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How organisations regulate Muslim body practices: a comparison of schools, hospitals, and swimming pools

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Abstract

In a comparison of three human service organisations in which the human body plays a key role, we examine how organisations regulate religious body practices. We concentrate on Muslim norms of dressing and undressing as a potential focal point of cultural and religious diversity. Inspired by Ray's (2019) idea of racialized organizations, we assume that state-run organizations in Germany are characterized by a strong commitment to religious tolerance and non-discrimination but also marked by anti-Muslim sentiment prevalent among the German population. Our study looks for mechanism that explain how Human Service Organizations accommodate Muslim body practices. It draws on qualitative empirical data collected in state-run hospitals, schools and swimming pools in Germany. Our analyses show that the organizations draw on formal and informal rules at the organizational level to accommodate Islam. We identify five general organizational mechanisms that may hinder Muslim accommodation in human service organizations. In particular, we see a risk of decoupling between the expectation of religious tolerance and processes that lead to informal discrimination, driven mainly by the difficulty of controlling group dynamics among users.

Introduction

Organizations make a significant and unique contribution to the social processing of religious diversity and thus to social integration (Klatetzki, 2010). They manage conflicts over social norms, facilitate or impede processes of social closure, and enable social participation. In contrast to social groups, social movements or even networks, organizations can make decisions about their goals, their members and their internal structure and make these decisions binding, i.e. formalize them. Thus, organizations can be a driver of social stability or change. This article examines how organizations deal with social norms regarding the human body, and in particular how the accommodation of Islam is handled in an environment historically shaped by Christianity and increasingly by non-religion. Organizations provide a framework for negotiating the place of religion in the public sphere. The rules they make facilitate or impede the access of (certain) religious groups to the organization, assigning them all or only certain places within the organization.

To study the accommodation of Islam, we focus on human service organizations, which are particularly important in this context because they are focused on the well-being of individuals and can provide them with important resources such as health and education. In the field of human service organizations, we focus on schools, hospitals, and swimming pools because these organizations regulate body practices. We will examine how exactly the body practices of dressing and undressing are regulated and how Muslim burkinis and hijabs are accommodated. This topic is highly relevant to our selected organizations: swimming pools have been the subject of public and even political debate since the first burkinis appeared, with some pools allowing them and others banning them. In schools, the regulation of dress codes, which are subject to strong peer pressure and contribute to the formation of young people's identities, is an important part of the daily tasks of teachers and educators. In hospitals, patients usually have to expose their bodies for medical examinations. Obviously, the body practices of covering and uncovering and their regulation involve strong normative ideas about gender roles and the relationship between the sexes (Karstein & Burchardt, 2017). Although gender roles and gender role attitudes affect all individuals regardless of sex and gender, the organizational accommodation of Muslim body practices typically focuses on the female body (Yurdakul & Korteweg, 2014). Given that human service organizations have an impact on key aspects of individual life chances, it is important to note that individuals who feel uncomfortable in schools, hospitals, or swimming pools because of the rules that are enforced about body practices will have more difficulty accessing education, health, and leisure.

Our study examines and compares organizations in Germany, a country whose state-religion relationship is characterized by cooperation and the right to practice one's religion in the public sphere. The burkini is allowed in most German swimming pools, no law prohibits students from wearing the hijab, and there are no government restrictions on patients practicing their religion in hospitals. A comparison of religious rights for Muslims in Europe (Michalowski & Burchardt, 2015: 108) showed that in 2008, Germany occupied a middle position in terms of religious accommodation. However, the relatively accommodating regulations for Muslims in Germany are countered by anti-Muslim sentiment among the German population, which has led to an increase in support for right-wing populist parties that aim to restrict the rights of Muslim minorities in Germany (Kalter & Foroutan, 2021; Zick, 2016). State organizations have to deal with these contradictions between legislative and political pressures for liberalization and social pressures for restriction.

Our goal is to determine whether and how different organizations in Germany accommodate Islam. To do so, we first consider schools, hospitals, and swimming pools as independent types of organizations, pursuing the theory that each develops its own approach to religious diversity. We focus in particular on the relationship between staff and users and on the formal and informal rules implemented. At the same time, we will assign the organizations to the collective type of human service organizations in the firm belief that they share common characteristics when it comes to dealing with diverse groups of users, common characteristics that distinguish them from, for example, corporations (Apelt & Tacke, 2023; Hasenfeld, 1992). Thus, although it is difficult to tease out the effect of specific variables in a qualitative study, we seek to identify mechanisms

that might explain the similarities and differences between schools, hospitals, and swimming pools when it comes to regulating the religious body practices of their users.

Theory on how organizations regulate Islam

In this paper, we do not focus on discrimination stemming from the individual preferences and behaviors of staff. Instead, we examine whether and how organizations privilege historically established religious and, increasingly, secular majorities, and whether and how they accommodate more recently immigrated religious minorities, namely Muslims. Our approach to how organizations accommodate religious diversity draws on theories of race and gender in organizations. Acker (1990) was one of the first to criticize the idea that organizational structures are neutral. Instead, she argued that they are gendered and, drawing on Crenshaw (1991), she also elaborated on organizational biases regarding race and class (Acker, 2006). In his theory of racialized organizations (2019), Ray takes a similar position. He defines race "not as a thing, but as a relationship between people mediated through things" (2019: p. 29), and defines organizations as "meso-level social structures that limit the individual agency and collective efficacy of subordinate racial groups while magnifying the agency of the dominant racial group" (p. 36). Ray suggests that we should study the racialized aspects of organizations by focusing on the cultural "schemas activated in organizational contexts," i.e., how schemas are connected to and reinforced by resources (see p. 32) "in ways that differentially advantage racial groups at any level" (p. 34). Examples of schemas that Ray mentions include the schema of segregation, which is relevant in schools (p. 34), but also "cultural schemas [such as] anti-Blackness, hierarchy, fear of non-Whites" (p. 35). According to Ray (2019: 27), racial hierarchies can be observed between organizations, "at the macro-institutional level, such that non-White organizations are typically disadvantaged relative to White organizations," but also within meso-level organizations to the extent that "hierarchies are racialized" (p. 27). Ray calls for research that examines "the role of organizations in constructing group-based interest, or how organizations undermine the extension of rights" (p. 47). He develops four tenets, namely that (1) racialized organizations enhance or diminish the agency of racial groups; (2) racialized organizations legitimate the unequal distribution of resources; (3) Whiteness is a credential; and (4) the decoupling of formal rules from organizational practice is often racialized (p. 27).

