wir mal, gleiche Augenhöhe so etwas wäre vielleicht wichtig gegenüber denen. Für ein normales standardisiertes Fundraising mit dem man vielleicht anfängt erstmal ein Schreiben zu verschicken ob man Kontakt aufnehmen kann oder wie auch immer. Auf jeden Fall das man beginnt überhaupt mal Kontakt aufzunehmen, halte ich das für sehr schwierig. Früher war die Möglichkeiten größer. Aber jetzt glaube ich den Faden verloren und bin nicht mehr auf der Spur Ihrer Antwort.
19	**I:** [0:10:12.0] Haben Sie denn in Ihrem Haus, wo Sie jetzt sind, generell eine Vorstellung von Ihrer Spenderstruktur? Also wissen Sie wie viele Leute habe die spenden mal einen 10er, weil heute mal Weihnachten ist, bis hin zu den Leute, wie Sie gerade sagten, die vielleicht auch mal 5 oder sogar 6-stellige Summen. Also haben sie grundsätzlich so eine Übersicht über die Spenderstruktur?
20	**B:** Grob Ja.
21	**I:** [0:10:38.4] Kommunizieren Sie denn grundsätzlich Investitionsvorhaben in der Öffentlichkeit? Also wenn Ihr haus jetzt sagt wir brauchen jetzt irgendwas neu oder wir wollen irgendwie eine neue Stelle schaffen für irgendwas, keine Ahnung, wird das zum Beispiel auf Ihrer Internet-Hompegae, wird das Leuten zugeschickt per E-Mail? Kommunizieren Sie grundsätzlich wenn Sie Geld brauche?
22	**B:** Das haben wir so in der Form glaube ich noch nicht gemacht. Nein.

23	**I:** [0:11:03.9] Würden Sie denn sagen, dass jetzt Häuser wie Ihres, grundsätzlich für wohlhabende Spender attraktiv sind?
24	**B:** Ja.
25	**I:** Wieso?
26	**B:** Naja weil wir halt in jedem Bereich den ich vorher schon angeschnitten habe tätig sind. Das wir halt sagen wir mal eine wichtige Ergänzung in der Krankenversorgung machen und zwar im Bereich einer Erkrankung, die jeden Menschen treffen kann und die ein sehr sehr schlechtes Image hat. Und von daher ist, gibt es eine und die in fast jeder Familie in irgendeiner Form vertreten ist. Von daher gibt es per se eine gewisse Aufgeschlossenheit.
27	**I:** [0:11:51.0] Wenn Sie jetzt mal die Augen zu machen und vor Ihrem inneren Auge mal Revue passieren lassen, gibt es dann im Moment Förderprojekte, wo Sie bei sich in Ihrem Haus sagen würden, ja dafür könnte ich jetzt sofort Geld gebrauche.
28	**B:** Ja. Die gibt es.
29	**I:** [0:12:12.1] Dann sind wir schon bei der nächsten Frage. Gibt es in der Zukunft in Ihrem haus irgendwelche Pläne zur Etablierung eines Fundraisings für hochvermögende Leute? Also haben Sie, hat der Vorstand hat irgendjemand mal gesagt das sind so Sachen die könnten wir vielleicht für, ich sage jetzt mal, 2023 mal in Angriff nehmen, da könnten wir vielleicht mal was tun?
30	**B:** Das ist mir so explizit nicht begegnet. Oder können da ein "noch" noch einfügen. Kann mir aber vorstellen, dass das der ein oder andere aus dem Vorstand große Ohren kriegt.
31	**I:** Das heißt es ist aber auch noch nicht aktiv vorgeschlagen worden dem Vorstand?

32	**B:** Nein, das ist noch nicht vorgeschlagen worden.
33	**I:** [0:12:59.0] Haben Sie mal darüber nachgedacht sich in Ihrem Haus bezüglich Fundraising professionell beraten zu lassen?
34	**B:** Habe ich schon.
35	**I:** Sie haben sich schon beraten lassen?
36	**B:** Ja. Ja. Genau.
37	**I:** Und würden Sie sagen, dass das Ihnen im Nachhinein etwas gebracht hat?
38	**B:** [0:13:20.1] Joar. Ja und Nein. Ja schon, weil es die ein oder andere gute Idee gab, aber nein weil es schwierig ist bei knappen Kassen insgesamt das Budget für Fundraising von dem man nicht weiß inwiefern das Nutzen bringt oder nicht, zu erhöhen. Das müsste man im Grunde genommen antizyklisch tun und für das antizyklische gibt es da gibt es zur Zeit wenig, wie soll man sagen, damit müsste im Bereich des Fundraisings ein Paradigmenwechsel statt finden. Also noch mach ich das mehr oder weniger alleine und das ist einfach eine Frage von, wie soll man sagen, von Ressourcen.
39	**I:** [0:14:08.0] Gut dann wären wir schon bei der letzten Frage. Und diese Frage wäre, haben Sie bezüglich Fundraising in Ihrem Haus Erfahrungen mit Banken oder Stiftungen? Also haben Sie schon mal die Erfahrung gemacht das zum Beispiel eine Bank auf Sie zugekommen und gesagt hat, passt mal auf Leute wir haben da vielleicht ein vermögenden Kunden, der würde mal gerne ein bisschen Geld spenden. Oder haben Sie mal die Erfahrung gemacht, dass Banken auf Sie zugekommen sind und sagen wir hätten vielleicht jemanden der möchte eine Stiftung gründen oder der hat eine Stiftung, möchten Sie

	da nicht vielleicht irgendwelche Gelder abgreifen. Also gibt es da grundsätzlich Erfahrungen?
40	**B:** Es gibt aus dem Vorstand insgesamt schon mal den ein oder anderen Hinweis. Das Banken aber jetzt sozusagen an uns herangetreten sind um zu sagen, also das ist ja ein guter Zweck was der da macht wir haben da auch einen potenziellen Spender der kann sich vorstellen in diesem Bereich hier was zu machen. Das könnte eine Win-Win Sitation draus entstehen. Hätten Sie nicht Lust oder so (/). Das hat es bisher so in der Form noch nicht gegeben.
41	**I:** Sind Sie denn mal auf Banken oder Stiftungen zugegangen und haben gefragt.
42	**B:** Stiftungen. Auf Stiftungen gehe ich viel zu, weil Stiftungen häufig zu unserem Arbeitsanlass einfach passen. Aber eben längst nicht alle. Längst nicht alle. Und bei denen die nicht da rein passen, muss man sagen, die finden auch schwer für so einen völlig neuen Bereich öffnen können. Also das auch bei denen die die Satzung wiederum verbrieft ist, was die jetzt so machen, für sich engagieren und in welchen Feldern eben nicht. Aber wir sind mit Stiftungen ganz intensiv zu Gange.
43	**I:** [0:15:52.6] Und haben Sie da (/). Also würden Sie sagen, wenn Sie so eine Strich bisher drunter machen, haben Sie da gute Erfahrung? Also würden Sie sagen das war bis jetzt früchtetragend was Sie da mit denen gemacht haben?
44	**B:** Ufff (überlegt). Es ist immer (..) eine Frage letztlich des Aufwandes und des Effektes. Ich denke mal unter dem Strich schon, wenngleich man das auch ergänzen müsste, dass das sicher auch noch viel besser laufen sollte. Die Erfahrungen waren deutlich höher.
45	**I:** Danke. Das war es schon.

APPENDIX 19: INTERVIEW 14 (GERMAN VERSION) - HOSPITAL (1ST SUBSTUDY)

1	[0:00:00.0] **I:** [0:00:00.2] So ich sitze hier mit meinem Gesprächspartner, der namentlich nicht genannt werden möchte. Wir unterhalten uns über das Thema Fundraising bei hochvermögenden Menschen. Heute haben wir den 17.09.2022, 10:32 und ich beginne das Interview jetzt mit der ersten Frage. Die da lautet, welche Kenntnisse haben Sie persönlich grundsätzlich zum Thema Fundraising bei sehr wohlhabenden Menschen im Krankenhausbereich?
2	**B:** Zum Thema Fundraising habe ich grundsätzlich rudimentäre Kenntnisse. Zum Thema Fundraising mit hochvermögenden Menschen jedoch habe ich bisher gar keine Erfahrung bekommen. In unseren Häusern grundsätzlich freiwillige Spenden ohne das wir die Patienten oder andere Menschen darauf ansprechen. Ob da jemals hochvermögende Menschen dabei waren, weiß ich nicht. Aber wenn ich das richtig verstehe, reden Sie von Menschen wo ich als Chefarzt ein kleiner Junge gegen bin. Sowas haben wir hier sowieso nicht. Glaube ich zumindest.
3	**I:** [0:01:05.2] Das heißt Sie wissen eigentlich gar nicht, ob Sie hochvermögende Menschen in Ihrem Spenderportfolio haben.
4	**B:** Ja.
5	**I:** [0:01:13.2] Dann eine Zwischenfrage. Halten Sie es denn grundsätzlich für realistisch bestehende Finanzierungslücken in Krankenhäusern durch Fundraising mit hochvermögenden Menschen zu schließen?
6	**B:** Nein halte ich nicht. Ich bin auch grundsätzlich gegen sowas. Jedes Unternehmen und dazu zählen auch Krankenhäuser müssen sich selber um ihre Finanzen kümmern. Ich kann ja jetzt auch nicht betteln gehen, wenn ich keine Kohle mehr habe.

7	**I:** [0:01:39.0] Ok. Das ist auch eine Meinung. Wären Sie denn bereit für Fundraising grundsätzlich in Ihrem Haus ein Budget zur Verfügung zu stellen?
8	**B:** Nein. Auf keinen Fall. Denn wie gesagt ich halte das weder für realistisch noch für richtig oder sonst was.
9	**I:** [0:01:57.6] Haben Sie denn eine Ahnung welchen ROI, also welchen Return on Investment Fundraising bringt?
10	**B:** Was ist das?
11	**I:** Das ist der Return on Investment.
12	**B:** Ich weiß weder was das im Detail ist noch wie hoch das ist.
13	**I:** [0:02:15.5] Ok. Dann komme ich zur zweiten Frage, welche Erfahrung haben Sie denn in der Vergangenheit mit sehr vermögenden Spendern? Ja ich muss sagen, die Frage haben Sie jetzt natürlich auch schon bisschen beantworte. Aber egal ich stelle Sie trotzdem. Welche Erfahrung haben Sie in der Vergangenheit mit sehr vermögenden Spendern hinsichtlich Spendenvolumen, Strategien, Herausforderungen, Verhalten der Spender usw gemacht?
14	**B:** Ja wie schon gesagt gar keine. Unsere Aktivitäten beschränken sich darauf Spenden ohne Aufforderung zu verbuchen.
15	**I:** [0:02:53.4] Das heißt Sie gehen jetzt auch nicht gezielt auf die Kunden zu, sondern Sie warten einfach bis was reinkommt.
16	**B:** Ja.
17	**I:** [0:03:03.3] Haben Sie denn schon mal eine Potenzialanalyse in diesem Zusammenhang durchgeführt? Also das heißt haben Sie sich schon mal die Frage gestellt und versucht so analysieren wie viele

	hochvermögende Menschen sich in, also hier in Ihrem Umkreis ihres Hauses wohnen?
18	**B:** Nein nie. Werden wir auch nie, solange ich hier den hut auf habe.
19	**I:** [0:03:26.5] Das heißt Sie sind auch grundsätzlich gegen Potenzialanalysen und so was? Sie sagen das kommt für Sie überhaupt nicht in Frage.
20	**B:** Ja.
21	**I:** [0:03:34.9] Glauben Sie denn das es Ihrer Klinik, ich meine Sie sind da jetzt zu dem Thema, muss man mal sagen, das kommt ja bei den ersten zwei Fragen schon raus, Sie sind ja sehr negativ dem gegenüber eingestellt. Glauben Sie denn trotzdem dass es Ihrer Klinik heute vielleicht besser gehen würden, wenn Sie schon vor, was weiß ich, 10 Jahren, 15 Jahren, 20 Jahren mit Großspenden-Fundraising begonnen hätten.
22	**B:** Nein. Nein glaube ich nicht. Da ich nicht glaube, dass wohlhabende Menschen überhaupt für sowas Geld ausgeben. Also daher stellt sich die Frage nicht.
23	**I:** [0:04:11.4] Ja damit haben Sie eigentlich schon die dritte Frage beantwortet. Ich wollte Sie nämlich eigentlich noch fragen , wie Sie die aktuelle Situation bezüglich des Umgangs Ihres Hauses mit dem Thema Fundraising bei sehr wohlhabenden Menschen beschreiben, aber da Sie natürlich sagen solange Sie hier den Hut auf haben wird das nichts geben, haben Sie die Frage eigentlich beantwortet. Trotzdem eine Zwischenfrage. Kommunizieren Sie Investitionsvorhaben öffentlich? Das heißt gehen Sie hin und schreiben zum Beispiel auf Ihrer Homepage das Sie für irgendwelche Dinge Geld brauchen?

24	**B:** Nein überhaupt. Die Spenden die wir erhalten sind praktisch Blind-Spenden. Was wir mit dem Geld machen wir erst im Nachhinein entschieden.
25	**I:** [0:04:53.2] Ok das heißt also im Klartext wenn Spender etwas an Ihr Haus spenden dann bestimmen Sie den Verwendungszweck erst nachher?
26	**B:** Ja richtig.
27	**I:** [0:05:10.9] Kennen Sie denn Ihre Spender? Ich habe Sie ja eben gefragt, ob Sie wissen, ob Sie schon mal eine Potenzialanalyse gemacht haben. Das haben Sie verneint. Kennen Sie denn Ihre Spenderstruktur nach anderen Paramentern? Also zum Beispiel nach EInkommen, nach Alter etc?
28	**B:** Nein gar nicht.
29	**I:** Gar nicht. Das heißt Sie machen auch in dieser Beziehung.
30	**B:** Gar nichts.
31	**I:** [0:05:33.0] Halten Sie denn ein Krankenhaus grundsätzlich bei reichen Leuten für ein attraktives Spendenziel?
32	**B:** Nein überhaupt nicht. Wohlhabende Menschen haben Renditen im Auge und die sind bei Krankenhäusern gering. Wir reden hier zwar über Spenden, die eigentlich nie eine Rendite aufweisen. Das kann mal mit kleineren Beträgen machen. Aber warum sollte ein vermögende Mensch Millionen spenden, wenn er das Geld auch mit Rendite anlegen kann. Das ist verrückt.
33	**I:** [0:06:11.0] Fallen Ihnen denn in Ihrem Haus jetzt aktuell Förderprojekt ein? Also gibt es Dinge für die Sie jetzt aktuell Geld bräuchten?

34	**B:** Ohja. Mehrere sogar. Die Spenden die wir dafür bekommen setzen wir dann auch dafür ein. Je nachdem wo wir es brauchen.
35	**I:** [0:06:31.2] Damit haben Sie eigentlich die Frage vier auch schon beantwortet. Das wäre nämlich die Frage gewesen, welche Ziele gibt es für die Zukunft bei der Etablierung eines Fundraisings für hochvermögende Menschen in ihrem Haus? Also grundsätzlich planen Sie da mit hochvermögenden Menschen irgendwas zu machen in dieser Hinsicht?
36	**B:** Gar keine Ziele aus den besagten Gründen. Das perfekte Fundraising mit hochvermögenden Menschen ist für mich gar kein Fundraising. Was sollte ich denn da machen mit den Essen gehen und Danke Danke sagen. Nein da habe ich andere Dinge zu tun.
37	**I:** [0:07:11.1] Dann vielleicht noch eine Zwischenfrage. Würden Sie, um dafür ein Konzept zu erstellen, professionelle Fundraising-Beratungen in Anspruch nehmen.
38	**B:** Nein. Dann schmeiße ich sozusagen gutes Geld dem schlechtem Geld hinterher. Auf keinem Fall.
39	**I:** [0:07:29.2] Ok. Ja das ist eine sehr klare Meinung. Dann sind wir eigentlich schon beim letzten Fragenkomplex. Ich würde nämlich gerne mal wissen, welche Erfahrungswerte haben Sie bezüglich Fundraising mit Banken und Stiftungen?
40	**B:** Überhaupt keine. Ich habe aber auch von Kollegen und Kolleginnen gehört, dass die Banken diese Ideen auch nur als Akquisitionsinstrument missbrauchen , um Ihre Geldanlagen zu verkaufen. Und damit sind die Banken natürlich die Gewinner und das Krankenhaus ist wieder der Verlierer.

41	**I:** [0:08:05.2] Das heißt Sie würden sagen, dass Banken letzten Endes nur was Fundraising angeht mit den Krankenhäuser zusammenarbeiten, um dadurch, sagen wir mal, eigenes Geschäft zu generieren.
42	**B:** Ja richtig.
43	**I:** [0:08:23.3] Ja dann eigentlich meine letzte Zwischenfrage, darf ich fragen um welche Bank es sich bei Ihrer Hausbank handelt. Ist das eher eine private Bank oder ist das eher so Sparkasse, Volksbank etc.?
44	**B:** Es handelt sich um die Sparkasse und die Deutsche Bank.
45	**I:** Ok. Das heißt Sie haben zwei Hausbanken.
46	**B:** Ja richtig.
47	**I:** Gut dann wären wir mit unserem Interview schon durch.

APPENDIX 20: INTERVIEW 15 (GERMAN VERSION) - HOSPITAL (1ST SUBSTUDY)

1	[0:00:00.0]
2	**I:** [0:00:00.9] So wir sitzen hier im Interview zusammen. Es ist der 04.10, 17:13 und ich würde mit der ersten Frage beginnen. Welche Kenntnisse haben Sie persönlich grundsätzlich bezüglich des Themas Fundraising bei sehr wohlhabenden Menschen im Krankenhausbereich?
3	**B:** Ja zum Thema Fundraising habe ich sehr detaillierte Kenntnisse. Ich kenne jede Studie würde ich sagen und ja im Bezug zu extrem wohlhabenden Menschen bin ich ehrlich gesagt, ist mir ehrlich gesagt nicht so bekannt. Ich verfolge alles zu dem Thema, weil ich das für ein wichtiges Finanzierungsthema in Deutschland hatte. Was Krankenhäuser und Kliniken angeht (..) meine Kenntnisse bezüglich des Themas beruhen jedoch ja nur auf den privaten Erkenntnissen, beruflich habe ich da nicht so viel mit zu tun. Da ich in unserem Vorstand bzw. in unserer Unternehmensgruppe der einzige bin der dieses Thema forcieren würde. Wie gesagt die Betonung liegt auf würde, denn alleine bekomme ich das Thema nicht ganz durch. Ich habe keine Unterstützung von Kollegen aus anderen Häusern. Reicht das als Antwort?
4	**I:** [0:01:20.3] Ja das reicht auf jeden Fall erstmal als Antwort. Dann käme eine kleine Zwischenfrage. Halten Sie es denn grundsätzlich für realistisch bestehende Finanzierungslücken in Krankenhäusern dadurch zu schließen? Also durch Fundraising mit hochvermögenden Menschen zu schließen?
5	**B:** Ja das habe ich gerade schon versucht klar zu machen. Ich halte es für eine der wichtigsten Finanzierungsthemen überhaupt. Ihre Frage bezieht sich jetzt auf Finanzierungslücken. Ja (..) das muss man glaube

	ich zweiseitig betrachten für was die GKV also die gesetzliche Krankenversicherung nicht bezahlt, d.h. das was die Krankenhäuser an Schulden aufbauen, will ja kein reicher Mensch bezahlen. Das heißt für das (/). Es geht darum bestimmte Projekte im Voraus schon zu finanzieren und nicht erst wenn die Schulden entstanden sind.
6	**I:** [0:02:21.2] Ok. Dann noch eine Zwischenfrage. Wären Sie denn grundsätzlich bereit für Fundraising ein Budget in ihrem haus zur Verfügung zu stellen?
7	**B:** Ja das würde ich sofort tun, wenn ich freie Hände hätte. Wir haben ja auch eine Fundraising-Abteilung, diese befasst sich jedoch nicht mit den sehr wohlhabenden Leuten. Wir arbeiten so nach dem Schroth-Flinten-Prinzip. Ich halte mal drauf und schaue was ich treffe. Es wird nicht zielgruppenspezifisch bei uns vorgegangen und das ist schade eigentlich, denn was man zurück bekommen würde wäre enorm. Aber die Gruppe für die ich arbeite scheut den Anfang (unv, undeutliche Aussprache)
8	**I:** [0:03:08.3] **H**aben Sie denn eine Ahnung welchen Return on Investment also welchen ROI Fundraising grundsätzlich bringen würde?
9	**B:** Die bekannte Roland Berger Studie sagt 300-400%. Das ist schon mal was finde ich. Und da reden die ja nicht nur über die extrem wohlhabenden Menschen sondern über alle. Ich bin mir sicher würden sie Fundraising für hoch Wohlhabenden gezielt angehen hätten sie einen ROI locker über 1000.
10	**I:** [0:03:45.5] Gut dann sind wir bei der zweiten Frage. Welche Erfahrungen haben Sie in der Vergangenheit mit sehr vermögenden Spendern hinsichtlich Spendenvolumen, Spenderakquisition, Herausforderungen, Verhalten der Spender usw. gemacht?
11	**B:** Praktisch gar keine. Theoretisch bin ich da gut aufgestellt. Ich bin auch bereits auf die Kollegen zu gegangen, aber versuchen Sie mal

in Zeiten chronisch leerer Kassen eine neue Abteilung aufzubauen. Das können Sie sich vielleicht vorstellen.

12 **I:** [0:04:21.5] Ja.Ja. Klar. Haben Sie denn schon mal eine Potenzialanalyse durchgeführt? Also wie viele hochvermögende Menschen in Ihrem Umkreis wohnen, die man ggf. mal befragen oder ansprechen könnte?

13 **B:** Nein. Auch das würde eine Menge Geld kosten. Dazu müssten sie externe Daten kaufen. Das ist man hier nicht so begeistert von.

14 **I:** [0:04:46.4] Glauben Sie denn dass es Ihrer Klinik oder Ihrer Gruppe heute besser ginge, wenn Sie schon vor 10, 15 Jahren, 20 Jahren mit Großspenden-Fundraising begonnen hätten.

15 **B:** Ja selbstverständlich. Gucken Sie sich doch die USA an, was meinen Sie womit die ganze Spitzenforschung finanziert wird. Das Geld wird gesammelt, wahnsinnig, und die Leute geben gerne. Aber das ist eine ganz andere Mentalität. Hier in Deutschland kann man das nicht vergleichen. Hier hat man Angst nach Geld zu fragen. In den USA ist das eher eine Selbstverständlichkeit.

16 **I:** [0:05:31.8] Ja die dritte Frage haben Sie im Grunde genommen damit schon beantwortet. Wie würden Sie die aktuelle Situation bezüglich des Umgangs Ihres Hauses mit dem Thema Fundraising bei sehr wohlhabenden Menschen beschreiben? Da haben Sie im Grunde genommen gesagt, dass es da bei Ihnen bisher nichts gibt. Ich hätte da aber trotzdem noch eine Zwischenfrage dazu. Kommunizieren Sie denn Investitionsvorhaben, die Sie haben öffentlich?

17 **B:** Nein, überhaupt nicht. Unsere Spender spenden und wissen nicht wofür. Deshalb betreiben wir eigentlich kein Fundraising. Denn Fundraising ist wenn immer im Vorhinein schon, also zweckgebunden ist. Bei uns erfahren die Leute, wenn überhaupt erst im Nachhinein was

	mit dem Geld gemacht wird. Und selbst dann kann man nicht wirklich sicher sagen ob genau diese Spende auch dabei war. Im Grunde genommen ist das eine riesige Verarsche.
18	**I:** [0:06:33.6] Kennen Sie denn Ihre Spenderstruktur nach Einkommen, Alter etc?
19	**B:** Nein gar nicht. Wir kennen einige größere Spender wie Banken, Versicherungen. Ein Bauunternehmer spendet uns glaube ich schon mal. Aber da war es auch schon. Geografische Details kennen wir ansonsten nicht.
20	**I:** [0:06:54.7] Halten Sie denn ein Krankenhaus grundsätzlich bei reichen Leuten für ein attraktives Spendenziel? Also glauben Sie, dass reiche Leute gerne für Krankenhäuser spenden?
21	**B:** Naja, jeder wird mal krank. Jeder braucht mal medizinische Hilfe. Wenn ich mir so überlege, ich hätte 100 Millionen auf dem Konto und mich würde jemand fragen, dann wäre die Reihenfolge für mich Medizin, Natur, Kinder. Ich bin fest davon überzeugt fast jeder Menschen hat das Bedürfnis mit seinem Geld etwas Gutes zu tun und dazu zählen auch Krankenhäuser. Wenn wir mal Herrn Putin ausnehmen.
22	**I:** [0:07:39.8] Fallen Ihnen denn in Ihrer Gruppe aktuell Förderprojekte ein?
23	**B:** Ja. Die haben wir. Mehrere sogar. Ist doch klar. Sie wissen ja sicherlich wie es Krankenhäusern in Deutschland momentan geht. Da wird an allen Ecken und Kanten Geld gebraucht.
24	**I:** [0:08:04.3] Dann kommen wir schon zur vierten Frage. Die haben Sie zum Teil auch schon beantwortet. Gibt es bei Ihnen in der Gruppe für die Zukunft bei der Etablierung eines Fundraisings für hochvermögende Menschen irgendwelche Ziele und wie sähe für Sie

letzten Endes ein perfektes Fundraising für hochvermögende Menschen aus? Also gibt es grundsätzlich erstmal Ziele?

25 **B:** Ziele gar keine. Aus den besagten Gründen. Das perfekte Fundraising mit hochvermögenden Menschen wäre für ja die Etablierung einer komplett eigenen Abteilung. Diese müsste auch losgelöst sein vom restlichen Fundraising bzw. vom restlichen Spendenabteilung. Denn hochvermögende Menschen brauchen ja auch ein kompletten anderen Zugang und auch komplett andere Betreuung. Sie können auch kein Dacia im Vergleich im Autohaus kaufen wie ein Ferrari. Das passt ja nicht. Da müssen bestimmte Vorkehrungen getroffen werden, Möbel, Inventar, die Bildung der Mitarbeiter, das Konzept. Das muss alles auf die wohlhabenden Klientel abgestimmt sein. Denn Fundraising ist ja auch Werbung machen für das eigene Unternehmen.

26 **I:** [0:09:25.0] Kleine Zwischenfrage. Würden Sie, um dafür ein Konzept zu erstellen, also wenn Sie jetzt sagen ok ich möchte da gerne ein Konzept für Fundraising mit hochvermögenden Menschen erstellen, würden Sie da eine professionelle Fundraising-Beratung in Anspruch nehmen?

27 **B:** Ja theoretisch ja. Aber die Frage stellt sich in unserer Gruppe nicht. Wie gesagt.

28 **I:** Aus Kostengründen. Ja.

29 **I:** [0:09:51.6] Welche Erfahrungswerte haben Sie grundsätzlich mit Banken und Stiftungen in dieser Hinsicht? Sind diese schon mal auf Sie zugekommen bezüglich irgendwelcher Dinge mit hochvermögenden Leuten?

30 **B:** (...) Hmm (überlegt). Hinsichtlich Fundraising bei hochvermögenden Leute gar keine Erfahrungen. Wir hatten mal eine Anfrage von einer unserer Hausbanken, ob wir da stiftungsmäßig etwas auflegen

	könnten. Meine Kollegen und ich hatten da aber ganz schon schnell den Verdacht das die Bank nur Eigengeschäft machen wollte und jetzt nicht überhaupt mit unseren also die Spenden für uns im Vordergrund waren. Da haben wir das ganz schnell abgesagt.
31	**I:** [0:10:36.5] Darf ich fragen, um welche Bank handelt es sich bei Ihrer Hausbank. Es ist das eine private Bank oder ist das eher so in Richtung Sparkasse, Volksbank etc?
32	**B:** Ja es handelt sich um die Deutsche Bank und die Commerzbank.
33	**I:** Ok. Das heißt Sie haben zwei Hausbanken Deutsche Bank und Commerzbank?
34	**B:** Genau.
35	**I:** [0:10:57.2] Gut. Dann sind wir schon am Endemit unserem Interview. Dann war es das schon. Das war auch sehr zügig, 11 Minuten Vielen Dank.

APPENDIX 21: INTERVIEW 16 (GERMAN VERSION) - HOSPITAL (1ST SUBSTUDY)

I: Ich darf sie zu unserem Interview begrüßen und ich freue mich sehr, dass sie sich bereit erklärt haben.

B: Ich freue mich auch, danke Hr. Rump.

I: Dann komme ich direkt zur Frage 1:

Welche Kenntnisse haben sie persönlich grundsätzlich bzgl. des Themas Fundraising bei sehr wohlhabenden Menschen im Krankenhausbereich?

B: (…) Ich habe persönlich grundlegende Kenntnisse über das Fundraising. (…) Bzgl. sehr wohlhabender Menschen eher keine Kenntnisse. Ist bei uns im Norden auch schwierig durchzusetzen, sie haben ja sicherlich schon von der nordischen Bescheidenheit gehört. Es gehört hier meiner Meinung nach nicht unbedingt zum guten Ton wohlhabende Menschen nach Geld zu fragen. (…) Und wenn dann nur offiziell, auf Tombolas, über den Spendenverein. Aber nicht gezielt auf die Menschen zugehen, das ist hier verpönt. Ich wüsste auch gar nicht wer das bei uns machen sollte. Denn dazu brauchen sie ja schon ein gewisses Standing, um sich mit solchen Leuten an einen Tisch zu setzen. Das könnten ja bei uns höchstens ich oder meine Direktorenkollegen oder der Vorstand machen. Und die haben anderes zu tun. Und die sehe ich auch nicht in dieser Rolle. (…) Und mich auch nicht. (lacht laut)

I: Dann habe ich eine Zwischenfrage: Das heißt, sie haben in ihren Häusern niemanden bzw. keine eigene Abteilung, die sich um dieses Thema kümmert?

B: (…) Ähm, eine allgemeine Spendenabteilung schon, wir haben ja unseren Förderverein. Aber wir haben keine speziellen Mitarbeiter, die auf steinreiche Menschen losgehen. Das hatten wir auch nie und ich glaube, dass werden wir auch nie haben. (Lacht). (…) Denn wie ich bereits sagte, dass passt einfach nicht zur norddeutschen Bescheidenheit.

I: Dann fällt mir aber zur norddeutschen Bescheidenheit noch eine Zwischenfrage ein: Halten Sie es denn für realistisch, bestehende Finanzierungslücken in Krankenhäusern dadurch zu schließen?

B: Grundsätzlich ja, aber dazu müsste die Mentalität anders sein. Ich denke in Deutschland, und erst recht bei uns im Norden, sind wir noch nicht so weit. Das habe ich ja gerade schon versucht klar zu machen. Ihre Frage bezieht sich jedoch auf Finanzierungslücken. Das muss man bipolar betrachten. (…) Für das, was die GKV nicht bezahlt, d.h. für das, was die Krankenhäuser an Schulden aufbauen, wird kein reicher Mensch bezahlen. Es geht darum, bestimmte Projekte der Spitzenmedizin vorab zu finanzieren, nicht erst dann, wenn die Schulden schon entstanden sind. Und ich denke, dafür würden sich wohlhabend Menschen finden. (…) Aber im Finden liegt ja das Problem. (Lacht) Meiner Meinung nach würde das sehr gute funktionieren, wenn man die Leute findet. Aber finden ist ein aktiver Prozess, der müsste von der Klinik ausgehen, nicht vom Spender. Und da holt Hennes den Most. Wir versuchen nicht zu finden. Weil die Mentalität nicht stimmt bei den Krankenhäusern. (…) Ich wieder hole mich jetzt. Gehen sie mal zur nächsten Frage!

I: Bevor wir zur nächsten Erzählaufforderung gehen, noch eine Zwischenfrage, bitte: Wären Sie bereit für Fundraising ein Budget zur Verfügung zu stellen?

Nein, wäre ich nicht tun. Wie gesagt, ich wiederhole mich jetzt, das ist bei uns nicht erwünscht. Ein Spendenverein so wie wir ihn haben, das ist sinnvoll und richtig. Aber das was sie meinen ist ja extrem elitär, das würde auch unsere kleinen Spender abschrecken glaube ich. Außerdem wollen die großen Player beim Spenden dadurch auch häufig Einflussnahme gewinnen. Und das können und wollen wir nicht. Wir sind ein Maximalversorger im GKV Versorgungsplan. Da können wir uns keine Leute an Entscheiderpositionen hinsetzen, die das mal so machen, weil sie ansonsten Langeweile haben. Das geht nicht. Aber letztlich spielen sie ja auf einen betriebswirtschaftlichen Vorgang an. Eine Investition die sich amortisiert. Das ist Business Thinking, sowas haben wir in deutschen Krankenhäusern glaube ich nach wie vor sehr wenig. (…) Wir sind gewohnt das die Kassen bezahlen und das Land die Investitionen finanziert. Besonders die alten Herrschaften (…) (lacht laut) so wie ich und meine Kollegen sind da aus einer anderen Zeit. So sehe ich das.

I: Darf ich fragen wie alt sie sind? Und wie alt ihre Kollegen aus dem Führungsgremium sind?

B: Ich bin 57. Meine Kollegen sind alle so zwischen 53 und 60. Alte Herrschaften, wie gesagt (lacht laut).

I: Noch eine Zwischenfrage, bevor wir zur nächsten Hauptfrage übergehen: Haben Sie eine Ahnung welchen ROI Fundraising bringt? Also der Return on Investment. Also generell, nicht nur bei wohlhabenden Menschen.

B: Nein, habe ich nicht. Ich bin mir auch gar nicht so sicher, was der ROI, heißt das so (?), genau ist. Ich bin ja keine Betriebswirtin.

I: Ok, danke. Dann kommen wir zur Frage 2:

Welche Erfahrungen haben Sie in der Vergangenheit mit sehr vermögenden Spendern hinsichtlich Spendenvolumen, Strategien der Spenderakquisition, Herausforderungen, Verhalten der Spender, von Ihnen geleisteter Input etc. gemacht?

B: Praktisch gar keine. Das hier ist mein drittes Haus in dem ich arbeite, ich habe damit jedoch noch nie Berührungspunkte gehabt. Und sowas jetzt aufzubauen ist auch utopisch, denn die Budgets sind geschrumpft, die Kassen sind leer. Wir stecken unser Geld lieber in Pflegepersonal anstatt in Mitarbeiter die Millionäre betüdeln. (lacht laut und lange). Ich weiß, das ist jetzt gemein und das wollen sie wahrscheinlich nicht hören, da sie ja scheinbar ein Millionärsfreund sind. Sind sie selber Millionär oder Milliardär?

I: Ich bin Freund von niemandem. Ich erstelle eine Studie und versuche objektiv zu sein. Und den zweiten Teil der Frage beantworte ich Ihnen heute Abend beim Essen, nicht wenn das auf Tonband aufgenommen wird. (lacht) Aber noch mal eine Zwischenfrage, bitte: Haben sie schon einmal eine Potenzialanalyse durchgeführt, wieviele hochvermögende Menschen in ihrem Umkreis wohnen.

B: Nein, nie, auch das würde ja eine Menge Geld kosten. Dazu müssten sie externe Daten zukaufen, da ist man hier nicht begeistert von. Nochmal, Hr. Rump: die Budgets sind aufgebraucht, es herrscht Pflegemangel, ist gibt andere Baustellen die Geld kosten. Das mit dem Fundraising hört sich ja gut an, aber dafür muss man erst mal investieren. Und wer weiss, ob das dann was gibt. Geld

für Pflege oder Ärzte rentiert sich immer. Bei dem was sie vorhaben liegt der Erfolg im tiefsten Nebel.

I: Nochmal, ich habe nichts vor und ich bin nicht parteiisch. Aber noch eine Zwischenfrage habe ich: Glauben Sie, ihrer Klinikgruppe ginge es heute besser wenn sie schon vor 10 Jahren mit Großspendenfundraising begonnen hätten?

B: Das könnte natürlich sein. Wenn man es tatsächlich geschafft hätte, sowas schon vor 15 Jahren zu implementieren. Ich will ja auch nicht bestreiten, dass die Sache im Kern erfolgreich wäre. Aber dann müssten wir ein anderes Selbstverständnis entwickeln. In den USA klappt das, da hat aber auch der Mensch der Spenden einsammelt ein anderes Standing. In Deutschland gilt man als Bettler.

I: Ok, danke. Dann kommen wir zur Frage 3: (…)

Die dritte Frage haben Sie schon beantwortet. Wie würden Sie die aktuelle Situation bzgl. des Umganges Ihres Hauses mit dem Thema Fundraising bei sehr wohlhabenden Menschen beschreiben? Da haben sie sich ja schon bei den anderen Fragen zu geäußert. Ich hätte aber trotzdem dazu noch eine Zwischenfrage, nämlich ob Sie Investitionsvorhaben öffentlich bekannt gegeben bzw. kommentieren?

B: Wer ich?

I: Sie oder ihr Haus oder irgendeine Person die dafür verantwortlich ist.

B: Nein, überhaupt nicht. Unsere Spender spenden und wissen nicht wofür. Deshalb betreiben wir eigentlich kein Fundraising. Denn Fundraising ist ja immer von vorne herein schon zweckgebunden. Bei uns erfahren die Leute, wenn überhaupt, erst im Nachhinein was mit dem Geld gemacht wird. Und selbst dann können sie nicht sicher sein, ob ihre Spende wirklich dabei war. Im Grunde genommen spenden die in eine Black Box. Das würden die Menschen um die es hier geht sowieso nicht mit sich machen lassen. Da haben sie wahrscheinlich anschließend deren Anwaltskanzlei am Bein. Das wäre für mich auch so ein Grund vorsichtig zu sein. Denn wie man hört, sind diese Leute von denen wir sprechen ja relativ klagefreudig.

I: Ich weiß nicht, ob das nicht ein Vorurteil ist. Meiner Erkenntnis nach macht Geld ziemlich relaxt. Aber egal. Ich komme zur nächsten Zwischenfrage: Kennen sie ihre Spenderstruktur nach Einkommen, Alter etc.

Nein. Gar nicht. Wir kennen einige größere Spender wie Banken, Versicherungen. Das sind aber dann Firmen oder Institutionen, das sind keine extrem wohlhabenden Privatleute. Aber das war es auch schon. Biografische Details kennen wir ansonsten nicht.

I: Ok, danke. Noch eine Zwischenfrage: Halten Sie ein KH grundsätzlich für reiche Leute für ein attraktives Spendenziel?

B: Jeder wird mal krank, jeder braucht mal medizinisch Hilfe. Wenn ich mir überlege ich hätte eine Milliarde auf dem Konto und mich würde jemand fragen, dann wäre die Reihenfolge sicherlich so, dass Institutionen die sich um die Gesundheit von Menschen kümmern, ganz vorne anstehen. Ich bin fest davon überzeugt, fast jeder Mensch hat das Bedürfnis mit seinem Geld etwas Gutes zu tun. Auch Menschen die nicht viel Geld haben, das ist unabhängig vom Einkommen. Und dazu zählen eben auch Krankenhäuser. Die Frage ist halt nur, ob das die einzige Motivation ist. Oder ob letztlich versteckte Einflussnahme oder Machtausübung die wahren Beweggründe sind.

I:OK, Zwischenfrage 4: Fallen Ihnen aktuell Förderprojekte in ihrer Klinik ein, das heißt brauchen sie Geld für Projekte die notwendig sind?

B: Ich glaube nicht, dass es ein Krankenhaus in Deutschland gibt dem dazu kein klares und eindeutiges JA einfällt. (…) Der Bedarf an Geld ist riesig, das ist doch klar. Das System ist doch am Ende wenn man ehrlich. Daher nochmal: ihre Idee mit den wohlhabenden Leuten ist gut, aber was die Umsetzung angeht, da stehen wir uns in Deutschland selbst im Weg.

I: Dann sind wir schon bei der 4. Erzählaufforderung: diese Frage vier haben sie zum Teil auch schon beantwortet. Welche Ziele gibt es für die Zukunft bei der Etablierung eines Fundraisings für hochvermögende Menschen und wie sähe für Sie ein perfektes Fundraising für hochvermögende Menschen in dieser Hinsicht aus?

Gar keine Ziele, aus den besagten Gründen. Das perfekte Fundraising mit hochvermögenden Menschen wäre für mich die Etablierung einer Alles oder Nichts Abteilung. Diese müsste auch losgelöst sein vom restlichen Fundraising bzw. von den restlichen Spendenabteilungen. Es ist wie die Amerikaner schon

sagen „Love it or leave it“. Liebe es oder lasse es. Alle Parameter müssten abgestellt sein auf diese Menschen. Eigene Mitarbeiter, eigene Räumlichkeiten, eigener Vertrieb, eine Kundendatenbank, eigene Events. Alles. Sonst wird das nichts. Und das ist nicht nur hier so. Sie müssen im Leben hundertprozent geben, sonst bleiben sie Mittelmaß.

I: Zwischenfrage: Würden sie, um dafür ein Konzept zu erstellen, professionelle Fundraisingberatung in Anspruch nehmen?

B: Theoretisch ja, aber das Invest kann ich nicht freigeben. Wir haben Baustellen die sind wichtiger. Ich denke für sie was müssten sie garantiert eine halbe Million Euro investieren. Das können sie in der heutigen Zeit niemandem klarmachen.

I: Damit sind wir schon bei der letzten Erzählaufforderung: Welche Erfahrungswerte haben Sie mit Banken/Stiftungen etc.?

B: Hinsichtlich Fundraising bei hochvermögenden Leuten?

I: Ja, genau.

B: Keine Erfahrungen. Ich bin aber auch kein Bankenfan, dass muss ich dazu sagen. Banken sind Haie und tun nichts ohne Hintergedanken. Selbst unsere Hausbank will doch nur Geschäft machen, Geld verdienen und wo geht abzocken. Seien wir doch mal ehrlich.

I: Wer ist ihre Hausbank?

B: Da möchte ich nicht drüber reden. Das ist vertraulich.

I: Ok, das verstehe ich. Ich bedanke mich sehr für das Interview, es war sehr aufschlussreich. Dann würde ich sagen, gehen wir jetzt zum Essen.

B: Sie schulden mir noch eine Antwort (lacht).

I: Ich habe befürchtet, dass sie das nicht vergessen haben. (lacht).

APPENDIX 21: INTERVIEW 1 (GERMAN VERSION) - (U)HNWIS (3RD SUBSTUDY)

I: Ich bedanke mich sehr dass sie sich die Zeit nehmen, wird ihr Anwalt anwesend bleiben?

B: Nein, der verlässt uns jetzt. Er wird das Interview nur im Anschluss checken.

I: Alles klar. Sind sie bereit anzufangen?

B: Gerne. Aber bitte denken sie an meine Zeit. Kurz und schmerzlos, bitte. Keine Floskeln und Höflichkeiten. Ich habe viel zu tun.

I: Dann darf ich sie zunächst fragen, ob sie sich selber als HNWI oder als UHNWI eingruppieren würden.

B: Gibt es auch noch eine Kategorie darüber, also über Ultra (…) irgendwas.

I: Nein. Ab 30 Millionen auf dem Konto sind sie ein Ultra (Interviewer lacht). Aber sie können mir trotzdem gerne sagen wieviel Bargeld sie so geschätzt auf dem Konto haben und über wieviel Gesamtvermögen wir reden.

B: Dann bin ich ein Ultra. Na ja, Bargeld weiß ich gar nicht, aber gesamt reden wir über Milliarden. Aber das wissen sie ja.

I: Ja, das weiß ich. (…) Ich würde mit der ersten Frage beginnen. Was fällt ihnen zum Thema Spenden als sehr wohlhabender Mensch ein? Prinzipiell. Im Allgemeinen.

B: Grundsätzlich halte ich Spenden für wichtig. Ich habe ja auch eine Stiftung wie sie wissen. Aber auch privat halte ich das für wichtig. Menschen wie ich haben eine gesellschaftliche Verpflichtung. Dabei kommt es nicht darauf an für was sie Spenden, sondern dass man spendet.

I: Kommt es auf die Höhe der Spende bei Menschen wie ihnen an?

B: Ich würde sagen, ja. Wer viel hat sollte auch viel geben. Eigentlich sollte es keine Grenzen geben. Mir ist auch völlig egal wieviel ich noch habe wenn ich gehe. Meine Kinder haben genug bekommen, die bekommen auch noch was wenn ich abdanke. Der Rest ist mir egal. Ich nehme eh nichts mit (lacht).

I: Was ist ihnen denn bei einer Spende wichtig?

B: Es muss sinnvoll sein und sozial verträglich. Von daher liegen sie mit ihren Krankenhäusern da schon ganz gut. Ich habe allerdings noch nie privat für ein Krankenhaus gespendet. Über die Stiftung machen wir das schon mal.

I: Wann ist eine Organisation für sie als Spendenobjekt interessant?

B: Habe ich doch gerade gesagt. Es muss sozial verträglich sein und nachhaltig. Es sollte Menschen, Tieren oder der Umwelt zugute kommen. Das reicht.

I: Ab welcher Spendensumme aus ihrem Privatvermögen würden sie von einer Großspende sprechen?

B: Oh je, was ist das für eine Frage? Weiß ich nicht. Ich tue mich schwer da eine konkrete Zahl zu nennen. Aber ein paar Millionen sollten es schon sein. Wenn ich strikt aus meiner Perspektive spreche.

I: Warum glauben sie, wird in den USA soviel mehr gespendet als in Deutschland?

B: Weil Amerikaner eine komplett andere Einstellung haben. Wir sind uns doch hier viel zu schade geworden nach Spenden zu fragen. Das wird in Deutschland als unschöne abgetan. Ich glaube es liegt nicht daran, dass wohlhabende Menschen nicht Spenden möchten, es liegt daran, dass sich die die Kohle brauchen nicht melden. So wird ein Schuh draus.

I: Sie könnten ja auch freiwillig spenden.

B: Nein, das sehe ich nicht ein und Leute die ich kenne auch nicht. Ich will sehen und hören für was Geld gebraucht wird. Ich spende nicht ins Blaue hinein. Das tut auch meine Stiftung nicht. Da könnte ich mein Geld ja direkt auf die Straße streuen.

I: Vielen Dank für diese ehrliche Antwort. Dann kommen wir schon zur zweiten Frage: Wie würden sie ihre persönlichen Erfahrungen mit dem Thema Spenden, insbesondere für Krankenhäuser beschreiben?

B: Persönlich heißt Privatvermögen, nicht Stiftung?

I: Exakt.

B: Da habe ich keine Erfahrungen. Aber jetzt kommt wahrscheinlich die Frage ob ich Spenden würde für ein Krankenhaus.

I: Richtig.

B: Da komme ich doch mal mit einer Gegenfrage: warum sollte ich das nicht tun?

I: Es gibt objektiv keinen Grund.

B: Genau. Deshalb würde ich es auch tun wenn man mich ordentlich ansprechen würde.

I: Auf das ordentlich ansprechen komme ich gleich nochmal zurück.

B: Gerne.

I: Sind sie schon einmal von einem Krankenhaus angesprochen worden zu Spenden?

B: Ja, bin ich. Doch dann hat der Geschäftsführer gewechselt und wir haben nichts mehr gehört. Schon kurios. So schlecht scheint es denen nicht gegangen zu sein.

I: Haben sie sich schon einmal damit befasst, nach ihrem Ableben mit der Spende an ein Krankenhaus zu befassen?

B: Jetzt stellen sie aber unangenehme Fragen. Ich hoffe ich habe noch ein paar Jahre. Mein Arzt sagt ja, wenn nichts dazwischenkommt (lacht). Mein Testament steht natürlich, das können sie sich ja sicherlich vorstellen. Trotzdem hätte ich kein Problem damit, einem Krankenhaus mit meinem Nachlass etwas Gutes zu tun. Die Frage ist, wie man gut definiert.

I: Da grätsche ich jetzt mal rein, dass wäre nämlich auch schon die nächste Frage. Welche Attribute muss ein Krankenhaus für sie erfüllen, damit sie spenden würden?

B: Zunächst mal sollte man mir exakt mitteilen um was es geht und wofür man mein Geld haben will. Es sollte für etwas sinnvolles sein. Zum Beispiel für medizinische Forschung bei einer Uniklinik (…) Für neue Geräte würde ich spenden. Für Geräte die Tierversuche ersetzen. Oder Geräte die schwer kranken Menschen die Diagnostik erleichtern. Da wäre ich bereit auch mit privatem Geld nachzuhelfen.

I: Auch für Schuldentilgung bestehender Schulden des Krankenhauses?

B: Ja sind sie wahnsinnig? Ich gebe doch kein Geld für das Unvermögen anderer. Nein, auf keinen Fall. Wer es verbockt hat der soll es auch bezahlen.

I: Würden sie auch mehrmalig für ein Krankenhaus spenden? Z.B. jedes Jahr eine gewisse Summe.

B: Wenn der Bedarf da ist, ja. Aber nicht ins Blaue hinein. Nur des Spendens willen. Das nicht.

I: Wie würden sie generell Krankenhäuser als Spendenziel einzustufen. Ist das für Menschen wie sie attraktiv?

B: Das habe ich doch schon gesagt. Attraktiv ist auch das falsche Wort. Es ist sinnig. Genauso wie es sinnig ist für ein Tierheim oder den Umweltschutz zu spenden. Menschen zu helfen im Sinne von Bezahlung guter medizinischer Leistungen ist immer sinnig. Denn irgendwann muss ich auch mal ins Krankenhaus. Aber ich sagte ihnen ja schon, mein Arzt sagt noch ist alles ok. Daher glaube ich, dass Krankenhäuser grundsätzlich ein hohes Potenzial haben unterstützt zu werden. Von wohlhabenden Menschen genauso wie von nicht wohlhabenden Menschen. Denn es reicht ja auch mal weniger. Wenn jeder in Deutschland einen hunderter im Jahr spendet, sind wir schon viel weiter.

I: Ihr Arzt sagt aber auch, wenn nichts dazwischen kommt (lacht).

B: Da haben sie leider recht.

I: Wie müssten sich denn Krankenhäuser ihnen gegenüber verhalten, damit sie spenden würden?

B: Sie müssten ihr Anliegen vernünftig vorbringen. Ich sagte ja schon, die sollten auf mich zukommen und mir ein Projekt vorstellen.

I: Kommt man denn an sie so schnell heran?

B: Das haben sie doch auch geschafft. Ich habe ein Büro, da kann man sich melden. Das wird dann an mich weitergereicht. Wie bei ihnen auch.

I: Um da noch mal drauf zurück zu kommen. Sie möchten also angesprochen werden, richtig?

B: Ja, muss ja schon. Ich kann ja nicht riechen wenn jemand was will.

I: Würden sie das nicht als unangenehm oder aufdringlich empfinden, wenn sich jemand vom Krankenhaus bei ihnen meldet und Geld will?

B: Nein, wenn es seriös ist nicht. Wissen sie wieviele Leute ich früher angepumpt habe um Geld für meine Idee zu finden. Ich habe jeden angepumpt der mir vor die Flinte kam. Und ich finde es vollkommen in Ordnung wenn man für einen gesellschaftlich hochwertigen Sinn Leute die mehr als genug haben anspricht.

I: Wer sollte sie denn ansprechen? Aus der Hierarchie des Krankenhauses meine ich. Und wie sollte man das machen?

B: Ich unterhalte mich nur mit Entscheidern. So ist das nun mal. Ich habe nicht die Zeit mich mit Leuten zu unterhalten die danach 3 Tage Genehmigungen abholen müssen. Und wie? Mir egal. Telefon z.B. Wenn es um etwas geht das mich interessiert dann ruft einer zurück. Garantiert.

I: Möchten sie betreut werden, also auch im Nachgang wenn sie spenden?

B: Auf jeden Fall. Ich möchte wissen was mit meinem Geld passiert, wozu es genutzt wird und so weiter. Und ich freue mich auch immer wenn ich auf eine Tasse eingeladen werde und man mir mal gewisse Dinge erklärt und den Fortschritt des Projektes, für das ich spende, erklärt.

I: Wie möchten sie denn ansonsten noch betreut werden durch ein Krankenhaus für das sie spenden?

B: Ich weiß worauf sie hinaus wollen. Ich persönlich möchte keine Sonderrechte. Ich möchte auch nicht das das Krankenhaus meinen Namen trägt. Mir ist viel an Anonymität gelegen. Selbst wenn man mir solche Dinge vorschlagen würde, würde ich es ablehnen.

