

The Relationship Between
Internal and External Program Strategies
and Membership Ratio in the
State Nurses' Associations

by

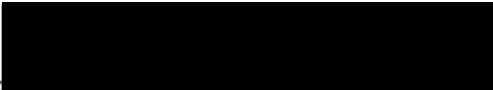
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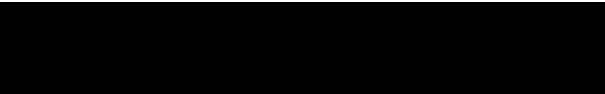
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CHAPTER 1

Introduction and Statement of the Problem

There is a unique relationship between a profession and society. Donabedian (1976) expresses this relationship as a contract through which society grants to a profession authority and autonomy over the conduct of its own affairs. In exchange, a profession is expected to act through self-regulation to fulfill the trust which has been given by society.

Characteristically, each profession organizes a professional society which plays a crucial role in fulfilling the social contract. The effectiveness of the professional society is affected by the size of its membership in relation to potential membership and by the program offered. This study examines the role of nursing's professional organization in respect to membership and program strategies.

Nursing's professional society, the American Nurses' Association (ANA), was formed in 1896. It is the organization through which registered nurses decide on the goals, functions and activities of their profession. (Kelly, 1985)

The ANA, as nursing's professional society, is a nationwide organization. Prior to 1982, ANA was a tri-level organization in which an individual registered nurse

simultaneously joined the national, a state, and a district association. In 1982, ANA became a federation in which the state nurses' associations (SNAs) are the member constituents. The SNA constituents within ANA include the nurses' associations in each of the 50 states within the United States, the District of Columbia, and the U.S. island territories of Guam and the Virgin Islands.

Within the ANA federation model, an individual registered nurse voluntarily pays dues to join a state constituent and one of its district associations, usually a local geographic entity. The state constituent is responsible for making to ANA a per capita payment for all of the registered nurses who hold membership at the state level.

While ANA retains and actively maintains its functions as nursing's professional society, the structural change to a federation model placed increased emphasis on the role of the state nurses' associations. The SNAs work cooperatively with ANA to implement and extend the agenda of the profession throughout the country, and support the activities through which nursing fulfills its contract with society. The SNAs play a key role in assuring that ANA's agenda and policies are implemented throughout the country in public policy arenas, in practice settings, in educational settings, and in the interface with individual practitioners. The ANA and its state constituents have an

interlocking and mutually dependent relationship in providing an organizational voice for the profession.

The federation model has had significant impact on the operations of the SNAs. The structural change explained above and subsequent clarification of the business arrangements between ANA and its constituents altered the relationship between the two. Services once provided by ANA are now the responsibility of the SNA. For example, ANA no longer communicates directly with the district associations of the SNAs. It is now the responsibility of the SNA to share information with its district nurses' associations. Costs for these and other services also shifted to the SNA. There has been an increased recognition that the federation model resulted in greater responsibility and reliance on the effectiveness of the SNAs.

The authority upon which a professional organization acts is, in part, related to the number of members who belong. Styles (1982) speaks to authority within the profession. She says that the maintenance of one, all-embracing professional society for nursing is essential so that individuals are heard, decisions made and action taken, and identification with the total profession is operationalized. Joining and participating in ANA is not a symbolic gesture toward professionalism, but an acknowledgement of the self-governance and power necessary for nurses to fulfill the social contract.

In external arenas, policy-makers and others equate membership numbers with the power to represent. It is observed that professional organizations which have a high percentage of members from among the number of licensed providers are accorded legitimacy in speaking for that profession at the legislature and in other settings.

Membership ratio is defined as the percentage of SNA members from among the number of registered nurses licensed and residing in a state. The membership ratio for the SNAs ranges from a low of 4.0 % to a high of 33.8%. (ANA, 1988). The membership ratio is of concern because it has a direct effect on the ability of the nursing profession to exercise its authority within society.

One characteristic of professional organizations is that members pay dues in order to join and have rights and privileges within the association. Both ANA and the SNAs periodically receive feed-back that nurses would be encouraged to join the association if the dues were lower. Of particular interest is whether the dues levels established by the SNAs have any detrimental effect on the membership ratio, thus affecting the organization's authority to act on behalf of the profession.

These issues become crucial when examining the role of SNAs within contemporary societal trends. There is a movement toward decentralization in this country. A power shift away from the federal governmental structures in

Washington, D.C. has begun; smaller political units are claiming authority over, and taking responsibility for, social issues which impact the local level. "Bottom-up" approaches are replacing "top-down" strategies imposed from the federal level. State government has become structurally and procedurally stronger, more accountable, assertive and able to perform a major intergovernmental management role. (Naisbitt, 1982).

Decentralization brings with it the opportunity and empowerment to create change at the local level. This trend carries with it the need for a strong and effective SNA to act in nursing's interests in a variety of arenas. The nursing profession must be sufficiently organized and powerful enough to impact the changes which will occur on the local level. Thus, the SNAs are playing an increasingly important role in implementing nursing's contract with society.

Statement of the Problem

There is a critical need to study the SNAs in terms of the amount of dues and the strategies used to fulfill nursing's contract with society in relation to the membership ratio of registered nurses. Direction for the SNAs can be ascertained if it can be demonstrated that the existence or absence of particular strategies or the dues levels affect membership ratio. Since the authority of a professional organization is, in part, based on the number

of members who belong, this issue is critical in examining how the nursing profession fulfills the public trust through self-regulation.

Review of the Literature

There is extensive sociology literature on the professions and professionalization. The bulk of the literature deals with the theory on professions (and debate about that theory and the nature of the professions). The theories relevant to professional organizations have little empirical testing. Nonetheless, the information on the theory of professions is considered useful in developing the conceptual framework for this study and is included in this selected literature review.

Theory of Professions

Professionalization as process is a conception central to the theoretical base for this study. Within the literature, there is consensus that professionalization emphasizes a process rather than structure. (Freidson, 1983; Blumer, 1966). Vollmer and Mills (1966) define professionalization as a dynamic process whereby occupational groups change crucial characteristics in the direction of a profession.

"Professionalization might be defined as a process by which an organized occupation, usually but not always by virtue of making a claim to special esoteric competence and to concern for the quality of its work and its benefits to

society, obtains the exclusive right to perform a particular kind of work, control training for and access to it, and control the kind of determining and evaluating the way the work is performed." (Freidson, 1973, p. 22)

The literature reveals two somewhat different approaches in the development of theories of professionalization. One approach has been labeled the functional or attribute theory, and the second is the process or power theory. Although this researcher has chosen to use the process or power theory, information on the functional or attribute theory is provided for two reasons: 1) the theory precedes and provides a framework for understanding the power theory; and 2) the nursing profession continues to use the model. Hall (1982) reports that an anomaly of the functional or attribute theory is that it continues to be used by groups which are striving toward professionalization. Nursing is the group most studied with Hall's professionalism scale, and nurses continue to request permission to use the scale.

Functional or Attribute Theory

The literature on the functional or attribute theory also labels the theory as the characteristics approach, the taxonomic approach or model, and the professional model. The attribute theory is the result of attempts by various scholars to analyze professions by developing lists of distinguishing characteristics or attributes.

The model stresses the importance of member cohesiveness around the values of: professional autonomy and stability achieved through prolonged, specialized training in a body of abstract knowledge; and an orientation to public or client service. Professional autonomy is gained through viable self-control, itself attained through conduct, codes and collegial constraints, rigorous selective recruitment, quality training, and professional socialization. (Ryan, 1982) The attributes identified by five theorists frequently cited in the literature will be summarized.

Greenwood (1957) is often cited since he overtly uses attributes in the development of theory. Greenwood proposes five attributes which distinguish professions from non-professional occupations:

1. A systematic body of theory which is research based.
2. Professional authority. The extensive education and development of theory gives the professional a type of knowledge which the general public does not have and upon which the client must trust the professional's judgment.
3. Sanction of the community. The community approves the monopoly of the profession through a licensing system and by allowing the profession to accredit its own education programs.
4. A regulative code of ethics. In exchange for the

community's trust, the profession develops a regulative code which compels ethical behavior on the part of its practitioners.

5. A professional culture. The interactions of roles within formal and informal networks results in a professional culture which consists of values, norms and symbols.

Goode (1966) identified two central characteristics of all professions. The central characteristics are: 1) a prolonged specialized training in a body of abstract knowledge; and 2) a collectivity or service orientation.

Gross (1958) identified six characteristics:

- the unstandardized product
- degree of personality involvement of the professional
- wide knowledge of a specialized technique
- sense of obligation
- sense of group identity
- significance of the occupational service to society

Wilensky (1964) identified two core criteria for a profession: 1) the job of the professional is technical and based on systematic knowledge or doctrine acquired through long prescribed training; and 2) the professional adheres to a set of professional norms. Wilensky uses "technical" as both scientific and non-scientific systems of thought. Success of the claim for a profession is not out of which system its technical base comes, but rather where society

evidences strong, widespread consensus regarding the knowledge or doctrine to be applied. (p. 138)

Hall's (1968) professional model acknowledges an individual and occupational level of professionalism and consequently consists of both structural and attitudinal dimensions. The attributes within the structural dimension are those which are part of the structure of the occupation, and include formal educational and entrance requirements, formation of professional associations, creation of a full time occupation, and development of a code of ethics. The attributes within the attitudinal dimension relate to the individual, and include the sense of calling to the field and the extent to which colleagues are used as the major work reference. Hall's attitudinal attributes are:

1. The use of the professional organization as a major reference. This involves both the formal organization and informal colleague groupings.
2. A belief in service to the public. This includes the view that work of the profession is indispensable to the client and the practitioner.
3. Belief in self-regulation. This involves the view that a professional is most qualified to judge the work of peers.
4. A sense of calling to the field. This reflects the dedication of the professional to the work.
5. Autonomy. This involves the feeling that the

practitioner should be free from external pressures in decision making. (pp. 92-93)

Critics of the attribute theory point to a lack of agreement among and within the lists developed by various theorists. For example, Goode and Wilensky identified two core characteristics of professions; Greenwood listed five characteristics; Gross had six attributes; and Hall included four structural and five attitudinal attributes. The lists do include some underlying commonalities, including autonomy, systematic theory and prolonged education, authority recognized and sanctioned by the community, ethical codes and service orientation.

The attribute of autonomy is found across the work of all theorists. It will be examined in some greater detail because of its importance in judging the professionalization of the nursing profession by sociologists.

Barber (1965) says that the one essential attribute of a profession is autonomy. He defines autonomy as self-control by professionals themselves regarding the development and application of the body of generalized knowledge in which they alone are expert. Kornhauser (1962) views professionalism as a response to the need for functional autonomy resulting from societal value placed on intellectual judgment. (p. 196)

Within his professional model, Hall (1968) defines the concept of autonomy as both a structural and attitudinal

attribute. As a structural attribute, autonomy is: part of the work setting wherein the professional is expected to utilize judgment and expects that only other professionals will be competent to question this judgment; and indirectly subsumed under the efforts of professional associations to exclude the unqualified and provide the legal right to practice. As an attitudinal attribute, autonomy includes the belief that the professional is free to exercise this type of judgment and decision making.

Autonomy has been identified as a factor in the gender identification of professions. Autonomy is lessened in occupations which consist primarily of women and which are frequently identified as being semi-professions. These occupational groups have historically functioned in a more bureaucratic setting than have professional occupations. (Simpson & Simpson, 1969)

During professionalization, an occupational group controls the work to which they have claimed an exclusive jurisdiction. The mature profession has the authority to create, direct and judge the substance, performance and even the goals of the work itself. (Freidson, 1971-1973) The key attribute needed to support an occupational group's claim to professionalism is the autonomy to utilize a systematic body of knowledge.

The concept of professionalization results from the application of the attribute theory to occupational groups,

allowing for these groups to exhibit more or less of each of the characteristics. Toren (1969) says that it is possible to analyze professions by distinguishing among the different types or degrees of each element present within an occupational grouping. Further, different attributes of professionalization may have developed to different degrees, so that a profession may rank higher for one characteristic and lower on another.

Greenwood (1957) describes the distinction between professions and non-professions as a quantitative rather than a qualitative measure. Non-professions possess the characteristics, but not to the degree that the professions exhibit. Therefore, occupational groups can be considered to be distributed along a continuum from the fully professionalized at one pole to the occupational groups nearly devoid of the characteristics at the other pole. The recognized and established professions are located at the professional pole and the least skilled occupations at the opposite pole.

It is the concept of occupational groups being able to move along the continuum, more fully meeting the attributes of a profession that results in the professionalization of the group. Thus, Vollmer and Mills (1966) refer to professionalization as the process of occupational groups changing crucial characteristics to move in the direction of a profession.

There are several steps involved in professionalization which have been identified by Caplow (1966), Barber (1965) and Wilensky (1964). Members of professionalizing occupations engage in the following activities as summarized from the lists developed by the three theorists: establish a professional association which develops membership criteria designed to keep out the unqualified and exert a high degree of self-control; promulgate a code of ethics; establish a training school affiliated with a university; effect a change in name which reduces the identification with the former occupation; and seek public support for the maintenance of new occupational barriers, including licensure.

Occupations aspiring to, but not yet fully attaining, professional status are described as semi-professions or emerging professions. "Semi-profession" denotes that the profession does not rest on a firm theoretical knowledge base, the period of training is relatively short, members cannot claim monopoly of exclusive skills, and the special area of competence is less well-defined as compared with full-fledged, established professions. (Toren, 1969, p. 153)

Nursing is identified in the literature as a semi-profession, resting at some point mid-range within the continuum between a profession and a non-profession. However, there are varying opinions about the exact placement of nursing when gauged by the characteristics

within the attribute model. Carr-Saunders & Wilson (1964) said that the vocation of nursing is becoming professionalized, placed higher on the continuum as a result of high ratings on the elements of a calling, the essential nature of the service, and the responsibility and initiative required. However, the key element missing in nursing's attempts to become a profession, as measured by the attribute model, is that of autonomy. To attain autonomy as a profession, the occupational group must control a discrete area of work separated from the body of knowledge of other professions and which can be practiced independently. Thus, in the literature, nursing is found to fall short of a full profession due to the control of the body of medical knowledge by physicians, and the lessened attribute of autonomy by nurses since nursing has a dependent function to the medical profession. (Etzioni, 1969; Goode, 1966; Freidson, 1972)

The literature reflects that sociologists' efforts to develop increasingly refined models of professions or lists of attributes has now largely been discontinued, due in part to direct attacks on the attribute approach. (Hall, 1986, p. 44). In 1978, Klegon described the study of professions as being in a potential state of transition. He identified the following problems in the application of the attribute theory: 1) the static nature of the taxonomic or attribute approach; 2) inconsistency and differing terminology within

the various lists of attributes; 3) the attributes are difficult to apply to concrete situations; 4) the theory may be insufficient to distinguish between professions and nonprofessions; and 5) the abstract theoretical base may allow clients and others to be manipulated. Berlant (1975) charged that the professional model can result in a monopolistic domination wherein a profession can eliminate competitors both internally and externally, control the membership of the group which in turn can create a scarcity, and create a situation in which professionals may charge a higher fee for services and avoid any real criticism of their work.

Summary

The nursing profession has continued to use the functional or attribute theory in its professionalization efforts. However, the static nature of the lists has been a deterrent. Furthermore, while some sociologists hold that nursing is more highly professionalized due to the critical nature of the work, the increased sense of a calling, and the responsibility and initiative required, others view nursing as a semi-professional and dependent upon medicine.

