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Emerald Article: Organizational roles enacted by healthcare fundraisers: A national study testing theory and assessing gender differences

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Organizational roles enacted by healthcare fundraisers

A national study testing theory and assessing gender differences

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Abstract

Purpose – The purpose of this study is to examine Kelly's proposed fundraising roles scales to describe the daily activities of male and female fundraisers.

Design/methodology/approach – The data collection procedure involved a national survey to a random sample of 286 fundraisers from the American Health Association. The pen-and-paper survey had a 48 percent response rate, and the scale indices were found to be reliable with Cronbach alpha tests.

Findings – The study found that there were no statistical differences in how male and female fundraisers enacted the technician role; however, gender differences emerged for all three managerial roles with males enacting the roles at statistically significant greater rates.

Originality/value – This study represents an important initial step in advancing theoretical knowledge on fundraising, and it is the first quantitative test of Kelly's proposed fundraising role scales.

Keywords Public relations, Fund raising, Gender differences, Nonprofit Organizations, Gender, United States of America

Paper type Research paper

Introduction

In 2009, Americans donated \$303.4 billion to the nearly 1.13 million charitable organizations in the USA (Giving USA Foundation, 2010). Over the past 50 years, Americans have consistently given donations to the charitable sector that are equivalent to approximately 2 percent of the nation's gross domestic product (Salamon, 2002). Fundraisers play a critical role in ensuring that charitable nonprofits receive their share of these contributions.

As practiced in the USA, fundraising is carried out by full-time and part-time staff practitioners (Hager *et al.*, 2002), volunteers (Lysakowski, 2002), and outside parties, such as consultants and solicitation firms (Hooper and Stobart, 2002). In the late 1990s, Kelly (1998a) estimated that there were approximately 80,000 full-time fundraising practitioners in the USA; however, Hager *et al.* (2002) placed the number much higher, at as many as 296,000. The precise number of fundraisers is difficult to determine because practitioners hold various titles and the occupation has no set requirements for entry.

Fundraising has experienced a feminization of the field since the early 1980s. Today, the majority of members of the three American major fundraising associations – Association of Fundraising Professionals (AFP), Association for Healthcare Philanthropy (AHP), and Council for Advancement and Support of Education (CASE) – are women (Greenfield, 1999). Conry (1998a) concluded, "The values inherent in the nonprofit sector – altruism, relationship-centered work, service to society, and affiliation with mission-centered organizations – continue to be strong occupational draws that bring women into paid fundraising roles" (p. 2). Fundraising positions now require the practitioner not only to raise funds successfully, but also to demonstrate strong management and leadership skills, the ability to cultivate relationships with diverse donors, and mastery of interpersonal, organizational, and virtual communication.

Despite their majority status, female fundraisers earn less than their male counterparts, even when other factors are equal (Renner *et al.*, 2002). For example, a recent compensation study by CASE (Wylie and Bongiorno, 2005) found that, on average, male advancement officers earn $17,900, or 31 percent, more than female advancement officers. Even when holding constant those factors strongly related to salary, such as years in advancement, men still make $8,700 more than women. More recently, Mesch and Rooney (2008) analyzed AFP data from more than 2,400 fundraising professionals between 2002 and 2005 and found that across all nonprofit subsectors men have significantly higher salaries and bonuses that, on average, are 70 percent greater than their female counterparts.

Practitioner research has helped provide an overview of who is working in the field and how they carry out their organization's campaigns (e.g. Bennett, 2007; Sargeant *et al.*, 2006; Falk, 2005). However, professional organizations are encouraging the academic community to conduct more theoretical studies to understand fundraising. In 2008, AFP stated "Fundraising research has not kept pace with the explosive growth of charitable organizations and fundraising personnel" (paragraph 1). To encourage interaction between practitioners and researchers, AFP sponsors a research council that funds proposed studies to investigate fundraising twice each year.

Given encouragement by professional organizations to explore theoretical concepts in relation to the fundraising process, the primary purpose of this study is to extend the profession's theoretical understanding of fundraising by examining the organizational roles enacted by American healthcare fundraisers. However, recent findings documenting the presence of a continued gender gap in fundraising indicate that it is necessary to examine the factors contributing to the discrepancy. Therefore, the secondary purpose of this study is to assess the extent to which male and female fundraisers enact roles differently.

Literature review
This study utilizes the conceptualization of Kelly's (1998a) fundraising roles that evolved from the public relations roles put forth by Broom (1982). Fundraising scholarship has proposed that three other role typologies can describe practitioner behavior; however, the approaches suggested by fundraising practitioners have not generated academic inquiry unlike Kelly's (1998a) roles. Additionally, with solid grounding in traditional role theory and public relations theory, the examination of Kelly's (1998a) roles helps strengthen the reliability and validity of the current study's exploration. To best understand the evolution of Kelly's (1998a, b) roles, it is helpful to review the evolution of role theory and public relations roles briefly.

Role theory: according to Katz and Kahn (1978), "Role behavior refers to the recurring actions of an individual, appropriately interrelated with the repetitive activities of others so as to yield a predictable outcome" (p. 189). They concluded that organizational roles are abstractions of these outcomes. Roles provide important insight into the function of professions (Dozier, 1984). A practitioner's role may be influenced by an individual's level of autonomy, organizational expectations, or emerging standards of the profession. Practitioners might perceive a set of role expectations, but modify the expected behavior based on their skills and training. These influences allow for a wide range of role enactment (Katz and Kahn, 1978).

To understand role theory, it is important to differentiate between roles and tasks. Tasks, such as soliciting for donations, attending meetings with donors, and planning special events, are defined as a piece of work assigned or completed as part of one's duties. Roles move beyond the specific tasks to look at one's actions in context to the organization.

Public relations roles: Dozier (1992) said the study of roles has been key to the evolution of public relations as a management function. Broom (Broom and Smith, 1979; Broom, 1982) conceptualized four roles of public relations practitioners from a review of the literature: communication facilitator, expert prescriber, communication technician, and problem-solving process facilitator. The communication facilitator acts as a mediator between an organization and its publics (Broom, 1982; Broom and Dozier, 1986; Cutlip et al., 1994). The expert prescriber is viewed as the authority on public relations problems and solutions; therefore, practitioners in this role research and define the problem, develop and implement plans of action, and take responsibility for the resulting success or failure. The communication technician carries out the technical aspects of public relations programming. The problem-solving process facilitator collaborates with other managers to define and solve organizational problems, including those dealing with public relations.

Broom (1982) developed an instrument of 24 items to measure the roles, six items each for the four roles. Numerous studies have utilized the measurement items and have provided evidence of their high reliability. After ten years of accumulated studies on the theory of public relations roles, Dozier (1992) conducted factor analysis of role scores. He found that the liaison, expert prescriber, and problem-solving process facilitator roles were intercorrelated. The technician role was not related to the other three. Based on the findings, Dozier (1992) argued that the public relations roles should be collapsed into two main roles, manager and technician. Nonetheless, Cutlip et al. (1994) said that critical conceptual differences are lost when the three managerial roles are combined. Subsequent studies have measured all four roles, but researchers also have employed factor analysis to collapse the three managerial roles into one.

