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**Excellence in
Nursing Administration**
is published quarterly
for members of the
Honor Society of
Nursing, Sigma Theta
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■ A new performance-driven clinical ladder:

**Rewarding clinical excellence while keeping top
nurses at the bedside**

How can nursing executives create a model to retain and reward the best nurses? How do they define performance expectations with clarity? How do they reward advanced education, clinical skills, teaching and leadership and still keep top-performing nurses in positions where they can directly affect patient care?

These are complex, interrelated questions that provide an equally complex set of answers. A multi-dimensional model for inquiry, evaluation and action is required.

In this special report to *Excellence in Nursing Administration*, by Pamela Triolo, chief nursing executive at The Methodist Hospital in Houston, read about how a nursing leadership design team constructed a new "clinical ladder" called the Nursing Clinical Career Progression Model (NCCPM)©.

The model integrates and balances the key cultural cornerstones of organizational values, evidence-based practice, relationship-centered care, pay for performance, the American Nurses Credentialing Center (ANCC) magnet criteria and a commitment to differentiated practice. [Read the feature.](#)

Greg Perry
Editor

■ Also in Excellence

[An Important Message to Members:](#) It's Up to Us.
It's Up to You.

■ In this issue

In [Excellence in Clinical Practice](#)

Perioperative nursing is undergoing changes that outpace the rest of nursing. The reason of course is technology, especially minimally invasive, laparoscopic and robotic tools that are reshaping the entire surgical landscape. But the most pressing questions among nurses in these ORs are not about how to manage the tools, but how to manage the environment so that patients get the right care at the right time for a positive surgical outcome and successful recovery. In other words, perioperative nurses are being nurses even as technology is altering what surgery has become. [Read the feature.](#)

In [Excellence in Nursing Education and Research](#)

This issue presents two separate features of immediate relevance to both educators and researchers.

For educators:

Read about a pair of promising collaborations that, at their core, share the same goal: Bring more nurses into schools and educate them better. In Oregon, nurses are creating a statewide network of access and knowledge, shaped by a set of nursing competencies demanded by the changing health care environment. [Read the feature.](#) In Sacramento, hospitals are aligned to educate nurses, tuition free. [Read the feature.](#)

For researchers:

Read about a nurse-led study that has created meaningful action among health care policymakers. Its impact was no accident. The study was carefully constructed to gain attention

in the forum.

There is a special section of the online forum devoted to Excellence and to the articles you see here. You can post a comment or question, and engage other members who are sharing their own. [Go there now!](#)

Read Excellence in Print

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This biennium, members of the House of Delegates will be asked to vote on very important issues in the areas of governance, membership eligibility and finance that will directly affect the society's ability to continue providing high value to its members and operate more efficiently.

and shape policy, from early background work and research team recruitment, to project design and the language used to report the outcome. Now it's won a prestigious award too. [Read the feature.](#)

[Nursing and Philanthropy:](#) Marshalling time, talent and treasures for the public good

Nurses are often at points where professional practice gives way to volunteer action, potential donors are exposed to the acute need for funds, and hotly contested resource management issues spring up. Read about what nurses can say and do in those situations to help prompt philanthropic impulses and steer action toward the patient's best interests.

[Nurses and lawyers:](#) Working side-by-side to improve family health

In Boston, nurses and attorneys, along with physicians and social workers, are working together to improve the health and welfare of low-income families with children. The Family Advocacy Program (FAP) is a medical-legal collaborative affiliated with the Boston Medical Center (BMC) that provides free legal services for families. It integrates lawyers into the clinical setting to improve the efficacy of medical of treatment for children from low-income families.

[Nurses helping to shape the national agenda for environmental health and older persons](#)

The Environmental Protection Agency has launched an Aging Initiative to study the effects of environmental health hazards on older persons and examine the impact that a rapidly aging population will have on the environment. Sigma Theta Tau International is a partner with EPA on the initiative and is assisting the agency in developing specific programs and recommendations that will help position nurses as advocates of older persons with diseases that are worsened by environmental pollution.

[Evaluating the Discover Nursing Campaign](#)

In partnership with Sigma Theta Tau International, Johnson & Johnson has launched a \$20 million national campaign to increase the number of nurses in America. Johnson & Johnson also awarded a grant to help evaluate the success of the campaign.

■ **Nurses and lawyers:**

Working side-by-side to improve family health

Lawyers know what to do and say to get someone's attention. Nurses know how to assess a child's health and identify concrete steps to improve it. In Boston, nurses and attorneys, along with physicians and social workers, are working together to improve the health and welfare of low-income families with children.