Process or Power Theory

At about the same time as the attribute theory was coming under attack by Klegon and others, theorists began to explicate the process or power theory of professions. The work of three major theorists, Freidson, Klegon and Hall,

will be reviewed. The power theory is used as the theoretical framework for this study.

Freidson (1973) acknowledged that professions have a political base, since they are organized on a legal basis. It is the power of government which grants to a profession the exclusive right to use and evaluate a body of knowledge and skill. Professions gain power as a result of the exclusivity. During the development of a profession, occupations will engage in activities identified as part of the professionalization process, eg., they develop a professional association and a code of ethics, they change their name, and they press for public and governmental recognition of their body of knowledge. However, Freidson points out that the maintenance and improvement of the profession's position in the marketplace requires continuous political activity. The profession must become an interest group to promote its aims and protect itself from occupations with competing interests. The professional associations are inextricably involved in politics. (pp. 29-30)

One of the characteristics of a profession from the attribute model is the economic autonomy of the traditional self-employed professional. However, professions in greater numbers have become employees. A potential conflict results from the responsibility of the professional to his/her body of knowledge vis a vis the responsibility to the employer

whose interests may be at variance with that body of knowledge. Freidson (1973) distinguishes between economic autonomy and the autonomy connected with skill. The movement of professionals into employment situations does not necessarily limit the control over the body of knowledge.

Thus, the assessment of the prospects for increasing the strength of professions includes the status of the professional association. Freidson (1973) predicted that associations will change their present strategies and tactics, particularly when their members are employees. The associations will continue to influence legislation, and will develop techniques of collective bargaining. (p. 37)

Although Freidson's work acknowledged and addressed the use of power and the relationship between professions and society, it was in 1978 that Klegon delineated an alternative perspective for analyzing professions, the power theory. This theory shifts the emphasis from how many positive attributes a profession has to the "social conditions that allow a particular occupational group first to claim, and then perpetuate their claim to holding special expertise." (p. 268)

In the power theory, Klegon (1978) identified both an internal and an external dynamic in explaining the development of social position and influence of a particular occupation. The internal dynamic includes "efforts of

practitioners to raise their status, define services which they perceive only they can perform properly, and to achieve and maintain autonomy and influence." (p. 268) The internal dynamic is evidenced when groups adopt a strategy of professionalization and claim professional status by developing a code of ethics and a professional association, and perform services which they hold can only safely be provided by their practitioners.

Klegon's external dynamic involves relating professional organization and control to other institutional forces and arrangements of power. (p. 271) The external dynamic looks at the possible sources of power which can result in an occupation gaining and maintaining the expanded social significance of a profession and the relationship of an occupation to those societal power sources. (pp. 272-273)

Using the power theory, Hall (1986) provides a new definition of a profession: an organized occupation that has, within a social system, gained power through public recognition of the value and importance of its knowledge. (p. 48) He includes legislators, governmental regulatory personnel, employment settings and the public in the interface between a profession with the external environment. The major activity of professional associations will shift to obtaining and maintaining power in the broader social context. (Hall, 1982)

One of the drawbacks of the power theory is the lack of

research to validate the theory. Hall calls for study about how professions obtain power and protect themselves against external threat. (1986)

Nursing is clearly acknowledged within Hall's power perspective. Hall (1986) leaves unresolved the issue as to whether nursing will gain in power, but he suggests that nursing is acutely aware of the issues within the power perspective. (p. 46)

Segmentation

The power theory includes both internal and external strategies, creating the potential for professional polarization around the strategies. Within the ANA, for example, the appropriateness of the use of collective bargaining to address terms of employment has been debated by nurses. Bucher and Strauss (1961), in explicating the segmentation theory, acknowledge the heterogeneity within a profession, in contrast to the concept of homogeneity which underlies the attribute theory.

The Bucher & Strauss (1961) model suggests that a number of groups, called segments, exist within a profession and develop distinctive identities, goals, and program activities in order to secure an institutional position and implement their distinctive missions. These segments are not fixed, but tend to be under continual change, forming and developing, modifying and disappearing. Movement is forced by changes in their conceptual framework, practice,

institutional conditions of work, and relationship to other segments and occupations. Bucher and Strauss see these segments as conflicting and affecting the movement of the professional organization. (p. 325-334)

Further, Bucher and Strauss (1961) suggest that codes of ethics, licensure and the work of major professional associations are evidence of the power of certain groups as segments within the profession compete for control and not evidence of unity and internal homogeneity. They suggest that professional organizations must be regarded in terms of just whose interests within the profession are served. "Associations are not everybody's association but represent one segment or a particular alliance of segments." (ibid, p. 331)

However, Klegon (1978) does not see segments as being necessarily conflictual. Symbiotic relationships emerge when one occupational segment which lacks the resources to maintain a claim to professionalism benefits from the work of other segments. Klegon maintains that the focus of the study of segments should be on the wider social forces which affect the choice, success and meaning of strategies selected to raise practitioners' status and autonomy. (p. 276)

Like other organizations, the ANA and its state constituents face multiple and conflicting environments and constituencies. These environments and constituencies place

constraints on the actions of the organization. When resources and energy are placed in dealing with one constraint, less is available for dealing with another constraint. (Hall, 1982, p. 12)

Hall (1982) says that, as a multi-purpose organization, "ANA cannot be effective in terms of meeting all of the desires of all of its internal constituents." (p. 12)

Professional associations, based on decisions that are made through their internal political processes, emphasize certain goals, deal with certain environmental constraints, and respond to particular constituents. The political conditions within the organization, and particularly strong environmental pressures, will determine the program emphases. (Hall, 1982)

Summary

In the sociology literature, the power perspective is now the dominant approach for analyzing professions. Theorists have distinguished between the development of a profession and the maintenance and improvement of the profession's position. During the development phase, the occupational group will engage in activities related to professionalization which are intended to protect the body of knowledge and convince the public of the validity of the group's claims to professional status. During the maintenance and improvement stages, the focus shifts to the ability of the profession to obtain and maintain power in

order to advance the profession's aims. Thus, the power theory includes both an internal and an external dimension.

Within the internal dimension, strategies are developed to achieve self-governance and control of the body of nursing knowledge. The external dimension reflects the use of power as a strategy to increase status and autonomy, and to enable the profession to meet its contract with society. Segmentation theory acknowledges heterogeneity within professions and the possibility for conflictual relationships between groups. Theorists suggest that polarization may occur around varying strategies used by a professional organization; and that the strategies selected may result from the degree of influence held by segments within the organization. Symbiotic relationships may result when a segment(s) benefit from the work of other segments.

The power theory is useful to nursing in analyzing its professionalization. Nursing, like other female-dominated occupational groups, has in modern times been employed within the health care delivery system rather than being self-employed. Participation in this and other external settings has resulted in an understanding by nursing about the power arrangements within the political, employment and regulatory settings.

Studies of Nursing Organizations

No studies were located in which the focus of research was on the nursing organization as an entity, although

several were found which identify individual nurse preference regarding membership in nursing's professional organization. The only study of nursing organizations which evaluated internal and external strategies or competing segments was Ryan's (1982) study. It will be reviewed in detail.

The purpose of Ryan's (1982) study was to examine whether there was support within the membership of the ANA for the internal, external and organizational development strategies used by the ANA. She was specifically interested in whether there was evidence of polarization among members related to the various strategies selected and utilized by the professional association.

Using the power theory, Ryan (1982) conceptualized internal strategies as those through which the profession establishes and regulates itself in the public interest. These activities included: 1) standard setting - issuing standards of practice, education and service; 2) credentialing - ensuring licensure for all registered nurses, providing certification to recognize the proficiency of expert practitioners; 3) accreditation - a voluntary system of attesting to the quality of the profession's education programs and organized services; 4) quality assurance - including peer review of individual performance; 5) ethical assurance - including the enforcement of a code of ethics or professional conduct to assure that the

professional acts in the interest of the client; and 6) continuing education/professional development - including the provision of a structure through which colleagues can disseminate knowledge, make referrals and provide support.

External strategies were conceptualized as representational functions through which professionals act collectively in their relations with employers, public bodies, and with fellow professionals. (Ryan, 1982, p. 46) These strategies included: 1) labor relations services to safeguard the practitioners' social and economic welfare and improve conditions of employment; 2) governmental relations to influence the development of policy, legislation and regulation; 3) political action to provide a process whereby registered nurses can participate directly in the election of candidates to office; 4) litigation services through which the profession can contest judicial decisions inimical to the interests of nursing; and 5) liaison activities through which the relations of the profession are represented to various groups which compose the social environment of the profession.

Finally, Ryan (1982) conceptualized organizational development strategies which help support the association's activities through services to the constituents, information and research for the organization and profession, and advocacy for human rights within the organization and profession. These strategies also strengthen the membership

base, and maintain the visibility and fiscal integrity of the professional association. (p. 48)

Study results were based on responses to a written questionnaire sent to a random sample of 4,000 SNA/ANA members. There was a 45.2% response rate with 44% (n= 1760) useable. Study findings indicated that there was, on the average, equal support for the strategies identified in the study, ie, self-regulatory, representational and organizational development functions. There was also evidence that professional role, employment setting, and level of attainment were related to the self-regulatory or representational program strategies. ANA members employed in clinical settings and those with associate degree education favored self-regulatory strategies, while members with graduate education and those in education and management were more supportive of representational strategies. Members who had been working in nursing for 1-15 years were more supportive of representational strategies than were those who had never worked or who had been in the profession for more than 15 years.

These findings may not be surprising in that nurses who work in clinical settings find the profession itself as an appropriate source of control. The standards of practice, for example, are designed to support the work of clinicians in the profession. Those members who have been employed in academic and community settings would, in the course of

their practice, find representational strategies appropriate since their work directly interfaces with other community groups and governmental agencies. One finding not fully explained through the study is the apparent dichotomy of strategy preferences for those nurses who have been employed for 1-15 years. It is this population which is most frequently found in clinical settings within nursing. The newly graduated nurse is ordinarily first employed in a clinical setting. The study results show that nurses in clinical settings prefer self-regulatory strategies, while nurses who have been employed for 1-15 years are more supportive of representational strategies. (Ryan, 1982)

The study did provide evidence that there was no segmentation within the membership about the program strategies which ANA should pursue. The study showed that there was member consensus that both self-regulatory and representational strategies should be pursued. (Ryan, 1982)

Studies of Individual Nurses

Other studies were found which focussed on individual nurse preference regarding membership in professional organizations. In general, these studies support the conclusion that some members would support internal strategies, some would support external strategies and some would support both.

For example, McKay's 1974 study in Great Britain looked at the membership pattern for the Royal College of Nursing

and trade unions. Over two-thirds of the men were trade union members, while less than one-third of the women belonged to the trade unions. Men under 40 tended to hold membership in trade unions. More women belonged to the Rcn than trade unions, although slightly more women belonged to neither. More women over 40 years belonged to trade unions than the Rcn. (McKay, 1974, p. 1547) These findings indicate that there is an acceptance, however varied among different subpopulations of nurses, for both internal and external strategies.

Bloom, O'Reilly and Parlette (1979) studied the changing images of professionalism among 89 public health nurses in California. The study indicated that there was a high degree of agreement on all items in a 50-item professional inventory. Older nurses were more likely to see the professional organization as their major referent and to view nursing as a calling. Younger nurses were more likely to feel that the union represents their professional interests and to consider the union as a professional organization. Collective bargaining was not viewed as incompatible with professional standards and striking was not seen as inappropriate for nurses. A majority of both age groups indicated that collective bargaining is an appropriate and positive force for the nursing profession. (p. 44) Again, this study would appear to support the Ryan findings that nurses see both internal and external

strategies as appropriate for the profession.

Likewise, a 1983 study by Orsolits et al. of members of the New York SNA found support for "the role of a professional organization in establishing standards and engaging in collective bargaining." (p. 39) Denton (1976) collected data from 75 nurses and nursing students to determine the relationship between motivations for entering nursing and attitudes toward unions and the profession. The study indicated that the union and profession models "still attract members whose motives are related to the traditional images of (the) models. Persons who see the occupation of nursing as a means of gaining economically prefer the union model. Persons who enter the occupation as a means of providing service to mankind prefer the profession model." (p. 180) This study would also support the conclusion that nurses support both internal and external strategies; but raises questions relating to the issue of segmentation within the profession and carries with it implications for the development and structure of the services offered by the SNAs.

A 1984 marketing study of an SNA indicated that two-thirds of the members joined the organization because it was expected of a professional nurse. Other major reasons for joining included networking, receiving information on nursing issues, and encouragement from the employer. Suggestions for improving the SNA included: additional

educational activities, being more receptive to the needs of staff nurses, and stronger legislative and lobbying activities. (Lamb-Mechanick & Block, 1984, p. 399)

Reasons for joining and suggestions for improving the SNA services include both internal and external strategies.

Efforts to obtain studies which might determine the use of internal and external program strategies of other associations have proven difficult. Organizations are likely to view these studies as internal documents of a somewhat sensitive nature. A 1981 American Medical Association staff study was reported in the Journal of the American Medical Association. "Surveys conducted by the staff-consultant group found that physicians look to the AMA primarily for representation, not only in Washington, D.C., but in scientific and educational policy making... The resulting profile shows an AMA with primary functions of providing representation and information, establishing and maintaining standards of conduct and performance, and sharing with other organizations the maintenance and implementation of educational standards. Secondary functions are cited as providing training programs and membership benefits. Necessary functions are seen as maintaining organizational strength and providing administration and management." (pp. 2007-2008)

Analysis of the profile shows that the preferences of AMA members in this study are consistent with the power theory,

and that AMA uses internal, external and organizational development strategies in providing service to its members.

In summary, there is evidence that nurses support self-governance (internal) and/or representational (external) strategies in approaching efforts to professionalize. Further, there is no evidence that professional polarization around internal and external strategies has occurred among nurses. This information is of immense use to the professional association in selecting strategies which will affect the goals, success and autonomy of the nursing profession.

Conceptual Framework

The power theory of professions and Ryan's (1983) study were used in developing the conceptual framework for this research study. The state nurses' associations are conceptualized as constituent organizations of the American Nurses' Association, nursing's professional society. Through the SNAs, registered nurses within specified geographic boundaries come together to engage in the activities needed to fulfill the profession's contract with society. The members pay dues in exchange for rights and privileges within the organization. These rights and privileges are expressed through services offered through ANA and its SNAs. The services are based on:

- Internal strategies including those by "which the

profession establishes and regulates itself in the public interest." (Ryan, 1983, p. 44). These strategies include: setting standards for nursing practice; establishing standards for nursing education, including requirements for entry into basic programs of study; setting standards for performance in the workplace; implementing credentialing mechanisms, including licensure, certification which recognizes the proficiency of expert practitioners, and accreditation of educational programs; setting quality assurance measures; assuring adherence to a code of ethics; and providing continuing education and professional development.

-External strategies, including "those through which professionals act collectively in their relations with employers, public bodies, and with fellow professionals." (Ryan, 1983, p. 46). These strategies include: utilizing labor relations techniques through which the social and economic welfare of practitioners can be protected; engaging in governmental relations to influence the development of policy, legislation and regulations; involvement in political action to directly affect the campaign processes whereby individuals are elected to office; engaging in litigation to protect the interests of the profession; and liaison activities to gain consensus surrounding common issues. (Ryan, 1983)

-Organizational development strategies, defined as "those

through which the professional organization provides constituent services, information and research for the organization and profession, advocates for human rights, strengthens the membership base for the organized profession, and works to maintain the visibility and fiscal integrity of the professional organization itself." (Ryan, 1983, p. 48). Activities include: constituent services, including leadership training for elected and appointed officials and field services; research and statistical services, such as information on the supply of and demand for registered nurses; publications; and public relations.

