

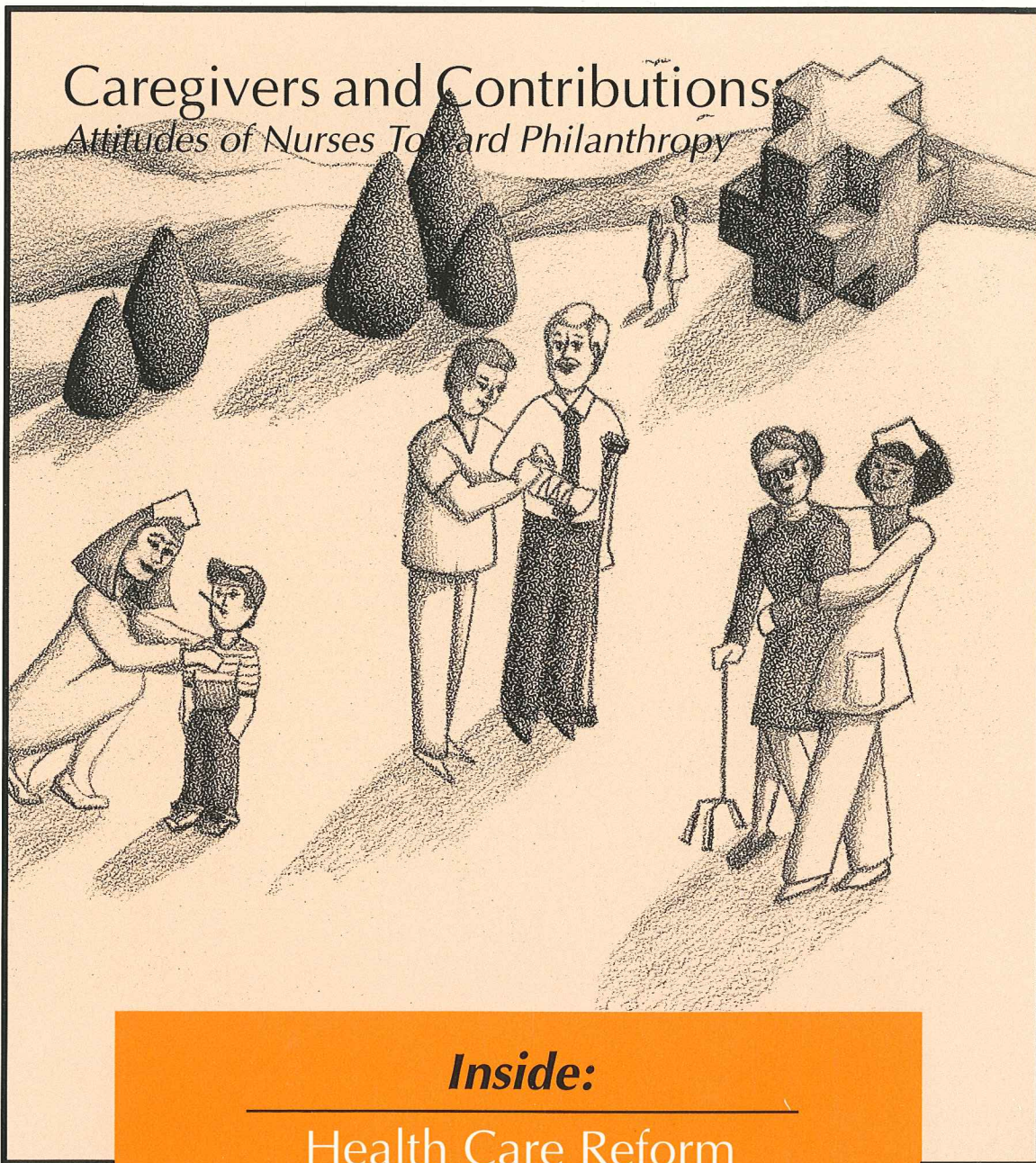


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Caregivers and Contributions: *Attitudes of Nurses Toward Philanthropy*