Dozier and Broom (2006) argue that understanding the impact of role theory on the practice of public relations is critical to the discipline's ability to become an integral part of an organization's management team. Recent research provides evidence that practitioners who enact managerial roles are much more likely to be consulted on major organizational decisions in a variety of public relations specializations (Nothhaft, 2010), including health communications (Cho and Cameron, 2007), media relations (Neijens and Smit, 2006), and community relations/social responsibility issues (Kim et al., 2010).

Fundraising roles: in 1998, Kelly (1998a) conceptualized a theory of fundraising roles, which is derived from the extensive research on public relations role theory.

Kelly's theory of fundraising roles provides the framework for this study and is discussed shortly. However, it is helpful to place Kelly's roles in context of fundraising practice by first describing three typologies of fundraising roles suggested by reflective practitioners. A brief review of three of these typologies provides a comparison to and some face validity for Kelly's theory.

Worth and Asp (1994) identified four roles of fundraisers who work for education organizations: salesperson, catalyst, manager, and leader. The salesperson role concentrates on soliciting gifts. The catalyst works behind the scenes in support of senior administrators and others involved in fundraising activities. The manager role emphasizes practitioners' skills as internal organizers. Leader is the role carried out by practitioners who participate in decision making on organizational policy beyond the realm of fundraising. Unlike almost all other practitioner typologies, Worth and Asp's (1994) roles were tested by Ryan (2006). However, Ryan's survey did not measure enactment of the roles, but rather the extent to which participants believed that each role descriptor applied to "successful development officers in higher education" (p. 287). No definition of "successful" was given, mean scores on the four role indices were not reported, and reliabilities of the indices were below accepted standards. Ryan concluded that "there is no tendency for any one of the four fund-raiser roles to be given more value by the respondents" (p. 287).

Taking an organizational perspective, Fogal (1994) conceptualized three fundraising roles related to three stages of development of the fundraising function. The roles and stages are as follows: vendor role in the formative stage, facilitator role in the normative stage, and strategist role in the integrative stage. According to Fogal, in the formative stage, fundraising is "characterized by an emphasis on fundraising techniques that generate needed income, such as mass appeals through direct mail and telephone solicitation" (pp. 370-1). Organizations value practitioners who have sales skills. Fundraising is staff centered at the normative stage, and solicitation skills are valued. At the integrative stage, fundraising is central to the nonprofit. "Donors are regarded as thoughtful participants in the organization's life and work" (p. 371). Organizations in this stage seek fundraisers with skills in building and maintaining relationships. Importantly, Fogal argued that the three stages are not mutually exclusive, but the role assigned to fundraising "reflects the organization's style of management and institutional philosophy" (p. 371).

Representing both an international and a marketing perspective, Kay-Williams (1998) identified three phases in the life cycle of fundraising operations of charitable organizations in the UK that correspond to role theory: appeal, fundraising, and marketing. According to Kay-Williams, in the appeal phase, fundraising efforts are volunteer-driven, with little or no paid staff participating; the founder takes the lead and is personally involved in asking for support. In the fundraising phase, trustees realize the need for proactive, ongoing fundraising, and the head of fundraising becomes a part of the management team. Staff, not volunteers, drive the action. In the marketing phase, the emphasis is on the donor and relationships; the size of the fundraising staff increases to allow building more one-on-one relationships with donors. The entire organization – not just fundraising staff – works together to raise funds.

Kelly (1998a) adopted theory from public relations to conceptualize four organizational roles enacted by fundraisers. The roles follow the names of those in public relations, with slight modifications: liaison, expert prescriber, technician, and problem-solving process facilitator. According to Kelly, the roles explain how

individual fundraisers behave in carrying out their job responsibilities and predict the outcomes of the action. As in other occupations, fundraisers assume roles to deal with recurring types of situations and to accommodate others' expectations.

Kelly (1998a) hypothesized that every fundraiser plays all four roles to some extent, but enacts one predominantly. The predominant role is important as it represents the worldview held by practitioners and senior managers regarding what fundraisers do and how they contribute to organizational success. Kelly's critical analysis of the practitioner literature provided evidence that all four roles exist in fundraising practice.

Liaison is the role predominantly enacted by consultants, who do not solicit gifts but advise organizational managers and volunteers on doing so (Kelly, 1998a). The role casts practitioners as interpreters and mediators in bringing together organizational representatives with prospective donors. This is the traditional, "behind-the-scene" role of consultants, the first full-time fundraising practitioners. Given that consultants wrote most of the fundraising literature until recently, it is not surprising that the literature previously advocated the liaison role as the only one appropriate for practitioners and criticized enactment of any role involving solicitation. A weakness of the liaison role is its reliance on other actors, which makes fundraising vulnerable to unmet goals and inefficiency. Furthermore, practitioners enacting this role concern themselves only with fundraising; they are not involved with other aspects of the organization, such as delivering program services.

Expert prescriber is the exact opposite of liaison (Kelly, 1998a). Fundraisers in this role act and are viewed as the only ones in their organization with the skill and responsibility for raising gifts. Senior managers, trustees, and staff are content to leave fundraising in the hands of the "expert" and assume relatively passive participation. The role is attractive to managers and trustees who dislike fundraising and to fundraising practitioners who enjoy expert status. Among the role's many weaknesses, fundraising is isolated from the organization's operations, which hampers efforts to address organizational needs and establish meaningful relationships with donors. Commitment to fundraising and its success is limited to practitioners, which often leads to unrealistic expectations and dissatisfaction with results.

Fundraisers usually begin their careers in the technician role, in which they primarily are concerned with producing and implementing the various tactics used in raising gifts, such as grant proposals and direct mail (Kelly, 1998a). Technicians carry out decisions made by others. They are not part of the management team; they do not participate in strategic planning, research, or budgeting decisions. Fundraisers predominantly enacting the technician role generally are indifferent to the purpose and outcome of their work (i.e. they rarely question why they produce a specific tactic or what resulted from the money raised). Problems arise when fundraising departments consist only of technicians. In such cases, the function contributes little to advancing the organization's mission or meeting its goals.

Practitioners enacting the problem-solving process facilitator role are part of the management team. They collaborate with others in the organization and manage key actors' participation in the fundraising process. In turn, they participate in decision making on organization-wide problems. Problem-solving process facilitators rely on research and strategic planning to direct fundraising programs. Success is gauged not by the amount of money raised, but by the extent to which fundraising helped the organization achieve its goals. When fundraising departments are headed by

practitioners predominantly enacting this role, the fundraising function is fully integrated in the organization's operations and aspirations.

Based on research findings in public relations, Kelly (1998a) hypothesized that the liaison, expert prescriber, and problem-solving process facilitator roles are related by an underlying managerial dimension, whereas the technician role is distinctly non-managerial. Therefore, the four fundraising roles could be collapsed into a parsimonious two-role typology: "manager" and technician. However, Kelly argued that early research testing the role theory should measure all four roles in order to empirically determine the relationship between the three managerial roles, as well as to examine their important conceptual distinctions. According to Kelly, the problem-solving process facilitator role is superior to the other managerial roles because it is the only role that integrates fundraising into the overall management of charitable organizations.

In an early exploratory study, using in-depth interviews, Kelly (1998b) found qualitative evidence that the four roles accurately describe the behavior patterns of fundraisers as they go about their work for different types of charitable organizations. Results from the small sample of practitioners in southwestern Louisiana showed that fundraisers act out all four roles, but enact one role predominantly. Of the 13 practitioners studied, four each predominantly enacted the liaison, expert prescriber, and problem-solving process facilitator roles, and one predominantly enacted the technician role. To encourage future studies, Kelly (1998b) presented a table of 24 statements that could be used to measure the roles in quantitative research.

