

THE PERCEIVED VALUE OF BENEFITS
BY PROFESSIONAL ASSOCIATION MEMBERS

by

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and

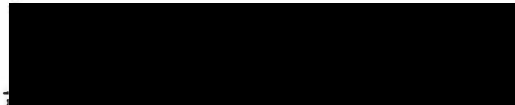
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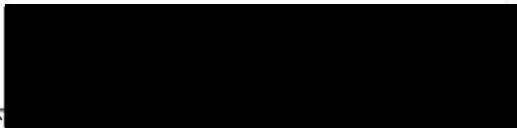
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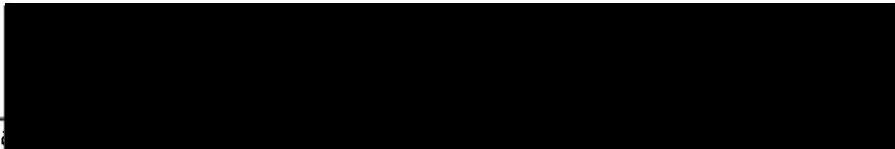
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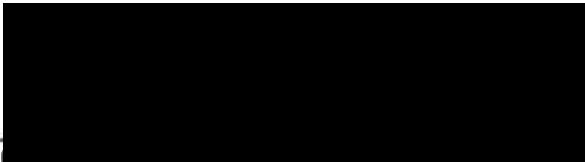
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CHAPTER I

Introduction

The professions have a contract with society that specifies a responsibility not only to their individual clients but to society as a whole. While there is debate as to whether nursing is a profession, a "semi-profession" (Etzioni, 1969), or neither, the nursing literature supports the view that nursing has a social contract in the health care arena (Chopoorian, 1986). In order to maintain the public trust, the profession must hold the best interests of society foremost in meeting this responsibility. This societal contract is modified and implemented through the combined input of nursing's professional organizations and each state's Board of Nursing.

For nursing's professional organizations to fulfill their role, they must have an adequate membership base. Adequate membership allows a collective view to be formulated that is truly representative of registered nurses (RNs). This in turn permits the nursing organization to develop a consensus on societal health care needs and to take action to ensure that these needs are addressed. Speaking with a unified voice, nursing can influence health care through public policies. It is through the unity of large numbers of RNs that credibility is established and maintained. The greater the membership in an organization, the greater the likelihood that it is truly representative, and that it is perceived as such by policy-makers. Maraldo and Kinder (1985) state, "Strength in numbers is essential to be effective in the public policy arena" (p.65).

The professions organize to wield power and influence through voluntary professional affiliations. Nursing's largest professional organization - open to all RNs and only to RNs - is the American Nurses' Association (ANA), yet its membership represents only 9.6% of all RNs. Membership has declined (as a percent of total RNs) over the past few decades. The Oregon Nurses Association (ONA), a member of the ANA federation, has a membership that is 19% of the state's total eligible population. Membership in the two ONA districts in Jackson County - the area of concern for this research - represents 24% of eligible RNs. This low representation can only serve to lessen nursing's influence on health care policies.

Local districts serve as the entry point for members into ONA and hence into the national association. Through the action of delegates from local districts, policy is set at the state level and through the action of delegates from the states, policy is set at the national level. Local participation and discussion is essential in order to formulate representative policies at each level of the organization. As Merton (1958, p.54) says, "Only the organization of local constituent groups can provide the forum in which issues can be threshed out before action on them is taken nationally".

Nursing organizations have a responsibility to their membership as well as to the public. These two responsibilities have the potential to conflict with each other (Merton, 1958). For example, working to raise the salaries of RNs can be viewed as increasing the cost of health care to the public. On the other hand, low RN salaries can

worsen a nursing shortage, resulting in inadequate health care. Meeting these responsibilities requires the professional organization to balance benefits of value to society with benefits of value to its members.

ONA's responsibility to its members can be examined in terms of exchange theory, which purports that the benefits of joining an organization must outweigh the costs (Yeager, 1981). Since a member incurs costs in belonging to ONA, and since the amount an RN is willing to "pay" can be directly related to the benefits the organization provides, a useful way to enhance membership should be to identify the specific benefits that members desire from the ONA at the district and state level.