In contrast to Ray's theory, our study focuses not on race but on religion, which has been identified as one of the main barriers to inclusion in Europe (Foner & Alba, 2008). We suggest that discriminatory ideas about social hierarchies based on religion may be as pronounced in Germany as those based on race in the United States. Indeed, in his latest publication, Sidanius et al. (2020: 3) concludes that discriminatory social hierarchies that emerge in certain professions and organizations are always built around age and gender, but that they can be complemented by an "arbitrary set system" that is often based on race, but can also be based on religion or other characteristics. For organizations, religious accommodation means different things than non-discrimination of people of a different color, since religious accommodation often requires that organizational rules be adjusted to provide special rights for religious minorities (Statham et al., 2005), or that a costly accommodation of Christian majorities be extended to Muslim minorities.

For our study, it is important to keep in mind the intersectionality of religion. In Germany, as in other European countries, Muslim religion often intersects with class, as many Muslims in Germany are of immigrant origin and have a low socioeconomic status (Pfündel et al., 2021). Religion also intersects with gender, as religious communities tend to promote conservative norms regarding gender and sexuality (Inglehart, 2020). In Islam, as in other faith groups, religious dress codes regulate the female body. Given that anti-Muslim sentiment is strongly focused on Muslim women's dress and body practices, conservative Muslim women may experience particularly pronounced discrimination, as studies show, for example, in the labor market (Koopmans et al., 2019). As we will show below, such discrimination can also occur in organizations and through organizational rules. However, there may be differences between organizations.

Ray (2019) points out that not all organizations are racialized to the same degree. This is also true when we talk about social inequalities related to class, gender, and religion. However, Ray hardly mentions different types of organizations because his main theoretical interest is in identifying cognitive schemas that are activated in organizations and that associate resources unequally with certain social groups. In our study, we assume that common schemas such as suspicion and discomfort with Muslim gender norms embedded in Muslim body practices are at work in the selected organizations. However, our analysis follows Wimmer's (2015: 2189 f.) call to examine the mechanisms of exclusion. Wimmer lists at least eight potential mechanisms of racial exclusion, which we seek to complement with organizational mechanisms that might reinforce or mitigate the religious exclusion of Muslims in Europe. We suggest that the unequal distribution of resources and access to organizational services is mediated by formal and informal rules, which in turn vary across types of organizations because of differences in organizational goals, professions and hierarchies, and the relationship between staff and users.

Thus, for each type of organization, we look at the organizational structure and how formal and informal organizational rules operate, e.g., how they channel the relationship between staff and users. Formal rules are usually written down and can lead to official sanctions if they are not followed. Formal rules are created to emphasize ideas that are central to the organization, but only rules that can be legitimized outside the organization can be formalized. Because formal rules make it very clear what the organization expects of its members, violation of the rules can be sanctioned by exclusion from membership. Formal rules do not automatically cover all situations; in particular, conflicts over new situations and conflicts between multiple legitimate interests are not easily resolved by formal rules (for a similar assessment, see Nohl, 2006: 186). In such cases, organizations and their members look for other solutions. They may try to extend existing rules to apply to new situations or conflicts of interest by regulating very specific details (Kühl, 2020). The solution may also be informal rules, which are also institutionalized within the organization but are usually not openly communicated. If members break the informal rules, sanctions can be severe, but they are more informal and hidden. Body practices are subject to formal rules in the organizations we selected, but are also governed by informal practices, such as nonverbal or even verbal communication (Kaufmann, 1996), which can occur among users, but also between staff and users.

In our study, we focus on the specific category of human service organizations. A special feature of human service organizations, which include hospitals, schools, and

swimming pools, is that their services are directed toward the well-being of their users, patients, or students, who often come from different classes and milieus. Human service organizations are strongly integrated into and influenced by their local environment, and users cannot be selected on the basis of qualifications, professional experience, etc., like other organizational members who are part of the staff. Nevertheless, as patients, students, and swimmers, users are involved in the provision of the organization's services and co-produce those services (Hasenfeld, 1992). They are subject to some formal rules, but their exclusion if they break the rules is more complicated than for the staff because the impact of formal rules is limited for them. In studying the mechanisms of Muslim exclusion in these organizations, we therefore pay particular attention to how informal aspects structure the relationship between staff and users and the relationships among users. For example, one important informal mechanism that we want to examine in more detail is how the (non-)regulation of conflicts among users can contribute to the exclusion of Muslim minorities.

Our selection of cases, described in more detail below, attempts to go beyond the existing literature on religious accommodation in different organizations. We found that many of the studies of religious accommodation in different organizations are not sufficiently comparable because they struggle with the fact that different types of religious accommodation claims are important in different types of organizations (c.f. Cadge et al., 2017). For example, while studies on religious accommodation for Muslims in prisons may address the issue of chaplaincy (Becci & Roy, 2015; Galembert, 2020; Harms-Dalibon, 2017), they may focus on headscarves for military and police personnel (Lillevik, 2019), headscarves for students in schools (Bertossi & Bowen, 2014), prayer rooms in universities (Christensen et al., 2019), and the attitudes of hospital medical staff towards religion (Cadge, 2013; Griera et al., 2015). Moreover, most of the existing studies look at only one type of organization, while the few comparative studies rarely approach the idea of organization-specific opportunity structures for religious accommodation (for an exception see Griera et al., 2015). However, this is exactly what we want to do in our study. In the following section, we present our research design and case selection, followed by the empirical data on which our analysis is based.

Empirical study on three types of organizations: swimming pools, schools and hospitals

Although the three types of organizations compared in this paper may appear to be quite different, we chose these organizations to improve the comparability of our findings. In what follows, we first explain our comparative research design and methodology, and then our findings for each type of organization separately.

The comparative methodology

While each research team (hospital, pool, school) conducted its own organizational study and collected and analyzed data far beyond that presented in this article, the empirical material used here was collected explicitly with this comparison in mind. In order to improve comparability, we first took care to select only organizations that serve a public, because rules for staff and rules for the public are often different. Second, we focus on those human service organizations that make rules that regulate the human

body of the public they serve. We choose three types of organizations, namely hospitals, swimming pools, and schools, and among them, organizations that are run by the state. We exclude hospitals run by religious orders, schools run by religious communities, and swimming pools run by private clubs because these organizations may regulate religion differently and, for example, favor one religious group over others in a way that would be impossible for a state-run organization. For each type of organization, we collect data on the implementation of organizational rules regarding the covering and uncovering of the human body.