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CAREGIVERS AND CONTRIBUTIONS: ATTITUDES OF NURSES TOWARD PHILANTHROPY

*A revealing look at this important and
generous target group*

By Richard P. Bragga, FAHP

Nurses comprise about 50 percent of most hospitals' employee base and are a vital indicator of employee commitment to the success of a fund-raising drive. As top and middle levels of management in health care are reduced, the percentage of nurses will increase. So will their importance, for nurses can facilitate patient support and contribution through the attitudes they communicate to their patients and members of their communities. Therefore, the success or failure of any campaign or project funding will be determined, to a significant extent, by the attitudes and level of participation of a hospital's nursing staff.

SCOPE OF SURVEY

Many individual institutions and consulting firms have done quantitative analyses of how much donors have given to a particular campaign or project. Very little formal research has been done on the charitable contributions of nurses, however, leaving us to make educated guesses about their motivations and level of support.

To counter this dearth, the author conducted a survey of nurses in Virginia to ascertain their attitudes toward philanthropy.¹

A focus group of nurses from various practice settings across Virginia were asked questions similar to those in the survey. Feedback from the group was then used to develop the final version of

the survey and its cover letter.

To facilitate a more significant return rate, a stamped, preaddressed, first class envelope was included with every survey. Of the 1,095 surveys sent in winter 1994, 288 were returned. Of that number, 278 surveys were completed, for a return rate of 25.4 percent.²

One portion of the mailing list included 2,113 registered nurses who were members of the Virginia Nurses Association. Of these, a chance sampling was made by using every fourth label from the organization's alphabetical listing. Surveys were sent to 533 individuals, or 25.2 percent of the entire mailing

list. In all, 183 surveys were returned, for a 34.3 return rate.

The other portion of the mailing list came from the Virginia Licensed Practical Nurse Association, which has 24,843 members. Again, a chance sampling was made, this time using every 44th label from the group's alphabetical listing. Of the 562 surveys sent to LPNs, 95 responses were received, for a return rate of 16.9 percent, or 34 percent of all surveys returned.

THE RESPONDENTS

As expected, the respondents were predominantly female (93.1 percent). Only 4 percent

were male; 2.9 percent did not indicate their gender. A significant number—68.7 percent—of the respondents were married; 29.5 percent were unmarried; and 1.8 percent did not indicate their marital status.

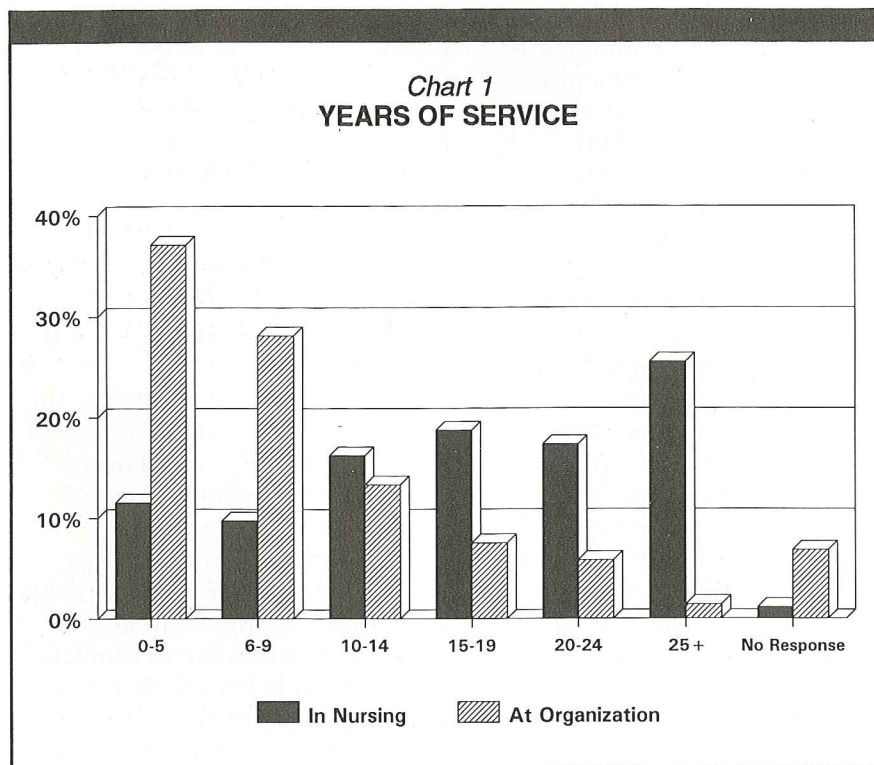
Marital status is significant demographically because it indicates that there is an additional member in a respondent's family and because an increasing number of households have two-wage earners and, thereby, more discretionary income.³