This research investigation is designed to determine the specific benefits that members of Districts #4 and #25 (Jackson County, Oregon) would like their professional organization to provide, and how much value (in terms of dollars) they place on each of the desired benefits. The results will allow districts to focus program efforts on areas of importance to members at the local level and lobby for changes at the state level, thereby making the organization more attractive to current and potential members. Assessing what members want and then acting on this information will permit districts and the ONA to be more responsive to members. This in turn can enhance membership.

Review of the Literature

Nursing and sociological literature that addresses nursing's social contract and how to meet that contract was reviewed. Literature

relating to the problem of low and/or declining organizational membership was also examined from several perspectives: organizations in general; national and regional nursing issues; state level research; and district level studies. Little actual research has been documented; membership problems have more often been addressed in a discussion format.

Nursing's Social Contract

While there is disagreement on a definition of what constitutes a profession (Styles, 1982), nursing generally identifies itself as a profession. A quick review of many nursing texts will bear this out (Brill & Kilts, 1980; Kemp & Pillitteri, 1984; Narrow & Buschle, 1987). Sociologists have maintained that a profession has a responsibility to the public that confers on it the title of profession with its inherent esteem. Denton (1976) summarizes this responsibility as a "goal of service to mankind" (p.178). ANAs' Social Policy Statement (1980) recognizes society's ownership of nursing. Chopoorian (1986) and others (White, 1984; Maglacas, 1988; Butterfield, 1990) emphasize that nursing needs to develop its social-political-economic perspective in order to address broad issues and problems that affect clients' ability to maintain health and their responses to disease processes.

Maraldo and Kinder (1985) extend nursing's responsibility, asserting that nursing must "have a voice in how health care is delivered" (p.65) if it is to honor its mandate to the public. They indicate further that speaking with a united voice is necessary in order to be effective politically. The President of the American

Association of Critical-Care Nurses in an editorial in Heart and Lung (Hartshorn, 1988) also emphasized the importance of all nurses uniting to promote common values and goals. The requirements of having the support of a large number of RNs and of developing a consensus to be effective in the larger policy arena have also been brought forward by other nurses and sociologists (Merton, 1958; Yeager and Kline, 1983, Acord, 1987; Molino, 1987).

General Organization Membership

Declining membership is not unique to the nursing profession. It also affects other professional organizations such as the American Medical Association, the American Political Science Association, and the American Dental Association (Yeager and Kline, 1983; Maraldo and Kinder, 1985). Despite the prevalence of the problem, no recent studies appeared in the literature. To verify that the search had been adequate, the American Society of Association Executives was contacted by telephone concerning more recent membership surveys done by voluntary organizations. They were not aware of any surveys relating to recruitment and retention or membership benefits. Given the decline in association membership, this finding was unexpected.

One opinion explaining the individual's waning interest in voluntary organizations is the changing view of institutions. Where once formal organizations were relied on to provide order, structure, and decision-making for many social interactions, Americans are now "weaning ourselves from our institutional dependence" (Maraldo and Kinder, 1985, p.63) in order to gain personal control. Naisbitt (1982)

portrays Americans as moving away from large, centralized organizations and national politics and increasingly focusing on local action.

In 1981, Knoke reported the results of a study on "Commitment and Detachment in Voluntary Associations," and how this was affected by communications, centralization of policy-making, and the amount of influence members were perceived as having over policy-making. This study indicated that policy discussion with and among the individual members was important in linking them to the organization as a whole, supporting the views above.

National and Regional Nursing Issues

Nursing is a very diverse profession. The settings in which it is practiced include hospitals, schools, prisons, clinics and the community. Nurses can hold positions as varied as staff nurse, educator, administrator, and independent practitioner. The type of care ranges from critical care to health counseling, from geriatrics to well-baby clinics. This diversity can lead to a wide range of needs and foci. Nonetheless, as Styles (1982) states, "nursing's maximum contribution for social betterment is dependent on...the ability of the profession to maintain unity within diversity" (p.61).