In selecting the specific organizational cases, we made sure that they were all located in areas with a high proportion of residents with immigrant backgrounds, as this makes it more likely that (conservative) Muslims will be among the users and claim religious accommodation. We selected four comprehensive schools located in comparatively poor districts with a high proportion of residents with a migration background (about 40%) in a metropolitan region in Germany. We conducted a total of 27 interviews in the schools: 16 interviews with staff and 11 interviews with students between the ages of 14 and 16. The analysis focused on the wearing of the hijab by female students. We selected three clinics (urology, dermatology, and obstetrics), all belonging to a university hospital that serves patients from the same metropolitan area. On average, the city has an immigrant population of about 25%, but the specific neighborhood where the three clinics are located is quite affluent and very cosmopolitan, with an immigrant population of about 45%. A total of 54 people were interviewed at the clinics (33 staff and 21 patients). Some interviews with migrant patients were conducted in Arabic or Turkish. We selected six swimming pools and conducted a total of 36 interviews with staff. As the case studies on pools followed their own research design, the pools were located in six different cities, all with a relatively high proportion of people with a migrant background (24–36%). The 103 semi-structured interviews with pool users were conducted in German, English and Turkish in four pools located in the same metropolitan region as the schools and hospital clinics.

It is striking that the high proportion of people with a migrant background in the surrounding region is reflected differently in the different organizations: in hospitals and swimming pools, the high proportion of people with a migrant background does not fuel further ethnic or religious segregation. People are less likely to avoid the university hospital or the central swimming pool just because the proportion of users with a migrant background is relatively high (it is also high where they live). In the case of schools, however, parents do try to avoid schools with high proportions of poor, Muslim immigrants, and the school system we study takes parental preferences into account. As an unintended consequence of government decisions, we see very high levels of segregation in the four school cases we selected. These levels of ethnic and religious concentration reach 80 or 90% of Muslims, according to the information provided by each head of school. Moreover, in the organizations we studied, high proportions of Muslim users are served by largely non-Muslim staff. All interviews with staff and users were supplemented by expert interviews and observations. The analyses were conducted inductively according to the documentary method (Bohnsack, 2012; Nohl, 2013); only the interviews with the pool users were subjected to content analysis (Mayring, 2015).

In the following, we first present the state policies and court decisions for each type of organization, then discuss the formal organizational rules and conclude with the informal rules in the organization as well as an analysis of the relationship between the staff and the users.

Swimming pools

Since the 2000s, public swimming pools in Germany have been questioning whether the burkini should be recognized as appropriate swimwear that complies with hygiene regulations. In contrast to France, the burkini is now explicitly allowed in at least three-quarters of German pools (see Michalowski & Behrendt, 2020). Key factors contributing to this liberalization are the "burkini ruling" of the German Federal Administrative Court in 2013, which established the burkini in school swimming lessons as an alternative to separate lessons for female students, and a decision of the Higher Administrative Court (OVG) of the state of Rhineland-Palatinate in 2019, which provisionally suspended a burkini ban by the city of Konstanz. Also in 2016, the Deutsche Gesellschaft für das Badewesen e.V., the umbrella organization of swimming pool operators, advised its members to allow burkinis, partly in response to the large number of Muslim refugees arriving in Germany since 2015. These legal and political decisions do not oblige swimming pools to allow the burkini beyond school swimming lessons, but they do have an impact on the decisions of pool management regarding swimwear.

It is typical for swimming pools, as customer-oriented leisure organizations, to have few formal rules about how to behave in the pool. The relationship between the staff and the public is characterized by a certain distance because, unlike in a hospital, the pool staff does not perform physical examinations and, unlike in a school, it does not have a duty to educate the users of the facility. Nevertheless, the organization limits the range of acceptable practices (e.g., nudity in the water) and monitors users, particularly with regard to their safety in the water. Given that strangers of different genders encounter each other in the pool more scantily clad than almost anywhere else in public space, Scott (2009) refers to specific orders of desexualized body practices that emerge in swimming pools. A consensual order defines how much swimwear is needed for desexualization to work. However, these orders can be challenged by, for example, conservative Muslim women whose burkinis can be interpreted as an implicit demand that more clothing is needed for desexualization to work.

Adding to this marge of negotiating is the fact that the burkini is not always explicitly mentioned and permitted in pool rules, and that some, but not all, "self-assembled" models clearly classify as burkinis. In these cases, the staff on duty decides on a case-by-case basis whether the swimwear in question can be considered "customary swimwear". In other words, the staff will judge whether a particular piece of swimwear classifies as a "real" burkini, whether it legitimizes the burkini in interactions with other users, or whether it lets the aggressive behavior of other users toward women wearing burkinis gain ground. In this sense, the pool always treats the burkini as a deviant practice. The specific decision also depends on situational conditions such as how full the pool is, how many pool attendants are on duty, and what norms and standards have been established among the pool attendants. Even if the pool staff is supportive of the burkini (which is

not always the case), they sometimes still have to check whether a garment meets the requirements for a burkini:

> *And then we look at the clothes and say: 'Yes, the burkini is okay, but these tights don't really go with it [...] so next time, because we're not that strict [...] but then it's also pointed out and by the third time at the latest we say: 'We've told you twice now, now please stick to the rules, otherwise this won't work.' (Pool Manager, Case 2).*

In pools where burkinis are allowed, the staff has to mediate between the different norms of the users and, if necessary, also legitimize the clothing that the other users perceive as deviating from their norms.

> *When women went into the water covered from head to toe, people didn't really know how to react at first. We were approached. Of course, we explained that it's really swimwear and they don't have to worry about it. (pool attendant, case 3).*

This kind of legitimization is also sometimes necessary when the burkini challenges the pool attendant's own norms:

> *I was surprised when the 15-year-olds were standing there [in a burkini], but I was also like, 'Okay. It's part of the culture. Okay.' I also accept hijabs in schools, so I have to accept a burkini in the pool - the main thing is that she goes swimming... (Pool attendant, Case 1)*

To legitimize the burkini to skeptical users, pool attendants sometimes touch the burkini with the permission of Muslim pool users. One pool attendant reported being asked by users to inspect the burkini. In the following quote, the pool attendant comes under nonverbal pressure from users and invades the Muslim user's personal space to address the complaints:

> *I have to say there were some angry looks. I saw that. Then they looked over there and then they looked at me like, 'Why isn't he doing anything? Isn't he even going to look? And then I went over and said, 'Can I touch it [the burkini]? All right. This is swimsuit material. Just for the others to see: Okay, I checked it. [...] But they [wanted me to]...there were already dirty looks. (Pool attendant, Case 1)*

In another case, the approval of the burkini remains on a formal level and any real recognition does not materialize:

> *No, we don't proactively advertise [that burkinis are allowed] now because it would reflect badly on us. Our pool rules say it's allowed, but that's all we do. So we don't advertise it now. (Pool Manager, Case 4)*

The reason given was that "long-time regular swimmers" objected to the burkini as swimwear. Other swimmers had verbally attacked burkini wearers. The pool attendants intervened and tried to defuse the situation, but did not punish the aggressors by banning them from the pool. In other words, the organization tolerates their aggressive behavior, which in turn makes burkini access negotiable. The existing self-regulation of the users is reinforced by the very limited intervention of the staff.

