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in Clinical Practice

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■ **Nurses in the New OR:**

Hands on the technology. Eyes on the patient.

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. They are even following patients postoperatively, helping patients maintain good health and gathering data for nursing science.

In other words, perioperative nurses are being nurses even as technology is altering what surgery has become.

Clinical leadership as part of technology ownership

Nurses in these settings—including both the nurses who log OR shifts and nurses in unit management and administration—are involved when technology purchase decisions are made, when procedure and techniques are investigated and presented, and when investigations are planned and launched. Nurses are integrating themselves into every aspect of this new health care dynamic. [Read the feature.](#)

Greg Perry
Editor

■ **Also in Excellence**

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

This biennium, members of the House of Delegates

■ **In this issue**

In **[Excellence in Nursing Administration](#)**

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 performance-driven "clinical ladder" that rewards nursing excellence while keeping top nurses at the bedside. 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.](#)

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



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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.

care policymakers. Its impact was no accident. The study was carefully constructed to gain attention 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

■ 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 or [click here to register online](#)

**■ Dear May:
Contribute your tribute to**

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 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.

May L. Wykle

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

■ 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.

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 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.

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.



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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.

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., 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.

Nurses in the New OR:

Hands on the technology. Eyes on the patient.

Advanced technology in the minimally invasive OR is creating more broadly based clinical leadership and a deeper and more interconnected team dynamic-even in this setting that traditionally relies on the smooth interaction of several clinical disciplines.

Nurses are evolving their traditional roles in surgery and creating entirely new ones. Surgeons-once the final clinical authority-are now lessening their grip on decisions, especially those related to technology procurement and OR design.

"Our minimally invasive surgery (MIS) OR is more of a peer-to-peer environment, now. The technology has had a leveling effect," says [Donna Marin](#) RN a surgical nurse working for a private practice in St. Louis.

"Obviously, the 'top-down' style of authority in the physician/nurse relationship has been fading over the years. Acute care settings, even office practice settings, are more egalitarian," says [Donna Stanbridge](#), RN, educational chair of AORN's [\(Association of periOperative Registered Nurses\)](#) MIS/Laser Specialty Assembly (see accompanying sidebar). "But the OR was a last holdout. Now, at least in MIS, there is a clear shift taking place."

According to Stanbridge, there is now a closer integration around technology than ever before. Nurses, she says, have their hands on the tools as much or more than the surgeons. Nurses load the data, prep the devices, sterilize them and even troubleshoot them during a procedure. "The success of every MIS case relies on the efficacy of the devices used. These surgeons know this and are creating a

Nurses' organizational responses to MIS

As advanced surgical technology creates new challenges and new opportunities for nurses, nurses have created new organizations to share knowledge and provide support. Here's a brief look at two.

SAGES

The [Society of American Gastrointestinal Endoscopic Surgeons](#) has brought nurses into its membership and developed a nurses course as part of its ongoing clinical curriculum in laparoscopic foregut and bariatric surgery-two of the most rapidly growing MIS procedures. The course is led by nurses and exclusively focused on advancing the perioperative care of these surgical patients. Perioperative nurses learn more about procedures, their history, preoperative evaluation, operative concerns, recognition and avoidance of complications, and comprehensive lifelong follow-up.

[AORN's Advanced Technology Specialty Assembly](#)

AORN has created a specialty assembly to reflect the increased focus of MIS on governing boards and in the practice settings. The specialty assembly develops and facilitates educational programs,

practice environment that raises nurses into even more essential roles. It's a good time to be in the OR."

Don't call us "technologists."

The nurses we spoke to all had something to say on the perception that advanced technology is displacing core nursing skills in the OR.

"There are more machines and more specialists in the OR now. But the goal hasn't changed. It's still about better outcomes, which means nurses must absolutely stay current with their skills without leaving the basics behind." That's [Kate Moses](#), RN, CNOR, CPHQ, a nurse working in quality management for the [Baptist Hospital of Miami](#).

[Annette Wasielewski](#), RN, BSN, CNOR, manager of MIS at [Hackensack University Medical Center](#), offered this: "It's a huge misconception about nurses in the OR. Our role extends far beyond managing technology. It's multitasking, really, with nurses making patient assessments throughout their OR experience. Nurses are patient advocates. That doesn't change once the team goes to work."

Still, it's a tempting conclusion after one look inside the working MIS unit with its array of unusual machines and supporting gear-including banks of video monitors. This is not the OR that nurses rotated into during their clinical education, and the days of a surgeon, a scalpel and a speak-when-spoken-to nurse at the physician's side are over. "All surgical procedures have gotten more complex as technology has been developed to assist the surgical team," says Wasielewski. "Yes, nurses' roles are changing, but so are surgeons'. New tools require new approaches, which opens the door for nurses to establish and define their value to patients in interesting new ways."