These strategies have the potential for autonomous operation. For example, a professional organization could enunciate a Code of Ethics without engaging in the external strategies of lobbying or collective bargaining.

While the strategies are autonomous in some regards, there is an assumption in this study that they are interdependent and interrelated. Two examples are provided. First, an SNA's collective bargaining program is related to the internal strategies involving standards of practice, requirements for entry into the profession, and continuing education and professional development of nurses. The collective bargaining program is also related to the external strategy of government relations in that the authority for bargaining in both the public and private sectors is enacted through legislation. Second, the

internal strategy of implementing a credentialing mechanism through licensure is accomplished through the external strategy of government relations and the passage and protection of the state Nurse Practice Act. Change or action through one strategy will frequently result in the SNA utilizing other strategies to effect desired outcomes.

Research Question

The literature in combination with personal observations led to the research question posed for this study:

What are the relationships between the internal, external and organizational development strategies, the dues, and the membership ratio of the SNAs?

Singly, and in combination, this study examined the relationships between the following variables: the quantity and quality of internal, external and organizational development strategies; the amount of dues paid to SNAs; and the membership ratio of the SNAs. The external strategies were further explicated by dividing the category into government relations and economic and general welfare services.

For this study, there were ten major variables, one dependent and nine independent. Nine hypotheses were stated by which the relationship of the variables was tested.

Hypotheses

This study proposed nine hypotheses in response to the

research question:

1. There is a significant relationship between the quantity of external strategies represented by government relations activities used by the SNAs and membership ratio.
2. There is a significant relationship between the quality of external strategies represented by government relations services used by the SNAs and membership ratio.
3. There is a significant relationship between the quantity of external strategies represented by the economic and general welfare activities used by the SNAs and membership ratio.
4. There is a significant relationship between the quality of the external strategies represented by the economic and general welfare activities used by the SNAs and membership ratio.
5. There is no significant relationship between the quantity of internal strategies used by SNAs and membership ratio.
6. There is no significant relationship between the quality of internal strategies used by SNAs and membership ratio.
7. There is no significant relationship between the quantity of organizational development strategies used by SNAs and the membership ratio.

8. There is no significant relationship between the quality of organizational development strategies used by SNAs and the membership ratio.
9. There is no significant relationship between the dues level of the SNAs and the membership ratio.

Variables

In each hypothesis, the dependent variable is membership ratio. The independent variables are: the quantity of external strategies as defined by government relations and economic and general welfare services, internal strategies, and organizational development strategies; the quality of external strategies as defined by government relations and economic and general welfare services, internal strategies, and organizational development strategies; and the amount of dues assessed by the constituent nurses' associations.

These variables were selected in response to the power theory in which a profession is defined as an organized occupation that has, within a social system, gained power through public recognition of the value and importance of its knowledge. (Hall, 1986, p. 48) Power and public recognition are based on the claim of legitimacy and authority by the professional organization in representing the goals of the profession and its contract with society. One method of gaining legitimacy and authority is by demonstrating that the majority of the members of the

profession support the work of the professional organization. Therefore, membership ratio is viewed as a factor influencing the authority of the profession; it was therefore conceptualized as the dependent variable. The independent variables are those postulated as having a potential effect on the membership ratio, and ultimately the legitimate claim of the professional organization to act on behalf of the profession: internal strategies, external strategies of government relations and collective bargaining, organizational development strategies, and dues.

Each independent variable, except dues, was addressed by a quantity and quality measure. The quantity measure is a numeric addition of the SNA staff assigned within a particular strategy (program area). The quality measure was more difficult to define. For the purpose of this study, quality was defined as the presence or absence of specific membership services, including human resources within each of the external, internal and organizational development strategies offered by SNAs. One limitation of the definition is that the existence of a service does not necessarily specify the effectiveness of that service. For example, an SNA can provide a lobby service, but the mere existence of the service does not necessarily result in an effective programmatic function. However, the issue of effectiveness was judged to be beyond the scope of this retrospective study.

Operational definitions

The following operational definitions were used for this study:

Membership ratio. The percentage calculated by dividing the number of registered nurses who belong to the constituent nurses' association by the number of registered nurses licensed and residing within the corresponding state boundary.

External strategies. Strategies which focus on the professional association's collective authority to represent or act on behalf of the individual in influencing social institutions external to the profession. These strategies include government relations and economic and general welfare services. For the purpose of this study, government relations services include those activities by which a constituent nurses' association: formulates its own internal policy on legislative and administrative issues; influences through lobbying the outcome of legislation and promulgation of administrative rules by governmental agencies; influences the election process; and educates its own members on lobbying and political action. Economic and general welfare services include those activities by which a constituent nurses' association: formulates its own internal policy on issues affecting nurses' salaries; working conditions

and other employment-related factors; provides collective bargaining services; provides a strike fund and strike benefits; and educates its own members on collective bargaining and general economic issues.

Internal strategies. Strategies which focus on the organized profession itself as the appropriate locus of professional control. The internal strategies include those activities by which a constituent nurses' association provides for the professional development of its members through continuing education programs; establishes standards for the continuing education of nurses; formulates internal policy for nursing practice, education, research, continuing education, human rights, and ethics; provides the opportunity for nurses with similar interests to discuss practice concerns; assists nurses in resolving practice issues; and provides support for nurses to deal with substance abuse problems.

Organizational development strategies. Strategies which focus on the strengthening and maintenance of the professional association itself. The organizational development strategies include those activities by which a constituent nurses' association communicates with its own members, represents nursing's body of knowledge to the public, provides professional and related insurance, offers group purchase plans which

benefit members, and provides for members to conduct association business.

Dues Level - The amount of money established by the constituent nurses' association which must be paid in exchange for the extension of membership rights and responsibilities to the individual registered nurse.

Quality of services - The total number of specific membership services offered, including staff, within each of the external, internal, and organizational strategies offered by the SNA.

Quantity of services - The total number of full time staff equivalents assigned to each of the external, internal, and organizational strategies offered by the SNA.

Chapter II

Methodology

Sample and sample size

This retrospective study employed survey data collected from 51 constituent nurses' associations within the ANA. Fifty of the constituent nurses' associations in the sample have geographic boundaries consistent with the 50 states in the United States. The fifty-first has a geographic boundary consistent with the District of Columbia. Guam and the Virgin Islands were omitted from the study due to the atypical nature of the constituents. They are both island territories of the United States, and are unable to participate in all activities of the ANA.

Instrumentation

The instrument, "Survey of State Nurses' Associations (SNAs)," was originally developed and administered as a telephone survey of the executive directors of 51 constituent associations of the ANA. The survey consisted of two parts: A) information about the dues and staff resources of the SNAs; and B) information about the services offered by the SNAs. For the purpose of this study, additional questions were included in Parts A and B, and a third part (c) was added to collect data on the environment in which the SNAs exist. This discussion of the instrumentation refers to the final version of the survey

(Appendix A).

Part A of the survey, "Structure and Amount of Dues," included items on: the amount of SNA dues and the expense budget for the fiscal year which included the month of May, 1988; the structure of the dues (eg. full-time, part-time, 50%, or other categories); the amount of any additional assessments required of members for the collective bargaining program; the uniformity or lack thereof in the amount of district dues within a SNA; and a numeric count for total staff FTE and for the staff FTE as assigned to association programs.

Part B, "SNA Services," included specific items relating to association activities in the government relations, professional services, and economic and general welfare programs, and in other organizational services and benefits.

Part C, "Environmental Assessment," requested information on the financial assets of the SNA and on the external factors influencing the conduct of the collective bargaining program, including the existence of "right-to-work" laws and other labor unions competing with SNAs for representation of registered nurses in collective bargaining.

For the purpose of this study, scales were developed from the data collected on the survey and used in testing the hypotheses. Each scale was designed to test a discrete

aspect of SNA activity, such as the existence/absence of member involvement in policy development, the educational function of the SNA, or the staff component.

Four quantity scales were created for the external strategies of government relations, economic and general welfare, internal strategies and organizational development strategies. Each quantity scale was accomplished by summing the total of the numeric values given for the corresponding staff FTE items. For example, the internal strategy quantity scale (INTQUAN) is the result of summing the number of staff FTE on each item under the heading "Professional Services" on page two of the survey.

Quality scales were created for the four categories noted above. The quality scales were developed by: 1) assigning a score of "1" regardless of the specific staff FTE if the response indicated that there was incumbent staff, and a score of "0" to each staff item where no staff FTE was indicated; and 2) assigning a score of "1" for a "yes" answer and a score of "0" for each "no" answer in dichotomous response sets.

External strategies were measured by the four scales on the quantity and quality of the government relations and economic and general welfare activities. The quantity of the government relations activities (GOVT QUAN scale) was measured by a scale of five items regarding the existence of staff and consultants in the SNA government relations

programs. The quality of the SNA government relations activities (GOVT QUAL scale) was measured by a scale of ten items, including the five rescored staff and consultant items and five dichotomous items relating to lobbying, influencing the establishment of administrative rules by state agencies, the existence of political action committees, member involvement in setting policy for government relations, and the offering of government relations/political action workshops.

The quantity of the economic and general welfare activities (ECON QUAN scale) was measured by a scale of seven items regarding the economic and general welfare staff of the SNAs. The quality of the economic and general welfare activities (ECON QUAL scale) was measured by a scale of 14 items, including the seven rescored staff items plus dichotomous items relating to the existence of an economic and general welfare program, the existence of a collective bargaining program, the use of staff to negotiate contracts, the existence of a strike fund, the availability of strike fund benefits to SNA members, the availability of workshops regarding economic and general welfare, and the involvement of members in establishing policy for the SNAs' labor relations activities.

Internal strategies were measured by two scales. The quantity of internal strategies (INT QUAN scale) was measured by a scale of three items related to the staff

component. The quality of internal strategies (INT QUAL scale) consisted of a scale of 14 items, including the three rescored staff items, and dichotomous items on the existence of continuing education programs and a CEARP program; the involvement of members in setting policy in continuing education, human rights, ethics, practice, and education; the existence of special interest groups; the availability of a program to support nurses seeking treatment for substance abuse; support for nurses dealing with practice problems; and the existence of workplace practice committees.

The organizational development strategies were also measured by two scales. The quantity of organizational strategies (ORG QUAN scale) was measured by a scale of seven items relating to the SNA staff component. The scale for the quality of organizational strategies (ORG QUAL scale) included a total of 19 items, 12 in addition to the seven rescored staff items. The 12 dichotomous items related to the existence or absence of a SNA newsletter and other regularly scheduled publications; the availability of group insurances, an affinity credit card program, a wholesale buying benefit, a travel program, educational loans, or other benefits; the availability of a state convention; and the existence of a public relations program.

Content validity. Content validity is defined as the sampling adequacy, based on judgment, of the content area

being measured. (Polit and Hungler, 1983) The content validity was established by asking the President and Vice-President, (officers), the department directors (staff) of the Oregon Nurses' Association, and the Executive Directors of three SNAs to pilot test and provide input to the survey instrument.

Reliability. Interrater reliability is "the degree to which two raters, operating independently, assign the same ratings for an attribute being measured." (Polit and Hungler, 1983, p. 615) To eliminate any errors in the original data due to interrater reliability, the survey instruments were completed with the data given via the 1989 phone interviews and sent to each SNA executive director for verification.

Inter-item correlation was tested by computing internal consistency reliabilities (Cronbach's alpha). As reflected in Table 1, the coefficient and standardized alpha scores are generally good to high indicating an acceptable degree of internal consistency.

Table 1.

Internal consistency reliabilities for external, internal and organizational development subscales (n=51).

<u>Subscale</u>	<u>Inter-Item Corr-Avg</u>	<u>Coefficient Alpha</u>	<u>Standardized Alpha</u>	<u>Number of Items</u>
ECON QUAL	0.335	0.8909	0.8759	14
ECON QUAN	0.303	0.5994	0.7530	7
GOVT QUAL	0.057	0.3445	0.3768	10
GOVT QUAN	0.148	0.3591	0.4655	5
INT QUAL	0.165	0.7272	0.7350	14
INT QUAN	0.642	0.8059	0.8434	3
ORG QUAL	0.094	0.6149	0.6631	19
ORG QUAN	0.267	0.6490	0.7188	7

Design

The retrospective research design was used for this study which examined data previously collected from the SNAs. The data was for the fiscal year which included May, 1988. This time frame was selected to correspond with the May, 1988 SNA membership data provided by ANA. Membership ratio was determined by comparing with the last complete set of licensing data available to ANA which was for 1984. The data was used since the same assumption was made for each SNA.

The retrospective design has several strengths and limitations, according to Polit & Hungler. (1983) The design is based in realism and is useful in looking for solutions to practical problems. It is efficient and effective in collecting a large amount of data about a problem area. Three design weaknesses have been identified by Polit & Hungler. (1983) There is no ability to actively manipulate the independent variables of interest or to randomly assign cases for experimental treatments. As a result of these limitations, there is difficulty in inferring causal relationships. The third weakness is the risk of faulty interpretation if the researcher attempts to go beyond the data in offering explanations of the results.

These research design weaknesses were taken into account in this study. Study results will be considered tentative, with suggestions given for further research.

Data Collection Procedure

The survey was sent to the executive director, acting executive director, or senior staff member in the absence of an incumbent executive director in all 51 constituent associations. Each individual was asked to verify the information provided on the survey by the researcher in accordance with the data collected in the original phone survey. In addition, each SNA staff member was asked to furnish missing responses and provide responses for new items collected for the purpose of this research study.

Responses were obtained from 50 SNA staff, and permission to use the original data was given by the staff from the 51st SNA. The following parts of the survey were used for data collection for the purpose of this research: departmental allocation of staff FTE; and SNA services in government relations, professional services, economic and general welfare, and the category "other services."

Statistical Analysis

Descriptive statistics were calculated on the sample. Frequencies, mean, median and standard deviations were calculated on each of the items and scales for the external strategies of government relations and economic and general welfare, internal strategies, organizational development strategies, membership ratio, dues, SNA membership in 1988 and licensed registered nurses in states in 1984.

Hypothesis Testing.

The hypotheses were tested by applying Pearson's r to determine the magnitude and direction of the relationship between each of the following scales: membership ratio and dues, SNA membership in 1988, the number of RNs licensed by states in 1984, the government relations quantity (GOVT QUAN), the government relations quality (GOVT QUAL), the economic quantity (ECON QUAN), the economic quality (ECON QUAL), the internal quantity (INT QUAN), the internal quality (INT QUAL), the organizational development quantity (ORG QUAN) and the organizational development quality (ORG

QUAL). Three additional scales were initially developed and correlated with the aforementioned list. These scales were: the right-to-work states (RITE WORK); the degree of competitive environment within which the SNA collective bargaining programs exist (COMP ENV); and the presence/absence of labor unions seeking to represent registered nurses in competition with the SNA (UNION COM).