> *Yes, the [burkini-wearing] women notice that of course [...] Ah, the threshold for*

these people to come to the pool has gone up a lot. We always try to mediate and persuade them to keep coming, but in the end the inhibition threshold for these people has gone up. (Female pool attendant, Case 4).

When pools do not limit the disapproving behavior of other users, this results in burkini wearers either not going to the pool at all or moving to pools with more cultural and religious diversity. One burkini wearer explains:

On Mondays there's always a women's swim at [name of pool]. Um, I've been there from time to time, and even though it's a women-only session, other women who aren't wearing a burkini, just a bikini, give me funny looks like I'm from another planet. And those looks are actually so disturbing that they make me think twice about coming back to the pool. (Burkini-wearing woman)

This brief empirical insight illustrates that, on the one hand, pool staff have decision-making responsibility in regulating swimwear, especially burkinis. On the other hand, users influence how the staff deals with the issue of swimwear. Decisions made at a higher level can be torpedoed at the organizational level, for example, by complaints from other swimmers. Thus, the regulation or non-regulation of user behavior in the swimming pool must be seen as part of the informal organizational decision making.

Schools

Schools are geared towards education, in other words, towards long-term processing and changing of minors or adolescents (Apelt, 2016; Hasenfeld, 1983). In the schools observed, one important topic teachers and students addressed was the allegedly revealing clothing worn by some girls as well as the wearing of hijabs by others (see Apelt & Koch, 2022). The burkini did not play a role because swimming lessons did not feature on their curriculum for a lack of swimming facilities in the area.

On a formal legal level, court rulings in Germany only concerned the wearing of hijabs by female teachers. While a 2003 ruling endorsed a prohibition of hijabs for teachers, a 2015 constitutional court ruling has risen the hurdles for German schools to prohibit hijabs for teachers. As a consequence, wearing the hijab as a teacher is now legal unless it is proven that this practice threatens school peace. For female students, the hijab has never been banned but many teachers are still disconcerted by girls wearing a hijab. Consequently, various educational institutions have compiled handouts on the subject. They recommend taking action against possible bullying related to the hijab in order to safeguard religious freedom. At the same time, they aim to prevent female students from being put under pressure to wear a hijab, but without giving teachers more specific instructions on how to proceed in either case (Spenlen, 2019). It has been shown that girls who wear a hijab are more often discriminated against at school and that negative remarks from classmates, teachers and school board members concerning the hijab are the rule rather than the exception (Yegane et al., 2021).

In our case studies at schools with a Muslim majority, a more nuanced picture emerged: in fact, some teachers made derogatory comments about students wearing hijabs but, on the other hand, students wearing hijabs felt accepted. One hijab-wearing student compared her current school with her previous one:

> *And there [at her former school], there was also a lot of racism and stuff. And... there are people here with hijabs, they are familiar with that from their own culture, their own religion. And then you understand, people don't ask: Do you have to do that? How long do you have to fast for? And so, here at this school, there's no such thing because everybody already knows about it. So then you don't feel uneasy here at all. (female student, school 4, year 8)*

Nevertheless, girls who wore the hijab were targeted by Muslim boys. This is what the same female student reported later on in the interview:

> *There used to be..., Muslim boys who sometimes pulled off the girls' hijabs a bit so you could see their hair. And then they – how should I put it – insulted the girls a bit, too, like, you're not a good Muslim and things like that.... But then one of our teachers, um, we had an assembly and we all talked about it. It got better after that. And now that doesn't happen anymore. And when it does, when we see something like that, we tell the person to stop and we go get a teacher. (female student, school 4, year 8)*

To address incidents like this, a teacher organized a school assembly for all the girls, at which a number of other attacks on girls were also discussed. One question arising for the teaching personnel was how to deal with this type of behavior given that it is embedded in more or less normal interactions between adolescent girls and boys. Commenting on potential sanctions, the teacher states:

> *We were of the same opinion … as the headteacher that a boy pulling off a girl's hijab is a step too far.... Erm,... no direct measures have been taken yet …. I don't know whether it needs to be explicitly referred to as such, as touching the hijab.... If a direct measure were to be taken, that would be excellent. A reprimand, or something like that. (teacher, school 4)*

The transgression of pulling off a female student's hijab has not been codified and therefore remains undefined. Had it been defined, this behavior could be sanctioned with a reprimand, for example.

Another—contrasting—challenge that the teachers reported was how to prevent peer pressure on girls to wear the hijab. This does not imply direct pressure, where girls are explicitly instructed to wear a headscarf by their peers, but rather indirect pressure with girls being judged for not wearing the hijab. One teacher reported:

> *We have female students who wear the hijab. […] I get the impression they're completely accepted. I personally don't have an issue with it either, as long as I can be sure that it's the girl's wish and free choice to wear it. […] We have certainly had male students who expected their future wives to wear the hijab. This is an important issue for Muslim boys. (female teacher, school 1)*

Two lines of argument are evident here: when it comes to wearing a hijab, our interviewee focuses on girls' self-determination. Indirectly, however, from an educational perspective, she also questions this because young people develop and change their identities in response to their environment (see also Woolfolk, 2014, pp. 91–94). In the light of this, while not referring to direct pressure on the girls, the teacher mentions

indirect expectations and denigration: a girl who does not wear the hijab will not qualify as a potential wife.

There is also uncertainty surrounding the issue of teachers wearing the hijab and what effect this might have on female students:

> *[…] I try to make sure that at this school, we also have … members of personnel…, who themselves have … migrant backgrounds to act as role models …. …this doesn't mean that I need to have a teacher at the school who wears a hijab, and … if we had a teacher like that, the students might then say my teacher has this symbol, I want to please her. And this isn't something they do out of personal conviction but because they want to please someone else or hope to get a better mark because of that... (headteacher, school 4)*

The headteacher emphasizes that the school has significant responsibility but very little support, being "to some extent, abandoned". Regarding the hotly debated issue of whether teaching personnel should be allowed to wear the hijab, the headmaster focuses very much on relationship work, group dynamics and the fact that teachers are something of a role model for the students in terms of their appearance.