I: Ich verstehe, vielen Dank. Dann wären wir auch schon bei der vorletzten Frage: Wie würden sie ihre Motivation für Spenden beschreiben. Sind sie ein rein altruistischer Spender oder sind sie auch egoistisch? Sind sie auch darauf bedacht Vorteile durch das Spenden zu haben?

B: Gegenüber Vorteilen bin ich nie abgeneigt. Ich möchte aber, wie bereits erwähnt, keinen Einfluss. Dazu habe ich gar keine Zeit. Ich möchte auch nicht meinen Namen irgendwo sehen. Wenn ein Krankenhaus wert darauf legen würde, einem bestimmten Projekt unbedingt meinen Namen zu geben, das wäre

vielleicht ok. Das muss aber nicht. Anders sieht das aus bei der steuerlichen Geltendmachung von Spenden. Natürlich will ich eine Spendenquittung, um privat Steuern zu sparen. Das steht mir aber dann auch zu finde ich. Denn ich gebe ja Geld für Dinge die eigentlich der Staat regeln müsste. Ich habe mich da im Vorfeld für das Interview ein bisschen kundig gemacht. Stichwort duale Finanzierung. Wenn ich in die Rolle des Staates trete, dann kann mir der Staat das auch durch eine Steuererleichterung versüßen.

I: Vielen Dank, ich denke, mehr gibt es dazu nicht zu sagen. Fallen ihnen auch negative Aspekte bzgl. des spendens ein?

B: Nein, tatsächlich nicht. Spenden ist Wohltat, da gibt es nichts Negatives. Spenden ist Dienst am Mitmenschen, es ist etwas zutiefst christliches. Da gibt es keine Nachteile.

I: Nicht mal wenn das Krankenhaus für das sie gespendet haben sich immer wieder meldet und nach Spenden fragt?

B: Nein. Ich bin groß genug um Abzulehnen wenn ich nicht mehr will. Kein Problem.

I: Vielen Dank. Dann sind wir bereits bei der letzten Frage: was fällt ihnen zum Thema einer eigenen Stiftung für Spendenaktivitäten ein?

B: Ich habe eine eigene Stiftung. Das sagte ich ihnen ja bereits. Ich kann dem nur positives abgewinnen. (…)

I: Sind sie schon mal von einer Bank bzgl. einer Stiftungsgründung angesprochen worden?

B: Natürlich. Genau von der die wir beide kennen (lacht). Die haben da die Initialzündung gegeben und ich bin froh das gemacht zu haben. Denn, ich wiederhole mich, es ist eine zutiefst christliche Angelegenheit. Wenn ich abends zu Bett gehe und an meine Stiftung denke fühle ich mich gut. Es ist Dienst am Menschen. Und so sollte es sein.

I: Haben sie die Bank, so nenne ich das jetzt mal, nie als aufdringlich empfunden?

B: Die sind mehr als eine Bank.

I: Das weiß ich.

B: Ich habe das nie so empfunden. Natürlich verdienen die auch ihr Geld daran, an der Geldanlage. Aber wieso auch nicht. Wir wollen alle nur leben. Und solange es unter dem Strich für die Menschen die Hilfe benötigen etwas bringt, ist es gut.

I: Das ist ein fantastisches Schlusswort. Mehr gibt es dazu auch nicht zu sagen. Wenn ich ganz ehrlich bin, ich bin ihr Fan. Soviel Geld, so normal und ihr Denken ist geprägt von christlichen Ansätzen. (…) Wenn nur diese Anwälte nicht wären (lacht laut).

B: Sie sind mir auch sehr sympathisch. Die Untersuchung die sie anstellen ist gut und richtig. Viel mehr Leute sollten Spenden. Es gibt soviel Elend in der Welt und auch in Deutschland.

Aber mal was anderes: sie sagten doch sie spielen Golf. Haben sie Lust auf noch ein paar Abschläge?

I: Ich habe Schuhe im Auto, nur keine Klamotten.

B: Kein Problem. Das Wetter ist schön. Spielen sie einfach im Hemd. Das geht doch, oder?

I: Sehr gerne. Prima. Vielen Dank für die Einladung.

APPENDIX 22: INTERVIEW 2 (GERMAN VERSION) - (U)HNWIS (3RD SUBSTUDY)

I: Ich darf mich zunächst bedanken für ihre Bereitschaft an dieser Studie mitzuwirken. Bevor wir beginnen darf ich sie zunächst fragen, zu welcher Eingruppierung sie sich zählen. Zu den UHNWIs oder den HNWIs?

B: Das waren 1 Mio und 30 Mio auf der Bank, richtig? Ohne sonstige Vermögensgegenstände, richtig?

I: Korrekt. So ist es.

B: Meine Frau und ich wir liegen dazwischen. Deutlich mehr als 1 Mio aber deutlich weniger als 30 Mio. Wir reden auch von Dollar, richtig?

I: Ja, aber das ist letztlich egal. Denn Dollar und Euro stehen ja mittlerweile im Verhältnis von fast eins zu eins. Das können wir deshalb vernachlässigen. Grobe Angabe wieviel auf Ihrem Konto? Bekomme ich einen Wert? Müssen sie natürlich nicht, wäre aber nett.

B: Ca. 3 in bar. Und natürlich noch andere Vermögensgegenstände.

I: Die interessieren nicht. Vielen Dank für die ehrliche Antwort. Sie wissen ja, das Interview wird komplett transkribiert. Von daher würde ich sie bitten, kurz und prägnant zu antworten, nicht ausschweifen, immer am roten Faden entlang. Sonst habe ich tierisch Arbeit (lacht).

B: (…) Das kommt mir sehr entgegen. Ich hasse Small Talk.

I: Dann beginne ich mal mit der ersten Frage: Was fällt ihnen zum Thema Spenden, ihnen als wohlhabender Mensch, zum Thema Spenden grundsätzlich ein?

B: Ich, und da spreche ich auch für meine Frau, wir somit, haben ein sehr ambivalentes Verhältnis zum Thema Spenden.

I: Wieso?

B: Weil es ein Drahtseilakt ist zwischen etwas gutem Tun und sich für irgendeinen Mist vor den Karren spannen zu lassen. Wir haben mal für eine Zoo gespendet. Ergebnis war, dass die uns jedes halbe Jahr kontaktiert haben, ob wir irgendwelche Posten in deren Hilfsverein belegen wollen. Wollen wir aber nicht, aber das haben die nicht verstanden.

I: Was ist ihnen denn bei einer Spende die sie tätigen grundsätzlich wichtig?

B: Das wir anonym bleiben ist das Allerwichtigste. Und das es einem vernünftigen Zweck dient. Kultur, Medizin, Kunst, Natur, Forschung. Dafür gebe ich gerne. Und ich will auch nichts zurück. Außer einer Spendenquittung, dann kann ich den Staat zumindest ein bisschen beteiligen. (lacht)

I: Haben sie ihrer Meinung nach eine gesellschaftliche Verpflichtung zu spenden? Also mit anderen Worten, haben wohlhabende Menschen eine gesellschaftliche Verpflichtung zu spenden?

B: Meiner Meinung nach ja. Meine Frau denkt das auch. Denn die Frage ist ja, was kommt danach? Wir haben eine Tochter. Aber muss die alles haben? Sie lebt in Wien, hat eine Österreicher kennengelernt. Der verdient gut, hat eine große Kanzlei für Wirtschaftsrecht. Wozu braucht meine Tochter unser ganzes Geld? Einen Teil ok, aber alles? Warum damit nicht was gutes tun?

I: Auf dieses Thema würde ich gleich gerne nochmal zurück kommen. Aber zunächst zwei Zwischenfragen: was betrachten sie persönlich als Großspende und haben sie hinsichtlich der Spendenhöhe eine Schmerzgrenze?

B: (…) Für mich sind Summen ab 100.000 schon eine Großspende. Damit kann man schon viel machen. Eine Schmerzgrenze? Das käme auf den Zeitpunkt an. Ich bin jetzt 69. Heute wären 100.000 für mich die Schmerzgrenze. Mehr würde ich nicht auf einmal geben. Wenn ich aber merke es geht zu Ende und meine Tochter ist gut versorgt, dann auch mehr. Wenn meine Frau vor mir geht, warum sollte ich dann vor meinem Tod nicht ein paar Millionen geben wenn ich das Geld habe?

I: Sie haben das Geld!

B: Richtig! Und ich würde es geben. Die Hälfte für meine Tochter, die Hälfte für einen guten Zweck. Da sind wir bei Ihnen. Vielleicht für ein gutes Forschungsprojekt in einer Uniklinik oder für neue Geräte. Das wäre mir egal. Hauptsache das Geld hätte einen nachhaltigen Sinn.

I: Danke. Damit wären wir schon bei der nächsten Frage. Wie beschreiben sie ihre persönlichen Erfahrungen mit dem Thema Spenden für Krankenhäuser. Haben sie das schon mal gemacht? Würden sie es machen?

B: Haben wir noch nie gemacht. Würden wir aber, habe ich ja gerade gesagt. Ich habe da aber auch noch nie drüber nachgedacht. Die Fragen einen ja auch nie. Man bekommt von allen Post, wird eingeladen, soll Spenden. Vom ZOO, vom Roten Kreuz, vom Kinderheim, vom Tierheim. Aber von Krankenhäusern habe ich noch nie was gehört.

I: Spenden sie denn für die Institutionen die sie gerade genannt haben?

B: Ja. Zu Weihnachten spenden wir immer an verschiedene Institutionen. Wissen sie, meine Frau und ich wir schenken uns nichts mehr. Das haben wir vor Jahren eingestellt. Wir haben alles. Was brauchen wir denn noch? Die fünfte Uhr, das dritte Auto? Da geben wir zu Weihnachten lieber was an Menschen oder Tiere die es brauchen.

I: Sie haben eben die Situation vor ihrem Tod angesprochen? Würden sie Teile ihres Erbes spenden, z.B. an ein Krankenhaus?

B: Ja, würde ich. Gerne an ein Krankenhaus, wieso nicht. Für eine Onkologie oder Pädiatriestation vielleicht. Das wäre sinnig. Wie gesagt, meiner Tochter geht es sehr gut, die braucht nicht alles. Das findet sie selber übrigens auch. Sie und ihr Mann spenden auch.

I: Das ist ein perfekter Übergang zur nächsten Frage: welche Attribute müsste ein Krankenhaus aufweisen, damit sie spenden würden?

B: Attribute? Das ist ein komisches Wort.

I: Sorry.

B: (…) Das Krankenhaus müsste mit einem vernünftigen Projekt auf mich zukommen. Seriosität würde ich bei einem Krankenhaus mal grundsätzlich unterstellen. Ein medizinisches oder pflegerisches Projekt das Sinn macht. Oder auch ein soziales Projekt im Krankenhaus, z.B. Trauerbegleitung, Begleitung sterbender Menschen die keine Angehörigen mehr haben. So was wäre alles unterstützenswert.

I: Wäre die Schuldentilgung eines Krankenhauses auch unterstützenswert?

B: Auf keinen Fall! Das müssen die Verantwortlichen schon selber auslöffeln. Aber da sprechen sie einen guten Punkt an. Ich würde mir das Krankenhaus vor einer Spende sehr gut anschauen.

I: Was heißt das?

B: Die finanzielle Situation würde ich mir anschauen. Ich würde nämlich nicht für ein Krankenhaus spenden, das 6 Monate später pleite ist. Denn man liest ja überall vom Krankenhaussterben und wie schlecht es den Häusern mitunter geht.

I: Würden sie für ein Krankenhaus auch mehrmalig Spenden, z.B., wie sie es eben sagten, jedes Jahr zu Weihnachten?

B: Ja, warum nicht? Da hätte ich kein Problem mit. Und wenn das Krankenhaus angemessen auf zukommen würde, dann würde ich das machen?

I: Angemessen auf sie zukommen, das ist ein interessanter Punkt. Damit wären wir nämlich schon bei der nächsten Frage: wie müsste sich das Krankenhaus verhalten damit sie spenden würden? Ich rede über Dinge wie Kontaktaufnahme, Spenderbetreuung, wie müsste das Krankenhaus auf sie zukommen, mit ihnen Kontakt aufnehmen?

B: Kontaktaufnahme durch das Krankenhaus ist wichtig. Ich möchte auch exakt dargestellt bekommen, wofür ich Geld spenden soll. Ich würde nicht ins blaue hinein spenden. Was haben sie noch gefragt?

I: Spenderbetreuung, wie sieht es damit aus?

B: Ach ja, richtig. Ich sagte ihnen ja eben schon, ich lege keinen Wert darauf nach der Spende irgendwie mitzuwirken. (…) Oder in irgendwelchen Gremien zu sitzen. Ich möchte wissen was mit meinem Geld gemacht wird, das ist mir schon wichtig. Ansonsten ein regelmässiger Zustandsbericht wie meine Kohle verbraucht worden ist. Alles andere kann man sich schenken.

I: Von wem in der Krankenhaushierarchie möchten sie denn angesprochen und betreut werden?

B: Von jemandem der Entscheidungskompetenz hat. Denn vielleicht habe ich ja auch mal eine Nachfrage bzgl. meiner Spende. Da möchte ich nicht 2

Stunden in der Warteschleife stecken oder 4 Wochen auf eine Antwort warten. Da möchte ich die Telefonnummer von demjenigen haben, der mir verbindlich Auskunft geben kann.

I: Vielen Dank, das sind klare Aussagen.

B: Das ist doch gut für die Auswertung, oder?

I: Genau, das hatten wir ja auch so besprochen. (…) Die nächste Frage haben sie eigentlich schon beantwortet. Es geht um ihre Motivation zu spenden, hinsichtlich Einfluss auf die Organisation, persönliche Vorteile, Motive etc. Aber da haben sie schon viel zu gesagt.

B: Genau. Meine Motivation ist das mit meinem Geld etwas sinnvolles gemacht wird. Ich will keinen Aufsichtsratposten, ich will keine anderweitigen Einfluss nehmen.

I: Eine Zwischenfrage vielleicht noch: möchten sie einen direkten Bezug zum Spendenobjekt haben, zum Krankenhaus zum Beispiel?

B: Geografisch?

I: Auch.

B: Na ja, ich würde halt schon gerne für ein Krankenhaus spenden was in der näheren Umgebung liegt. Für ein Krankenhaus in Buxtehude, ne, das wäre nichts. Ich möchte da schon regelmässig vorbei fahren können und das Spendenobjekt wenn sie so wollen, sehen.

I: OK. Was mit einer steuerlichen Motivation?

B: Das sagte ich ja schon. Eine Spendenquittung will ich, ansonsten würde es von mir nichts geben. Der Staat hat bei einer hohen Spende die Verpflichtung dem Spender entgegenzukommen. Das ist meine Meinung. Die haben mich im Leben genug geschröpft.

I: Alle klar, dann kommen wir schon zur vorletzten Frage: welche negativen Aspekte sehen sie für Großspenden im Krankenhausbereich? Gibt es da welche?

B: (…) Das Einzige, was mit einfällt habe ich auch schon gesagt. Man muss wissen oder sich zumindest sicher sein, dass das Krankenhaus nicht in einem Jahr geschlossen wird. Bei allem anderen sehe ich keine Schwierigkeiten. Für ein

Krankenhaus zu spenden ist immer sinnig, da es den Menschen in der Umgebung zur Versorgung dient.

I: Das finde ich ist eine schöne Einstellung, das macht sie sympathisch.

B: Für sympathisch kann man sich nichts kaufen. Das ist nice to have, bringt aber geschäftlich nichts.

I: Da habe ich andere Erfahrungen gemacht, aber das führt jetzt zu weit. (…) Wir sind bei der letzten Frage: Was fällte ihnen zum Thema einer eigenen Stiftung ein, z.B. für ein Krankenhaus? Haben sie über sowas schon einmal nachgedacht?

B: Nein, nie. Habe ich nie drüber nachgedacht. Dafür bin ich auch zu klein. Wenn ich Milliarden hätte, ok. Aber wir mit unseren paar Millionen, ich kann auch privat spenden. (…) Um eine Stiftung muss man sich auch wieder kümmern. Da habe ich keine Lust zu.

I: Sind sie schon mal von ihrer Bank angesprochen worden, eine Stiftung zu gründen?

B: Ich war mal auf einem Infoabend bzgl. sowas. Das wurde von meiner Hausbank initiiert.

I: Darf ich fragen, wer ihre Hausbank ist?

B: Deutsche Bank. Meine Frau und ich sind aber dann zu dem Entschluss gekommen, sowas nicht zu machen. Der Aufwand war uns einfach zu groß, wir wollten uns um sowas nicht kümmern müssen.

I: Fanden sie die Ansprache für den Infoabend von ihrer Bank unverschämt oder penetrant?

B: Nein, überhaupt nicht. Wir werden immer mal wieder zu solchen Abenden eingeladen. Aber natürlich zu verschiedenen Themen. Das ist ganz interessant, und es gibt leckeres zu Essen und zu trinken (…).

I: Lieber Hr. XXXX, ich bedanke mich sehr für das Gespräch. Wir sind am Ende, mehr gibt es nicht zu fragen.

B: Ich wüsste auch nicht, was ich dazu noch mehr sagen sollte. Danke auch ihnen.

APPENDIX 23: INTERVIEW 3 (GERMAN VERSION) - (U)HNWIS (3RD SUBSTUDY)

I: So, dann beginnen wir, ich würde dann mit einigen einsteigenden Worten beginnen.

B: Wir reden aber nur über Geld, wie abgemacht. Bitte keine privaten Fragen zu mir oder meiner Familie. Hatten wir ja auch so abgesprochen. Und bitte keine endlose Fragerunde, meine Zeit ist begrenzt. Da draußen warten schon die nächsten 3 Termine, ich bin schon in Verzug.

I: Selbstverständlich, Wort ist Wort. Zunächst einmal möchte ich wissen, wie sie sich einklastern? HNWI oder UHNWI?

B: Das wissen sie doch!

I: Aber ich brauche es nochmal für die Statistik.

B: UHNWI

I: Also Cash Kohle über 30 Mio.?

B: Kennen sie ihre eigenen Zahlen nicht. Ja, natürlich. Sonst würde ich das nicht sagen. Ich kenne die Klassifizierungen wie man Vermögensschichten einteilt. Da sind sie nicht der Einzige.

I: Sind sie Milliardär?

B: Nein.

I: Wieviel gesamt, all in?

B: 200 ca.

I: Danke. Ich fasse mich kurz, versprochen. Erste Frage: was fällt ihnen als sehr wohlhabender Mensch zum Thema Spenden ein?

B: Auch wenn ich etwas forsch bin und auch wenn sie mir das vielleicht nicht direkt glauben, Spenden halte ich für wichtig. Meine Gilde hat eine gesellschaftliche Verantwortung. Und diese gesellschaftliche Verantwortung heißt nicht Steuern zahlen. Die in Berlin verschwenden unser Geld nämlich sondergleichen. Wenn ich so arbeiten würde wie die Idioten in Berlin wäre ich lange pleite. Nein, die gesellschaftliche Verantwortung heißt Geld dort zu geben, wo es auch ankommt. Zielgerichtet und genau.

I: Was ist ihnen bei einer Spende wichtig?

B: Wie gesagt, zielgerichtet und genau. Und bei Leuten wie mir spielt auch die Höhe keine Rolle. Man soll geben wenn es gesellschaftlich relevant ist. Die Frage der Höhe stellt sich zweitrangig.

I: Was ist für sie eine Großspende?

B: Häh? Schwer zu sagen. 5 Millionen wäre für mich schon eine Schmerzgrenze, da würde ich sagen, mehr gibt es auf einmal nicht. Und wenn die 5 Mio vernünftig genutzt werden, dann könnten wir auch über mehr reden.

I: Das heißt sie würden auch mehrfach spenden für eine Organisation.

B: Ja, warum nicht? Wenn es sinnvoll ist.

I: Perfekt. Sie kommen schnell auf den Punkt. Wenn sie so weitermachen, sind wir schnell fertig. Ich komme schon zur zweiten Frage. Was glauben sie, warum die Spendensumme für Krankenhäuser in Deutschland so gering ist im Vergleich zu den USA?

B: Die Antwort ist sonnenklar. Die Amis tuns. TUN. Sie tuns. Sie fragen den ganzen Tag wohlhabende Menschen nach Geld. Die reden nicht nur drüber die tuns. Und warum tun die es? Weil sie sich nicht schämen wie wir Deutschen. Für die Amis gehört Spenden zum Leben dazu und es ist nicht asozial nach Spenden zu fragen. In Deutschland ist jeder ein disoziales Arschloch der nach Geld fragt. Das ist der Unterschied. Deshalb läuft ja hier auch nichts. Ist ja mit dem Venture Capital das Gleiche. Versuchen sie das mal als Gründer in Deutschland Geld zu bekommen. Fast unmöglich. Bei den Amis nicht.

I: Das heißt es liegt an der Mentalität?

B: Und an den Wertvorstellungen. (…) Genau.

I: Wie würden sie ihre persönlichen Erfahrungen mit dem Thema Spenden bei Krankenhäusern beschreiben?

B: Wir haben schon mal für eine Kinderonkologie gespendet. 100.000. Mit denen bin ich auch heute noch gut im Kontakt. Die haben eine sehr angenehme Spenderbetreuung.

I: Wieso angenehm?

B: Nicht aufdringlich, die Fragen auch nicht jede Sekunde. Rufen gelegentlich mal an wenn es was neues gibt. Finde ich gut. (…) Ich denke auch ich werde nochmal spenden. Kinderonkologie ist ein trauriges Thema, da soll man nicht kleinlich sein. Also finanziell meine ich jetzt.

I: Haben sie sich schon einmal damit befasst, nach ihrem Ableben Geld für ein Krankenhaus zu spenden?

B: Da treffen sie einen wunden Punkt. Ich bin gerade dabei meinen Nachlass etwas umzugestalten, da sich in der Familie Veränderungen ergeben haben. Ich befass mich im Moment damit auch zu Spenden mit meinem Nachlass. Und da können sicherlich auch Krankenhäuser dabei sein. Soweit bin ich aber mit meinen Überlegungen noch nicht.

I: Aber grundsätzlich wären sie nicht abgeneigt?

B: Auf keinen Fall.

I: Vielen Dank, dann sind wir schon bei der nächsten Frage: (…) Welche Attribute müsste ein Krankenhaus erfüllen, damit sie dafür spenden? Also was ist ihnen wichtig? Der Ruf des Hauses, bestimmte Abteilungen etc.

B: Bevorzugte Spendenbereiche sehe ich nicht. Es sollte für medizinische oder für pflegerische Projekte sein. Vielleicht sogar noch eher für die Pflege. Denn das ist ja die Achillessehne in Deutschland.

I: Würden sie auch für Schulden des Krankenhauses Spenden?

B: Bestehende Schulden tilgen?

I: Yes.

B: Never. Never ever. Da kann ich ja mein Vermögen direkt anzünden. Nein, nur Dinge die ich selber auch bestimme. Wenn jemand aus dem Krankenhaus mein Geld will, dann bestimme ich auch wie es verwendet wird. Die können mir ja gerne einige Projekte vorschlagen. Aber letztlich entscheide ich dann.

I: Spenden sie nur für regionale Krankenhäuser?

B: Ich würde auch für z.B . eine Spezialklinik spenden, die etliche Kilometer entfernt liegt. Denn man kann ja nie im Leben den Anspruch haben, das alles auf der Tür liegt. Das wäre für mich kein Problem. Ich habe zwei, drei schnelle Autos. Da kann ich schnell mal gucken gehen.

I: Ja, die habe ich gesehen. Ich glaube aber eher es sind 5 oder 6 statt 2 bis 3.

B: (lacht). Ja, kann auch sein. Wobei, richtig schnell sind nur 2.

I: Das kommt darauf an wie man schnell definiert (…) (lacht). Wie würden sie Krankenhäuser aus ihrer Sicht einstufen? Sind Krankenhäuser ein attraktives Spendenziel?

B: Ja. Krankenhäuser, Kinderheime, Hospize, Tierheime, Zoos, Artenschutz. Das sind alles Gebiete, ohne die man ohne Spenden nicht auskommt. Halte ich für attraktiv. Und insbesondere Krankenhäuser geben was zurück. (…) Denn es wird wahrscheinlich so sein, dass ich die auch mal brauche. Oder meine Familie.

I: Ich möchte noch einmal auf die bereits von ihnen angesprochene Spenderbetreuung zurück kommen. Wie müsste die sein, wie müsste sich ein Krankenhaus verhalten, damit sie spenden?

B: Da habe ich keine großartigen Ansprüche. Es müsste ein Entscheider auf mich zukommen und klipp und klar sagen was er will und braucht. Dann würde ich mir gerne das Spendenprojekt im Detail ansehen und erklärt bekommen. Und wenn es mich überzeugt, würde ich spenden. Und wenn man mir eine Bescheinigung für das Finanzamt ausstellt. Ohne mache ich es nicht. Der Staat soll sich auch beteiligen wenn man privat gibt.

I: Was ist mit der Spenderbetreuung? Und vor allem der Nachspendenbetreuung?

B: Ist mir wichtig. Ich möchte Zustandsberichte. Möchte detailliert wissen wofür mein Geld verwendet worden ist.

I: Ok, danke. Möchten sie Mitbestimmungsrechte im Krankenhaus oder eine Namensgebung für ein bestimmtes Projekt.

B: Ich würde mich nicht dagegen wehren, aber das ist kein Muss. Ich spende auch ohne solche Vorteile.

I: Damit haben sie auch die nächste Frage schon z.T. beantwortet. Da geht es nämlich um die Spendenmotivation.

B: Da grätsche ich direkt mal rein. Damit hier kein falsches Bild aufkommt. Meine Motivation ist nicht Einfluss zu bekommen oder das mir der Klinikvorstand in den Arsch kriecht. Wenn ich Spende spende ich aus Überzeugung an der Sache. Persönliche Vorteile können sein, müssen aber nicht. Das einzige wo ich wirklich wert drauf lege ist die Bescheinigung für das Finanzamt.

I: Danke, damit wäre diese Frage auch beantwortet. Dann direkt zur nächsten Frage: sehen sie negative Aspekte beim Großspendenfundraising? Sehen sie Schwierigkeiten, Hürden etc.

B: Nein, sehe ich nicht. Spenden ist was Gutes. Ich sehe absolut keine Nachteile.

I: Dann sind wir schon bei der letzten Frage: Haben sie sich schon einmal mit der Gründung eine Stiftung für Krankenhäuser auseinandergesetzt oder haben sie vielleicht schon eine?

B: Mein Gott, sie können hellsehen. Ich haben ihnen ja eben gesagt, dass ich dabei bin meinen Nachlass neu zu regeln. In diesem Zusammenhang denke ich tatsächlich über die Gründung einer Stiftung nach. Und nach diesem Interview überlege ich wirklich, ob wir auch medizinischen und pflegerischen Projekten zustiften sollten.

I: Das ehrt mich, das ich zum Nachdenken bringe.

B: Übertreiben sie es mal nicht. Das ist noch Zukunftsmusik, Entscheidungen sind da noch nicht gefällt.

I: Fänden sie es unverschämt, wenn eine Bank mit der Idee einer Stiftungsgründung auf sie zukommen würde oder vielleicht sogar ein Krankenhaus selbst?

B: Nein. Wieso? Jeder muss klarkommen. Eine große Tugend im Leben ist es nach Hilfe fragen zu können. Ich habe in den Anfangsjahren oft nach Hilfe gefragt. Daran ist nichts schlimmes.

I: Ich bedanke mich sehr, wir sind fertig.

APPENDIX 24: INTERVIEW 4 (GERMAN VERSION) - (U)HNWIS (3RD SUBSTUDY)

I: Guten Morgen, bevor wir anfangen, noch ein paar Fakten für die Statistik.

B: Gerne, schießen sie los.

I: Ich darf für die Bücher sagen, sie gehören zu den UHNWIS, sprich sie verfügen über ein Barvermögen von größer 30 Mio Euro, richtig?

B: Nein. Ich dachte das wird in Dollar gemessen?

I: Ja, richtig, sorry. Sie haben vollkommen recht. Aber Dollar und Euro stehen ja bei fast eins zu eins. Daher kein Problem. Trotzdem haben sie recht. (…). Also, sie gehören zu den UHNWIs, richtig?

B: Korrekt.

I: Sind sie Milliardär?

B: Nein. Aber nicht so ganz weit davon entfernt.

I: Über wieviel reden wir? Sie müssen das nicht sagen, wenn sie nicht wollen.

B: Ich sage grundsätzlich nichts, was ich nicht will. Selbst dann nicht, wenn mein Anwalt dabei ist. Gesamtvermögen?

I: Ja.

B: Ich meine zu wissen, das mir zur Milliarde so ca. 200 fehlen. Je nachdem wie die Aktienkurse stehen.

I: Also 800 insgesamt, je nach Tagesform ihres Aktienportfolios (lacht)?

B: Das kommt hin, ja.

I: Dann hätten wir das ja schon geklärt. Dann komme ich zur ersten Frage: Sie sind ein sehr wohlhabender Mensch. Was fällt ihnen grundsätzlich zum Thema Spenden ein?

B: Mir fällt zunächst mal dazu ein, dass wir diesbzgl. in Deutschland viel zu bescheiden sind. Es müssten viel mehr Institutionen Spenden nachfragen. In ihrem Bereich auch.

I: In meinem Bereich?

B: Ja, Krankenhäuser. Denen steht doch das Wasser allen bis zum Hals. So ein bisschen Zeitung lese ich ja auch. Wenn ich Fundraiser oder Krankenhausdirektor wäre, ich würde überall anklingeln. Aber das können die nicht. (…) Und wissen sie warum nicht?

I: Ich hoffe sie sagen es mir.

B: Weil das keine Kaufleute sind. Die verstehen nichts vom Markt. Die ganzen Führungskräfte in Krankenhäusern, das ist doch alles zweite Wahl. Die trauen sich doch an wohlhabende Menschen gar nicht ran. Ich bin davon überzeugt, viele von denen wissen nicht mal im Detail, was Fundraising ist. Fragen sie mal eine Führungskraft aus irgendeiner anderen Branche. Die wissen das.

I: Glauben sie deshalb auch, dass Fundraising bei Krankenhäusern in den USA soviel erfolgreicher ist?

B: Selbstverständlich. Die haben doch ganz andere Führungskräfte. Da heißt es hire or fire. Wenn sie hier im Vorstand eines Krankenhauses sitzen können sie doch machen was sie wollen, da haben sie doch eine Lebensaufgabe ohne das ihnen was passieren kann. Vor allem wenn sie in kirchlichen Häusern sind. Aber in USA ist auch die Mentalität der Leute anders. Spenden gehört da zum guten Ton, ist gesellschaftliche Verpflichtung. Das haben sie hier alles nicht.

I: Das heißt, wenn ich sie richtig verstehe, wohlhabende Menschen haben eine Verpflichtung zu spenden?

B: Ja, exakt. Aber notleidende Krankenhäuser haben auch eine Verpflichtung zu fragen. Keiner läuft jemandem anderen hinterher.

I: Spenden ist Verpflichtung sagen sie. Gäbe es für sie eine Höchstgrenze für eine Spende?

B: Weiß ich nicht. Ich glaube nicht. Mir wäre es auch egal ob ich einmal oder mehrmalig spende.

I: Was wäre denn für sie eine Großspende?

B: Puh, da habe ich noch nie drüber nachgedacht. Ich würde sagen ab 500.000.

I: Ok, danke. Nächste Frage: wie würden sie ihre persönlichen Erfahrungen mit dem Thema Fundraising für Krankenhäuser beschreiben? Haben sie schon

mal für ein Krankenhaus gespendet, schon mal mit einem Krankenhaus gesprochen, etc.?

B: Die Frage ist schnell beantwortet. Ich habe keine Erfahrungen. Mich hat noch nie jemand aus dem Krankenhausbereich angesprochen. Noch nie. Aber wer sollte das auch tun. Die Leitungen habe keine Kompetenz, das habe ich ja schon gesagt. Und die Ärzte? Die Götter in weiß? Die Supernarzissten? Die gehen doch nicht betteln. Sind die sich viel zu schön und zu elitär und zu wichtig zu. Ich kenne einige Ärzte, alles Spinner.

I: Könnten sie sich vorstellen ein Teil ihres Testaments für ein Krankenhaus zur Verfügung zu stellen? Das heißt nach ihrem Ableben Geld zu geben?

B: (…) (Überlegt lange) Da spricht im Prinzip nichts dagegen. Wenn man dann vernünftig auf mich zukäme, würde ich mir das überlegen.

I: Das finde ich gut. Vielen Dank. Dann sind wir schon bei der nächsten Frage: welche Attribute muss ein Krankenhaus für sie erfüllen, damit sie spenden würden? Was ist für sie bei einem Krankenhaus wichtig, damit sie sagen, ok, das mache ich, für die Spende ich?

B: Seriosität ist das Wichtigste. Wenn ich schon das Gefühl habe, da steht so ein selbstverliebter Chefarzt oder ein inkompetenter Klinikchef vor mir, dann ist der Zug schon abgefahren. Ansonsten sollte es sich um ein Spendengebiet handeln, das mich interessiert. Ich würde nicht für die Cafeteria spenden.

I: Für was denn?

B: Für zusätzliches Personal in der Pflege, für medizinische Forschung, für soziale Unterstützung, da fällt mir vieles ein.

I: Würden sie auch bestehende Schulden eines Krankenhauses mit ihrem Geld tilgen?

B: Nehmen sie mich nicht ernst? Die Schulden begleichen die Idioten zu verantworten haben? Da habe ich ihnen doch gerade schon was zu gesagt.

I: Ist aus ihrer Sicht ein Krankenhaus generell ein interessantes Spendenziel?

B: Ja, ist es. Wir spenden zwar für keins, weder ich privat noch die Stiftung, aber es ist ein Dienst am Menschen und damit interessant.

I: Hohoho, nicht so schnell. Sie haben eine Stiftung?

B: Ja, meine Frau kümmert sich darum. Das interessiert sie, was? Das habe ich mir schon gedacht. Aber wir spenden nicht für Krankenhäuser.

I: Das halten wir mal fest, da möchte ich später drauf zu sprechen kommen.

B: Wie sie wollen.

I: Ich komme zuerst noch zu einer anderen Frage, die sie jedoch zum Teil schon beantwortet haben. Wie müsste sich ein Krankenhaus verhalten, damit sie spenden würden? Stichworte sind Spenderbetreuung, Spendernachbetreuung, präferierte Kontaktaufnahme etc.

B: Ich wünsche mir eine adäquate Behandlung durch eine Führungskraft. Wenn ich große Summen gebe, möchte ich auch von den entsprechenden Leuten gefragt und betreut werden. Wobei betreut eigentlich schon zu viel gesagt ist. Ich wünsche mir Infos was mit meinem Geld gemacht wird und wie der Stand der Dinge ist. Das würde ich mal als Nachspendenbetreuung auffassen. Und natürlich freut man sich wenn man hin und wieder auf ein Gläschen und eine Stulle eingeladen wird. Das erwarte ich dann schon.

I: Beim Thema Erwartungen sind wir dann auch schon bei der nächsten Frage. Wie würden sie ihre persönliche Motivation zum Spenden einschätzen? Spenden sie aus rein altruistischen Gründen oder sehen sie in einer Spende auch persönliche Vorteile im Sinne von Einfluss, bevorzugte Behandlung und einer Steuerersparnis.

B: Steuerersparnis ist klar, das will glaube ich jeder und jede. (…) Ansonsten ist meine Motivation abends ins Bett zu gehen und ein gutes Gefühl zu haben. Ich bin 74, ich habe alles erreicht, ich muss mich nicht mehr in Dinge einmischen von denen ich keine Ahnung habe. Wenn sie älter werden verschwimmen die Maßstäbe. Hätten sie mir diese Frage vor 30 Jahren gestellt hätte ich gesagt, klar, auf jeden Fall, ich will alles mitbestimmen, ich will in den Aufsichtsrat der Klinik. Heute ist das nicht mehr so.

I: Sehen sie auch negative Aspekte beim Fundraising in Kliniken? Dinge die sie ggf. abhalten würden zu spenden?

B: Die Sympathie zu den Verantwortlichen muss da sein. Und eine Kompetenz der Verantwortlichen. Ich würde auch gerne eher regional spenden, nicht für ein Krankenhaus das 500 km entfernt liegt.

I: Das ist aber nichts Negatives. Das sind Beweggründe.

B: Ja, ich weiß. Ich habe nur laut überlegt. Schwierigkeiten hätte ich, wenn ich das Gefühl habe meine Spende bringt nichts mehr. Wenn es dem Krankenhaus schon so schlecht geht, dass es sowieso bald schließt oder gekauft wird. Dann würde ich nicht spenden. Da sehe ich eine Gefahr. Ansonsten kann ich dem Thema Spenden für Kliniken nichts negatives abgewinnen.

I: Das hört sich gut an. Dann sind wir schon bei der nächsten und zugleich letzten Fragen. Und da möchte ich das aufgreifen, worüber wir eben schon gesprochen haben. Stichwort Stiftung.

B: Ja, da müssten wir eigentlich meine Frau befragen. Sie hat eine Stiftung. Die kümmert sich um Naturschutz, Bäume aufforsten und so. Nicht um Krankenhäuser. Ich sage ihnen aber ehrlich, ich könnte mir auch vorstellen eine Stiftung für den medizinischen Zweck aufzulegen. Warum nicht?

I: Ist schon mal eine Bank auf sie zugekommen und hat sie auf sowas angesprochen. Ja, unsere betreuende Bank ist tatsächlich für unsere Stiftung verantwortlich. Die habe das alles eingefädelt. Die kennen sie ja sicherlich, die UBS (lacht).

I: Oh ja, die kenne ich. Finden sie solche Ansprachen durch Banken unangenehm oder aufdringlich?

B: (…) Banken wollen auch Geschäfte machen. Das ist logisch. Eine Bank tut nichts für nichts. Ich sehe das aber so, dass wenn die Geldanlage der Stiftung gut gemanagt wird, ist das eine WIN WIN Situation. Und dann soll die UBS da auch ruhig was dran verdienen. So sehe ich das. Von daher, um auf ihre Frage zurückzukommen, nein, finde ich nicht aufdringlich. Wir wollen alle nur überleben.

I: Wir wollen alle nur überleben. Super Schlusswort. Ich bedanke mich. War toll mit ihnen.

B: Möchten sie noch einen Espresso mit mir trinken? Ich zeig ihnen was Tolles. Sie mögen doch Natur und Tiere haben sie gesagt. Richtig?

I: So isset.

B: Dann kommen sie mal mit.

APPENDIX 25: INTERVIEW 5 (GERMAN VERSION) - (U)HNWIS (3RD SUBSTUDY)

I: Guten Morgen, wir beginnen das Interview offiziell. (…) Und ich freue mich sehr, dass ich die erste Frau innerhalb der wohlhabenden Menschen vor mir habe. Bisher hatte ich nämlich nur Männer.

B: Wieviel Interviews hatten sie schon?

I: Sie sind die Nummer 5.

B: Und wieviel wollen sie noch machen?

I: Wenn es geht, nochmal 5, damit ich auf 10 komme.

B: Wenn sie noch wohlhabende Frauen brauchen, sagen sie Bescheid. Ich kenne die ein oder andere, die würde sich über ihren Besuch sicherlich freuen.

I: Wie meinen sie das denn? Muss ich jetzt verlegen werden?

B: Sie sind ein sehr interessanter Mann, das wissen sie aber auch. Reiche Frauen sind meistens gelangweilt (…). Da freut sich die eine oder andere über einen netten Gesprächspartner.

I: Nett? Nett ist ein Wort für langweilige Idioten.

B: Stimmt. Sagen wir lieber interessant. (…). Ich bin übrigens auch oft gelangweilt.

I: Frau …., sie wissen, dass ich das hier transkribieren werde?

B: Das stört mich nicht. Meine Stimme ist ja nicht zu hören. Und es erfolgt ja anonym, so haben sie es zumindest gesagt.

I: Das ist hundertprozentig korrekt.

B: Dann kann ich ja ein bisschen mit ihnen spielen. Ich habe für das Interview übrigens 4 Stunden eingeplant, nachdem ich sie gesehen habe. Eigentlich waren nur 15 Minuten vorgesehen.

I: Oh Gott, ich muss noch ein Interview mit ihnen führen. Hören sie auf, ich muss professionell bleiben.

B: Ja, aber nur 15 Minuten (…). Und meine Antworten werden kurz und knapp sein, das sage ich ihnen jetzt schon. Denn eigentlich hasse ich solche

Sachen. In der Kürze liegt die Würze, ein kommunikativer Quickie sozusagen. (lacht laut).

I: Ich beginne jetzt mit der ersten Frage, ich werde darauf jetzt einfach nicht eingehen. Zumindest in den ersten 15 Minuten (lacht). Danach sehen wir weiter.

B: Sie gefallen mir immer mehr…

I: Schluss jetzt! Erste Frage: was fällt ihnen in Bezug auf das Thema Spenden als sehr wohlhabender Mensch ein?

B: Sie riechen übrigens sehr gut. Ich mag gut riechende Männer.

I: Erste Frage, bitte beantworten!

B: Wie war die Frage nochmal?

I: Was fällt ihnen grundsätzlich zum Thema Spenden ein?

B: Gute Sache, Spenden. Ich spende für viele Dinge. Aber bisher noch nicht für Krankenhäuser. Ich habe es nicht so mit Menschen, wissen sie. Eher mit Tieren.

I: Männer gehören aber auch zu den Menschen. Und es macht mir den Eindruck, damit haben sie es schon.

B: Sie sind ja nicht nur interessant, sie sind auch schlagfertig. Ich habe das Gefühl, dieser Abend endet sehr positiv. (…) Ich habe aber tatsächlich noch nie für Krankenhäuser gespendet, finde es aber im Prinzip gut.

I: Ich habe ganz vergessen am Anfang zu fragen, wie sie sich klassifizieren würden: HNWI oder UHNWI.

B: Ja, sie waren abgelenkt.

I: Antwort, bitte.

B: HNWI. Bargeldbestand deutlich größer als 1 Million, aber geringer als 30 Millionen.

I: Gesamtvermögen?

B: Schätze so 5-6 Millionen. Und sie?

I: Von mir ist hier nicht die Rede.

B: Ich bin ehrlich, also seien sie es auch. Ihre Uhr, ihr Anzug und ihr Auto. Sie sind auch nicht ganz unbedarft. Also, wieviel bei ihnen? Jetzt auch noch Geld, das macht sie maximal attraktiv (lacht).

I: Wie bei ihnen. Gleiche Größenordnung. So 6-7, je nachdem wie die Aktienkurse stehen. Aber alles fest angelegt, Immobilien und Aktien. Nichts was man von heute auf morgen liquidieren sollte.

B: Und Bargeld? Sind sie ein HNWI?

I: So knapp, ich habe alles fest angelegt. Wozu braucht man mehr als 500.000 in bar? Da sehe ich keinen Sinn drin. Das Geld soll sich ja vermehren. Also muss man es gut anlegen. D.h., kein Girokonto.

B: Sie haben vollkommen recht. Wir können uns ja mal 2 Tage einschließen und über Anlagestrategien diskutieren.

I: Ich höre das nicht. Nächste Frage: Wann ist eine Organisation für sie als Spendenobjekt interessant?

B: Es muss mich ansprechen. Ich entscheide das mit dem Herz, nicht mit dem Verstand. Spenden finde ich aber grundsätzlich positiv.

I: Sehen sie eine gesellschaftliche Verpflichtung wohlhabender Menschen zu spenden?

B: Nein. Niemand ist zu irgendwas verpflichtet. Ich habe mein Geld geerbt, mein Vater hat es erarbeitet. Was geht die Welt das Geld meines Vaters an? Wenn ich spende, soll die Welt, die Gesellschaft zufrieden sein. Ich bin zu gar nichts verpflichtet.

I: Warum glauben sie wird in den USA so viel für Krankenhäuser gespendet und in Deutschland nicht? Woran liegt das?

B: Keine Ahnung, ich habe mich nie mit USA befasst. Das sind doch alles Proleten. Ich habe es mehr mit Italien. Dolce Vita, wissen sie. Man fährt ja auch kein amerikanisches Auto. Das ist asozial. Man fährt Ferrari, das ist Stil. Ich kann ihnen die Frage nicht beantworten. Ich habe mich mit der Kultur von denen nie auseinandergesetzt.

I: Danke. Meine nächste Frage wäre gewesen, welche persönlichen Erfahrungen sie mit Fundraising für Krankenhäuser haben. Aber das haben sie schon beantwortet. Mich würde aber noch interessieren, ob sie sich vorstellen könnten, nach ihrem Tod etwas von ihrer Hinterlassenschaft an ein Krankenhaus zu spenden?

B: Wenn ein Krankenhaus mit einem vernünftigen Projekt auf mich zukäme, könnten die gerne was vom Kuchen abhaben. Ich habe keine Kinder, mein Mann ist 25 Jähre alter als ich. Wenn man realistisch ist, stirbt er vor mir. Somit habe ich keine Erben mehr. Von daher, gerne. Das ist aber grundsätzlich interessant. Ich bin schon von so vielen Institutionen zum Spenden angesprochen worden, aber noch nie von einem Krankenhaus.

I: Sie sind verheiratet?

B: Ja, wieso?

I: Das machte mir bisher nicht so den Eindruck. Quatsch, Spass. Ich wollte wissen ob sie oder ihr Mann das Geld haben.

B: Ich habe das Geld. Mein Mann hat aber auch Geld. Wir führen eine offene Ehe. Und ich bin 41 Jahre alt.

I: OK, stop, das geht mich nichts an. Welche Attribute müsste ein Krankenhaus vorweisen, damit sie dafür spenden würden?

B: Ich würde für Pflege spenden, oder für interessante medizinische Forschung. Am liebste für Forschung in Unikliniken, damit keine Tierversuche mehr gemacht werden müssen.

I: Würden sie auch mehrfach für ein Haus spenden?

B: Wenn es ein Projekt ist, wie ich es gerade beschrieben habe, sicherlich.

I: Glauben sie, dass Krankenhäuser generell ein attraktives Spenderziel für wohlhabende Leute sind?

B: (…) Ja. (…) Aber nicht nur für sie oder mich. Auch für Normalos. Wir werden alle mal krank. Ich glaube, mit Medizin, Forschung und Pflege kann sich jeder identifizieren. Davon hängt unter bestimmten Umständen unser Lebenssaft ab. Wenns mal hart auf hart kommt.

I: Unser was hängt davon ab? Lebenssaft?

B: Ja, unser Leben. Obwohl, jetzt wo sie es sagen, könnte man unter Lebenssaft auch was anderes verstehen.

I: Bitte, bleiben sie beim Thema.

B: Sie sind so süß, es macht mir Spaß mit ihnen zu reden (…) und zu spielen.

I: Solange es beim Spielen bleibt.

B: Das werden wir sehen. Wie lange dauert das hier noch?

I: Ich denke 10 Minuten.

B: Gut, dann bleiben noch dreieinhalb Stunden über. Gehen wir essen nach dem hier?

I: Nur wenn ich sie einladen darf.

B: Ein echter Kerl sind sie.

I: Wir machen weiter. Wie müsste sich ein Krankenhaus verhalten damit sie spenden würden, das heißt…

B: Die müssten sie schicken und sie müssten mich zum Essen einladen und danach noch ein bisschen Zeit mit mir verbringen.

I: Das gibt es nicht. Bleiben sie beim Thema. Ich möchte wissen, was ein Krankenhaus tun müsste, damit sie spenden. Wenn müssten die schicken, möchten sie als Spenderin speziell betreut werden, vor und nach der Spende etc.

B: Darauf fällt mir jetzt wieder was ein, aber (…) ich bleibe beim Thema (lacht). Ich möchte mich ernst genommen fühlen. Ich möchte das Spendenobjekt erklärt bekommen und ich möchte das man mich auf dem laufenden hält, damit ich weiß, was mit meinem Geld wann und wo gemacht wird. Natürlich nur solange ich lebe. Wenn es mir um mein Testament geht, ist mir die Betreuung nach der Spende herzlich egal (lacht überschwänglich).

I: Ok, danke. Dann sind wir schon bei der nächsten Frage: was ist ihre Motivation zu spenden? Sind es rein altruistische Gründe oder sehen sie durch eine Spende auch persönliche Vorteile?

B: Mein Mann sieht dabei wahrscheinlich nur persönliche Vorteile. Ich tue das nicht. Ich tue es für das gute Gefühl. Und natürlich auch ein bisschen für die Steuerersparnis. Denn der Staat fördert ja Spenden. Ansonsten bin ich da formfrei. Ich will keine Vorteile. Mich von irgendwelchen alten Säcken zum Saufen einladen lassen. Danke, das habe ich hier zu Hause. Oder in den Aufsichtsrat berufen werden. Davon habe ich keine Ahnung. Wie gesagt, es sei denn sie kommen. Da würde ich dann doch vielleicht einen gewissen Vorteil für mich sehen (lacht laut).

I: Sie geben nicht auf. Aber damit sind wir wieder beim Thema. Sehen sie im Fundraising für Krankenhäuser auch negative Aspekte? Sehen sie Hürden, Schwierigkeiten, Flaschenhälse?

B: (Überlegt lange) Ausnutzen lassen würde ich mich nicht. Das ist glaube ich eine typisch menschliche Eigenart. Gebe ich jemandem den kleinen Finger reißt er mir die Hand ab. Ich würde von Anfang an klar machen, was für mich das Maximum ist. Darüber hinaus gibt es nichts. (…) Und ich will dann auch nicht mehr gefragt werden.

I: Welche Summe ist denn ihr Maximum?

B: (sehr schnelle, energische Antwort) Über 100.000 würde ich nicht geben. Das reicht. Mehr gibt's von mir nicht. Dafür hat mein Vater zu hart für das Geld arbeiten müssen. Ich möchte mich auch nicht zu sehr in so eine Spendensache reinziehen lassen. Wenn ich zum Beispiel für krebskranke Kinder spenden würde, möchte ich außen vor bleiben. Will nicht zu viel erklärt bekommen. Sonst bekomme ich zu viel Mitleid, dann tut mir die Spende nur weh. Das will ich nicht.

I: Danke, letzte Frage…

B: Gott sei Dank, der angenehme Teil der 4 Stunden ruft (lacht).

I: Haben sie Erfahrungen mit Banken oder Stiftungen bzgl. Fundraising in Krankenhäusern?

B: Kurz und knapp: Nein. Überhaupt nicht. Führen sie mich jetzt aus?

I: Moment, soweit sind wir fast aber noch nicht ganz. Würden sie es als aufdringlich empfinden, wenn eine Bank sie anspricht, um ihnen zum Beispiel eine Stiftung im Krankenhausbereich vorzuschlagen?

B: Banker sind Haie. Aber letztlich machen die ja auch nur ihren Job. Nein, ich würde mich nicht angegriffen oder belästigt fühlen. Ob mich jetzt ein Krankenhaus direkt oder eine Bank anspricht, das ist mir egal.

I: Ich bedanke mich sehr für das wirklich lustige Interview. Es hat mir sehr viel Spaß gemacht.

B: Wir sind noch nicht am Ende, ich habe noch 3,5 Stunden.

I: Ich kenne mich aber hier nicht aus, sie müssen sagen, wo wir hingehen.

B: Das ist das kleinste Problem.

APPENDIX 26: INTERVIEW 6 (GERMAN VERSION) - (U)HNWIS (3RD SUBSTUDY)

I: Wir beginnen das Interview. Vielen Dank zunächst, dass sie sich über ZOOM die Zeit genommen haben mit mir zu sprechen. Wer ist denn jetzt wer von ihnen?

B: Ich bin der Hr. xxxx und der Gute Mann neben mir ist mein Haus- und Hofjurist, der darauf achtgibt, dass hier alles korrekt läuft.

B Anwalt: Guten Tag Hr. Rump, vorweg wie besprochen zwei Fragen: das Interview wird völlig anonym, ohne Namensnennung transkribiert?

I: Korrekt.

B Anwalt: Die Tonbandaufnahme wird unmittelbar nach der Transkription gelöscht?

I: Ebenfalls korrekt.

B Anwalt: Gut. Wir bekommen außerdem das Transkript vorgelegt, bevor es in ihrer Studie Berücksichtigung findet. Darauf muss ich bestehen.

I: Selbstverständlich, das war so besprochen mit ihrer Sekretärin bzw. mit ihrem Mandanten.

B Anwalt: Danke ihnen.

B: Ok, dann lassen sie uns bitte beginnen. Und fassen sie sich bitte kurz, ich habe wenig Zeit und die Zeit meines Anwaltes kostet auch eine Menge Geld. Das hätte ich alles schon spenden können. (B Anwalt und B lachen beide laut).