As nursing attempts to secure a position of power and influence it is faced with a declining representation in such broad-based organizations as the ANA. This decline began receiving widespread attention in the 1980's (Yeager and Kline, 1983; Maraldo and Kinder, 1985; Beletz, 1987; Bailey, 1987). Initial speculation presumed nurses were leaving ANA to join specialty organizations that were more aligned

with their practice settings. However, while there are now over 100 national organizations (American Journal of Nursing, 1988), most RNs have not been joining any professional organizations (Yeager, 1981; Bailey, 1987). ANA is the only organization committed to representing all RNs. Thus, the erosion of its membership base is of particular importance to nurses.

Some suggestions for the specific lack of participation in the ANA include: the preoccupation of RNs with "coping with a stress environment and caring for patients with too few nurse providers" (McNeil, 1989, p.2); not meeting the needs of nurses; not providing a truly democratic organization (Maraldo and Kinder, 1985); charging too much for the services provided; and a lack of focus on the concerns and problems of staff nurses (Molino, 1987). Molino did not provide examples of specific issues of concern, therefore this lack of focus could be a problem of perception or faulty communications. For those staff nurses who are politically naive, it is often difficult to understand how specific legislative issues, research activities, or general activities supportive of the social mandate will affect them; therefore they are not concerned with what the association does in these areas. Even economic and general welfare (E&GW) actions, such as collective bargaining, are often seen as having no benefit to staff nurses who are not in a collective bargaining unit. Staff nurses are often not even aware of the services that are available to them through their association (Bailey, 1987).

Many of these suggestions about reasons for the lack of

participation in ANA can be thought of in terms of the specific benefits that individual nurses derive or do not derive from their professional organization as compared to the cost of belonging to that organization. The ANA itself, in its newspaper The American Nurse, (MacLachlan, 1990) recognizes that in order to retain and recruit members it "must provide the services that are relevant and of value to that membership" (p.25).

The ANA is in the process of conducting a new member survey and has summarized the results of returned surveys from the January through May, 1989 mailings. The survey was mailed to new members in all states except California, Indiana, New York, Oklahoma, and Pennsylvania, where such mailings are not permitted. Thus far the association has received 789 responses from approximately 20,000 mailed questionnaires for a reported response rate of 3.9%.

When asked to check off the three most important reasons for joining ANA, over 50% of the respondents selected "professional affiliation," "keeping current with new developments," and "political/legislative activities" in that order. When instructed to choose from 12 programs/services of interest over 50% indicated "conferences/conventions," "publications discount," and "certification discount." No clear majority favored any specific products/services proposed for the future, but over 30% chose "discount magazine subscriptions," "group travel," "financial planning," and "loans" in that order.

The preliminary response rate of 3.9% raises the question of

validity given such a high potential for non-response bias. Few demographic items were included in the survey, but several items would indicate that such bias exists. When questioned about their employers' attitudes towards the ANA and its State Nurses Associations (SNAs), 55% indicated their employers were very or moderately supportive of their membership. This is probably not true of the general population of RNs, at least in states where the SNA is active in collective bargaining. Fifty one percent indicated that certification discount was a service of interest to them, yet most RNs are not certified. Additionally, 39% indicated that they were also members of other national nursing organizations, primarily Sigma Theta Tau - an international honor society of nursing.

While research is limited, recruitment and retention problems within SNAs, and potential solutions, have been analyzed in different ways. Bailey (1987) approached the issue from the viewpoint of reference group theory and the influence reference groups have on new graduates. One hundred sixty three recent graduates of baccalaureate nursing programs in New York, New Jersey, and Pennsylvania were studied. Also examined were attitudes toward professionalism, attitudes toward the ANA, and the effects of other association experiences on the decision to join their SNAs.

In this study, a mailed questionnaire revealed that the faculty and deans of the new graduates' schools of nursing were generally perceived as having positive views towards the ANA and stressed the importance of membership. On the other hand, peers and superiors in

their work setting after graduation were perceived as viewing ANA participation negatively. The only group perceived by over 50% of the respondents to have had any influence in their decision about joining their SNA were faculty. The respondents consistently identified the ANA as being nursing's professional organization, as being responsible to represent nursing, and as promoting the standards of nursing. The majority of the respondents were found to be committed to the values of the ANA. The portion of the survey related to attitudes toward professionalism revealed no significant difference between members and non-members.