Overall, although the school seems to have plenty of formal rules, these largely relate to learning and assessing academic achievements. When it comes to the school community more generally, there are often other forms of organizational and professional regulation. For instance, many schools use the concept of a cooperative agreement between personnel and students. These agreements usually do not touch upon clothing. Regulation of clothing mostly occurs in the informal sphere.

Consequently, there are also no formal rules regarding the wearing of the hijab; nor are there any clear sanctions for attacks on female students wearing hijabs. This implies unresolved questions such as how and when teachers should intervene in the interaction between students and in the emergence of peer pressure and how and when teachers should initiate discussions on self-determination in relation to the wearing of the hijab and how they should deal with the (complex) ideals of femininity that boys may have in this context.

Schools are largely left to find their own solutions to these challenges. This is accompanied by a feeling of uncertainty among the teachers we interviewed.

Hospitals

The role of a hospital is to care for a patient according to his or her needs and, ideally, to resolve whatever health condition he or she may have (see Simon, 2000). Intercultural/interreligious openness can also be seen as part of this needs-based care. Indeed, there is a plethora of practical advice, guidelines, position papers and best-practice models (Behrens, 2011; Priebe et al., 2011), even an e-learning platform called "taking care of diversity". "Intercultural skills are also part of the curriculum for medical students in Germany. In state-run hospitals, there are no formal guidelines on the wearing of the hijab or other practices of dressing and undressing, either for patients or for doctors and nurses. Nor has there been any significant public debate on the issue, even though the staff is often of Muslim background. This raises the question of how German hospitals deal with the issue of dressing and undressing.

In the clinics we studied, the wearing of a hospital gown after a medical procedure is recommended by the hospital staff (urology nurse), but ultimately the patient still has the freedom to wear his or her own clothes on the ward. Wearing the hijab also does not attract any real attention on the ward and does not seem to affect the provision of medical care. When asked to what extent doctors and midwives pay special attention to whether someone is wearing a hijab, one obstetrician responded:

> *No. No. Well, they [doctors and midwives] do what they think is right. But so far nobody, no, actually they don't. (Doctor, Clinic 1)*

As the following quote shows, it is not always easy for doctors and nurses, especially when they are under time pressure, to consider the needs of Muslim women. In this regard, a Muslim patient we interviewed said.

> *The doctor who treats me is an Arab. After the first couple of times, when he came in and saw me without my hijab, I expected him to say I'd like to put on my hijab, so.... I expected the next time he'd make some kind of noise before he came in, but no. Every time I see him, [...] I look him right in the eye and I put on my hijab, he goes away for a second and then he comes back, I wish he would make his presence felt when he's standing outside the door so I know there's a man there and I can put on the hijab because I can't wear it all the time. [...] so when it comes to the issue of the hijab, they really have no understanding .... They're not interested or they don't realize that I normally wear a hijab, that it means, for example, that the door has to be closed. When the midwives come in, they leave it open [...] if I don't ask them to cover my belly, they don't do it because they don't realize that it's something that's important to me... I express my wishes and they, and this is the truth, they immediately do what I ask, which means that I have to tell them what I want them to do. (Patient 1, Clinic 2)*

Using the example of the wearing of the hijab, this patient expresses her surprise at the lack of tact shown by the attending physician. Even though he is "an Arab" himself, he does not follow the assumed shared convention of knocking before entering the room. Instead, he tends to follow the usual ward routine of directly entering the room without prior warning. As a result, the patient is not given the opportunity to put on her hijab in a timely manner. Instead, she often found herself in the embarrassing situation of having to interact with the doctor without wearing her hijab.

Midwives, too, often respect religious body norms and dress codes only when a patient raises the issue as a specific individual need—and even then, these needs are only met informally. Despite the existence of a range of guidelines and practical advice, patients must explicitly raise the issue of their body norms and dress codes and actively request that they be respected.

When these norms are disregarded by caregivers, patients often find themselves in situations of embarrassment or fear. As a result, they may be reluctant or even resistant to physical examinations, medical procedures, or caregiving activities, which in turn complicates the provision of care and sometimes requires staff to discontinue care altogether. In other clinics, however, staff have developed informal strategies to

deal with such stressful situations. For example, beds in a two-bed room may be separated by a curtain so that patients feel "dressed". One patient praised this approach:

> *Yes, that is a very good idea. If the [curtain] wasn't there, it would definitely cause problems because we'd have to cover up, we'd have to stay dressed, when they come to do an ultrasound, you have to expose your belly, or there's a woman in the other bed and her husband is visiting, or someone else... In other words, there would be some embarrassing situations. (Female patient, Clinic 3)*

One doctor we interviewed described how, during gynecological examinations, she only asks a patient to expose one part of her body at a time.

> *Otherwise, I think something that's never really discussed, but is certainly very important for the atmosphere during a gynecological examination, is that we only ask a patient to expose one part of her body at a time. So even if you are going to do a breast exam next, or even if you are going to do a breast exam first, you still ask women to undress one part at a time. So as not to create a situation where the patient is suddenly completely exposed. (Doctor, Clinic 3)*

Asking patients to "undress bit by bit" (regardless of culture and religion) avoids completely exposing their bodies and ensures that an atmosphere is created in which, in this case, the focus is on the functional aspects of the body. A dermatologist describes the situation in a similar way. He begins by asking his patients to keep their bras and/or underwear on, and then gradually, over the course of the examination, builds up to them exposing their genital area. This structured process creates an atmosphere of mutual trust between doctor and patient, which is essential in the context of a hospital medical examination, where medical personnel are required to look at and touch a patient's body.

In summary, the empirical analysis shows, first, that clinics have no formal rules regarding the body practices and dress codes of patients from different cultures or religions. Informally, their needs are addressed but inadequately defined in routines that cut across wards and professional groups. There is a tendency to shift the issue to the level of interaction, where whether or not it is taken into account depends very much on the individual staff member and his or her practical knowledge. The lack of consideration and anticipation in the daily routine of the ward, for example, when it comes to the tactful entry of doctors into a patient's room during their daily rounds, or when it comes to showing due care and attention in the intimate context of a physical examination, was something about which the medical staff interviewed were quite self-critical. At the same time, they repeatedly referred to the high workload and lack of time resulting from the marketization of care (Molzberger, 2020; Vogd et al., 2018). Under these circumstances, it is difficult to counteract such entrenched, culturally insensitive processes of care provision.

A comparison of the different types of organizations

Our case studies examined the regulation of the burkini in swimming pools, the hijab in schools, and the hijab and Muslim modesty in hospitals, highlighting similarities and differences.