I: (…) Wir beginnen mit der ersten Frage: Was fällt ihnen grundsätzlich zum Thema spenden als sehr wohlhabender Mensch ein?

B: Grundsätzlich?

I: Ja.

B: Spenden ist ein humanitäres Element der Gesellschaft. Ich bin immer der Meinung gewesen, ich habe viel Glück gehabt in meinem Leben. Deshalb sehe ich die Verpflichtung begründet, etwas zurückzugeben.

I: Was ist ihnen bei einer Spende wichtig in Bezug auf das Spendenobjekt?

B: Da habe ich keine Präferenzen. Ich unterstelle grundsätzlich, das Spenden, egal für welchen Zweck, erstmal sinnvoll ist.

I: Was ist für sie eine Großspende?

B: Ab 100.000.

I: Wo wäre ihre Schmerzgrenze bezgl. der Spendenhöhe?

B: Die habe ich nicht. In meinem Leben kann finanziell nichts mehr schieflaufen, das wissen sie ja. Und ich gehe so wie ich gekommen bin. Nackt. Mit nichts in der Tasche. Was soll ich also mit dem ganzen Vermögen. Ich kann es eh nicht ausgeben.

I: Stichwort Vermögen. Ich habe vergessen zu fragen wieviel Vermögen sie haben. Sind sie ein HNWI oder ein UHNWI.

B Anwalt: Das sind ja jetzt fast intime Fragen. Ich weise meinen Mandanten darauf hin, dass diese Frage weit über den Gegenstand des eigentlichen Interviews hinausgeht und … (B unterbricht ihn).

B: Das ist schon ok. Ist ja alles anonym. Ich sage ihnen aber nicht alles. Ich sage ihnen nur ich bin ein UHNWI. Über meine restliche Vermögensstruktur werde ich keine Auskünfte geben (…). Bitte fragen sie auch nicht mehr.

I: Vielen Dank für ihre Offenheit. Damit sind wir schon bei der zweiten Frage: wie beschreiben sie ihre bisherigen Erfahrungen mit dem Thema Spenden für Krankenhäuser?

B: Krankenhäuser? Da habe ich keine Erfahrungen. Ansonsten spende ich, klar. Aber für Krankenhäuser noch nicht.

I: Das heißt, sie sind auch noch nie von einem Krankenhaus bzgl. Spenden angesprochen worden.

B: Korrekt, noch nie.

I: Eigeninitiative?

B: Nein, wieso? Wieso soll ich eigeninitiativ werden? Die wollen doch was von mir, nicht ich von denen. Wenn ein Krankenhaus nicht fragt, gibt es auch nichts. Ich biedere mich doch nicht an, bitte bitte darf ich bei euch spenden. Auf keinen Fall. Die anderen Fragen ja auch.

I: Wer sind denn die Anderen?

B: Rotes Kreuz, Feuerwehr, Greenpeace, NABU, die fragen alle.

I: Warum glauben sie klappt das in den USA viel besser als hier in Deutschland? Die sammeln z.T. jährlich hunderte Millionen ein von Leuten wie ihnen.

B: Weil die Amis da viel offener sind. Der gesellschaftliche Druck ist größer. Die Verpflichtung gesellschaftlich aktiv zu werden ist größer. Die Scham wenn man nichts tut ist viel größer als in Deutschland. Bei den Amis ist es eine Selbstverständlichkeit, hier nicht.

I: Könnten sie sich vorstellen nach ihrem Tod für ein Krankenhaus zu spenden? Sozusagen einen Teil ihres Nachlasses für ein Krankenhaus zu geben?

B: Einen Teil ja, sicherlich. Ich werde ungefähr 20% meines Vermögens nach meinem Ableben spenden.

I: An wen oder an welche Organisation?

B: Das legen meine beiden Kinder in Zusammenarbeit mit dem Herrn neben mir fest.

I: Wie finden ihre Kinder das?

B: Gut. Sie finden es gut. Es bleiben ja 80% übrig. Und das reicht für mehrere Leben. Ich habe das Geld auch schon in eine Stiftung transferiert, das hat ja auch zu Lebzeiten bereits steuerliche Vergünstigungen für mich zur Folge.

I: Ah, sie haben eine Stiftung.

B: Ja, genau. Die Stiftung bedient Kunst, Bildung und Natur. Krankenhäuser nicht (lacht).

I: Würden sie Krankenhäuser noch aufnehmen?

B: Müsste ich mit meinen Kindern besprechen, aber der Zweck ist ein sinnreicher. Wir werden alle mal krank. Ich bin auch krank. Daher sind Krankenhäuser sicherlich ein sinnreiches Unterfangen.

I: Das tut mir sehr leid dass sie krank sind.

B: So tragisch ist es nicht, ich komme gut zurecht.

I: Das heißt, Krankenhäuser sind generell ein attraktives Spendenziel für hochvermögende Menschen?

B: Ich würde denken für alle Menschen. Jeder Euro zählt.

I: Und ihre Behandler haben nie nach einer Spende gefragt? Wissen die nichts von ihrem Reichtum?

B: Doch, wissen sie. Aber nein, sie haben nie gefragt. Ich habe aber auch den starken Verdacht, dass der Hr. Chefarzt mehr an seinem eigenen Portemonnaie interessiert ist, als am Wohl der Klinik. Er hat wahrscheinlich Angst, dass ich beleidigt bin, wenn er fragt und ich mir jemanden anderen suche.

I: Welche Attribute müsste ein Krankenhaus denn erfüllen, damit sie spenden (Frage 3)?

B: Da gibt es eigentlich nur ein Attribut (…). Oder eine Anforderung. Ich muss das Gefühl haben, dass die leitenden Personen im Krankenhaus mit dem Geld auch entsprechend umgehen können. Wenn es in bestimmte Projekt geht, und das direkt, dann ist gut. Aber ich würde keinen Check für irgendwas ausstellen. Damit die womöglich ihre eigens verursachten Schulden tilgen. Das gäbe es bei mir nicht.

I: Würden sie auch mehrmalig für ein Haus spenden?

B: Wenn es ein gutes, ein sinnvolles Projekt ist, warum nicht?

I: Was ist denn gut und sinnvoll?

B: Forschung, neue Apparaturen, neue Geräte, mehr Personal. Das könnte ich mir schon vorstellen.

I: Damit wären wir schon bei der nächsten Frage: wie müsste sich ein Krankenhaus verhalten, damit sie spenden? Stichworte Spenderbetreuung, Kontaktaufnahme etc.

B: Ich gehe mal davon aus, das man von mir keine 100€ haben möchte, sondern etwas mehr. Dann erwarte ich eine Ansprache von der Führungsriege. Und ich erwarte eine Spenderbetreuung, klar. Ich will wissen was mit meinem Geld gemacht wird und ich möchte auf dem laufenden gehalten werden.

I: Erwarten sie als Gegenleistung bestimmte Positionen, z.B. einen Aufsichtsratsposten?

B: Nein, ich habe von Krankenhäusern keine Ahnung.

I: Eine Namensgebung?

B: Das wofür ich spende, soll meinen Namen tragen?

I: Zum Beispiel.

B: Auf keinen Fall. Das wäre mir mit das Wichtigste überhaupt. Ich möchte anonym bleiben. Sonst stehen die nachher bei mir Schlange. Ich erbitte mir bei Spenden absolute Anonymität. Mich wichtig zu machen mit meinem Geld (…). Das ist nie mein Ding oder das Ding meiner Familie gewesen. Ich halte es da mit den Aldi Brüdern, immer schön im Hintergrund agieren.

I: Vielen Dank, dann sind wir beim nächsten Punkt: wie würden sie grundsätzlich ihre Motivation für Spendentätigkeiten beschreiben? Sind das rein altruistische Gründe und gibt es auch egoistische Komponenten?

B: Sie spielen auf die Steuer an?

I: Zum Beispiel.

B: Steuerlich ist das natürlich eine interessante Sache. Diese Vorteile möchte ich für mich auch immer in Anspruch nehmen. Ansonsten sehe ich jedoch bei mir keine Motive für persönliche Vorteilsnahme durch eine Spende. (…) Ich habe ihnen ja schon gesagt, ich möchte meinen Namen nicht über der Tür, ich möchte auch keinen Einfluss im Aufsichtsrat nehmen. Eine Spende sollte auch das sein, was sie ist: ein humanitärer Akt. Und so betrachte ich das auch.

I: Das ist eine klare Haltung, vielen Dank. Dann wären wir auch schon bei der vorletzten Frage: sehen sie im Spenden auch negative Aspekte? Sehen sie Schwierigkeiten, Hürden, Barrieren die sich davon abhalten würden, zu spenden?

B: Hmh (…). Nein, sehe ich nicht. Wenn das Spendenobjekt gecheckt ist, wenn es sich um eine legale, wohltätige Organisation handelt, sehe ich da keine Nachteile. Außer das mein Kontostand schmilzt (lacht). (…) Wie lange brauchen wir noch?

I: Letzte Frage, die sie fast schon beantwortet haben. Warum haben sie eine Stiftung und könnten sie sich auch vorstellen dort Krankenhäuser Gelder zu stiften?

B: Den zweiten Teil der Frage habe ich beantwortet. Ja, könnte ich. Jeder braucht Medizin, da spricht nichts dagegen. Zum ersten Teil der Frage: ich habe mit der Stiftung sichergestellt, dass Teile meines Vermögens in die Stiftung

aufgenommen werden und auch nach meinem Tod den Institutionen denen wir zustiften noch zur Verfügung stehen. Es ist somit eine langfristige Vermögensanlage, ein Teil meines Testaments und ein philantrophischer Akt. Was will man mehr. Die eierlegende Wollmilchsau. Perfekt.

I: Könnten sie sich auch vorstellen noch eine zweite Stiftung zu gründen, nur für Krankenhäuser.

B: Wenn ein vernünftiges Konzept dahinter steht, könnte ich das. Selbstverständlich. Wie gesagt, ich nehme nichts mit wenn ich vor meinen Schöpfer trete (lacht).

I: Vielen Dank, damit sind wir durch.

APPENDIX 27: INTERVIEW 7 (GERMAN VERSION) - (U)HNWIS (3RD SUBSTUDY)

I: Sind sie soweit, können wir beginnen?

B: Ja, es kann losgehen.

I: Dann beginne ich mit der ersten Frage (…) Nein, eigentlich nicht mit der ersten Frage, sondern es geht um eine erste grundlegende Information. Sie sind den HNWIS zuzuordnen, ist das richtig?

B: Ja, das ist richtig. Zu den UHNWIs fehlt mir noch ein bisschen (lacht)

I: OK, vielen Dank. Dann beginnen wir mit der ersten Frage: was fällt ihnen, als zweifellos wohlhabender Mensch, bei dem Thema spenden ein?

B: Ganz allgemein?

I: Ja.

B: Spenden ist für mich grundsätzlich etwas dem ich nicht folgen möchte. Ich spende grundsätzlich nicht. (…) Ich bin der Ansicht, der Staat bekommt so unglaublich viel Steuern in diesem Land, er hat sich darum zu kümmern.

I: Um was zu kümmern?

B: Na ja, in ihrem Fall um die Krankenhäuser. Auch um anderes soziale Missstände. Es kann doch nicht sein, dass ich mein Leben lang arbeite und Steuern zahle und dann auch noch für die Dinge aufkommen soll, die der Staat scheinbar nicht in den Griff bekommt. Das erschließt sich mir nicht.

I: Warum glauben sie denn, dass das in den USA so viele Menschen tun? Warum wird da so viel für Krankenhäuser gespendet?

B: Jetzt will ich ihnen mal etwas sagen: in den USA liegt der Spitzensteuersatz bei 25%. In Deutschland bei 45%. Wenn ich ab Morgen 20% weniger Steuern zahlen muss, spende ich sehr gerne. Vorher nicht.

I: Sehen sie spenden nicht als gesellschaftliche Verpflichtung wohlhabender Menschen an?

B: Nein, tue ich nicht. Ich habe in meinem Leben dutzenden Menschen Arbeit gegeben. Ich habe Steuern bezahlt. Reicht das nicht. Ich bin meiner sozialen Verpflichtung nachgekommen. Voll und ganz. Mehr geht und will ich nicht.

I: OK (…). Damit haben sie die nächste Frage nach den persönlichen Erfahrungen mit dem Spenden auch schon beantwortet.

B: Ich habe ihnen das vorab gesagt. Das Interview mit mir wird nicht ergiebig. Da können sie nicht viel rausziehen. Denn meine Meinung ist „NEIN". Ich bin der Meinung für dieses Land, für diesen Staat, für diese Menschen genug getan zu haben. Es reicht.

I: Lassen sie mich bitte trotzdem eine kurze Zwischenfrage stellen: würden sie es sich denn überlegen nach ihrem Tod etwas zu spenden. Als Teil ihres Testaments, als Teil ihres Erbes?

B: (Lacht schallend laut, schlägt sich auf sein Knie) Sie sind mir ja einer, sie haben Humor, das muss ich sagen. Sie lade ich öfter ein, selten habe ich mich so amüsiert. Natürlich würde ich das nicht tun. Da könnte ich ja dann nicht mal mehr kontrollieren, was mit meinem Geld gemacht wird, wozu es verbrannt wird. Sie scherzen doch wohl wirklich, oder?

I: Wenn sie Tod sind, können sie grundsätzlich nicht mehr kontrollieren was mit ihrem Geld passiert.

B: Das stimmt. Ich bilde mir aber ein, mein Geld an Leute zu geben, die ich kenne und denen ich Vertrauen kann. Das kann ich bei einem wildfremden Krankenhaus nicht behaupten.

I: Dann bin ich bei der nächsten Frage. Obwohl das jetzt schwierig wird, weil sie sich so deutlich gegen das Spenden geäußert haben. Die Frage wäre, welche Attribute ein Krankenhaus aufweisen müsste, damit sie spenden würden.

B: Keine. Ich spende nicht.

I: Nehmen wir mal theoretisch an, sie müssten spenden. Würden sie lieber bestehende Schulden eines Krankenhauses tilgen oder für medizinisch/pflegerische Projekte spenden?

B: Zweiteres. Aber Gott sei Dank werde ich nicht gezwungen. Wir sind ja hier noch nicht in Russland.

I: Nehmen wir wiederum an, sie würden vielleicht doch darüber nachdenken, etwas an ein Krankenhaus zu spenden. Wie müsste sich das Krankenhaus

verhalten, wie müsste es Kontakt zu ihnen aufnehmen, damit sie spenden würden? Oder würden sie den Kontakt aufnehmen.

B: Bei dieser hypothetischen Sichtweise würde ich mal meinen, das Krankenhaus müsste auf mich zukommen. Und zwar ein Entscheider aus dem Krankenhaus, da ich mich nicht mit Befehlsempfängern unterhalte. (…) Das wäre das Erste. Dann müsste man mir ein sehr konkretes Projekt vorschlagen und mir alles darüber erklären. Dann würde ich das einem Anwalt geben. Das müssten die natürlich bezahlen. Und dann würde ich es mir überlegen.

I: Möchten sie auch eine Nachspendenbetreuung?

B: Ja. (…) Schon (…) Ich möchte ja wissen, was mit meinem Geld passiert. Außerdem betrachte ich es als einen Akt der Höflichkeit, Menschen, die mir Gutes getan haben, hin und wieder einzuladen und auf dem laufenden zu halten.

I: Würden sie sich auch über Posten freuen? Z.B. im Aufsichtsrat?

B: Nein. Wenn ich spenden würde, wäre auch ganz wichtig für mich, dass ich anonym bleibe. Das ist das A und O.

I: Danke sehr. Da konnte ich ja doch ein bisschen aus ihnen rauskitzeln.

B: Wie gesagt, alles hypothetisch.

I: Dann brauche ich eigentlich die nächste Frage auch nicht zu stellen. Es geht nämlich um die Motivation zu spenden.

B: Ich habe ihnen meine Motivation erklärt nicht zu spenden. Das reicht doch auch, oder?

I: Ja, sicherlich. Das ist auch ein wissenschaftliches Ergebnis. Da ihre Motivation ja eher negativ geprägt ist, gibt es denn Aspekte, die darüber hinaus noch gegen das Spenden bei Krankenhäusern stehen? Also Dinge, die sie darüber hinaus noch vom Spenden abhalten.

B: Vielleicht noch die Qualität des Managements. Das ich grundsätzlich nicht spende und somit auch nichts für Krankenhäuser spende hat nichts damit zu tun, dass ich mich nicht auskenne. Und eins ist ja wohl klar: (…) die Qualität des Managements in Krankenhäusern ist unterirdisch. Die verdienen da ja auch alle weniger als in der freien Wirtschaft. (…) Und wozu führt das?

I: Sagen sie es mir!

B: Das führt dazu, dass die Guten da nicht hingehen. Die gehen in die Industrie, in den Bankensektor, zu den Pharmafirmen etc. Und ich hätte große Probleme damit für ein Unternehmen zu spenden wo ich weiß, das das Management nichts taugt.

I: Nichts taugt? (…) Ist das nicht etwas übertrieben?

B: Ich glaube nicht. Und das zählt für die Kleinen wie für die großen Häuser. Schauen sie sich doch die Essener Uniklinik mal an. Dieser gegelte Lackaffe der da an der Spitze steht. Wie kann man bei solchen Jahresergebnissen noch schlafen? Wenn der seinen Haushalt nicht jedes Jahr vom Land ausgeglichen bekommen würde, wäre die ganze Klinik schon lange platt. Und für solche Leute soll ich spenden? Niemals.

I: Sie sind in ihrer Meinung sehr klar. Finde ich gut.

B: Finde ich auch. Meine Frau findet das manchmal peinlich. (lacht)

I: (lacht). Dann brauche ich sie bezüglich Stiftungen etc. sicherlich auch nicht fragen, richtig? Das wäre nämlich die letzte Frage.

B: Das erübrigt sich. Ich hatte keine, habe keine und will auch keine gründen. Denn mein Geld ist bei mir persönlich am Besten aufgehoben.

I: Ich denke ihnen für dieses Schlusswort. Dann sind wir durch.

B: Ich danke ihnen. Ich hoffe ich konnte was zu ihrem wissenschaftlichen Ergebnis beitragen. Ich glaube es aber ehrlich gesagt nicht. (lacht)

APPENDIX 28: INTERVIEW 8 (GERMAN VERSION) - (U)HNWIS (3RD SUBSTUDY)

I: So, sind sie so weit, können wir beginnen?

B: Gerne. Ich darf nochmals darum bitten, dass wir zügig durch die Fragen gehen. Ich bin zeitlich momentan etwas exponiert.

I: Natürlich. Ich würde zuerst gerne wissen, gehören sie zu den UHNWIS oder den HNWIS.

B: Zu den HNWIS. Ich habe ca. 10 Millionen in bar. Plus das ganze andere Zeugs. Aber da haben wir doch schon drüber gesprochen.

I: Zeugs?

B: Ja, Vermögenswerte meine ich. Entschuldigen sie bitte, ich bin gedanklich noch nicht ganz dabei. Jetzt ist aber in Ordnung. Legen sie mal los.

I: Dann beginnen wir mit der ersten Frage: was fällt ihnen grundsätzlich zum Thema Spenden ein? Also, Spenden bei wohlhabenden Menschen wie ihnen.

B: Tja, das mag sie jetzt vielleicht entsetzen, aber ich sehe da gar nicht so groß den Unterschied. Ich bin zwar wohlhabend, ich würde aber trotzdem nicht viel Spenden. Was heißt auch schon viel? Ich würde keine 100 Tausend spenden. Das hieße für mich viel. Würde ich aber nicht tun.

I: Wieso nicht?

B: Weil mir das zu viel ist, das sehe ich nicht ein. Ich habe keine Probleme damit vielleicht mal 10 Tausend zu spenden. Aber nicht 100. Wobei, nicht falsch verstehen. Ich halte Spenden für eine gute Sache. Aber es kann nicht sein, dass immer weniger Menschen immer mehr spenden sollen. Da mache ich nicht mit. Das muss auf alle Schultern verteilt werden. Nicht nur auf wenige.

I: Warum glauben sie funktioniert das in den USA so gut. Warum spenden die reichen Menschen dort so viel?

B: Keine Ahnung. Aber das kommt ja auch noch mal drauf an, was sie unter reich verstehen. Da laufen ja Typen rum, die haben Milliarden. So einer bin ich ja nicht. Trotzdem würde es mir überhaupt nicht weh tun, mal ne Million zu spenden. Sehe ich aber nicht ein. Gerne mal einen kleineren Betrag, gerne auch

mehrmals hintereinander zum Beispiel für ein Krankenhaus spenden. Aber nicht solche Riesensummen. Mit mir nicht.

I: Haben sie persönliche Erfahrungen mit dem Thema Spenden für Krankenhäuser?

B: Ja, habe ich. Ich habe tatsächlich für das hiesige Krankenhaus schon insgesamt 4 Mal gespendet?

I: Welche Summen?

B: Wie gesagt, jedes Mal ein paar Tausend. Keine Riesensummen, das mache ich nicht. Und was das Thema Krankenhäuser angeht: ich spende auch nur für das Krankenhaus hier um die Ecke. Der Heimataspekt ist mir da schon wichtig. Ich würde nicht für eine Klinik irgendwo in Ostdeutschland spenden. Die müssen dann gucken, wie sie zurechtkommen. Da gibt es bestimmt auch Spender.

I: Könnten sie sich vorstellen, testamentarisch etwas festzulegen? Also nach ihrem Tod etwas für ein Krankenhaus zu spenden?

B: Ja, das könnte ich mir vorstellen.

I: Auch eine größere Summe?

B: Vielleicht. Wenn ich nicht mehr da bin, interessiert mich das ja sowieso nicht mehr. Meine Frau ist ja schon vor einigen Jahren verstorben. Und meine Tochter lebt im Ausland. Klar bekommt die den größten Batzen. (…) Trotzdem könnte ich mir vorstellen dann auch etwas mehr zu geben.

I: Dann sind wir schon bei der dritten Frage. Sie sagten gerade sie hätten schon viermal für ein Krankenhaus gespendet. Welche Attribute müssen denn ein Krankenhaus erfüllen, damit sie spenden? Wusste das hiesige Krankenhaus eigentlich, wie wohlhabend sie sind?

B: Ja, das wussten die. Ich war dort zur stationären Behandlung und hier in der Gegend kennt man mich. Man weiß das unsere Familie nicht ganz arm ist. Man hat mich zu einem Spendenabend eingeladen. Das haben die ganz nett gemacht. Es gab was zu essen und zu trinken. Ich hatte allerdings das Gefühl, da waren nur Leute die, sagen wir mal, nicht ganz arm waren.

I: Wieviel haben sie gespendet?

B: 5 Tausend Euro. War aber auch angenehm. Die haben einem das Gefühl gegeben, dass man dazugehört. Die haben das Projekt vorgestellt. Haben sich Zeit für mich und die anderen genommen. So stelle ich mir das vor.

I: Um welches Projekt hat es sich gehandelt?

B: Die Finanzierung bzw. die Modernisierung der Notfallaufnahme. Etwas absolut Sinnvolles also.

I: Hätten sie auch für die Tilgung bestehender Schulden gespendet?

B: Nein. Ganz klar nein.

I: Nochmal zurück auf die Attribute, möchten sie dazu noch was sagen?

B: Da ist eigentlich alles gesagt. Es müsste sich um etwas Seriöses handeln, aber davon gehe ich bei einem Krankenhaus mal aus. Da habe ich auch keine schlechten Erfahrungen gemacht. Ich lege auch noch wert darauf, dass das Krankenhaus nachhaltig geführt wird. Denn es nützt ja nichts, wenn die Bude kurz vor der Pleite steht bzw. bald durch Helios aufgekauft wird.

I: Verstehe. Würden sie ein Krankenhaus grundsätzlich für wohlhabende Menschen für ein attraktives Spendenobjekt halten.

B: Ja, würde ich. Was gibt es Sinnvolleres als für Gesundheit zu spenden. Da fällt mir nichts ein. Außer der Umwelt, da hängen wir auch alle am Tropf. Umwelt und Gesundheit. Das sind die wichtigsten Dinge überhaupt. Von daher, ja, das ist auch für wohlhabende Menschen ein absolut lohnendes Spendenziel.

I: Wenn noch einmal ein Krankenhaus auf sie zukommen würde, wie müssten die das tun, damit sie spenden? Was wäre ihre präferierte Kontaktaufnahme?

B: Das habe ich ja schon gesagt. Eine Einladung, wo man alles vorstellt, finde ich ganz ok. Ich würde mich aber auch einzeln einladen lassen. Wichtig sind mir sachdienliche Informationen. Ich muss das Gefühl haben, dass ich ernsthafte Leute vor der Brust haben, die ihr Handwerk verstehen. Ich betrachte nämlich spenden nicht als Bettelei. Geld einzutreiben ist eine Kunst, das kann nicht jeder. Und die Leute, die es können sind sehr ernst zu nehmen. Und die sind wichtig für jede Organisation die Geld brauchen.

I: Möchten sie nach der eigentlichen Spende noch weiter betreut werden?

B: Wenn ich mehrmalig spenden soll, wäre das sicherlich hilfreich. Aber bei Leuten, die ihr Handwerk beim Spenden sprich beim Kunden verstehen, stellt sich diese Frage nicht. Die betreuen die Spender weiter. Vor allem die die tausende Spenden.

I: Wer sollte hierarchisch die Ansprache übernehmen? Also welche Hierarchie im Krankenhaus meine ich.

B: Wenn ich dazu genötigt werde tausende zu spenden, möchte ich nicht mit der Raumpflegerin korrespondieren. Also entweder Leute aus der Klinikleitung oder die Fundraising Leitung bzw. die Leitung des Spendenvereins.

I: Danke sehr. Dann sind wir schon bei der vorletzten Frage (…). Nein, sorry, es sind noch drei Fragen. Wie würden sie ihre Motivation für Spendentätigkeiten beschreiben. Sind das ausschließlich altruistische Gründe oder haben sie da auch was von?

B: Grundsätzlich macht man sowas ja damit man sein Gewissen beruhigt. Aber das ich das von den Steuern absetzen kann ist ja auch ganz schön. Ansonsten sehe ich da keine persönlichen Vorteilen. Das gute Gewissen und die Steuerersparnis. Mehr gibt's nicht. Zumindest bei mir.

I: Möchten sie durch ihre Spende Einfluss nehmen?

B: Auf das Krankenhaus?

I: Ja.

B: Nein. Nie im Leben. Hab' doch gar keine Ahnung von der Materie.

I: Möchten sie wissen, was mit ihrer Spende passiert, also wozu das Geld genutzt wird.

B: Unbedingt. Sonst spende ich nicht.

I: Dann sind wir bei der vorletzten Frage: sehen sie im Großspendenbereich auch negative Aspekte für sich? Wo liegen ihrer Meinung nach Schwierigkeiten, Hürden, Barrieren?

B: Das es zu viel wird. Aber das sagte ich ihnen ja schon. Menschen mit Geld haben ja immer das Gefühl ausgenutzt zu werden. So geht es mir

zumindest. Ich habe kein Problem damit immer mal wieder zu Spendenveranstaltungen eingeladen zu werden. Es muss aber auch akzeptiert werden, wenn ich mal nein sage. Ich hätte keine Lust dauernd angequatscht zu werden, so dass es lästig wird. Das wäre mir zu viel. Ansonsten ist Spenden grundsätzlich etwas Positives. Da fällt mir nichts negatives ein.

I: Sehr schön, danke. Dann sind wir schon bei der letzten Frage: haben sie schon mal über eine Stiftung nachgedacht, z.B. eine Stiftung für Krankenhäuser.

B: Kommt für mich nicht in Frage. Dazu bin ich meiner Meinung nach nicht wohlhabend genug. Außerdem artet die Sache dann in Arbeit aus. Wer soll sich denn um die Stiftung kümmern? Ich? Keine Lust dazu. Dann muss ich wieder Leute einstellen. Ne, da Spende ich das Geld lieber direkt.

I: Sind sie schon mal von einer Bank angesprochen worden eine Stiftung zu gründen?

B: Ja, tatsächlich, bin ich. Habe denen aber das Gleiche erklärt wie ihnen gerade.

I: Danke sehr, das war interessant mit ihnen. Wir sind durch.

B: Das ging ja schneller als gedacht. Vielen Dank.

APPENDIX 29: INTERVIEW 9 (GERMAN VERSION) - (U)HNWIS (3RD SUBSTUDY)

I: Guten Abend, Fr. xxxx, ich hoffe es geht ihnen gut. Schade, dass wir uns nur über ZOOM kennen lernen, persönlich wäre das schöner gewesen.

B: Guten Abend Hr. Rump. Ja, das stimmt, aber für ein 15-minütiges Interview 4 Stunden hin und 4 Stunden zurückreisen, das kann sich doch kein Mensch antun. Aber ich habe gehört, dass unsere gemeinsame Ansprechpartnerin bei UBS sie zum nächsten UHNWI Treffen nach Baden Baden eingeladen hat.

I: Ja, das stimmt. Ich freue mich sehr darauf. Werden sie auch da sein?

B: Ja, das ist ein fester Bestandteil im Jahresprogramm. Außerdem hatten wir das ja jetzt 3 Jahre nicht mehr.

I: Dann freue ich mich jetzt noch mehr dorthin zu kommen. Wenn sie da sind.

B: Machen sie eine alte Frau nicht verlegen. Sie wissen, ich bin seit 2018 von meinem Mann getrennt.

I: Alte Frau? Da sehen sie nicht nach aus. Wirklich nicht. Darf ich fragen, wie alt sie sind?

B: Sie sind ungezogen. So etwas fragt man eine Frau nicht.

I: Sie haben Selbstbewusstsein genug.

B: Ich bin in diesem Jahr 60 geworden. Wie alt sind sie?

I: 45.

B: Haben sie sich auch gut gehalten. Sie sehen kräftig aus, machen sie Bodybuilding.

I: Ab und an bemühe ich mich.

B: Mache ich auch. Es gibt nichts, was einen besser fit hält als Hanteltraining.

I: So ist es. Sollen wir mit der ersten Frage starten?

B: Gerne!

I: Wie würden sie sich einsortieren, UHNWI oder HNWI? Ich weiß das zwar, aber nur nochmal fürs Protokoll.

B: UHNWI.

I: Danke. Was fällt ihnen in Bezug auf das Thema Spenden bei sehr wohlhabenden Menschen wie sie es sind ein?

B: Wenn sie so wohlhabend sind wie ich, dann wird spenden zur gesellschaftlichen Verpflichtung. Ob sie wollen oder nicht. Sie müssen schon irgendwie. (…) Alles andere würde zur gesellschaftlichen Ächtung führen.

I: Was wäre für sie ein Großspende?

B: Ab eine Mio.

I: Wo würde ihre Schmerzgrenze liegen? Wo sagen sie, mehr gibt es nicht von mir?

B: Weiß ich nicht, diese Grenze habe ich nicht.

I: Sie sagten gerade nicht zu spenden führt in ihren Kreisen zur gesellschaftlichen Ächtung. Können sie das mal mit den USA vergleichen.

B: In den USA ist das sicherlich noch mehr der Fall. Ich habe eine Wohnung in New York, bin ca. 2 Monate im Jahr da. Da ist Spenden noch eine viel größere gesellschaftliche Verpflichtung als hier. In Deutschland haben sie einen Zwiespalt. Die reichen müssen Spenden, weil sich das in den Kreisen gehört, und die Bedürftigen fragen nicht, weil sie sich schämen. Das ist in den USA ganz anders, da traut sich jeder, weil Spenden nichts Schlimmes ist.

I: Wie würden sie ihre persönlichen Erfahrungen mit dem Thema Spenden für Krankenhäuser skizzieren?

B: Sie wissen ja, ich, nein, wir, d.h. meine Familie und ich haben eine Stiftung. Da stiften wir auch für medizinische Spitzenforschung und für Krankenhäuser. Ich bin da also gut im Thema. Wobei ich ehrlicherweise sagen muss, auf der anderen Seite bin ich das auch wieder nicht, da sich darum die Leute der Stiftung kümmern. Ich bekomme nur die Jahresberichte vorgelegt.

I: Wurden sie schon einmal von einem Krankenhaus persönlich angesprochen, oder über ihre Leute? D.h. nicht über die Stiftung.

B: Ja, natürlich. (…) Das kommt immer wieder vor. Und ich geben dann auch gerne. Warum auch nicht. Geld macht nicht glücklich. (lacht). Ernsthaft, sie wissen ja sicherlich was mir vor knapp 15 Jahren passiert ist. Ist ja kein Geheimnis, kann man ja überall lesen. Geld kann auch sehr belastend sein. Und es kann sehr angreifbar machen.

I: Ja, ich weiß was ihnen passiert ist.

B: Die letzten Sätze möchte ich übrigens nicht in der Studie zitiert wissen. Überhaupt nicht zitiert wissen.

I: Schon vergessen. Könnten sie sich vorstellen auch nach ihrem Tod, sozusagen testamentarisch, für ein Krankenhaus zu spenden?

B: Spielen sie jetzt auf mein Alter an?

I: Natürlich nicht.

B: Ich werde einen großen Teil meines Vermögens nach meinem Tod spenden. Dazu gehören auch Krankenhäuser und medizinische Forschung.

I: Welche Attribute muss ein Krankenhaus offen legen, damit sie dafür spenden? Wie muss man sie ansprechen? Wie sollte die Kontaktaufnahme erfolgen?

B: Da kann ich wenig drüber sagen. Die Kontaktaufnahme erfolgt nie über mich persönlich, sondern über mein Büro oder über die Stiftung. Mir werden die Dinge dann vorgelegt und ich entscheide, ob ich gewissen Leute zum Gespräch einlade oder nicht.

I: Ich merke schon, sie sind zu weit weg vom normalen Leben (lacht).

B: Das muss ich sein Hr. Rump. Ich komme noch einmal darauf zurück. Sie wissen was mir passiert ist. Man wird vorsichtig. Wenn ich mich entscheide für gewisse Dinge zu spenden, und dazu gehören auch Krankenhäuser, dann trete ich zumeist gar nicht mit den Kliniken in Kontakt. Das machen meine Leute von der Stiftung oder meine Anwälte.

I: Dann erübrigt sich eigentlich auch meine nächste Frage: wie müsste sich das Krankenhaus verhalten, damit sie spenden?

B: Die Klinik muss für ein seriöses Projekt Gelder einwerben. Für Dinge die Sinn machen. Nicht für eine neue Kantine für den Vorstand.

I: Ist ihnen eine Nachspenderbetreuung wichtig?

B: Nein, da gehe ich sowieso nicht hin. Unsere Stiftung gibt Gelder an dutzende Unternehmen, da wäre ich ja nur noch auf Achse. Das geht nicht. Aber wie gesagt, unsere Leute in der Stiftung haben immer ein offenes Ohr für gute Projekte. Das muss ich nicht zwangsläufig selber machen.

I: Glauben sie, Krankenhäuser sind grundsätzlich ein interessantes Spendenobjekt für wohlhabende Menschen wie sie?

B: Da bin ich mir sehr sicher. Wir werden alle mal krank. Ich möchte nicht in einer Welt ohne Topkliniken leben. Da spende ich doch gerne würde ich sagen. Und die Leute aus meinem privaten Umfeld sehen das, soviel wie ich weiß, genauso.

I: Wie würden sie ihre persönliche Motivation für ihr Spenden beschreiben? Rein altruistisch oder auch egoistisch.

B: Altruistisch, und ein wenig egoistisch aufgrund des gesellschaftlichen Druckes.

I: Möchten sie nicht, z.B. bei einem Krankenhaus, durch ihre Spende Einfluss gewinnen. Z.B. im Aufsichtsrat oder im Vorstand mitreden?

B: Wenn ich mich unternehmerisch mit Anteilen beteilige, ja. Natürlich. Dann ist es eine Kapitalanlage. Bei einer Spende klar nein.

I: Gibt es für sie auch negative Aspekte beim Spenden? Dinge sie sie stören?

B: Wenn ich über die Stiftung gehe, nicht. Persönlich darf man oder Frau nie vergessen, dass wir in Deutschland sind. Der Neidfaktor ist ungeheuerlich groß.

I: Entschuldigen sie, dass ich sie unterbreche! Aber sind sie über diesen Faktor nicht lange hinweg. Wenn jemand ein paar Million hat, ok. Aber sie sind doch so weit entfernt, spielt Neid da noch eine Rolle.

B: Neid wahrscheinlich nicht so viel, jetzt wo ich darüber nachdenke. Aber Missgunst, die ist oft da. Deshalb lasse ich mich auch persönlich bei den meisten dieser Spendenveranstaltungen nicht mehr blicken.

I: Außer in Baden Baden, hoffe ich!

B: Das ist ja auch keine Spendenveranstaltung!

I: Aber ihr Geld wollen die trotzdem (beide lachen). Tja, dann sind wir leider schon bei der letzten Frage. Und die erübrigt sich. Denn es geht um das Thema Stiftungen. Aber da haben sie schon so viel drüber gesagt. Eine Frage vielleicht noch: könnten sie sich vorstellen, eine Stiftung ausschließlich für den Krankenhausbereich zu gründen?

B: Natürlich, warum nicht. Nur Krankenhaus wäre vielleicht ein bisschen wenig. Aber Krankenhaus und medizinische Spitzenforschung. (…) Und pflegerische Forschung. Pflege wird ja auch immer wichtiger. Könnte ich mir sehr gut vorstellen.

I: Kommen Banken auf sie zu, um ihnen so etwas vorzuschlagen?

B: Natürlich. Aber sie wissen ja, was diese Art von Beratung angeht, da bin ich in festen Händen.

I: Stimmt, das hatte ich ganz vergessen. (lacht). Ich bedanke mich sehr herzlich für das Interview. Wir sind am Ende. Mit dem Interview zumindest. Ich hoffe wirklich wir sehen uns in Baden-Baden.

B: Ich werde da sein.

I: Ich auch. Versprochen. Freue mich. Danke nochmal.

APPENDIX 30: INTERVIEW 10 (GERMAN VERSION) - (U)HNWIS (3RD SUBSTUDY)

I: Guten Abend, lieber Hr. xxxx, ich hoffe es geht ihnen gut.

B: Danke, so kurz vor Weihnachten, man kommt langsam zur Ruhe.

I: Was machen die Geschäfte?

B: Ganz gut, wobei die letzten 3 Jahre schon hart waren. Die Nachfrage ist da, aber die Beschaffung von Materialien und Personal war und ist die Hölle. Selten so schwierige Zeiten erlebt.

I: Und es wird wahrscheinlich nicht besser. Hr. xxx, seien sie mir bitte nicht böse, können wir anfangen. Ich bin ein bisschen unter Zeitdruck.

B: Das trifft sich hervorragend, ich auch. Wie immer. Fangen wir an!

I: Erste grundsätzliche Frage: UHNWI oder HNWI?

B: HNWI. Ganz klar.

I: Danke. Dann kommen wir zur ersten wirklichen Frage: Was fällt ihnen in Bezug auf das Thema Spenden ein? Also was fällt ihnen als sehr wohlhabender Mensch zu diesem Thema ein?

B: So richtig viel zu einfallen tut mir da nicht. Obwohl ich wohlhabend bin (…) Das kann ich doch hier so sagen, oder?

I: Ja, natürlich. Wir sind unter uns. Wir sind zwar in Deutschland und der Neidfaktor ist immens, bei mir aber nicht. Also, immer raus damit.

B: Ja, danke. Wie gesagt, ich spende gerne mal für das eine oder andere. Wobei ich der Meinung bin wir reden hier hauptsächlich über Krankenhäuser.

I: Das ist richtig.

B: Für ein Krankenhaus habe ich noch nie gespendet.

I: Wieso nicht?

B: Mich hat nie ein Krankenhaus gefragt.

I: Glauben sie, sie haben eine gesellschaftliche Verpflichtung zu spenden?

B: Nein. Ich habe die Verpflichtung Steuern zu zahlen und mich in diesem Land um mich selbst zu kümmern. Subsidiaritätsprinzip nennt man das. Ander Verpflichtungen habe ich nicht. Und das sehe ich auch nicht so.

I: Ab welcher Summe würden sie aus ihrer Sicht heraus von einer Großspende sprechen? Bevorzugt für ein Krankenhaus.

B: Großspende für ein Krankenhaus, mh, (…). 10.000€ würde ich sagen. Das finde ich ist schon ein Haufen Geld für eine Einmalspende.

I: Würden sie auch mehrfach für ein Krankenhaus spenden?

B: Wenn es sich um ein gutes Projekt handelt, warum nicht?

I: Was glauben sie warum das in den USA besser klappt mit den Klinikspenden als hier in Deutschland?

B: Weil die Amerikaner aktiv fragen. Erfolg generiert sich durch drei Buchstaben. TUN. Wenn sie es nicht tun, wenn sie nicht fragen, gibt ihnen auch keiner was. Die Amerikaner tuns, deshalb sind sie erfolgreich. Hier in Deutschland schämt sich der Vorstand nach Geld zu fragen. Der Amerikaner schämt sich, wenn er nicht nach Geld gefragt hat. Das ist der einzige, simple Unterschied.

I: Danke. Die zweite Frage haben sie schon beantwortet. Die zielt nämlich auf ihre Erfahrungen mit dem Spenden für Krankenhäuser.

B: Da habe ich keine Erfahrungen.

I: Genau, dass sagten sie ja bereits. Könnten sie sich denn vorstellen (…) oder haben sie sich schon mal damit befasst, nach ihrem Ableben Geld für eine Klinik zu spenden. Sozusagen als Teil ihres Testaments.

B: Nein, habe ich noch nicht. Ich könnte mir aber gut vorstellen das zu tun. Wenn mich jemand fragen würde (lacht). Erbschaftsmarketing bzw. Erbschaftsfundraising ist ja auch eine vernünftige Sache. Was soll ich mit Geld, wenn ich nicht mehr da bin. Das können dann gewisse Organisationen, wie ein Krankenhaus, besser nutzen.

I: Was würden ihre Kinder dazu sagen?

B: Das ist mir egal. Zu Lebzeiten entscheide immer noch ich. Die bekommen genug. Da Frage ich niemanden nach, ob ich, wenn ich weg bin, Geld an ein Krankenhaus gebe.

I: Das passt schön zur nächsten Frage. Welche Attribute müsste ein Krankenhaus vorweisen, damit sie spenden? Also ich meine, was müsste das Spendenobjekt bieten, wie müsste man auf sie zukommen etc.

B: Zunächst müsste man mal auf mich zukommen. Das haben wir ja schon festgestellt, das ist das Wichtigste.

I: Wer sollte das tun?

B: Wenn ich ein größere Summe spenden soll, gehe ich davon aus, dass das die Führungsetage macht. Nicht die Putzfrau.

I: Ok.

B: Und das Projekt, für das ich spende, müsste nachhaltig sein und einen Mehrwert bieten. Viele Menschen sollten etwas davon haben. Zum Beispiel technische Ausstattung, Personal, Forschung und so weiter.

I: Bestimmte Bereich in einem Krankenhaus für die sie primär spenden würden?

B: Nein, nachhaltig und sinnvoll muss es sein.

I: Würden sie sagen, Krankenhäuser und Kliniken sind grundsätzlich attraktive Spendenziele für hochvermögende Menschen?

B: Ja, würde ich. Weil ein Krankenhaus brauchen wir wahrscheinlich alle mal. Ohne Gesundheit ist alles nichts. So ist das doch. Ich denke jeder kann sich mit einer Spende für eine Klinik identifizieren. Egal ob reich oder arm.

I: Aber auch reich?

B: Auf jeden Fall. Sicherlich ist das so.

I: Wie müsste sich denn ein Krankenhaus verhalten, damit sie spenden? Stichwörter wären Kontaktaufbau, Nachspendenbetreuung etc.

B: Jetzt wird es aber langsam langweilig. Wie gesagt, erstmal muss ich jemand melden. Und wenn man von mir möchte, dass ich einen fünfstelligen Betrag spende, dann erwarte ich das sich die Leitungsebene meldet.

I: Das heißt, einen sechsstelligen Betrag spenden sie nicht?

B: Nein, nicht auf einmal. Ich könnte mir durchaus vorstellen ein Krankenhaus langfristig zu unterstützen. Jedes Jahr 10.000€ über 10 Jahre. Aber nicht auf einmal. Ich könnte das zwar, das widerspricht aber meiner Lebensauffassung.

Ich bin preußisch erzogen und sparsam aufgewachsen. Meine Eltern haben jahrelang in Armut gelebt. (…) Ich fahre auch keinen Rolls Royce oder Ferrari oder Maybach. Das widerstrebt mir. Ich bin keiner von diesen Yuppies die sich wichtigmachen müssen. Mir reicht mein 7er BMW.

I: Na ja, der ist ja auch nicht ganz schlecht.

B: Aber er kostet nur ein Drittel des Rolls Royce.

I: Wie sieht es mit einer Nachspendenbetreuung aus? Würden sie sich so etwas wünschen?

B: Wenn ich einmalig spende, nicht unbedingt. Wenn ich mehrmalig zum Spenden gebeten werde, dann schon.

I: Könnten sie sich vorstellen, bei mehrmaligen fünfstelligen Beträgen zum Beispiel in den Aufsichtsrat eines Krankenhauses gewählt zu werden?

B: Vorstellen könnte ich mir das. (…) Das brauch es aber nicht. Ich würde es auch ohne tun. Und ehrlich gesagt, erpicht bin ich da nicht drauf. Eine Spende ist eine Spende und so sollte es auch sein. Eine Spende verstehe ich nicht als ein Bewerbungsgespräch für einen neuen Job.

I: Vielen Dank. Dann sind wir schon bei der nächsten Frage: Wie würden sie ihre Motivation zum Spenden beschreiben? Die Frage ist eng an die vorherige Frage geknüpft. Sehen sie eine Spende als rein altruistischen Akt oder gibt es für sie auch noch andere Arten der Motivation?

B: Das habe ich ja gerade schon beantwortet (…) eigentlich. Ich möchte keine Gegenleistung. Ich will keinen Einfluss auf die Klinik nehmen, ich will kein Bild an der Wand oder eine messingfarbene Plakette im Eingang. Im Gegenteil. Ich möchte Anonymität. Ich will überhaupt nicht, dass jemand von meiner Spende erfährt. Das ruft nur Neider auf den Plan. Wir sind in Deutschland.

I: Hätten sie gerne einen geografischen Bezug zur Klinik? Oder würden sie auch für eine Klinik in Deutschland spenden, die hunderte Kilometer entfernt liegt?

B: Ja, da haben sie mich. Ein gewisser räumlicher Bezug wäre mir in der Tat wichtig. Sonst liegt keine Verbindung vor. Sonst sehe ich nicht, was ich Gutes tue. Ja, da haben sie wahrscheinlich recht. Das wäre für mich persönlich schöner.

I: Was wäre schöner?

B: Wenn ich für ein Krankenhaus spende, was in der Nachbarschaft liegt.

I: Ok, danke, wunderbar. Dann sind wir schon bei der vorletzten Frage: Sehen sie im Spenden auch negative Aspekte? Gibt es Dinge, die sich vom Spenden abhalten würden. No Gos sozusagen.

B: Wenn Leute mir unsympathisch sind, das ist für mich ein NoGo. Oder wenn ich für Dinge spenden soll, wo ich das Gefühl habe, dass diese nicht gut gemanagt werden. Da liegt bei Krankenhäusern schon eine gewissen Angst. (…) Es ist ja ein offenes Geheimnis, dass das Management in deutschen Krankenhäusern nicht zu den Etabliertesten zählt. Ich möchte kein Geld spenden, wenn das Krankenhaus, für das ich spende, ein Jahr später nicht mehr existiert.

I: OK, danke. Und was war mit der Sympathie?

B: Na ja, ich möchte schon das Gefühl haben, sympathische Menschen vor mir zu haben. Menschen die mein Entgegenkommen auch würdigen. Und das hat nichts damit zu tun, dass ich eine Gegenleistung möchte. Aber man sollte sich auf Augenhöhe bewegen.

I: Haben sie in diesem Sinne schon mal über eine Spende nachgedacht? Oder hat eine Bank sie schon einmal darauf angesprochen so etwas zu gründen?

B: Ja, in der Tat. Die UBS will das auch dauernd. Ist auch kein Wunder, die verdienen ja auch ordentlich daran. Für mich kommt das aber nicht in Frage. Dazu ist mein Vermögen zu gering, finde ich. Die Stiftung spendet ja aus den Zinsgewinnen, bei gleichzeitigem Vermögenserhalt. Was bringt das, wenn ich ein paar hundert Tausend eingelegt habe? Dazu bin ich nicht schwer genug. Das sollen die Hoppes, und die Albrechts und die Hortens machen. Außerdem wäre mir der Aufwand auch zu groß. Dann muss jemand die Stiftung leiten. (…) Denn ich habe da weder Zeit noch Lust zu. Und das muss ja auch eine Vertrauensperson sein. Dann sucht man wieder nach den richtigen Leuten. Nein, es ist gut so wie es ist.

I: Ich bedanke mich, wir sind durch.

B: Das ging ja schneller als gedacht. Ich bedanke mich auch. Erzählen sie mir mal was es gegeben hat wenn die Studie fertig ist.

I: Was hat was gegeben?

B: Die Ergebnisse, was dabei rausgekommen ist.

I: Gerne. Ich werde ihnen Mitteilung machen.

B: Ich bedanke mich vorab.

APPENDIX 31: INTERVIEW 1 (ENGLISH VERSION) - HOSPITAL (1ST SUBSTUDY)

[0:00:00.0] **I:** So ok the recording is running. So it's 02/28/2022, 8:50, and I'm conducting an interview with Mr. B.M. Mr. M. if you could maybe briefly introduce yourself.

B: Yes, good morning, Mr. R. I have a doctorate in human medicine, so I first studied human medicine at the University of Giessen, then I started in pediatrics after my studies, and then I changed to the field of child and adolescent psychiatry and psychotherapy. I completed my residency in this field and also psychotherapy training for children, adolescents and adults. I was then initially at the University of Marburg. This is one of the leading universities in our field and from there I changed to the university, ah (inaudible) RWTH Aachen in 1997. There with my boss at that time, (inaudible) we together an OWN department for child and youth psychiatry and psychotherapy was developed. I worked there until 2004. Then I was able to build up my own department at the Sankt Marienhospital in Düren (inaudible), which is located between Cologne and Aachen, which now has 2 (day service sectors?) with 20 treatment places and a large (suicide outpatient clinic?). Since 2012 I am also medical director of this hospital. Hospital with about 380 beds. I am part of the management of the hospital, although I do not have power of attorney, but it is a limited liability company (GmbH) that is managed by the managing director under the umbrella of a holding company of the now Josefs-Gesellschaft. Originally it was the Caritas Trägergesellschaft West. This is an association with 7 hospitals and numerous social institutions. Social institutions, which are also active in child and youth welfare. Yes, since 2012 I have also been chairman of a support association for our children's clinic of the Social Pediatric Center and my department. We also call ourselves a children's center. ... I am ... Member of the Lions Club Düren, one of the oldest in Germany. Was also on the board ... and otherwise socially committed in other areas, but especially very strongly networked in the region. For a long time member also in the golf club here locally and must say Dürener belong yes to the Rhinelanders and both among colleagues and ... in general in the field of youth welfare, one is very very strongly connected. I have been leading a working group ... since 2004, which deals with the concerns of children and adolescents

and adults with attention deficits and (inaudible). But everything else / , different networks built up around harder diseases, (inaudible) against depression ... and to the area of eating disorders (inaudible) I am very overall committed on the road.

I: Okay, thank you very much. I just have to ask then, because I didn't quite understand that just now. The CARRIER of the hospital, who is the carrier of the hospital?

B: That is the Josefs-Association

I: Josefs-Association

B: You can find easily on the internet. Headquartered in Cologne ... 7 hospitals in the network. In Düren alone, we have a dual-network hospital, which is the ... Keink Clinics, Jülich (inaudible). Then we have the (inaudible) St. Augustinus Hospital and the St. Marienhospital. Then there is a hospital in Prüm, the Eduardus Hospital in Cologne and in the Sauerland region there is another (inaudible)

I: OK. Wonderful.

I: [0:04:37.3] So then I would start with the first question. It's about basically the topic of fundraising with wealthy people. What knowledge do you personally have in principle regarding the topic of fundraising among very wealthy people in the hospital sector? Please elaborate on such points as potential, attracting donors, challenges with these people, etc. Is there anything you can say about this, where you have perhaps had some experience in your position now?