To identify and establish a correlation between discretionary income and giving, respondents were asked how many children they had. Nearly 24 percent had no children; 20.5 percent had one child; 30.6 percent had two children; 15.2 percent had three children; and 6.8 percent had four or more children. Three percent of the nurses did not respond to this question.

Just over 41 percent of the respondents indicated that they worked in not-for-profit institutions. Nearly 25 percent worked in government institutions, and 26.6 percent worked in for-profit organizations. Almost 8 percent did not respond.

The survey also asked respondents about their age. Age is an important factor because the financial needs of individuals vary at different times in their lives. In all, 9.3 percent of the respondents

Chart 1
YEARS OF SERVICE



were younger than 30; 27.3 percent were 30-39 years old; 38.5 percent were 40-49 years old; 17.3 percent were 50-59 years old; and 5.4 percent were 60 years or older. Just over 2 percent of the respondents chose not to indicate their age, despite the anonymity of the survey.

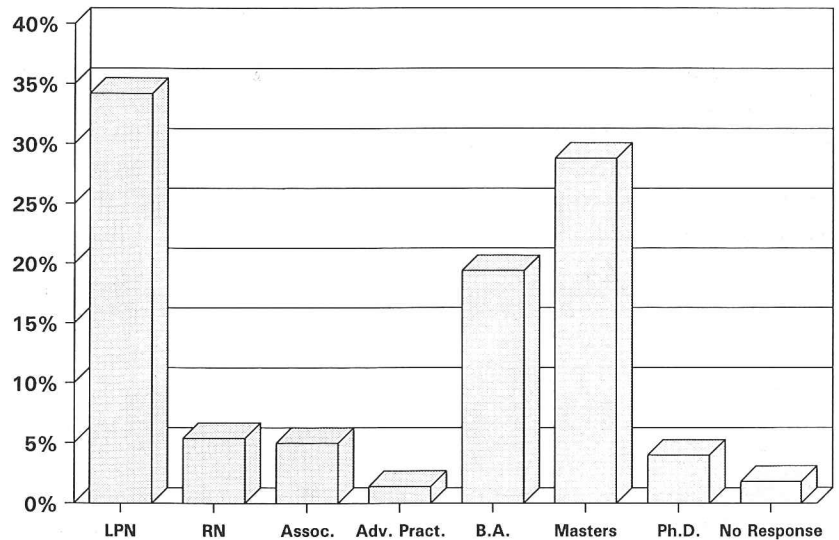
Age also relates in a general way to one's tenure in the profession or at one's institution. There are possible exceptions, however: A limited number of respondents, for example, attended nursing school as a second or delayed career choice.

Interestingly, as illustrated in Chart 1, page 6, most of the respondents—more than 65 percent—had been at their current institutions for nine years or less. Less than 15 percent had been at their institutions 14 years or more.

Respondents also were asked to indicate their educational background. More than half, or 52.2 percent, have obtained college and/or graduate degrees (see Chart 2, this page). It is important to note, however, that individuals with higher levels of education tend to understand the value of surveys and to respond in greater number than those with less education. Accordingly, their higher response rate may skew results by providing information overweighted to a particular group within the subject population.