First, in all of the organizations compared here, there have been court rulings, recommendations, and handouts on the topic of body practices. These documents are an expression of the conflicts surrounding (female) Muslim body practices and reflect uncertainty about how to deal with Muslim body practices that are perceived as different and viewed with suspicion. In terms of content, these rulings, recommendations, and handouts are oriented towards diversity and tolerance, recalling religious freedoms and pushing public organizations towards liberalization. However, the documents rarely provide clear guidelines or full certainty on how to act and what decisions to make regarding Muslim body practices.

Second, the organizations themselves rarely formalize how to deal with the burkini or the hijab. One reason may be that the organizations' personnel are aware of religious freedom and the sharp limits of its restrictions. Another reason is most likely that formality plays an ambivalent role in conflicts over dress and nudity: although it can mitigate conflicts, the existence of a formal rule can also provoke complaints that are directed at the organization as a whole and threaten its legitimacy. We observe that hospitals differ from schools and swimming pools in that they have relatively clear recommendations on how to deal with patient nudity. These recommendations go to the heart of medical practice and address the discomfort that all patients may feel when they are required to undress for medical examinations.

Third, our case studies show that staff often resort to a kind of "substitute formalization" that relies on the specific types of formalization that prevail in each organization. Staff must independently interpret and apply rules and handouts, and decide how to interact with users. With these formal rules, the staff tries to avoid conflicts, but how they do this differs from organization to organization: in swimming pools, the staff implements some simple rules, including judging what can be considered "normal swimwear". Since the burkini is mostly allowed, the formalization produced by the staff refers to the quality of the fabric from which the burkini is made. This formalization helps to legitimize the burkini in front of other users (non-Muslims or liberal Muslims) who may reject the garment. In schools, where teachers have the task of educating students, they forbid attacks on students wearing hijab. They also ask themselves why a girl begins to wear the veil, but the study shows that the girls' motives remain largely opaque to the mostly non-Muslim teachers. In hospitals, contact between staff and patients is characterized by a high degree of dependency between patients and staff. One procedure that is highly formalized in hospitals is the physical examination and the question of how to deal with nudity in these examinations to make patients feel comfortable. If possible, nurses try to alert female Muslim patients when male visitors are about to enter the room so that they can put on the hijab.

Fourth, in all three types of organizations, users, students, and patients are subject to formal organizational rules that are less pronounced than for staff. This comparatively weak impact of formal organizational rules on users may be further weakened by the emergence of countervailing informal group norms in the organizations. In schools, relatively stable groups emerge and set strong norms. In swimming pools, group dynamics are much weaker, but can emerge among regular swimmers who then begin to appropriate the pool. In hospitals, processes of group formation are not impossible, but less likely. It is the composition of the informal group that determines which norms become

majoritarian and dominant. Given that human service organizations are closely tied to the demographic composition of the region in which they are located (e.g., in terms of socioeconomic, religious, or political composition), dominant norms may vary according to geographic context. For swimming pools, existing research shows that higher shares of right-wing populist voters in the area surrounding the pool correlate with higher levels of complaints about the burkini (Michalowski & Behrendt, 2020). In schools, the effects of Muslim residential concentration can be amplified when parents are involved in school choice and can opt out of certain schools. This was the case in the Muslim majority schools we studied. As a result, in these schools, Muslim norms of covering body practices are the dominant majority practice that students and educational staff are accountable for. This situation of a "reversed majority" in the schools we observed creates a contradiction between a school system that is oriented towards the Christian or secular majority and the de facto Muslim majority among the students. Thus, in the informal rules of these schools, the secular is no longer the credential.

Fifth, social group norms and exclusion based on these norms raise the question of how the staff deals with these social processes: pool users may ostracize women wearing burkinis to such an extent that the latter do not return to the pool even though the burkini is formally allowed, students may bully girls for wearing or not wearing the hijab, and patients may ask not to share a room with a Muslim patient. In such situations, staff should intervene to prevent the majority from ruling through exclusionary norms and either force the minority (which may be a non-Muslim or a liberal Muslim minority) to adopt the majority's physical practices or exclude the minority from organizational services. Our empirical study suggests that teachers, medical personnel, and pool attendants tend to overlook such conflicts. First, this may be because the staff of human service organizations must enforce rules that users may find too intrusive, given that their social role in the organization requires relatively little commitment. It is also difficult to exclude students, pool users, and patients from the organization's services: schools that exclude a difficult student are likely to have to accept another difficult student, big city pools that want to enforce pool bans must implement general identity checks at the entrance,[1] while hospitals can only appeal to their patients to stop aggressive behavior. It is also unlikely that excluding a problem user will reduce the overall level of conflict in human service organizations. Because staff have limited means to exclude users, they need a margin of maneuver to tolerate rule violations and avoid constant conflict with users over formal rules (Kühl, 2012). However, this plays into the hands of the majority. Second, the staff's potential for conflict resolution may also be trumped by other necessities, such as ensuring good medical care for patients despite staff shortages (indeed, human service organizations are often under severe economic pressure, but this pressure is particularly pronounced in hospitals), being able to teach the curriculum without getting bogged down in disciplinary action, or making sure that no one drowns in an overcrowded pool.

[1] C.f. the Berlin swimming pool rules for the summer 2023.

Conclusion

Organizations are important to social stability and social change to the extent that they can make decisions about their structures and affect their environment through these changes. By allowing burkinis, developing procedures for medical examinations that take into account different levels of bodily shame, and finding relaxed ways to accommodate headscarves among students, organizations can help Islam become a normalized element of German society. However, Ray (2019) and others before him (Acker, 1990; Haley & Sidanius, 2005) show that organizations can also be gendered and racialized, thus reinforcing and stabilizing discrimination. This is particularly true for human service organizations, as their rules do not only affect their employees, as in the case of industrial companies, but also affect society as a whole. Human service organizations therefore have a special capacity to drive social change. At the same time, it is particularly difficult for them to implement the changes they decide on because they have limited capacity to formalize their expectations of users, patients, and students. They allow burkinis and hijabs, but have to enforce these rules in situations where hard-to-control group dynamics push for norms that may violate formal organizational rules. Enforcing organizational rules is particularly difficult in situations where staff are overburdened with other responsibilities.

The organizations we studied are not free of anti-Muslim sentiment and discriminatory practices, but they are not full of them either, and they specifically accommodate Muslim women. On the one hand, the Muslim women we interviewed assumed that they should be able to use the organization's services while wearing hijab, burqini, and covering their bodies during medical examinations and without being confronted with discriminatory and derogatory remarks. In all three types of organizations, we spoke with staff who were willing to support conservative Muslim women using the organizations' services and to prevent discrimination. However, even when staff are well-intentioned (which is not always the case), preventing discrimination is not a given.