B: Yes, so maybe I'll start in general. I have always been socially engaged. At a very early stage, I became a member of the IPPNW (Physicians against Nuclear War), Unesco Peace Prize and now Nobel Prize winner. And there, of course, fundraising is a very important topic, just as it is with my sponsoring association or in the area of performance. I had (/). Of course, I am also aware that there are associations or NGOs that make use of professional people who take up this topic because they are well networked and are positioned accordingly, have structures and knowledge. .. I have already had contact with the relevant people at the hospital. I remember one (..) (inaudible, unclear

pronunciation, order of knights?) (6:18). This was a very descriptive personality, who spoke of many millions, double-digit million amounts, which he would like to invest in our hospital. He has also given quite clearly to understand that he before actually better contacts still to a competition hospital. There is namely still another hospital in the already listed Düren, in local sponsorship, thus circle and city Düren. There the also already had contacts attached and then some things in the hospital in the context of an own treatment were not in such a way run as it would have imagined. So as a VIP and then he turned to us. We then had several discussions with the involvement of the managing director and our superior managing director. And would have been quite open and willing, especially since our children's hospital is a building complex that is well over 50 years old and in every respect in principle in need of demolition, new construction for an 80-bed hospital (/), children's hospital, you can imagine that you also need two-digit million amounts. The topic has also very interested, however, were then (/), was already noticeable that the of his personality is very special. Interestingly, for whatever reason, he then presented his daughter , who was to deliver a child, also times with us and then numerous points (/), although we were there already maximally accommodating, that is no problem. We are an extremely large birth center, with over 200 deliveries a year. There he found then any reasons, why that then also not so true as he would have imagined. Which was not at all comprehensible for us. So from that point of view, I had a very negative experience. By the way, maybe that's a side note. There are certainly two different personality structures. There are those who want to stay in the background and donate anonymously, and those who want to get into the public eye or gain personal advantages.

I: [0:08:46.4] Precisely.

B: Um yes and one must say of course also with this knight of the temple order, he has made so really quite secret of it. And everything very uminös represented. We have also cherished until last (laugh) the certain times. So personality structure was already highly pathological. In any case, he would have wanted to have a say in every last detail as to which faucet would be installed in which bathroom, and that is of course something that we, as an independent, non-profit hospital, would not have allowed to happen to us. But it didn't come

to that. So we have already, of course, shown room for maneuver. So that was the negative experience on the part of my sponsoring association, I must say. In Düren, there is a lot of social commitment and we have a lot of contacts in terms of fundraising and so on. I also know that Düren used to be one of the wealthiest cities in Germany, with double-digit millionaires, even here on site. However, some of them have died out. And I have many contacts with business leaders. So far, however, I haven't met anyone who wants to invest a lot for personal wealth. It's more noticeable when you solicit donations for certain benefit events, for example for the Lions Club or for our children's hospital. That's in the low four-digit range. That's quite a lot, because we also fan out the donations. We really do have a great deal of civic involvement. There are three, three lead foxes alone. And of course we try to distribute that to a certain extent. And also from the golf club, there were always donations that have now gone to the support association. But of course we also try to distribute them fairly, which is also in my interest. Do not you have to put in one direction all that (inaudible, unclear pronunciation,?). By the way at the hospital, for about 2 years still another promotion association. There I am now not a member. From our medicine supply center for oncology. Because there also again and again of seriously ill oncological patients, who were then depending on recovered or died. Unfortunately, a sufficient number of them die. There was definitely the spontaneous need to donate something. And of course it makes sense to donate it to a support association in order to make tax deductibility possible or, vice versa, to book it adequately. And there we are but now no such high amounts come in, as one might expect now. The highest amount I was once able to raise was through partnership associations that were committed to helping mentally handicapped people or patients with severe lung disease. We had once inherited a house with a plot of land, so to speak, for my support association, which was ... (thinks) about 60,000 euros below the line. Otherwise, we also have 10,000 euros (/). These are actually the highest amounts that I have acquired through the sponsoring associations. With a turnover, I would say, of 50,000 to 60,000 euros. With the Lions Club, it's about 75,000 euros. Lions clubs do activities to promote the idea of Lions and then support activities through calendar sales or we are now planning a golf tournament.

It all goes to youth or senior citizen work. We are now in the process of organizing the benefit golf tournament, because you simply need sponsors and it is not so easy to make a profit. So you have to take a look. We have our main sponsors, so to speak, 1500 euros, sponsors 300 euros. So we easily get 10.000 /15.000 Euro together. But that's really quite a number of people, because it's rather difficult to get more than 1,500 euros.

I: [0:13:42.7] That means that you don't have any people in your sponsoring association who, let's say, take care of wealthy people PROFESSIONALLY. Who really, let's say, approach people professionally.

B: We don't. No. Nor do hospitals.

I: [0:14:03.9] OK. Yes, okay. Why do you think it works so well in the U.S., because in the U.S., for example, they don't have this two-tier financing system that we have here in Germany. So, I can give you an example, that struck me dead. I didn't know that before either. UCLA, the University College of LA, collects between 110 and 120 million dollars in donations every year.

B: Hmm (agreeing)

I: (...) Seems like an unimaginable number.

B: Yes, yes. Surely.

I: Collecting every 120 million a year. Do you think that here in Germany this is also somewhat related to the mentality? That people might say, well, so DONATING and that always has something of ingratiating and going begging and things like that.

B: YES, I'm sure that's a cultural question. On the other hand, of course, you also have to look. There are certainly enough millionaires and billionaires here, but certainly not in the number as in the USA. This may also have something to do with investments. ... We Germans also have difficulty investing in stocks and funds. And accordingly so the largest fortunes, even if you look at it, are made after all about the stock exchanges business and they grow yes then if it is properly invested. Then automatically more or less. I do not know myself now in the tax law in the USA so from. I think there are also other possibilities. In our country it is also limited to a certain extent in one place or another, or the foundation law, which is very complicated. I'm not that familiar with it, but I

remember a very wealthy family in my hometown who are active in the pharmaceutical industry on a small scale. They have set up a foundation and I have seen how complicated that was. What could be used and how it had to be accounted for. And that was on the edge of legality.

[0:16:19.5] **I**: (laugh) Yes.

B: You can see that anyway. What then still goes or does not go. So I think that on the one hand it is a cultural matter and also as I said with the ingratiation or (/). For me, this is a main argument, which I also took over from my predecessor, who founded the association, here our support association of the children's hospital. Which, by the way, was and is also very well networked. That one does not poach the nevertheless more or less means then mutually. In the sense of chumming up. Of course, we always address managing directors, but that is probably a big problem. And then I said already, then there are those then also gladly on any little plates stand. That is also quite big in the USA, that one can present then the name everywhere. Yes that then also a piece what with power to do. I see myself as a very wealthy person who also does what I do, who deals with his wealth in a socially responsible way. Which is of course partly ambivalent. I'm assuming, if you look at where the money has ultimately been won.

I: [0:17:42.3] Yes. Do you think that is possible in principle, for example, to close funding gaps or large donation projects through wealthy people. Now in your, in your situation, in your hospital? So you see the potential there?

B: In any case, that becomes a possibility. One more thing went through my mind. Our hospital is in a good economic position overall because we have always managed the hospital very conservatively. We are a gGmbH. Well, that has nothing to do with being able to manage well or being in the black. nor ... in the black. But we have of course also here with the (situation?) what investment concerns. And I think we have also aligned our hospital strategically well. So as a hospital from young to old, a very high number of births. We have with level 1 neonatology . We have everything we need on site, including geriatrics, which is also a unique selling point here in the geriatrics region. So these two pillars make a significant contribution to the fact that our hospital is in a good economic

position. In principle, this is possible. As I said, I studied at the university in Giessen. There was a Peiper ward there. You can do some research on that. They regularly organized a so-called Tourpeiper. So they were also about their own activities, of course, partly through donations (/). But now ... to my knowledge, there were also no major donors or at least not in the millions. I'm quite sure about that. That was also many years ago. Since ... (thinks) I studied from 89 to 94. And that was a cancer ward, which financed two to three doctors, quite a number of nurses, social workers, etc., through these regular activities and donations (inaudible), unclear pronunciation). And the equipment of the station was of course also accordingly comfortable. And a house for the parents, a Ronald McDonald house, where they could live in the immediate vicinity of the children's hospital. Al something there is, but also there no large donors. It would be SPANNENDING, whether that is something I can develop here in Germany, because it is to date (/), because we all know how it looks in the hospitals. Of course, they might want to be addressed, but (.) that's not really an issue today to approach a managing director. But I think there is a lack of direct contact. There are cities like Essen, where the situation is a bit different.

I: [0:20:42.2] Hmm, ok. Good (...) Would you be prepared in principle to make a budget available for something like this? That you would say, if people came to you now, they would say: I could imagine that I would generate such and such a sum X per year for the hospital in Düren, because there are now more and more hospitals that really do hire professional FUNDRAISERS. Who then at the end of the day approach these highly wealthy people in a really targeted way. Are there, have there ever been considerations in this direction?

B: So not to my knowledge. So in the sense of we are now taking a structured approach. It also has to be said that the holding company that we now have is in a very good economic position. We have such a special system (...) that was reported so if we (...) so to speak generate some profits then that goes into a pot and if we then want to make investments then we can receive corresponding distributions from this top. (...) In the hospital sector we certainly don't make the big money, but in the social sector I can calculate quite differently. There I have so many (...) home places I say now times and negotiate that with the cost units and then I have exactly a revenue situation which I can calculate very clearly.

(inaudible) There are very very many unknown, not least which and how many patients come to me. So I think basically we can imagine that and also as I have experienced the manager (/). We have of course also checked our one managing director is a lawyer. Before we have spoken with this Tempelorden humans there somewhat more intensively (/). So we would be there already still open for. Whether we would actually (...) take sum X as investment into the hand, in order to get then a two three-digit million amounts, well two-digit at the most that I would have to ask times. Well, I could imagine it. I know it, I know some NGOs. One that is on the road in Bangladesh. They do it that way or the NPPNW I know that they do it that way. For many years.

I: [0:23:17.7] Have you ever done a potential analysis? I say times with you in the periphery of no idea of 30, 40, 50 kilometers? That you have asked yourself the question, which people are there here who have real money and would be willing to do something like that?

B: No, we didn't do that. As I said, I know many managing directors, including companies with a long tradition. If you take a look here in Düren, there was traditionally a paper industry that is still a leader and the corresponding suppliers. There also to individual very wealthy people contact. But I take so was the, so they are very down to earth. So you really have to say. Well, they will also go on expensive vacations, travel a lot, but they don't hang out here like that. No one drives around in a Rolls-Royce or Bugatti. But they invest it very intensively in their own companies. These are often family businesses spanning many generations, and from what I've seen, all the profits go directly back into the companies. Some of them are international companies. You can take a look at them. GKD Kufferath. They make metal weaving mills. International, Dubai (/). Large skyscrapers are clad with it. In the meantime, with LED technology or something. So this is all somehow reinvested in the companies. Or I have a friend who has (inaudible), malt factory?), which has also already though thirty classic cars and the son drives Ralleys and has huskies as a hobby. But ultimately what comes in there so in money, what I get, that is invested in the company.

[0:25:18.9] **I:** Hmm. Hmm. Okay. Good. Thank you very much. You've actually already answered the second question. That would have been the question of whether you have had experiences with wealthy people in the past. That's what you just described with this "pathological personality structure" (laughter) there. And then we would be the third question (/). You have actually already answered it, because it would have been about the current situation of your organization with regard to fundraising. But you have already told us about your sponsoring association and so on. What I would still like to know is. Do you have a basic idea of what your donor structure looks like? So what the, I'll say what the majority of people (/) what sums they donate. Can you classify that? Is there somehow such a controlling done that you say we have what do I know 3% of the people donate more than 5,000 euros, 70% then between 10 and 50 euros and so on. Are there any overviews?

B: Um ... (thinking). Let me start with this question. But one thing again to generate funds. Now somehow the video is hanging I don't know. We mustn't forget that, because there is a lot of funding from the state in the meantime. There we have also (/), maybe I'll show that briefly, for our children's hospital. My 5.4 million for our nursing education center (/), we have very very large nursing school with now from September 300 students. That is already one of the largest in the whole region or even NRW.

I: That is lots. Like, really a lot, 300.

B: Yes, that is really a lot. And we also get about 2.8 million. These are subsidies from the state. So we are always very active when there are opportunities. As far as the association is concerned, I can say that, as I said, there are individual major donors. I even remember another person who lived in the neighborhood, who has no relatives and who also donated 50,000 euros for the children's hospital. As I said, there is no one left who could inherit anything. These are individuals in this order of magnitude, five figures. These are always really only individuals. Otherwise, we always have special birthdays or deaths where small four-digit amounts come in. Let's say 1500 to 3000 at the most. We have about 15 of those a year at most. Everything else is below that. It can also be a school class or a soccer club that has done something, a summer party and say here is our surplus. Or a Christmas bazaar. 300 to 500 euros in the order of

magnitude, which then also come spontaneously. What I always find very nice is when they say here, here is where my grandmother was born in the hospital and I was born too. All of them. And of course they come too. Is of course also networked with (inaudible), Swissbruderschaft?) and carnival society and so on. Where one would like to engage of course also. To the patronage have or are (inaudible), unclear pronunciation).

I: [0:28:49.5] Are there any spontaneous projects where you would say that we could use money for your hospital in the future? So you don't need to name them now.

B: Absolutely. In any case. We have now renovated all the wards, but it is a hospital with a 140-year history and the building structure has developed accordingly over many generations. There are two large blocks of buildings that would basically have to be torn down because they are in need of renovation. We would have more than enough needs there. And also in terms of technical equipment. We don't have a surgical computer or a robot, like a Da Vinci. But you can't work economically with a thing like that. That has to be said. There are only a few individual indications where I can be on the road quickly. But these would be things where you could say (/) or personnel, of course, we are legally on the road according to the provision. Get personnel lower limits or GBA resolution. Of course, more staff, service staff for the patient would not hurt. We would also like to expand the pastoral care even further. At the moment there is a shortage of staff (laughter) in the Catholic Church.

I: [0:30:16.4] Would you then basically say that your hospital there in the region would be an attractive target for wealthy donors? Would you say that, let's say, in the society there with you in Düren that the hospital ... that such an opinion is predominant. We would like to give to that?

B: Yes, I can certainly imagine that. Of course, I am very convinced of our hospital. I didn't apply for the position of medical director, but was proposed by the managing director. And I am elected by my colleagues from the departments. We already have a very good standing among the population. It is, of course, a social institution. We work mainly with children and young people. So, in

principle, we look after almost everyone who has a need in this age group. About 20, 22,000 children and adolescents. We also have neonatology. That also appeals to them. We have oncology. That is a topic that appeals. Also geriatrics for the elderly, I know from my own private social commitment or from other people who are active here, that these are topics that are played with pleasure and where there is a willingness to donate. We are a non-profit organization. We don't have to give to any shareholders. So we are not a private group like Helios or Sana. And that, of course, makes us attractive in that respect.

I: [0:32:03.0] Now you just said you hadn't yet built up such professional, let's say, fundraising among high-net-worth people. Are there any reasons why you haven't done that so far? So the question is, has this just not happened yet, or are there very specific reasons why you said, no, we definitely don't want to do that?

B: So, of course, independence was and is always important when it comes to decisions. Especially in the medical sector. Well, you can say that there is of course no mumbo jumbo to invest in, but that would be equipment and our support association to make the environment more attractive. For example, we also have a clinic store or something like that. Independence is a big issue. Not to let the hospital's strategy and planning be influenced by (/). One would have to stand simply times so a deal (inaudible), indistinct pronunciation) managing director, the superiors also to it. One must naturally look also there again (...) are these all funds so to speak cleanly gained. Not from any arms trade or nuclear energy or whatever. That is (/). It sounds silly at first, but I am convinced that this is the way to achieve the greatest returns in these sectors. Of course, that would also be a prerequisite. We are seeing this at the moment with personnel acquisition. Of course, we are working together with the relevant companies. When you see what kind of conditions they have. That's really crass in some cases. As for the people they place. That is borderline. You have to look very closely.

I: [0:34:07.3] Do you think your hospital would be doing better today if you had started fundraising 10 years ago?

B: Yes in any case. It's edifying, and you can see that in all kinds of places. I'm always on the road there with our craftsmen and actually know every square meter. There is a great need for renovation and a backlog, but the stations are

now all tiptop. We just replaced a few windows, but after that all the stations were basically up to the very latest standard. We could also invest another 6 million or so in my department, where it was also planned. In the new building. Unfortunately, it didn't work out because we had already received two larger (unvocal, unclear pronunciation) decisions, for the children's clinic and the nursing education center. That we fell out of it this time. It gäb above all what this building structure anbetrifft and also again the supply of the patient one could make surely still some. Allowances, payments for the employees to bind them. Such things, there we are at the moment also after the collective agreements on the way. That would certainly bring some. Of course, the best of the best could be attracted to the hospital. Because they would pay accordingly.

I: [0:35:33.5] Are there any plans at the hospital to establish something like this in the future, or to say that we basically want to professionalize this support association, let's say? Expand it, target high-net-worth individuals? Are there any plans?

B: At the moment, we are indeed on the way to make the sponsoring association better known. But we're starting with the grass roots first, because for us these are of course important multipliers, the 150 employees traditionally, because it also has so (/), that (bad connection). It was certainly so that the support association to keep the whole thing also lean. We have 35 members or 40. And deliberately was not made larger, because that is of course also so, we all have a lot to do. But at the moment we are on our way to recruit more members via social media and by directly contacting our employees, and then to get more members or supporters beyond the employees in the sense of a snowball system. For one of the sponsoring associations, I would definitely address this again now, make it a topic of discussion with the management, and I would definitely make it a topic of discussion again now, because there is simply still a lot to invest.

I: [0:37:10.1] Have you ever thought about getting professional advice on fundraising for high-net-worth individuals? Because there are, for example, consulting firms that do whole, I'll say, potential analyses, that show access routes, etc. Have you ever thought about it, talked about it?

B: (..) Not so far. As I said, because that wasn't the issue, to generate the corresponding major donors. But now that (laughter) we have dealt with it more intensively. That is definitely interesting. No question about it. I don't know if it is directly in the region (/) (..). There will be perhaps now at the moment 10, which have also appropriate fortunes and would invest. Of course, it always depends on how they relate to the hospital. If, for example, they were born in the neighboring hospital or received treatment there. Then it is obvious to me that they would rather go in that direction, because they know the one or other chief physician or managing director. I think in Düren itself it is not so easy. In Aachen it looks quite different. I know that also from a new employee (inaudible), noises). Other Fördervereine in Aachen has worked. There are much more wealthy people as well as investors. If you now go south of Cologne there are of course hospitals like sand on the beach. Because it is unbelievable (/). Of course, they will then also be more (inaudible), unclear pronunciation) active.

I: [0:38:59.5] Well, then we are already at the last question, the last question deals with banks and foundations. It's actually about have you ever had experiences as a hospital with banks or with foundations? For example, that you have approached banks or foundations and said: dear foundation, dear bank, we need a sum of money. Do you perhaps have any people in your customer base who would be interested, let's say by making a donation (inaudible) slurred speech). Or maybe even banks have approached you and said we have a wealthy person who wants to open a foundation. What do I know a hospital foundation to do some stuff with. Would you be interested in that? Have you ever had any contact with banks or foundations?

B: I am not aware of that. There is an asset savings scheme here or something that is also distributed. The development association has already benefited from this. But I'm not aware of anything like that.

APPENDIX 32: INTERVIEW 2 (ENGLISH VERSION) - HOSPITAL (1ST SUBSTUDY)

[0:00:00.0]

I: [0:00:01.5] Yes Mrs. K. I would like to welcome you. It is, what do we have, Tuesday 15.03 14:08 now and we are conducting an interview regarding the study we are conducting. I have just presented it to you in broad outline and we would like to ask you to briefly introduce yourself and state the function that you perform professionally.

B: [0:00:25.8] Yes, I'm happy to do that. My name is B. K.. I have been employed here at the Sankt Franziskus Hospital in Münster for 17 years. A hospital that belongs to the Franziskus-Stiftung, a denominational hospital foundation. I started here in the area of press and public relations, and since 2015 I have only been responsible for fundraising. The reason for this was a capital donation campaign here at the hospital, where they were looking for someone who would like to take on the main responsibility for this, and I have been able to do this ever since.

I: [0:01:05.3] Good. Wonderful. Very nice. Mrs. K. just once again so that I have (.), with we have clarified that. You agree to the recording of the interview. That I may transcribe it afterwards and also use it. But this will be done completely anonymously.

B: [0:01:23.6] I agree.

I: [0:01:25.3] OK. Wonderful. Then my first question to you would be Mrs. K. It's about basic knowledge. So what basic knowledge do you have about fundraising for very wealthy people or for people with above-average wealth in your professional field? (...) It is not even about specific examples. It's just a matter of, do you have any knowledge of this? Have you perhaps already started to take care of these people? Is there somehow (/). What is the state of affairs, so to speak?

B: [0:02:01.9] With the launch of the campaign, we actually started asking for contacts here among the chief physicians and the administrative managers. For personal contacts and private contacts to people who could belong to this group. And we have created lists. And we also regularly inform ourselves in these publications, the richest people in Westphalia. Sometimes there is something like that in the local newspaper. Names are actually mentioned. Of wealthy private individuals who are behind certain companies. I'll put it this way, we take note of that here and see if we have any contacts.

I: [0:02:44.5] OK. Do you think that's realistic in principle, let's say, to fill funding gaps or major projects in the hospital with such people, let's say, with the capital of such people?

B: [0:02:56.4] In principle, yes.

I: [0:02:58.2] Ok. (...) Have you ever thought about a certain budget, as I said I don't want to know any figures, but maybe to say, we will release a certain budget to initiate such a project, to approach these people professionally?

B: [0:03:18.7] We actually put our money where our mouth is and did a training course. Major donor approach with a US-American, who really gave us a training. The son, whom we trust to have contacts (/) and this so-called door-opener function. At this point one has invested. Admittedly, whether one still makes that now. The campaign is coming to an end this year. That would probably not be done now. That one invests there. That's my impression so far, when I think about the words of the management.

I: [0:03:52.6] Ok why not. Because it wasn't worth it? Or because it didn't bring a return on investment? Because it didn't bring a return on investment?

B: [0:04:02.2] Yes, we had expected more of a return on capital. And because this capital donation campaign is coming to an end with the construction of this, our donation object, so to speak. From summer/autumn onwards, I would say that fundraising will play a smaller role at our hospital. And then, of course, we

won't be investing as much, because the sums we want to raise in the future won't be as large as the sums we are currently raising.

I: [0:04:26.4] Well, ok. Good. Great. That's all for the first question. The second question. Have you had any real experience with high net worth donors in your project there, personally or through staff? That is, in terms of acquisition, the challenge of how to acquire these people, the behavior of these donors, how to perhaps also manage these donors, how to deal with them, what these people want to hear, and so on.

B: [0:04:57.7] Uh. I have to say very little. Our large donations came more from foundations. There have also been times when one or the other grateful patient has donated in an order of magnitude that I would probably put in there. That one would have led there before initiation discussions or the like, we do not have in such a way. I can't report on that.

I: [0:05:23.7] Yes. OK.

B: [0:05:24.1] Well. No.

I: [0:05:26.3] Do you think that if you look back, if you compare it perhaps with the way it is done in the United States, that it or your hospital would be in a better position today if you had already started professionally with this kind of fundraising 10 or 15 years ago?

B: [0:05:43.5] (...)Yes, I think so. Especially in this area. I say I, so according to my knowledge are in the U.S. already huge teams on the road. I am here alone with a colleague. That is a whole position. I know that in the American clinics there are 20, 30, 40 or more employees who take care of the patients.

I: I can confirm that this is the case.

B: [0:06:06.0] Exactly. Of course, I don't see that to the same extent now. But I'm sure that in this area (...) endowments, this subject area of what happens to

my assets after my death. That one would have with it still earlier beginning co-operation perhaps a little better successes. We have that now also. That's a topic that we don't actively pursue, but I can see that it has opportunities if you present yourself as a company that collects donations. That people who fall into this category will also take notice.

I: [0:06:36.9] Yes. Yes. That is, those practically who either donate part of their assets or have no heirs at all and then say they (/).

B: [0:06:45.4] Exactly. Or the just an endowment (/). They say our children are provided for, but there is a certain amount that the children don't need and the heirs. And I would like to bequeath that to the hospital out of gratitude, for whatever reason. There I see still in principle chances.

I: [0:07:00.5] How would you describe the current situation at your company with regard to fundraising in general? As I said, we don't need any figures, but how would you describe it in general and specifically in the area of high-net-worth individuals?

B: [0:07:22.1] (...) So in general, we're more in the realm of, I'll say, the mid-level donor. We actually generate donations through foundations and through our mailings to patients and to existing donors. It's the repeated approaching of donors and good donors can also sometimes lead to higher donations.

I: [0:07:43.6] That means I have to follow up, because that's important. Does that mean you also approach donors who have already been donors again? That means you are practically in such a (laughter) that is not meant to be disrespectful (/), in such a hamster wheel inside where you address them over and over and over again.

B: [0:08:00.5] Yes, well, there are of course, I don't know, so we say who has not donated three times, we no longer write to. But who has already donated once. There are actually so internal agreements, who (/). We don't want to write to someone for 6 years who has donated once. There are internal possibilities in the database, which we have for this purpose, to exclude people, where one has

the feeling that one simply does not meet open ears. That's right, we don't fit together at this point. That was just a single donation. We can't evoke that again, that feeling of why this person donated on his part. With us, it's actually, it's the patient mailings. Before Corona, we were at a lot of events where we could make contacts. Events also for donors, who were then invited exclusively. This issue of only inviting major donors has not led to success for us. There are certainly companies here that we have invited, but that usually does not culminate in a large donation. That has always taken some other route.

I: [0:08:59.1] Can you give me an example of another way, because that's what I'm interested in. That is, the people, the entrepreneurs come there and what happens there? What do I have to imagine under a different path?

B: [0:09:11.2] Hmm. For example, we tried to invite wealthy private individuals to the opening of a construction phase of a new clinic. About the company they belong to. What we have managed to arouse interest for the next construction phase. And to say we are not finished yet, there is, goes on here. This did not lead to success. What ran with us evenly were these existing donors, which one addressed again and again, and which then (/). Where at some point after a few small donations came really really big donations. But to be honest, we can't explain them now. These are the surprises that you have. Exactly. That you would have done something like we invite people to dinner or we do an exclusive event and then 10 people come and 2 of them donate at the end. We haven't experienced that. What we are doing, but which is not possible at the moment because of Corona, is a benefits golf tournament. That was actually the idea, of course, to address wealthy people. And also, let's say, a relatively small hurdle for colleagues to invite people who perhaps didn't want to draw attention to the topic. Where they said, "Come to the golf tournament, I know you play. And then leave the questioning about donations to others, namely to us. And there, too, I have to say, there were actually no large donations. (...) For reasons that I can't tell you now, I can't tell you. Has not dissolved into large donations, these evenings that we have done, these two.

I: [0:10:39.9] Do you generally communicate your investment plans? For example, I'll say now, as an example somehow with you in the local press. It says that your company is planning a new construction phase and needs so and so much money for it. So in general it is published in your area and made public that you need money for certain things?

B: [0:11:02.5] (..) We've been in the newspaper regularly since the fundraising campaign began. Through media cooperation, we also make sure that this is brought to the public's attention again and again with, let's say, new topics. You can see it in the hospital, there's a website and we write to patients who have agreed, they have to say so in advance, and we also speak to them regularly. And say that is the state of affairs, they have helped that it is so far, that it is now already so far, we thank them for that, can you imagine the next construction phase perhaps to engage again, to help. There are several levels to which we communicate again and again.

I: [0:11:38.2] Yes. Okay. Good. (...) That means you have already had, if I have understood correctly, at least 2 projects where you have tried to go this way. You just told me you had the first construction phase, the second construction phase. That means you have already had several of these funding projects where you have practically tried to do it this way.

B: [0:12:06.5] Exactly. The first one came to an end. We wanted to use the power for the second construction phase. And we said we'd show what was going on and point out that it's going to continue. Exactly, that's what we did.

I: [0:12:21.2] What does the future look like for you? You've already answered that a little bit, because you said we don't really need that much money anymore because we don't need these big donations at the moment. But are there any plans for the future? Maybe for high-net-worth donors to build up some kind of structures?

B: [0:12:42.5] No, there is not at the moment. We are now talking about what to do when the campaign ends. In the summer, fall of this year. There are,

of course, exactly always, I say, small projects here in the house. (inaudible) ,Clinic palliative care?) . But these are not the projects where you need large donors. That's not an issue at the moment. It is, it is perhaps also because there is not yet the follow-up project for the huge construction project. But everything moves in the smaller framework and then probably also nobody has at the moment the idea we invest there now again. Because our needs are simply no longer that great. For in(/), my impression that we first pause a bit with the active address, because we then also lack the project. Because then the one thing is finished. That one says many thanks and then one will possibly go with a new project sometime again to the people. And until then, the small projects (/).

I: [0:13:33.2] You just said that you once hired an American woman who then advised you on the subject of fundraising. If I understood that correctly. But there's no prospect of you saying that in the future we might get some professional advice from people who do fundraising on a really grand scale, or that we might get some if there's another project coming up.

B: [0:14:02.1] The fundraising campaign also started in the company of an agency. We had a communications agency specializing in hospitals that supported us with the materials, with the launch of the campaign, and is still doing that now. But we've actually been out of that for a while now. And through their mediation, because we just this issue of major donor fundraising (/). We either have to tackle this at the beginning or leave it. This training came about as a result of the agency's mediation. We said, let's train the people who have contacts here. And who, based on their professional classification here in the hospital, in the foundation, are in a position to know people who can be approached. But then it is still the case that people have to go out with their newly acquired knowledge. And make the door opener, that they say here, the Mrs. K. calls them times and then one has yes immediately another Gemengelage as if I now from here cold call. This did not happen to the extent that we would have liked. At some point, this idea got bogged down.

I: [0:15:03.7] Do you think that this is a mentality problem? Because I would say that in Germany it is often the case, and this has also come out in interviews so far, that many people are still of the opinion that donations have something negative about them. Not, I say, cleaning doorknobs, chumming up, going begging. Yes such terms fall there. Do you think that it is difficult for the employees now, I say, what these ladies, this American woman has proposed to implement in practice.

B: [0:15:31.2] I think that especially with us (). As I know that in the staff this topic, I write begging letters, what we call donation letters.

I: Is that what they call it, begging letters?

B: [0:15:42.7] Begging letters. The one we put out as a mailing. Then it's already clear, let's say, where the view, let's say, is. That's what the employees often say now. A bit disrespectful, because they themselves are annoyed when they receive something like that privately. But we're working on that. To title the occasion, I would say. I think it's the same with us as you say. People don't really dare to ask. We tend to be held back a little bit. It is better to ask once less than once more, because we are Franciscans and the Franciscan modesty (/) One would like to (inaudible), unclear pronunciation) actually have a project, but one would actually not really like to ask, because one actually (/). Yes that is with us really such a mentality and culture thing. That you say, sure, we'd like to have donations, but actually people should rather give them voluntarily. And come up with it themselves. I've noticed that. That might have been easier if you didn't have that in the back of your mind. St. Francis also lived in poverty and why do we always have to ask and so on. I have observed that.

I: [0:16:45.6] But nevertheless one is probably in the final effect if someone asks and then a wealthy donor lands one is probably very grateful or? You probably don't turn that down.

B: [0:16:55.7] Right. Exactly. But you'd rather get it voluntarily and not ask for it. And then, of course, you say thank you and you're happy. So gratitude and

the way we say thank you here is something we've put a lot of work into. We do that really intensively. But (inaudible), so?) to get, that would be nice, of course, if one had come a little more often there.

I: [0:17:13.6] If, let's say, you would now (/), the management would come up to you and tell you, Ms. K. we have now reconsidered, we would now like to make a really nice budget available for fundraising with wealthy people. They should now times (/). You now have free doors and free gates, so to speak. You can now go off as you wish. What would ideal fundraising with these people look like for you, perhaps briefly outlined like this? How would you go about it? What do you think would be important to address such wealthy people?

B: [0:17:53.9] I'm a fan of this idea that you talk to each other at eye level and that you have a door opener. So that I, for example, or the one who asks has a door opener, who has already arranged beforehand. And the thing that I would say speaks against being able to introduce this here just as an aside would be that I think the constitutional readyness, as they say, is not yet as pronounced among the people who are important for this, i.e. those who are in the network business, I would say. That means you would have to start internally first. I am quite sure. You would have to talk again with those people who have contacts to wealthy people, to wealthy people and work on the inner attitude a bit and say that is not embarrassing, that is not bad if you do that. You can ask, you can present projects. You don't have to ask yourself, you have someone for that. So I would first try to change the attitude here in the company, which is then carried to the outside, and then actually look again through these contacts, as we tried to do at the time. Because I wouldn't spontaneously know where to invest.

I: [0:19:00.9] But these contacts I had understood that they were provided by this lady or have I misunderstood.

B: [0:19:08.8] No, I probably misunderstood what I was saying. She came and explained how you can get donations through normal contacts, privately and professionally.

I: Ah OK.

B: And then I was asked to write down your ideal donor, for example. So from the whole group of people you know, who could come into question? Where do you imagine that it can work. And then you just ideally dealt with this person and said how could I imagine that. I invite the us say (/). That was so right on an example (/) For each person has made their own example and looked how can I get that this person times with our project deals. That the times us (inaudible), unclear pronunciation). That is all theoretical. Really well supervised been, this whole history. There were materials and so. But then you have to go.

I: Yes, precisely.

B: [0:19:56.0] Then you also have to go with your tools of the trade. That's what we do here on a small scale. But you also have to try to do that. I've noticed that there's simply a need to catch up on the level where these acquaintances are. Perhaps these American glasses are missing.

I: [0:20:09.4] Ok. Now I get it. Yes. Okay. Yes. That means you would say first (...) do something internally and then externally.

B: [0:20:20.7] Because I (/). I have learned that you are more likely to give someone you know (/). I find that cold calling goes badly. That one always tries to build up something based on an existing relationship. We can do that with donors who have already donated. But we can only reach certain levels and not these major donors.

I: [0:20:42.4] What I would like to know is. You just said that you had collected donations and such for this larger project, for this construction project. Now you have said that we are putting that on ice again for the time being, because we don't have a larger donation project now. (...) Why are you doing this? Why don't you say to yourself OK, that worked once, we're going full throttle now. We may not have a current project at the moment, but we may have one next year and we could already, let's say, accumulate a certain donation stock for later projects. Why do you say so categorically that we don't need anything

anymore at the moment, maybe sometime, but we'll stop with the activities now, so to speak.

B: [0:21:27.8] No, we don't stop. Then I probably expressed myself wrong. We are doing, we are ending this capital campaign (inaudible), slurred pronunciation) with 100% fundraising. We're doing well there. In the fall/summer I think we'll have the total together. Then the building project will be completed, will be started (inaudible), slurred speech). With what we have there, all the donor data in the database and all the experience we have and also being known here in Münster and in Münsterland as a fundraising organization. Of course, we don't want to be deprived of that. But it is not done in this (/). For example, we now have donations of 1.25 million to collect. Which we just (/). I estimate we already have 85%. In this framework, I say, there is nothing comparable at the moment. We now have the issue of the children's hospital. That can certainly be handled well in terms of donations.

I: Surely.

B: Exactly. That's why it's going so well. But we don't want to directly follow up with the next big fundraising campaign, but we could just work with the existing donors, contacts and with the attitude in the population (/). The Franziskus is happy about money. Of course things like the hospital clowns that just have no counterpart funding. Special stories on the palliative ward. That there is a singing bowl therapy or a therapy dog or things that are not paid for. That one makes the evenly further. We also advertise them and of course they run on the same levels. They just don't have this financial impact, but rather this high financial objective. So the actual capital donation campaign will not be followed directly by the next one, but it will continue on a small scale for the time being. But on the paths that we have already taken, so to speak.

I: [0:23:11.7] What is in your house now (/). You were busy with it now. How would you categorize that now? What is for you in your house now(/). You just mentioned the donation amount, at what point would you say we are talking

about a major donor? At what amount? What would I have to give you for you to tell me that I am a major donor in your house for the children's hospital? Do you have an order of magnitude?

B: [0:23:36.7] We have actually made such a donor pyramid and have looked at what is and how many donations à so and so we need. Would actually be at 6-digit. The 6-digit donations would be major donors. We have also had high 5-digit amounts. Well we have I think (/). I have to say now from memory. I don't have it in front of my eyes anymore, but I think we were still in the area of these middle donors. And I think major donors were actually the 6-digit ones.

I: [0:24:14.6] Then you just said something that you (/). That's the last question. What experience do you have with banks or foundations with regard to fundraising for high-net-worth people? It's always a question of not only approaching people directly, but also approaching foundations as a bank, for example. There are perhaps also banks, which say or there are not perhaps, there are also banks, which say we have certain foundations of certain people. We are looking for objects where we can ultimately put in foundation capital. Do you have any experience with that? I think you just said yes, but if you could just expand on that a little bit.

B: [0:25:03.4] On the one hand, we have raised funds through foundations that we can use for the construction project. And on the other hand, we have actually held talks with a number of banks about perhaps setting up a sponsoring foundation, an umbrella foundation. So that in the future, for example, we will be better positioned to deal with the issue of endowments and donations in wills, and simply have a broader range of services. If then so contacts are. But that's all on hold. These talks. We have now ended them for the time being. That was a management decision, we don't do foundations. And that we approach funding foundations. We are still doing that, of course.

I: [0:25:42.6] What exactly do you mean by funding foundations? Are they things that are issued by the state of North Rhine-Westphalia, for example, or

that are issued by the Kreditanstalt für Wiederaufbau or something like that? I'll say the public things?

B: [0:25:55.0] These are more corporate foundations. There are many companies that also have such a Fairy Foundation and we have actually achieved a lot with it. This topic of children seems to be quite popular. There's also a lot that have that as a main theme. These are less the public sources (inaudible), too quiet).

I: [0:26:14.0] May I ask why this idea of a foundation for the hospital, for your house, why has it been so rigorously put on ice?

B: [0:26:23.3] I think there has been a change of strategy in the management. We had a change in personnel and fundraising began with a lot of drive, and then they looked at it and the new management sees things a bit differently. They value things differently. Then these issues are off the table.

I: [0:26:44.1] Too bad, actually. I must say.

B: [0:26:49.0] We have it (/) (inaudible), too quiet).

I: [0:26:52.1] Because you seem to have done really well. If you tell me that you have already collected 85% of the 1.25 million. You must have done something right. That's the way it is.

B: Yes, I see that too. Exactly. That's why it's going great. We are totally satisfied and of course we are happy when it comes to an end. But you also have to say that Corona has given us a bit of a head start on the construction project, at least. We would have actually already built.

I: Yes, yes. Okay. But this is now, let's say, a special situation. Let's hope that we will be off soon, but yes (...). I still have one question. Finally. When you had the idea of setting up a foundation or when you thought about it. Did you

do this with an external bank or did you go to your house bank, which also maintains the business accounts of the hospital, and suggested this to them?

B: [0:27:52.4] Rather the other way around. They suggested that to us. //We also had other banks(/).

I: //And was that your house bank, or was that a private bank?

B: This is our house bank. Other private banks also approached us when we were in this discovery phase and thought it was possible. And they all presented their projects. That was a time when they all seemed to be involved. We sent foundation representatives around the country and commissioned them to set up foundations.

APPENDIX 33: INTERVIEW 3 (ENGLISH VERSION) - HOSPITAL (1ST SUBSTUDY)

1	[0:00:00.0]
2	**B:** My name is Lara S. and my function is marketing management at the Kreisklinikum Siegen.
3	**I:** [0:00:07.7] Ok wonderful, and you agree to the interview too?
4	**B:** [0:00:11.9] I agree to the interview.
5	**I:** [0:00:13.3] Wonderful. Good. We have already clarified in advance. It's about fundraising with wealthy people. And the first question would be basically in the area of fundraising and donations in your field of work, do you have knowledge or experience in the area with wealthy people?
6	**B:** [0:00:42.0] I have not yet had any experience with this in my area of work. The only experience we have had with donations so far has tended to be donations from companies or from private individuals who are not wealthy.
7	**I:** [0:01:03.5] Is there, or have you dealt with the basic perhaps for the, for your workplace with the topic before? So apart from whether you've carried it out, but have you, I'll say, have you had any training on it? Do you have any knowledge, about that? Did you maybe, I don't know, get a consultant who told you something about it, somehow?
8	**B:** [0:01:23.2] No. Well, that wasn't the main focus here in marketing at all. And that's why I haven't done any further training or anything in this area yet. I haven't had a consultant in house yet either. What I can say, I don't know whether you will somehow come to the question of whether there are such efforts.

9	**I:** [0:01:45.0] Yes, we'll get to that in a minute //There's a separate question coming up.
10	B: //Ok. Then I will withold that for now.
11	**B:** [0:01:50.4] So no, we have not yet dealt with this area in marketing.
12	**I:** [0:01:56.4] Do you think it is realistic in principle that certain projects in the hospital can be financed with donations from wealthy people?
13	**B:** [0:02:06.5] Yes, I would consider that realistic. I would also consider it welcome, because everyone knows what the financial situation of hospitals is like. And there are certainly many projects where this would make sense and where I would also think that the support and the willingness would be there. So in any case, I think it's a good thing.
14	**I:** [0:02:34.2] Would you also make a budget available for this? Or have you ever known anything about a budget being made available and said, for example. We are now providing X amount of money to build up a fundraising or to do something like that.
15	**B:** [0:02:49.7] No, since this topic has not yet been addressed in any concrete way in our company, I have no idea or no concrete budget.
16	**I:** [0:02:58.9] Yes. Okay. Good. All right. Then we're already at the second question. You've already answered it, because it's about whether your company has actually had any experience in the past - we're really talking about the past now - with, let's say, wealthy private individuals, foundations, etc., where larger amounts have actually been donated. Are there any empirical values?
17	**B:** [0:03:28.3] Not that I know of. I don't assume it. I've only been doing this for two years now. In that time, no way, but I wouldn't think before either.

18 **I:** [0:03:38.7] What do you think is keeping your house from doing something like this professionally so far?

19 **B:** [0:03:43.6] Let me put it this way. Our company has only had a proper marketing department in place for two years now, since I've been here. Before that, there was nothing at all in this area. So everything has to be set up first. I think the man has now also other team first priority. If that would have had to come from another corner, somehow other departments, but probably I saw there now also no one somehow responsible for or it has dealt with the topic voherder in more detail.

20 **I:** [0:04:17.3] Have you ever done a kind of potential analysis? That you have said, let's take a look at how many wealthy people there actually are within a radius of 30, 40, 50 kilometers?

21 **B:** [0:04:30.2] No. We haven't done that yet either. So, as I said, I don't know if anything will be added. There is already, there was once an idea to found a sponsoring association, and there are efforts. But an analysis based on that has somehow not yet been carried out as a basis.

22 **I:** [0:04:47.2] Ok. That would be something now, too. Now that we're on the subject of the past. So, if you could, maybe, say something about that. You had the idea of founding a support association.

23 **B:** [0:04:55.5] Exactly, as I said, we have also had a new managing director for two years and the former managing director is also very well networked in the region and also knows many wealthy people. Company owner here, and there was just now after his departure then the idea in the room that he would take on the project to support association and there acquisition (/). We had already planned events to invite the people, but that has been postponed now corona-conditioned again and again. Has therefore not yet really taken off.

24	**I:** [0:05:31.9] But that is also planned that then so to speak soon times to make?
25	**B:** [0:05:36.1] That's exactly my last stand, that this is still planned. At least times to come together there and how exactly there, to found what.
26	**I:** [0:05:44.7] Do you think the hospital where you are would be better off today, financially, if you started doing something like this 10 years ago?
27	**B:** [0:05:57.5] (...) It's actually difficult to assess how willing people are to donate to this support association. But I do think that I would have been able to realize one or two more projects somehow if there was such a support association.
28	**I:** [0:06:15.8] What has prevented you (/) Do you have any idea what the sick (/), what has prevented your house so far, so, I say, such a Großspenderf fundraising? So to really approach wealthy people from the surrounding area. Why haven't you done that so far?
29	**B:** [0:06:29.9] I could imagine that maybe the idea just wasn't there yet. (...)
30	**I:** [0:06:39.2] Then we're already at the third question: How would you describe the current situation with regard to your institution's handling of the issue of fundraising among very wealthy people. You've basically almost done that now. That is, you have (/), if I (/), I'll just summarize that again, so I've got that right. You haven't done anything yet. Currently you are not doing anything. But you are planning to establish a sponsoring association if necessary.
31	B: Exactly. You got that right.
32	I: //Is it right like that?
33	B: //Yes, you have summed it up correctly.

34 **I:** [0:07:12.8] Does your company go and communicate investment plans? So, for example, does it say on your homepage that we want to buy a new MRI machine that costs 1,000,000 euros and we need money for it, or does someone from the local press come to you somewhere and write something about it? Is that communicated?

35 **B:** [0:07:38.2] No. So, at least I can also say now, since I am there and I think also not before now such calls have not started at all. So if what was donated to us times, it really came on the initiative of the people. We had for example sentences to the benefit concert where then what in donation proceeds went to the neurology. But that was not on our initiative or our call.

36 **I:** [0:08:02.7] Do you think in general that a hospital or perhaps also your house, if you now take your house as an example, that that would be attractive for people who have real money? To donate to you?

37 **B:** [0:08:19.7] **(...)** Yes, I could imagine that. Especially so here regionally. If, as I said, there are also many companies and people who are strongly connected with the region. I can imagine that they would say, we would like to do something good here, for the district hospital.

38 **I:** [0:08:35.9] Are there any funding projects that you can think of at the moment. So you do not need now, as I said, you do not need now to divulge any internal, you do not need now. But do you have things in your mind's eye where you say, you know, maybe your house will need larger amounts in the next few years. Without naming them, just for the sake of argument.

39 **B:** [0:08:57.2] To be honest, I can't tell you that exactly. I (/) Zwar now, when it comes to the topic support association (/). There is, for example, a topic, which concerns so training, because we also have such a project always now every year a summer camp where (inaudible),

	Formulanten?) are then here four weeks and there is also the whole time the accommodation paid. And something like that would also be something where you could then use funding again. But whether there are now so larger projects that I do not know honestly.
40	**I:** [0:09:30.2] Then we come to the fourth question. This is about the future. With your sponsoring association, if I may ask, how is it(/) Are there already fixed goals? So, what do you want to do now, and the question is: is this a support association, where I say small donors, where grandma donates five euros, or is this also a support association, where we really take care of the people who really have money? That they are approached and told: "Don't you feel like it? You'll be invited and so on.
41	**B:** [0:10:06.5] Rather the latter. So it's really about targeting people who you know are financially well off and then organizing events for them. And exactly. That was more in the planning stages.
42	**I:** [0:10:22.2] Is there already such a horizon when you want to introduce this?
43	**B:** [0:10:29.6] (...) So, as I said, it was the first step would have been to invite the people and to present that. But since that was somehow postponed twice now corona-conditioned and there probably also importantly was that it in presence then more beautifully, in the beautiful framework somehow always take place, there is there currently still no to my knowledge, still no new date.
44	**I:** [0:10:51.0] Have you ever thought about taking advantage of professional help? That one says, one invites oneself for example times, I say now times, a management consultation, which tells one times so correctly like one Fundraising for wealthy humans operates. Or maybe you invite a bank that tells you how you could do something like that, or or or.

45 **B:** [0:11:15.3] I don't know anything about that now.

46 I: [0:11:18.7] Good and then even already on the last question and then we're through. Is there any experience that your company has had with banks or foundations? That banks or foundations approach you and say: We have people who want to donate money, or perhaps you have approached banks or foundations and asked: Are there any people who would like to donate anything to us via foundations?

47 **B:** [0:11:43.5] (...) I wouldn't know either. But now it's also subject to change. If you otherwise there somehow in the follow-up (/) I would have to ask again, because as I said I'm also only two years there. And whether there was something like that before now?

48 **I:**//Yes but two years, so two years when you say the last two years (/).

49 **B:** //That not right now. No.

APPENDIX 34: INTERVIEW 4 (ENGLISH VERSION) - HOSPITAL (1ST SUBSTUDY)

1	[0:00:00.0]
2	**I:** Ok the recording is running. It is 12.04. 15:08. I am sitting here via zoom together with Dr. V., who has agreed to conduct an expert interview with me on the topic of the study of the doctoral thesis, which has just been explained by me to Dr. V.. Dr. V., I would like you to briefly introduce yourself, in particular what you do for a living.
3	**B:** [0:00:28.3] Thank you Mr. R. My name is V.V. I am a lawyer by training and have worked in the non-profit sector for a long time, law. I am a specialist lawyer for tax law and came to fundraising through voluntary work. Over the years I have specialized in health fundraising and hospital fundraising. I am currently with Johanniter GmbH. All clinics nationwide are located there, 18 of them. I have been doing this for 2 years and am building it up. Before that, I was at Charité for 4 years, where I drove fundraising forward. Before that, I was at Diakovere in Hanover for about 8 years. That's many years of expertise in health fundraising. Maybe in a nutshell.
4	**I:** [0:01:26.2] Good. Wonderful. I would like to ask you again, Dr. V., to briefly state that you agree with the interview and, above all, that you agree with the use of your statements. But then, and I emphasize this again, they will be completely anonymized.
5	**B:** [0:01:44.3] You are welcome to use my statements for scientific purposes, and I do indeed ask that they be used anonymously.
6	**I:** [0:01:54.2] Good. Wonderful. Then I would start with the first question or with the first, you say in such semi-narrative interviews, you talk about narrative prompts. I would start with the first narrative prompt. And I would be interested to know what knowledge you

	have in your current role, which you just described, on the topic of fundraising with very wealthy people. So it me (/). Now it's not so much about what basic knowledge you have in fundraising but actually there is knowledge that you have regarding this group of people.
7	**B:** [0:02:35.8] Yes, I have knowledge. These are people you have to look at like shy deer. Be very careful and cautious around them. You have to track them down. Do a lot of research on this group of people per se. Where can I approach them and then of course sociological data, what is this type of person anyway that is high net worth. That's pretty important. Don't know if that goes in the direction with your question.
8	**I:** [0:03:27.3] Yes this is definitely going in that direction. Do you have (/). Do you think it is fundamentally realistic to try to close financing gaps in hospitals with these people?
9	**B:** [0:03:45.1] Yes in some areas yes. In any case. (...) You certainly need a lot of staying power. (...) If we look at this group of people, then in Germany it will be in particular people who are or were entrepreneurs and have built up their assets in this way. Many of them. In other words, we have to treat them the same way. Because that is their claims "their recipient horizon". We have to adjust to that. That is (...) I would say very difficult for the management of the hospitals that I experience or have experienced. According to the motto, then we have to reveal everything, all our secrets (laughter). But there is no other way. When I go to the bank, I also have to reveal everything if I want to have money there or other ways of financing. If we face up to it or the clinics face up to it, we have to think like this and involve them like this and take them seriously, so to speak, in this area. Of course, the hospital management often understands that I would like

	to have so and so many millions because I have to solve some problem, but I have to do everything else. It is a bit difficult to make it clear to them that they have to DO something. And they have to do something other than, let's say, give a bank annuity.
10	**I:** [0:05:48.3] Would you as a manager now be in this area of fundraising (/). You just said that it takes a relatively long time to do this. Do you think or would you be prepared to make a certain budget available for this? That you say: Yes, I am aware that we need a lot of patience for this and therefore we also need a certain budget to get something like this off the ground.
11	**B:** [0:06:13.9] Yes, the readiness is there with us.
12	**I:** [0:06:16.8] Ok..
13	**B:** [0:06:18.5] I can say that explicitly the chairman of the management of this whole holding has a HIGH interest in it. And he has taken a certain initiative on his own and we have started, I say so, with sandbox games. Where we just tested certain ideas for us and how do we go about it. And as a fundraiser, I said we have to proceed in such and such a way in order to get there. And that was then repeated and continued, so to speak, throughout the entire management team. And we are now, so to speak, in the middle of such a process that I am showing the management how it can work.
14	**I:** [0:07:09.3] Okay. That means, at least that's how I understand it, that you actually haven't had any real experience with high-net-worth people yet. You are, so to speak, now on the first steps of the staircase that you are climbing. That's how I understand it now.
15	**B:** [0:07:26.3] Yes here now. I'll say in my (/) in St. John's Clinics and we're working with a contact at the moment who has access into the family office world. Which is pretty good. And with him we discuss things very openly and he is a pilot for us. And to him we have presented

different projects and he has expressed an opinion on them. Which is very valuable for us. And also rehashes that with us a little bit differently than we rehashed it, I say for the mass donor. (inaudible), slurred speech) if that's not your question. But of course the communication with major donors is different than with somehow when I do a mass flyer and bring it to the hospital (inaudible),?). It's very enlightening in part, I think, so to sharpen that line of sight again. And there he asks himself on the way, so to speak, and binds us but in this communication from the outset with, to then so now we have here one crisis after the other Corona, Ahrtal, war. And that disturbs, so to speak, just again and again (laughter) our hospital topics.