The [Family Advocacy Program](#) (FAP) is a medical-legal collaborative affiliated with the Boston Medical Center (BMC) that provides free legal services for families whose children are served by BMC and affiliated neighborhood health centers. FAP also consults with and trains health care providers in medical-legal issues (see accompanying sidebar). The program was initiated in 1993.

Using the law as a clinical tool

The Family Advocacy Program integrates lawyers into the clinical setting to improve the efficacy of medical treatment for children from low-income families.

And in the case of [Kathleen Kearney](#), RN, the program is integrating both nursing expertise and legal insight from a single person. Kearney is a pediatric nurse and a law student at Suffolk University. She is a legal intern with the Family Advocacy Program and beginning the second year of her law education.

"Patient advocacy has always been at the center of my nursing practice, and I've always worked to look outside the immediate

■ **The medical-legal collaboration:** Evolving strategies for improving child health

**Saturday,
October 18,
2003**

The Family
Advocacy
Program
Third Annual
Conference

For more information,
contact
Madeline.Howard@bmc.org
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■ **Dear May:** **Contribute your tribute to May L. Wykle**

A special book of letters is being created to provide an opportunity for friends and colleagues of May L. Wykle,

clinical setting and see issues in a more holistic context," she told Excellence in a recent interview. She says she considered pursuing a master's in social work but saw the law as a broader-based education that also provided more avenues for practice.

As a part of the legal team at FAP, she is working with her legal and medical associates to ensure families' basic needs—adequate housing and nutrition, income supports, safety, access to health care and appropriate educational services.

Tools and resources for clinicians

Needs Assessment Survey

A critical tool for determining advocacy needs among the patient population.

How-To Manual

A 200-page hands-on guide to establishing and running a medical-legal collaborative based on the Family Advocacy Program model.

Advocacy Code Card

The Advocacy Code Card gives health care providers ready access to a wealth of advocacy tips, strategies and resources in a compact, concise format. It's designed to be adaptable for any community.

Housing Code Card

With the Housing Code Card, providers have screening questions, a list of housing resources and options, and a sample letter to landlords at their fingertips.

Clinical Practice Guidelines

For years, primary care physicians have used clinical practice guidelines (CPGs) as an essential aid in identifying decision points and appropriate treatment options for specific circumstances. Working in collaboration with pediatricians, FAP attorneys have applied the clinical algorithm model to advocacy, creating a library of diagrammatic CPGs to guide front-line practitioners as they address poverty-based barriers to the health of their patients.

Tipsheets

FAP Tipsheets offer basic advocacy information and easy action steps on a variety of problems encountered by low-income families. For use by patients' families, health care providers and advocacy workers.

RN, PhD, FAAN, to acknowledge her contributions as the society's president during 2001-2003.

If you would like to write a letter acknowledging President Wykle for her service to Sigma Theta Tau International, you may send your letter to [headquarters](#) c/o Margie Wilson. The due date is October 1, 2003. Letters will be collected and presented to President Wykle during the 37th Biennial Convention.



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Two New Books!

Collaboration for the Promotion of Nursing: Building Partnerships for the Future
[Read a Review](#)

Building and Managing a Career in Nursing: Strategies for Advancing Your Career
[Read a Review](#)

■ Clearing the air:

Nurses helping to shape the national agenda for environmental health and older persons

In October 2002, the Environmental Protection Agency (EPA) launched an Aging Initiative to study the effects of environmental health hazards on older persons. The initiative will also identify model programs that will provide opportunities for older persons to volunteer in their communities to reduce environmental hazards and protect the environment for future generations.

According to Sigma Theta Tau International president, May L. Wykle, RN, PhD, FAAN, it's an issue that goes beyond the air quality in a given community. She says, "Older adults reside in different environments of care in addition to living independently in the community. These various environments may pose hidden health hazards that impact quality of life for elders. Continuous assessment of all environmental safety factors is essential for the well-being of elders." Dr. Wykle

is chairing an Aging Advisory Group to work with the EPA on the initiative.

Sigma Theta Tau International is a partner with EPA on the initiative and is assisting the agency in developing specific programs and recommendations that will help position nurses as advocates of older persons with diseases that are worsened by environmental pollution.

"Nurses are often at the center of treatment teams when it comes to chronic bronchitis, emphysema, asthma and even COPD," says Kathy Sykes, senior advisor to the Aging Initiative. "By bringing nurses into a fuller awareness of how environmental factors contribute and then inviting them to help develop real-world solutions for their communities, we think we are moving in the right direction."