A note: Although 38.8

Chart 2
RESPONDENTS' EDUCATION



percent of respondents worked in hospitals, hospital-based nurses were difficult to identify on a statewide basis as a specific group. As a result, this survey reflects other employment settings as well, which likely is more appropriate as nurses today work in a broader range of environments.

The survey identified 12 practice settings and provided a blank marked "other," which 15 percent of the respondents filled in. Their responses included "quality management," "dialysis facility," "school health," and "hospice."

Nearly 13 percent of the nurses said they worked in

nursing homes; 3.9 percent said they were retired.

RESULTS

Of the 25 survey questions, five lent themselves to analysis by mean and standard deviation.⁴ (See Chart 3, page 8.)

Question 1 asked nurses to rate their organization's overall performance. These rankings were translated into a numerical scale of 1 to 4, with 1 indicating the least positive response and 4 indicating the most positive response. Although the mean was nearly 3, a more positive ranking, the standard deviation indicates a modest level of disagreement between the

various ratings.

Question 2 asked respondents to rate their organization's support of nursing. Here, the standard deviation indicates an even higher level of disagreement between respondents.

Question 3 was designed to determine the level of satisfaction nurses had in their current position. As in Question 2, the mean falls within

the middle value range and the standard deviation is high.

Question 4 asked respondents how well their organizations encouraged their input on decisions affecting their normal duties. Here, the deviation score has increased again, showing even less consensus. Note, too, that the mean has slipped as well.

Question 5 asked nurses how well their organizations

encouraged their input on matters beyond the scope of their regular duties. Their responses reveal the lowest mean and the second highest deviation of the five questions. This polarization (and that indicated in Question 4) may reflect how some nurses feel a part of the "in" group or part of the process, while others do not.

**CHART 3
RESULTS BY MEAN AND STANDARD DEVIATION**

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>No response</u>	<u>Mean</u>	<u>Standard deviation</u>
#1: How do you rate your organization's overall performance?	19.4%	58%	16.5%	1.8%	4.3%	2.99	.67
#2: How do you rate the level of support your organization provides to nursing?	14.4%	40.3%	29.5%	10.8%	5%	2.61	.87
	<u>Extremely</u>	<u>Very</u>	<u>Somewhat</u>	<u>Not very</u>	<u>No response</u>	<u>Mean</u>	<u>Standard deviation</u>
#3: How satisfied are you with your current position?	16.6%	34.5%	36.3%	6.1%	6.5%	2.65	.84
#4: How well does your organization invite/encourage your input regarding decision making within the scope of your position?	15.1%	32%	32.7%	15.1%	5%	2.49	.93
#5: How well does your organization invite/encourage your input regarding decision making outside the scope of your normal employment duties?	6.1%	24.8%	30.2%	31.0%	7.9%	2.07	.90

Charitable giving

Most respondents (92.8 percent) make charitable gifts and support a wide variety of charities. The types of groups to which they contribute, in order of preference, are: religious, 64.3 percent; health care, 49.6 percent; social services, 42.2 percent; education, 42.2 percent; environment/wildlife, 34.5 percent; and arts, 18.2 percent. Nearly 14 percent of the nurses provided more detailed information or added additional categories of charities.

Consistent with national trends, respondents selected religion as their first choice for charitable giving, although they chose it at a much higher rate. (The national rate is 45.6 percent.) As one might expect, the nurses' rate of giving for health care was higher than the national average, which is only 8.2 percent. (See Chart 4, this page, which compares the respondents' rate of giving to that of the general public as compiled by *Giving USA* for the year 1992. Chart 5, this page, illustrates the percentage of income nurses give to charity, be it their own organization or others.)