16 **I:** [0:08:55.1] Yes. Yes. I understand. So that means you don't have any real practical experience with this donor clientele yet.

17 **B:** From other houses it is.

18 **I:** Exactly. But not yet with you.

19 **B:** That's exactly where we are right now, so to speak, to get there.

20 **I:** [0:09:16.6] Have you ever done such a potential analysis. I'll say it's like yours, I don't know, within a radius of 50 to 60 kilometers. How many people there are who fall into this category.

21 **B:** [0:09:28.9] Yes, we are there. We have bought data. And do research, so to speak, in the perimeter of our houses. A certain clientele. And we also try the first approaches. And that is, I would say, the middle segment in terms of large donations. But they are not yet the mega-donations. But I would say that the first successes are coming from the large donations.

22 **I:** [0:10:02.2] What is a major donation for you now? What would you define as a large donation?

23	**B:** If we start at 10,000 in this case.
24	**I:** [0:10:12.0] What has prevented St. John from dealing with this clientele years ago?
25	**B:** The hospital group was small and it is growing. And it is growing in many different areas. And fundraising is one of them.
26	**I:** [0:10:41.1] Do you think that if you had started earlier, your clinic or the clinic group would be doing better today? Do you see this potential? So would you say that potential has actually been wasted in recent years, if you will, because you are only now beginning to deal with it?
27	**B:** Yes, of course. One could certainly have started with smaller things, so to speak, in order to develop institutional readiness in the first place. Whereby, so to speak, the institutional readiness is present in certain areas, because we have almost every or in quite a few clinics these support associations (inaudible), unclear pronunciation). With after (/). There is first of all an open-mindedness and a positive reaction that there is something coming. And there are clubs that are more successful and less successful. And with the successful there is so to speak also an uncertainty that I come now in between with my processes. But there is still missing the understanding that one could make nevertheless perhaps, if the association is already so good, there also still more. That is actually only an indicator that something is there and the potential can be even higher.
28	**I:** [0:12:01.4] That's an interesting point you raise. How would you say yourself how do the employees in the clinics feel about your work? Do you have the feeling that they think, oh God, here comes Dr. V. again and she wants us to start begging and so on. Yes. Or do you have the feeling that there is also a certain willingness among the employees?

29	**B:** [0:12:24.0] Yes, there is readiness. And you also meet or discover some. And I also try to collect them. But of course we have the general problem that people are totally overwhelmed or (inaudible), bad reception) Corona is easy. They're maxed out in a lot of areas. And the hospital funding per se . (...) If you hear from other hospitals. It's etched, so to speak, it pinches. Our (/). The attempt now is that we will start a so-called Awarenss Kampagen, which is directed inward on the one hand but looks as if it is directed outward.
30	**I:** [0:13:23.4] (laugh) That sounds A interesting and B relatively complicated if I'm being completely honest (laugh).
31	**B:** [0:13:34.5] (laugh) One must (/). One may the employees (/). One must motivate the employees yes and cannot say (inaudible), bad reception) bad. (laugh). As for that, but must take them yes. It's (/). Fundraising is known to be a communicative event. And communication starts with ourselves on the inside. And as far as we want to make something visible inside but that will also the patients (inaudible), transmission problems) and the guests and (inaudible), poor reception). This has to get a line. A line of communication.
32	**I:** [0:14:16.0] You have already very impressively described the situation in your company and how you are currently dealing with this issue. Now you've talked about communication. Do your hospitals generally communicate investment projects to the public? Do you communicate, I don't know, we need a new CT scanner. It's going to cost so and so hundreds of thousands. And are there people who would like to participate, etc.? So are such things also communicated to the outside world so that people might become aware of them?
33	**B:** [0:14:53.8] Hmm. In (/). There is some communication, but too little for me. It has to be said that there was a very exciting strategy process (..) where certain topics were highlighted and the next step for this

	strategy process would be to derive fundraising-relevant measures and investments. Or to bring them into connection. Because that is exactly what we can use to attract major donors and say that this has an entrepreneurial stringency. And we want to get there and there professionally.
34	**I:** [0:15:47.2] Do you believe that a hospital, or now your hospital group, is an interesting target for high-net-worth donors? In other words, are they interesting objects for donations?
35	**B:** [0:16:05.2] Yes for sure. For sure. It's a mixed group, of course. Which is also historically conditioned, of course. On the one hand, we have regions where we are the most important provider, and then there are regions where we have certain specializations. And we have specialist hospitals and rehabilitation clinics where we have a very high level of expertise that is interesting. So you can already derive something that is interesting for donors, so to speak.
36	**I:** [0:16:44.9] Is there (..) oh I think you just left no there you are again. Ok. I had not seen you for a very short time. Are there any funding projects that come to your mind ad hoc? You don't have to mention them by name. But do you have a portfolio in mind where you would say yes, if I have a high-net-worth donor, I can think of two or three things where I could bombard him, so to speak.
37	**B:** Yes. Yes.
38	**I:** [0:17:18.5] If you imagine such an ideal fundraising for high-net-worth people. That means you are now in the process of saying (/) So that would have been the next question, what are the goals for the future in your company. You have actually already answered that, because you said that you are just starting to take the first steps, and your managing director is very open to the subject. If you now think two years ahead and you would have built up something with a lot of support. How would you imagine ideal fundraising for high-net-

	worth individuals? So what are the cornerstones where you would say that we definitely still need to do this on our way so that it is substantially set up in a sensible way?
39	**B:** [0:18:06.4] So we have to prepare these strategies that I told you about for the communication of this target group. So we need the case for support. (...) And in addition, these exciting individual projects for the project catalog, with these exciting topics, where the connection to the strategy goals can be derived or becomes visible and fascinates people. This includes corresponding testimonials from people in the network, donors, etc., stakeholders. Then I have to take along, let's say, all the stakeholders, whereby you have to say with the Johanniter, we are an evangelical Lion Order and these are rather very interesting people from partly, people from this scene or the many, where many have contact in this scene. So one of my goals is, so every house has a coratorium, where also such people sit, who have contact in this world. I have to include them in this process. That is actually my, one of my next steps. That this strategy, which has emerged, is not only communicated to the employees, that every employee knows what we stand for in the next few years, but (inaudible), the?) and that they, so to speak, open their network for this topic and accompany the approach. Depending on what contacts they have in this world.
40	**I:** [0:20:09.1] Have you ever thought about getting professional help, I don't know, consultants, fundraising consultancies that specialize in this kind of thing? So at the end of the day, also to invest money for external professionalization?
41	**B:** [0:20:31.2] Yes, in what way do you mean that?
42	**I:** [0:20:34.3] I mean that you get fundraising consultants, for example, who open up certain structures, certain processes of acquisition for such

	people. They might also set up a network for you, but people who don't have this private network, but who do it professionally for a fee.
43	**B:** [0:21:00.7] (...) Yes, what are they doing there? So we have to do the address ourselves. I say if so, if we do it through this Johannite network, at least a part (inaudible), no reception) if we need them.(/)
44	**I:** Sorry Mrs. V., you were (/). Sorry, you were just cut off. I couldn't understand anything anymore. Could you repeat that again, please.
45	**B:** Ok. It's always a question of what you need consultants for. We have to address this Johanniter network ourselves. Otherwise, the matter will not be taken seriously. According to the motto why doesn't he visit me himself. And what I think is necessary in the backup, if it reaches a certain amount. Of course, you can always add to it from behind. And so. And if we are now with the identification of persons, which we do not know or are not attainable over our network, there one can work with third.
46	**I:** [0:22:18.9] Then another question. From a completely different area. Well, already the area, but in a different direction. What experience have you gained with banks or foundations in this context? In your professional career, did you have the experience that perhaps banks approached you and said, for example, we could work for Johanniter (/). We could set up something. Or maybe we have wealthy people who are interested in something like that. Because in our experience, more and more banks are starting to do this, even, I would say, the normal house banks like Sparkasse, Volksbank, such institutions. Of course, they are slowly starting to discover this market for themselves. Do you have any experience in this area?
47	**B:** [0:23:11.3] Yes, I have explicitly bad experiences with banks and savings banks in this area.

48	**I:** Ah. Very interesting. I would ask you to elaborate a bit. (laughter).
49	**B:** (laughter) Is this the first time you've heard this or several times?
50	**I:** No. I'm honestly hearing this for the first time, because most of the ones we've had so far have had absolutely NO experience with banks in this regard.
51	**B:** I see. Ok. I have several times bad experience. And that is with my previous ones. But contiguous now with St John's not yet. Have contacted these banks. At first I thought oh this is interesting. That is certainly helpful because they have contact into a certain world. It has turned out every time that they have actually thought primarily only about their own business. And they said they would then also arrange the contact if we put our business account there. So I said that I am not responsible for that. You have to go to the finance department or to the commercial manager. He decides which banks we work with. And that was one request, so to speak, and the other request was along the lines of naming your major donors so that we can do business with them. Always (/). We can't do that at all. We can like a matching or a joint event think the somehow thematically interesting for their as for our group. So and then you can get to know them, but we certainly won't name them for your investment business or anything.
52	**I:** [0:25:01.8] Ah that's quite something. That's (/) (laughter)
53	**B:** [0:25:06.1] That is dead for me. And there I am with my fundraiser colleagues, so to speak (/). I have (/). I can tell one thing again (laughter). For many years, I led a working group on large donations and testament donations in the German Fundraising Association together with a colleague from another organization. And we had once done a session, at our meetings. The bank as a disruptor. It is a VERY

	important topic to perceive that banks are disruptors in this segment. (...) And so I (/). And another disturbance I know . And there have (/). That was also in one of the previous clinics, which had from their banking relationship people who have bequeathed non-profit, because they had no natural heirs. And have then drafted a will, in which a foundation was established and this foundation should then distribute, so to speak, permanently for charitable clinics. So and (inaudible) and clear pronunciation) advised in such a way that it caused tax trouble. And that was an advisory error by the banks. That then has been sued by us. It was two large organizations beneficiary and we had to sue the bank because they had definitely given wrong advice. They want to have this business, but they only look at their business and also make mistakes.
54	**I:** [0:27:09.5] Interesting. Have not heard that before.
55	**B:** [0:27:12.9] Yes. I am very careful about that. Of course, we are very friendly to banks. (inaudible), no reception) But it's not a real cooperation partner.
56	**I:** [0:27:34.4] The banks you just talked about, where you had bad experiences with, were private banks or (/). (Recording interruption) So Dr. V. sorry the last two minutes were no longer on it. Somehow the device switched off after 25 minutes or something. Maybe again very briefly to the banks. I had asked you, you had basically bad experiences with these banks. It was about several banks and you had the feeling, if I understood correctly, that the banks are much more interested in accommodating their own business than in cooperating with you, so to speak, with your house. So I got that (/).
57	**B:** [0:28:14.6] Yes, exactly. They want to gain customers on the one hand and as an organization and on the other hand our major donors for their investment business or execution of wills, etc., everything that the banks have been building up since recent times and that has led to

lawsuits where we have had major donors, so to speak, who have testified in our favor and have given faulty advice on wills, advice on foundations.

58 **I:** I would like to ask you one more time. What did these customers, i.e. these wealthy people, say when they testified in their favor? What did they say about the fact that the (/).

59 **B:** That was after their death. So once what it was after death, where only where that actually became clear, so to speak, through the opening of the will. Because the will was then changed several times over the course of time.

60 **I:** But family and relatives must have then somehow probably expressed something, or...?

61 **B:** Yes, sometimes we were advised by the bank while she was still alive, so to speak, and a widow who had no descendants of her own approached us and said such and such would be her bank's suggestion. And she had the impression that this was not necessary and then I said exactly that would not be necessary. That would only cost money which was suggested to her and would then actually counteract what she really intended that the money would be used for charitable purposes.

62 **I:** [0:29:58.2] Yes, actually (/). If that is designed so that the bank ultimately counteracts the good purpose is already certain form of callousness. I feel like that must be mentioned.

63 **B:** Yes it is. That's it. That's also an impertinence. And, well. again, an extra digression, but that has nothing to do with major donor fundraising here now. It's all the averages in legacy fundraising. You can tell more stories like that. You have to say, when these high-net-worth people come to the will, we are in a market of greed.

64	**I:** [0:30:49.9] Are you active there as well? That you are also pushing this will of fundraising among wealthy people. Do you see this as an opportunity to specialize in this area?
65	**B:** Yes. That will (/). That must (inaudible), poor reception) the portfolio all together because everything costs money.
66	**I:** Sorry Mrs. V. I could not understand you just again. That was somehow (/). The line was somehow interrupted on your end. If you could repeat that briefly.
67	**B:** [0:31:52.3] (inaudible), poor reception, interruptions) The will fundraising, estate fundraising (inaudible), poor reception) major donors and previous organizations built up again and that will come with us here at St. John's.

APPENDIX 35: INTERVIEW 5 (ENGLISH VERSION) - HOSPITAL (1ST SUBSTUDY)

1 [0:00:00.0] **I:** [0:00:01.9] It is the (/). Today is the 13.04. It is 17:06. I am conducting an interview with Ms. V. L. Ms. L. it would be quite if you briefly introduce yourself and then also briefly explain that you agree with the evaluation of the answers for the study.

2 **B:** Yes, thank you. My name is V. L. I am the Director of Nursing and Managing Director of Nursing at the Hannover Medical School. Before that I was director of nursing at the university hospital in Cologne. I have gained board experience there. I have been working in the health care sector for over 30 years and am a trained fundraising manager myself. I also have experience in fundraising. And yes, I agree that you may use my interview and also the information that I give, so to speak, also then.

3 **I:** [0:00:58.9] OK. I hereby declare once again that the answers will be anonymized, which means that no one can ultimately understand who has given which answers here. Just so that we have that again for the sake of completeness. Yes Mrs. L. my first question to you would be, which knowledge you and/or your house in which you work in principle with the topic Fundraising with highly wealthy humans have. It is not so much about general knowledge regarding fundraising. It's about fundraising for high-net-worth individuals.

4 **B:** For one thing, we have our own fundraising department. That's not common. Not every hospital has one. Not every university either. That is now times a (Norum?) and a special so to speak also situation that that is present. This department deals or has dealt primarily with the topic of research funding, i.e. when funds are acquired that are used for research. As a rule, quite large sums are received there. So not somehow

1000€ here and 1000€ there, but there are also large sums, estate donations of 1 million or even 2 million. The Leipzig University has donated money and also the (Wagner?) Foundation. That means we have fundraising. The primary focus is on the university and research. And it is, so to speak, an issue to get in touch with people who donate large sums. But it's not comparable to the sums we know and hear about in America.

5 **I:** [0:02:51.8] Do you think it is realistic, for example, to close existing funding gaps or, let's say, investments in cutting-edge medicine, by fundraising? In Germany.

6 **B:** At this point in time, I would not consider that to be realistic. But it may be that a development will get underway that makes this necessary. And I'll put it this way when it comes to Germany (/). There is a large clientele of wealthy people who are not getting any interest at the moment, even at the bank. That means they are going into a high-risk area. Many don't have children and don't know who to leave their estate to, so to speak. I can imagine that if you are in contact with people at the right time, they will see health care facilities as an option for them. To invest their money, so to speak. Even on a large, large scale. However, the culture in Germany is not yet such that one can say, okay, we want to make ourselves dependent on private people or on people who have a lot of money. Special we are a public institution, so to speak. We are still a large part of the hospitals is public or non-profit. That means we only have one form of hospital financing, and the goal has always been that this dual hospital financing should also cover the need for investment and running costs. We know that this is not the case, especially in the area of investments. But I believe that at the moment the time is not yet right to imagine that this gap can be closed through large, large donations.

7 **I:** [0:04:45.7] Yes Ok. Thank you. Would you, as the managing director, let's say, be prepared to make a certain budget available for this form of

fundraising? So that you would say, for example, we have a fundraising department where we release a certain budget so that, for example, certain dates are acquired from wealthy people, etc., certain events are held.

8 **B:** I mean, I am a trained fundraiser and I appreciate this area and I believe that there are possibilities (...) to acquire money for health care institutions. And I personally, if I were the managing director, I would implement a fundraising department.

9 **I:** [0:05:36.0] Thank you. Have you in your past, so now aside from the current position that you hold. Have you had any experience in the past in terms of donation volumes, strategies, acquisitions of high net worth people, etc.? So if you think back to your professional life, are there things where you say yes we had I don't know success stories or defeats or or in this area with high net worth people?

1 **B:** We have (/). I also have that in Darmstadt. We once had a fundraising campaign there, so to speak, that (/). It was about a CT, which also had to be purchased. A lot of money was raised, but again it was relatively (/). So when I say we collected 700,000€, that's a lot of money for a campaign in Germany. (inaudible), unclear pronunciation) probably sounds terse and ridiculous, but I thought that was a lot of money. But in the end it was not enough to finance the project. And that again, on the one hand, it is a great success to collect so much money in a relatively short time, it was just under 6 months. I thought that was enormous, for Germany. But on the other hand, there was at least twice as much missing. And that put the clinic or the sponsor under pressure, so to speak. And that is of course difficult, if I have planned the funds where I am then forced so that the donors are not burned funds to dedicate again for, to then bring the project to an end. I find that problematic. That interferes with the company's decisions, control, the use of

funds, and that's not really positive. That's why I see it as a bit of a double-edged issue, how do you set up a project like this? But we were also able to acquire a lot of funds to support the interior design of the new building of the children's hospital in Darmstadt. The devotional room, room of silence, special equipment to highlight again. A lot of money was raised, and that always had to do with what we were doing. We held open days, we organized golf tournaments, we approached people. There were (..) a lot of people involved with the children's hospital who are business people, so to speak, who earn a lot of money there and who also know possibility and again and networked and again others. The topic of communication is an important one. Merk, for example, has a big place in Darmstadt, that is, an importance. They have also always donated residual pennies, so to speak. That can add up to a lot of money. There are many possibilities. It is important to know how much influence the major donor (..) wants to exert. How much influence does he want to have. And this topic what for example UKE in Hamburg (/). You walk through the new building, then you have a very large donor wall. All the donors are on it. There, they have put up their signs, so to speak, who donated what. That means you have to honor the donor, of course. And that is always done with a name or with a column, whatever. I think that is also in order. But also the operational business within may take that actually no influence. Then it becomes problematic. And (...) yes, I can perhaps do that with a private company, but if I'm a public company and I also use public funds, then of course I also have a certain obligation to the Court of Auditors to use these funds appropriately, economically, economically, and so on.

1 **I:** [0:09:31.0] Have you ever carried out a potential analysis in your company? That you have looked at, I don't know, which people we have within a radius of 50, 60 kilometers who might be eligible for a certain donation volume.

1 **B:** I can't answer yes with certainty. But I think we have a professional fundraising department and I assume that they have done that. Especially

in Hanover, we have said here VW, Volkswagen Foundation, we have the Baden Foundation. There are also a lot of people here who have money. And I would say now, but without guarantee, yes.

1 **I:** [0:10:17.1] How would you describe the current situation of your company with regard to fundraising among very wealthy people? Well, currently as it is at the moment. Would you say that there is room for improvement or that you could (/). We are doing well or we are actually already over target. So how would you describe that in principle?

1 **B:** I would think that it could still be expanded.

1 **I:** [0:10:49.7] Do you have any idea what your current donor structure looks like. How many really wealthy people you have who donate certain amounts?

1 **B:** No I have not. Because it's also confidential, of course. Of course it is. The protection also of the donors and so. I think if I would talk to the head of the department, then he would be able to give me information about the structure, without naming names, but what the structure looks like. But I can't say. I can also (/). I don't know exactly if we have a professional donation software, where you can also see, so to speak, who donates how much, how often, in what rhythm. Are there estate donations. Is there legacy marketing and so on and so forth. I can't say, but for me, professional fundraising usually includes such a database and this information, of course, because it is always easier to approach donors than to win new donors. And to maintain the donors you have. So of course I also have to have information about my structure and know my environment.

1 **I:** [0:12:07.3] Do you announce or generally communicate investment plans to the public? Does your institution go out and say, for example, as you

just said, we are planning to purchase a new CT or MRI machine, whoever wants to can participate, etc.? Are such things communicated to the public? That also, let's say, wealthy people become aware of you through the press, through any Internet sites, etc.?

1 **B:** We have various communication channels where we also communicate donors and fundraising projects. But mostly retrospectively, so to speak, when the donation has been received or the project has been implemented or the product has been purchased. Then it is reported on. Vorfür it is good, what how it is used, which (inaudible), slurred speech) of the patients and then is communicated. And we try that also over the HAZ, the Hannoverische Allgmeine newspaper or also we have a KRH ? Infozeitung, but it is distributed very widely. It is also available in doctors' offices in Hanover. There are such large circulations. We try to communicate that as well, so to speak. And of course there are also benefit tournaments, for example golf. Of course, people who are generally wealthier also meet there.

1 **I:** [0:13:30.3] Do you consider a hospital, your facility, hospitals in general to be attractive donor properties for wealthy people?

2 **B:** Yes and no. I don't think you can say that in general. But how is a house positioned? What kind of culture does a house have? (...) How does a house appear in public? Do I have good press, do I have negative press? Are there innovations that are important for the population? Whether that is dementia or we have (/). We are stroke (/). We are transplant center. We are one of the largest in Germany. I believe that if a center is well positioned, if it has good management, if it has values and a culture, if it is frequently mentioned positively in public, then it has a good chance of being trustworthy, credible and also of receiving donor funds. But if you're a, let's say, forest field and meadow hospital and (...). Then it is more difficult. Then you might get a few toilet chairs or a few walkers or somehow a (unv, blister?) as a gift, but that's (/).

2 **I:** [0:14:56.0] If you //now (/).

2 **B:** //Now connection again. I think the so to speak themselves, I think Miltenyi house in Cologne. Miltenyi had cancer. There were foundations and the money from the Miltenyi Foundation was used to create the first ever palliative care unit. This was then also built, so to speak. Again and again, people who, through their own experiences, illnesses in the family, children who have fallen ill, set up a foundation and collect money for research to improve the treatment of this disease. Whether this is a possibility, whether one has focal points, whether one has research focal points where one also knows, so to speak, that the money is well invested when someone, perhaps my mother or my father, can no longer profit from it, but the next generation no longer has to experience this suffering. But can be healed. Of course, these are always topics that have a good chance of raising money.

2 **I:** [0:16:02.7] Are there projects in your house, you don't have to name them in detail now, but I would say, if you were to look into yourself, are there projects where you would say ad toc, in your house where you are now, yes, we could use a larger sum tomorrow, the day after tomorrow, next week, I would say, or we could use larger sums donated. Are there such projects where you would say, yes, I can think of them immediately, we could use a few million for them.

2 **B:** Yes. I can only say yes to that. If we (/). There are a whole lot of funding projects, but we (/). There's a huge need for that. In any case. I can't name one now, because I think we have a construction situation here. We need a new building urgently. And the money has been made available for, but we could certainly also use money on an interim basis to do things faster. So to say also these formal ways that we also all have to comply. With tenders and so on. There is a huge need there. Also the

topic of digitization, for example. Even now that the federal government and the states have made money available. We are seeing, for example, in nursing care. The money has already been spent. It's still a long way from being spent in the hundredth place. And then it's always said that there's nothing left for that. Because everything else is more important. Therefore, there would be enough need to implement projects that can be realized more quickly than if you always have to set priorities with scarce funds, and then some of the projects that are supposedly important always fall by the wayside in the end. This is how we often experience it. This is due to the fact that the investment funds are not sufficient, so to speak. And I also believe that the priorities are sometimes very different (inaudible), the experts?).

2 **I:** [0:18:24.6] If you look into the future, are there things that your company has planned in terms of fundraising with high-net-worth individuals, or if you were to ask yourself the question, what would ideal fundraising look like for high-net-worth individuals in your company? What would you say? What parameters would have to be fulfilled for you and are there perhaps already things that are somehow planned for the future?

2 **B:** Well, I think that's (/). First of all, you have to see what it's about. Is it about research, where I can't give any guarantees that something will succeed and what will come out in the end. But I have, let's say, a socially relevant topic that interests us all, whether it's dementia or various Parkinson's diseases and so on. Where people also say, ok I could be affected by this at any time. This is a hostage to humanity and if we make progress there like in oncology. It's just worth it to me to participate in it and to give a lot of money, so to speak, so that we can make progress. The other thing is that people always want to show that this is what I gave my money for. Is there a building, is there an educational campus where research, teaching of (inaudible), health care?) can also be shown visually. I say modern buildings with the latest digital technology, with networking also national, international cooperation. Of course, these are always nice showcase objects, where you can also go in, where you

can say the building can also bear your name or that of the institution. That is certainly important and I think it is always important that things are sustainable. Burn money quickly and there it is gone. I don't think that's anything, but it has to be sustainable and it has to make sense. And I think that if I had a lot of money, a few billion, I would look for a topic that is close to my heart. Is it children, is it old people, is it a research topic, am I architecturally, I say I want to create good working conditions, what could such a campus look like so that people can meet, so that they can learn with the latest digital means, networking. Then I would also be into something like that. But I think you have to have a good conversation with the people. You have to get to know the people a bit, what is important to them, how they live, what kind of attitude they have. I think this topic of fundraising and approaching people who have a lot of money is a very sensitive topic. You don't have to open the door. You have to make contacts, build up trust, invite people, do events yourself where you say ok, we will also present ourselves. First create trust. Create a basis. Before you think you'll somehow get a few million or a hundred million donated here. Trustworthy institutions, values and an attitude, a good reputation, good external communication and presentation. And you have to go where these people are. I simply have to make contacts and move around. And for that I don't need someone who, let's say, does fundraising on the side in the evening, but I need a professional. I need a good team and everyone in the team has a different ability, the other can manage the money well and do the administration and the other is a communicator, he approaches people well he can make small talk well he can also move well in these circles. So I think the most important thing is to have a good team. That you select people who can also act well at this level. And there must be a basic understanding of fundraising in the institution, among the management and the sponsor. Do we want that and how far is the limit, how far do we make ourselves dependent on individual people. I am

thinking now of (...) what is the name of our (...) well (...) known married couple, which has separated (...) not (inaudible). Bill Gates and (inaudible). It is not only all always positive. If you have a lot of money. That is also (/). That is also always the risk when people then also give away their name, so to speak. As long as they are doing well and have a good reputation, everything is OK, but if the reputation then falls into disrepute, for whatever reason, or the person is discredited, whether justifiably or not, you are often quickly involved. It is a sensitive topic.

2 **I:** [0:23:20.0] As a top executive, have you ever thought about getting professional advice on fundraising for high-net-worth individuals? For example, you might say you're going to get a management consultancy that specializes in this area. Something like that?

2 **B:** I don't know if our fundraising department has done that or if they do it or consult themselves as well. I don't know. But I can imagine when I have my new goal, a big goal, I realize I'm not really making progress. I need another push. Then it is surely a good possibility to say how can I set it up. I myself once did an analysis, an environment analysis for a hospital, and it is exciting to deal with it. You look at the topics in a completely different way. If I now say as a company yes I want to get involved in this topic, but I don't really have the resources and also not yet so, so much experience then I would consult (/). If the will is there, then I would also get consultations.

2 **I:** [0:24:28.8] Then again a completely different topic. So not a completely different topic but a different area of this topic. Do you have any experience with banks as far as fundraising is concerned. So it's (/). We have found that bank is also getting closer to fundraising. Legacy marketing. Are there any banks that you might have approached and said we might have people for you or that you might have approached banks and said, aren't there any people in your clientele who might be willing (/). Do you have any experience in this area?

3 **B:** (...) No. No. But I do believe that the fundraising department (/). That's part of the communication again about networking. How do I get to people. How do I get in touch with our house bank. For me, where I manage our funds and act as an intermediary, I also have confidential conversations and we talk about it. I personally have no experience, but I can imagine that our department does have connections. But whether they do this deliberately and consciously is another issue. The bank has customers and the customers trust the bank, and of course they don't want information to be passed on. But you can also do it differently. There are banks that hold annual, New Year's celebrations, receptions or have done so in the past. That there is a summer party or also there again banks say we make a benefit tournament. We invite, so to speak, we bring people together on a different level, which come into the conversation. I think there are many possibilities, because on the one hand (..) as I said, there are many people who have a lot of money. Many don't have any descendants today or don't want to leave all that money (laughter) to their descendants, so to speak, because they aren't always so nice to them either. I think there are many possibilities to say, where do they meet and how can they talk to each other. I learned about this (..) my final thesis at the Fundraising Academy was on the topic: Is legacy marketing for hospitals ethically justifiable? That was highly exciting. And you can question that, of course. And I looked at some research and studies and also from America and also Germany. And of course that can be seen critically when you deal with organs for example. You only get a kidney if you now somehow donate money or (/). (...) In other countries, organs are traded (/). So children are stolen and sold and what not. There are many terrible things. But I do believe that this is a possibility if you act seriously, that this could be an option. And that you can also do heritage marketing as a hospital. And from there I think to bring banks and donors and institutions together that you have to do very very sensitive but I think there are possibilities and platforms

	to do that. And there also in a very sensitive way to bring the people so to speak in the conversation without that one acts with pressure, but just on a really very (...) good level. First of all, building trust, getting to know each other, exchanging ideas, reporting on good projects, for example. Reporting on successful projects. Bringing people together who say I donated my money, I did so and so. But there are also sometimes relationships with patients to doctors, who in turn have a long perhaps chronic history that goes over a few years, where then (/). I have already experienced that even then (..) the patients have offered the doctors, they want to donate something etc.. But then it becomes critical. Then one would have to say immediately, that makes us happy, of course, but as a doctor I would have to refer to a neutral place, so to speak. Either to the bank or to the fundraising department, because otherwise I come into conflict as a doctor and patient. I think there are many ways to do that. But it is extremely sensitive.
3	**I:** [0:29:08.2] Good. Mrs. L. that was it already. We are already done. Thank you very much.

APPENDIX 36: INTERVIEW 6 (ENGLISH VERSION) - HOSPITAL (1ST SUBSTUDY)

1	[0:00:00.0] **B:** [0:00:02.5] You can already press record.
2	**I:** Exactly. I have recording on now. Yes.
3	**B:** Otherwise, however, a red bump should always appear somewhere.
4	**I:** No.I have a recorder like this. //That's what I record with.
5	**B:** //Ah. Ok. Yes. Wonderful. Sound only. That's even, even more relaxed. J.N., I agree with the recording.
6	**I:** Wonderful. All clear. Just tell me your position, please. What you do. You don't have to name the house, but only what you do and in which position you work.
7	**B:** I am the executive director of one or more foundations that are active in healthcare.
8	**I:** [0:00:34.7] Ok. Wonderful. Good. Dr. N I have (/). First question: What knowledge do you have personally, and this is not necessarily about your current job but basically what you have experienced in your professional life so far regarding the topic of fundraising with very wealthy people in the hospital sector. That means it is explicitly about wealthy people. It is not about knowledge in fundraising in general, but do you have any knowledge regarding this specific area?
9	**B:** Should I balance that now between 1 to 10? Should I just say, yes I have, or...?

1	**I:** No. You (/). No, it would be good if you could give two examples. If you say here and there, maybe I already have something or I don't have any knowledge at all. If you could narrow it down a bit.
1	**B:** Yes, of course I have. That's half a dozen or so. (...) From the Albrecht family to the old Thyssen-Krupp dynasties. That's a bit of what I would call the super-rich here in the region. I'm excluding the nouveau riche now. They are more the (...) they households the (...) where the assets are under 100 million. But what's above that, I'd say, is about (...) 4-6 people.
1	**I:** And these are also people who have had experience with fundraising. That is, they have already somehow appeared as donors, let's say.
1	**B:** (..)Yes, exactly.
1	**I:** [0:02:17.8] Okay. Do you think it's fundamentally realistic for people with above-average wealth to finance gaps in funding or, for example, to finance cutting-edge medicine in hospitals? Like in the USA?
1	**B:** (...) Long-term, yes. Currently, no.
1	**I:** Why not currently?
1	**B:** Of course there are examples. In Hamburg, there is a children's hospital named after Mr. Otto. But there are also always stories and I say myths, you can almost say of major donors who are not realized. This is here this Sultan from Oman down in Munich. That didn't work out somehow with the 17 million. I summarize it in such a way, so far no large example is well-known to me beside Mr. Otto and perhaps two others and I believe it is not because of the discretion. It's because the structures between Anglo-Saxon conditions and the conditions in this country are not yet comparable.

1 **I:** [0:03:34.1] Would you in principle be willing to make a budget available to you as managing director with regard to, let's say, the targeted acquisition of such people? That you say I have a fundraising department and I'm now giving them a certain budget so that these people can be approached explicitly.

1 **B:** Addressing these people is not so easy in practice. For this it requires rather one I say times an adjustment on these people. To continue with these people (laughter) the designation. We're already doing that. Yes. So yes.

2 **I:** [0:04:13.4] Have you, for your facility, where you are now working, or perhaps previously in other at other employers where you were. Have you ever done a potential analysis? That is, have you looked at what I know, within a radius of 50, 60 kilometers we have so and so many people who fall into a certain financial category.

2 **B:** (...) Yes, sociodemographic analysis is always nice (...) when you're poking around in the dark. If you have existing structures, then you are usually able to reach high potentials through these networks. And that's why we've tried the other approach so far. When selecting third-party addresses, for example, there is the option of filtering addresses via service providers in order to write to them separately. Apart from that, the structure in America is very different. In America, there are companies that have specialized much more in data mining. And there, for example, it is also quite common in the hospital, and I have already been there and looked at it. Colleagues have also shown it to me. Then patient A (inaudible), unclear pronunciation) comes into the hospital and only then just scored for A, is a high potential and that is then generated solely via its I think the first criterion is the place of residence or the street even. This means that they generate a rough value directly via the private address, which value is to be grouped. Then he gets special care in the hospital. Your own blanket, your own toothbrush, whatever.

	No and that is so. You laugh. And that's why (/). That is not yet the custom in this country and not conceivable. That is much too intimate a hospital stay and also somehow too clumsy would be here. The Americans are completely different and that's why I said I don't think it's out of the question that the trip will get there at some point, but it's still a long way off. That's why at the moment I think it's only possible in small, limited individual cases that BIG financing gaps, really relevant financing gaps, will be covered by private donors.
2	**I:** [0:07:06.5] Basically, do you have experience in the house where you are working now, that is, practical experience with large donations?
2	**B:** At what point is a large donation a large donation?
2	**I:** Yes, that is. If you look at the literature, you would say here for German conditions, let's say, from 100,000 euros upwards. With the Americans, that's more of a laughing stock, but here in Germany, you can say that's a big donation.
2	**B: I**ndividual donors or cumulative annual donations**.**
2	**I:** It doesn't really matter whether someone donates 10 times 10,000 euros a month or once 100,000. That makes no difference.
2	**B:** Then annual donors.
2	**I:** Yes.
2	**B:** 100.000. Yes, of course we do.

3 **I:** [0:07:57.3] Do you look after these donors separately in your house. Are there special people who are responsible for them?

3 **B:** Yes. Singular. It is a colleague or am I then. So now I just see my IPad still has 5%. That could become scarce. There I must kidnap once straight. (...) But we have that. Yes.

3 **I:** [0:08:26.6] (...) How would you describe the current situation of your organization with regard to fundraising among very wealthy people today? Would you say we are on the right track; we are still at the beginning; there is still room for improvement. Would you (/). How would you describe that if you were to assess it today.

3 **B:** Better is always possible. But we are now with a full-time employee at least so far positioned that we can ensure a good care for the most important and of course care is not only holding hands, but always also the surrounding of individualized or personal letters, birthday greetings, meetings, etc.. All that one (...) from the bouquet of the large donation fundraiser so knows. And then also served.

3 **I:** [0:09:39.8] That is, if we take up your suggestion again, so in the school grading system from A to F. What would you say, where do you stand?

3 **B:** (...) A is the best?

3 **I:** Yes. The first school grading sytem. A to F, Yes.

3 **B:** As I have mentioned, better is always possible. I would give us a B.

3 **I:** [0:10:04.8] Do you or your company generally communicate major investment projects to the public? For example, can one read on your

	homepage that we would like to purchase such and such a large item? Who is interested etc.?
3	**B:** (...) If we communicate that?
4	**I:** Yes, if you communicate that.
4	**B:** Yes.
4	**I:** How?
4	**B:** (...) We have our own publications to communicate this. You mean a classic one, from fundraising mailings to information magazines to public relations to social media.
4	**I:** [0:10:49.8] //Would you say, that (/).
4	**B:** //(inaudible), distortion of voice) needs were not communicated, then we would not be doing our job properly.
4	**I:** [0:11:02.4] In general, would you say that in your experience, hospitals are an attractive object of donation for very wealthy people?
4	**B:** That's more of a (...) question about my subjective feelings when I try to answer it. There's no getting around it. Climate protection is easy to find on the Internet. There are people who don't need it. Animal health, child welfare, UNICEF, whatever, but health concerns us all. Sooner or later it catches up with us. So I would say that this is an opportunity to get involved where no one can avoid it, and this is a topic that is also suitable for large donors.

4 **I:** [0:11:57.8] Are there currently, you don't need to name them in detail now, but if you let it pass before your mind's eye, are there currently major investment projects in your house where you would need funds for?

4 **B:** Need would always. I believe that here in Germany, too, the pace of development is not yet as fast as it used to be. Everybody is waiting for it. Because actually, I can say this here, because I'm not quoted, because in this country the financing in the health care sector is very stable compared to other non-profit sectors. Of course, one knows the discussion about underpaid nurses. One knows, does not know, hears about ailing dilapidated building fabric. But it is on the other hand, that can also google everything also not always so easy to convey. Why the chief physicians have 500,000 annual earnings and one nevertheless still 50 euro of (Ömakes?) for the financing of a play equipment on the child oncology needs. And the large donors get that there so(/). That throws also again in the ring for perhaps for the discussion part that is I think already a quite serious difference to other Non profit concerns, which there is in this country where I say times we can ask yes times Mr. Buntrock that was before with me in the position where I am now. He had built it up for a few years. (...) And he also, when you have an appointment somewhere, you go there with a driver service. Business trips, business class. Yes, sorry. I have a budget for material costs that I can access. You have to look at it a little bit, but you can do things in a completely different way than I did before at UNICEF. That would have been unthinkable.

5 **I:** [0:14:22.9] Yes, I think so. Yes. Okay. Do you have any concrete plans for establishing fundraising among high-net-worth individuals in the future? Are there any acute plans to say, we are pushing certain things, we have certain plans on how to approach people in the near future, etc.?

5 **B:** (...) No. I think that now the basic orientation is so good. As I already said. School grade good. That will be able to point there also successes on successes. It works. That will now completely on, completely now once turn around and in question is not planned at the moment basically. Rather, I would say that we will continue our work in this stringent manner. Of course, we always look to the left and right when we see how others are doing it, perhaps doing it better. What we can learn from them. For example, we have now launched a new initiative, the Aktionsbündnis Gesundheit fördern (Promoting Health Action Alliance). I don't know if you have come across this in your research. I'm also the initiator or the provider of ideas or the implementer. Whatever you want to call it. And behind that is the intensive exchange of ideas among the clinic fundraisers. And that is, was also a university hospital environment much scientific work is done and theoretically analyzed is blessed for me so a bit of the cosmos, microcosm of the eight, nine largest houses in this country. Where a good transfer of knowledge is then also possible. We meet now for example also in this year to 01.07 Posium in presence. Once a quarter, we exchange information virtually. And that is now such a framework where one and sometimes takes an idea, but in fundraising is always so-called mix a very important framework. Many target groups don't just react because they have been approached personally, but because they have read a newspaper article, for example, and then remember that Mr. N. is still there, or the foundation, or whatever. And therefore there is not always only this only true and only large donation activity, which one can make, but this mix leads to the fact that one remains in the discussion and that one remains in contact. To that end, maybe sometimes a WhatsApp or even just a phone call, whatever. But it's more than just this single major donation strategy. We see it more as a holistic strategy, an orientation of our fundraising work.

5 **I:** [0:17:48.5] Do you or have you taken the help of professional consultants //That you any (/).

5 **B:** //No.

5 **I:** Not at all?

5 **B:** No.

5 **I:** [0:18:00.8] That brings us to the last question. What experience do you have with banks in terms of fundraising? Have you ever had the experience that banks come up to you and say maybe we should have a joint meeting? We may have liquid private customers who would like to donate to a hospital. Or have you ever had banks approach you and suggest, for example, that you set up a foundation, etc.?

5 **B:** Yes.

5 **I:** Could you elaborate on that a (laughter) little bit.

5 **B:** Yes, I'll put it that way. Of course, regional ties also play a role. You can count on two or three fingers which banks they were. That's why I want to be a little more discreet in my answers. Is Mr. Buntrock still with Bethmann? Bank, actually.

6 **I:** No. He has not been with them for a long time.

6 **B:** Can you tell him that we still have an open account. He promised us that something is possible. But unfortunately nothing came of it. I forget nothing. I'm an elephant when it comes to that.

6	**I:** I will tell him so (laughter).
6	**B: Best greetings**. There still is an open account. No you can filter that a little bit (laughter). But of course there is a good exchange.
6	**I:** [0:19:23.2] Would you consider this exchange quite roughly without naming names or would you consider it rather positive or negative (/) for you now personally as a manager. What I want to know (/).
6	**B:** Absolutely positive. Totally.
6	**I:** Do you ever have the feeling that the banks are approaching you, perhaps because they want to generate their own business exclusively?
6	**B:** Of course, this is a win-win situation. If there is a very wealthy customer who is childless and after passing away wants to give his life's work not only in good hands, but also for a good cause. Then the person has real estates, which are sold in the rules then. There are with banks the appropriate departments which worry about it. Up to the executor. That there always also a few percent remain. And at the very end is the asset management. These are the areas. Of course, the partners involved then make sure that this is done in a trusting framework in the interests of the founder or donor. But as long as this is done under normal market conditions and in a transparent manner, I don't see anything wrong with it.
6	**I:** [0:20:59.5] That is, in principle, you would describe the cooperation with banks in this respect as positive.
6	**B:** These are quite (/). Of course. And, of course, structures that have grown in the long term on the basis of trust. You can't get in right away. You can't say here I have my (...) my health club and please do something for us.

But these are relationships that have grown over the years. And that's how one helps the other.

7 **I:** [0:21:32.0] Ok. That's it. Then we would already be at the end. //Then I will now (/).

7 **B:** // That was almost a precision landing.

7 **I:** Yes, 20 minutes on the dot.

7 **B:** [0:21:43.3] Where having money comes from.

7 **I:** From holding on to money (laughter).

7 **B:** Correct. And that is quite also now times completely established to the golf range is that so. The golfing faction. There nobody has Bock to give a round. To invite its gulf friends. Or if it goes then around the starting fees with the gulf tournaments, there one gets then the (inaudible) money out so approximately. That's already. America is different. That is then also (/). There it is, I say this quite exaggerated, it is cool to donate. It's really cool. They think it's great or they have a great fundraising party, and I just go for it. And I realize that works for me because it goes down well, people are happy and it's so normal. And here it is still like that (/). It also starts perhaps in infancy, if you remember how grandma used to give you the Heiermann. Here so under the hand. Not dad, not mom show. Here you have it, buy the what nice. And that's so figuratively, it's the culture. The culture is the decisive thing, which keeps us there still from the further development. It may come sooner or later. Now we also have Elon Musk here, who simply built his factory without a building permit.

7 **I:** Yes exactly. That has also never been so, but exactly (/)

7 **B:** Sooner or later, the other one might come to only. We still have a bit of a journey ahead of us. I wish you in any case much success with your work and now first of all the compilation. If you have any questions, just give us a call.

7 **I:** [0:23:37.3] When the work is done when the study is done, all interviewees will be provided with the study. I will then send it to you as a PDF. I guess I'm telling you right now it's going to take at least another six months. It's still a certain process. But you will get it in any case, you will get the finished final result sent to all interview partners.

7 **B:** [0:24:00.4] Yes, that's great. Does that mean you are already expecting a release this year?

8 **I:** More likely at the beginning of next year. You have to be realistic. Thank you.

APPENDIX 37: INTERVIEW 7 (ENGLISH VERSION) - HOSPITAL (1ST SUBSTUDY)

1	[0:00:00.0] **I:** So with that, here we go. Today is 04/26/2022 and I am conducting an interview regarding the study with Dr. K. Doctor K. would you please briefly introduce yourself, state your position and briefly confirm that you agree to the recording and utilization of the interview.
2	**B:** [0:00:24.4] M. K., Head of Fundraising at Alexinaner GmbH and I very much agree with the recording and evaluation of the interview.
3	**I:** [0:00:33.8] Thank you. Then the first story prompt. Dr. K. What knowledge do you personally have in principle regarding the topic of fundraising among very wealthy people in the hospital sector?
4	**B:** Beyond what I have read in the literature, in the technical literature, I essentially have practical experience. In concrete terms, that means once in my company here at Alexinaner, which is of no interest, in my company and through the fact that I was able to learn a lot from my US and Canadian colleagues. (...) That is the background experience and, as I said, a bit of specialist literature.
5	**I:** [0:01:19.5] Okay. Do you think it is realistic in principle to finance, let's say, funding gaps in hospitals or capital campaigns for cutting-edge medicine in Germany, for example, through fundraising with wealthy people?
6	**B:** There are two limitations to this. You have named (/) as the first one. Sorry you would have to repeat that please, the first term you mentioned. Ah. (//) Funding gaps.
7	**I:** (//) You hold it (/). Exactly.

8	**B:** Exactly. Funding gaps. No, because fundraising is not about funding gaps or deficits that houses have built up because of me, but to plug them, so to speak (inaudible), but our fundraising is always about what comes on top. Difference before after for the patient for the client for the customer however. But not that we fundraise for what the hospital has to finance anyway, which we are obliged to do, or cover any deficits. We explicitly do not do that. Nor do we do things like the coffee machine for the nurses' station. That doesn't happen either. Of course, we also make such requests (laughter), but they don't happen. That means no funding gaps. Yes, from my point of view, you can finance cutting-edge medicine or other things that make a difference for, as I just said, customers, clients, patients, that make a difference before and after, through fundraising. That's what we're here for and you can do that through a capital campaign if you have a so-called, what do you call it, lighthouse project. It has to be of a certain size, so to speak. It's not a few thousand euros or anything like that. Our Capital Campaign was aimed at 3 million euros. And that can be done, but from my point of view not exclusively. Say it must (/). We drive parallel is with us a mix tour from within the Capital Campaign from large donor fundraising and multipliers on which we rely and also smaller donations that come in which then contribute positively in their quantity to the result.
9	**I:** [0:03:49.0] Would you be prepared in principle to set aside a special budget for fundraising among high-net-worth individuals just for this part of your business?
10	**B:** I don't actually release the budget, my board does. I would have to ask them. No, at the moment I would have to think about it a bit longer. But I haven't yet. At the moment I would intuitively no not exclusively for (/). But I would say yes. But that's a good idea (laughter). Which then exactly a colleague, a colleague who as we now also want to set legacy fundraising, so want to set a part of our work. It should be

covered exclusively by a colleague, a colleague it would be of course also interesting to do that for major donors. ONLY due to our structure that we have a central unit here with me all chief, which is however decentralized set up. The colleague is in Berlin, the colleague is in Cologne or in Potsdam and they are also located there. Doesn't it make sense to run it from headquarters, because my firm conviction is that I need the fundraiser on site? That's why they are in the cities and not at headquarters. They have to cultivate the donors on site, they have to be physically present, they have to be active in the networks at events, and so on. And if we now had a position for major donor fundraising, then it would be located somewhere central and that would be very difficult from my point of view in terms of credibility, authenticity related to the individual house for which we then fundraise. I don't think that works for us.

11 **I:** [0:05:36.1] Ok. But a budget you would basically unlock for that? That you say (/)

12 **B:** [0:05:40.2] But only if it makes sense. And it doesn't make sense. Not for us now. Basically I would answer the question with yes can make sense if you say before I was in the hospital. I have for a house I was the fundraiser and if then a person works with me and is responsible exclusively for major donors, wonderful. I think that's a very, very good idea, but we are set up in such a way that in principle we would have to take on a major donor colleague in Berlin, in Cologne, in Düsseldorf. And that would be much too costly with our setup. Otherwise, yes.

13 **I:** [0:06:18.1] Ok. Thank you. That brings us to the second question. What experiences, practical experiences have you had in the past with very wealthy donors in terms of points like donation volume, donor acquisition strategy, challenges, etc.? That is, in principle, there are

	examples, there are experiences that you have already made in this area. It doesn't have to be current here in your organization, it could also have been somewhere before.
14	**B:** The largest single amounts, donations I have received from people who are not, so to speak, necessarily officially on the agenda, who are not identified as millionaires or are identified as very wealthy people, but whom we have actually gotten to know through networking. The people who are so, I say, publicly known somewhere as very wealthy, very rich, etc. they are usually first of all usually occupied, they are already committed to a certain topic that is interesting for them. And they are not necessarily the best donors. Those who are in the public eye with their money. And who are also very open about it. That is not our experience. Our experience is or my experience is that just people who go a little bit undercover with their assets are very interesting and they don't necessarily want to be named. The others want to be mentioned, which is absolutely good and right, has a role model effect for us, if it is in the press. But the really big donors don't necessarily want to be mentioned and tend to fly a bit under the radar.
15	**I:** [0:08:13.1] Why do you think these are the "better" donors? Have you experienced that those who are not known donate more than those who are (/).
16	**B:** [0:08:23.1] Yes Exactly. That the experience (/). This is my personal experience. That can turn out differently with others. But my personal experience is, those who are the loudest (laugh) with their assets documenting that, so to speak, the loudest are not necessarily good donors for us. They are rather small in their donations and others who, as I said, want to remain anonymous or who (...) then actually approach us and say I heard about it through friend X, friend Y or I also read about it in the newspaper I would like to talk to them about it. That also happens.

17 **I:** [0:09:06.5] That's an interesting question. Do you now communicate donation projects in general to the public here in your house, where you are now? Do you show this on your homepage, do you have a report written in the newspaper, something like that?

18 **B:** Yes.

19 **I:** [0:09:21.7] Yes?

20 **B:** Yes, in the major campaign with the 3 million, we did that with the initial donation. Then we first went public and said we had half a million and that's what it's all about. And then we tried to find allies. And allies can be, that one is with the Christmas newspaper action. Then that is almost every day in the press. Ne is even every day in the press. Or one has neighbors, it is five allotment garden associations. That may sound very small-scale at first, but these five allotment garden associations, which are physically located around this lighthouse project, in turn have many friends, acquaintances, relatives, and all of a sudden a large company contacts us and says the daughter of Mr. X, who has an allotment garden there, has told us about her project and we would like to talk to them. And that should (/). Fundraising has taught me that one should not underestimate just that. This multiplier effect. Everyone always immediately goes to the is a millionaire, the is a millionaire, I do not really think that is purposeful.

21 **I:** [0:10:26.6] Have you ever done a potential analysis here in your area. So what do I know on the scale of 50 kilometers, which you look at regularly, although you just said that those who are known are actually not so much the interesting ones. Do you do it anyway? Do you have the people on your radar who have money here in the area?

22 **B:** Yes I think we have those more or less on the screen, but we don't do any in the sense not really a potential analysis. No. What we do is I'm

personally for example a member of, I'm a Rotarian. I'm on the board of the university society, the women entrepreneurs club and in Berlin the association of Berlin merchants and industrialists and so. Very many I don't know somehow not over 10 but about 10 memberships something like that and that's part of the potential. There we are and I am in particular then as a member and get to know people, hear stories, hear besides simply what is. It's not about going there and fundraising. Not at all but it is part of networking. And that's what's interesting and that's how I find out or my team finds out what's going on, who's doing what and where. It comes (/). I simply found out, because someone was taking a cigarette break here in front of the hotel and I was also waiting for someone, that a large company, which is not yet in the newspaper, will soon be settling in Münster. That is now of course, we would possibly be the first from the fundraising point of view to approach them. The can directly welcome we are in Münster much more say we are in Münster hello Münster and we are committed to Münster. And we would be the ones at the start. That is my potential analysis (laughter).

23 **I:** [0:12:26.1] How would you describe the current situation here at your company with regard to targeted fundraising among very wealthy private individuals?