The EPA has developed a National Research and Action Agenda that will:

1. Determine research gaps on the impact of environmental health hazards to older persons.
2. Determine tools that can address the impact an aging society will have on our environment.
3. Identify model programs that will provide volunteer opportunities to reduce environmental hazards in local communities.

Add your voice

The EPA is seeking public comment on the agenda until **September 30, 2003** to assure that the final agenda includes input from the broadest base of expertise including federal, state, local and tribal governments; public and private organizations; professional health, aging and environmental associations; academia; business and volunteer organizations; and other stakeholders, including older Americans and their families.

The agency encourages comments from nurses and all those interested in addressing environmental health hazards that affect the health of older persons. Comments can be logged at the [Aging Initiative Web site](#), by e-mail to aging.info@epa.gov or by fax at 202.564.2723.

■ The Discover Nursing Campaign Measures of success now underway

In partnership with Sigma Theta Tau International, Johnson & Johnson has launched a \$20 million national campaign to increase the number of nurses in America. The campaign was launched in 2002 and included television commercials about the nursing profession during the 2002 Winter Olympics and the Super Bowl in January of 2003. Brochures were sent to every high school in the U.S., and the Web site www.discovernursing.com was created to educate prospective students.

The appropriate question now is, how's it working?

We're about to find out. Johnson & Johnson has given Peter Buerhaus, RN, PhD, Valere Potter Professor of Nursing, senior associate dean for research at the Vanderbilt School of Nursing, a grant to help evaluate the success of its campaign. Buerhaus is also a member of the board of directors for Sigma Theta Tau International.

Buerhaus has been involved in helping J&J design its campaign by organizing a survey of American public opinion on the nursing profession and the shortage. Buerhaus says findings from the survey indicate the American public doesn't really know what today's nurse is capable of. "Americans respect, admire and trust nurses, but they are mostly unaware of all that they do. We need to educate

■ In the current issue: *Reflections on Nursing Leadership*



More than 12 percent of the U.S. population is Hispanic, yet only 2 percent of nurses are from Spanish-language cultures.

Dr. Nena Peragallo, dean of the University of Miami School of Nursing and president of the National Association of Hispanic Nurses in the United States, is out to change that. Learn more about Peragallo, who emigrated to the United States from Chile, in the 3rd Qtr. 2003 issue of *Reflections on Nursing Leadership*.

The theme for this issue is "Nurses and philanthropy." Other highlights include:

"Inspirational Linda" ... Dr. Linda Reaby grew up in Kansas City, Mo.,

people and talk about the variety of specialties nursing has to offer," Buerhaus said.

In the research, Buerhaus and his team of researchers will be asking new nursing students why they chose to study nursing, what else they might have been considering, and whether or not they have seen commercials about the campaign or heard about it. "This will help us get a sense of the next generation of nursing students," Buerhaus said, "and find out whether and how the campaign has influenced these new nurses."

In the fall, Buerhaus and his research team plan to survey teachers and guidance counselors in high schools across the country as part of the grant, to find out if they are using tools provided by the campaign. And another survey is on the horizon, to check in with two to three hundred of the nation's key leaders in high-level positions in government and business, who influence popular culture in the U.S.

Buerhaus says the recent Nurse Reinvestment Act passed by Congress and signed by President Bush is a start, with its provisions to create public service announcements about nursing, offer loan repayment and scholarship programs. But says the 20-million dollars Congress put behind the bill won't even make a dent in the nursing shortage. "The amount is appreciated, but wholly inadequate to address the seriousness of the problem." Buerhaus says it will take continued investment by the private sector, like the campaign from Johnson & Johnson, as well as a newly designed commitment from Congress to assure that enough RNs are available to meet current and future demands.

Nancy Lewin, executive director of Corporate Equity and the Nursing Campaign and New Ventures for Johnson & Johnson, says her company is committed to the cause. "Our credo encompasses commitment to the community in which we live and work, and to respond first to the doctors, nurses, patients and all who use our services," said Lewin. She says the Johnson & Johnson campaign will continue to focus on three key areas: improving the image of the nursing profession, recruiting new nurses of all ethnic backgrounds and retaining them.

but has improved the lives of thousands of Australian women suffering from breast cancer.

"Mission to Kathmandu" ... A nurse from Portland contemplating retirement finds new focus and fulfillment in Nepal.