Assumptions underlying Pearson's r are that variables are: 1) interval scale data; 2) linearly related; and 3) normally distributed continuous data. (Phillips, 1978) Some may question the appropriateness of using Pearson's r in this study since ordinal scale data were used. However, Kendall's tau was calculated for correlations on the GOVT QUAN, GOVT QUAL, ECON QUAN, ECON QUAL, INT QUAN, INT QUAL, ORG QUAN, ORG QUAL, RITE WORK, COMP ENV, and UNION COM scales. Testing by Kendall's tau confirmed the results of Pearson's r . As a result, this researchers believes Pearson's r is an appropriate statistic to test the hypotheses in this study. The level of significance set for all statistical tests was 0.05.

Data were missing from ten SNAs on the RITE WORK, COMP ENV, and UNION COM items. Because these missing data affected all calculated correlations, the three items were removed and won't be referred to in the findings from the hypothesis testing.

CHAPTER 3

Results

The results of the descriptive statistics run on the scales used in this study will be reviewed before the results of the hypothesis testing are presented. The frequencies for the scales used in this study reveal numerous variations among the constituent nurses' associations. The range, mean, median, and standard deviations for the scales are found in Table 2.

Table 2.

Summary of descriptive statistics for study scales.

<u>Variable</u>	<u>Range</u>	<u>Mean</u>	<u>Median</u>	<u>Standard Deviation</u>
GOVT QUAL	3-8	5.392	6.00	1.358
GOVT QUAN	0-10FTE	1.210	1.00	1.748
ECON QUAL	0-11	4.216	3.00	3.684
ECON QUAN	0-42FTE	3.543	0.00	8.007
INT QUAL	3-14	8.980	9.00	2.581
INT QUAN	0-12FTE	1.131	0.00	2.455
ORG QUAL	6-16	10.529	10.00	2.485
ORG QUAN	0.5-16FTE	3.716	2.50	2.832
MEMBER	4%-33.8%	9.114%	7.20%	5.519
DUES	\$52-\$227.07	\$115.22	\$100.00	\$40.668
RN 84	3,167-176,601	37,604	24,329	40,033
SNA RN 84	319-29,418	3,659	1,629	5,479

Within each scale great variability was found. There was a wide range in the registered nurse population in 1984. Likewise, the SNAs exhibited a wide range of membership from a low of 319 to a high of 29,418. Membership ratio ranged from a low of 4% to a high of 33.8%. Dues established by the SNAs range from \$52.00 to \$227.07. Since association income is largely, although not totally, dependent on the number of members and the amount of dues they pay, financial resources available to the SNAs may be predicted to vary greatly based on the dues-paying membership. This factor, combined with the different staff resources needed for an association of 319 members and one of 29,418, resulted in a predictably different pattern in the quantity and quality scales. The data indicated that 24 SNAs do not provide collective bargaining programs, thus explaining the "0" on the range for ECON QUAN. However, one SNA had 42 labor relations staff members. In this and several other instances, SNAs produced outliers for staff or membership penetration, creating the potential for distorted values. Therefore, outliers were recoded to the next value within three standard deviations on the GOVT QUAN, ECON QUAN, INT QUAN, and ORG QUAN scales to control for distortion in calculated values.

The dependent variable in this study was membership ratio in the SNAs. The descriptive data were used to examine the rank order of the ten SNAs with the highest

membership ratio and the ten SNAs with the lowest membership ratio. Table 3 provides the results of this analysis.

Table 3.

Rank order of ten SNAs with highest membership ratio and ten SNAs with lowest membership ratio.

<u>Highest</u>		<u>Lowest</u>	
<u>Rank Order</u>	<u>SNA</u>	<u>Rank Order</u>	<u>SNA</u>
1	MN	42	WV
2	OR	43	IA
3	WA	44	IN
4	DC	45	RI
5	HI	46	AZ
6	MT	47	AR
7	NY	48	VA
8	MA	49	NJ
9	CA	50	TX
10	ND	51	CT

Further analysis of the strategies used by these 20 states indicated that all SNAs use internal strategies, organization development strategies, and the external strategy of government relations. One difference between

the two groups was the presence or absence of the external strategy of collective bargaining. Of the ten SNAs with the highest membership ratio, all but one offered collective bargaining services to members. The number of bargaining units ranged from 7-120 (mean= 59.77). Of the SNAs with the lowest membership ratio, only three offered collective bargaining services. These three SNA programs were small, with one to five bargaining units (mean= 3).

Dues was an independent variable of interest in this study. A comparison of the rank order of SNAs with the highest membership ratio against the rank order of dues showed that eight of the ten SNAs also had the highest dues. Four of the SNAs with the lowest membership ratio also had the lowest dues.

Analysis of other independent variables was done via hypotheses testing. The results of the statistical analysis and hypothesis testing are presented in terms of the nine stated hypotheses. Appendix B contains the summary tables with all of the statistics used in the analysis.

Hypothesis 1: There is a significant relationship between the quantity of external strategies represented by government relations activities used by the SNAs and membership ratio.

Results of the statistical analysis showed a mean = 1.114, SD = 1.342, and correlation of $r = 0.4246$ at the <0.0019 probability level, indicating that there was a

positive relationship between the quantity of external strategies represented by government relations activities used by SNAs and membership ratio. The hypothesis was accepted.

Hypothesis 2: There is a significant relationship between the quality of external strategies represented by government relations services used by the SNAs and membership ratio.

The results showed small positive correlations between the government relations quality (GOVT QUAL) and the membership ratio (RMEMBER) scales. The mean = 5.392, SD = 1.358, $r = 0.1538$. The probability level was not significant at <0.2812 . These results indicate that there was not a significant relationship between the quality of government relations services and SNA membership ratio. The hypothesis is rejected.

Hypothesis 3: There is a significant relationship between the quantity of external strategies represented by the economic and general welfare activities used by the SNAs and membership ratio.

The mean scores for the economic quantity (RECON QUAN) scale showed an average of 2.935 staff FTE in the SNA economic and general welfare programs, with a standard deviation of 5.659. Pearson's $r = 0.5881$ at $P < 0.0000$. These results indicated that there was a positive relationship between the economic and general welfare

quantity scale and membership ratio. The hypothesis was accepted.

Hypothesis 4: There is a significant relationship between the quality of the external strategies represented by the economic and general welfare activities used by the SNAs and membership ratio.

The statistical analysis showed a mean = 4.216 for economic and general welfare activities with a standard deviation = 3.684. The correlation was good, $r = 0.6154$, and the probability level significant at $P < 0.0000$. There was a positive relationship between the SNA economic and general welfare activities and membership ratio. The hypothesis was accepted.

Hypothesis 5: There is no significant relationship between the quantity of internal strategies used by SNAs and membership ratio.

The mean staff FTE for internal strategies was 0.876 with a SD = 1.500. The correlation was positive at 0.4682 and the probability level significant at < 0.0005 . The statistical analysis showed a positive correlation between the staff FTE for internal strategies and membership ratio. The hypothesis was rejected.

Hypothesis 6: There is no significant relationship between the quality of internal strategies used by SNAs and membership ratio.

The mean = 8.980 for SNA internal strategies services,

with $SD = 2.581$. Pearson's r was moderately positive at 0.3286 . $P < 0.0185$ was significant at the level set for the study. The results indicate that there was a positive relationship between the quality of internal strategies used by SNAs and membership ratio. The hypothesis was rejected.

Hypothesis 7: There is no significant relationship between the quantity of organizational development strategies used by SNAs and the membership ratio.

The statistical analysis showed a mean of 3.598 staff FTE related to organizational development strategies with $SD = 2.404$. The correlation was moderately positive at 0.3972 and the probability level was significant at < 0.0039 . This analysis showed a positive relationship between membership ratio and staff functioning in communications, public relations, convention, group insurance and other group benefits. The hypothesis was rejected.

Hypothesis 8: There is no significant relationship between the quality of organizational development strategies used by SNAs and the membership ratio.

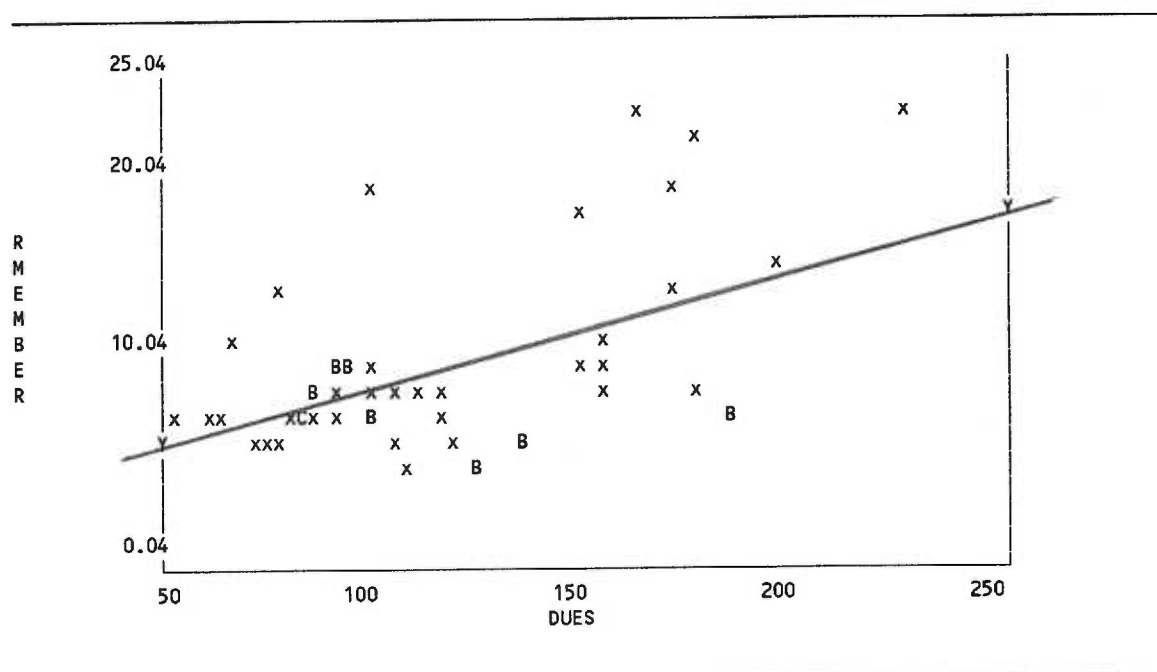
The results of the statistical analysis show that the mean = 10.529 for organizational development activities used by SNAs with $SD = 2.485$. The Pearson's $r = 0.3578$, showing a moderate but positive correlation between the SNAs' organizational development strategies and membership ratio. The probability level was significant at < 0.0099 . The hypothesis was rejected.

Hypothesis 9: There is no significant relationship between the dues level of the SNAs and the membership ratio.

The mean for the SNA dues was \$115.221, with a SD = 40.668. The correlation was 0.5201 and the probability level was significant at <0.0001 . Figure 1 is the scatterplot for this correlation.

Figure 1.

Scatterplot for the relationship between dues and membership ratio



Analysis of the scatterplot revealed that the SNAs with higher membership ratio also tended to have higher dues than did the SNAs with lower membership ratio. The data

indicated that there was a positive relationship between the dues and membership ratio. The hypothesis was rejected.

Finally, one of the aims of this study was to examine the relationship, singly and in combination of the relationship between the internal, external, and organizational development strategies used by SNAs and membership ratio.

The statistical analysis for the study included a correlation between and among the eight scales created for the strategies. Table 4 summarizes the correlation and probability values for these scales.

Table 4.

Results of correlations between and among scales for internal, external, and organizational development strategies of SNAs.

<u>Quality to Quality</u>				<u>Variable to Variable</u>			
		<u>r</u>	<u>P</u>			<u>r</u>	<u>P</u>
GOVT QUAL	- ECON QUAL	0.4586	0.0007	RINT QUAN	- GOVT QUAL	0.5123	0.0001
	- INT QUAL	0.5788	0.0000		- ECON QUAL	0.6958	0.0000
	- ORG QUAL	0.5360	0.0001		- INT QUAL	0.6266	0.0000
ECON QUAL	- INT QUAL	0.6421	0.0000		- ORG QUAL	0.5931	0.0000
	- ORG QUAL	0.5837	0.0000	ORG QUAN	- GOVT QUAL	0.5672	0.0000
INT QUAL	- ORG QUAL	0.6255	0.0000		- ECON QUAL	0.6627	0.0000
					- INT QUAL	0.6511	0.0000
					- ORG QUAL	0.7825	0.0000
<u>Quantity to Quality</u>				<u>Quantity to Quantity</u>			
RGOVT QUAN	- GOVT QUAL	0.7257	0.0000	RGOVT QUAN	- RECON QUAN	0.7179	0.0000
	- ECON QUAL	0.5615	0.0000		- RINT QUAN	0.6801	0.0000
	- INT QUAL	0.4662	0.0006		- RORG QUAN	0.6433	0.0000
	- ORG QUAL	0.5125	0.0001	RECON QUAN	- RINT QUAN	0.9018	0.0000
RECON QUAN	- GOVT QUAL	0.4594	0.0007		- RORG QUAN	0.8347	0.0000
	- ECON QUAL	0.7191	0.0000	RECON QUAN	- RINT QUAN	0.9018	0.0000
	- INT QUAL	0.5777	0.0000		- RORG QUAN	0.8347	0.0000
	- ORG QUAL	0.5795	0.0000	RINT QUAN	- RORG QUAN	0.7604	0.0000

In general, there were positive correlations between all scales at a moderate to high range. Lower correlations were found between the following: the government relations

quality and the economic quality scales ($r = 0.4586$); the government relations quantity and internal quality scales ($r = 0.4662$); and the economic quantity and the government relations quality scales ($r = 0.4594$). The strongest correlations were between the economic quantity and the internal quantity scales ($r = 0.9018$); and the economic quantity and the organizational quantity scales ($r=0.8347$). All correlations were significant at < 0.0010 . This analysis showed that all of the scales were positively correlated to one another.

In summary, analysis of the descriptive data showed great variability on all dimensions among the SNAs. The scales used to test hypotheses for government relations, economic and general welfare, internal strategies and external strategies were all positively correlated at moderate to high levels. The results of statistical analysis showed that the quantity of SNA government relations services, the quantity and quality of SNA economic and general welfare services, (all external strategies) the quantity and quality of internal strategies, and the quantity and quality of organizational development strategies and dues all have a positive significant relationship to membership ratio. No relationship between the quality of the government relations programs and membership ratio was demonstrated.

Chapter 4

Discussion, Conclusions, and Recommendations

The findings from this study demonstrated that the state nurses' associations use internal, external and organizational development strategies to provide services to members and to fulfill the profession's contract with society. This model was consistent with the contemporary process or power theory explicated in the literature by Freidson, Klegon and Hall.

The statistical analysis indicated that there was a positive relationship between the dependent variable, membership ratio, and the following independent variables: the external strategies represented by the staff quantity in the government relations program, and the staff quantity and the quality of the economic and general welfare program; the quantity and quality of the internal strategies; the quantity and quality of the organizational development strategies; and level of SNA dues. The only independent variable which did not show a positive correlation to membership ratio was the quality of the government relations program. Further, the study findings showed that there is an important relationship between all of the strategies used by the state nurses' associations. These findings are useful to the SNAs in developing programs to ensure that the nursing profession has adequate self-governance and power

mechanisms to fulfill the contract with society; and that, through the professional association, individual nurses are appropriately supported in pushing against the constraints of the profession or pushing out the boundaries of practice as described by Styles. (1982)

These study findings reflect the nature of the relationships resulting from the statistical analysis. The ability to interpret findings and differences was limited due to the retrospective study design which inhibits the inference of causal relationships. Therefore, the interpretation of the study results will include alternative explanations.