Our study has identified several mechanisms at work in organizations that promote unequal and discriminatory treatment of Muslims. These mechanisms are not entirely identical across organizations:

(1) In all organizations, despite the existence of court rulings and best practice recommendations, important "details" of decision-making about religious accommodation policies are left to the organization.
(2) In turn, organizations rarely formalize how to deal with the "details" of religious accommodation decision-making. Hospitals formalize more than schools and swimming pools. Formalization can resolve conflicts by creating clear rules, but it also becomes an object of contention, more so than conflicts resolved through individual interaction.
(3) Religious accommodation formalizations produced by organizations rely on specific types of formalizations that prevail in each organization, such as rules about safe and hygienic swimwear, rules about how to interact respectfully in schools, or rules about how to conduct medical exams that respect patients' intimacy.
(4) The few formal rules that organizations create to accommodate the practices of religious bodies can be trumped by the social norms of the majority, which are

established through group dynamics. Group dynamics are strongest in schools and weakest in hospitals.

(5) Conflict management is expected of staff in all organizations, but it is often easier to overlook conflict, first because staff have limited ability to sanction users, and second because staff have other, more pressing tasks. The non-regulation of conflicts, however, favors the dominance of the majority.

We conclude that Ray's concept of schemata is applicable to our cases. We observe that both staff and users perceive Muslim body practices as "the other" and deviant, while secular body practices are used as the normal reference point and thus have what Ray calls "credentials". In cases where the majority is Muslim, the secular credential is challenged and we do not see discrimination against Muslim body practices within the organization. As we see in schools, discrimination then operates at the "macro-institutional level" (Ray, 2019).

In state organizations, however, there is a strong commitment to religious tolerance and non-discrimination, which is reinforced by legal and political pressure for religious accommodation. Organizations develop formal and informal rules at the organizational level to accommodate Islam. However, we have shown that there are several general organizational mechanisms at work that may hinder Muslim accommodation in human service organizations (see also Schenk et al., 2022). In particular, we see a risk of decoupling between the expectation of religious tolerance on the one hand and processes that lead to informal discrimination, driven mainly by the difficulty of controlling group dynamics among users.

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Author contributions
MA headed the data collection on schools and was a major contributor in writing this manuscript, AK carried out the data collection and data analysis on schools and contributed to the writing of the empirical section on schools, IM headed the data collection on swimming pools and was a major contributor in writing this manuscript, KM carried out parts of the data collection and analysis on hospitals and contributed to writing the section on hospitals, LS headed the data collection on hospitals, OS carried out the data collection and data analysis on swimming pools and contributed to the writing of the empirical section on swimming pools. MA and IM were in charge of the revisions. All authors read and approved the final manuscript.

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Availability of data and materials
The datasets generated and analysed during the current study are not publicly available due to data protection laws but are available from the corresponding author on reasonable request.

Declarations

Ethics approval and consent to participate
The research has been received approval from the Ethics Committee at the Campus Charité—Mitte on June 7, 2018 (no. EA1/108/18) and from the WZB Ethics Committee on June 29, 2018 (no. 2018-3-40). It has also been approved by the Berlin Senate Unit for Education, Youth and Family on August 13, 2019. Consent to participate has been obtained from all individuals interviewed. In case of students below the age of 14, consent has been obtained from their parents as stipulated by the Berlin Senate letter from August 13, 2019.

Competing interests
The authors declare that they have no competing interests.