"I pledge" ... Dr. Joanne Olson, a contributing editor of Reflections on Nursing Leadership, tells how the 4-H pledge she recited in childhood continues to influence her perspective on philanthropy.



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Application Deadline: August 31, 2003

If you're interested in applying for either the [Chiron Mentoring Program](#) or the [Omada Board Mentoring program](#), please complete applications and send to headquarters by August 31, 2003.

■ An Important Message to Our Members

As you know, the Honor Society of Nursing, Sigma Theta Tau International is at the forefront of nursing research, scholarship and leadership. To stay on the cutting edge, we monitor association trends, listen to our members and chapters, and conduct research. Through these practices, we have discovered new opportunities to deliver on our vision: to create a global community of nurses.

This biennium, members of the House of Delegates will be asked to vote on very important issues in the areas of governance, membership eligibility and finance that will directly affect the society's ability to continue providing high value to its members and operate more efficiently.

The proposed enhancements to the bylaws facilitate the society's adjustment to the

fast-paced, high-tech, on-demand world, while maintaining our vision of creating a global community of nurses. Because each of these issues affects you, the member, we recognize that you may have questions or concerns. Please visit the society's Web site, www.nursingsociety.org, to keep up on these issues. Discuss them with your chapter's members and ensure that your chapter's delegates come to convention educated, informed and ready to make a positive impact on the future of the society and members like you.

It's up to us. It's up to you.

■ Designing and Launching a Performance-Driven Clinical Ladder

Every nurse administrator knows the numbers. It is one of those things that will keep us awake in the middle of the night until we retire. It is the landscape of the nursing shortage and it looks like this: aging workforce, declining enrollment, rising patient acuity, research on safety and staffing, increased agency use, increasing age of the patient population, declining reimbursement. We could go on and on. The leadership questions are: How do you create a model to retain and reward the best nurses? How do you clearly define performance expectations? How do you reward the attributes and behaviors you value: education, clinical skills, teaching, leadership, etc.? How do you recognize and reward the diverse values held by nurses at different stages in their careers?



At [The Methodist Hospital](#), a Magnet-recognized, 940-bed hospital located in the Texas Medical Center, Houston, Texas, a nursing leadership Design Team recently built a new "clinical ladder" called the Nursing Clinical Career Progression Model (NCCPM)©. The model took two years to design and was built on some key cultural cornerstones:

Values: Methodist adopted a set of values over two years ago called I-CARE. The values are Integrity, Compassion, Accountability, Respect and Excellence. Staff members are surveyed annually for their personal values, current cultural values and preferred cultural values. For nursing, accountability was the value that transcended personal values, beliefs about the current culture and preferred cultural values. These results signaled the readiness for an accountability model with clearly defined expectations of behavior. The NCCPM is composed of five distinct job descriptions with specific performance requirements.

Philosophy of Nursing: The Methodist philosophy is that professional Nursing is Leadership, Art and Science. The belief is that all nurses have leadership potential and can actualize this potential through daily patient decisions as well as through the shared governance model. Education and evidence-based practice are encouraged. And the art of nursing revolves around Relationship Centered Care.

Pay for Performance: In April of 2001, when faced with the need to do a market-driven correction in pay, an analysis of the relationship between pay and performance was conducted on all nurses. Current salary, years of experience and performance rating were reviewed and statistically analyzed. Bar graphs were constructed that illustrated there was little correlation between pay and performance. All nurses were then reviewed from the perspective of current salary, compensation ratio (how their salary compared to market), years of experience and performance. Salary increases were given based upon a decision-making matrix. The across-the-board market increase became a thing of the past. All adjustments in salary, merit or market-driven, became based on the Pay for Performance philosophy.

American Nurses Credentialing Center (ANCC) Magnet Criteria: Woven through the new clinical ladder is the criteria that explicitly describe the qualities of Magnet nurses.

Differentiated Practice: In April of 2003, Methodist began hiring only student professional nurses who were in BSN programs. In July of 2003, Methodist began hiring only BSN-prepared new graduates. Though experienced nurses are still hired at Methodist without a BSN, progression in the model requires a BSN degree to achieve Clinical Leader status. A master's in nursing is required to achieve Clinical Expert status.

Key concepts in the model's design

The model was designed around these key concepts: Horizontal versus vertical growth or promotion, Novice to Expert advancement, stretch, career lifetime, and dynamism. Let's talk first about horizontal growth. The model is designed to reward expert clinical care at the bedside. In the past, one of the few ways nurses were able to advance in responsibilities and pay was to move into management. The model is designed to keep talent at the side of the patient and reward that talent. Pay rates begin to approach management pay levels midway through the model. Nurses are promoted to higher levels based on performance, experience and education.