In her book, *Careers in Fundraising*, Wagner (2002) discussed the qualitative study just described and attested to the validity of the four roles. After naming and describing the roles, she stated that seasoned practitioners would acknowledge that fundraisers enact all four roles to some extent. Echoing Kelly (1998b), Wagner (2002) called for "more research to verify and substantiate these findings" (p. 48).

The study reported in this paper was quantitative, large sample, and national in scope. Its primary purpose was to test Kelly's (1998a,b) theory of fundraising roles; therefore, the following hypothesis was posed:

H1. The organizational behavior patterns of fundraisers are described by the liaison, expert prescriber, technician, and problem-solving process facilitator roles.

Furthermore, given Kelly's (1998a) assertion that the problem-solving process facilitator role is superior to the other three roles, this study attempted to answer the following research question:

RQ1. Which one of the four roles – liaison, expert prescriber, technician, or problem-solving process facilitator – do fundraisers predominantly enact?

Gender discrepancies: public relations studies have shown that men tend to outnumber women in managerial roles and that women tend to cluster in the technician role despite comprising nearly 70 percent of the practitioners (Aldoory *et al.*, 2008; Aldoory and Toth, 2004; Gower, 2001; Sha and Toth, 2005). Studies also have revealed significant salary differences between male and female public relations practitioners (Hutton, 2005; Aldoory and Toth, 2002). Even when controlling for years of experience,

a significant gap exists between salaries for men and women in public relations. After analyzing results from a series of longitudinal studies, Broom and Dozier (1986) concluded that "professional growth in public relations [is] a function of the practitioner's gender and role" (p. 55).

Creedon (1991) concluded that the technician role of public relations created a ghetto for women by providing the organization a place to put them so they can be used but paid less than their male counterparts. Being relegated to the technician role prevents women from breaking through the glass ceiling into organizational management (Wrigley, 2002). Kelly (1998a) claimed the same situation exists in fundraising. She stated, "One reason female fund raisers occupy lower status positions and earn less than men is because the expectations of women and the role they predominately carry out are as technicians not managers" (p. 99).

Other observers have acknowledged gender discrepancies in fundraising. Conry (1998b), for example, discussed several mitigating factors that have been used to rationalize the gender gap in fundraising. These factors included lack of negotiating skills, organizational cultures that prevent women from advancing to management positions, and an entrepreneurial climate that rewards those who succeed in a competitive environment regardless of credentials. Kelly (1998a) advocated that female fundraisers should learn managerial skills, such as strategic planning and environmental scanning, to advance beyond technician status. However, recent research shows that while gaining these additional skills may help female fundraisers move into managerial roles, they may not help in reducing pay inequities (AFP, 2010; Mesch and Rooney, 2008).

One study found that while a glass ceiling in fundraising may exist for women designing managerial responsibilities, evidence is growing that the glass ceiling is cracked as increasing numbers of women are becoming fundraising managers in the USA (Sampson and Moore, 2008). Drawing on previous work regarding gender and roles, this study explores gender discrepancies in fundraising by attempting to answer the following research question:

RQ2. To what extent do male and female fundraisers differ in their enactment of the four organizational roles of fundraising?

Methodology
The population of interest for this study was fundraising practitioners in the USA. The population selected for study was fundraisers who are members of the AHP). AHP is a professional association for fundraisers who work for charitable organizations with healthcare missions, primarily hospitals and medical centers. Founded in 1967, it currently has about 5,000 members representing more than 2,200 organizations (AHP Membership, n.d.). Its most recent report on giving showed that nonprofit hospitals and healthcare groups raised $8.6 billion in 2008, an increase of 2.9 percent over the previous year (AHP, 2009).

AHP provided an appropriate population because it is one of the three major US fundraising associations, healthcare organizations are one of the two heaviest employers of fundraisers, and fundraisers who work for healthcare organizations are among the highest paid (Waters, 2009; Hook and Mapp, 2005; Kelly, 1998a). Additionally, members of AHP represent a relatively homogeneous group in that they work for one type of charitable organization and solely in fundraising, unlike members of AFP and CASE, respectively.

A random sample of 600 AHP members was selected, and questionnaires were sent to participants via the US Postal Service. A follow-up mailing also requested participation in the study.

The survey instrument consisted of two principal parts: 24 statements designed to measure the four fundraising roles and 19 descriptive questions regarding personal demographics and organizational characteristics. The 24 role statements were originally derived from Broom's (1982) measurement items for public relations and modified by Kelly (1998b) to reflect fundraising. In most cases, modification required changing only one word. For example, the word "fundraising" was substituted for the word "communications" in the expert prescriber indicator, "I make the fundraising policy decisions." The list of statements consisted of six indicators for each of the four roles. Abbreviated versions of the statements are presented later in tables reporting results. Some of the statements used for measurement are given in their entirety when discussed in the text. A complete list is available from the authors.

The role statements were measured with an open-end fractionation scale. Respondents were asked to indicate how well each of the 24 items described the work that they do as a fundraising practitioner. They were instructed to use the scale to choose a number from zero, "does not describe," to as high as they wanted to go. They were told that 100 was the score that an average practitioner would give to a typical item. According to Barnett *et al.* (1981), fractionation scales have many advantages, including that they allow for considerable variance. Fractionation scales have been used widely in public relations and role theory research (e.g. Grunig and Grunig, 2000; Gordon and Kelly, 1999).

Although Leichty and Springston (1993) felt that fractionation scales are more likely to produce socially biased results, studies that have compared fractionation and Likert scales in strategic communication found that survey results from identical populations were statistically similar using both approaches. Barnett *et al.* (1981) argued that given the statistical consistency with the two approaches, fractionation scales allowed survey participants to be more flexible with their answers to reflect their genuine attitudes rather than trying to decipher the meaning between a response of four and five on a Likert scale. Additional research has confirmed that although fractionation scales are not as commonplace as Likert and modified Likert scales, they are consistently as reliable and valid as other types of measurement scales (Grunig, 2006; Clampitt and Downs, 1993; Hartman and Johnson, 1990).

Following public relations scholars who had used the same scale to measure roles (e.g. Grunig *et al.*, 2002), scores were transformed by computing their square roots to reduce a positive skew resulting from the open-end scale, which produced an approximately normal distribution. Mean scores were calculated, and indices were developed for each of the four roles by summing and averaging scores on the six items associated with each role. Statistical analyses were conducted using SPSS$^{©}$ software.

Results
The survey had a response rate of 48 percent, with 286 useable questionnaires being returned. There were 101 male and 179 female respondents (six did not report gender). The average age of the fundraisers was 46, with a range of 23-80 years old. The vast majority of the respondents (85.7 percent) were Caucasian; Hispanics (5.1 percent) and Native Americans (2.8 percent) were the largest minority groups. One-fourth of the respondents earned <$50,000 per year, whereas 56 percent earned between $50,000

and $100,000, and 19 percent earned >$100,000. In terms of respondents' highest level of education, 5 percent had a doctoral degree, 33 percent had a master's degree, 51 percent had a bachelor's degree, and 10 percent had a high school diploma.