Although this researcher hypothesized that only the external strategies would show a significant relationship to membership ratio, the findings showed a positive relationship between all strategies, the dues level and membership ratio. This finding, while related to organizations rather than individuals, was consistent with those of Ryan (1983) whose study indicated that members of ANA showed no evidence of polarizing around segmental interests within the organization. Instead there was evidence of support for all strategies of ANA. This study showed a resultsimilar to that of the Ryan study, again from the perspective of the organization rather than individuals.

The lack of a positive correlation between the quality of the government relations program and membership ratio was

of particular interest. It is through influencing public policy that a profession is able to maintain an important mechanism for internal control of the body of knowledge. That mechanism is the state licensure laws which are enacted by the respective state legislatures. There were several possible explanations for the results of this statistical analysis.

The items for the government relations quality (GOVTQUAL) scale included dichotomous "yes-no" responses related to the following items: the presence/absence of staff in the government roles program; the existence of an SNA lobbying program; the involvement of the SNA in the establishment of administrative rules by state agencies; member involvement in policy recommendations for SNA action; the existence of a political action committee; and the availability of government relations/political action workshops. The content of the subscale items appears to measure government relations activities appropriately. However, the values for the scale as reflected by internal consistency reliabilities were the lowest for all the scales and the ten subscale items were also lowest when compared to other subscales. The low correlation between the scale and the dependent variable may have been related to instrumentation and should be subjected to further study.

The low correlation may also be the result of the nature of the government relations program itself. The most

visible service from the program is the lobbying function. There is an axiom in lobbying that it is easier to keep a bill from passing than it is to enact new legislation. Often, a successful SNA lobbying program is one which prevents detrimental legislation from passing. It is difficult to convince members that the organization was successful because actions were prevented from occurring. It is also possible that, since there was a positive correlation between the staff quantity in government relations and membership ratio, members see lobbying and other related activities as a staff function. Again, the retrospective design for this study made inferring causal relationships difficult without further testing.

Despite input that RNs would join the organization if the dues were lower, the study results indicate that the dues are not necessarily a deterrent to membership. Since the dues are generally higher for those SNAs which offer a collective bargaining program, the nature of the services may be a more crucial factor in an RN's decision to join the professional organization. An alternative explanation may result from the mandatory membership clauses within SNA-negotiated contracts. These clauses vary, but require in some way that all or part of the members of the bargaining unit must join the SNA. This study did not control for this extraneous variable, and it may be, in part, the requirement to join that alters the membership ratio pattern instead of

the service modality as suggested above.

One of the aims of this study related to the research question was to examine singly and in combination the relationships between the quantity and quality of internal, external and organizational development strategies. The statistical analysis demonstrated a high correlation between and among the quantity and quality scales for the external, internal and organizational development strategies. This result indicated that the services of the state nurses' associations are highly integrated. Again, the study design made difficult the ability to interpret the data beyond the observation of correlation. The study outcome was, however, consistent with observations about the nature of SNA services. For example, much of the content of the lobbying program relates to practice or labor issues. The collective bargaining program deals with the salaries and working conditions of RNs and with workplace practice issues. The practice-education-research program also interfaces with public policy issues and with workplace issues.

The positive correlation of all but the government relations quality scale to membership ratio and the positive correlation between and among the quantity and quality scales evokes interesting explanations regarding the issue of segmentation within nursing's professional organization. One explanation is that segmentation is not occurring around the internal strategies, the external strategies of

government relations and collective bargaining and the organizational development strategies. This interpretation assumes that there is some level of unity and agreement about the strategies used by the SNAs.

Another explanation is that the segments within the organization have obtained a particular power ratio which, at least during the study period, was not being challenged. This explanation is based more on detente within the segments of the association, rather than on unity and internal homogeneity. A third alternative is that there is a symbiotic relationship between the interests within the professional organization. For example, the external strategy of collective bargaining is enhanced by the use of internal strategies and the external strategies of government relations and/or vice versa. Further study of segmentation within nursing's professional organization would be highly useful in assisting SNAs with program planning and strategizing.

The descriptive data indicated that those states with collective bargaining programs tended to have higher membership ratio and higher dues, and provided more staff and services than those states which did not offer collective bargaining services. As mentioned earlier, one extraneous factor which was not addressed in this study is the effect of mandatory membership clauses in the collective bargaining programs. SNAs which have negotiated either a

larger number of mandatory membership clauses or have clauses in contracts for bargaining units of large numbers, the actual membership number and the membership ratio should be increased. This study design did not allow for control of this extraneous factor, but future studies should take it into account.

These foregoing conclusions were largely based on an underlying assumption that more service from the professional organization results in an increased membership ratio. In other words, registered nurses are induced to join the professional organization in response to the services provided. Since the study design inhibits inferring causal relationships, alternative explanations have been developed. One alternative is reversed causality. It is possible that the dependent variable, membership ratio, may have driven the independent variables. Stated another way, more members require more services and more staff. Members may join the organization and subsequently demand additional services. In another scenario, members may be required to join through mandatory membership clauses. As a result, the volume of service demand or the member demand for additional services then compels the organization to hire staff to provide those services. Thus, the organization's selection of strategies may well be a circular rather than a linear process wherein services attract members who demand additional services which in turn

attract more members. The literature review reported on studies which examined the reasons why nurses do or do not join the professional organization. Further research should refine the issue as to whether service drives membership or membership drives service, and explicate the interactive element between the two variables. This data would be highly useful to SNAs as they grapple with the type and level of service to provide.

The operational definition for the quality scales reflect that, for this study, quality was defined as the presence or absence of staff in each program area and in specific programmatic activities. Admittedly, quality includes other elements. The mere existence of an internal or external strategy does not indicate the intensity nor effectiveness of the activity. This retrospective study design limited the ability to establish measures of effectiveness in the SNA program strategies and should be taken into account in future studies.

Finally, professionalization as process and segmentation concepts were found useful in this study of state nurses' associations. The attribute theory was less useful for several reasons.

The attribute theory is based on homogeneity within a profession, and uses lists of characteristics against which an occupational group can determine whether professional status has been reached. The lists are static, which is

defined in the dictionary as at rest, not moving or progressing, and the opposite of dynamic. The lists include the existence of a professional organization as the mechanism through which an occupational group determines a code of ethics and engages in other self-regulating functions. While the theory addresses the functions in which the professional organization must engage, it does not address the ways in which an organization would go about establishing and maintaining itself. Nor does the attribute theory take into account the interactions between the professional organization and other groups and professions which would occur as the occupational group moves toward full professional status.

Nursing is better characterized by heterogeneity and dynamism as it works toward professionalization. Nursing's professional organization, the American Nurses' Association, and its state constituents have recognized the need to utilize legislative processes, not only for attaining legislation to regulate the practice of nursing, but for assuring the legitimacy of nursing's knowledge base within the health care delivery system. For the most part, nurses are employees within that delivery system. In the mid-1940's, nursing began to use collective bargaining as a strategy to address economic and authority issues within the clinical setting. Thus, nursing is particularly attuned to the power relationships by which it accomplishes its

professionalization goals. The selection of strategies, particularly that of collective bargaining have been somewhat controversial within the profession, leaving the potential for polarization of segments of nurses around those strategies.

The power theory is based on an internal dynamic, through which an occupational group regulates itself, and an external dynamic, which takes into account the group's interaction with the environment in its professionalization efforts. The power theory more appropriately describes the ways in which a professional society, i.e., nursing, would act to establish and maintain its professional status.

Conclusions

The membership ratio of the state nurses' associations is positively affected by the use of external, internal and organizational development strategies. External strategies include both government relations and economic and general welfare services. There is also a positive correlation between the dues level of the SNAs and the membership ratio. The only independent variable which did not show a positive correlation with membership ratio was the quality of the government relations program. All of the SNA strategies are positively related between and among categories.

These results are intriguing, given the experience that registered nurses express strong differences of opinion about selected strategies. This study does not reveal

differences in the use of strategies as a result of segmentational interests within the organization. What is left unclear is whether the correlation between all the strategies and membership ratio results from agreement about the strategies or whether there has been a power balance within the organization which expresses itself as relatively equal support for all strategies. Another possibility is the existence of a symbiotic relationship between the varying interests within the organization which also is expressed as support for all strategies.

In one sense, the study results showing a positive correlation between membership ratio and internal, external and organization development strategies and dues indicate that an organization can't have membership without these variables. However, the research design makes difficult the inference of which variables may drive membership. Another intriguing alternative and converse explanation is the possibility that the number of members actually drives the demand for services. Professionalization as process and segmentation concepts were useful in analyzing professional organizations. The concepts are useful for future research. Use of the power theory is recommended.

Finally, professionalization as process and segmentation concepts were found to be useful in analyzing a professional organization. It is recommended that the power theory be used in future research studies. The quality of

professional organization strategies should be defined in terms of effectiveness for further studies.

Limitations

The retrospective study design limited the ability to interpret data by making cause and effect statements. The researcher was able to observe phenomena which occurred in the past, but not to control for any variable included in the study or to randomly assign the SNAs to experimental treatments. The design limitation affected this study by preventing the researcher from "untangling" the relationship between the strategies used by the SNAs and the membership ratio.

The study population was the state nurses' associations. This population represents a convenience sample, so the outcomes are, strictly speaking, not generalizable to other professional organizations.

An attempt was made to control for inter-rater reliability by sending the original data collected by phone to the executive directors of the SNAs for verification. However, there have been several changes in the incumbent filling the executive director role from the time the data was originally collected until this study was conducted. In some instances there is a new or acting executive director and in others, a senior staff member is assuming some of the executive director's responsibilities. The newer staff people may or may not have the same historical perspective

as the incumbent who responded to the original phone survey. Therefore, some of the current incumbents were limited in their ability to verify the original data.

Recommendations for Further Research

Six recommendations for further research studies are indicated. First, this study should be replicated with other target populations. There is evidence that other organizations, including the American Medical Association, acknowledge use of internal, external and organizational development strategies. It has been previously acknowledged that the nursing profession is largely a female workforce, and that female occupational groups are most frequently labelled semi-professions. It has also been acknowledged that nursing is highly aware of the need for a power orientation in its professionalization efforts. The study outcomes would be strengthened by replication with other populations which may be more or less oriented to the need for external strategies.

Second, a prospective study design would strengthen the outcomes. Ideally, a study should be conducted in which an organization serves as a control while another experiments with a strategy not in current use. Specifically, further study designs should include the ability to control for extraneous factors, such as mandatory membership clauses.

Third, a study should be designed to examine the relationship of the quality of government relations services

to membership ratio. Indeed, indepth analysis of specific programs within the broad categories of internal, external and organizational development strategies would provide valuable insight.

Fourth, further study on this topic should include refinement of the instrument. The issue of defining quality in SNA strategies has been problematic. Further use of the instrument should take into account the rewording of items to show the influence of strategies as quality outcome measures.

Fifth, the concept of segmentation is worth additional study. Observation would indicate that there is conflict surrounding the use of some strategies within the SNAs. Yet, the study findings indicate that there is either agreement about strategies, a power relationship among segments which is overshadowing conflict, or a symbiotic relationship between segments. The exact nature of segmental interests would provide powerful information to SNAs in identifying strategies and member services.

Finally, future studies should pinpoint the extent to which services result in membership or to which membership drives the need for services. These data would provide direction to SNAs grappling with the selection and/or limitation of strategies as they go about fulfilling nursing's contract with society.

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APPENDIX A

Survey of State Nurses' Associations (SNAs)

SURVEY OF STATE NURSES ASSOCIATIONS (SNAs)

by

Paula McNeil

(1) Name of SNA _____
 Name of Individual Completing Survey _____

INSTRUCTIONS:

This survey form is divided into three sections. The items in Part A & Part B were included in the previously-conducted phone survey, with the exception of a few items which have been added. Your responses, previously provided via telephone interviews, have been recorded on this survey form. Please review all items to: 1) verify or correct the data; and 2) provide responses for new items. Part C is a new section. Please supply responses to all items.

In general, response options are formatted across the page when you are asked for an "either-or" response. Otherwise, response options are given in a horizontal format. Please supply all responses for the fiscal year which included the month of May, 1988, unless otherwise noted.

PART A - Structure and Amount of Dues, Staff Resources

1. Amount of SNA dues (exclusive of ANA per capita and district dues). (104) 5/88 (4) 12/31/89

2. Does your SNA offer categories of membership dues? (5) Yes___ No___

(If yes, check all that apply)

(6) ___ Full-time

(7) ___ Part-time

(8) ___ Sliding scale

(11) ___ 50% (ie. for new grads; RNs enrolled in school full-time; RNs who are unemployed; and RNs 62 years of age and older who are earning more than Social Security allows).

(12) ___ 25% (ie. for RNs 62 years of age and older not earning more than Social Security allows).

(9) ___ Other
Specify _____

(10) ___ Other
Specify _____

3. Do the districts within your SNA charge a uniform amount of dues? (13) Yes___ No___

4. Is there an assessment fee for your SNA's collective bargaining program? ⁽¹⁴⁾ Yes___ No___

(If yes, check all that apply)

- ___ SNA Assessment (Give amount of assessment) ⁽¹⁰⁹⁾ _____
(Range)
- ___ Bargaining Unit Assessment (Give amount of assessment) ⁽¹¹⁰⁾ _____
(Range)
- ___ Other (Specify and give amount of assessment) ⁽¹¹¹⁾ _____

5. SNA Expense Budget (for fiscal year that included month of May, 1988.) ⁽¹⁵⁾ _____

6. Total number of staff FTE (in May, 1988.) ⁽¹⁶⁾ _____

7. Departmental allocation of staff by FTE:

Administration

- ⁽¹⁷⁾ ___ Executive Director
- ⁽¹⁹⁾ ___ Administrative Assistant/Secretary
- ⁽¹⁸⁾ ___ Director of Administrative Services
- ⁽²⁰⁾ ___ Membership Staff
- ⁽²¹⁾ ___ Public Relations Staff
- ⁽²²⁾ ___ Newsletter Staff
- ⁽²⁴⁾ ___ Bookkeeper/Accountant
- ⁽¹¹²⁾ ___ Receptionist
- ⁽²³⁾ ___ Other

Economic & General Welfare

- ⁽²⁵⁾ ___ Director of Labor Relations
- ⁽²⁶⁾ ___ Labor Relations Representatives (ie. negotiators)
- ⁽²⁷⁾ ___ In-House Attorney
- ⁽²⁸⁾ ___ Secretaries
- ⁽²⁹⁾ ___ Grievance Staff
- ⁽³⁰⁾ ___ Organizer
- ⁽³²⁾ ___ Other

Professional Services (ie. nsg. practice, education)

- ⁽³³⁾ ___ Director of Professional Services
- ⁽³⁴⁾ ___ Secretaries
- ⁽³⁵⁾ ___ Other

Government Relations

- (36) _____ Director of Government Relations
- (37) _____ Staff lobbyist
- (38) _____ Contract lobbyist
- (113) _____ Secretaries
- (39) _____ Other

8. Does your SNA have more than one headquarters office site? (40) Yes___ No___
- If yes, how many sites? (41) _____
- How many staff FTE at each site? (42) _____

PART B - SNA Services

9. **Government Relations**

- 9.1. Does your SNA lobby with the state legislature? (43) Yes___ No___
- 9.2. Does your SNA have a political action committee? (44) Yes___ No___
- 9.3. Does your SNA monitor and become involved in the establishment of administrative rules by state agencies? (114) Yes___ No___
- 9.4. Does your SNA have a member committee/Cabinet which recommends SNA action and policy regarding government relations? (45) Yes___ No___
- 9.5. Does your SNA offer Government Relations/political action workshops? (115) Yes___ No___
- If yes, please specify number of workshops exclusive of the continuing education reported in response to item 10.1. and the workshops reported in response to item 11.4. (116) _____

10. **Professional Services**

(ie. services related to nsg. practice, education)

10.1. Does your SNA offer continuing education programs for members?

(46) Yes___ No___

If yes, approximately how many hours of continuing education are offered, exclusive of the workshops included in response to items 9.5. and 11.4.