The model is clearly based on the Benner Novice to Expert philosophy. The five job descriptions are: Clinical Apprentice, for the new graduate, a nurse new to a specialty area or the level of care; Clinical Colleague, designed for the solid citizen who is a full partner in care. This nurse can possess from one up to 30 years of experience.

Clinical Mentor is the third job description and requires that the nurse demonstrate excellent preceptor skills; active involvement in professional nursing; leadership in shared governance; superb relationships with patients and physicians; and serve as a role model for nursing.

At the next level, the Clinical Leader designation requires a BSN, superb clinical skills,

evidence-based autonomous practice, highly developed assessment abilities, excellent clinical instruction skills, and leadership in clinical and professional performance.

The final level is Clinical Expert, the master's-prepared, unit-based advanced practice nurse. The job is divided into 50% clinical, 25% education and 25% research. This role is expected to also serve as adjunct clinical faculty for schools of nursing.

The ladder was designed as a "stretch" model, to stretch and pull nursing into the future. The design team felt that nursing staff members collectively were not practicing many of the complex behaviors required for exceptional patient care that were needed by patients. The model was designed as a "career" model to build capacity for the future. When first launched, only the first three levels of the model were populated, since the Design Team did not believe that many more than a handful of nurses met the criteria for the top two levels.

The "dynamic" design principle means that a nurse can move forward and backward in the model. Promotions in the model result in a 5 percent increase in pay. If a nurse no longer wants to meet the expectations of the job description at a certain level, he or she can move back in the model. Also, if a nurse does not perform at the level of the job expectations, the nursing director will move the nurse back in the model, reducing his or her pay by 5 percent. Clinical ladders of the past were not dynamic, and nurses often held a status for life, regardless of performance. This model was designed to provide rewards and consequences for performance.

Recommended practices for implementation

The model was launched in June 2003. Approximately 1,300 nurses in direct patient care, 0.5 FTE or greater, were placed within the model. Simultaneously, the nursing pay grades were adjusted 7 percent to remain market competitive. All nurses were evaluated, and compensation calculated pro-rated merit increases based on performance and compensation in relation to other nurses. The hospital converted to one time of the year for all RN evaluations. Every spreadsheet from every unit was reviewed and approved by the chief

nursing executive for consistency.

Discussions with directors occurred when there were issues and concerns, and some directors went back to the drawing board. Prior to the director placing a nurse in the model, a conversation occurred with that nurse to determine where the staff member felt he or she fit in the model. The "80/20" rule applied, meaning that for a nurse to achieve any given level, 80% of the prescribed performance behaviors must be observable at time of placement.

Following final approval, the nursing directors met with each staff member and gave him or her a copy of the job description. The staff member signed a "Letter of Understanding" stating that he or she had been given a copy of the job description and understood that the model was dynamic in nature, and that changes in his or her performance could result in a pay reduction. The overall cost of the transition, including the pay adjustment to remain competitive in the market, was about \$2 million. Many nurses chose to "play it safe" and stay at the Colleague level versus being promoted to Mentor. The next opportunity for promotion will occur in January of 2004.

A clear vision for the future, the placement of strong cultural cornerstones, and consistent messages are all vital for building new clinical ladders. To create the best patient care, the best nurses are required. The bar continues to be raised at Methodist in Houston.

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Acknowledgement:

The authors would like to acknowledge the tremendous work of the full Design Team in accomplishing the work: Kim Bernal, Angela Green, Gretchen Sump-Mills, Mary Shepherd, Ann Scanlon-McGinity and Rocky Hanak. We also wish to thank our friends in Human Resources who made it all come together through the compensation package: Margaret Eaton, Yvonne Laing and Sherri Davis. And a final thanks to Clare Rose who conducted the original pay-for-performance research for nursing.

■ Nursing and Philanthropy:

Marshalling time, talent and treasures for the public good

Nurses are the public face of hospitals, schools and health care programs. They act as bridges between the institution and the public, at points where professional practice gives way to volunteer action, potential donors are exposed to the acute need for funds, and hotly contested resource management issues spring up. What the nurse says and does in those situations can help prompt philanthropic impulses and steer action toward the patient's best interests.

Do we have the skills to meet the challenge? These and other questions were addressed at a groundbreaking, Sigma Theta Tau-sponsored conference in December 1997. "[Nursing and Philanthropy: An Energizing Metaphor for the 21st Century](#)" was an assembly of invited leaders in nursing, philanthropy and education. The conference proceedings are collected in a book by the same name.