One-fifth of the respondents held Certified Fund Raising Executive (CFRE) certification from CFRE International. In all, 5 percent held certification from AHP, which now participates in the CFRE process, and two fundraisers held Accredited in Public Relations (APR) certification from the Public Relations Society of America. On average, the respondents had 16.3 years of fundraising experience and had been with their current employer for 9.4 years. Comparison with AHP membership statistics showed that respondents did not substantially differ from the population selected for study.

Four organizational roles of fundraisers

Mean scores were calculated for each of the 24 role items and for the four role indices. Cronbach's α was computed to test the reliability of the indices. The indices were found to be reliable, although one varied in statistical strength. The technician role ($\alpha = 0.86$), the expert prescriber role ($\alpha = 0.88$), and the problem-solving process facilitator role ($\alpha = 0.85$) met the α standard of 0.80 for index reliability (Carmines and Zeller, 1979). The remaining role, liaison ($\alpha = 0.79$), fell slightly short of the standard; however, it comfortably met the minimum α level of 0.70 that Bowers and Courtright (1984) urged communication scholars to adopt in the early phase of index development.

Mean scores on the role indices were as follows: 8.25 (SD = 3.56) on the technician role, 8.73 (SD = 2.90) on the liaison role, 11.34 (SD = 3.29) on the expert prescriber role, and 10.12 (SD = 2.99) on the problem-solving process facilitator role. These scores provide evidence that fundraisers who belong to AHP enact all four roles to some extent, but they predominantly enact the expert prescriber role. Table I presents the mean scores for the four indices and the items that comprise each role.

As shown in Table I, the two items with the highest mean scores are both indicators of the expert prescriber role. The following two statements most strongly describe the work of AHP fundraisers: "I take responsibility for the success or failure of my organization's fundraising program" ($M = 12.36$), and "I observe that others in the organization hold me accountable for the success or failure of fundraising programs" ($M = 11.91$). The two items with the lowest mean scores are indicators of the liaison role and the technician role, respectively. The following two statements least describe the work of AHP fundraisers: "I conduct research to identify communication problems between the organization and donor publics" ($M = 5.96$), and "I maintain media contacts and place fundraising press releases" ($M = 6.57$).

Results show that the fundraisers participating in this study are most likely to act as expert prescribers and problem-solving process facilitators in carrying out their duties. Examination of scores on the role items indicates that these practitioners are managers in their organizations and have high-level responsibilities. Among other activities, they plan and recommend courses of action for pursuing fundraising opportunities and represent their organization at events and meetings.

The findings support *H1*; that is, the organizational behavior patterns of fundraisers are described by the liaison, expert prescriber, technician, and problem-solving process facilitator roles. Based on mean scores of the role indices, findings also answer RQ1. Fundraisers belonging to AHP predominantly enact the expert prescriber role.

Role items	Mean	SD
Technician		
I write fundraising materials on issues and donors	9.59	4.20
I edit fundraising materials written by others	9.02	4.38
I produce brochures, pamphlets, etc.	8.89	4.31
I handle technical aspects of producing materials	8.49	4.63
I coordinate photography and graphics	6.84	4.99
I maintain media contacts and place press releases	6.57	4.98
Index mean ($\alpha = 0.86$)	8.25	3.56
Liaison		
I represent the organization at events and meetings	11.90	3.56
I inform management of donor reactions to policies	10.34	3.58
I create opportunities for management to hear donors	8.99	4.23
I keep the organization informed about media reports	8.09	4.55
I report donor opinion survey results to management	7.06	4.75
I conduct research to identify problems with donors	5.96	4.80
Index mean ($\alpha = 0.79$)	8.73	2.90
Expert prescriber		
I take responsibility for success or failure of fundraising	12.36	4.69
Others hold me accountable for fundraising success	11.91	3.76
Others consider me the fundraising expert	11.36	4.51
I plan actions for pursuing fundraising opportunities	11.24	3.55
I make the fundraising policy decisions	10.72	3.91
I diagnose and explain fundraising opportunities	10.58	3.95
Index mean ($\alpha = 0.88$)	11.34	3.29
Problem-solving process facilitator		
I encourage management participation in fundraising decisions	10.92	3.40
I emphasize a systematic planning process to management	10.82	4.08
I keep management involved in all phases of fundraising	10.32	3.40
I outline alternative approaches for pursuing opportunities	10.07	3.76
I operate as a catalyst in management's decision making	9.43	4.20
I work with managers to increase their fundraising skills	9.06	4.30
Index mean ($\alpha = 0.85$)	10.12	2.99

Table I.
Means and standard deviations for four fundraising roles and Cronbach's α for role indices

It is recalled that Kelly (1998a) hypothesized that, similar to public relations roles, the four fundraising roles could be configured into a two-role typology of manager and technician. To explore the relationships between the roles, their indices were correlated with one another. Results of the correlation analysis are given in Table II.

As shown in Table II, the technician role correlates moderately with the liaison role ($r = 0.49$), but has little relationship with the other two managerial roles of expert

	Technician	Liaison	Expert prescriber	Problem-solving process facilitator
Technician	1.00	0.48*	0.22*	0.25*
Liaison		1.00	0.69*	0.75*
Expert prescriber			1.00	0.86*
Problem-solving process facilitator				1.00

Note: *All correlations significant at $p < 0.01$ (two-tailed)

Table II.
Correlations of four fundraising roles

prescriber and problem-solving process facilitator. The problem-solving process facilitator role has strong correlations with both the expert prescriber ($r = 0.86$) and liaison ($r = 0.75$) roles and weak correlation with the technician role ($r = 0.25$). Similar to Dozier's (1992) findings, this study found evidence of intercorrelation between the three managerial roles. It also found that none of the managerial roles has a strong relationship with the technician role – although the liaison role does have a moderate correlation with it. Further research is needed to support the two-role typology.

Gender differences in roles

To answer RQ2 regarding gender differences in role enactment, mean scores were calculated for each of the 24 role statements by gender. Table III presents the two sets of item scores, as well as the means of male and female practitioners for the four role indices.

Looking at indices means first, male practitioners had higher mean scores than female practitioners on the three managerial roles of liaison, expert prescriber, and