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References

Acker, J. (1990). Hierarchies, jobs, bodies. A theory of gendered organizations. *Gender and Society, 4*(2), 139–158.
Acker, J. (2006). Inequality regimes: Gender, class, and race in organizations. *Gender & Society, 20*(4), 441–464.
Apelt, M. (2016). Schule aus organisationssoziologischer Perspektive. In M. S. Meier (Ed.), *Organisation und Bildung: Theoretische und empirische Zugänge* (pp. 13–32). Springer VS.
Apelt, M., & Koch, A., et al. (2022). Ramadan in der Schule—Informelle Regeln und institutioneller Rassismus. In A. Mensching (Ed.), *Organisation zwischen Theorie und Praxis. Jahrbuch Organisationspädagogik*. Wiesbaden: Springer VS.
Apelt, M., & Tacke, V. (2023). Einleitung. In M. Apelt & V. Tacke (Eds.), *Handbuch Organisationstypen*. Wiesbaden: Springer VS.
Becci, I., & Roy, O. (2015). *Religious diversity in European prisons. Challenges and implications for rehabilitation*. Springer VS.
Behrens, B. (2011). *Interkulturelle Öffnung im Gesundheitswesen: Überblick, Strategie, Praxis*. BIS-Verlag.
Bertossi, C., & Bowen, J. (2014). Practical schemas, conjunctures, and social locations. Laïcité in French schools and hospitals. In J. Bowen, C. Bertossi, J. W. Duyvendak, & M. L. Krook (Eds.), *European states and their Muslim citizens. The impact of institutions on perceptions and boundaries* (pp. 104–131). Cambridge: Cambridge University Press.
Bohnsack, R. (2012). Orientierungsschemata, Orientierungsrahmen und Habitus. Elementare Kategorien der Dokumentarischen Methode mit Beispielen aus der Bildungsmilieuforschung. In K. Schittenhelm (Ed.), *Qualitative Bildungs- und Arbeitsmarktforschung* (pp. 119–153). Wiesbaden: Springer Fachmedien.
Cadge, W. (2013). *Paging God: Religion in the halls of medicine*. University of Chicago Press.
Cadge, W., Griera, M., Lucken, K., & Michalowski, I. (2017). Religion in public institutions. Comparative perspectives from the United States, the United Kingdom, and Europe. *Journal for the Scientific Study of Religion, 56*(2), 226–233.
Christensen, H. T., Høeg, I. M., Kühle, L., & Nordin, M. (2019). Rooms of silence at three universities in Scandinavia. *Sociology of Religion, 80*(3), 299–322.
Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review, 43*(6), 1241–1299.
de Galembert, C. (2020). *Islam et prison*. Éditions Amsterdam.
Foner, N., & Alba, R. (2008). Immigrant religion in the U.S. and Western Europe: Bridge or barrier to inclusion? *International Migration Review, 42*(2), 360–392.
Griera, M., Martinez Arino, J., Clot-Garrell, A., & Garcia-Romeral, G. (2015). Religión e instituciones públicas en España. Hospitales y prisiones en perspectiva comparada. *Revista Internacional De Sociología*. https://doi.org/10.3989/ris.2015.73.3.e020
Haley, H., & Sidanius, J. (2005). Person-organization congruence and the maintenance of group-based social hierarchy: A social dominance perspective. *Group Processes & Intergroup Relations, 8*(2), 187–203.
Harms-Dalibon, L. (2017). Surveillance and prayer—Comparing Muslim prison chaplaincy in Germany's federal states. *Comparative Migration Studies, 5*(8), 1–22.
Hasenfeld, Y. (1983). *Human service organizations*. Prentice Hall.
Hasenfeld, Y. (Ed.). (1992). *Human services as complex organizations*. Sage Publications.
Inglehart, R. F. (2020). *Religion's sudden decline. What's causing it, and what comes next?* Oxford University Press.
Kalter, F., & Foroutan, N. (2021). Race for second place? Explaining east-west differences in anti-Muslim sentiment in Germany. *Frontiers of Sociology*. https://doi.org/10.3389/fsoc.2021.735421
Karstein, U., & Burchardt, M. (2017). Religion. In R. Gugutzer, G. Klein, & M. Meuser (Eds.), *Handbuch Körpersoziologie (2)* (pp. 203–216). Springer VS.
Kaufmann, J.-C. (1996). *Frauenkörper-Männerblicke*. Universitätsverlag Konstanz.
Klatetzki, T. (2010). *Soziale personenbezogene Dienstleistungsorganisationen*. VS Verlag für Sozialwissenschaften.
Koopmans, R., Veit, S., & Yemane, R. (2019). Taste or statistics? A correspondence study of ethnic, racial and religious labour-market discrimination in Germany. *Ethnic and Racial Studies, 42*(16), 233–252.
Kühl, S. (2012). Zwangsorganisationen. In M. Apelt & V. Tacke (Eds.), *Handbuch Organisationstypen* (pp. 345–358). Springer.
Kühl, S. (2020). *Brauchbare Illegalität. Vom Nutzen des Regelbruchs in Organisationen*. Campus.
Lillevik, R. (2019). The political accommodation of military turbans and the police hijab in Norway: Windows of opportunity. *Journal of Ethnic and Migration Studies., 46*(11), 2426–2442.
Mayring, P. (2015). *Qualitative inhaltsanalyse. Grundlagen und techniken*. Beltz.
Michalowski, I., & Buchardt, M. (2015). Islam in Europe. Cross-national differences in accommodation and explanations. In M. Burchardt & I. Michalowski (Eds.), *After integration. Islam, conviviality and contentious politics in Europe* (pp. 105–125). Wiesbaden: VS Verlag für Sozialwissenschaften.
Michalowski, I., & Behrendt, M. (2020). The accommodation of Muslim body practices in German public swimming pools. *Ethnic and Racial Studies*. https://doi.org/10.1080/01419870.2020.1770827
Molzberger, K. (2020). Autonomie und Kalkulation. Zur Praxis gesellschaftlicher Ökonomisierung im Gesundheits- und Krankenhauswesen. Bielefeld: transcript.
Nohl, A.-M. (2006). *Interkulturelle Konzepte interkultureller Pädagogik: eine systematische Einführung*. Bad Heilbrunn: Klinghardt.
Nohl, A.-M. (2013). Komparative analyse. In R. Bohnsack, I. Nentwig-Gesemann, & A.-M. Nohl (Eds.), *Die dokumentarische Methode und ihre Forschungspraxis. Grundlagen qualitativer Sozialforschung* (pp. 271–293). Wiesbaden: Springer VS.
Pfündel, K., Stichs, A., & Tanis, K. (2021). Muslimisches Leben in Deutschland 2020. Forschungsbericht 38. Bundesamt für Migration und Flüchtlinge.
Priebe, S., Sandhu, S., Dias, S., Gaddini, A., Greacen, T., Ioannidis, E., et al. (2011). Good practices in healthcare for migrants. In *BMC public health*.
Ray, V. (2019). A theory of racialized organizations. *American Sociological Review, 84*(1), 26–53.

Schenk, L., Molzberger, K., Peppler, L., & Beck, P. (2022). *Organisationaler Wandel durch Migration. Am Beispiel von kultureller Kompetenz und Körperpraktiken im Krankenhaus*. Springer.
Scott, S. (2009). Re-clothing the emperor: The swimming pool as a negotiated order. *Symbolic Interaction, 32*(2), 123–145.
Sidanius, J., Davis, G., & Ghani, A. (2020). The criminal justice system as an instrument of oppression. In J. Avery & J. Cooper (Eds.), *Bias in the law: A definitive look at racial prejudice in the US criminal justice system* (pp. 1–22). Lexington.
Simon, M. (2000). *Krankenhauspolitik in der Bundesrepublik Deutschland. Historische Entwicklung und Probleme der politischen Steuerung stationärer Krankenversorgung*. Springer VS.
Spenlen, K. (2019). *Sondieren, abwägen, handeln - Schule und Islam - wie sich 90 Alltagskonflikte lösen lassen*. VBE Verlag NRW GmbH.
Statham, P., Koopmans, R., Giugni, M., & Passy, F. (2005). Resilient or adaptable Islam? Multiculturalism, religion and migrants' claims-making for group demands in Britain, the Netherlands and France. *Ethnicities, 5*(4), 427–459.
Vogd, W., Feißt, M., Molzberger, K., Ostermann, A., & Slotta, J. (2018). *Entscheidungsfindung im Krankenhausmanagement: Zwischen gesellschaftlichem Anspruch, ökonomischen Kalkülen und professionellen Rationalitäten*. Springer VS.
Wimmer, A. (2015). Race-centrism: A critique and a research agenda. *Ethnic and Racial Studies, 38*(13), 2186–2205.
Woolfolk, A. (2014). *Pädagogische Psychologie*. Hallbergmoos: Pearson Deutschland.
Yegane, A., Willems, J., & Moir, J. (2021). Religion und Glauben an der Schule. Diskriminierungserfahrungen muslimischer Jugendlicher in Berliner Schulen. https://adas-berlin.de/wp-content/uploads/2022/01/220119_Diskriminierung-an-Berliner-Schulen-ADAS-berichtet_Web.pdf. Checked on 3/17/2022.
Yurdakul, G., & Korteweg, A. (2014). *The headscarf debates*. Stanford University Press.
Zick, A. (2016). Vorurteile über Muslime. In P. Antes & R. Ceylan (Eds.), *Muslime in Deutschland* (pp. 39–57). Wiesbaden: Springer.

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