Angela Barron McBride, RN, PhD, FAAN; the recently retired dean of Indiana University School of Nursing; past president, Sigma Theta Tau International; and a conference organizer, edited the book and contributed a chapter titled "Voice versus Loyalty, the Dilemma of

■ Support for the society:

Initial success in giving campaign

By Adam Keener, Philanthropic Services Coordinator

"Loyal to our heritage...securing our future"

This straightforward phrase heralded the start of the International Honor Society of Nursing Foundation's first-ever annual giving campaign. And while the solicitation of unrestricted contributions is new to the organization, the need for it is not.

Throughout the society's history, a dedicated corps of benevolent individuals, comprised primarily of members, has shouldered much of the fundraising responsibility for the organization. Their support has enabled us to remain flexible in changing times, and to continue fulfilling our mission as an honor society best positioned to improve

Nurses."

In an interview with Excellence, McBride stated that the relationship between nursing and philanthropy has grown more critical over the past five years. "Nurses in the not-for-profit world have even more limited resources now, which makes the development of service or educational programs even more difficult," says McBride. "Philanthropy is essential, and the nurse's role in promoting philanthropy, equally essential."

According to McBride, a nurse's philanthropic role has many facets. In an age of cost-cutting, managed care and profit-driven initiatives, the nurse's traditional role as patient advocate is constantly under siege. McBride and others challenge the profession to protect this vital obligation. Service, wellness and educational programs are the first to go in a tough economy. Nurses with interests in these programs must increasingly sharpen their communication and fund-raising skills to help keep them afloat.

Furthermore, as the population ages and geriatric patients place a greater strain on the health care system, entire communities must be called upon to share the burden of care. The role of mobilizing, motivating and training these crucial caregivers will fall upon the nursing profession.

As individuals and as a group, nurses must find new ways to engage volunteers and donors. "The inherent goodness of nursing is not enough," McBride states. "Successful mobilization and fund raising requires an articulated vision and mission"-one that resonates with the public.

In the book's chapter "Volunteer-Professional Partnerships," Sharon Farley, RN, PhD, discusses the value of generating a "strong sense of benefit" as well as a "strong sense of need" in attracting philanthropic partners. But McBride cautions nurses that resource development language is not the same as research and grant language. In resource development, the social and emotional appeal of care giving gains equal ground with the science of practice.

The book touches on numerous other ways in which nursing and philanthropy professionals must continue to blend their roles, adopting a strong and multi-layered, interdisciplinary approach on behalf of the public good.

"The conference and the book were a good initial effort," says McBride. "Since then, we're seeing a greater 'coming together' of nurses and philanthropy professionals. [Indiana University](#) now offers a dual degree program. Maybe in ten years this will be seen as the beginning of a body of literature on the subject."

Click [here](#) to purchase a copy of *Nursing and Philanthropy: An Energizing Metaphor for the 21st Century*.

The current issue of *Reflections on Nursing Leadership* explores the idea of nursing and philanthropy with a series of perspectives and profiles. Click here to read a [preview](#) of the issue.

the image of nursing and advance the profession. While we have appreciated their steadfast support, we know that we must involve and engage more members, as well as other stakeholders, in our fundraising efforts.

It is from this realization that our first-ever annual giving campaign was born. Our goal for 2003 is to raise \$100,000 in unrestricted contributions while attracting the philanthropic support of at least two percent of our membership (approximately 2,300 individuals). We also are broadening our donor base by reaching out to external constituencies, such as vendors, and members of the public who understand and value the benefits of scholarship and leadership in nursing.

I am happy to report that we are well on our way to reaching our \$100,000 goal. Since April 1 of 2003, when the campaign began in earnest, we have received more than \$81,000 in unrestricted contributions from nearly 1,800 members. What's more promising is that nearly 55 percent of those contributions have come from first-time donors to the society.

We still have much to accomplish. Member dues currently meet only 61 percent of the society's annual revenue. Your unrestricted contribution to the annual giving campaign will help us meet our goal of maintaining the flexibility required to implement today's initiatives and program needs. We appreciate those gifts we have received thus far, and we ask that you consider a contribution of \$80 in honor of the anniversary, or what you can at this time. Click [here](#) to make a contribution to the annual giving campaign.

For more information about the 2003 Annual Giving Campaign, contact [Adam Keener](#), philanthropic services coordinator, via e-mail at adam@stti.iupui.edu or via telephone at 317.917.4918.



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