Organizational support

Support for an organization, be it one in which an individual works or volunteers, is a key indicator of satisfaction with and commitment to that organization. This support can take many forms—

Chart 4
ORGANIZATION SUPPORTED

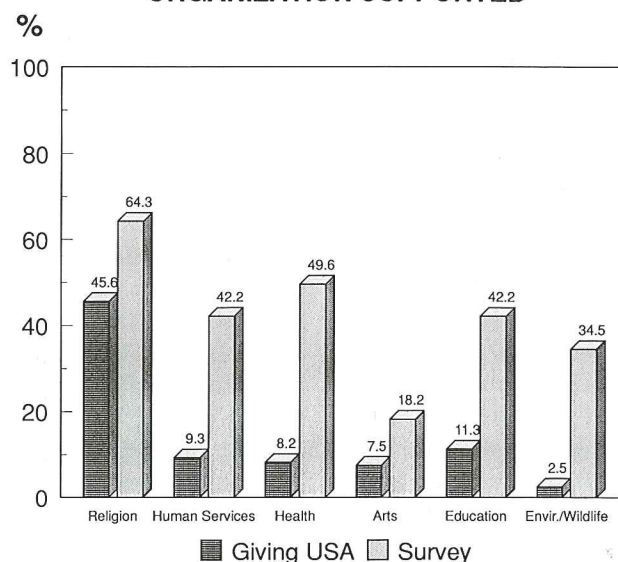
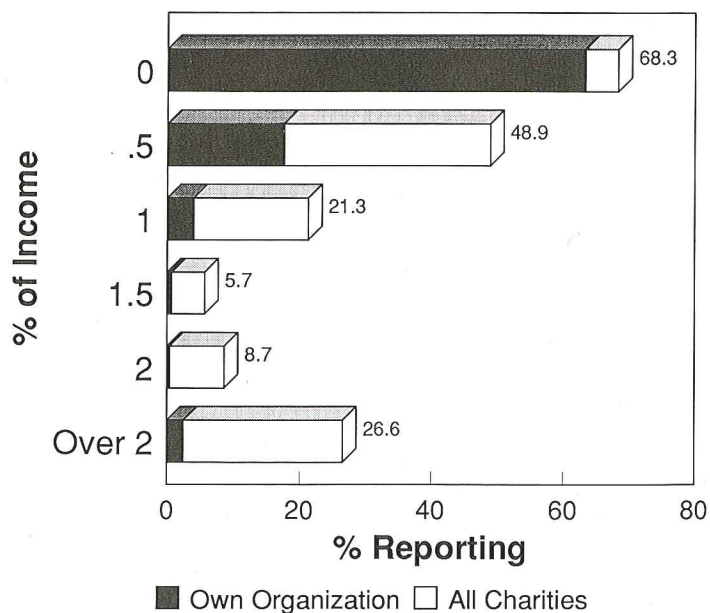


Chart 5
% INCOME TO CHARITY



advocacy, volunteerism, gifts of service or equipment, gifts of cash or other assets—all of which reflect one's attitude toward the charity. This survey addressed this support through several different questions.

In Questions 7 and 12, respondents were asked whether they volunteered at or made gifts to their institutions. More than 69 percent did *not* volunteer at their institutions, while 27 percent said they did; 3.6 percent did not respond. (See Chart 6, this page.) Just over 9 percent wrote in their reasons for volunteering. Some stated "it's the right thing to do," while others mentioned that such service gave them an

opportunity to demonstrate their management and leadership abilities. When asked if they volunteered at or for other charitable groups, 3.6 percent of the nurses wrote in their responses. Again, some stated that volunteering was the right thing to do. One respondent suggested that as a nurse, it was her "professional obligation"; another stated she volunteered to "help patients with no family members." Other respondents mentioned the challenge and opportunities volunteering brings. Regarding gifts to their organizations, 61 percent of the nurses did not give; 34.2 percent did contribute; 4.7 percent didn't respond.

Questions 7b and 12b

explored this topic in more depth by asking those who did *not* volunteer or make a gift to their institution why they were not motivated to do so. As can be seen in Chart 7, page 11, the majority of respondents indicated they did not have the time to volunteer. One-quarter said that they considered their work to be contribution enough. Others said they did not believe volunteering was necessary, that they had never been asked, or that they had concerns about professional liability. Regarding gifts, less than a third indicated that work was their contribution. Others said such gifts were unnecessary, that they couldn't afford to make a gift, or that they had never been asked.