24 **B:** Well that comes about these wealthy private individuals who usually also run a business. So not private individuals, but those who run a company or are CEOs somewhere. They're at these events that I'm talking about. Or the Rotarian friends or they are somewhere else at annual receptions, at the IHK and what do I know. And those I speak if we come into the discussion then we speak once can we about donations, we do not speak then concretely about donations, but we speak once the donor enterprise and we speak about the donor privately. And often it's also a mix up. We have an industrialist here who both, he donates through his company. He is also the chairman of a very wealthy association. He also donates through that. And privately.

And then he is also the president of a sports club and he also makes a charity match for us. That means that we have actually covered everything in this person. That's not the rule now, so much. But companies are especially interesting for me, because of the person they lead. Not the company itself, but the person. I have to get to the person. And create the empathy there. Therefore are interesting and then they usually donate privately.

25 **I:** [0:14:08.8] Now you just said that you do such things. Do you also have employees here in your department who specifically approach such people?

26 **B:** Me (laughter)

27 **I:** You do?

28 **B:** I do it! Yes, yes (laughter). I do that. Of course, if there's a business ball in Potsdam or something like that, then the employee is at the business ball. Yes. And or I am now at the Reinoldimahl in Dortmund. That's something like the Kramermahl in Münster, where I'm invited as a guest. That's wonderful for me, because then at my table there are not only nice but also very financially potent people who are not necessarily anchored in Dortmund, but around Dortmund, Münsterland. And that's (...) these are starting points..

29 **I:** [0:15:01.0] Do you basically value your house or hospitals as alternative donor projects for wealthy people?

30 **B:** [0:15:14.1] Clear. Because especially for older affluent or more affluent people. We have more of a situation where we have to see how we can reach younger people, younger target groups. Older people, the so-called silverbacks, who also invest in their own future. Those who say hospital is potentially more important for me as an older person. It can always happen, but it's potentially more important, and they have

	a great affinity for palliative care, gerontology, and cancer. And once you have access to the donor, like in another house where I did pediatric palliative, the donor when the project was completed the major project, I was able to steer the donor to adult urology. From pediatric to adult urology. Those are worlds of course. But there that trust created and everything is good. But they're investing in their own care to some extent. Whereby I would like to have understood please not wrongly, of course everyone whether he donates or does not donate, equally well cared for. That is perfectly clear, but people are then very grateful and say to me it has gone so well, they have really helped me and I just want to do something for it, that is it gets even better, the situation can change even more positive.
31	**I:** [0:16:36.9] What you described now, how you approach these people, what would you say for how many years have you been doing this. For how many years. Yes exactly. For how many years would you say you've really had this direct line or also this effort to approach wealthy people?
32	**B:** Honestly, from the very beginning. Whereas when I started fundraising 15 years ago, I didn't know what it was. I could spell it, but (/). Did I say it that way, too. I was the executive director of the medical school at University Hospital and I got a call. And they sort of poached me and I said that I had no idea and that was not coquetry, that was the truth. As I said yes we know that, but we still believe that you are the right one (laughter). And after some back and forth, in any case, I quit, a permanent contract at UKM.
33	**I:** Brave. //Not everyone would have done that.
34	**B:** //Yes, I thought so too. The colleagues also said he was also quite stupid. They were not quite as polite as you and said how can you go from a UKM with a permanent contract to a peripheral house, in a job of

which you have no idea, demonstrably, and in a city that does not even have a train station.

35 **I:** The question is certainly understandable somewhere (laugh).

36 **B:** Absolutely (laughter). And my answer to that was exactly because of that. Because not because of the missing station, but because I have no idea about it and either my next job is, I get offered a million or it's insanely exciting. And I found it so exciting because I was trusted from the outside to do something that I couldn't do at that time. And I found that so exciting. And that was worth the risk to me. In retrospect, I also found it courageous. At that time I didn't find it brave at all, I just had total fun with it and to discover something completely new. And then, that was the first time I did fundraising and it actually worked out well. At some point I got four awards, fundraising awards. The campaigns were awarded prizes. Everything worked out great. But actually (/). Everything worked out super well and when the major campaign was completed at the house it would have been business as usual which is important for fundraising, but I actually wanted to reach the next bigger goal in fundraising and then I went to Chicago and thought then I'll learn a little bit finally (laugh).

37 **I:** Now for real (laughter).

38 **B:** Now for real. Exactly.

39 **I:** [0:19:24.5] (..) Do you have funding projects in your mind's eye right now? You don't have to say which ones, but basically funding projects where you say: Yes, I already know that we need a few million euros here as Alexians in the next five years. Does that already exist? Is there such a run-up that you say we already have these things in the pipeline?

40 **B:** Yes. That sounds so professional now, but we already have them in the pipeline. To be honest, we have worked hard to get wish lists from the various hospitals in which we work and then from the wards, from the chief physicians, nurses, etc. Therapists to get wish lists, small ones, big ones. Because the point is always when you talk to a donor about a certain project, you suddenly hear, oh, the brother-in-law is there and there or I still have this and that, and then you can let other things flow in. You have side effects that are quite interesting. And that's why I always need such a wish list in the background, where I can finish off something with (laughter). And there are, I always ask you to think big. Think really big. Not somehow ohh it is anyway (/). We'll never make it or the managing director won't even agree to it. I challenge everyone to think big, the CEO and the nurses. Think big. What would be good from your point of view for the house. And from this, projects develop and when the nurse then says: Yes, I would find it interesting to do this and that. Then, of course, she can't decide that, but I can discuss it with the management and then they might even say, "We've thought about that before, or we never have, or we don't want to. It doesn't fit into our strategy. But large projects do develop from this. We usually pick them up and only after a while, that's been my experience so far, after a while something develops that they actually approach us. Now a managing director approached me some time ago and proposed a very fundraising-affine project to me and asked if that would be something for fundraising. I think it's great. And that's also a bigger project and we could tackle that very well. But that's not systematic in the sense that they're sending me a plan now. Not that. It's always constant communication with the managing directors.

41 **I:** [0:21:55.1] What kind of mentality do you encounter in your house? If you go out now and say think big. What can we use.

42 **B:** Then they laugh (laughter).

43 **I:** Exactly (laughter). The question is, do people say, gee, Mrs. K., great idea, or do you have the feeling that sometimes they think, oh, God, now Mrs. K. is totally losing it. Now she somehow wants to know what we're spending a million euros on.

44 **B:** They certainly thought that at the beginning. But now they don't, because we've shown what we can do. And we have also set up projects worth millions in other regions. Not only in Münster. And we also do our own marketing. That means that when we are in the press, we also do our own marketing in-house or in the internal newspaper Alexinaner-Zeitung. Projects are then also illustrated and I always attach great importance to the fact that WE are also, one of us, on the photo. So that it is clear oh that have made the fundraiser. Because internally, internally it becomes clear that they can do it. They don't just talk, they can implement it. And that's why they dare to do it. That wasn't the case right from the start. But now we have a new house. Half a year ago or so. And that's exactly what I asked: Think big and so on. And then she arrives and says, there were three of us, two managers (laughter) and then the woman says: yes, for example, aromatherapy. And I think they need a position. A staff position. And then she says: yes, such vials (laughter). And that is actually like vials now (laughter). Then I say what is the volume? Yes, 40, 80, 100 or somehow euros. I say: yes, that's good, that's also on there. But who does the aromatherapy? Does the house do it or do we need additional money. And then she says: no, I don't know, she told me something. In any case, in the meantime we have financed the music therapist and the art therapist and she has now also received her aroma bottles and so on. But then they said when that came in with the staff positions, yes, like now, that's possible. Yes of course we calculate then down we say then for example music therapy an hour quality of life or increase, not so bulky expressed, but increase of the quality of life costs 80 euro or somehow something. And with that they are already there. Put it on

a flyer or something like that. And then it goes off. And in the meantime, they're really big into it. They have now understood (laughter) this new house. They're completely off the aromatherapy vial now. They are now planning a new station with me (laughter). That's coming up later. It goes. And as I said, you have to show that you don't just talk, you have to deliver. Not only cackle, but also lay.

45 **I:** [0:24:55.8] What would you say in principle, also with the current experiences not only in this house but also in the past years perhaps. What is the attitude of management and board members towards this topic? Do you have the feeling that they are open to it, or do you have the feeling that it's a bit more like: do we need this, should we chum up, we don't want to clean up after ourselves as a hospital, what kind of impression does that make? How would you describe it? What have you encountered there?

46 **B:** Basically, my impression is also about the various houses in which I was or even consulting I have done, that is basically find the already quite good, but everything complicated and no one knows exactly how it works. And you also don't really have it under control as management, because these fundraisers run under the radar, next to, outside. And they somehow pull a rabbit out of the hat and you don't know how they did it. That this is hard work and that this is not just drinking champagne every evening or drinking coffee or something. So that means that they want to but often don't dare because they can't estimate it, because it's a new business for Germany. So new, many have it yes but it is not established, that's what I mean. I had the great fortune to do fundraising 1 to 1 here, I was the fundraiser of the house and after my Vancouver experience I imagined for Germany, for my professional activity, to drive the model I am doing now. To work in a holding company and to have satellites. So and I have the great fortune that a board of directors actually (/). There were actually three holding companies that wanted to do this. They actively wanted that. They wanted to have this model and they put their trust in me, so to

speak. And this house then became it for me or this holding. But they actively poached me, that is, they wanted that and they actually, I have, I can really remember that I said in the job interview with the board, if you're breathing down my neck, I'm really bad. You can't ask me every day in the evening what you did today or something like that. I don't need controlling. If you let me go, then something can come of it. And that's what they did. They let me run. The results are good. But from that point of view, I actually have a very courageous Board of Management here, but that also requires courage. That is not necessarily the case in all companies.

47 **I:** [0:27:44.4] That brings us to the penultimate question. If you were to imagine a perfect fundraising for high-net-worth people, on a blank sheet of paper, what elements would it contain? Let's assume that the board of directors came tomorrow and said, Dr. K., I'm going to give you an unlimited budget. You now establish a fundraising for people who have a lot of money. We want to really intensify that now. What would be four or five points where you would say that's how it should be.

48 **B:** I would need a person to take care of that as well. A staff position. But I don't even think you really need a big budget, because what the people, big donors, potential big donors, wealthy people, they have money, they have enough of it. They don't want a champagne evening. They would rather be present at an operation. What the Americans do, the American colleagues. We don't do that. If they donate a certain amount of money, they are allowed to stand in front of the window, if they donate a certain amount of money, they are allowed to enter the operating room. Maybe not everybody does that, but where I was. Yes. In the OR, there's always different areas of how close you're allowed to the table, and they're outside, of course, but they're in the OR. We wouldn't do that, but what I mean is you have

to create that special thing for these people, which has nothing to do with what you can buy. But the special access to a chief physician, to an as I said we don't do surgery, but the special thing that they otherwise can't buy with money. That's what we need. Or we need a fireside evening with (/). But it's not about the appetizers, it's actually about (laughter), it's actually about who I get together with. With whom will I be brought together. With whom may I speak. Or just being at home with the donor. I once took part in a fundraising event, not my own, it was in Berlin in the villa of a very wealthy person and it was for a cultural sector. And they have at the beginning at the entrance, everything with drivers with gravel and so on. And they have at the entrance such a huge champagne cooler, but you know where so 10 bottles. And you just threw your business card in there with a number on it. And that was then donated afterwards. And the numbers were written (/). Only business cards were only in there with a number. That is, and there was then granted access to the artists, to the artistic director, to the director and so on. And that was the WHOLE special evening, not a lecture, but you just got into conversation with the people. Or may I introduce to you. I would like to introduce you to Mr. Anyway, Mrs. Anyway and so on. That's what major donors need from my point of view. They don't need expensive events. They are not interested. They find it boring. They have to do it all the time.

49 **I:** [0:30:53.8] Are there any activities planned here in your company to establish major-donor fundraising for such people? Do you already know that you say this is a target group to which we will devote more attention in the next few years than we have done so far?

50 **B:** Yes, insofar as we need to cultivate the major donors we already have even more intensively from our point of view, in order to reach the next Friends of Friends. And also such event that we with the people, with the large donors for example with those at home. That they invite us in a very small circle to theme garden. Or whatever the in the garden

(/). Barbecue in the garden no idea (laughter). Somehow champagne in the garden. But that the invite us, say us it is an honor to invite chief physician X and sister Y. Also, by the way, the little people are very much of interest not only the chief physicians, but also the little leaders who give insight into the ward work, into the everyday life of the clinic. This is something like Emergencyroom or In aller Freundschaft. There's a reason these things are so popular, because everyone wants to know what it's really like in a clinic. And we have to spend more time on that, on cultivating these major donors that we have in order to gain new ones. But not in the sense that we are now reaching out to any addresses, any directories that exist. We are not doing a mailing. We don't buy an address or anything like that. Because I believe in this face-to-face.

51 **I:** [0:32:42.8] Have you used professional fundraising consultants in the past or are you planning to do so? That you say I'll invite some management consultant here who has a particularly good idea of the subject and I'll spend a certain budget on it?

52 **B:** No. Hmm (negative). I imagine I can do that in a collegial exchange. And something like for example in Chicago where the Capital Campaign of the Children's Hospital of the Brain has the concept behind it. (inaudible), slurred speech) Philanthropic Management. I just worked at them, too. They have somebody's brain behind it, so to speak. Something like that is not really conceivable here because we are relatively many people for a hospital, 10. That is not the usual, the usual size. And that's why I don't think any money would be made available for it. What we have afforded ourselves is that goes perhaps in the direction and namely because we want to enter into the inheritance fundraising and that is really a completely new area for us. In fact, we have been advised by a fundraiser who specializes in this field. We also paid her. And that was so successful that we got the position

approved. Because then I had the fodder, so to speak (grinning), to be able to argue accordingly, which I would not have managed alone. But what else is the usual fundraising here? No.

53 **I:** [0:34:16.5] That brings us to the last question. I have already mentioned this. What experience do you have with banks and or with other foundations or with foundations that banks want to set up, etc.?

54 **B:** Only good ones. Seriously. Absolutely positive. We cooperate with banks private and public. We cooperate with the foundations of the financial institutions and we cooperate with wealth management departments or people in charge of the banks. And we even go so far as to sit down with a bank at the beginning of the year, for example, and say where our needs are, and they tell us that this could go into our foundation area, that we can manage it this way, that's not for us. It is a very open discussion. And also with some private banks, with whom we do very good business, because I think it's also a win-win. When they see there is a successful fundraising. Successful means for the newspapers, public relations, certain sums. There is a successful fundraising, that is serious. Also that the clinic behind it or the holding company. It is serious. Then they have to find serious projects for their investors where they can donate. So and they usually want to have recommendations from them. So I get a call from a wealth manager who says what do you have in the area of so and so many euros. Do you have anything there. Or do you have anything in the area of children, adults, psychiatry, garden design, do you have anything there? And then we are looking, not looking. Either we have the project or can take a section of the project that takes place anyway. And then he offers that to his customer, who usually relies on it absolutely. And that is then when the request comes it is actually a guarantee that it will run. Because the customer of the bank again has corresponding confidence.

55	**I:** Now you just said with private banks. Do you also do this with normal house banks such as savings banks, Volksbank, etc.? Does that also work with them?
56	**B:** Yes, and always on two tracks. Once they usually have foundations. That's for the larger sums. And for the smaller stories that we need in between, we do that directly with the central ones that are responsible for the region. And they finance it directly from their budget somehow.
57	**I:** I thank you for the conversation.
58	**B:** Very Gladly.

APPENDIX 38: INTERVIEW 8 (ENGLISH VERSION) - HOSPITAL (1ST SUBSTUDY)

1	[0:00:00.0] I: Ok. Good. The device is running. So we have now Friday the 01.07 20:13. We would start now with the interview. And then I have the first question. And the question is, what knowledge do you personally have basically regarding the topic of fundraising from very wealthy people in the hospital setting? So is there any experience, is there any knowledge that you have ultimately had in this area?
2	**B:** [0:00:41.5] I must actually say that I personally have had no experience in this area. Actually, in none of the clinics I have worked in so far. (...)
3	**I:** [0:00:56.2] Okay. Do you know if there were any departments, the public relations department, fundraising department, donation association, something like that, that dealt with it now apart from the private or the personal experiences that dealt with collecting money from very wealthy private people?
4	**B:** [0:01:25.5] There was no such department directly. There was a marketing department in the last clinic, which was generally responsible for public relations but, as far as I know, did not directly approach individuals or recruit them in order to gain financial support.
5	**I:** [0:01:55.8] Ok. In the house where you are now employed, there is something like that. Is it something like this that you know in advance which customers will come to you. That you know, for example, that people come who may have a certain financial status. Are practically people, patients who come to you are, if you will, scanned. Are we looking at who is coming to us? Are there perhaps people who would be willing to make a donation to the house?

6	**B:** [0:02:32.6] Not directly. Of course, there are certain cooperations, for example with the consulate or where certain wealthy patients come to us again and again (...). For example, from Arab countries, but we do not specifically target patients who are more affluent, so that they donate something themselves. It is more about recruiting more patients but not directly acquiring financial donations.
7	**I:** [0:03:13.6] Ok. Are there people or do you know of people who say we are, I don't know, so satisfied with the house now we have been helped so well we are now making a donation for the house?
8	**B:** [0:03:26.9] Yes, I have heard that several times. There have been isolated cases where (...) SINGLE people have made a monetary donation to us. This was not due to a request from the clinic, but because they themselves wanted to do so.
9	**I:** [0:03:50.0] Do you think hospitals are basically an attractive object for wealthy people to donate to?
10	**B:** [0:04:03.4] (...) Yes (uncertain) Hospitals are, of course, always social institutions. At least that's how I see it from the medical side. (...) Depending on how the hospital is structured and what kind of carrier it has (...) there are of course different requirements. And there are probably hospitals that are designed for maximum turnover. They are certainly interesting for investors. Of course, every hospital is suitable for donations, because if you want to (...) also (...) benefit people who may not be able to directly afford any treatments, special treatments.
11	**I:** [0:05:04.8] Is it in the hospital where you are working now or basically in the hospitals where you were before, were there investment projects that were communicated publicly? For example, did a hospital go and say we need, just as an example, we need a new MRI machine of

	the latest standard, that costs so and so many hundred thousand and for that we need donations now?
12	**B:** [0:05:29.1] (...) Hmm. Not that I know.
13	**I:** [0:05:37.4] In your opinion, are there any goals for the future in establishing fundraising for high-net-worth individuals in the hospitals where you have been or in the hospital where you are now? (...) Are there efforts to say that we will introduce something like this, that we might ask high-net-worth people to make certain things available to us?
14	**B:** [0:06:05.3] (..) Not until now, as far as I know. Because I think that's still a bit of a taboo subject. Especially to bring social institutions in connection with advertising or (..) request for financial support. (...) That's why I haven't noticed that something like this is planned for the future at my institution.
15	**I:** [0:06:44.9] If you were to look back in your mind's eye at the house where you are now, would there generally be projects where you would say that we need money without naming them now?
16	**B:** [0:07:01.8] (..) Yes. It happens all the time. In different areas.
17	**I:** Have you ever thought about getting professional advice on fundraising - not you personally, but in lower case? That you say, for example, we get a consulting company in the house or a consultant who perhaps has a lot of idea about this topic, to see where our potential lies?
18	**B:** [0:07:30.8] (..) No I believe that this topic is not current, or not yet, at all. Maybe that comes in the future actually, but it is I think not yet so established that there closer closer thought has been made about it.

19	**I:** [0:07:51.1] Okay. Do you have any experience with banks or foundations in this regard, and that's the last question? For example, what we have seen more and more recently is that banks have wealthy people as customers and these wealthy people perhaps ask the bank: Don't you have anything we can donate to, and banks then approach social institutions and say we have a customer who would perhaps like to donate certain funds. Do you have any experience in this area?
20	**B:** [0:08:24.8] No, not me personally. I don't know now whether the clinic already had something like that. Since that is now directly not in my area the contact to the banks (/). Yes, that hmm maybe there are contacts to larger companies that come into question as supporters or (...) offer certain benefits or offer financial support in exchange for advertising, for example.
21	**I:** [0:09:05.3] Ok. That would be more like healthcare companies from the medical sector?
22	**B:** Yes.
23	**I:** But in this sense, these are not private individuals who say we have a foundation or private individuals who say we have a foundation and would like to distribute money somehow.
24	**B:** No.
25	**I:** [0:09:24.6] Good. Alright. That would be all.

APPENDIX 39: INTERVIEW 9 (ENGLISH VERSION) - HOSPITAL (1ST SUBSTUDY)

1	[0:00:00.0] **I:** So, all clear. Here we go. I have turned on the voice recorder. It's 06.07. 14:08 and I would start with the first question. And the first question is first of all in general, what knowledge do you personally have regarding the topic of fundraising among very wealthy people in the hospital sector. So it's first of all, do you have theoretical knowledge about it, not even do you have practical knowledge but do you know basically what possibilities there are. That would be the first question.
2	**B:** [0:00:39.2] Regarding donations. So that is so in the clinics from my experience I must say there is no donation possibility for a clinic except the associations that for example for the clinic for what they work there yes the one kind as a kind of gratitude that the donate that are so very small sum of 30, 40 or 50 euros. Does not exist. So there are (inaudible), bad reception) donations that then just yes through the association. So we want to support this clinic, so to speak. And these funds that are (/) With these funds, so to speak, certain equipment in the clinic or in a certain department are purchased and donated. But otherwise no major donations. I'm not aware of that.
3	**I:** [0:01:53.3] Okay. In your opinion, do you think it is realistic to close existing funding gaps in German clinics by fundraising with very wealthy people, following the American model, I would say.
4	**B:** [0:02:10.9] That would be possible, but the problem would be that these people or these associations or these institutes would then have a lot of influence. Would for it in connection with the treatment possibilities in a clinic. Every person is actually freely treatable. In America the system is completely different. There only people who can not actually allow everything in the clinic. They would not be treated either. Therefore, this fundraising is not really necessary here. And I think so from my personal experience and opinion, it is actually here in

	Germany a completely different medical or social system. So it is actually this fundraising not necessary. (inaudible), no reception) healthcare I mean.
5	**I:** [0:03:09.3] Me. Sorry. I couldn't understand the last one, somehow your internet connection was a bit broken.
6	**B:** [0:03:14.5] In healthcare I meant. That possibility in the health care system or in hospitals. Is not essential or necessary, because any person, any human can get treatment in the hospital.
7	**I:** [0:03:33.3] Ok. Hmm. Now let's say you were hired as, you were hired somewhere as a fundraiser or as a senior fundraiser. Would you be willing to provide or do you think it would make sense to provide a budget to acquire high net worth people?
8	**B:** [0:04:00.0] That would be possible in my personal opinion. So I would do that. And for the reasons because that would then employ many more people. Then there is a so-called private hospital system, which then are able also through this fundraising or through this fund, through this money then so to speak certainly the clinic can distribute well. That of it I am convinced. Also from the experience. (inaudible), slurred speech). That is possible. And I would also plead for that.
9	**I:** [0:04:33.9] Do you have an idea or knowledge about what return fundraising brings. So if I invest 1 euro and I do it professionally, let's say, how many euros I get back if I do it professionally through fundraising.
10	**B:** [0:04:52.6] (...) With one, so good institutes or good people who want to generate, for example, from this one euro the added value, but then also provides a service. That is so to speak then I think already that there from this 1 euro also multiple profits can generate.

11	**I:** Good. Now you have actually already answered the second question or the second question area. The second question was about your personal experience with fundraising for very wealthy people. Actually personal experiences in one of the hospitals where you once worked. Whether there are basically areas in the hospital where you have heard or personally experienced that people have donated a lot of money.
12	**B:** [0:05:50.9] I have only worked in three clinics in Germany in my life. And in all three clinics, I have never heard anything like this.
13	[0:05:59.6] **I:** [0:06:00.3] Never have heard of before?
14	**B:** Never have.
15	**I:** Ok. Yes Ok. Do you have any experience, knowledge about whether there have been clinics that have perhaps made a kind of potential analysis. The question was asked how many very wealthy people there are in our area that we could perhaps ask if they would donate something to us.
16	**B:** [0:06:23.9] (..) So there were no such considerations in the clinic, because that is not usual there and maybe I don't know if that is even possible or allowed by law. And if it were allowed, then we humans would make perhaps also times (inaudible), indistinct pronunciation) but that is I believe now also not possible, thus legally. That is so my, although I can not deal with the law and do not know, but still I think that it is not possible. And therefore probably no one was there in the outward advertising to make and also times a fundraising to make. I think that is probably not possible by law. I think and that's why I have never known that there is something like that or there can be or possibly there should be.
17	**I:** [0:07:19.0] Do you think that hospitals or clinics today, if you take an average hospital in Germany, do you think that a hospital

would be better off financially if it had started, say, 10 years ago to fundraise professionally with very wealthy people?

18 **B:** [0:07:44.2] I think so, given the tight financial situation of hospitals. They are very dependent on health insurance companies. Would be possible, if there for example would be allowed to organize fundraising, that the then with this money also a lot of good, so be it, can help many people, I believe that. I think something like that if there were many ways to take better care of people in the hospital.

19 **I:** [0:08:22.3] What would you say in principle. The current situation (/). You've actually already answered it in part, but the current situation in hospitals in Germany, how would you describe it in terms of fundraising with wealthy people? Would you say that we are rather in our infancy or that we are successful in the medium term or would you say that we are absolute professionals in Germany. So how would you say clinics are positioned in Germany so far?

20 **B:** [0:08:53.7] Hmm. If that could participate such a voluntary fundraising also such a hospital support due to this fundraising would actually be good. But it's I keep saying it's (..., no reception). Everybody or every when I so to speak in the hospital is controlled by the hospital and given by the hospital. And there is no other revenue for the hospital. As far as I know. For that that's good if that owner or for that (inaudible), no reception) the legislature had given by a side then something like that would work well.

21 **I:** [0:09:53.7] That is, you would say that if the legislator says that would be okay, then you would say that you think it would also work well in Germany?

22 **B:** Yes I believe that.

23	**I:** [0:10:04.2] In your experience, you have just said that you have worked in three hospitals so far, have investment projects been communicated publicly in these hospitals? For example, was it written on the homepage that, let me give you an example, we need a new MRI machine that costs 800,000 euros and we need donations for it. So do you have the experience that such things have been officially communicated so that people can also say we donate for it?
24	**B:** [0:10:38.0] Often have not been communicated or if at all only among the staff and the chairmen and so on. We had communicated that we actually need investments and for this we will make applications to the state, to the respective federal state. These are actually responsible for approving or not approving an investment, for example. And to the health insurance. So they actually have to approve these investments, if that can be done at all. And that gives that these investments would be made and also due to the approval of the state government or health insurance or both.
25	**I:** [0:11:29.0] Do you think that if you were to ask a hospital today or one of the hospitals where you have worked up to now, if you were to ask them today, there would be any funding projects where you would need money for? Do you think that people would spontaneously think of something?
26	**B:** [0:11:47.4] Yes. For example, most recently where I have worked is so that there the problems because of the yes financial situation have the for example the employees have said, yes we will give up a month our salary and so some minus could be compensated. And that is such an extreme example because it is then otherwise actually in insolvency (/) (inaudible), unclear pronunciation) there such stories and still. And then I think if someone would jump to the side, so would help with their funds, they would if the law is allowed, would immediately accept and accept and also perform something like that. I think so.

27 **I:** [0:12:38.7] Do you think that hospitals in Germany or in the hospitals where you have worked so far have goals for establishing fundraising among high-net-worth individuals? Have you heard anything that your hospital where you work has said that we are planning something like this? We'll have a look at it, do you want to install something like this permanently, do we really want to see which patients we have who are perhaps also wealthy, so that we can perhaps approach them professionally. Have you somehow noticed something like that?

28 **B:** [0:13:16.9] I did not notice. If something like that had been talked about internally in the hospital, then I would have noticed it, because I was also in a management position. So that was never the case.

29 **I:** [0:13:32.1] Ok. Have you had the experience that your houses have talked about maybe getting professional advice? That one perhaps times management consultants fetches itself with Fundraising auskennen and there perhaps times regarding Fundraising with highly wealthy humans times professionally advised lets around times to look like high is the potential?

30 **B:** [0:13:58.0] That could also not if (/). But there are of course through the management consultancy there were of course talks and there it was only about how much, where you can cut, where you can save. Such management consultations there have been, but none of fundraising.

31 **I:** [0:14:20.0] That means you already have experience with management consultancies, but there it was practically only a question of where costs could be saved.

32 **B:** [0:14:27.4] Exactly. Just because. To cut the place can, where what can be purchased, where the purchases can be merged. Such

	things were of course discussed. There were of course consulting companies that were active.
33	**I:** [0:14:47.2] Last question and then we're already done. Have you ever had any experience with banks or foundations, for example? That, for example, banks have approached you or foundations that have said we have highly wealthy people who are looking for a donation object. There are people who might want to donate a few hundred thousand or a few million, who have approached you as a hospital via banks or foundations. Have you ever had any experience with this?
34	**B:** [0:15:21.2] If such a thing was in the discussion was that only if someone, if a house is so to speak broke thus nearly broke like this hospital bought, thus sold (laugh) can to private people. Not to continue running the hospital but other whatever way this house or this institute can be used. So that is to keep this hospital alive it has actually never been thoughtfully discussed whether someone for example interested so to speak donations can be called to keep the hospital alive. That has actually never been discussed.
35	**I:** [0:16:14.5] Good, then that's it. Then I thank you very much. Then we are done. Just a moment, I have to press stop here. Ah no. There is one more thing I would like to ask. At the beginning of the interview, when I wasn't recording, you told me a very nice example about America. And I wanted to ask you if you would tell me this example again for the interview.
36	**B:** [0:16:41.9] I know someone very well who has a leading position in the hospital in America. And he told that a patient gave him or wanted to give him 1 million dollars, because he is not allowed to accept this gift as a private person, so to speak, and of course they donated it to the hospital administration or wherever else. So there are donations from wealthy people in America as for example gratitude. Not just any bottle of wine gives (laughter), but (laughter).

37	**I:** We don't give bottles of wine. We're going to give a gift of $1 million or something today. (laughter). Exactly. That's not bad.
38	**B:** Such cases exist. Yes.
39	**I:** This example was about someone who was a patient in a hospital. Was probably then very satisfied with the treatment and then said as a thank you I would like to give the doctor 1 million.
40	**B:** That is right.
41	**I:** And then he refused it, because he could not accept it as a private person, and then it was donated to the hospital.
42	**B:** Precisely.
43	**I:** Exactly. Yes interesting example. Exactly. Yes. Good. All right. Then I would put on stop here now.

APPENDIX 40: INTERVIEW 10 (ENGLISH VERSION) - HOSPITAL (1ST SUBSTUDY)

1	[0:00:00.0] I: Good evening. It is Friday 08.07, 18:22. I am sitting here with my conversation partner on the subject of fundraising among wealthy private individuals. To explain, my interlocutor does not want to be mentioned by name. She also does not want her position in the company to be mentioned or, above all, which hospital she works for. Therefore, her name and clinic will not be mentioned. I may briefly get the okay from you that I have formulated this correctly.
2	**B:** Yes, that is correct.
3	**I:** [0:00:39.6] Good. Then we are already at the first (/). I'll just have to take my list here. One moment. Then we are already at the first question.It is about what knowledge you have personally and basically respectively of the topic, regarding, excuse me, regarding the topic fundraising with IMPORTANT high net worth people. That would be the first question.
4	**B:** I have a lot of knowledge on the subject of fundraising in general, as I have been in charge of our hospital's development association for many years and have also gained knowledge in this area at other hospitals. Unfortunately, I have not yet had any experience in fundraising with high-net-worth individuals.
5	**I:** [0:01:23.6] Okay. Quick question. Do you think it is realistic in principle to close funding gaps in hospitals by fundraising with high-net-worth individuals?
6	**B:** Yes, investments for cutting-edge medicine. Yes. Absolutely. Debt, no, I don't think so. I don't think rich people are interested in that at all.

7 **I:** [0:01:51.4] Yes. Ok. We will come back to that in a moment. Would you then (/), you have said so much we may say, that you manage the sponsoring association in your house as fundraising are ultimately also to be regarded as a donation professional. Would you be prepared in principle to make a budget available for fundraising with highly wealthy people? That you say, I would spend money on that, that people just deal with this topic.

8 **B:** Yes, that in any case. I think that would definitely be worthwhile. You can see that in many examples from the USA.

9 **I:** [0:02:31.9] Do you have a basic idea of the return on investment that can be achieved with fundraising?

10 **B:** No. I do not at all.

11 **I:** [0:02:41.6] That brings us to the second question. What experience have you had in the past with very wealthy donors in terms of donation volume, etc.? You've already answered that a little bit. But maybe this question again anyway.

12 **B:** Exactly as I said. So there I have no experience at all. Our activities are limited to normal people.

13 **I:** [0:03:08.0] Have you ever done a potential analysis? Have you ever gone and asked yourself how many wealthy people or high-net-worth people live within a radius of, say, 30, 40, 50 kilometers around your hospital?

14 **B:** No, I have never been involved in that.

15 **I:** [0:03:24.9] What keeps you from (/) You said you have knowledge of fundraising and donating, also through your sponsoring

association, but what keeps you from doing it so far or why have you not yet done major-donor fundraising in this sense?

16 **B:** Yes that's simply because our board doesn't want that at all. They still think fundraising is begging and not appropriate. Our sponsoring association is often a thorn in their side. I think they are also afraid that donors would interfere in the work.

17 **I:** This means that the donors would practically interfere with the objects for which they donate.

18 **B:** Yes, exactly that is what I meant. Yes.

19 **I:** [0:04:13.3] Do you think that your hospital would be better off today if you had started this kind of fundraising 10 or 15 years ago?

20 **B:** Yes, I believe that for sure. I always look at the U.S., because it works there, too. But we're just not there yet. Maybe that also has something to do with ego. Our clinic directors always think they can do everything on their own. But that is a fallacy.

21 **I:** That means that the hospital directors at your company, the board of directors, ultimately say that this cannot be done with us.

22 **B:** Yes, precisely like that.

23 **I:** [0:04:54.4] That brings us to the third question. You have basically already answered it. So it's about how you would describe the current situation in your House. You have basically already done that in the second question. So perhaps just two more questions. Do you communicate investment projects publicly? In other words, if your hospital needs a new CT scanner, I'm going to say something. Do you then go and publish it, for example, on your homepage, saying that we need funds for the CT?

24	**B:** No, not at all. Our support association is also more general. We don't collect or advertise for specific things.
25	**I:** Okay. That means that the people who donate to their sponsoring association donate, so to speak, into a black box. They don't actually know what happens to the money.
26	**B:** Yes, that's exactly how it is.
27	**I:** [0:05:53.5] Do you know your donor structure? Do you know, for example, the average age, which age donates the most? Do you perhaps know donors where you also know there are assets? So do you classify these donors?
28	**B:** No we do not.
29	**I:** [0:06:15.3] Do you think that, in principle, a hospital is an attractive donation target for very wealthy people? Do you think that wealthy people say, yes, a hospital is basically something we would like to give money for?
30	**B:** Yes, in principle, I believe that. Because health needs every time. Even the richest person. Everyone comes into contact with it. So I think that is a very grateful donation object.
31	**I:** [0:06:49.7] Can you think of any current funding projects in the hospitals for which you are now responsible? I don't want to know the names, I don't want to know the sums, I just want to know if there are any projects that you can think of where you would say our hospital needs money now.
32	**B:** So, our clinic needs money everywhere. (laughter) I can definitely think of several.

33	**I:** Several would adoc (/).
34	**B:** Surely.
35	**I:** Ok. Would you think of adoc. Hmm. Yes then we are already on the fourth question. You see this is going really fast here. And I (/). You have already indirectly answered this one. So it's about whether there are goals for the future in your houses where you say you want to attack high-net-worth people, I say. That you say perhaps there we go now times actively on highly wealthy people. So we are now fund-raising in this direction. Are there any formulated goals?
36	**B:** No. There are no targets. As we have just said. Our Board of Management does not want that at all. I have already brought this up. They have rejected it twice so far and I can't do anything about it.
37	**I:** [0:08:04.2] Did the board give a reason ultimately for why they rejected that. Are you aware of a rationale or did you just get letters back rejected, we are not for, we are against.
38	**B:** A rationale is known to me. No.
39	**I:** Ok.
40	**B:** They have rejected it.
41	**I:** That's a pity, I would have been interested. One more quick question. Could you imagine or do you now personally spend money for a professional consultation regarding fundraising?
42	**B:** I think that has also become superfluous. Because I would also need the approval of our board.
43	**I:** Oh. Ok. That means then you could (/). Yes good.
44	**I:** [0:09:00.6] Well, then we're already at the last question. It's a little bit about the topic of banks. I would like to know, banks in your

area, it can also be your house bank, so it can be the house bank of the clinic, not your private, house bank of the clinic. Have they ever approached you regarding high net worth people? For example, has a bank ever said, "We have someone who would like to donate money to you, or perhaps he would like to set up a foundation in which you can participate, etc."? So do you have any experience with banks?

45 **B:** No, not at all.

46 **I:** Not at all.

47 **B:** No. We have the account for the development association at the local savings bank. They also donate smaller amounts from time to time. But in terms of large donors, foundations, etc. I have no experience.

48 **I:** If I may interrupt for a moment. You just said that the Sparkasse sometimes donates smaller amounts. What are smaller amounts?

49 **B:** A thousand Euro.

50 [0:10:12.8] **I:** That's actually not that much (laughter). Good. Sorry, but now I've interrupted you. That means there is no experience, no one has approached you yet.

51 **B:** No. I have there. No, I don't have any experience, as I said, and I don't think our savings bank knows anything about it either. Honestly (laugh).

52 **I:** That could be, of course (laughter). Good, then we are already through with the interview. Thank you very much.

APPENDIX 41: INTERVIEW 11 (ENGLISH VERSION) - HOSPITAL (1ST SUBSTUDY)

1	[0:00:00.0] I: Good morning. It's Friday 07/22, 09:35, I'm conducting an interview with a person and this interview is going to be online via Zoom and I would start now with the first question. And the first question is, what knowledge do you personally have basically regarding the topic of fundraising or giving to very wealthy people?
2	**B:** (...) In the case of very wealthy people - you defined this briefly in our telephone conversation the other day - we are talking about people with private assets in the triple-digit millions or more. I have no knowledge of such people and fundraising in connection with them, either personally or in business.
3	**I:** [0:01:28.3] Do you think it is realistic for hospitals, clinics, associations, etc. to close financing gaps through fundraising with high-net-worth individuals, investment gaps or financing gaps?
4	**B:** In principle, I think that's quite possible. And for me, there are two aspects that speak for or against it. I think the higher the financial requirement, the greater the probability. That simply has to do with the fact that you need a certain budget per year as an organization and that it may not make sense to turn to high-net-worth individuals if you are able to raise your budget every year through less wealthy individuals but nevertheless also wealthy individuals. So that means, I think, as soon as a large investment is pending, as soon as an interesting project is to be realized, this topic becomes interesting in any case and I consider it absolutely realistic.
5	**I:** [0:03:05.9] Would you be willing to provide a budget for fundraising with high-net-worth people? That you would say, for example, in my organization where I work there are now one or two people who only canvass professionally with high-net-worth people?

6 **B:** [0:03:29.4] I would not be prepared to do that. But that has exactly to do with the reason I just mentioned. Our budget is (/). Our annual budget is too small for us to have to make this effort to get in touch with this clientele.

7 **I:** [0:03:49.8] Do you have any idea what fundraising with high-net-worth people, what return on investment, so to speak, you could generate with that if you did it professionally? Have you ever thought about that?

8 **B:** So I only thought about it now in connection with the upcoming interview. Whereby I have not thought about quantification now. But I am (/). You know the examples from the U.S. and that's why I think that you can raise a lot of millions, definitely. Above all, you can achieve a long-term commitment with high-net-worth individuals. What I then just over the years (laugh) again accordingly accumulates, this money to be acquired. I believe that there are no limits to this opportunity.

9 **I:** [0:05:07.7] You just said that you have not had any contact with very wealthy donors in the past, if I understood you correctly. Have you, for example, ever done a potential analysis, i.e. have you or the company you work for ever gone there and looked, we're now taking a look, I'll say within a radius of 50, 60, 70 kilometers, at what people there actually are here who have so much money?

10 **B:** No. We didn't do that. Hmm. Our (/) We are a small institution with a (..) manageable annual budget, which has not yet made us, so this kind of analysis necessary at all. It's, I think it's as I said always the question of how much, how much money do they want and need to raise, whether one-time or annually and how well can they communicate their issue to donors or potential donors. And the more complicated and the more demanding these two tasks are, the more

	important it is to analyze and assess the potential in one's own environment. Our institution deals with a topic that is extremely easy to sell, needs no explanation and finds a lot of supporters without much effort. In this respect, a small team at our facility can perform this task very well. Without, that is, we could now make a scientific work out of it and would have in doubt afterwards a problem with the association right, if we raise a lot of money which we cannot spend. You understand what I mean. We would get ourselves into trouble if we were to devote ourselves intensively to this subject.
11	**I:** [0:07:46.6] That is, would you or do you believe that if you had dealt with this issue 10 or 15 years ago, that you would have said 10 years ago that we are now explicitly targeting major donors? Do you then believe that the area for which you are working would have developed in a larger way? Do you think that this area for which you are working would perhaps be in a better financial, larger, more expansive position today than it is today?
12	**B:** (..) That is possible. Yes, that is absolutely possible. Hmm. And above all, I believe that if I had not dealt with this 15 years ago, our fundraising would have looked completely different today and over the past 15 years, because as I said, an institution like ours, even if we had grown so much that we would have needed twice the budget, it would still have been possible if I had, let's say, two, three, four, five high-net-worth individuals, i.e. if we had built up and cultivated contacts accordingly. Then our fundraising would definitely be different, because over the years we would have concentrated exclusively on precisely this clientele. And we would have seen everything that comes in anyway, because we have an easy-to-sell theme, as by-catch.
13	**I:** [0:09:58.6] That brings us to the third question, which you have actually already answered, because the third question is how you would describe the current situation of your organization with regard to fundraising for very wealthy people. But you have actually already

done that by saying there is actually no specific fundraising for very wealthy people, if I understood you correctly.

14 **B:** Right. Due to said reasons.

15 **I:** [0:10:28.5] Do you still know or do you basically have an idea about your donor structure? So there are nevertheless with you for example records, well there we have someone there we know who has money and that is someone who donates only (/). Are you already aware of the donor structure in your company?

16 **B:** Absolutely. Of course, we monitor and observe them on an ongoing basis. We know our major donors. Of course, we also try to establish contact with them again and again. Our culture of thanking major donors is, of course, much more pronounced than that of small donors. We also see very well whether there is a change. If someone drops out or if there are any issues that we need to address. So yes, we know our donor structure and also have a special eye on our major donors, that's for sure.

17 **I:** [0:11:40.2] May I ask what you define as a major donor? How much would I have to give you a year for you to say that Mr. Rump is a major donor? Is there an order of magnitude?

18 **B:** Yes, I distinguish again between individual donations, individual corporate donations, let's say, and large donations that are made several times. I don't necessarily want to say permanent donor, but multiple donor. And which is then either also a private donation or possibly a sponsorship by a foundation that simply has us in mind. And that just fits well into the purpose of the foundation. If I look at the latter, i.e. the foundations or the private individuals who are inclined to donate to us several times, then I'm talking about an amount of 10,000 euros a year or more.

19	**I:** [0:12:52.5] Do you communicate explicit investment plans with your department? For example, can I get a list from you that says we need so much money for this and that? We need for somehow (/) Can I as a donor actually, so I donate with you as a donor I say times in such a black box that I just say I give money looks what you do with it or can I get from you still actually information about where you currently need the money the most or which investment projects there are now currently.
20	**B:** Yes. That's typical, of course. How transparent am I to my donors and potential donors? That's a task that regularly presents me with a challenge, because it's not very easy for us to keep a list, let's say, because we have virtually no investment projects. That means we simply have, we have three essential characteristics in which donation money flows. That is space, time and heart. That means we have to make sure that we have rooms available that have to be financed, in which our offer takes place. We need time and these are the donations of time that we receive through the high percentage of volunteers. And these in turn, that is the heart, they must be appropriately qualified, trained and also supplied with super versions and also fees for group leaders. These are fixed costs that we have, which can also be conveyed, but this is not a list that says we want to purchase this and that and we need this and that every year. We try to find an in-between. When we see that there is a new option for a large donation or a medium-sized donation, we try to determine the wishes and needs of the donor through personal contact. How important is it to him that he really gets the concentration on a certain, on a certain project just then also for himself and his own communication. Then we can simply change our communication a bit. Let me give you an example: There is someone who says we have 6,000 euros. We want to help children. I have just used the word children without going into detail, but then we can say ok for 6,000 euros we can provide a group with so many children for so long, which means that you have financed this measure

in concrete terms afterwards. We can tailor at the moment to give the donor at least the feeling that he has made something very concrete possible.

21 **I:** [0:16:54.5] The next question would be whether there are goals in your institution for the future to establish a fundraising for high-net-worth people. So far, you have said that we don't need it and we have managed without it. We have major donors, but we don't have an area that focuses explicitly on these people. Is it then there in the future something planned or could you imagine for example also that you a consultation regarding, it gives yes also management consultation for example very well with Fundraising auskennen. Maybe we could take advantage of a consulting service to see if we as a house can do something in the future. Are there any considerations?

22 **B:** There are currently no considerations. But we don't want to rule it out for the future. Of course, we also see changes in fundraising through once through Covid but also through times of crisis as now currently in this year Ukraine. As that has (/) Or also in the past year the floods on the Ahr. So of course these are all (..) events that are also reflected in fundraising. Of course, we observe such things and take note of them. So far, it has not been a point where we have said we have to change our strategy. But I don't want to exclude that for the future. Our organization is now in its 11th year and fundraising is something that grows over the years. Today we are reaping the fruits that I sowed 6 or 7 years ago. In this respect, it is of course worthwhile to look at where the development is going, what commitment we can make in 5,6 years for this task. And for this reason, we should focus our activities on precisely this clientele that you have mentioned. Because that would be a period of time that I would also set at 3 to 5 years as preparation for this task, in order to be able to focus more strongly on this task.

23	**I:** [0:19:47.7] You briefly mentioned the word "foundation" a moment ago. Do you or your organization have any experience with banks or foundations? In other words, do you have foundations or banks that approach you and say that we might have a major donor who has a foundation that would fit into your portfolio, and that we might be able to establish contact, etc.? So the question is what experience do you or your company have with banks and foundations in terms of fundraising? When we talk about foundations, it's mostly companies or rather high-net-worth individuals, no, I'd say the average person doesn't have their own foundation. Is there any experience there?
24	**B:** There is experience. Both with banks and with foundations. More with foundations. There are some foundations that have supported us from the beginning. There are some foundations that have supported us once. And again, we approach them specifically, when we know exactly that it fits in with them. And there are banks that (/). There is one bank that has approached us specifically so far. No, there were two occasions, exactly two occasions, where we were told that there were high-net-worth individuals, and that you had the opportunity to present yourselves. I have to say that these two opportunities, well one of them is already very far in the past, I would actually leave it out now. The second one didn't work out, but I don't think (...) that it was because of that, that it was because of us. That probably had other reasons. I can also be self-critical, but I don't believe that (/). So this person did not approach us and say I want I am ready and want to invest in the future a large fortune in an organization like theirs, but that was only a hint from the bank that this is a high-net-worth person and that is looking for worthwhile fundraising projects or foundations uh sorry charity projects. Yes, so as I said small experiences, but they were not really worthwhile in the area of banks. In the area of foundation quite good experiences.

25 **I:** [0:23:12.3] Did you get the feeling, with the banks, that they are really interested in your cause or was there also such a side taste that you had the impression that the bank actually only wants to do business. They might want to set up a foundation for someone else, they might want to do asset management, they're looking for that. So did you have the feeling that it was more in the direction of the bank's own business or did you have the feeling that it was actually something that was true for your bank, where it was about, let's say, needy people or investments.

26 **B:** No, the former. It was a coincidence that they knew us and brought us into the game. But that was not the focus. We were also approached by the foundation department of the bank. So there were certainly quite different conversations going on in the background.

27 **I:** [0:24:16.5] Good. That's it then. Then I will switch off my device now.

APPENDIX 42: INTERVIEW 12 (ENGLISH VERSION) - HOSPITAL (1ST SUBSTUDY)

1	[0:00:00.0] **I:** Hello Ms. "Name". I am sitting here with you at the clinic in "city". I would ask that you briefly introduce yourself and please tell me that you agree to the recording and use of the interview.
2	**B:** [0:00:21.1] Hello Mr. Rump. My name is "Name". I am the chief assistant of the Clinic for Cardiology and Diabetology and currently the head of the donation department of the "Hospital" Clinic. I agree with this interview.
3	**I:** Ok. And also that the interview will be recorded here and then processed.
4	**B:** Naurally.
5	**I:** [0:00:44.4] Good. Then I thank you. Then we'll start with the first question. You have already said that you don't have much time now. I think you said 20 minutes would be the maximum, then you already have the next appointment. So I want to stick to it a little bit, so that we can get through this. So first question would be, what knowledge do you personally have in principle regarding, excuse me, the topic of fundraising among very wealthy people in the hospital sector?
6	**B:** Basically, I have rudimentary knowledge of fundraising. I have also been in charge of our clinic's development association for many years and have already gained knowledge of this in other hospitals. On the subject of high-net-worth people, I have not yet gained any experience here. But I don't want to do that either, because I think it's wrong to try to appeal to rich people.

7	**I:** [0:01:50.6] Wait a minute, I'll just have to ask. You think it's wrong to use (/). That means you are actually against it in principle, if I understand correctly.
8	**B:** Because the only thing they want is to influence the hospital. Influence is bought through fundraising, so to speak, and they don't have that in a support association where someone donates 100 euros, Mr. Rump.
9	**I:** [0:02:20.9] Okay. So you would say that fundraising is basically about wealthy people buying influence from you in your house.
10	**B:** Yes.
11	**I:** [0:02:35.0] That is, you are actually very negative about fundraising with high-net-worth people, if I understand you correctly.
12	**B:** That is how it is.
13	**I:** Then I would like to ask you a question. Do you think it is realistic to close existing funding gaps in the hospital by fundraising with high-net-worth individuals?
14	**B:** Yes I would say so. Investments for cutting-edge medicine yes. Debts, no. Rich people have no interest in that, Mr. Rump. (...) But I don't think it's right in principle.
15	**I: O**ne second. What don't you think is right? So with collecting donations from wealthy people?
16	**B:** Exactly. It is probably realistic but not right as said. Since I decide between plague and cholera, because as I said these people only want influence Mr. Rump.

17	**I:** [0:03:42.9] Ok. That is, if I can get you (/). I have to summarize that again. That is you say so you decide between plague and cholera, because on the one hand you have no money and on the other hand if you get money from them you have only people who want influence.
18	**B:** Exactly.
19	**I:** [0:04:03.2] That is a relatively extreme opinion, if I may say so.
20	**B:** You may.
21	**I:** [0:04:14.7] Ok. Good. In principle, would you be prepared to provide a budget for fundraising among high-net-worth individuals?
22	**B:** Absolutely not. Because as I said, I think it's realistic, but not right. Most of our donations are made online anyway. Why would one need advice on this, Mr. Rump?
23	**I:** Oh ok. That means you have the most donations will (/). That means you publish on your homepage a kind of donation account and then the donations go there.
24	**B:** Yes, you have phrased that correctly.
25	**I:** [0:04:56.0] (...) Ok, now that to me is a bit (/). I must tell you now honestly, that is a very extreme opinion you have Mrs. "name". But I still have a question about it. So basically. Do you have an idea or a conception what fundraising brings? For example, do you have an idea of what ROI, what return on investment fundraising brings?
26	**B:** To be honest, no. But that is a very business question Mr. Rump. I make donations with only 25% of my time budget. In theory, I'm not that into it either.
27	**I:** Okay. Oh, right. You are, wait a minute I have to check again, what did you say, chief resident assistant. So that means you run the

	fundraising or the donation club that you have for the entire clinic with 25% of your time?
28	**B:** Exactly, I do so with 25% of my time.
29	**I:** [0:06:13.9] Then question two. You've basically already answered it a little bit. What experience have you had in the past with very wealthy donors in terms of, I'll say things like donation volume, strategies, etc.? Donor behavior. What has been your experience so far?
30	**B:** As I said before, Mr. Rump. None at all, actually. Our activities are actually limited to normal people. And I think it should stay that way.
31	**I:** It should stay that way because of the influence these wealthy individuals exert.
32	**B:** Exactly.
33	**I:** This basically means that you don't want to go in the direction of saying that fundraising for wealthy people should be intensified in the future.
34	**B:** No.
35	**I:** [0:07:13.1] Ok. Hmm. Well now we are at an interesting point. Do you still think that if you had introduced fundraising before or major gift fundraising, if you had introduced major gift fundraising 10 years ago at the end of the day in your clinic, hmm, do you think that the clinic would be doing better today?
36	**B:** (...) Might be.