Role items	Males' mean score and SD ($n = 99$)	Females' mean score and SD ($n = 176$)
Technician		
I write fundraising materials on issues and donors	9.73 (4.44)	9.44 (4.10)
I edit fundraising materials written by others	8.72 (4.70)	9.15 (4.27)
I produce brochures, pamphlets, etc.	8.21 (4.81)	9.20 (3.99)
I handle technical aspects of producing materials	8.22 (4.69)	8.64 (4.67)
I coordinate photography and graphics	6.39 (5.09)	7.17 (4.94)
I maintain media contacts and place press releases	6.55 (5.31)	6.49 (4.82)
Index means	7.99 (3.82)	8.36 (3.41)
Liaison		
I represent the organization at events and meetings	12.40 (3.88)	11.68 (3.27)
I inform management of donor reactions to policies	10.50 (3.77)	10.20 (3.51)
I create opportunities for management to hear donors	9.62 (3.90)	8.63 (4.42)
I keep the organization informed about media reports	8.27 (4.59)	7.95 (4.58)
I report donor opinion survey results to management	8.07 (4.39)	6.51 (4.80)
I conduct research to identify problems with donors	6.35 (5.10)	5.77 (4.72)
Index means	9.22 (3.03)	8.46 (2.79)
Expert prescriber		
I take responsibility for success or failure of fundraising	13.13 (4.01)	11.90 (5.04)
Others hold me accountable for fundraising success	12.54 (3.77)	11.58 (3.78)
Others consider me the fundraising expert	12.83 (4.01)	10.55 (4.65)
I plan actions for pursuing fundraising opportunities	11.83 (3.11)	10.90 (3.76)
I make the fundraising policy decisions	11.28 (4.10)	10.40 (3.90)
I diagnose and explain fundraising opportunities	11.43 (3.47)	10.07 (4.16)
Index means	12.16 (3.04)	10.87 (3.36)
Problem-solving process facilitator		
I encourage management participation in fundraising decisions	10.90 (3.29)	10.92 (3.50)
I emphasize a systematic planning process to management	11.80 (3.84)	10.24 (4.16)
I keep management involved in all phases of fundraising	10.70 (3.41)	10.10 (3.45)
I outline alternative approaches for pursuing opportunities	10.60 (3.82)	9.73 (3.74)
I operate as a catalyst in management's decision making	10.30 (3.99)	8.93 (4.39)
I work with managers to increase their fundraising skills	9.81 (4.19)	8.66 (4.38)
Index means	10.68 (2.77)	9.79 (3.07)

Table III.
Means for four fundraising roles by gender

problem-solving process facilitator. The greatest difference was on the expert prescriber role, the role predominantly enacted by both men and women. Whereas male practitioners had a mean score of 12.16 (SD = 3.04), their female counterparts had a mean score of 10.87 (SD = 3.36). The difference was not as great on the liaison role (9.22 vs 8.46) and the problem-solving process facilitator role (10.68 vs 9.79). Reversely, female practitioners had a higher mean score than male practitioners on the technician role, 8.36 (SD = 3.41) and 7.99 (SD = 3.82), respectively.

Of the 24 role indicators, means on three ran opposite the gender pattern of the indices means. For the technician role, male practitioners are more likely than female practitioners to write fundraising materials presenting information on issues and donors important to the organization (9.73 and 9.44, respectively) and to maintain media contacts and place fundraising press releases (6.55 and 6.49, respectively). For the problem-solving process facilitator role, female practitioners are slightly more likely than male practitioners to encourage management participation when making important fundraising decisions (10.92 and 10.90, respectively).

To test the statistical significance of variation in scores by gender, a one-way ANOVA was run. The results, presented in Table IV, show that enactment of three of the four roles is statistically and significantly different. Male fundraisers are more likely than female fundraisers to enact the three managerial roles of liaison ($p < 0.05$), expert prescriber ($p < 0.01$), and problem-solving process facilitator ($p < 0.05$). Although women reported a higher mean score than men on the technician role, the difference was not statistically significant.

When the three measurement items that ran opposite the gender pattern of the indices means were removed, statistical significance of gender differences on the two respective roles did improve, but the improvement was negligible. For example, removal of the two items regarding writing fundraising materials and maintaining media contacts changed the p-value on gender differences in enacting the technician role from 0.416 to 0.261 – still statistically insignificant.

The answer to RQ2, then, is that male and female fundraisers significantly differ in their enactment of three of the four organizational roles of fundraising, with men more likely than women to enact the managerial roles of liaison, expert prescriber, and problem-solving process facilitator. Although the study found that female fundraisers are more likely than their male counterparts to enact the technician role, the gender difference was not statistically significant.

Discussion

This study produced three important findings: first, the organizational roles of fundraisers conceptualized by Kelly (1998a) account for the behavior patterns of a major group of practitioners, second, the role predominantly practiced by these

	Males' mean score and SD ($n = 99$)	Females' mean score and SD ($n = 176$)	Sum of squares	$F(1, 274)$	p-value
Technician	7.99 (3.82)	8.36 (3.41)	8.451	0.664	0.42
Liaison	9.22 (3.03)	8.46 (2.79)	36.14	4.35	0.03
Expert prescriber	12.16 (3.04)	10.87 (3.36)	105.91	10.08	0.002
Problem-solving process facilitator	10.68 (2.77)	9.79 (3.07)	50.46	5.73	0.017

Table IV.
One-way ANOVA test of differences of indices mean scores by gender

fundraisers is expert prescriber, and third, male fundraisers are more likely than female fundraisers to enact the three managerial roles.

Similar to findings of roles research conducted in public relations, this study also found that the three managerial roles of fundraising are intercorrelated, indicating that they are routinely performed by the same individual. The strong correlations between the liaison, expert prescriber, and problem-solving process facilitator roles suggest that fundraising should follow the lead of public relations and collapse the roles into a two-role typology of manager and technician. Yet the moderate relationship between the technician and liaison roles found in this study caution against such action until further research on the roles is conducted. Furthermore, this study's finding that the predominant role enacted by fundraisers who are members of AHP is expert prescriber demonstrates the value of retaining the four-role typology that distinguishes important conceptual differences in the managerial roles.

Predominant enactment of the expert prescriber role bodes poorly for AHP members and the organizations they serve. As described by Kelly (1998a,b), fundraisers in this role often are placed in charge of the fundraising program with little input or participation by senior managers, program service managers, or trustees. These practitioners are held accountable for the success or failure of their organization's fundraising efforts even though they receive little participation or support from outside of their department.

For both male and female practitioners who belong to AHP, mean scores on the expert prescriber index were significantly higher than mean scores on the other three role indices. A one-way ANOVA post hoc test showed that the expert prescriber role was enacted more often than the roles of technician ($F = 1.616$, $p = 0.006$), liaison ($F = 3.144$, $p = 0.000$), and problem-solving process facilitator ($F = 8.212$, $p = 0.000$).

In the expert prescriber role, fundraisers "are viewed as the only ones in their organization with the skill and the responsibility for raising gifts" (Kelly, 1998a, p. 195). While this role may be appealing to managers who disdain involvement in fundraising and to fundraising practitioners who enjoy the status and autonomy that comes with being the expert, predominant enactment of the role is dangerous for both. Fundraising is isolated from the organization's operations, which means that gifts raised may be incongruent with the organization's priority needs. Relationships with donors suffer because managers in charge of program services see no need to steward the gifts that provide funding for operations. Absence of active participation by senior managers and trustees in all steps in the fundraising process, from research (e.g. identifying prospective donors) to setting objectives to planning and implanting programming to evaluation and stewardship, results in ineffective fundraising and less dollars raised.

Compartmentalization of the fundraising function is risky, especially as the demand for fundraisers grows. Limiting commitment to fundraising and its success to practitioners usually results in unrealistic expectations and dissatisfaction with the fundraising department. Practitioners not gaining the support and assistance of others within the organization are likely to seek another fundraising position where such involvement is available.

The danger of predominant enactment of the expert prescriber has been documented in fundraising literature for more than 20 years. A practitioner interviewed by Carbone (1989) said, "Organizations tend to have unrealistic expectations of their development professionals; tend to see them as (isolates) who should do their work without commitment from and integration with the rest of the

organization" (p. 29). This hands-off approach is counter to best practices espoused by fundraising practitioners (e.g. Lindahl, 2009; Tempel, 2003; Worth, 2002).