Procurement is power

Surgical technology, including minimally invasive tools, laparoscopic devices and even robotic instruments all have relatively short life cycles. Indeed, the standard advertising catch phrase of "new and improved" has real meaning to the institutions practicing MIS. It's not just a question of outcomes and the evidence used to support the claims. The decisions of what to test, what to upgrade and what to buy brand new have immediate impact on essential issues to surgical teams, from the initial learning curve to the long-term maintenance.

Now, nurses are making a place for themselves in the rooms where these decisions are made.

"There's a right way to go about it, and a wrong way," says Donna Stanbridge. "If nurses are very proactive in working with the technology manufacturer to get data or demos, and if nurses develop a body of evidence from other hospitals or from the literature, then surgeons and their procurement teams are much more likely to consider nurses' recommendations when making the call. But if we wait until the contract is on the table and pens are poised to sign before raising objections, no matter how valid, we won't be able to shape these key issues the way we should."

In Stanbridge's own institution, [The McGill University Health Centre](#) in Montreal, she and her nurse colleagues are active participants in the planning of the MIS units as part of a new campus being built from the ground up. "In fact," she reports, "there are more nurses on the development team than doctors."

Nurses and manufacturers:

Working together to make technology work better

It's not uncommon to see people in the MIS unit who are not part of the surgical group. They are

disperses information and supports dialogue across AORN members involved in MIS

This assembly offers information on lasers, endoscopy, new procedures/equipment and safety considerations due to the impact of increasing technological advancements to the staff nurse, team leader, nurse educator or manager.

New



journal from Sigma Theta Tau International linking evidence to practice, education and policy. [Click here!](#)

clinical specialists and trainers on loan from the device or equipment manufacturer. Product engineers and even sales reps are often behind the sterile masks. And while they're trying hard to stay out of the way, many of them are in the OR because they can actually help.

Nurses are learning to use these professionals as knowledge resources and increase their own value.

"We have close relationships with a number of manufacturers," says Annette Wasielewski. "We are a training center for [Intuitive Surgical](#), maker of the da Vinci Surgical System, as well as Computer Motion, the company behind the ZEUS Surgical System. (Editor's Note: Intuitive Surgical and Computer Motion finalized a merger on June 30, 2003. The combined entity will operate as Intuitive Surgical.)

Wasielewski urges nurses to take full advantage of whatever access they can get to the manufacturer's data and industry insights, and also to contribute their own observations about how the technology performs in the full range of use in the OR, not just during the procedure. "They spend millions of dollars getting these products developed. They know a lot, and they need to know everything they can. I say get involved and see where it takes you."

For [Peggy Frisella](#), RN, BSN, it has taken her into a nontraditional role, right at the beginning to the product performance research cycle.

Frisella is the research coordinator at [Washington University Institute for Minimally Invasive Surgery](#). The institute is an investigational site primarily funded by several MIS technology manufacturers. It conducts early trials, primarily on animals and cadavers. Surgeons try new techniques at the institute, and manufacturers bring clinicians and trainers in to test and instruct.

"It's a very different kind of job for a nurse, but I love it," says Frisella. "The evidence gathered is moving us toward better outcomes, and I also take what we learn about device performance here and use it to make recommendations on how the human studies should be designed."

Managing toward better quality of care

Nurses are also taking the lead in quality management at an institution level as a natural extension of their role as patient advocate. Kate Moses says, "I've had 20 years in the OR, and now I'm using that experience to support a quality management team as we review complex and difficult cases that have already taken place, and prepare for those cases upcoming. Our goals are to reduce risks and improve outcomes, while we integrate what we learn about how improvement really happens."

She is also working with her nurse and physician peers to prepare for the upcoming [Joint Commission on Accreditation of Healthcare Organizations](#) (JCAHO) assessment as part of JCAHO's new accreditation initiative for health care organizations called "[Shared Visions - New Pathways](#)," which aims to progressively sharpen accreditation process on the care systems critical to the safety and quality of patient care. "The Joint Commission is moving hospitals, especially ORs, toward a new mindfulness of quality and compliance. Medical errors and safety problems are still too high. Consistent quality should be an everyday process, and it's been rewarding to work with our leadership and the Joint Commission to get there."

Moving ahead, on new roads

As the processes and tools of surgery evolve, nurses are well-positioned to stay right in step, and even lead the way in fulfilling our larger mission of improved patient care. There are specialty opportunities that are emerging as the OR itself is being divided into highly specialized rooms. As one nurse we spoke to said, "It used to be that being an OR nurse was enough. Now, specialty procedures and technology virtually demand that nurses specialize too."

And, as MIS moves out of the hospital and into stand-alone ambulatory surgery centers, nurses have new opportunities in management and administration that also offer direct experiences in the OR and with patients.

Annette Wasielewski offered this when asked to put her career in perspective. "The OR is nursing excellence at its most essential. Our knowledge and experience is essential to that patient on the table. When they are lying there, facing all the technology, the lights, the unknowns and the fear, it's the nurse who is there to humanize it all—we hold their hands, and we make some of the anxiety go away."

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 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

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 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.

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.

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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