37	**I:** Ok. Hmm. But what does could be now mean? So. Could be. Yes, you need to elaborate a little bit more at the end of the day.
38	**B:** Ok. Yes. Financially, certainly. I always look at the U.S., where that's also possible. But, uh, we're not there yet, Mr. Rump. In the U.S., it has been recognized that exerting influence with money is better than not exerting influence without money. Something has to change in people's minds, Mr. Rump. Also in my head. I and most others I know do not want this influence. And then, of course, I don't get money either. As I said, it's a choice between the plague and cholera.
39	**I:** [0:08:57.3] Ok. That is, you would already say that you, so you would already agree with the question that you would be better off financially today if you had started 10 years ago.
40	**B:** Yes.
41	**I:** [0:09:09.5] But on the other hand, you don't do it because you don't want the influence of the wealthy people.
42	**B:** Precisely.
43	**I:** [0:09:17.2] Ok. Yes. Good. You have basically already answered the third question. I would still like to repeat it here. How would you basically describe the current situation with regard to your institution's handling of the issue of fundraising among very wealthy people? You have basically already said that, because if I understood you correctly, nothing is actually happening. In other words, you limit yourself to so-called "normal people. But I still have a question on this third question. Do you communicate investment projects publicly? Let me put it this way, if you need money for something, does it appear on your homepage? So are there any, are there any things published?
44	**B:** No not at all, Mr. Rump. Our sponsoring association is also general. We advertise or collect donations for specific things. Our

members don't donate for specific things, but in general, Mr. Rump. That's why, strictly speaking, it's not fundraising. Because that is always project-related.

45 **I:** Yes. Exactly. You're right about that. That's project-based. Hmm. I would still like to ask you a second question. Do you know your donor structure? I say so you know which donors give you which amounts of donations. How much income these people have. Have you classified your donors somehow?

46 **B:** No. Mr. Rump. I can't tell you anything about that.

47 **I:** So you have not done anything up until now.

48 **B:** No.

49 **I:** [0:11:00.7] Ok. Hmm. Do you basically believe (/). So that is now again an intermediate question about it. I have to ask you intermediate questions because you have such an extreme opinion about it. Do you have (/). Do you think that a hospital is an attractive donation target for rich people? So would you still say, for example, that the hospital in which you are now active here in the "city", that there could be wealthy people who say that we are happy to donate to this hospital?

50 **B:** Yes, it is. Because everyone needs health sometimes. Even the richest person gets sick sometimes. Everyone comes into contact with that at some point. I think that is a worthy object for donations. But for me, Mr. Rump, rich people are not attractive donors for the reasons I have already mentioned. I already had a wealthy industrialist son on the hook, but he immediately told me what kind of influence he envisioned for the donations. He even wanted an office in our administration wing, although he said he would never be there. And to be honest, I laughed and waved him off.

51	**I:** [0:12:34.9] That means that you once had a wealthy donor, the son of an industrialist, who wanted to donate to you and who said that I wanted an office in your hospital.
52	**B:** That is correct.
53	**I:** [0:12:47.8] Okay. And you rejected that accordingly?
54	**B:** Exactly. And also waved off, as I said.
55	**I:** [0:12:57.2] Do you have any fundamental, I don't want to know any numbers or exact things now, do you have any fundamental funding projects in your institution at the moment? So would you say that here the clinic "city" that there are projects at the moment, where you would say now as head of the donation department, we need money at the moment.
56	**B:** [0:13:17.6] Oh yes. Several. We need money everywhere Mr. Rump.
57	**I:** [0:13:26.0] Then we come to the fourth question, Ms. "Name. But basically you've already almost answered that one. It's about what goals there are for the future in establishing fundraising for high-net-worth individuals. But there you have, if I understood you correctly, basically, at least that's how I understood it, that as long as you have your thumb on this there won't be. At least that is how I understood it. Is that correct? Can you maybe elaborate on that a little bit. So what goals you have there for the future, if any, or no goals at all.
58	**B:** So basically no goals at all. For the aforementioned reasons. For me, the perfect fundraising with high-net-worth people would be giving without taking. You have to make people understand that it's an act of philanthropy and not an investment. But then people don't play along, that's the problem.

59	**I:** [0:14:39.4] So that means you would basically say (/). Okay, that's an interesting thing. That is, you would say that in principle you don't think the idea is bad at all. You would also implement it if people would give practically without making demands. Did I understand you correctly?
60	**B:** Correct.
61	**I:** [0:14:55.8] Ok. Hmm (affirmative). Would you then, in order to ultimately create a concept for this fundraising, make use of a professional fundraising consultancy? Because there are also management consultancies that specialize in such fields, for example.
62	**B:** No, Mr. Rump. I know what I have to do to get money. But we don't want to do that here in the company, neither I nor the other chief physicians and managers.
63	**I:** [0:15:39.6] Okay. That means you would say (/). You basically reject that because you say you don't want that.
64	**B:** Exactly.
65	**I:** [0:15:47.6] Good. That brings us to the last question, Ms. "Name. And this is a bit about the topic of banks and foundations. What experience do you have with banks and foundations in this regard? I ask in the direction of are there banks that have, for example, already approached you and said that we might have a wealthy person who would like to invest money with you, etc.? Are there foundations that have approached you? Do you have any experience with banks and foundations in your company?
66	**B:** Not at all, Mr. Rump. We have the account for the sponsoring association at our house bank. And the donations at Christmas are usually also 500 euros.

67	**I:** 500 euros. That is generous (laughter).
68	**B:** That's really true, you say something (laughter). And with regard to major donors, foundations, etc., I have no experience. But I have heard from colleagues that the banks misuse these ideas as an acquisition tool to sell their investments. And in the end, that's just another way of exerting influence, which we don't want. So no thanks, Mr. Rump.
69	**I:** [0:17:19.8] Ok. I need to sip my coffee Mrs. "Name". Wait a minute. Like this. Okay. That means experience with banks and foundations is not there either. That too, I'll summarize that for me again briefly. You also see this negatively with the banks, because you say that if banks approach you, it's actually just self-interest, because they only want to sell their investment products. Did I understand you correctly?
70	**B:** Exactly. Mr. Rump.
71	**I:** [0:17:51.7] May I ask you, your house bank, what kind of bank is it? Is it a private bank, is it, for example, I'll say Deutsche Bank, Commerzbank, some private bank, or is it more of what I'll call a public bank, such as a savings bank, Volksbank, or or or?
72	**B:** I can tell you that, Mr. Rump. We are talking about our local Volksbank. They are probably not so well positioned in such things anyway. And the private and stock market-oriented banks are much more aggressive, I have heard personally, but that is good for us, Mr. Rump.
73	**I:** [0:18:39.5] Well, so in the sense that the local, what was the savings bank, no Volksbank, that the practically do not come at you.
74	**B:** Precisely, Mr. Rump.

75 **I:** [0:18:50.0] Good. All right Mrs. "Name". That was already the next the last question. And then we would be through. Just a moment, then I would just turn off my recording device here.

APPENDIX 43: INTERVIEW 13 (ENGLISH VERSION) - HOSPITAL (1ST SUBSTUDY)

1	[0:00:00.0] I: Okay then we would start directly with the first question. And the first question is a little bit about the past. And that is: What knowledge do you personally have in principle regarding the topic of donations and fundraising among very wealthy people?
2	**B:** (..) I have only general fundraising knowledge, which I once acquired in a 1-year training seminar on management for non-profit events organization rather, but explicitly to HNWIs no not.
3	[0:00:49.0] **I:** Okay. Do you think it's fundamentally realistic, for example, for institutions in the healthcare sector to be able to close financing gaps or finance investment projects through fundraising among high-net-worth individuals?
4	**B:** Yes, of course. Sure. So I would see it that way. It always depends on the purpose of the donation. And if, for example, they need a donation to treat a disease in the health care system that is simply insidious and dangerous and that anyone can actually get and basically any family and even the super-rich don't stop there, then that is certainly quite understandable or conceivable that such families or such donations are made in the health care system. Yes.
5	[0:01:55.2] **I:** Would you, in principle, release a budget for, let's say, a concept for fundraising among high-net-worth people? So let's assume that the board of directors or someone else were to ask, yes, what does that look like? Do you think it's realistic for us to generate a certain amount of donations? Would you release a budget for that? Do you think that would be worthwhile?
6	**B:** (...) I think it makes sense to try that. But that depends on the size of the budget and that is also dependent on the people you want

to win for it. Well, not all HNWIs are known, but most of them have a name that doesn't ring in their ears for the first time. And besides one can investigate that also. And NRW I say times that would be now our catchment area, there I would already think that one should try that already times. Yes. But you will certainly make the experience here as well as when you fundraise with companies with large capital, that most of them already have some kind of donation partners. That they basically their budget is ultimately somehow already planned. That's how I imagine it.

7 **I:** [0:03:38.2] Do you personally have any idea what return on investment you get when you invest money in fundraising? In other words, whether fundraising is a lucrative source of investment.

8 **B:** Now in terms of this clientele?

9 **I:** Yes in terms of this clientele. Exactly.

10 **B:** Uhh puuh (thinking). Yes as I said it is a question of amount. The input of the fundraising. I would be a little bit cautious, because I think that some people should not set the expectations too high, because they are usually all already well in business, I say. So I can't imagine that there are rich families, that is, super-rich families, or even individuals who have never been approached in this regard. And I also can't imagine that not already one or the other, that not then still all persons who somehow show a willingness are not there also already in some form committed or do something. In any case, the willingness to do something new, I find not so easy, because most say, I have researched long enough, I have been advised and I have now somehow a cooperation and I'm actually quite happy with it I would like to deal with actually no more. And for those who don't do anything at all, they usually don't want to promote anything. Well there one can come still with a special health-political topic or health topic around the corner,

	of those as said basically where where there are heavy illnesses and where the illness comes in the long run into each family. That can change naturally fast, if times a person said before half a year, no there I do at all nothing, which is suddenly perhaps due to own experience or perhaps because the wife or the husband, children. Suddenly the whole world looks different again. But as I said, I would not expect much. That's why the amount of the budget, that really depends on the income and what you need there too.
11	**I:** [0:05:54.6] Have you, you've already answered it a little bit actually, have you personally actually had experience in the past with this kind of clientele in terms of such things as donation volume, acquisition of such people, behavior of the donors, etc.? Have you actually had contact with such people in practice?
12	**B:** As I said at the beginning, I have no experience with such people. Of course, I have experience with people who are perhaps a little bit below that. It's often the case that foundations are set up there, etc. And through these foundations, in turn, you can reach them very well, because that of course shows that they are at least on the move in this social context. In the case of foundations, you have to look at exactly which areas they are active in.
13	**I:** [0:06:55.2] Have you ever done a potential analysis in your environment? Maybe you thought to yourself, I'll take a look, I'll say, within a radius of 50 km, which wealthy families, which wealthy people do I have that I could perhaps approach?
14	**B:** No, not directly. But basically people from the board took over, because of course I ask them who do you know. And our board is very well staffed and that's how it would have worked. That's also how it happened in some cases.
15	**I:** [0:07:30.4] Do you think your house would be better off today if you had started this kind of professional major donor fundraising 10

	or 20 years ago? If you had said 10 or 20 years ago that we would now focus professionally on the really wealthy people?
16	**B:** Hmm (considers). Wolhabend does not necessarily mean that one is willing to donate. Because there is also the opposite effect, that those who have a lot also want a lot and therefore give little. Yes, that's the way it is. And there you can only shake your head. But as I said, I think so, because 10 or 20 years ago fundraising looked quite different. There one heard with (/). It would have been a really new topic, and I think it would have had more potential then than it does today.
17	**I:** [0:08:35.7] That is, if you were to describe the current situation of the house where you work today, in terms of very wealthy people, how would you describe the current situation? So are they doing something, are they not doing anything. I mean you've basically answered it a little bit already, but if you could maybe add a little bit to that.
18	**B:** There is certainly one or the other initiative via the Board of Management, which in turn is backed by wealthy people who are approached. And funds have also flowed in the past. And also quite also, was also times 6-figure. All of this has happened before. But these are absolute exceptions. And it always depends on who acquires these people. So there is a certain degree of, let's say, equal eye level something like that would perhaps be important vis-à-vis them. For a normal standardized fundraising with which one begins perhaps first of all to send a letter whether one can take up contact or however always. In any case that one begins to take up at all times contact, I consider that very difficult. In former times the possibilities were larger. But now I think I lost the thread and am no longer on the track of your answer.

19	**I:** [0:10:12.0] Do you have a general idea of your donor structure in your house, where you are now? Do you know how many people donate a 10-digit sum because it's Christmas, up to the people, as you just said, who donate 5 or even 6-digit sums? So do you basically have an overview of the donor structure?
20	**B:** Roughly, yes.
21	**I:** [0:10:38.4] Do you generally communicate investment projects to the public? So if your company now says we need something new or we want to create a new position for something, I don't know, is that for example on your Internet homepage, is that sent to people by e-mail? Do you basically communicate when you need money?
22	**B:** I don't think we've ever done that in this form before. No.
23	**I:** [0:11:03.9] Would you say then that facilities like yours are generally attractive to wealthy donors?
24	**B:** Yes.
25	**I:** Why so?
26	**B:** Well, because we are active in every area that I have already mentioned. Let's just say that we make an important addition to health care in the area of a disease that can affect anyone and that has a very bad image. And from there is, there is one and that is represented in almost every family in some form. From there, there is a certain open-mindedness per se.
27	**I:** [0:11:51.0] If you close your eyes and look back in your mind's eye, are there any funding projects at the moment where you would say, yes, I could use money for that right now.
28	**B:** Yes. Those exist.

29	**I:** [0:12:12.1] That brings us to the next question. Do you have any plans in the future to establish fundraising for high-net-worth individuals? So have you, has the Board of Management, has anyone ever said that these are things that we could perhaps tackle for, let's say, 2023, that we could perhaps do something about?
30	**B:** I have not come across this explicitly. Or you can add a "still" there. But I can imagine that one or the other member of the Board of Management will have big ears.
31	**I:** But that means it has not yet been actively proposed to the board?
32	**B:** No, it has not yet been proposed.
33	**I:** [0:12:59.0] Have you ever thought about getting professional advice in your house regarding fundraising?
34	**B:** I have.
35	**I:** You have gotten counseled before?
36	**B:** Yes. Yes. Exactly.
37	**I:** And would you say that, in retrospect, that did something for you?
38	**B:** [0:13:20.1] Yes and no. Yes and no. Yes, because there were one or two good ideas, but no, because it is difficult to increase the budget for fundraising when money is tight and you don't know whether it will be useful or not. This would basically have to be done counter-cyclically, and for the counter-cyclical there is little there at the moment, how shall we say, so there would have to be a paradigm shift

	in the area of fundraising. So I'm still doing it more or less on my own and that's simply a question of, how shall we say, resources.
39	**I:** [0:14:08.0] Good, then we're already at the last question. And this question would be, do you have any experience with fundraising in your company with banks or foundations? So have you ever had the experience that, for example, a bank approached you and said, "Look, guys, we might have a wealthy customer who would like to donate a little money. Or have you ever had the experience of banks approaching you and saying, maybe we have someone who would like to set up a foundation or who has a foundation, wouldn't you like to grab some money from them? So do you have any experience with this?
40	**B:** There are already one or two indications from the Board of Management as a whole. However, banks have now approached us to say that this is a good cause and that we also have a potential donor who could imagine doing something in this area. This could be a win-win situation. Wouldn't you like to or something (/). This has never happened before in this form.
41	**I:** Have you ever approached banks or foundations and asked?
42	**B:** Foundations. I approach foundations a lot because they often simply fit in with our work. But by no means all of them. By no means all of them. And with those that don't fit in, you have to say that they also find it difficult to open up for such a completely new area. So that also with those the statute is again verbrieft, which makes now in such a way for itself engage and in which fields evenly not. But we are working intensively with foundations.
43	**I:** [0:15:52.6] And do you have there (/). So would you say, if you make such a line so far under it, have you had good experience? So would you say that what you have done with them so far has been fruitful?

44	**B:** Phewww (considers). It's always (...) a question of effort and effect. I think on balance yes, although one would also have to add that this should certainly also run much better. The experiences were clearly higher.
45	**I:** Thank you. That is it.

APPENDIX 44: INTERVIEW 14 (ENGLISH VERSION) - HOSPITAL (1ST SUBSTUDY)

1	[0:00:00.0] **I:** [0:00:00.2] So I'm sitting here with my conversation partner, who doesn't want to be named. We are talking about the topic of fundraising for high-net-worth individuals. Today we have the 17.09.2022, 10:32 and I start the interview now with the first question. Which is, what knowledge do you personally have in principle on the subject of fundraising among very wealthy people in the hospital sector?
2	**B:** I have rudimentary knowledge of fundraising. However, I have had no experience at all in fundraising with highly wealthy people. In our hospitals, we always receive voluntary donations without asking the patients or other people. Whether there have ever been high-net-worth people involved, I don't know. But if I understand correctly, you are talking about people where I, as chief physician, am a small boy against. We don't have anything like that here anyway. At least I think not.
3	**I:** [0:01:05.2] That means you don't actually know if you have high-net-worth individuals in your donor portfolio.
4	**B:** Yes.
5	**I:** [0:01:13.2] Then an interim question. Do you think it is realistic in principle to close existing funding gaps in hospitals by fundraising with high-net-worth individuals?
6	**B:** No, I don't think so. I am also fundamentally opposed to this. Every company, including hospitals, has to look after its own finances. I can't go begging now if I don't have any more money.
7	**I:** [0:01:39.0] Ok. That's also an opinion. Would you be prepared to make a budget available for fundraising in your company?

8	**B:** No. Absolutely not. Because as I said, I don't think that's realistic or right or anything.
9	**I:** [0:01:57.6] Do you have any idea what ROI, i.e. what return on investment fundraising brings?
10	**B:** What is that?
11	**I:** That is the return on investment.
12	**B:** I don't know what that is in detail nor how high that is.
13	**I:** [0:02:15.5] Okay. Then I will come to the second question, what experience have you had in the past with very wealthy donors? Yes, I have to say that you have already answered this question a little bit, of course. But anyway, I'll ask it anyway. What experience have you had in the past with high-net-worth donors in terms of donation volumes, strategies, challenges, donor behavior, etc.?
14	**B:** Yes, as already mentioned, none at all. Our activities are limited to recording donations without solicitation.
15	**I:** [0:02:53.4] This means that you don't approach customers in a targeted manner, but you simply wait until something comes in.
16	**B:** Yes.
17	**I:** [0:03:03.3] Have you ever carried out a potential analysis in this context? In other words, have you ever asked yourself the question and tried to analyze how many high-net-worth people live in the area around your house?
18	**B:** No, never. And we never will, as long as I'm wearing the hat here.

19	**I:** [0:03:26.5] Does that mean you are also fundamentally opposed to potential analyses and the like? You say that's out of the question for you.
20	**B:** Yes.
21	**I:** [0:03:34.9] Do you believe that your clinic, I mean you are now on the subject, it has to be said, that already comes out in the first two questions, you are very negative about it. Do you think that your clinic would be better off today if you had started fundraising for large donations, I don't know, 10 years ago, 15 years ago, 20 years ago?
22	**B:** No. No, I don't think so. Because I don't think wealthy people spend money on something like that at all. So therefore the question does not arise.
23	**I:** [0:04:11.4] Yes, you have already answered the third question. I actually wanted to ask you how you describe the current situation with regard to your company's handling of the issue of fundraising for very wealthy people, but since you say, of course, that nothing will happen as long as you're wearing the hat here, you've actually answered the question. Nevertheless, a question. Do you communicate investment plans publicly? That is, do you go and write, for example, on your homepage that you need money for some things?
24	**B:** No at all. The donations we receive are practically blind donations. What we do with the money is decided after the fact.
25	**I:** [0:04:53.2] Ok, so in plain language, when donors donate something to your house then you determine the intended use only afterwards?
26	**B:** Yes, right.
27	**I:** [0:05:10.9] Do you know your donors? I just asked you if you knew whether you had ever done a potential analysis. You answered

	in the negative. Do you know your donor structure according to other parameters? For example, by income, age, etc.?
28	**B:** No, not at all.
29	**I:** Not at all. That is, you also do not in this regard.
30	**B:** Nothing.
31	**I:** [0:05:33.0] Do you think a hospital is an attractive target for donations from rich people?
32	**B:** Not at all. Wealthy people have returns in mind and those are low for hospitals. We're talking about donations here, but they never actually have a return on investment. You can do that with smaller amounts. But why would a wealthy person donate millions when they can invest the money with a return. That's crazy.
33	**I:** [0:06:11.0] Can you think of any current funding projects in your house? Are there things for which you currently need money?
34	**B:** Oh yes, several even. The donations we get for it we then also use for it. Depending on where we need it.
35	**I:** [0:06:31.2] You have already answered question four. That would have been the question: What are your goals for the future in establishing fundraising for high-net-worth individuals in your company? So basically, are you planning to do something with high-net-worth individuals in this regard?
36	**B:** No goals at all for the aforementioned reasons. Perfect fundraising with highly wealthy people is not fundraising at all for me. What should I do there with going out to eat and saying thank you. No, I have other things to do.

37	**I:** [0:07:11.1] Then maybe one more question. In order to create a concept for this, would you make use of professional fundraising consultations.
38	**B:** No. Then I'm throwing good money after bad money, so to speak. No way.
39	**I:** [0:07:29.2] Ok. Yes, that is a very clear opinion. Then we're actually already at the last set of questions. I would like to know what experience you have with fundraising with banks and foundations.
40	**B:** None at all. But I have also heard from colleagues that the banks misuse these ideas as an acquisition tool to sell their investments. And so, of course, the banks are the winners and the hospital is again the loser.
41	**I:** [0:08:05.2] In other words, you would say that banks ultimately only cooperate with hospitals in terms of fundraising in order to generate, let's say, their own business.
42	**B:** Yes, right
43	**I:** [0:08:23.3] Yes then actually my last intermediate question, may I ask what bank it is your house bank. Is it more of a private bank or is it more like a savings bank, Volksbank etc.?
44	**B:** These are the Sparkasse and Deutsche Bank.
45	**I:** Ok. That means you have two resident banks.
46	**B:** Yes, correct.
47	**I:** Good, then we are already done with our interview.

APPENDIX 45: INTERVIEW 15 (ENGLISH VERSION) - HOSPITAL (1ST SUBSTUDY)

1	[0:00:00.0]
2	**I:** [0:00:00.9] So we are sitting here together in the interview. It's 04.10, 17:13 and I would start with the first question. What knowledge do you personally have basically regarding the topic of fundraising among very wealthy people in the hospital sector?
3	**B:** Yes on the subject of fundraising I have very detailed knowledge. I know every study I would say and yes in relation to extremely wealthy people I'm honestly, I'm honestly not so familiar. I follow everything on the topic because I had that for an important funding topic in Germany. As far as hospitals and clinics are concerned (..) my knowledge of the subject is based only on my private knowledge; professionally, I don't have that much to do with it. Since I am the only one in our board of directors or in our group of companies who would push this topic. As I said, the emphasis is on "would", because I can't get through this issue on my own. I have no support from colleagues in other companies. Is that enough of an answer?
4	**I:** [0:01:20.3] Yes, that's enough as an answer for now. Then I would like to ask a small question. Do you think it is realistic in principle to close existing funding gaps in hospitals in this way? In other words, through fundraising with high-net-worth individuals?
5	**B:** Yes, I have just tried to make that clear. I think it's one of the most important funding issues of all. Your question now refers to financing gaps. Yes (...) I think you have to look at it from both sides for what the SHI, i.e., the statutory health insurance, does not pay, i.e., no rich person wants to pay for the debts that the hospitals are building

	up. That is for the (/). The point is to finance certain projects in advance and not only when the debts have arisen.
6	**I:** [0:02:21.2] Okay. Then one quick question. Would you be prepared in principle to make a budget available for fundraising in your company?
7	**B:** Yes, I would do that immediately if I had free hands. We do have a fundraising department, but it doesn't deal with the very wealthy. We work according to the shotgun principle. I just point and see what I hit. There's no targeting going on with us and that's a shame actually, because what you would get back would be enormous. But the group I work for shies away from the beginning (unv, unclear pronunciation).
8	**I:** [0:03:08.3] Do you have any idea what return on investment fundraising would bring?
9	**B:** The well-known Roland Berger study says 300-400%. I think that's something. And they're not just talking about the extremely wealthy, they're talking about everyone. I'm sure if you targeted fundraising for the highly affluent, you'd have an ROI easily over 1000.
10	**I:** [0:03:45.5] Good then we are at the second question. What has been your past experience with high-net-worth donors in terms of donation volume, donor acquisition, challenges, donor behavior, etc.?
11	**B:** Practically none at all. Theoretically, I'm in a good position. I have already approached my colleagues, but try setting up a new department in times of chronically empty coffers. You might be able to imagine that.
12	**I:** [0:04:21.5] Yes. Yes. Sure. Have you ever conducted a potential analysis? In other words, how many high-net-worth people live in your area who could be interviewed or approached?

13	**B:** No. That would also cost a lot of money. They would have to buy external data. People here are not that enthusiastic about that.
14	**I:** [0:04:46.4] Do you think your clinic or group would be better off today if you had started major gift fundraising 10, 15 years ago, 20 years ago.
15	**B:** Yes, of course. Just look at the USA, how do you think all the cutting-edge research is financed? The money is collected, insanely, and people like to give. But that's a completely different mentality. Here in Germany, you can't compare. Here, people are afraid to ask for money. In the U.S., it's more of a matter of course.
16	**I:** [0:05:31.8] Yes, you have basically already answered the third question. How would you describe the current situation with regard to your organization's approach to fundraising for the very wealthy? Basically, you said that you haven't done anything yet. But I would still like to ask you a question. Do you communicate your investment plans publicly?
17	**B:** No, not at all. Our donors give and don't know what for. That's why we don't actually do any fundraising. Because fundraising is always done in advance, i.e. for a specific purpose. With us, people only find out what will be done with the money afterwards, if at all. And even then, you can't really say for sure if that exact donation was there. Basically, this is a huge scam.
18	**I:** [0:06:33.6] Do you know your donor structure by income, age, etc.?
19	**B:** Not at all. We know some bigger donors like banks, insurance companies. I think a building contractor donates to us once. But that's about it. We don't know any other geographical details.

20	**I:** [0:06:54.7] Do you think a hospital is an attractive target for donations from rich people? So you think rich people like to donate to hospitals?
21	**B:** Well, everyone gets sick sometimes. Everyone needs medical help. If I think about it, if I had 100 million in my bank account and someone asked me, the order for me would be medicine, nature, children. I am firmly convinced that almost everyone has the need to do something good with their money, and that includes hospitals. If we exclude Mr. Putin.
22	**I:** [0:07:39.8] Can you think of any current funding projects in your group?
23	**B:** Yes, we do. Several, in fact. That's obvious. You certainly know what the situation is like for hospitals in Germany at the moment. Money is needed at all corners and edges.
24	**I:** [0:08:04.3] Then we come to the fourth question. You have already answered it in part. Do you in the group have any goals for the future in establishing fundraising for high-net-worth individuals and what would perfect fundraising for high-net-worth individuals ultimately look like for you? So basically, are there any goals first?
25	**B:** Targets none at all. For the aforementioned reasons. The perfect fundraising with high-net-worth people would be the establishment of a completely separate department. This would also have to be detached from the rest of the fundraising and donations department. After all, high-net-worth people need a completely different approach and completely different support. They cannot buy a Dacia in the comparison in the car dealer like a Ferrari. That doesn't fit. Certain precautions have to be taken, furniture, inventory, staff training, the concept. It all has to be tailored to the wealthy clientele. After all, fundraising is also advertising for your own company.

26	**I:** [0:09:25.0] A quick question. Would you, in order to create a concept for this, so if you now say ok I would like to create a concept for fundraising with high-net-worth people, would you make use of professional fundraising consulting?
27	**B:** Yes, theoretically. But the question does not arise in our group. As I said.
28	**I:** Due to financial reasons, yes.
29	**I:** [0:09:51.6] What experience do you generally have with banks and foundations in this regard? Have they ever approached you regarding anything with high-net-worth people?
30	**B:** (...) Hmm (thinking). No experience at all with fundraising for high-net-worth people. We once had an inquiry from one of our house banks as to whether we could set up something foundation-wise. My colleagues and I had there however already completely fast the suspicion that the bank wanted to make only own business and now not at all with our thus the donations for us in the foreground were. So we canceled that very quickly.
31	**I:** [0:10:36.5] May I ask what bank is your house bank. Is it a private bank or is it more along the lines of a savings bank, credit union, etc.?
32	**B:** Yes, we are talking about Deutsche Bank and Commerzbank.
33	**I:** Okay. That means you have two house banks, Deutsche Bank and Commerzbank?
34	**B:** Exactly.

35 **I:** [0:10:57.2] Good. Then we're already at the end of our interview. Then that's it. That was also very speedy, 11 minutes. Thank you very much.

APPENDIX 46: INTERVIEW 16 (ENGLISH VERSION) - HOSPITAL (1ST SUBSTUDY)

I: I have the pleasure of welcoming them to our interview and I am very pleased that they have agreed to do so.

B: I am also pleased, thank you Mr.Rump.

I: Then I shall come directly to question 1:

What knowledge do you personally have in principle regarding the topic of fundraising among very wealthy people in the hospital sector?

B: (…) I personally have basic knowledge about fundraising. (...) Regarding very wealthy people rather no knowledge. It is also difficult to enforce here in the north, you have certainly heard of Nordic modesty. In my opinion, it is not a good thing to ask wealthy people for money. (...) And if so, then only officially, at raffles, via the donation association. But not approaching people specifically, that is frowned upon here. I don't even know who should do that here. Because they need a certain standing to sit down at a table with such people. The only people who could do that in our company would be me or my colleagues on the Board of Directors or the Executive Board. And they have other things to do. And I don't see them in this role either. (...) And neither do I. (laughs loudly)

I: Then I have an intermediate question: Does that mean that they don't have anyone or a separate department in their houses to deal with this issue?

B: (…) Um, a general donations department, yes, we have our sponsoring association. But we don't have any special employees who go after stony-rich people. We never had that and I don't think we ever will. (Laughs). (...) Because as I said before, that just doesn't fit in with northern German modesty.

I: But that brings me to another question about northern German modesty: Do you think it is realistic to close existing financing gaps in hospitals?

B: In principle, yes, but the mentality would have to be different. I think in Germany, and even more so here in the north, we are not yet that far advanced. I have just tried to make that clear. But your question relates to funding gaps. You have to take a bipolar view of that. (...) No rich person will pay for what the

SHI does not pay for, i.e., for what the hospitals build up in debt. The point is to finance certain cutting-edge medical projects in advance, not after the debts have already been incurred. And I think wealthy people would be found to do that. (...) But finding them is the problem. (Laughs) In my opinion, finding people would work very well. But finding is an active process that would have to come from the clinic, not from the donor. And that's where Hennes gets it. We don't try to find. Because the mentality is not right at the hospitals. (...) I'll get myself again now. Go to the next question!

I: Before we go to the next story prompt, one more interim question, please: Would you be willing to budget for fundraising?

No, I would not do that. As I said, I'm repeating myself now, that's not what we want. A donation association as we have it, that is meaningful and correct. But what you mean is extremely elitist, which would also scare off our small donors, I think. In addition, the big players often want to gain influence when donating. And we cannot and do not want that. We are a maximum care provider in the GKV care plan. We can't put people in decision-making positions who do that because they're otherwise bored. That's not possible. But ultimately, you are alluding to a business process. An investment that pays for itself. That is business thinking, something I believe we still have very little of in German hospitals. (...) We are used to the fact that the health insurance companies pay and the country finances the investments. Especially the old people (...) (laughs loudly) like me and my colleagues are from a different time. That's how I see it.

I: May I ask how old you are? And how old are your colleagues on the management board?

B: I'm 57, and my colleagues are all between 53 and 60. Old people, as I said (laughs loudly).

I: One more question before we move on to the next main question: Do you have any idea what ROI fundraising brings? So the return on investment. So in general, not just for wealthy people.

B: No, I haven't. I'm also not really sure what the ROI, is that what it's called (?), is exactly. After all, I'm not a business economist.

I: Okay, thank you. Then we'll move on to question 2:

What has been your past experience with high-net-worth donors in terms of donation volume, donor acquisition strategies, challenges, donor behavior, input you've provided, etc.?

B: Practically none at all. This is my third house where I work, but I have never had any contact with it. And building something like this now is utopian, because the budgets have shrunk and the coffers are empty. We'd rather put our money into nursing staff instead of into employees who are pampering millionaires. (laughs loud and long). I know that's mean, and you probably don't want to hear that, since you seem to be a millionaire fan. Are you a millionaire or a billionaire yourself?

I: I am a friend of no one. I'm making a study and trying to be objective. And I'll answer the second part of the question tonight at dinner, not when it's on tape. (laughs) But one more intermediate question, please: Have you ever done a potential analysis of how many high-net-worth people live in your area.

B: No, never, because that would also cost a lot of money. They would have to buy in external data, and people here are not enthusiastic about that. Once again, Mr. Rump: the budgets are used up, there is a lack of care, there are other construction sites that cost money. Fundraising sounds good, but you first have to invest in it. And who knows if that will pay off. Money for care or doctors is always profitable. With what they are planning, success lies in the deepest fog.

I: Again, I'm not trying to do anything and I'm not biased. But I have one more question: Do you think your hospital group would be better off today if you had started fundraising 10 years ago?

B: That could be, of course. If they had actually managed to implement something like that 15 years ago. I don't want to deny that the core of the project would be successful. But then we would have to develop a different self-image. In the U.S., it works, but the person who collects donations has a different standing. In Germany, you're considered a beggar.

I: Ok, thank you. Then we come to question 3: (...)

You have already answered the third question. How would you describe the current situation regarding your organization's approach to fundraising for

the very wealthy? You have already commented on this in the other questions. However, I would still like to ask you a question, namely whether you publicly announce or comment on investment projects?

B: Who, me?

I: You or your house or any person responsible for it.

B: No, not at all. Our donors give and don't know what for. That's why we don't really do fundraising. After all, fundraising is always earmarked from the outset. With us, people only find out afterwards what will be done with the money, if at all. And even then, they can't be sure whether their donation was really there. Basically, they donate into a black box. The people we are talking about here would not let that happen to them anyway. They'll probably have their law firm on their back afterwards. That would be another reason for me to be careful. Because as you can hear, these people we are talking about are relatively willing to sue.

I: I don't know if that's not a prejudice. My understanding is that money makes you pretty relaxed. But anyway. I come to the next intermediate question: Do they know their donor structure by income, age, etc.?

No. Not at all. We know of some larger donors such as banks and insurance companies. But these are companies or institutions, not extremely wealthy private individuals. But that's about it. We don't know any other biographical details.

I: Okay, thanks. One more intermediate question: Do you think a hospital is basically an attractive donation target for rich people?

B: Everyone gets sick sometimes, everyone needs medical help. If I were to think about having a billion dollars in my bank account and someone were to ask me, the order would certainly be such that institutions that take care of people's health would be at the top of the list. I am firmly convinced that almost everyone feels the need to do something good with their money. Even people who don't have much money, regardless of their income. And that includes hospitals. The question is whether this is the only motivation. Or whether hidden influence or the exercise of power are the true motives.

I: OK, Question 4: Can you think of any current funding projects in your clinic, that is, do you need money for projects that are necessary?

B: I don't think there is a hospital in Germany that can't think of a clear and unambiguous YES to this. (...) The need for money is huge, that's clear. The system is at the end if you are honest. Therefore, once again: your idea with the wealthy people is good, but as far as the implementation is concerned, we are in our own way in Germany.

I: Then we are already at the 4th story prompt: they have already answered this question four in part. What are your goals for the future in establishing fundraising for high-net-worth individuals and what would a perfect fundraising for high-net-worth individuals look like for you in this respect?

No goals at all, for the reasons I mentioned. For me, the perfect fundraising with high-net-worth people would be the establishment of an all-or-nothing department. This would also have to be detached from the rest of the fundraising or donation departments. It's like the Americans say "Love it or leave it". Love it or leave it. All parameters would have to be adjusted to these people. Own employees, own premises, own sales department, own customer database, own events. Everything. Otherwise it won't work. And that's not only the case here. They have to give one hundred percent in life, otherwise they will remain mediocre.

I: Intermediate question: Would you use professional fundraising consulting to create a concept for this?

B: Theoretically, yes, but I can't release the investment. We have construction sites that are more important. I think you would have to invest half a million euros for them. You can't make that clear to anyone in this day and age.

I: This brings us to the last story prompt: What experience do you have with banks/foundations, etc.?

B: Regarding fundraising from high-net-worth people?

I: Yes, precisely.

B: No experience. But I have to say that I'm not a fan of banks either. Banks are sharks and do nothing without ulterior motives. Even our house bank just wants to do business, make money and rip off where possible. Let's be honest.

I: Which one is your house bank?

B: I do not wish to speak about that. It is confidential.

I: Okay, I understand that. Thank you very much for the interview, it was very informative. Then I would say, let's go to dinner now.

B: You still owe me an answer. (laughs).

I: I was afraid that you hadn't forgotten that. (laughs).

APPENDIX 47: INTERVIEW 1 (ENGLISH VERSION) - (U)HNWIS (3RD SUBSTUDY)

I: I thank you very much for taking the time, will your lawyer remain present?

B: No, he's leaving now. He will only check the interview afterwards.

I: Alright. Are you ready to begin?

B: Gladly. But please think of my time. Short and sweet, please. No empty phrases and pleasantries. I have a lot to do.

I: Then may I first ask them if they would classify themselves as HNWI or UHNWI.

B: Is there also a category above that, so about Ultra (...) something.

I: No. If you have 30 million or more in your account, you're an ultra (interviewer laughs). But you can still tell me how much cash you have in your account and how much total assets we're talking about.

B: Then I am an ultra. Well, I don't know about cash, but we're talking about billions in total. But you know that.

I: Yes, I know that. (...) I would start with the first question. What comes to your mind about donations as a very wealthy person? In principle. In general.

B: In principle, I think donations are important. I also have a foundation, as you know. But I also think it's important in my private life. People like me have a social obligation. It doesn't matter what they donate to, but that they donate.

I: Does it depend on the amount of the donation with people like them?

B: I would say yes. Those who have a lot should also give a lot. Actually, there should be no limits. I don't care how much I have left when I leave. My children have got enough, they will also get something when I resign. I don't care about the rest. I'm not taking anything with me anyway (laughs).

I: What is important to you when you make a donation?

B: It has to be meaningful and socially acceptable. That's why they are quite good with their hospitals. However, I have never made a private donation to a hospital. We do that sometimes through the foundation.

I: When is an organization interesting for you as a donation object?

B: I just told you. It has to be socially acceptable and sustainable. It should benefit people, animals or the environment. That's enough.

I: At what level of donation from your private assets would you call it a large donation?

B: Oh dear, what kind of question is that? I don't know. I find it difficult to give a concrete figure. But it should be a few million. Speaking strictly from my perspective.

I: Why do you think so much more is donated in the USA than in Germany?

B: Because Americans have a completely different attitude. We have become much too shy here to ask for donations. In Germany, that is dismissed as unattractive. I don't think it's because wealthy people don't want to donate, it's because those who need money don't come forward. That's the way it turns out.

I: You could also donate voluntarily.

B: No, I don't see that and neither do people I know. I want to see and hear what money is needed for. I don't donate on the spur of the moment. Neither does my foundation. I could scatter my money directly on the street.

I: Thank you very much for this honest answer. Then we come to the second question: How would you describe your personal experience with donations, especially for hospitals?

B: Personal means private assets, not foundation?

I: Exactly.

B: I don't have any experience there. But now probably the question comes if I would donate to a hospital.

I: Correct.

B: So I'll come up with a counter-question: why shouldn't I do that?

I: There is no objective reason.

B: Exactly. That's why I would also do it if I were addressed properly.

I: I'll come back to that in a moment.

B: Gladly.

I: Have you ever been approached by a hospital to donate?

B: Yes, I have. But then the managing director changed and we heard nothing more. Quite strange. They don't seem to have had it so bad.

I: Have they ever dealt with donating to a hospital after their passing?

B: Now they are asking unpleasant questions. I hope I have a few more years. My doctor says yes, if nothing comes up (laughs). My will stands, of course, as you can imagine. Nevertheless, I would have no problem doing something good for a hospital with my estate. The question is how to define good.

I: I'm going to jump in now, because that would be the next question. What attributes does a hospital have to fulfill for you so that you would donate?

B: First of all, they should tell me exactly what it is about and what they want my money for. It should be for something meaningful. For example, for medical research at a university hospital (...) I would donate for new equipment. For devices that replace animal testing. Or devices that make diagnostics easier for seriously ill people. I would be willing to help with private money.

I: Also for debt repayment of existing debts of the hospital?

B: Are you insane? I don't give money for the inability of others. No, absolutely not. Whoever messed up should pay for it.

I: Would you also donate several times for a hospital? For example, a certain amount every year.

B: If the need is there, yes. But not on the spur of the moment. Just for the sake of donating. Not that.

I: How would you generally classify hospitals as a donation target. Is that attractive to people like you?

B: I've already said that. Attractive is also the wrong word. It's sensible. Just like it makes sense to donate to an animal shelter or environmental protection.

Helping people in the sense of paying for good medical services always makes sense. Because sometime I also have to go to the hospital. But I already told them, my doctor says everything is still ok. That's why I believe that hospitals basically have a high potential to be supported. From wealthy people as well as from non-wealthy people. Because sometimes less is enough. If everyone in Germany donated a hundred dollars a year, we would be much further ahead.

I: But your doctor also says that if nothing comes up (laughs).

B: Unfortunately, you are right.

I: How would hospitals have to behave towards them so that they would donate?

B: They would have to present their request in a reasonable way. I already said that they should approach me and present a project to me.

I: Can they be approached so quickly?

B: They have managed to do that. I have an office where they can get in touch. Then they pass it on to me. Just like with them.

I: To come back to that. So you want to be contacted, right?

B: Yes, I have to be. I can't smell when someone wants something.

I: Wouldn't they find that awkward or intrusive if someone from the hospital contacted them and wanted money?

B: No, not if it's serious. Do you know how many people I used to pump to find money for my idea. I've pumped everybody I could get my hands on. And I think it's perfectly fine to approach people who have more than enough for a socially valuable purpose.

I: Who should approach them? From the hierarchy of the hospital I mean. And how should you do that?

B: I only talk to decision makers. That's the way it is. I don't have the time to talk to people who have to pick up permits for 3 days afterwards. And how? I don't care. If it's about something I'm interested in, someone will call me back. Guaranteed.

I: Would you like to be looked after, even after you have donated?

B: Absolutely. I want to know what happens to my money, what it is used for, and so on. And I'm always happy when I'm invited for a cup and they explain certain things to me and explain the progress of the project for which I'm donating.

I: How else would you like to be taken care of by a hospital you donate to?

B: I know what you are getting at. I personally don't want any special rights. I don't want the hospital to bear my name. I care a lot about anonymity. Even if such things were suggested to me, I would refuse.

I: I understand, thank you very much. Then we would also be at the penultimate question: How would you describe your motivation for donating. Are they a purely altruistic donor or are they also selfish? Are they also concerned with having benefits from donating?

B: I am never averse to benefits. However, as already mentioned, I do not want any influence. I don't have the time for that. I also don't want to see my name anywhere. If a hospital were to value giving my name to a particular project without fail, that might be okay. But it doesn't have to. It's a different story when it comes to claiming donations for tax purposes. Of course I want a donation receipt in order to save taxes privately. But I think I am entitled to that. Because I give money for things that should actually be regulated by the state. I did a little research before the interview. The keyword is dual financing. If I take on the role of the state, then the state can sweeten the deal with a tax break.

I: Thank you very much, I think there is nothing more to say. Can you think of any negative aspects of donating?

B: No, not really. Donating is a benefit, there is nothing negative about it. Donating is service to others, it is something deeply Christian. There's no downside to it.

I: Not even when the hospital you donated to keeps contacting you and asking for donations?

B: No. I am big enough to refuse if I don't want to. No problem.

I: Thank you very much. Then we are already at the last question: what comes to your mind on the subject of having your own foundation for donation activities?

B: I have my own foundation. I already told them that. I can only take a positive view of it. (...)

I: Have you ever been approached by a bank about setting up a foundation?

B: Of course. Exactly from the one we both know (laughs). They gave the initial spark and I am glad to have done that. Because, I repeat myself, it is a deeply Christian matter. When I go to bed at night and think about my foundation, I feel good. It's service to people. And that's the way it should be.

I: Have you never found the bank, I'll call it that now, to be intrusive?

B: They are more than a bank.

I: I know that.

B: I have never felt that way. Of course, they earn their money from it, from the investment. But why not? We all just want to live. And as long as it brings something to the bottom line for the people who need help, it's good.

I: That's a fantastic conclusion. There's not much else to say about it either. If I'm being completely honest, I'm a fan of theirs. So much money, so normal and their thinking is influenced by Christian approaches. (...) If only it weren't for those lawyers (laughs loudly).

B: I also like them very much. The investigation they are doing is good and right. Many more people should donate. There is so much misery in the world and also in Germany.

But something else: you said you play golf. Do you feel like hitting a few more tees?

I: I have shoes in the car, just no clothes.

B: No problem. The weather is nice. Just play in your shirt. That's okay, isn't it?

I: Very much. Great. Thank you very much for the invitation.

APPENDIX 48: INTERVIEW 2 (ENGLISH VERSION) - (U)HNWIS (3RD SUBSTUDY)

I: First of all, I would like to thank you for your willingness to participate in this study. Before we begin, I would like to ask you to which classification you belong. Do you belong to the UHNWIs or the HNWIs?

B: That was 1 million and 30 million in the bank, right? Excluding other assets, correct?

I: Correct. That's right.

B: My wife and I we are in between. Significantly more than 1 million but significantly less than 30 million. We're also talking dollars, right?

I: Yes, but in the end it doesn't matter. Because the dollar and the euro now have a ratio of almost one to one. We can therefore neglect that. Roughly how much in your account? Do I get a value? Of course you don't have to, but it would be nice.

B: About 3 in cash. And of course other assets.

I: They are not of interest. Thank you very much for the honest answer. You know, the interview will be transcribed completely. So I would ask you to answer briefly and concisely, don't ramble, always follow the thread. Otherwise I'll have a lot of work (laughs).

B: (...) That suits me very well. I hate small talk.

I: Then I'll start with the first question: What comes to your mind on the subject of donations, as a wealthy person, on the subject of donations in general?

B: I, and here I also speak for my wife, we thus, have a very ambivalent relationship to the topic of donations.

I: Why?

B: Because it's a balancing act between doing something good and letting yourself be harnessed for some crap. We once donated to a zoo. The result was that they contacted us every six months to ask if we wanted to fill any positions in their charity. But we don't want to, but they didn't understand that.

I: What is important to you when you make a donation?

B: That we remain anonymous is the most important thing. And that it serves a sensible purpose. Culture, medicine, art, nature, research. That's what I like to give for. And I don't want anything in return. Except for a donation receipt, then I can at least get the state involved a little bit. (laughs)

I: In your opinion, do you have a social obligation to donate? So in other words, do wealthy people have a social obligation to donate?

B: In my opinion, yes. My wife thinks so too. Because the question is, what comes after that? We have a daughter. But does she have to have everything? She lives in Vienna and has met an Austrian. He earns good money, has a big law firm for business law. Why does my daughter need all our money? A part ok, but all of it? Why not do something good with it?

I: I would like to come back to this topic in a moment. But first, two questions: what do you personally consider to be a large donation and do you have a pain threshold with regard to the amount of the donation?

B: (...) For me, sums of 100,000 or more are already a large donation. You can do a lot with that. A pain threshold? That would depend on the time. I'm 69 now. 100,000 would be the pain threshold for me today. I wouldn't give more at once. But when I realize I'm running out of money and my daughter is well taken care of, then I'll give more. If my wife goes before me, why shouldn't I give a few million before I die if I have the money?

I: You have the money!

B: Right! And I would give it. Half to my daughter, half to charity. That's where we are with you. Maybe for a good research project in a university hospital or for new equipment. It wouldn't matter to me. The main thing is that the money would have a lasting purpose.

I: Thank you. That brings us to the next question. How do they describe their personal experience with donating to hospitals. Have they done it before? Would they do it?

B: We have never done it. But we would, as I just said. But I've never thought about it either. The questions never ask you. You get mail from everyone, you're invited, you're supposed to donate. From the ZOO, the Red Cross, the children's home, the animal shelter. But I've never heard of hospitals.

I: Do you donate to the institutions you just mentioned?

B: Yes. At Christmas we always donate to different institutions. You know, my wife and I don't give each other presents anymore. We stopped doing that years ago. We have everything. What else do we need? The fifth watch, the third car? At Christmas we prefer to give something to people or animals who need it.

I: You just mentioned the situation before your death? Would you donate parts of your inheritance, for example to a hospital?

B: Yes, I would. Gladly to a hospital, why not. For an oncology or pediatric unit, maybe. That would make sense. As I said, my daughter is doing very well, she doesn't need everything. She thinks so too, by the way. She and her husband also donate.

I: That's a perfect segue into the next question: what attributes would a hospital have to have for them to donate?

B: Attributes? That's a funny word.

I: Sorry.

B: (...) The hospital would have to approach me with a reasonable project. I would basically assume seriousness in a hospital. A medical or nursing project that makes sense. Or also a social project in the hospital, e.g. mourning company, company of dying humans those no more members have. Anything like that would be worth supporting.

I: Would the debt repayment of a hospital also be worth supporting?

B: No way! The people in charge will have to sort it out for themselves. But you raise a good point. I would take a good look at the hospital before donating.

I: What does that mean?

B: I would look at the financial situation. Because I wouldn't donate to a hospital that 6 months later is broke. Because you read everywhere about the death of hospitals and how badly they are doing.

I: Would you donate to a hospital several times, for example, as you just said, every year at Christmas?

B: Yes, why not? I would have no problem with that. And if the hospital would come up adequately, then I would do that?

I: Appropriately approaching them, that's an interesting point. Because that brings us to the next question: how would the hospital have to act so that they would donate? I'm talking about things like contacting them, donor care, how would the hospital have to approach them, contact them?

B: Outreach by the hospital is important. I would also like to be presented exactly what I should donate money to. I wouldn't donate out of the blue. What else did they ask?

I: Donor support, what about that?

B: Oh yes, that's right. I already told you that I don't want to be involved in any way after the donation. (...) Or to sit on any committees. I want to know what is being done with my money, that is important to me. Otherwise, a regular status report on how my money has been spent. You can forget about everything else.

I: Who in the hospital hierarchy would they like to be addressed and supervised by?

B: By someone who has decision-making authority. Because I might have a question about my donation. I don't want to be put on hold for 2 hours or wait 4 weeks for an answer. I would like to have the phone number of the person who can give me binding information.

I: Thank you very much, those are clear statements.

B: That's good for the evaluation, isn't it?

I: Exactly, that's what we had discussed. (...) You have already answered the next question. It is about their motivation to donate, in terms of influence on the organization, personal advantages, motives, etc. But they have already said a lot about this. But they have already said a lot about that.

B: Exactly. My motivation is that something meaningful is done with my money. I don't want a supervisory board position, I don't want to have any other influence.

I: One more question: do you want to have a direct connection to the object of the donation, to the hospital, for example?

B: Geographically?

I: Also.

B: Well, I would like to donate to a hospital that is in the immediate vicinity. For a hospital in Buxtehude, no, that would be nothing. I would like to be able to drive by there regularly and see the donation object, if you will.

I: OK. What about a tax motivation?

B: I already said that. I want a donation receipt, otherwise there would be nothing from me. The government has an obligation to accommodate the donor if the donation is large. That's my opinion. They've fleeced me enough in my life.

I: All right, then we come to the penultimate question: what negative aspects do you see for large donations in the hospital sector? Are there any?

B: (...) The only thing that comes to mind I have already said. You have to know or at least be sure that the hospital will not be closed in a year. With everything else, I don't see any difficulties. Donating to a hospital always makes sense, because it serves to provide care for the people in the area.

I: I think that's a nice attitude, it makes it sympathetic.

B: You can't buy anything for sympathetic. It's nice to have, but it doesn't bring anything in terms of business.