Wagner (2002) argued that fundraising is most successful when everyone in the organization – senior managers, trustees, and staff – participates in appropriate ways. She elaborated:

> A mistake that organizational leaders make is to assume that […] board members already give their time so they should not have to raise funds besides (much less give), that staff are overworked anyway, and that the executive director is too busy, so it comes down to the fundraiser being charged with fundraising – and only the fundraiser, working alone (p. 200).

Wagner continued her discussion of a situation that epitomizes the expert prescriber role:

> Fundraising professionals may suffer under the *Tinkerbell syndrome*, meaning that others expect them to perform something akin to a miracle. Fundraisers may discover that there are great expectations for their performance, that they are supposed to know everything about fundraising, and – because everyone else is busy, too – that they must function alone in the role of fundraiser (p. 213).

Wagner (2002) warned that this situation may result in unmet goals and disappointing experiences. She listed outcomes for practitioners. "Burnout is a definite possibility […]. Loneliness or a sense of aloneness can become endemic and even paralyze a fundraiser […]. Expectations were unreasonable" (p. 213). She insightfully added, "This may be a self-imposed situation" (p. 213).

Regarding gender differences, male practitioners were found to enact the managerial roles of fundraising more so than female practitioners, which mirrors results found in studies on public relations roles and may be a contributing factor in the documented gender gap in fundraising. In other words, male fundraisers may be paid more than female fundraisers partly because men are more likely than women to enact managerial roles. Yet statistical tests conducted in this study did not show that women enact the technician role more so than men. Although female fundraisers did have a higher mean score than male fundraisers on the technician index, the difference between genders was not statistically significant. Furthermore, the women's mean score on the technician index (8.36) was lower than their mean scores on the managerial roles of liaison (8.46), expert prescriber (10.87), and problem-solving process facilitator (9.79). In other words, female members of AHP are more likely to enact managerial roles than the technician role.

These results suggest that female fundraisers belonging to AHP have not yet gained equitable status with men, but are making progress. Nonprofit management and philanthropy scholars have argued that "women have long been the backbone of the everyday activities [in nonprofit organizations], carrying out essential, mundane, unpaid or low-paid responsibilities, while men have filled the top leadership roles" (Critz, 1981, p. 285). These sentiments have been echoed in trade and scholarly publications over the last 25 years (e.g. Conry, 1991; Joseph, 1992; Williams, 1996; Mesch and Rooney, 2008). To advance their careers and move into managerial roles, Kelly (1998a) suggests that female fundraisers will need to become more active in long-term strategic planning for organizations, as well as become more skilled in negotiating for higher salaries and managerial duties.

Although no previous data exist to which this study's findings can be compared, it appears that women are beginning to take on additional managerial responsibilities to advance in the fundraising profession. The low mean score on the technician role

index for female practitioners when compared to their mean scores on the other three role indices is promising; additional data need to be collected to confirm this trend.

However, it is not the sole responsibility of women to improve their status in the fundraising profession. Scholars have noted that women are frequently more focussed on relationship cultivation than simply managing day-to-day activities in organizations (Hon *et al.*, 1992; Grunig *et al.*, 2000), and fundraising scholarship highlights the positive impact that having a relationship-based approach for fundraising campaigns has on donations toward an organization (Waters, 2009). There is evidence that fundraising associations recognize the value of their female fundraisers with the increasing amount of workshops created to help women gain managerial positions and responsibilities (Petty and Wagner, 2007); however, nonprofit organizations must play an active role in recognizing the value and contributions that female fundraisers bring to their organizations and compensate female fundraisers in similar proportion to their male counterparts to help eliminate the gender gap.

Conclusion

Results of this study have important implications for advancing knowledge about fundraising and improving its practice. To encourage knowledge building, the paper concludes by outlining limitations of the study reported here and suggesting possible avenues for future research.

Limitations: this study assessed the organizational behavior patterns of fundraising practitioners who are members of AHP. Although fundraising assumedly is conducted similarly across the nonprofit sector, the structure of hospitals and medical centers might have an impact on how fundraisers working for such organizations function. Results of this study are generalizeable only to organizations represented in AHP. It may be that studies focussed on respondents who are members of the other two major fundraising associations – AFP and CASE – would yield different results.

The use of a professional association presents another limitation of the study. Practitioners who join professional associations are likely to enact managerial roles in their organizations as these roles are more closely associated with networking than the technician role and holders of managerial positions are more likely than practitioners in lower level positions to have association membership dues paid for by their organization.

Future research: the findings of this study provide several avenues for future research. Research replicating this study is needed. Particular attention should be paid to determining if a two-role typology is a valid substitute for the four fundraising roles and the extent to which female fundraisers differ from male fundraisers in their enactment of organizational roles, as well as the effect of roles on gender differences in pay. Comparative studies would help determine the necessity of revising the theory and correcting current practice. Following scholarship in public relations, future research should examine other important professional and sector issues within the context of fundraising roles (e.g. job satisfaction, use of e-philanthropy, and nonprofit accountability).

Additional work needs to be conducted to evaluate the influence of practitioner demographics other than gender on enactment of fundraising roles. For example, level of education and professional certification may significantly impact enactment of the roles.

As already touched on, future studies should examine fundraising roles among members of the two major fundraising associations other than AHP – AFP

and CASE. Research on these populations would provide a fuller understanding of the organizational roles of fundraisers. Additionally, fundraising consultants operate independently of the organizations they serve. A study solely on consultants would provide valuable data for comparing roles enacted by internal and external fundraisers. Although they may be difficult to conduct, studies dealing with fundraising practitioners outside of professional association membership would enrich understanding about fundraising roles and provide insight into constraints affecting role enactment. Finally, studies representing domains other than public relations would be welcome. Research utilizing a marketing perspective, for example, may uncover a different set of fundraising roles.

This study represents an important initial step in advancing theoretical knowledge on fundraising – an organizational function that is critical to the success and survival of nonprofit organizations. Further research on the organizational roles played by fundraisers will aid nonprofit managers and fundraising practitioners in their efforts to be more effective.

References

Aldoory, L. and Toth, E.L. (2002), "Gender discrepancies in a gendered profession: a developing theory for public relations", *Journal of Public Relations Research*, Vol. 14 No. 2, pp. 103-26.

Aldoory, L. and Toth, E.L. (2004), "Leadership and gender in public relations: perceived effectiveness of transformational and transactional leadership styles", *Journal of Public Relations Research*, Vol. 16 No. 2, pp. 157-83.

Aldoory, L., Jiang, H., Toth, E.L. and Sha, B.-L. (2008), "Is it still a women's issue? A study of work life balance among men and women in public relations", *Public Relations Journal*, Vol 2 No. 4, available at: https://prsa.org/SearchResults/download/6D-020401/0/Is_It_Still_ Just_a_Women_s_Issue_A_Study_of_Work_L?source=article_8824 (accessed February 2, 2011).

Association of Fundraising Professionals (AFP) (2010), "2010 AFP compensation & benefits report", available at: www.afpnet.org/Audiences/contentMembers.cfm?ItemNumber= 3105&navItemNumber=566 (accessed February 2, 2011).

Association for Healthcare Philanthropy (AHP) (2009), "FY 2008 AHP report on giving fact sheet", available at AHP Web site: www.ahp.org/publicationandtools/Documents/AHP-FY2008-FactSheet.pdf (accessed January 7, 2010).

AHP Membership (n.d.), "Who we are", available at: www.ahp.org/membership/Who/Pages/ default.aspx (accessed December 20, 2009).