- (47) _____ 16 hours or less per yr.
- _____ 17-40 hours per yr.
- _____ 41-80 hours per yr.
- _____ 81 hours or more per yr.

10.2. Does your SNA have a Continuing Education Approval and Recognition Program (CEARP)?

(48) Yes___ No___

If yes, is your program accredited by ANA?

(49) Yes___ No___

If yes, is your program ANA accredited as a(n):

Approver
Provider

(50) Yes___ No___
Yes___ No___

10.3. Does your SNA have member committees/Cabinets which recommend Association policy in the following areas:

- Continuing Education
- Human Rights
- Ethics
- Practice
- Research
- Education

(51) Yes___ No___
(52) Yes___ No___
(53) Yes___ No___
(54) Yes___ No___
(55) Yes___ No___
(56) Yes___ No___

10.4. Does your SNA have special interest groups (ie. groups of members who form around specialties, like gerontological nsg; or occupational interests, like nurse practitioners or clinical nurse specialists)

(57) Yes___ No___

If yes, how many SIGs are formed?

(58) _____

10.5. Does your SNA offer a substance abuse program for members and/or non-members? (59) Yes___ No___

If yes, do you offer:

- Referral to treatment resources (60) Yes___ No___
- Treatment (61) Yes___ No___
- Other (62) Yes___ No___

10.6. Does your SNA offer staff or member resources to assist members in dealing with practice issues or problems? (63) Yes___ No___

If yes, do you offer:

- Advice to members (64) Yes___ No___
- Intervention on behalf of members with practice problems (65) Yes___ No___

10.7. Does your SNA have workplace practice committees (ie. Professional Nursing Care Committees, others)? (66) Yes___ No___

If yes, do you provide SNA staff support to these workplace practice committees? (67) Yes___ No___

11. Economic and General Welfare

11.1. Does your SNA have an economic and general welfare program? (68) Yes___ No___

11.2. Does your SNA have a member committee/Cabinet which recommends/establishes policy regarding labor relations? (69) Yes___ No___

11.3. Does your SNA offer collective bargaining services to its members? (117) Yes___ No___

If yes, please answer the following:

- Number of bargaining units (70) _____
- Number of contracts (71) _____
- Number of new units organized (73) _____
- Approximate number of grievances (74) _____
- Approximate number of arbitrations (75) _____

Number of strikes in 1988 (76) _____

Does the SNA labor relations staff negotiate the contracts? (77) Yes___ No___

Does your SNA have a strike fund? (78) Yes___ No___

Does your SNA provide strike benefits to local bargaining unit members while on strike? (79) Yes___ No___

11.4. Does your SNA offer Economic & General Welfare workshops? (118) Yes___ No___

If yes, please specify number of workshops, exclusive of the workshops reported in response to item 9.5. and the continuing education reported in response to item 10.1. (72) _____

12. Other Services

12.1. Do you publish an SNA newsletter? (119) Yes___ No___

If yes, what is the frequency of your SNA newsletter?

- (80) _____ 1X/year
- _____ 4X/year
- _____ 5X/year
- _____ 6X/year
- _____ 8X/year
- _____ 10X/year
- _____ 12X/year
- _____ 24X/year
- _____ Other

12.2. Does your SNA regularly publish other publications (ie. an SNA journal, legislative news or other. This item does not include publication of brochures, books or other single publications). (81) Yes___ No___

If yes, please specify the type of publication.

(82) _____

12.3. Does your SNA make group insurance programs available to members?

(83) Yes___ No___

If yes, do you provide:

Liability insurance (85) Yes___ No___

Statewide portable pension plan (86) Yes___ No___

Pension/retirement plan(eg. ANA's plan) (87) Yes___ No___

Medical insurance (88) Yes___ No___

Life insurance (89) Yes___ No___

Catastrophic insurance (90) Yes___ No___

Legal insurance/services (91) Yes___ No___

12.4. If you answered "yes" to item 12.3, do you offer group insurances available through the ANA?

(84) Yes___ No___

Exceptions: (specify)

12.5. Does your SNA offer members the following benefits:

Credit card services (92) Yes___ No___

Wholesale buying (93) Yes___ No___

Travel club services (94) Yes___ No___

Educational loans/scholarships (95) Yes___ No___

Other (specify) (96) Yes___ No___

12.6. Does your SNA have a convention?

(97) Yes___ No___

If yes, is your convention:

(98) _____ Annual
 _____ Biennial
 _____ Other

12.7. Do you consider that your public relations programs is primarily:

(99) _____ Proactive
 _____ Reactive

PART C - ENVIRONMENTAL ASSESSMENT

13. Is your SNA in a "right-to-work" state? ⁽¹²⁰⁾ Yes___ No___

14. How would you rate the competitive environment in which your collective bargaining program exists?
Check one of the 3 responses:

- ⁽¹²¹⁾ ___ Extremely competitive
- ___ Moderately competitive
- ___ Minimally competitive

15. Are other labor organizations actively competing with your SNA to represent RNs for purposes of collective bargaining? ⁽¹²²⁾ Yes___ No___

If yes, please specify which labor organizations are currently competing with your SNA?

16. Does your SNA have financial assets equal to the operating (expense) budget for:

- ⁽¹²³⁾ ___ Less than 1 month
- ___ 1 month
- ___ 2 months
- ___ 3-5 months
- ___ 6-12 months

F:\Paula\survey.1

APPENDIX B
Results of Statistical Analysis

Correlation matrix

File: ona90m8

Date: 05-21-1990

FILTER: None

The P-values shown are 2 tailed values.

	GOVTQUAL	RGOVQUAN	ECONQUAL	RECOQUAN	INTQUAL	RINTQUAN	ORGQUAL
GOVTQUAL	1.0000 0.0000 (51)	0.7257 0.0000 (51)	0.4586 0.0007 (51)	0.4594 0.0007 (51)	0.5788 0.0000 (51)	0.5123 0.0001 (51)	0.5360 0.0001 (51)
RGOVQUAN	0.7257 0.0000 (51)	1.0000 0.0000 (51)	0.5615 0.0000 (51)	0.7179 0.0000 (51)	0.4662 0.0006 (51)	0.6801 0.0000 (51)	0.5125 0.0001 (51)
ECONQUAL	0.4586 0.0007 (51)	0.5615 0.0000 (51)	1.0000 0.0000 (51)	0.7191 0.0000 (51)	0.6421 0.0000 (51)	0.6958 0.0000 (51)	0.5837 0.0000 (51)
RECOQUAN	0.4594 0.0007 (51)	0.7179 0.0000 (51)	0.7191 0.0000 (51)	1.0000 0.0000 (51)	0.5777 0.0000 (51)	0.9018 0.0000 (51)	0.5795 0.0000 (51)
INTQUAL	0.5788 0.0000 (51)	0.4662 0.0006 (51)	0.6421 0.0000 (51)	0.5777 0.0000 (51)	1.0000 0.0000 (51)	0.6266 0.0000 (51)	0.6255 0.0000 (51)
RINTQUAN	0.5123 0.0001 (51)	0.6801 0.0000 (51)	0.6958 0.0000 (51)	0.9018 0.0000 (51)	0.6266 0.0000 (51)	1.0000 0.0000 (51)	0.5931 0.0000 (51)
ORGQUAL	0.5360 0.0001 (51)	0.5125 0.0001 (51)	0.5837 0.0000 (51)	0.5795 0.0000 (51)	0.6255 0.0000 (51)	0.5931 0.0000 (51)	1.0000 0.0000 (51)
RGQUAN	0.5672 0.0000 (51)	0.6433 0.0000 (51)	0.6627 0.0000 (51)	0.8347 0.0000 (51)	0.6511 0.0000 (51)	0.7604 0.0000 (51)	0.7825 0.0000 (51)
MEMBER	0.1538 0.2812 (51)	0.4246 0.0019 (51)	0.6154 0.0000 (51)	0.5881 0.0000 (51)	0.3286 0.0185 (51)	0.4682 0.0005 (51)	0.3578 0.0099 (51)
JES	0.4029 0.0034 (51)	0.5246 0.0001 (51)	0.6229 0.0000 (51)	0.6439 0.0000 (51)	0.4835 0.0003 (51)	0.6038 0.0000 (51)	0.5537 0.0000 (51)

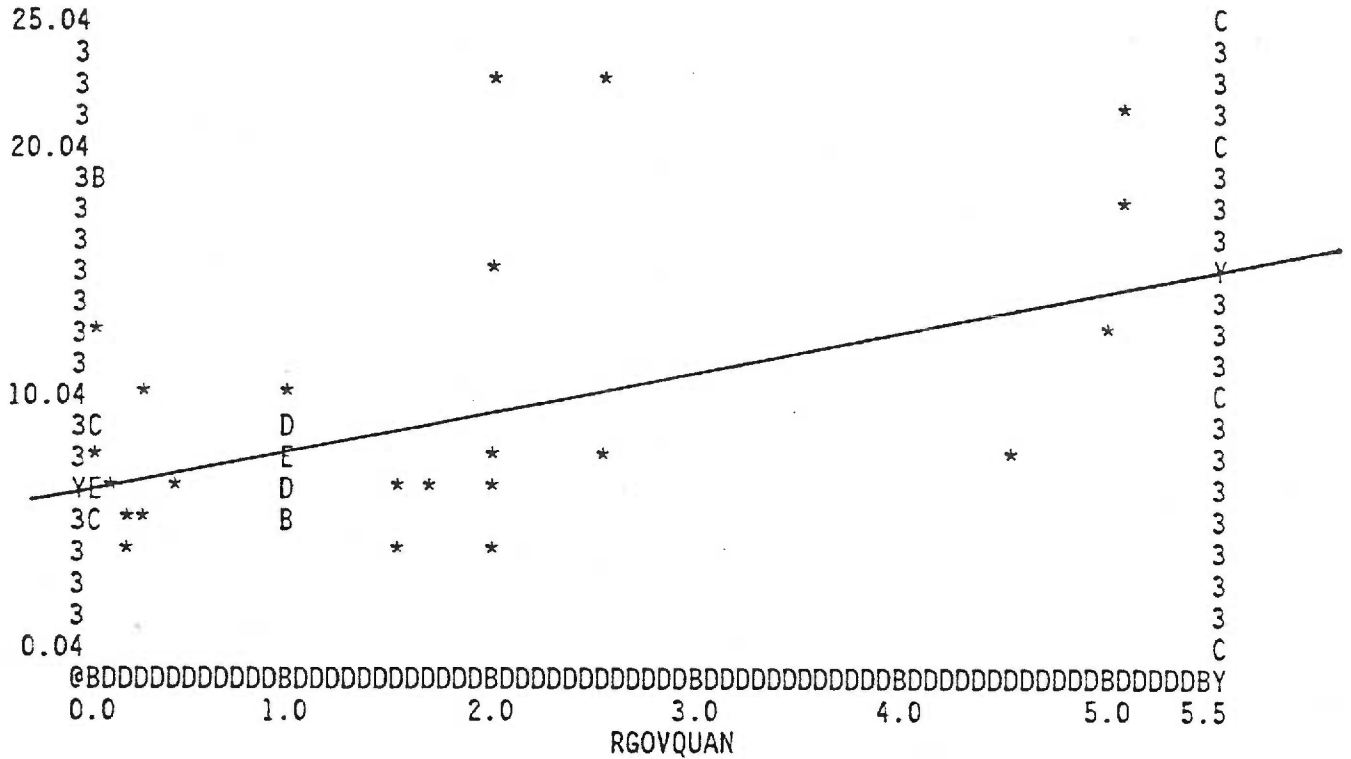
	RORGQUAN	RMEMBER	DUES
VTQUAL	0.5672	0.1538	0.4029
	0.0000	0.2812	0.0034
	(51)	(51)	(51)
OVQUAN	0.6433	0.4246	0.5246
	0.0000	0.0019	0.0001
	(51)	(51)	(51)
ONQUAL	0.6627	0.6154	0.6229
	0.0000	0.0000	0.0000
	(51)	(51)	(51)
COQUAN	0.8347	0.5881	0.6439
	0.0000	0.0000	0.0000
	(51)	(51)	(51)
ITQUAL	0.6511	0.3286	0.4835
	0.0000	0.0185	0.0003
	(51)	(51)	(51)
INTQUAN	0.7604	0.4682	0.6038
	0.0000	0.0005	0.0000
	(51)	(51)	(51)
RGQUAL	0.7825	0.3578	0.5537
	0.0000	0.0099	0.0000
	(51)	(51)	(51)
ORGQUAN	1.0000	0.3972	0.5890
	0.0000	0.0039	0.0000
	(51)	(51)	(51)
MEMBER	0.3972	1.0000	0.5201
	0.0039	0.0000	0.0001
	(51)	(51)	(51)
JES	0.5890	0.5201	1.0000
	0.0000	0.0001	0.0000
	(51)	(51)	(51)

catterplot

File: ona90m8

Date: 05-18-1990

ILTER: None



Variable: RGOVQUAN
Variable: RMEMBER

	RMEMBER	RGOVQUAN
Mean:	8.878	1.114
Standard deviation:	4.629	1.342
Minimum:	4.000	0.000
Maximum:	21.800	5.100
N:		51
N Missing:		0

Std dev of Y given X: 4.234

Correlation and two-tailed P-value: 0.4246 (P<0.0019)

Regression line for predicting RMEMBER from RGOVQUAN:

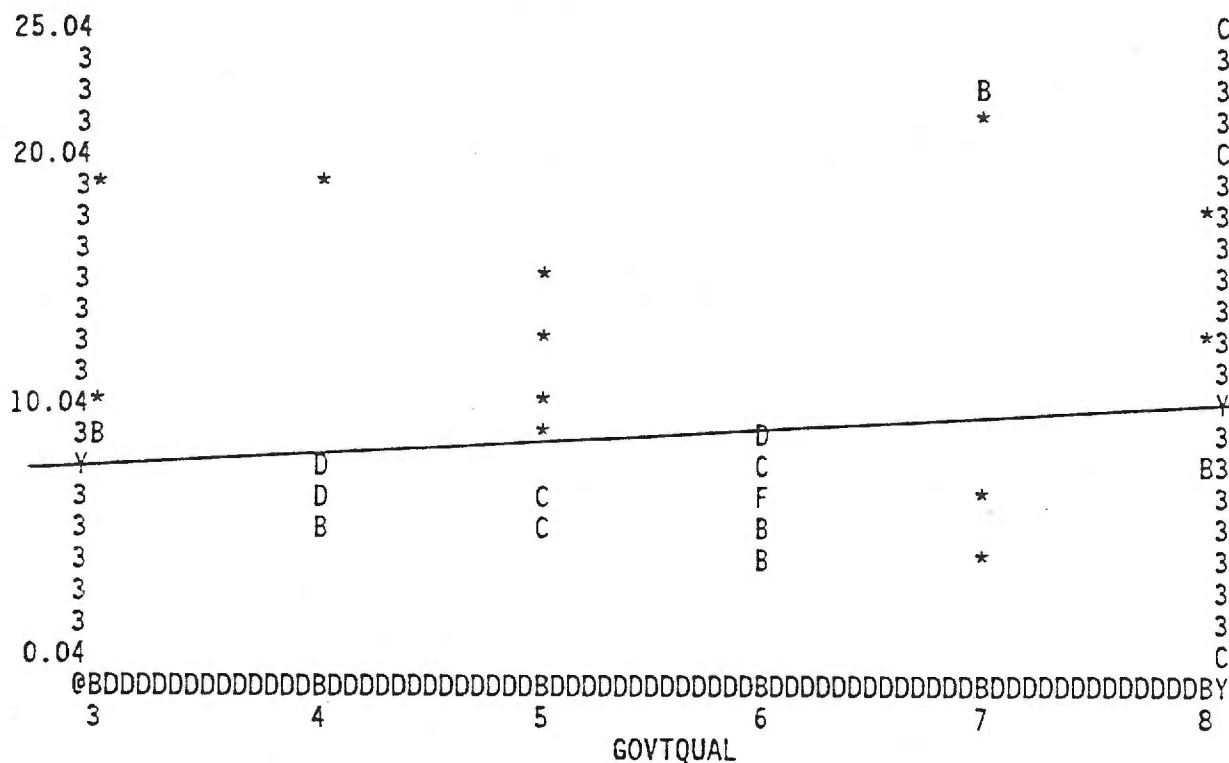
	INTERCEPT	SLOPE
RMEMBER =	7.24700 +	1.46417 * RGOVQUAN
Std Errors:	0.77358	0.44600

catterplot

File: ona90m8

Date: 05-18-1990

ILTER: None



Variable: GOVTQUAL
Variable: RMEMBER

	RMEMBER	GOVTQUAL
Mean:	8.878	5.392
Standard deviation:	4.629	1.358
Minimum:	4.000	3.000
Maximum:	21.800	8.000
N:		51
N Missing:		0

Std dev of Y given X: 4.621

Correlation and two-tailed P-value: 0.1538 (P<0.2812)

Regression line for predicting RMEMBER from GOVTQUAL:

Std Errors:

$$\text{RMEMBER} = \text{INTERCEPT } 6.05053 + \text{SLOPE } 0.52445 * \text{GOVTQUAL}$$

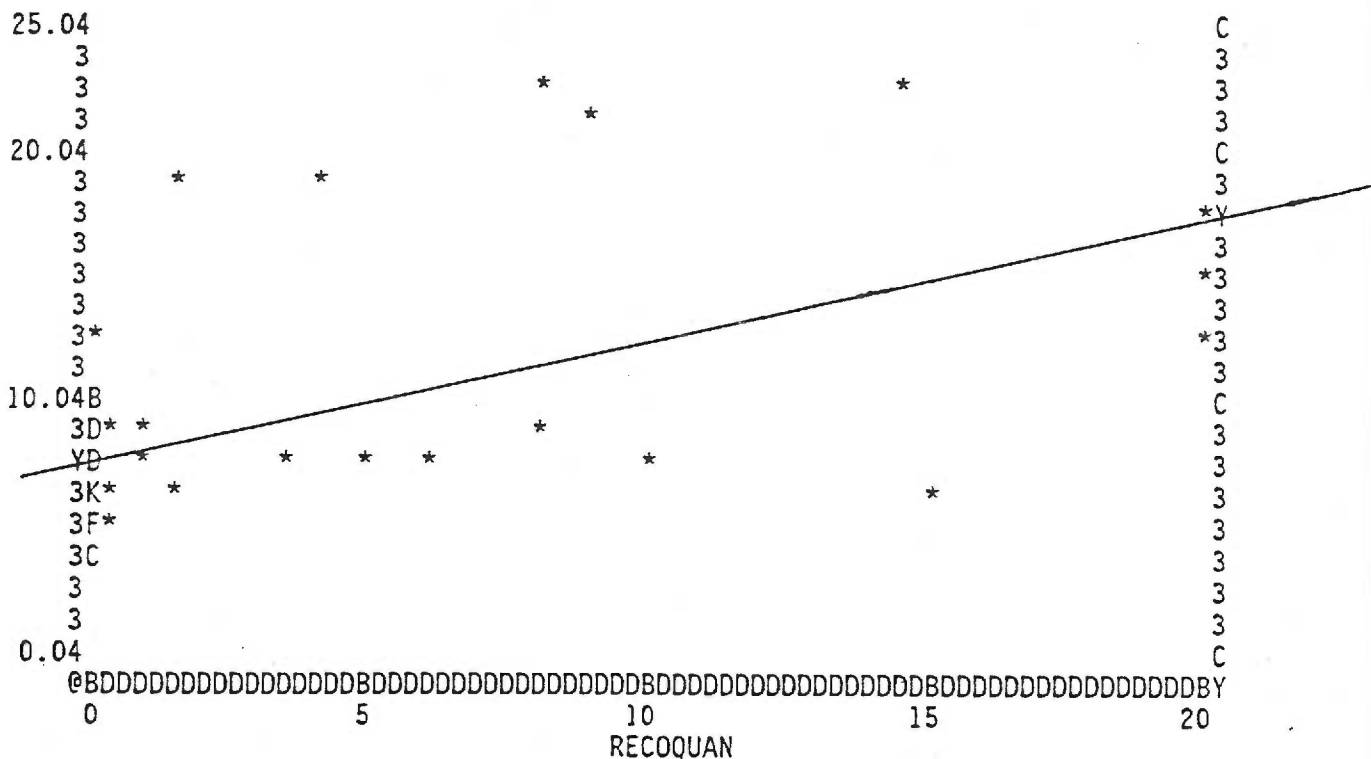
2.67478 0.48132

catterplot

File: ona90m8

Date: 05-18-1990

ILTER: None



Variable: RECOQUAN
Variable: RMEMBER

	RMEMBER	RECOQUAN
Mean:	8.878	2.935
Standard deviation:	4.629	5.659
Minimum:	4.000	0.000
Maximum:	21.800	20.000
N:		51
N Missing:		0

Std dev of Y given X: 3.782

Correlation and two-tailed P-value: 0.5881 (P<0.0000)

Regression line for predicting RMEMBER from RECOQUAN:

$$\text{RMEMBER} = \text{INTERCEPT} + \text{SLOPE} * \text{RECOQUAN}$$

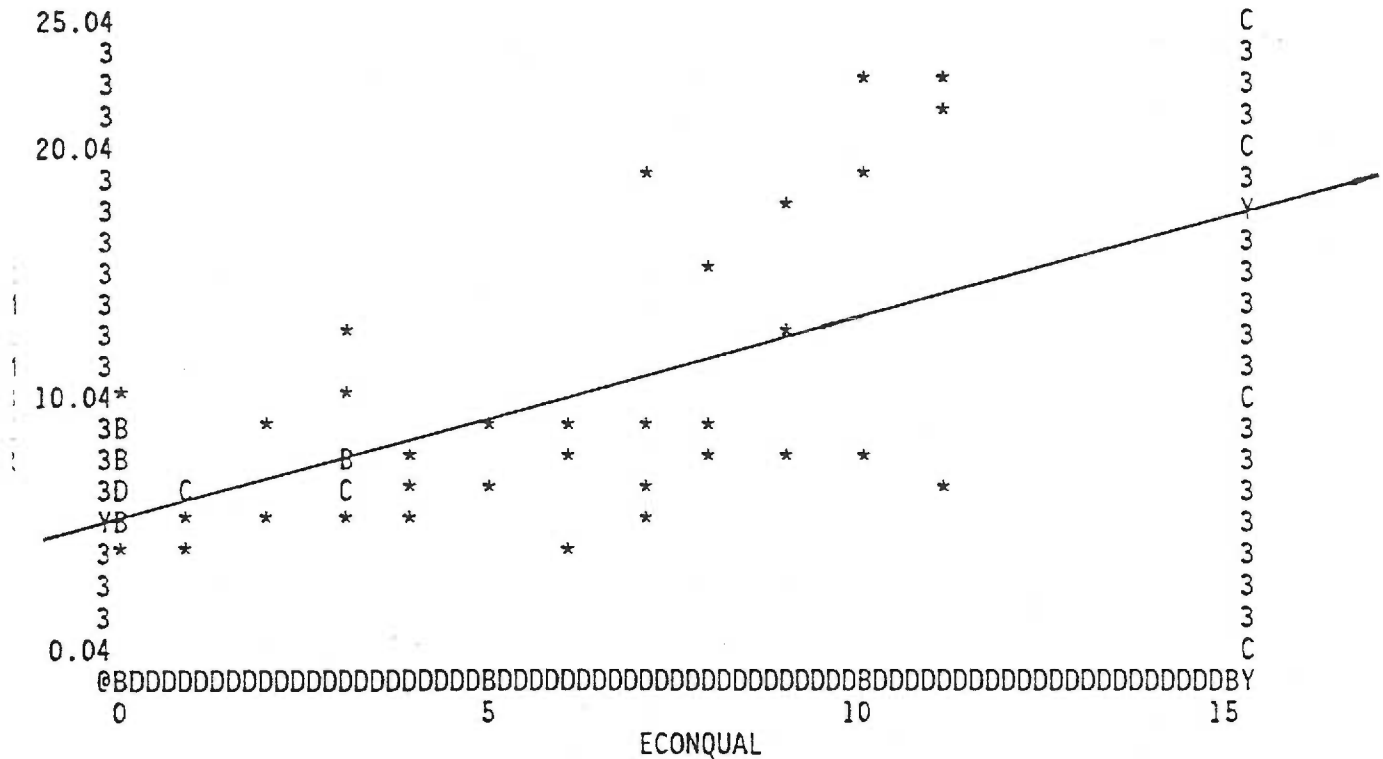
Std Errors: INTERCEPT 7.46643 + 0.59787 SLOPE 0.48104 * 0.09451

catterplot

File: ona90m8

Date: 05-18-1990

ILTER: None



< Variable: ECONQUAL
 / Variable: RMEMBER

	RMEMBER	ECONQUAL
Mean:	8.878	4.216
Standard deviation:	4.629	3.684
Minimum:	4.000	0.000
Maximum:	21.800	11.000
N:		51
N Missing:		0

Std dev of Y given X: 3.686

Correlation and two-tailed P-value: 0.6154 (P<0.0000)

Regression line for predicting RMEMBER from ECONQUAL:

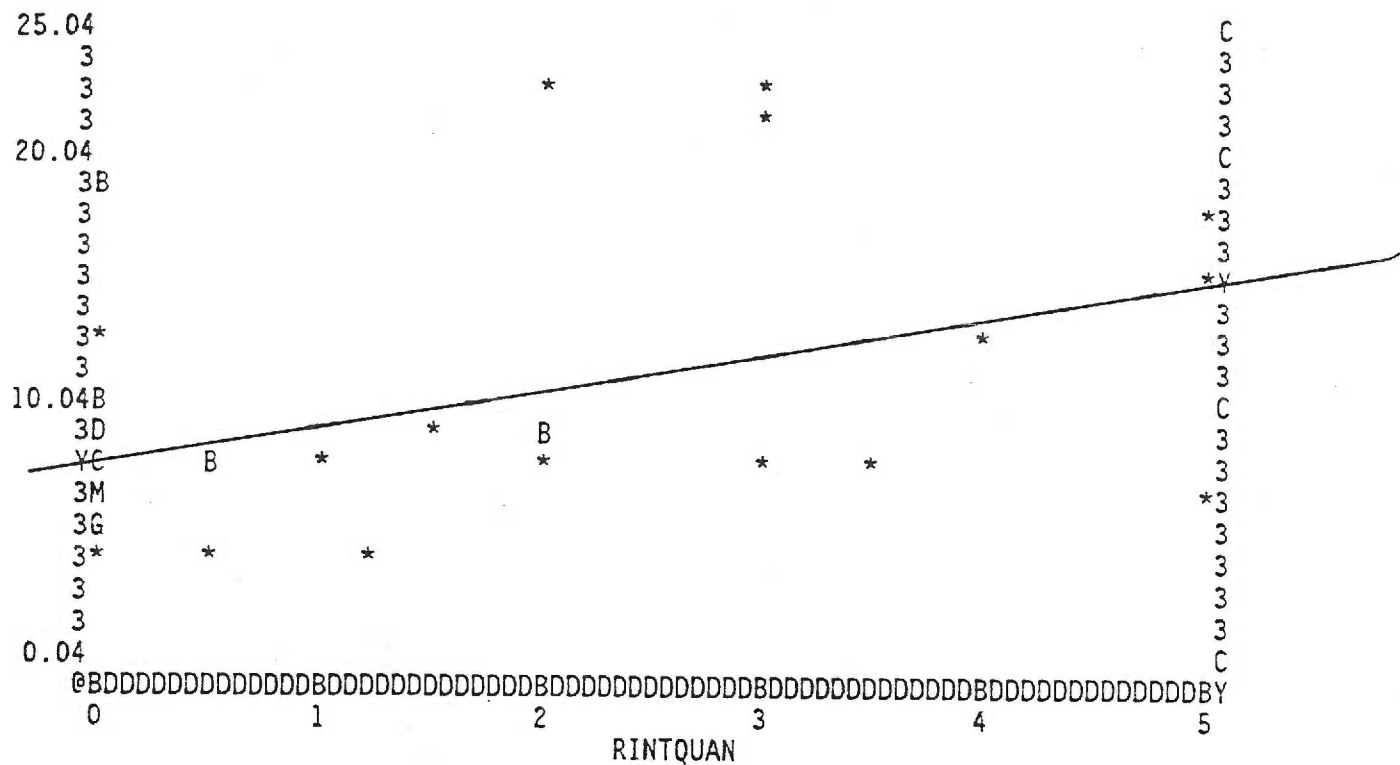
RMEMBER =	INTERCEPT	SLOPE
	5.61872 +	0.77323 * ECONQUAL
Std Errors:	0.78880	0.14149

catterplot

File: ona90m8

Date: 05-18-1990

ILTER: None



Variable: RINTQUAN
Variable: RMEMBER

	RMEMBER	RINTQUAN
Mean:	8.878	0.876
Standard deviation:	4.629	1.500
Minimum:	4.000	0.000
Maximum:	21.800	5.000
N:	51	
N Missing:	0	

Std dev of Y given X: 4.132

Correlation and two-tailed P-value: 0.4682 (P<0.0005)