I: I've had other experiences, but that's going too far now. (...) We have come to the last question: What do you think of when you think of your own foundation, e.g. for a hospital? Have they ever thought about something like that?

B: No, never. I have never thought about it. I'm too small for that. If I had billions, okay. But we with our few millions, I can also donate privately. (...) You also have to take care of a foundation. I don't feel like it.

I: Have you ever been approached by your bank about setting up a foundation?

B: I was once at an information evening about something like that. It was initiated by my bank.

I: May I ask who your bank is?

B: Deutsche Bank. But then my wife and I decided not to do something like that. The effort was simply too great for us, we didn't want to have to worry about something like that.

I: Did you find the approach for the information evening from your bank impertinent or penetrating?

B: No, not at all. We are invited to such evenings from time to time. But of course on different topics. It is quite interesting, and there is delicious food and drink (...).

I: Dear Mr. XXXX, thank you very much for the interview. We are at the end, there is nothing more to ask.

B: I don't know what more I should say. Thank you also.

APPENDIX 49: INTERVIEW 3 (ENGLISH VERSION) - (U)HNWIS (3RD SUBSTUDY)

I: So, let's begin, I would then start with some introductory words.

B: But we only talk about money, as agreed. Please no private questions about me or my family. We had agreed on that. And please no endless questions, my time is limited. The next 3 appointments are already waiting out there, I'm already behind schedule.

I: Of course, word is word. First of all, I would like to know how they classify? HNWI or UHNWI?

B: They know that!

I: But I need it again for statistics.

B: UHNWI

I: So cashover 30 million?

B: Don't they know their own numbers. Yes, of course. Otherwise I wouldn't say that. I know the classifications how to classify wealth strata. You are not the only one.

I: Are you a billionaire?

B: No.

I: How much in total, all in?

B: 200 approx.

I: Thank you. I'll be brief, I promise. First question: as a very wealthy person, what comes to their mind about donations?

B: Even though I'm a bit brash, and even though you may not believe me directly, I think donations are important. My guild has a social responsibility. And this social responsibility does not mean paying taxes. The people in Berlin are wasting our money like never before. If I worked like the idiots in Berlin, I would be broke for a long time. No, social responsibility means giving money where it is needed. Purposefully and precisely.

I: What is important to them when making a donation?

B: As I said, targeted and precise. And with people like me, the amount doesn't matter either. You should give when it is socially relevant. The question of the amount is secondary.

I: What is a large donation for you?

B: Huh? It's hard to say. For me, 5 million would be a pain threshold, and I would say that's all there is to it. And if the 5 million are used sensibly, then we could also talk about more.

I: That means you would also donate several times to one organization.

B: Yes, why not? If it makes sense.

I: Perfect. They get to the point quickly. If they keep it up, we'll be done quickly. I'm already coming to the second question. Why do you think the amount of donations to hospitals in Germany is so low compared to the U.S.?

B: The answer is as clear as day. The Americans are doing it. DO. They do. They ask wealthy people for money all day long. They don't just talk about it, they do it. And why do they do it? Because they are not ashamed like us Germans. For the Americans, donating is part of life and it is not antisocial to ask for donations. In Germany, everyone who asks for money is a disocial asshole. That is the difference. That's why nothing works here. It's the same with venture capital. Try to get money as a founder in Germany. Almost impossible. Not with the Americans.

I: So it's a question of mentality?

B: And the values. (...) Exactly.

I: How would you describe your personal experience with donations to hospitals?

B: We have donated to a children's oncology unit before. I am still in good contact with them today. They have a very pleasant donor service.

I: Why pleasant?

B: Not intrusive, they don't ask every second. They call occasionally when there is something new. I find that good. (...) I think I will donate again. Pediatric oncology is a sad topic, one should not be petty. I mean financially.

I: Have you ever thought about donating money to a hospital after your death?

B: You hit a nerve there. I am in the process of reorganizing my estate because of changes in the family. At the moment, I'm also looking into donating money to my estate. And hospitals can certainly be part of it. But I have not yet reached that point in my considerations.

I: But in principle they would not be averse?

B: Absolutely not.

I: Thank you very much, then we are already at the next question: (...) Which attributes would a hospital have to fulfill, so that they donate for it? So what is important to them? The reputation of the hospital, certain departments, etc.

B: I don't see preferred donation areas. It should be for medical or for nursing projects. Maybe even more for nursing. After all, that is the Achilles' heel in Germany.

I: Would they also donate for debts of the hospital?

B: To pay off existing debts?

I: Yes.

B: Never. Never ever. I can set my fortune directly on fire. No, only things that I decide myself. If someone from the hospital wants my money, then I also decide how it is used. They can suggest some projects to me. But in the end I decide.

I: Do you only donate to regional hospitals?

B: I would also donate to, for example, a special clinic that is several kilometers away. Because you can never in life have the claim that everything is on the door. That would be no problem for me. I have two or three fast cars. I can go and have a quick look.

I: Yes, I have seen them. But I think it's more like 5 or 6 instead of 2 or 3.

B: (laughs). Yes, it could be. But only 2 are really fast.

I: It depends on how you define fast (...) (laughs). How would you classify hospitals from your point of view? Are hospitals an attractive donation target?

B: Yes. Hospitals, children's homes, hospices, animal shelters, zoos, species conservation. Those are all areas you can't do without donations. I think that's attractive. And hospitals in particular give something back. (...) Because it will probably be the case that I will also need them at some point. Or my family.

I: I would like to come back to the donor support you mentioned earlier. How would that have to be, how would a hospital have to behave in order for them to donate?

B: I don't have any great demands. A decision-maker would have to approach me and clearly state what he wants and needs. Then I would like to see the donation project in detail and have it explained to me. And if it convinces me, I would donate. And if they give me a certificate for the tax office. Without it I do not do it. The state should also participate when you give privately.

I: What about donor support? And especially after-donation care?

B: It is important to me. I want status reports. Want to know in detail what my money has been used for.

I: Ok, thank you. Would they like co-determination rights in the hospital or naming rights for a particular project.

B: I wouldn't oppose it, but it's not a must. I donate even without such benefits.

I: You have already partly answered the next question. It's about the motivation to donate.

B: I'll jump right in. So that no wrong picture arises here. My motivation is not to get influence or to have the hospital board kiss my ass. When I donate, I do so out of conviction. Personal advantages can be, but do not have to be. The only thing I really value is the certificate for the tax office.

I: Thank you, that answers this question. Then directly to the next question: do you see negative aspects of major gift fundraising? Do you see difficulties, hurdles, etc.?

B: No, I don't see that. Donating is a good thing. I see absolutely no disadvantages.

I: Then we're already at the last question: Have you ever looked into setting up a foundation for hospitals, or do you perhaps already have one?

B: My God, they can be clairvoyant. I just told you that I am in the process of reorganizing my estate. In that context, I'm actually thinking about starting a foundation. And after this interview, I'm really thinking about whether we should also donate to medical and nursing projects.

I: That honors me, that I make you think.

B: Don't overdo it. That's still up in the air, no decisions have been made yet.

I: Would you find it impertinent if a bank approached you with the idea of setting up a foundation, or perhaps even a hospital itself?

B: No. Why? Everybody has to get by. A great virtue in life is to be able to ask for help. I asked for help a lot in the early years. There's nothing wrong with that.

I: Thank you very much, we are finished.

APPENDIX 50: INTERVIEW 4 (ENGLISH VERSION) - (U)HNWIS (3RD SUBSTUDY)

I: Good morning, before we start, a few facts for the statistics.

B: Gladly, go ahead.

I: I can say for the books that you belong to the UHNWIS, i.e. you have cash assets of more than 30 million euros, right?

B: No. I thought that was measured in dollars?

I: Yes, right, sorry. You are absolutely right. But dollars and euros are almost one to one. Therefore no problem. Nevertheless, you are right. (...). So, they belong to the UHNWIs, right?

B: Correct.

I: Are you a billionaire?

B: No. But not so far from it.

I: How much are we talking about? They don't have to say that if they don't want to.

B: As a matter of principle, I don't say anything I don't want to. Even when my lawyer is present. Total assets?

I: Yes.

B: I think I know that I'm missing about 200 billion. Depending on the share price.

I: So 800 in total, depending on the daily form of your stock portfolio (laughs)?

B: That's about right, yes.

I: Then we've already cleared that up. Then I come to the first question: You are a very wealthy person. What comes to mind when you think about donations?

B: The first thing that comes to my mind is that we are far too modest in this respect in Germany. Many more institutions should ask for donations. In your area, too.

I: In my area?

B: Yes, hospitals. They are all up to their necks in water. I read a bit of the newspaper. If I were a fundraiser or a hospital director, I would call everywhere. But they can't do that. (...) And do you know why not?

I: I hope they tell me.

B: Because they are not merchants. They don't understand anything about the market. All the managers in hospitals, they are all second choice. They don't dare approach wealthy people. I am convinced that many of them don't even know in detail what fundraising is. Ask an executive from any other industry. They know that.

I: Is that why you think fundraising is so much more successful at hospitals in the U.S.?

B: Of course. They have completely different managers. It's a case of hire or fire. If they sit on the board of a hospital, they can do whatever they want, they have a life's work without anything happening to them. Especially if they are in church houses. But in the USA, the mentality of the people is different. Donating is a good thing, a social obligation. They don't have all that here.

I: That is, if I understand you correctly, wealthy people have an obligation to donate?

B: Yes, exactly. But distressed hospitals also have an obligation to ask. No one is running after anyone else.

I: Donation is obligation they say. Would there be a maximum donation limit for them?

B: I don't know. I don't think so. I wouldn't care if I donated once or several times.

I: What would be a large donation for you?

B: Phew, I've never thought about that. I would say 500,000 and up.

I: Okay, thank you. Next question: how would you describe your personal experience with fundraising for hospitals? Have they ever donated to a hospital, ever talked to a hospital, etc.?

B: The question is quickly answered. I don't have any experience. I have never been approached by anyone in the hospital field. Ever. But who should do that. The managers have no competence, I have already said that. And the doctors? The gods in white? The super-doctors? They don't go begging. They are much too beautiful and too elitist and too important. I know some doctors, they're all weirdos.

I: Could you imagine donating a part of your will to a hospital? That is, to give money after their death?

B: (...) (Thinking about it for a long time) In principle, there is nothing against it. If I were approached in a reasonable way, I would think about it.

I: I think that's good. Thank you very much. Then we are already at the next question: which attributes must a hospital fulfill for them, so that they would donate? What is important to them in a hospital for them to say, ok, I'll do that, for them to donate?

B: Seriousness is the most important thing. If I already have the feeling that I'm dealing with a self-absorbed head physician or an incompetent hospital director, then the ship has sailed. Otherwise, it should be a donation area that interests me. I would not donate to the cafeteria.

I: For what?

B: For additional nursing staff, for medical research, for social support, I can think of many things.

I: Would you also pay off existing debts of a hospital with your money?

B: Don't they take me seriously? Pay off the debts that idiots are responsible for? I just told you something about that.

I: From your point of view, is a hospital generally an interesting target for donations?

B: Yes, it is. We don't donate to any, neither me privately nor the foundation, but it's a service to people and therefore interesting.

I: Hohoho, not so fast. You have a foundation?

B: Yes, my wife takes care of it. She's interested in that, huh? I thought she would be. But we don't donate to hospitals.

I: We'll hold on to that, I'd like to get into that later.

B: As you wish.

I: I'll come to another question first, but you've already answered it in part. How would a hospital have to behave so that they would donate? Keywords are donor care, donor follow-up, preferential contact, etc.

B: I would like to see adequate treatment by a manager. If I give large sums, I would also like to be asked and looked after by the appropriate people. Whereby looked after is actually already too much said. I would like to receive information about what is being done with my money and about the current state of affairs. I would understand that as after-donation care. And of course one is pleased if one is invited now and then on a little glass and a Stulle. I expect that.

I: The topic of expectations brings us to the next question. How would you assess your personal motivation for donating? Do they donate for purely altruistic reasons or do they also see personal benefits in terms of influence, preferential treatment and tax savings.

B: Tax savings are clear, I think everyone wants that. (...) Otherwise, my motivation is to go to bed at night and have a good feeling. I'm 74, I've achieved everything, I don't have to get involved in things I don't know anything about. As you get older, the scales get blurred. If you had asked me this question 30 years ago, I would have said, sure, by all means, I want to have a say in everything, I want to be on the hospital's supervisory board. Today, that's no longer the case.

I: Do you also see negative aspects of fundraising in hospitals? Things that would keep them from donating, if necessary?

B: The sympathy to the responsible persons must be there. And the people in charge must be competent. I would also like to donate regionally, not to a hospital 500 km away.

I: But that is nothing negative. These are motivations.

B: Yes, I know. I was just thinking out loud. I would have difficulties if I had the feeling that my donation would be useless. If the hospital is already doing

so badly that it's going to close or be bought anyway. Then I would not donate. There I see a danger. Otherwise, I can't see anything negative about donating to hospitals.

I: That sounds good. Then we are already at the next and at the same time last question. And here I would like to pick up on what we have just been talking about. Keyword foundation.

B: Yes, we would actually have to ask my wife about that. She has a foundation. It takes care of nature conservation, reforestation and so on. Not hospitals. But I'll tell you honestly, I could also imagine setting up a foundation for medical purposes. Why not?

I: Have you ever been approached by a bank and asked about something like that? Yes, our supervising bank is actually responsible for our foundation. They set the whole thing up. They certainly know UBS (laughs).

I: Oh yes, I know them. Do you find such approaches by banks unpleasant or intrusive?

B: (…) Banks also want to do business. That is logical. A bank does nothing for nothing. But the way I see it, if the foundation's investment is well managed, it's a WIN WIN situation. And then UBS should also earn something from it. That's how I see it. So from there, to come back to your question, no, I don't think it's intrusive. We all just want to survive.

I: We all just want to survive. Great closing. Thank you very much. It was great with you.

B: Would you like to have another espresso with me? I'll show you something great. You like nature and animals, you said. Right?

I: That's right.

B: Then come with me.

APPENDIX 51: INTERVIEW 5 (ENGLISH VERSION) - (U)HNWIS (3RD SUBSTUDY)

I: Good morning, we start the interview officially. (...) And I'm very happy to have the first woman in front of me within the wealthy people. Because until now I've only had men.

B: How many interviews have you had?

I: You are number 5.

B: And how many more do you want to do?

I: If I can, another 5, so I can get to 10.

B: If you need more wealthy women, let me know. I know one or two who would be happy to see you.

I: What do you mean? Do I have to be embarrassed now?

B: You are a very interesting man, and you know it. Rich women are usually bored (...). So one or the other is happy to have a nice conversation partner.

I: Nice? Nice is a word for boring idiots.

B: That's right. Let's rather say interesting. (...). I'm often bored, too, by the way.

I: Ms. ...., you know I'm going to transcribe this?

B: I don't mind. After all, my voice can't be heard. And it is done anonymously, at least that's what they said.

I: That is one hundred percent correct.

B: Then I can play with them a bit. By the way, I planned 4 hours for the interview after I saw them. Actually, only 15 minutes were scheduled.

I: Oh God, I have to do another interview with you. Stop it, I have to stay professional.

B: Yes, but only 15 minutes (...). And my answers will be short and to the point, I'll tell you that now. Because actually I hate that kind of thing. Brevity is the spice of life, a communicative quickie, so to speak. (laughs loudly).

I: I'll start with the first question now, I'm just not going to go into it now. At least for the first 15 minutes (laughs). After that, we'll see.

B: I like you more and more...

I: Enough now! First question: what comes to mind in relation to the topic of donations as a very wealthy person?

B: You smell very good, by the way. I like good smelling men.

I: First question, please answer!

B: What was the question again?

I: What comes to mind in general on the subject of donations?

B: Good cause, donations. I donate to many things. But not for hospitals yet. I'm not big on people, you know. More with animals.

I: But men also belong to people. And it seems to me that you already have it with that.

B: They are not only interesting, they are also quick-witted. I have the feeling that this evening will end very positively. (...) But I've never actually donated to hospitals, but I think it's good in principle.

I: I forgot to ask at the beginning how you would classify yourself: HNWI or UHNWI.

B: Yes, you were distracted.

I: Answer, please.

B: HNWI. Cash holdings significantly greater than 1 million, but less than 30 million.

I: Total assets?

B: Estimate something like 5-6 million. And you?

I: There is no question of me here.

B: I am honest, so be honest. Your watch, your suit and your car. They are not completely clueless either. So, how much with them? Now money too, that makes you maximally attractive (laughs).

I: Same as with them. Same order of magnitude. So 6-7, depending on how the stock prices are. But everything is fixed, real estate and shares. Nothing you should liquidate overnight.

B: And cash? Are you a HNWI?

I: So close, I've got it all tied up. Why do you need more than 500,000 in cash? I don't see the point. The money is supposed to grow. So you have to invest it well. I.e., no checking account.

B: You are absolutely right. We can lock ourselves in for two days and discuss investment strategies.

I: I don't hear that. Next question: when is an organization interesting to them as a donation object?

B: It has to appeal to me. I decide that with my heart, not my mind. But I find donations fundamentally positive.

I: Do you see a social obligation for wealthy people to donate?

B: No. No one is obligated to do anything. I inherited my money, my father worked for it. What does the world care about my father's money? When I donate, the world, society should be satisfied. I am not obligated to do anything.

I: Why do you think so much is donated to hospitals in the USA and not in Germany? What is the reason for that?

B: I don't know, I have never dealt with the USA. They're all rednecks. I'm more into Italy. Dolce Vita, you know. You don't drive an American car. That's antisocial. You drive a Ferrari, that's style. I can't answer that question. I have never dealt with their culture.

I: Thank you. My next question would have been, what personal experience do you have with fundraising for hospitals. But you have already answered that. I would still be interested, though, if they could imagine donating some of their estate to a hospital after they die?

B: If a hospital approached me with a reasonable project, they would be happy to have a piece of the pie. I have no children, my husband is 25 years older than me. If you are realistic, he will die before me. Thus I have no more heirs.

From there, gladly. But that is interesting in principle. I have been approached by so many institutions to donate, but never by a hospital.

I: You are married?

B: Yes, why?

I: It didn't seem that way to me until now. Just kidding. I wanted to know if you or your husband had the money.

B: I have the money. But my husband also has money. We have an open marriage. And I am 41 years old.

I: OK, stop, it's none of my business. What attributes would a hospital have to have for them to donate to it?

B: I would donate to care, or to interesting medical research. Preferably for research in university hospitals, so that no more animal testing has to be done.

I: Would you also donate several times for a facility?

B: If it's a project like I just described, certainly.

I: Do they think hospitals in general are an attractive donor destination for wealthy people?

B: (...) Yes. (...) But not only for them or me. Also for normal people. We all get sick sometimes. I think everyone can identify with medicine, research and care. Under certain circumstances, our lifeblood depends on it. When the going gets tough.

I: Our what depends on it? Lifeblood?

B: Yes, our life. Although, now that you mention it, lifeblood could also mean something else.

I: Please, stay on topic.

B: You are so cute, I enjoy talking to you (...) and playing with you.

I: As long as it stays playing.

B: We'll see about that. How much longer is this going to take?

I: I think 10 minutes.

B: Good, that leaves three and a half hours. Are we going to eat after this?

I: Only if I can invite you.

B: A real guy you are.

I: We'll continue. How would a hospital have to behave for them to donate, that is...?

B: They'd have to send them and they'd have to invite me to dinner and spend some time with me afterwards.

I: There is no such thing. Stay on topic. I want to know what a hospital would have to do to make them donate. If would have to send them, would they like to be specially taken care of as a donor, before and after the donation, etc.?

B: Now I can think of something again, but (...) I'll stick to the topic (laughs). I want to feel taken seriously. I would like to have the object of the donation explained to me and I would like to be kept up to date so that I know what is being done with my money, when and where. Of course, only as long as I live. When it comes to my will, I couldn't care less about the care after the donation (laughs exuberantly).

I: Okay, thank you. Then we are already at the next question: what is their motivation to donate? Is it purely altruistic reasons or do they also see personal benefits from donating?

B: My husband probably only sees personal benefits in doing so. I don't. I do it for the good feeling. And, of course, a little bit for the tax savings. After all, the state encourages donations. Apart from that, I don't have to go through any formalities. I don't want any advantages. I don't want to be invited to a booze-up by some old farts. Thanks, I have that here at home. Or be appointed to the supervisory board. I have no idea about that. As I said, unless you come. Then maybe I would see a certain advantage for myself (laughs loudly).

I: You're not giving up. But that brings us back to the topic. Do they also see negative aspects in fundraising for hospitals? Do they see hurdles, difficulties, bottlenecks?

B: (thinks about it for a long time) I wouldn't let myself be exploited. I think that's a typical human characteristic. If I give someone my little finger, he'll rip

my hand off. I would make it clear from the beginning what the maximum is for me. Beyond that, there is nothing. (...) And then I don't want to be asked any more.

I: What is your maximum amount?

B: (very quick, energetic answer) I wouldn't give more than 100,000. That's enough. I won't give you more. My father had to work too hard for that money. I also don't want to get too involved in a donation thing. If I were to donate to children with cancer, for example, I would want to be left out. Don't want to have too much explained to me. Otherwise I'll get too much sympathy, then the donation will just hurt me. I don't want that.

I: Thank you, last question...

B: Thank God, the pleasant part of the 4 hours is calling (laughs).

I: Do you have any experience with banks or foundations regarding fundraising in hospitals?

B: In a nutshell: No. Not at all. Are you taking me out now?

I: Wait, we're almost there but not quite there yet. Would you find it intrusive if a bank approached you to suggest a foundation in the hospital sector, for example?

B: Bankers are sharks. But at the end of the day, they're just doing their job. No, I would not feel attacked or harassed. Whether a hospital addresses me directly or a bank, I don't care.

I: Thank you very much for the really funny interview. I enjoyed it very much.

B: We're not at the end yet, I still have 3.5 hours.

I: But I don't know my way around here, you have to say where we are going.

B: That's the smallest problem.

APPENDIX 52: INTERVIEW 6 (ENGLISH VERSION) - (U)HNWIS (3RD SUBSTUDY)

I: We'll start the interview. First of all, thank you for taking the time to talk to me about ZOOM. Who is which of you now?

B: I am Mr. xxxx and the good man next to me is my in-house lawyer, who makes sure that everything runs correctly here.

B Attorney: Hello, Mr. Rump, first of all, as we discussed, two questions: the interview will be transcribed completely anonymously, without mentioning names?

I: Correct.

B Attorney: The tape recording is deleted immediately after transcription?

I: Also correct.

B Attorney: Good. We will also get the transcript before it is considered in your study. I must insist on that.

I: Of course, that was discussed with your secretary or with your client.

B Attorney: Thank you.

B: Okay, then please let us begin. And please be brief, I don't have much time and my lawyer's time costs a lot of money. I could have donated all that already. (B lawyer and B both laugh out loud).

I: (...) We start with the first question: What comes to your mind in principle about donating as a very wealthy person?

B: In principle?

I: Yes.

B: Donating is a humanitarian element of society. I have always been of the opinion that I have been very lucky in my life. Therefore, I see the obligation to give something back as justified.

I: What is important to you in a donation in terms of the object of the donation?

B: I don't have any preferences. I basically assume that donating, no matter for what purpose, is meaningful in the first place.

I: What is a large donation for you?

B: From 100,000.

I: Where would your pain threshold be with regard to the donation amount?

B: I don't have one. In my life nothing can go wrong financially, you know that. And I leave the way I came. Naked. With nothing in my pocket. So what am I going to do with all that wealth. I can't spend it anyway.

I: Keyword assets. I forgot to ask how much wealth you have. Are you a HNWI or a UHNWI.

B Attorney: These are almost intimate questions. I point out to my client that this question goes far beyond the subject of the actual interview and ... (B interrupts him).

B: That's okay. It's all anonymous. But I won't tell them everything. I'll just tell them I'm a UHNWI. I will not give any information about the rest of my assets (...). Please do not ask me any more.

I: Thank you very much for your openness. This brings us to the second question: how do you describe your experience so far with donations to hospitals?

B: Hospitals? I don't have any experience there. Otherwise, I donate, sure. But not for hospitals yet.

I: That is, you have never been approached by a hospital regarding donations.

B: Correct, never.

I: On your own initiative?

B: No, why? Why should I take the initiative? They want something from me, not me from them. If a hospital doesn't ask, there's nothing. I don't offer myself, please, please, may I donate to you. No way. The others ask too.

I: Who are the others?

B: Red Cross, fire department, Greenpeace, NABU, they all ask.

I: Why do you think it works better in the USA than here in Germany? They collect hundreds of millions every year from people like you.

B: Because the Americans are much more open. The social pressure is greater. The obligation to become socially active is greater. The shame of doing nothing is much greater than in Germany. With the Americans, it's a matter of course, but not here.

I: Could you imagine donating to a hospital after your death? To give a part of your estate to a hospital, so to speak?

B: A part yes, certainly. I will donate about 20% of my estate after I pass away.

I: To whom or to what organization?

B: That will be determined by my two children in cooperation with the gentleman next to me.

I: What do your children think?

B: Good. They think it is good. After all, 80% is left over. And that is enough for several lives. I have already transferred the money to a foundation, which has already resulted in tax benefits for me during my lifetime.

I: Ah, you have a foundation.

B: Yes, exactly. The foundation serves art, education and nature. Hospitals don't (laughs).

I: Would you still take in hospitals?

B: Would have to discuss with my kids, but the purpose is a meaningful one. We all get sick sometimes. I'm sick, too. So hospitals are certainly a meaningful endeavor.

I: I am very sorry that you are sick.

B: It's not that tragic, I'm doing fine.

I: That is, hospitals are generally an attractive donation target for high-net-worth people?

B: I would think for all people. Every euro counts.

I: And her handlers have never asked for a donation? Don't they know about her wealth?

B: Yes, they do. But no, they never asked. I also have the strong suspicion that the head physician is more interested in his own wallet than in the well-being of the clinic. He is probably afraid that I will be offended if he asks and I will look for someone else.

I: What attributes would a hospital have to meet for them to donate (Question 3)?

B: There's really only one attribute (...). Or one requirement. I have to have the feeling that the leading people in the hospital can also handle the money accordingly. If it goes to certain project, and it goes directly, then fine. But I wouldn't write a check for anything. So that they can possibly pay off their own debts. I wouldn't do that.

I: Would you also donate several times for a house?

B: If it is a good, meaningful project, why not?

I: What is good and meaningful?

B: Research, new apparatus, new equipment, more staff. I could already imagine that.

I: That brings us to the next question: how would a hospital have to behave in order for them to donate? Keywords donor support, contacting, etc.

B: I assume that they don't want 100€ from me, but something more. Then I expect an approach from the management. And I expect donor support, of course. I want to know what is being done with my money and I want to be kept up to date.

I: Do you expect certain positions in return, for example a position on the supervisory board?

B: No, I have no idea about hospitals.

I: A naming ceremony?

B: The thing I donate to should have my name on it?

I: For example.

B: Absolutely not. That would be one of the most important things to me. I would like to remain anonymous. Otherwise they'll be lining up for me later. I ask for absolute anonymity when I donate. To make myself important with my money (...). That has never been my thing or the thing of my family. I keep it with the Aldi brothers, always act in the background.

I: Thank you very much, then we are at the next point: how would you basically describe your motivation for donation activities? Are they purely altruistic reasons and are there also selfish components?

B: You allude to the tax?

I: For example.

B: Tax-wise, of course, it's an interesting thing. I always want to take advantage of these benefits for myself, too. Apart from that, however, I don't see any motives for me to take personal advantage by making a donation. (...) I've already told you, I don't want my name above the door, and I don't want to exert any influence on the Supervisory Board. A donation should be what it is: a humanitarian act. And that's how I look at it.

I: That's a clear stance, thank you very much. That brings us to the penultimate question: do you also see negative aspects in donations? Do you see difficulties, hurdles, barriers that would prevent you from donating?

B: Hmh (...). No, I don't see. If the donation object is checked, if it is a legal, charitable organization, I don't see any disadvantages there. Except that my account balance melts (laughs). (...) How much longer do we need?

I: Last question, which you almost answered. Why do you have a foundation and could you also imagine donating money to hospitals?

B: I have answered the second part of the question. Yes, I could. Everybody needs medicine, there is nothing against it. Regarding the first part of the question: I have ensured with the foundation that parts of my assets will be included in the foundation and will still be available to the institutions to which we donate after my death. It is therefore a long-term investment, part of my will and a philanthropic act. What more could you want. The egg-laying willow sow. Perfect.

I: Could you also imagine setting up a second foundation, just for hospitals?

B: If there is a sensible concept behind it, I could. Of course. As I said, I don't take anything with me when I go before my Creator (laughs).

I: Thank you very much, we're done with that.

APPENDIX 53: INTERVIEW 7 (ENGLISH VERSION) - (U)HNWIS (3RD SUBSTUDY)

I: Are they ready, can we start?

B: Yes, we can start.

I: Then I will start with the first question (...) No, actually not with the first question, but it is about a first basic information. You are assigned to the HNWIS, is that correct?

B: Yes, that is correct. I am still missing a little bit about the UHNWIs (laughs).

I: OK, thank you very much. Then let's start with the first question: what comes to their mind, as an undoubtedly wealthy person, on the subject of donating?

B: In general?

I: Yes.

B: Donating for me is basically something I don't want to follow. I don't donate as a matter of principle. (...) I think the state gets so much tax in this country, it has to take care of it.

I: To take care of what?

B: Well, in your case, about the hospitals. Also about other social ills. It can't be that I work all my life and pay taxes and then have to pay for things that the state can't seem to get a grip on. I don't understand that.

I: Why do you think so many people in the U.S. do that? Why do they donate so much to hospitals?

B: Let me tell you something: in the USA, the top tax rate is 25%. In Germany it is 45%. If I have to pay 20% less tax from tomorrow, I'm very happy to donate. Not before.

I: Don't you see donations as a social obligation for wealthy people?

B: No, I don't. I have given work to dozens of people in my life. I've paid taxes. Isn't that enough. I have fulfilled my social obligation. Fully and completely. That's all I can do and that's all I want.

I: OK (...). With that, you have already answered the next question about their personal experiences with donating.

B: I told them that in advance. The interview with me will not be very productive. They can't get much out of it. Because my opinion is "NO." I think I have done enough for this country, for this state, for these people. It is enough.

I: Let me ask you a short question: would you consider donating something after your death? As part of your will, as part of your inheritance?

B: (Laughs uproariously, slaps his knee) You're quite a guy, you've got a sense of humor, I must say. I invite you more often, rarely have I enjoyed myself so much. Of course I wouldn't do that. Then I wouldn't even be able to control what is done with my money, what it is burned for. You're really joking, aren't you?

I: When they're dead, they basically can't control what happens to their money.

B: That's true. But I figure I'll give my money to people I know and can trust. I can't say that about a complete stranger in a hospital.

I: Then I'm on to the next question. Although that's going to be difficult now because they've been so outspoken against donating. The question would be what attributes would a hospital have to have for them to donate?

B: None. I don't donate.

I: Let's say, theoretically, that you would have to donate. Would they rather pay off existing debts of a hospital or donate to medical/nursing projects?

B: The latter. But, thank God, I am not forced. After all, we are not in Russia here yet.

I: Again, let's assume that maybe they would think about donating something to a hospital after all. How would the hospital have to behave, how would

they have to contact them so that they would donate? Or would they make the contact.

B: In this hypothetical view, I would think the hospital would have to approach me. And that would be a decision maker from the hospital, because I don't talk to command recipients. (...) That would be the first thing. Then they would have to propose me a very concrete project and explain everything about it. Then I would give that to a lawyer. They would have to pay for that, of course. And then I would think it over.

I: Would you also like a post-donation support?

B: Yes. (...) Already (...) I would like to know what happens with my money. Also, I consider it an act of courtesy to invite people who have done good for me every now and then and keep them informed.

I: Would they also be happy about posts? For example, on the supervisory board?

B: No. If I were to donate, it would also be very important for me to remain anonymous. That is the be-all and end-all.

I: Thank you very much. I was able to tickle a little out of them after all.

B: As I said, it's all hypothetical.

I: Then I don't really need to ask the next question. It's about the motivation to donate.

B: I have explained my motivation not to donate. That is enough, isn't it?

I: Yes, certainly. That is also a scientific result. Since their motivation is rather negative, are there any other aspects that are against donating to hospitals? In other words, things that prevent them from donating.

B: Perhaps also the quality of the management. The fact that I do not donate and therefore do not donate to hospitals has nothing to do with the fact that I do not know my way around. And one thing is clear: (...) the quality of management in hospitals is subterranean. They all earn less than in the private sector. (...) And what does that lead to?

I: Tell me!

B: The result is that the good people don't go there. They go to industry, to banking, to pharmaceutical companies, etc. And I would have great problems donating to a company where I know that the management is no good.

I: No good? (...) Isn't that a bit exaggerated?

B: I don't think so. And that counts for the small ones as well as for the big ones. Just take a look at the university hospital in Essen. That gelled monkey at the top. How can you sleep with annual results like that? If he didn't get his budget balanced by the state every year, the whole clinic would have been flat for a long time. And I'm supposed to donate to people like that? Never.

I: You are very clear in your opinion. I think that's good.

B: I think so too. My wife sometimes finds it embarrassing. (laughs).

I: (laughs). Then I certainly don't need to ask you about foundations, etc., right? Because that would be the last question.

B: That's unnecessary. I didn't have one, don't have one, and don't want to set one up. Because my money is best kept with me personally.

I: I thank them for this closing. Then we are through.

B: Thank you. I hope I could contribute something to your scientific result. But I honestly don't believe it. (laughs)

APPENDIX 54: INTERVIEW 8 (ENGLISH VERSION) - (U)HNWIS (3RD SUBSTUDY)

I: So, are you ready, can we start?

B: With pleasure. Can I ask again that we move quickly through the questions. I'm a little bit exposed at the moment in terms of time.

I: Of course. I would like to know first, do they belong to the UHNWIS or the HNWIS.

B: To the HNWIS. I have about 10 million in cash. Plus all the other stuff. But we've already talked about that.

I: Stuff?

B: Yes, assets I mean. Excuse me, I'm not quite there yet mentally. But it's okay now. Let's get started.

I: Then we'll start with the first question: what comes to your mind about donations? So, donations from wealthy people like you.

B: Well, this may horrify you, but I don't see much difference. I may be wealthy, but I still wouldn't donate much. What does a lot mean? I wouldn't donate 100 thousand. That would mean a lot to me. But I wouldn't.

I: Why not?

B: Because it's too much for me, I don't see why. I have no problems with donating maybe 10 thousand, but not 100. But not 100. But don't get me wrong. I think donations are a good thing. But it can't be that less and less people should donate more and more. I won't go along with that. This has to be distributed on all shoulders. Not just on a few.

I: Why do you think it works so well in the USA? Why do the rich people there donate so much?

B: I don't know. But it also depends on what you mean by rich. There are guys running around who have billions. I'm not one of those. Nevertheless, it wouldn't hurt me at all to donate a million. I do not see however. I'd be happy to donate a smaller amount, even several times in a row, for example to a hospital. But not such huge sums. Not with me.

I: Do you have any personal experience with donations to hospitals?

B: Yes, I have. I have actually donated to the local hospital a total of 4 times?

I: What sums?

B: As I said, a few thousand each time. Not huge sums, I don't do that. And as far as hospitals are concerned, I only donate to the hospital around the corner. The aspect of home is important to me. I wouldn't donate to a hospital somewhere in eastern Germany. They have to see how they get along. I'm sure there are donors there, too.

I: Could they imagine setting something down in their will? That is, to donate something to a hospital after their death?

B: Yes, I could imagine that.

I: Even a larger sum?

B: Maybe. When I'm no longer around, I won't be interested in it anyway. My wife passed away some years ago. And my daughter lives abroad. Of course she gets the biggest chunk. (...) Nevertheless, I could imagine giving a little more.

I: Then we are already at the third question. You just said that you had already donated to a hospital four times. What attributes does a hospital have to fulfill in order for you to donate? Did the local hospital actually know how wealthy they were?

B: Yes, they knew that. I was there for inpatient treatment and they know me here in the area. They know that our family is not completely poor. They invited me to a fundraising evening. They did it quite nicely. There was something to eat and drink. But I had the feeling that there were only people who were, let's say, not completely poor.

I: How much did they donate?

B: 5 thousand euros. But it was also pleasant. They made you feel like you belonged. They presented the project. They took time for me and the others. That's how I imagine it.

I: What was the project about?

B: The financing or modernization of the emergency room. Something absolutely sensible, in other words.

I: Would they also have donated for the repayment of existing debts?

B: No. Absolutely no.

I: Going back to the attributes, do you have anything to say about that?

B: Actually, everything has been said there. It would have to be something serious, but I assume that it is a hospital. I haven't had any bad experiences there either. I also think it's important that the hospital is run sustainably. After all, it's no use if the place is about to go bankrupt or will soon be bought up by Helios.

I: I see. Would you consider a hospital to be an attractive object for donations for wealthy people?

B: Yes, I would. What could be more meaningful than donating to health. I can't think of anything. Except for the environment, we're all on a drip there, too. Environment and health. These are the most important things of all. So, yes, this is an absolutely worthwhile donation goal, even for wealthy people.

I: If a hospital were to approach them again, how would they have to do that to get them to donate? What would be their preferred method of contact?

B: I already said that. An invitation, where you introduce everything, I think is quite ok. But I would also be invited individually. Relevant information is important to me. I need to feel that I have serious people in front of me who know their business. After all, I don't consider donating to be begging. Collecting money is an art, not everyone can do it. And the people who can do it are very serious. And they are important for every organization that needs money.

I: Would they like to be followed up after the actual donation?

B: If I am to donate several times, that would certainly be helpful. But with people who know their business when it comes to donating, i.e. with customers, this question doesn't arise. They continue to look after the donors. Especially those who donate thousands.

I: Who should take over hierarchically the speech? So which hierarchy in the hospital, I mean.

B: If I am forced to donate thousands, I don't want to correspond with the room attendant. So either people from the hospital management or the fundraising management or the management of the donation association.

I: Thank you very much. Then we are already at the second to last question (...). No, sorry, there are three more questions. How would they describe their motivation for fundraising activities. Are they exclusively altruistic reasons or do they also get something out of it?

B: Basically you do it to ease your conscience. But the fact that I can deduct it from my taxes is also quite nice. Otherwise I don't see any personal advantages. The good conscience and the tax savings. That's all there is to it. At least for me.

I: Do you want to have an impact through your donation?

B: On the hospital?

I: Yes.

B: No. No way. I don't know anything about the matter.

I: Would you like to know what happens with your donation, that is, what the money is used for?

B: Absolutely. Otherwise I won't donate.

I: Then we are at the penultimate question: do you also see negative aspects for yourself in the area of large donations? Where do they see difficulties, hurdles, barriers?

B: That it becomes too much. But I already told them that. People with money always have the feeling of being taken advantage of. At least that's how I feel. I have no problem with being invited to fundraising events every now and then. But it must also be accepted, if I say no sometimes. I don't want to be chatted up all the time, so that it becomes annoying. That would be too much for me. Otherwise, donating is basically a positive thing. I can't think of anything negative.

I: Very nice, thank you. Then we are already at the last question: have you ever thought about a foundation, e.g. a foundation for hospitals.

B: Out of the question for me. In my opinion, I'm not wealthy enough for that. Besides, it would turn into a lot of work. Who is supposed to take care of

the foundation? Me? I don't feel like it. Then I have to hire people again. No, I'd rather donate the money directly.

I: Have you ever been approached by a bank to set up a foundation?

B: Yes, actually, I have. But I explained the same thing to them as I just did.

I: Thank you very much, it was interesting with you. We are through.

B: That was quicker than I thought. Thank you very much.

APPENDIX 55: INTERVIEW 9 (ENGLISH VERSION) - (U)HNWIS (3RD SUBSTUDY)

I: Good evening, Mrs. xxxx, I hope you are well. It's a pity that we only met through ZOOM, it would have been nicer in person.

B: Good evening, Mr. Rump. Yes, that's true, but traveling 4 hours there and 4 hours back for a 15-minute interview is something no one can do to themselves. But I heard that our common contact at UBS has invited you to the next UHNWI meeting in Baden Baden.

I: Yes, that's right. I'm really looking forward to it. Will they be there as well?

B: Yes, it's a fixed part of the annual program. Besides, we haven't had it for 3 years now.

I: Then I'm looking forward to coming there even more now. When they are there.

B: Don't embarrass an old woman. You know, I've been separated from my husband since 2018.

I: Old woman? You don't look like it. You really don't. May I ask how old you are?

B: You are naughty. You don't ask a woman something like that.

I: You have enough self-confidence.

B: I turned 60 this year. How old are you?

I: 45.

B: Have you kept yourself well, too. You look strong, do you do bodybuilding?

I: I make an effort now and then.

B: I do too. There's nothing that keeps you fit better than weight training.

I: That's right. Shall we start with the first question?

B: With pleasure!

I: How would you classify yourself, UHNWI or HNWI? I know that, but just again for the record.

B: UHNWI.

I: Thank you. In terms of giving, what comes to mind with very wealthy people like you?

B: If they are as wealthy as I am, then donating becomes a social obligation. Whether they want to or not. They have to somehow. (...) Anything else would lead to social ostracism.

I: What would be a large donation for you?

B: From one million.

I: Where would your pain threshold be? Where do they say, there is no more from me?

B: I don't know, I don't have that limit.

I: You just said not donating leads to social ostracism in your circles. Can you compare that with the USA?

B: In the U.S., that is certainly even more the case. I have an apartment in New York, I'm there about 2 months a year. Donating is a much bigger social obligation than it is here. In Germany, they have a dichotomy. The rich have to donate because it's proper in those circles, and the needy don't ask because they're ashamed. It's completely different in the U.S., where everyone dares to donate because there's nothing wrong with it.

I: How would you outline your personal experience with donating to hospitals?

B: You know, I, no, we, that is, my family and I, have a foundation. There we also donate to cutting-edge medical research and to hospitals. So I'm well versed in the subject. To be honest, I have to say that on the other hand I'm not, because the people at the foundation take care of that. I only get the annual reports.

I: Have you ever been approached by a hospital personally, or through your people? I.e. not through the foundation.

B: Yes, of course. (...) That happens again and again. And I also like to give then. Why not. Money does not make happy. (...laughs). Seriously, you surely

know what happened to me almost 15 years ago. It's no secret, you can read about it everywhere. Money can also be very burdensome. And it can make you very vulnerable.

I: Yes, I know what happened to you.

B: By the way, I don't want the last sentences to be quoted in the study. Not to be quoted at all.

I: Already forgotten. Could you imagine donating to a hospital after your death, in your will, so to speak?

B: Are you alluding to my age now?

I: Of course not.

B: I will donate a large part of my fortune after my death. This includes hospitals and medical research.

I: What attributes does a hospital have to disclose in order for them to donate to it? How do you have to approach them? How should they be contacted?

B: I can't say much about that. The outreach is never done through me personally, but through my office or through the foundation. Things are then presented to me and I decide whether or not to invite certain people to talk to me.

I: I realize you are too far away from normal life (laughs).

B: That must be me, Mr. Rump. I will come back to that. You know what happened to me. One becomes cautious. When I decide to donate to certain things, and that includes hospitals, for the most part I don't contact the hospitals at all. That's done by my people at the foundation or my lawyers.

I: Then my next question is actually superfluous: how would the hospital have to behave in order for them to donate?

B: The hospital must raise funds for a serious project. For things that make sense. Not for a new canteen for the board.

I: Is after-donor care important to you?

B: No, I don't go there anyway. Our foundation gives money to dozens of companies, so I would only be on the road. I can't do that. But as I said, our people

at the foundation always have an open ear for good projects. I don't necessarily have to do that myself.

I: Do you think hospitals are an interesting object for donations for wealthy people like you?

B: I'm very sure of that. We all get sick sometimes. I wouldn't want to live in a world without top hospitals. So I would be happy to donate. And the people in my private environment see it the same way, as far as I know.

I: How would you describe your personal motivation for donating? Purely altruistic or also egoistic?

B: Altruistic, and a little bit selfish because of the social pressure.

I: Don't they want to gain influence, e.g. in a hospital, through their donation. For example, to have a say in the supervisory board or the board of directors?

B: If I participate entrepreneurially with shares, yes. Of course. Then it's a capital investment. If it's a donation, clearly no.

I: Are there also negative aspects to donating? Things that bother them?

B: When I go through the foundation, no. Personally, one or woman must never forget that we are in Germany. The envy factor is tremendous.

I: Excuse me for interrupting you! But aren't you long over this factor. If someone has a few million, ok. But they are so far away, does envy still play a role there.

B: Envy probably not so much, now that I think about it. But envy, it's often there. That's why I personally don't show up at most of these fundraising events anymore.

I: Except in Baden Baden, I hope!

B: That's not a fundraising event!

I: But they still want their money (both laugh). Well, then we are unfortunately already at the last question. And that's superfluous. Because it's about the topic of foundations. But you've already said so much about that. One more

question: could you imagine setting up a foundation exclusively for the hospital sector?

B: Of course, why not? Only hospital would perhaps be a bit little. But hospital and cutting-edge medical research. (...) And nursing research. Nursing is becoming more and more important. I could imagine that very well.

I: Do banks approach them to propose something like that?

B: Of course. But you know, as far as this kind of consulting is concerned, I'm in good hands.

I: That's right, I had forgotten all about that. (laughs). Thank you very much for the interview. We are at the end. At least with the interview. I really hope to see you in Baden-Baden.

B: I will be there.

I: Me too. I promise. I'm looking forward to it. Thanks again.

APPENDIX 56: INTERVIEW 10 (ENGLISH VERSION) - (U)HNWIS (3RD SUBSTUDY)

I: Good evening, dear Mr. xxxx, I hope you are well.

B: Thank you, so close to Christmas, one slowly comes to rest.

I: How is business?

B: Quite well, although the last 3 years have been tough. The demand is there, but getting materials and staff was and is hell. Rarely have we seen such difficult times.

I: And it probably won't get any better. Mr. xxx, please don't be angry with me, can we get started. I am a bit pressed for time.

B: That's perfect, me too. As always. Let's get started!

I: First basic question: UHNWI or HNWI?

B: HNWI. Very clear.

I: Thank you. Then we come to the first real question: what comes to their mind in terms of giving? So as a very wealthy person, what comes to their mind about this topic?

B: I can't really think of much. Although I am wealthy (...) I can say that here, can't I?

I: Yes, of course. We are among ourselves. We are in Germany and the envy factor is immense, but not in my case. So, always out with it.

B: Yes, thank you. As I said, I like to donate to one thing or another. But I think we're mainly talking about hospitals here.

I: That's right.

B: I have never donated to a hospital.

I: Why not?

B: I have never been asked by a hospital.

I: Do they think they have a social obligation to donate?

B: No. I have an obligation to pay taxes and take care of myself in this country. Subsidiarity principle is what they call it. I have no other obligations. And I don't see it that way either.

I: From your point of view, from which sum would you speak of a large donation? Preferably for a hospital.

B: Large donation for a hospital, mh, (...). 10.000€ I would say. I think that's a lot of money for a one-time donation.

I: Would you also donate several times for a hospital?

B: If it is a good project, why not?

I: Why do you think hospital donations work better in the USA than here in Germany?

B: Because Americans actively ask. Success is generated by three letters. DO. If they don't, if they don't ask, nobody gives them anything. The Americans do it, that's why they are successful. Here in Germany, the board is ashamed to ask for money. The American is ashamed if he didn't ask for money. That's the only simple difference.

I: Thank you. You have already answered the second question. It's about your experience with donating to hospitals.

B: I have no experience with that.

I: Exactly, you already said that. Could you imagine (...) or have you ever considered donating money to a hospital after your death. As part of your will, so to speak.

B: No, I haven't yet. But I could well imagine doing that. If someone were to ask me (laughs). Inheritance marketing or inheritance fundraising is also a sensible thing to do. What am I supposed to do with money when I'm no longer around? Certain organizations, such as a hospital, can put it to better use.

I: What would your children say about that?

B: I don't care. During my lifetime, I still decide. They get enough. So I don't ask anybody if, when I'm gone, I'm going to give money to a hospital.

I: That fits in nicely with the next question. What attributes would a hospital have to have in order for them to donate? So I mean, what would the donation object have to offer, how would you have to approach them, etc.?

B: First of all, they would have to approach me. We've already established that, that's the most important thing.

I: Who should do that?

B: If I am to donate a larger sum, I assume that the management will do it. Not the cleaning lady.

I: Okay.

B: And the project I donate to would have to be sustainable and provide added value. Many people should get something out of it. For example, technical equipment, staff, research and so on.

I: Specific area in a hospital that they would primarily donate to?

B: No, it has to be sustainable and meaningful.

I: Would you say hospitals and clinics are basically attractive donation targets for high-net-worth people?

B: Yes, I would. Because we probably all need a hospital at some point. Without health, everything is nothing. That's the way it is. I think everybody can relate to donating to a hospital. No matter if rich or poor.

I: But also rich?

B: Definitely. Certainly that's the way it is.

I: How would a hospital have to behave in order for them to donate? The key words would be establishing contact, post-donation care, etc.

B: But now it's getting boring. As I said, first I have to report someone. And if they want me to donate a five-digit amount, then I expect the management level to come forward.

I: That means they don't donate a six-figure amount?

B: No, not all at once. I could certainly imagine supporting a hospital in the long term. Every year 10,000€ over 10 years. But not all at once. I could do that,

but it goes against my outlook on life. I had a Prussian upbringing and grew up thrifty. My parents lived in poverty for years. (...) I also don't drive a Rolls Royce or Ferrari or Maybach. I don't like that. I am not one of those yuppies who have to make themselves important. My BMW 7 series is enough for me.

I: Well, it's not all that bad.

B: But it only costs a third of the Rolls Royce.

I: What about after-donation care? Would they want something like that?

B: If I donate once, not necessarily. If I'm asked to donate multiple times, yes.

I: Could you imagine being elected to the supervisory board of a hospital, for example, if you donated five figures several times?

B: I could imagine that. (...) But I don't need to. I would do it even without it. And to be honest, I'm not eager to do it. A donation is a donation and that's how it should be. I don't see a donation as an interview for a new job.

I: Thank you very much. Then we are already at the next question: How would you describe your motivation to donate? This question is closely related to the previous question. Do they see a donation as a purely altruistic act or are there other types of motivation for them as well?

B: I just answered that (...) actually. I don't want anything in return. I don't want to influence the clinic, I don't want a picture on the wall or a brass-colored plaque in the entrance. On the contrary. I want anonymity. I don't want anyone to know about my donation at all. That only brings envy into the picture. We are in Germany.

I: Would you like to have a geographical reference to the clinic? Or would they also donate to a clinic in Germany that is hundreds of kilometers away?

B: Yes, they have me there. A certain geographical connection would indeed be important to me. Otherwise, there is no connection. Otherwise I don't see what good I'm doing. Yes, they are probably right. That would be nicer for me personally.

I: What would be nicer?

B: If I donate to a hospital, which is in the neighborhood.

I: Okay, thank you, wonderful. Then we are already at the penultimate question: Do they also see negative aspects in donating? Are there things that would discourage donating. No gos, so to speak.

B: If people are unsympathetic to me, that's a no-go for me. Or if I am supposed to donate to things where I have the feeling that they are not being managed well. There is a certain fear in hospitals. (...) It is an open secret that the management in German hospitals is not among the most established. I don't want to donate money if the hospital I donate to doesn't exist anymore one year later.

I: OK, thank you. And what about sympathy?

B: Well, I already want to feel that I have sympathetic people in front of me. People who also appreciate my concession. And that has nothing to do with the fact that I want something in return. But one should move on eye level.

I: Have you ever thought about making a donation in this sense? Or has a bank ever approached you about starting something like this?

B: Yes, indeed. UBS wants to do this all the time. No wonder, they earn a lot of money from it. But it's out of the question for me. I think my assets are too small for that. The foundation donates from the interest profits, while at the same time preserving the assets. What's the point if I've put in a few hundred thousand? I'm not heavy enough for that. Let the Hoppes and the Albrechts and the Hortens do it. Besides, the effort would be too great for me. Then someone has to run the foundation. (...) Because I have neither the time nor the inclination. And that would have to be a person of trust. Then you have to look for the right people again. No, it is good the way it is.

I: Thank you, we are done.

B: That was quicker than I thought. I thank you too. Tell me what happened when the study is finished.

I: What has happened?

B: The results, what came out of it.

I: Gladly. I will inform you.

B: Thank you in advance.

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Viersen, 02/27/2023 Axel Rump