Barnett, G.A., Hamlin, D.M. and Danowski, J.A. (1981), "The use of fractionation scales for communication audits", in Burgoon, M. (Ed.), *Communication Yearbook 5*, Transaction Books, New Brunswick, NJ, pp. 455-71.

Bennett, R. (2007), "The use of marketing metrics by British fundraising charities: a survey of current practice", *Journal of Marketing Management*, Vol. 23 Nos 9/10, pp. 959-89.

Bowers, J.W. and Courtright, J.A. (1984), *Communication Research Methods*, Scott Foresman & Co, Glenview, IL.

Broom, G.M. (1982), "A comparison of sex roles in public relations", *Public Relations Review*, Vol. 8 No. 3, pp. 17-22.

Broom, G.M. and Dozier, D.M. (1986), "Advancement for public relations models", *Public Relations Review*, Vol. 5 No. 3, pp. 47-59.

Broom, G.M. and Smith, G.D. (1979), "Testing the practitioner's impact on clients", *Public Relations Review*, Vol. 5 No. 3, pp. 47-59.

Carbone, R.F. (1989), *Fund Raising as a Profession*, University of Maryland, Clearinghouse for Research on Fund Raising, College Park, MD.

Carmines, E.G. and Zeller, R.A. (1979), *Reliability and Validity Assessment*, SAGE University Paper, SAGE, Newbury Park, CA.

Cho, S. and Cameron, G.T. (2007), "Power to the people – health PR people that is!", *Public Relations Review*, Vol. 33 No. 2, pp. 175-83.

Clampitt, P.G. and Downs, C.W. (1993), "Employee perceptions of the relationship between communication and productivity: a field study", *Journal of Business Communication*, Vol. 30 No. 1, pp. 5-28.

Conry, J.C. (1991), "The feminization of fund raising", in Burlingame, D.F. and Hulse, L.J. (Eds), *Taking Fund Raising Seriously: Advancing the Profession and Practice of Raising Money*, Jossey-Bass, San Francisco, CA, pp. 144-69.

Conry, J.C. (1998a), "Editor's notes", *New Directions for Philanthropic Fundraising*, Vol. 19, pp. 1-6, available at: http://onlinelibrary.wiley.com/journal/10.1002/(ISSN)1542-7846

Conry, J.C. (1998b), "Gender and pay equity in the fundraising workforce: implications for practice and policy", *New Directions for Philanthropic Fundraising*, Vol. 19, pp. 73-92, available at: http://onlinelibrary.wiley.com/journal/10.1002/(ISSN)1542-7846

Creedon, P.J. (1991), "Public relations and 'women's work': toward a feminist analysis of public relations roles", in Grunig, L.A. and Grunig, J.E. (Eds), *Public Relations Research Annual*, Vol. 3 Lawrence Erlbaum Associates, Hillsdale, NJ, pp. 67-84.

Critz, D.W. (1981), "Women as senior development officers", in Pray, F.C. (Ed.), *Handbook for Educational Fund Raising: A Guide to Successful Principles and Practices for Colleges, Universities, and Schools*, Jossey-Bass, San Francisco, CA, pp. 285-9.

Cutlip, S.M., Center, A.H. and Broom, G.M. (1994), *Effective Public Relations*, 7th ed., Prentice-Hall, Englewood Cliffs, NJ.

Dozier, D.M. (1984), "Program evaluation and roles of practitioners", *Public Relations Review*, Vol. 10 No. 3, pp. 13-21.

Dozier, D.M. (1992), "The organizational roles of communication and public relations practitioners", in Grunig, J.E. (Ed.), *Excellence in Public Relations and Communication Management*, Lawrence Erlbaum Associates, Hillsdale, NJ, pp. 327-56.

Dozier, D.M. and Broom, G.M. (2006), "The centrality of public relations roles to public relations theory", in Botan, C. and Hazleton, V. (Eds), *Public Relations Theory II*, Lawrence Erlbaum, Mahwah, NJ, pp. 137-70.

Falk, S.C. (2005), "Maximizing fundraising's strategic contribution", *New Directions in Philanthropic Fundraising*, Vol. 49, pp. 3-12, available at: http://onlinelibrary.wiley.com/journal/10.1002/(ISSN)1542-7846

Fogal, R.E. (1994), "Designing and managing the fundraising program", in Herman, R.D. and Associates (Eds), *The Jossey-Bass Handbook of Nonprofit Leadership and Management*, Jossey-Bass, San Francisco, CA, pp. 369-81.

Giving USA Foundation (2010), "Executive summary of Giving USA 2010", available at: www.aafrc.org/gusa/gusa_order.cfm (accessed February 2, 2011).

Gordon, C.G. and Kelly, K.S. (1999), "Public relations expertise and organizational effectiveness: a study of U.S. hospitals", *Journal of Public Relations Research*, Vol. 11 No. 2, pp. 143-66.

Gower, K.K. (2001), "Rediscovering women in public relations: women in the public relations journal, 1945-1972", *Journalism History*, Vol. 27 No. 1, pp. 14-21.

Greenfield, J.M. (1999), *Fund raising: Evaluating and Managing the Fund Development Process*, Wiley and Sons, New York, NY.

Grunig, J.E. (2006), "Furnishing the edifice: ongoing research on public relations as a strategic management function", *Journal of Public Relations Research*, Vol. 18 No. 2, pp. 151-76.

Grunig, J.E. and Grunig, L.A. (2000), "Public relations in strategic management and strategic management of public relations: theory and evidence from the IABC Excellence project", *Journalism Studies*, Vol. 1 No. 2, pp. 303-21.

Grunig, L.A., Grunig, J.E. and Dozier, D.M. (2002), *Excellent Public Relations and Effective Organizations: A Study of Communication Management in Three Countries*, Lawrence Erlbaum Associates, Mahwah, NJ.

Grunig, L.A., Toth, E.L. and Hon, L.C. (2000), "Feminist values in public relations", *Journal of Public Relations Research*, Vol. 12 No. 1, pp. 49-68.

Hager, M., Rooney, P. and Pollak, T. (2002), "How fundraising is carried out in US nonprofit organizations", *International Journal of Nonprofit and Voluntary Sector Marketing*, Vol. 7 No. 4, pp. 311-24.

Hartman, R.L. and Johnson, J.D. (1990), "Formal and informal group communication structures: an examination of their relationship to role ambiguity", *Social Networks*, Vol. 12 No. 2, pp. 127-51.

Hon, L.C., Grunig, L.A. and Dozier, D.M. (1992), "Women in public relations: problems and opportunities", in Grunig, J.E. (Ed.), *Excellence in Public Relations and Communication Management*, Lawrence Erlbaum, Mahwah, NJ, pp. 419-38.

Hook, M. and Mapp, J. (2005), "Physician fundraising: evolution, not revolution", *New Directions in Philanthropic Fundraising*, Vol. 49, pp. 51-9, available at: http://onlinelibrary.wiley.com/journal/10.1002/(ISSN)1542-7846

Hooper, P. and Stobart, S. (2002), "Using third-party services to reduce the development cost and improve the effectiveness of charity websites", *International Journal of Nonprofit and Voluntary Sector Marketing*, Vol. 8 No. 4, pp. 328-36.

Hutton, J.G. (2005), "The Myth of salary discrimination in public relations", *Public Relations Review*, Vol. 31 No. 1, pp. 85-91.