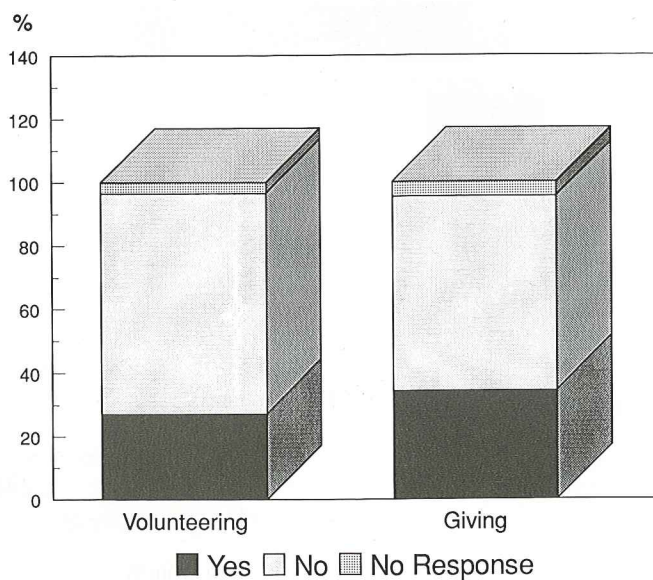
Motivation to give

Nurses tended to be very generous to all charities but somewhat less generous to their own employers, as indicated in Chart 8, page 11. Nevertheless, their primary motivation for giving was belief in the organization. The second most compelling reason was need. Tax considerations were a somewhat distant third.⁵

Of the nurses who contribute to charities in general, more than 10 percent wrote in their responses, which fell into two general categories:

- **Values driven** (e.g., "It's my role"; "consistent with

Chart 6
SUPPORT FOR OWN ORGANIZATION



my values"; "right thing to do"; "it's a religious belief"; "give something back for what I received")

- **Needs driven** ("fill gap left by governmental funding")

Work satisfaction

Nearly 23 percent of the nurses wrote in responses for how satisfied they were with their current position. Positive responses included "best employer in the neighborhood," "good benefits," "flexible hours," "[personal and professional] respect," and "it's a wonderful, supportive place to work." Several respondents cited autonomy as a positive attribute of their jobs; in fact, it was the single most mentioned attribute in this question's write-in category. Benefits, especially tuition reimbursement, were the second most mentioned response.

Negative responses included such comments as "[organization experienced] EXTREME reorganization," "others [are] doing nurses' licensed work," "lack of support and understanding," and "unfair personnel problems."

CULTIVATION STRATEGIES

Nurses are a significant pool of knowledgeable and committed individuals. In fact, as this survey reveals, nearly 93 percent of them make chari-