Regression line for predicting RMEMBER from RINTQUAN:

$$\text{RMEMBER} = \text{INTERCEPT} + \text{SLOPE} * \text{RINTQUAN}$$

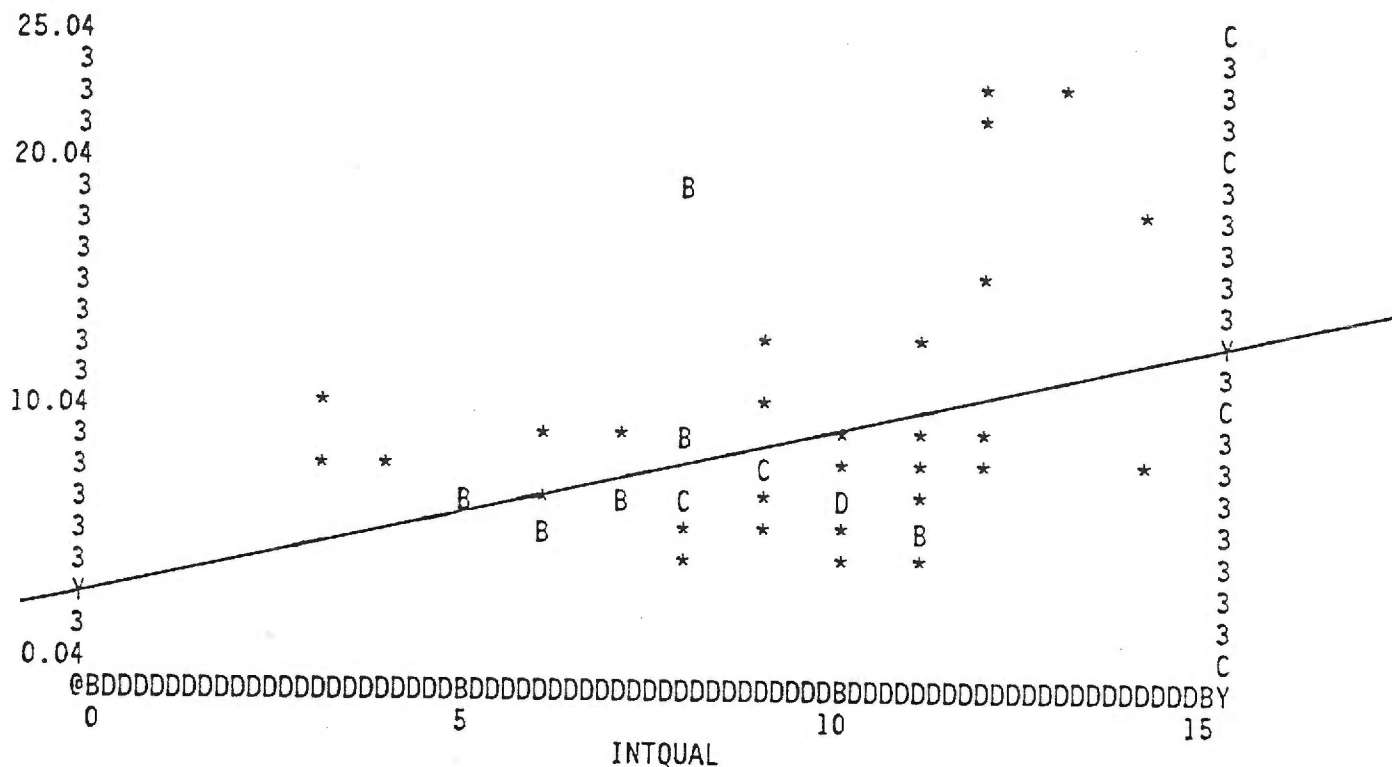
Std Errors: 0.67183 0.38955

catterplot

File: ona90m8

Date: 05-18-1990

ILTER: None



Variable: INTQUAL
Variable: RMEMBER

	RMEMBER	INTQUAL
Mean:	8.878	8.980
Standard deviation:	4.629	2.581
Minimum:	4.000	3.000
Maximum:	21.800	14.000
N:	51	
N Missing:	0	

Std dev of Y given X: 4.417

Correlation and two-tailed P-value: 0.3286 (P<0.0185)

Regression line for predicting RMEMBER from INTQUAL:

Std Errors:

$$\text{RMEMBER} = \text{INTERCEPT} + \text{SLOPE} * \text{INTQUAL}$$

$$= 3.58486 + 0.58946 * \text{INTQUAL}$$

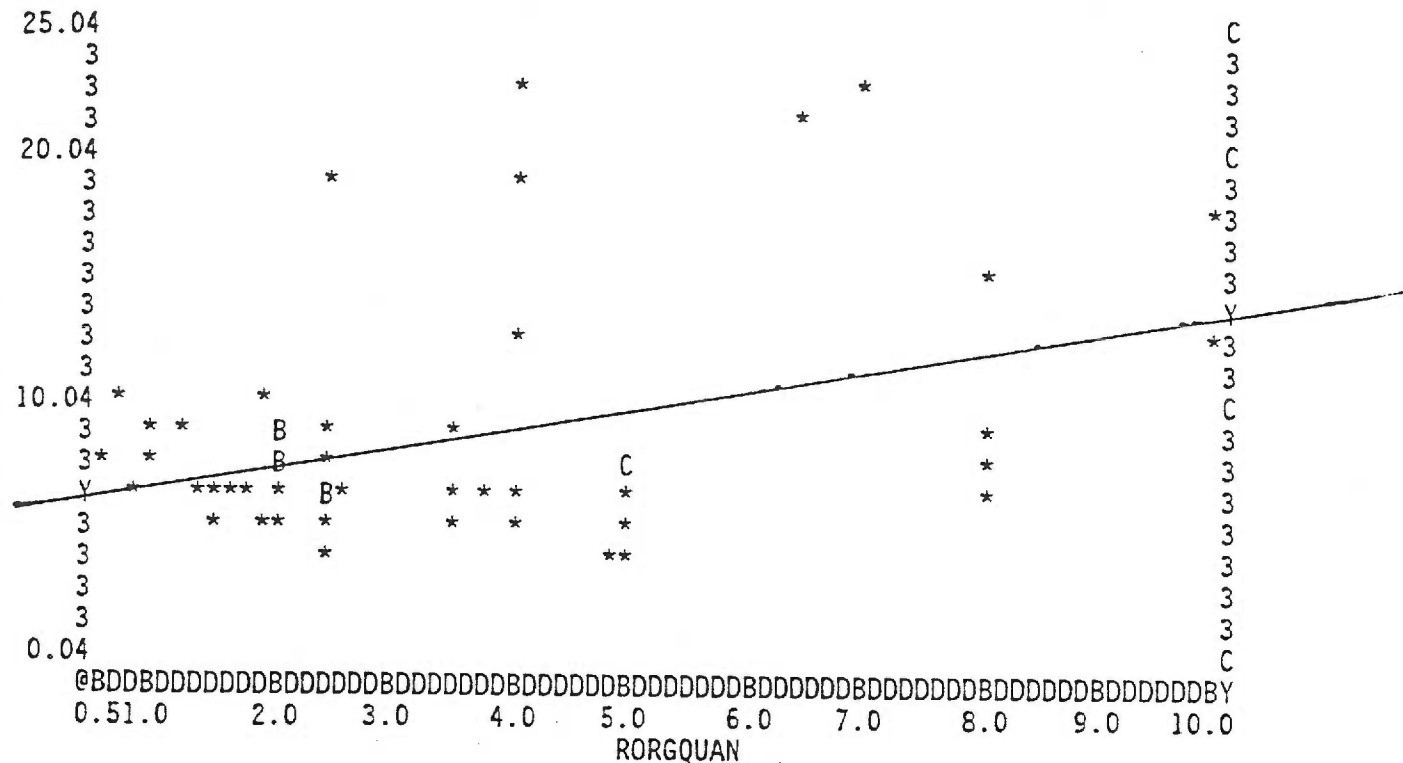
$$\text{Std Errors: } 2.25982 \quad 0.24203$$

catterplot

File: ona90m8

Date: 05-18-1990

ILTER: None



Variable: RORGQUAN
Variable: RMEMBER

	RMEMBER	RORGQUAN
Mean:	8.878	3.598
Standard deviation:	4.629	2.404
Minimum:	4.000	0.500
Maximum:	21.800	10.000
N:	51	
N Missing:	0	

Std dev of Y given X: 4.292

Correlation and two-tailed P-value: 0.3972 (P<0.0039)

Regression line for predicting RMEMBER from RORGQUAN:

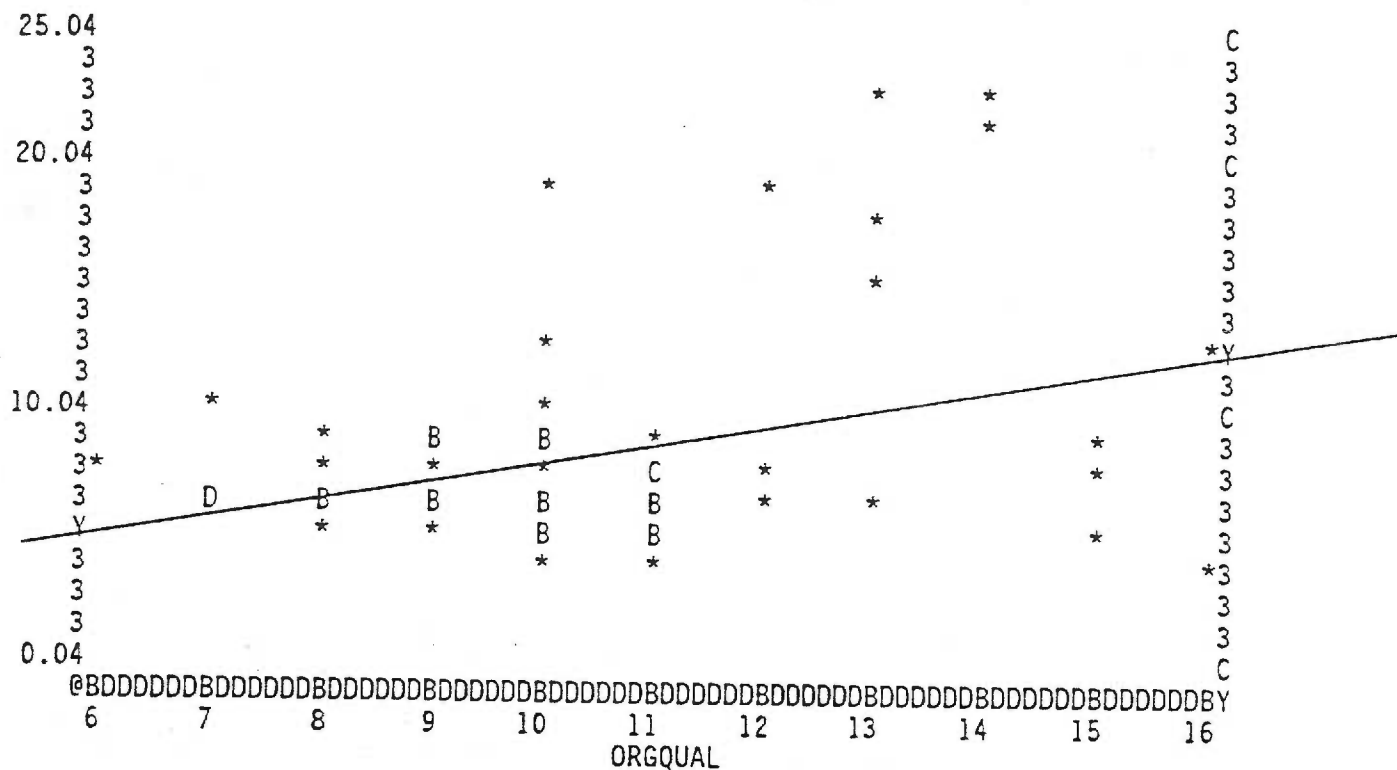
	INTERCEPT	SLOPE
RMEMBER =	6.12609 +	0.76487 * RORGQUAN
Std Errors:	1.08924	0.25246

catterplot

File: ona90m8

Date: 05-18-1990

ILTER: None



Variable: ORGQUAL
Variable: RMEMBER

	RMEMBER	ORGQUAL
Mean:	8.878	10.529
Standard deviation:	4.629	2.485
Minimum:	4.000	6.000
Maximum:	21.800	16.000
N:		51
N Missing:		0

Std dev of Y given X: 4.367

Correlation and two-tailed P-value: 0.3578 (P<0.0099)

Regression line for predicting RMEMBER from ORGQUAL:

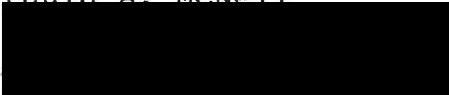
$$\text{RMEMBER} = \text{INTERCEPT} + \text{SLOPE} * \text{ORGQUAL}$$

Std Errors: 2.68734 0.24853

ABSTRACT

Title: The Relationship Between Internal and External
Program Strategies and Membership Ratio in the
State Nurses' Associations

Author: Paula A. McNeil

Approved: 

Carol A. Lindeman, RN, PhD, FAAN, Professor
Thesis Advisor

This retrospective study was undertaken to examine the internal, external and organizational development strategies and the dues of the state nurses' associations to determine whether these factors impact the membership ratio of registered nurses. Internal strategies are those by which the profession establishes and regulates itself in the public interest, including setting standards, and enunciating a code of ethics. External strategies are those by which the profession acts collectively in relationship to employers, policy makers, and other professionals, including use of labor relations, lobbying, and coalition building. Organizational development strategies are those by which the association services its constituents, provides information and research for the profession, and informs the public about the profession. The literature also suggests that members of a profession may polarize around the selection and use of strategies.

Nine hypotheses regarding the relationship of the independent variables to the dependent variable of membership ratio were tested in this study. The independent variables were the dues and the quantity and quality of the internal strategy, the external strategy of government relations, the external strategy of economics, and the organizational development strategy.

The sample was fifty-one state nurses' associations (SNAs). The boundaries of the SNAs are the same as those of the 50 states in the United States and the District of Columbia. The SNAs of the Virgin Islands and Guam were not included in the sample due to their atypical nature.

Data on the use of program strategies were originally collected by a phone survey. For this study, the original data was verified, and additional information obtained, via the written "Survey of State Nurses' Associations (SNAs)". The instrument included nine scales. One scale related to the dues. Four quantity scales related to the number of staff employed by the SNAs in the internal strategy, government relations external strategy, economic external strategy and organizational development strategy areas. Four quality scales measured the presence or absence of total program activities including staff, within each of the external, the internal and the organizational development strategy areas.

Descriptive and correlational data were computed. The

strength of the relationship or correlation between each independent variable and the dependent variable is demonstrated through the Pearson's r statistic. The level of significance was set at .05. Findings indicated that there is a positive relationship between the membership ratio and the dues ($r= 0.5201$, $p= 0.0001$), the quantity ($r= 0.4682$, $p=0.0005$) and quality ($r= 0.3286$, $p=0.0185$) of the internal strategy, the quantity ($r= 0.4246$, $p= 0.0019$) of the government relations external strategy, and the quantity ($r= 0.5881$, $p= 0.0000$) and quality ($r= 0.6154$, $p=0.0000$) of the economic external strategy. The relationship between the membership ratio and the quality of the government relations external strategy was not significant ($r= 0.1538$, $p= 0.2812$). The correlation between and among the quality and quantity scales showed a positive relationship at a moderate to high range for all scales. The lowest correlations were found between the: government relations quality and economic quality scales ($r=0.4586$), the government relations quantity and internal quality scales ($r= 0.4662$), and the economic quantity and government relations quality scales ($r= 0.4594$). The strongest correlations were between the economic quantity and the internal quantity scales ($r= 0.9018$), and the economic quantity and the organizational quantity scales ($r= 0.8347$). All correlations are significant at < 0.0010 .

The membership ratio of the state nurses' associations

are positively affected by the use of external, internal and organizational development strategies and by the dues. The strategies all related positively to one another. Based on these findings, there was no evidence of segmental polarization based on the program strategies used by the SNA.