Joseph, D. (1992), "Pay for hospital fund raisers grew by 8.2%", *The Chronicle of Philanthropy*, July 14, p. 37.

Katz, D. and Kahn, R.L. (1978), *The Social Psychology of Organizations*, 2nd ed., Wiley and Sons, New York, NY.

Kay-Williams, S. (1998), "The five stages of fundraising", Paper presented at the Association for Research on Nonprofit Organizations and Voluntary Action (ARNOVA), 27th Annual Conference, Seattle, WA, November.

Kelly, K.S. (1998a), *Effective fund-raising management*, Lawrence Erlbaum Associates, Mahwah, NJ.

Kelly, K.S. (1998b), "Four organizational roles of fund raisers: an exploratory study", Paper presented at the Association for Research on Nonprofit Organizations and Voluntary Action (ARNOVA), 27th Annual Conference, Seattle, WA, November.

Kim, H.-R., Lee, M., Lee, H.-T. and Kim, N.-M. (2010), "Corporate social responsibility and employee-company identification", *Journal of Business Ethics*, Vol. 95 No. 4, pp. 557-69.

Leichty, G. and Springston, J. (1993), "Reconsidering public relations models", *Public Relations Review*, Vol. 19 No. 4, pp. 327-39.

Lindahl, W.E. (2009), *Principles of Fundraising: Theory and Practice*, Jones and Bartlett Publishers, Sudbury, MA.

Lysakowski, L. (2002), "The importance of volunteers in a capital campaign", *International Journal of Nonprofit and Voluntary Sector Marketing*, Vol. 7 No. 4, pp. 325-33.

Mesch, D.J. and Rooney, P.M. (2008), "Determinants of compensation: a study of pay, performance, and gender differences for fundraising professionals", *Nonprofit Management & Leadership*, Vol. 18 No. 4, pp. 435-63.

Neijens, P. and Smit, E. (2006), "Dutch public relations practitioners and journalists: antagonists no more", *Public Relations Review*, Vol. 32 No. 3, pp. 232-40.

Nothhaft, H. (2010), "Communication management as a second-order management function: roles and functions of the communication executive: results from a shadowing study", *Journal of Communication Management*, Vol. 14 No. 2, pp. 127-40.

Petty, J.G. and Wagner, L. (2007), "Introduction: union gives us strength – diversity and fundraising", *International Journal of Educational Advancement*, Vol. 7 No. 3, pp. 171-5.

Renner, C., Rives, J.M. and Bowlin, W.F. (2002), "The significance of gender in explaining senior executive pay variations: an exploratory study", *Journal of Managerial Issues*, Vol. 14 No. 3, pp. 331-45.

Ryan, L.J. (2006), "Behavioral characteristics of higher education fund-raisers", *International Journal of Educational Advancement*, Vol. 6 No. 4, pp. 292-88.

Salamon, L.M. (2002), "The resilient sector: the state of nonprofit America", in Salamon, L.M. (Ed.), *The State of Nonprofit America*, Brookings Institution Press, Washington, DC, pp. 3-61.

Sampson, S.D. and Moore, L.L. (2008), "Is there a glass ceiling for women in development?", *Nonprofit Management & Leadership*, Vol. 18 No. 3, pp. 321-39.

Sargeant, A., Jay, E. and Lee, S. (2006), "Benchmarking charity performance: returns from direct marketing in fundraising", *Journal of Nonprofit & Public Sector Marketing*, Vol. 16 Nos 1/2, pp. 77-94.

Sha, B.L. and Toth, E.L. (2005), "Future professionals' perceptions of work, life, and gender issues in public relations", *Public Relations Review*, Vol. 31 No. 2, pp. 93-9.

Tempel, E.R. (2003), *Hank Rosso's Achieving Excellence in Fundraising*, Jossey-Bass, San Francisco, CA.

Wagner, L. (2002), *Careers in Fundraising*, John Wiley & Sons, New York, NY.

Waters, R.D. (2009), "The importance of understanding donor preference and relationship cultivation strategies", *Journal of Nonprofit and Public Sector Marketing*, Vol. 21 No. 4, pp. 327-46.

Williams, R.L. (1996), "Survey of advancement: advancement's steady advance, salaries on the upswing", *CASE Currents*, Vol. 22 No. 2, pp. 8-22.

Worth, M.J. (Ed.) (2002), *New Strategies for Educational Fund Raising*, American Council on Education and Praeger Publishers, Westport, CT.

Worth, M.J. and Asp, J.W. II (1994), *The Development Officer in Higher Education: Toward an Understanding of the Role (ASHE-ERIC Higher Education Report No. 4)*, The George Washington University Graduate School of Education and Human Development, Washington, DC.

Wrigley, B. (2002), "Glass ceiling? What glass ceiling? A qualitative study of how women view the glass ceiling in public relations and communications management", *Journal of Public Relations Research*, Vol. 14 No. 1, pp. 27-55.

Wylie, P.B. and Bongiorno, D. (2005), "Sex ed.", *Currents*, July/August, pp. 34-7, available at: www.case.org/Currents/ViewArticle.cfm?contentItemID=5368 (accessed February 11, 2008).

Further reading

Association of Fundraising Professionals (AFP) (2008), "AFP think tanks on fundraising research", available at: www.afpnet.org/Audiences/ReportsResearchDetail.cfm? ItemNumber=779 (accessed December 20, 2009).

Dozier, D.M. and Broom, G.M. (1995), "Evolution of the manager role in public relations practice", *Journal of Public Relations Research*, Vol. 7 No. 1, pp. 3-26.

Dozier, D.M., Chapo, S. and Sullivan, B. (1983), "Sex and the bottom line: income differences among women and men in public relations", Paper presented to the Public Relations Division, Association for Education in Journalism and Mass Communication Annual Convention, Corvallis, OR, August.

Grunig, J.E., Grunig, L.A. and Dozier, D.M. (2006), "The excellence theory", in Botan, C. and Hazleton, V. (Eds), *Public Relations Theory II*, Lawrence Erlbaum, Mahwah, NJ, pp. 19-54.

Kelly, K.S. (1995), "Utilizing public relations theory to conceptualize and test models of fund raising", *Journalism and Mass Communication Quarterly*, Vol. 72 No. 1, pp. 106-27.

Kelly, K.S. (2001), "ROPES: a model of the fund-raising process", in Greenfield, J.M. (Ed.), *The Nonprofit Handbook: Fund Raising*, John Wiley & Sons Inc, New York, NY, pp. 96-116.

Sargeant, A. and Jay, E. (2002), *Building Donor Loyalty: The Fundraiser's Guide to Increasing Lifetime Value*, Jossey-Bass, San Francisco, CA.

Sargeant, A. and Lee, S. (2004), "Donor trust and relationship commitment in the UK charity sector: the impact on behavior", *Nonprofit and Voluntary Sector Quarterly*, Vol. 33 No. 2, pp. 185-202.

Waters, R.D. (2008), "Applying relationship management theory to the fundraising process for individual donors", *Journal of Communication Management*, Vol. 12 No. 1, pp. 73-87.

Waters, R.D. (2012), "Increasing fundraising efficiency through evaluation: applying communication theory to the nonprofit organization-donor relationship", *Nonprofit and Voluntary Sector Quarterly*, Vol. 40 No. 3, pp. 458-75.

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