Chart 7
REASONS FOR NOT SUPPORTING OWN ORGANIZATION
Highest responses

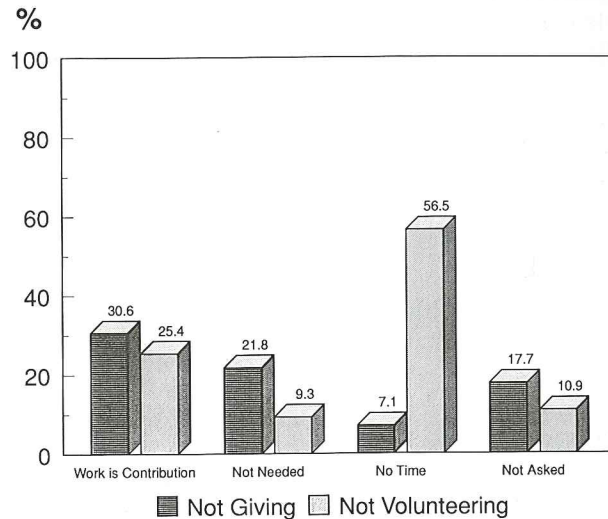


Chart 8
MOTIVATIONS FOR SUPPORT

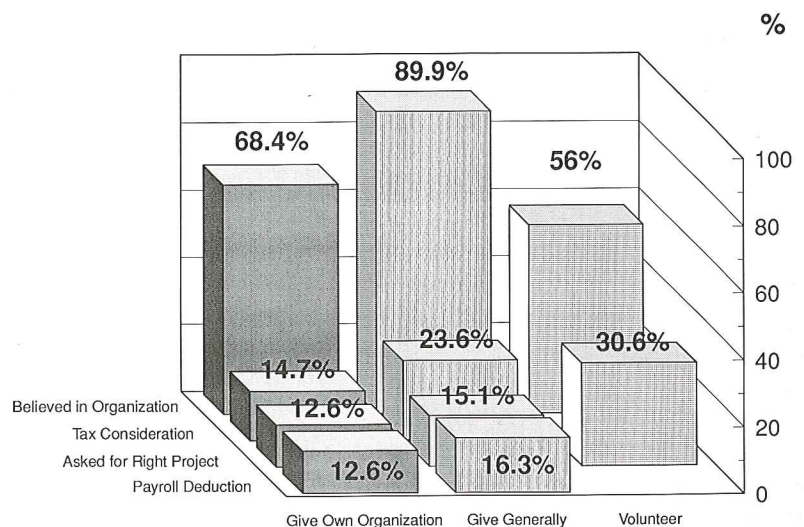


table contributions. Not all make gifts to or volunteer at their institutions, however. For while being on the "inside" of their organizations deepens their understanding of their facilities' needs, their firsthand experiences also expose them to their institutions' blemishes and frailties. Those who demonstrate negative attitudes toward their institutions or who feel left out of the decision-making process are less likely to contribute or motivate others to do so.

Nevertheless, nurses remain an important target group. Their daily responsibilities and contact with patients enable them to facilitate the philanthropic process and enhance the efficiency of fund development activities.

Too often, however, nurses, like physicians and other health care professionals, are taken for granted by their institutions, yet they are *expected* to make charitable contributions. Further, their institutions do little to involve them in the cultivation process to develop committed donors. That's why it's especially important for fund development professionals to listen to, respect, cultivate, and involve this important and vital human resource. To succeed in fund raising with nurses, their specific needs and concerns must be addressed. Only then can nurses be brought into the

fold and onto the fund development team.

ENDNOTES

- ¹ For a copy of the survey instrument, contact the author at Bon Secours-St. Mary's Health Corporation, 5008 Monument Ave., Richmond, VA 23230, (804) 342-1528.
- ² According to David Jackson, senior vice president for the Gallup Organization Healthcare Group, a 25 percent return rate is considered good for a mail survey.
- ³ According to a recent National Public Radio report, two-wage-earner families comprise over 50 percent of the workforce. It should be noted, however, that these families also incur more child care expenses, which can detract from discretionary income.
- ⁴ Mean is the midpoint between two extremes; often, it is called the average of a set of numbers. Standard deviation is a measure of dispersion in the distribution of scores or point assignments for evaluative questions, whereby answers can be ranked by importance or some other relative comparative factor. Generally, more dispersion or higher deviation scores indicate less consensus or agreement among the parties surveyed. Conversely, the lesser dispersion or lower deviation scores indicate more agreement among respondents. This type of analysis takes into account the highs and lows that can sometimes be discounted when using mean or average calculations.
- ⁵ According to Jerold Panas, noted author, philanthropic consultant, and principal of Jerold Panas, Linzy and Partners, belief in the charitable organization is the No. 1 reason for giving for large contributors, as detailed in Panas' book, *Mega Gifts* (Chicago: Precept Books, 1984). Panas found that among mega-givers—those making gifts of \$1 million or more—tax considerations were not an important reason for giving even though large

contributors usually took advantage of the tax benefit. This also appears to hold true for the nurses who responded to this survey. When asked to check off the reasons why they made charitable contributions, a number of respondents indicated "tax considerations" in addition to other choices. This response could indicate that, although nurses took advantage of tax benefits, the benefits themselves were not the primary reason for giving.



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