Despite positive reinforcement by the sole influential reference group, only 19.8% of recent graduates held membership. Few belonged to any other professional nursing organizations except Sigma Theta Tau. When asked an open-ended question about what affected their decision to join or not join ANA, two of the three most common comments related to high dues and not having enough information about ANA (p.27). Thus it appears that, while these new graduates supported the profession's and ANA's altruistic goals, they did not believe that they would benefit enough personally to make it worth the cost of the dues. It is not clear whether the third area of comment "desire to be professional" was given as a reason for joining or for not joining ANA, however recommendations for action included appealing to professional identity and working towards improving professional socialization after graduation as well as providing support with regard to clinical practice and communicating the benefits derived from membership.

State Level Research

Yeager and Kline (1983) developed a mailed questionnaire based on exchange theory, which holds that "people join a professional organization in exchange for the benefits provided" (p.46). The questionnaire, a modification of one developed previously by Yeager (1981), was mailed to a random sample of RNs in a midwestern state and had a valid return rate of 45%. These 225 respondents rated the individual importance of 27 benefits. These items were then subjected to factor analysis resulting in six factors - professional programs, social benefits, monetary benefits, improvement of the profession, personal development, and membership benefits - each with a Cronbach alpha of .75 or greater. Further analysis was based on these six factors rather than the 27 specific items.

While it was found that members placed a higher level of importance on benefits than non-members, the differences between the two groups were not large and both groups rated all but personal development greater than 3 on a scale of 0 to 6 with 6 being very important. This analysis supports the theory that while many types of benefits are valued by nurses some groups of benefits are more important to RNs than others and that nurses that rate the benefits higher are more likely to be members of a professional organization. However, the broad factors do not provide enough detailed information about specific benefits of interest to be able to develop a program to retain or increase membership.

Yeager and Kline found that more highly educated nurses are more

likely to belong to a professional organization. There was a consistent upward trend in organizational membership from 30% of Associate Degree nurses to 75% of Masters level nurses. There were weaker, but statistically significant ($p < .05$), correlations between hours worked, income, and type of job and the likelihood of having a professional organization membership. As income and hours worked increased, so did membership. Nurses working in industrial settings and doctors offices and those holding positions as inservice educators, clinical nurse specialists, and consultants all had membership rates of about 50% or greater. Those working in public health, hospitals, schools, mental health, and convalescent centers and head nurses or those holding administrative positions had rates of 40% or less.

Within Oregon, Shaw (1988) conducted a survey of 400 former and current members of ONA with a valid response rate of 68.5%. This research was also based on exchange theory and sought to determine "factors (including benefits or lack of benefits) that influence a member's decision to remain in or leave a professional nursing association" (p.16). Shaw used Yeager and Kline's 27 item/six factor questionnaire and an investigator-designed section that contained questions about reasons for renewal of or dropping membership. The standardized alpha reliability for the six factors were all .72 or greater except for the "membership benefits" category, which was .52.

There was no statistically significant difference between members and former members with regard to the value placed on any of the factors except for membership benefits. Current members rated all but

social benefits and personal development greater than 3 on a scale of 0 to 6 while former members rated all but these two plus membership benefits greater than 3. As cited in the Yeager and Kline study, personal benefits were of lesser importance. It does appear from a ranking of the benefits that some are of higher value than others, but again, these categories are very broad. A conclusion drawn from these data was that since there was no statistical significance between members and former members on most of the factors, and since most of the factors were valued, the costs of membership must be perceived as outweighing the benefits by former members. Indeed, the only reason chosen from a list of ten items for leaving the association by more than 35% of the former members was that it was too costly (77%).

District Level Study

In 1986 ONA District 1, the largest and most urban district in Oregon, conducted a market survey of RNs from the two county area that encompasses the district. One thousand surveys were mailed, 500 to randomly selected members and 500 to randomly selected non-members. There were 206 usable returns from members (41.2%) and 117 from non-members (23.4%). Of these non-members, 41% had belonged to, and subsequently dropped, ONA membership. A four point Likert scale was used to determine the relative importance of 48 items. The scale headings were "very important," "neutral," "not important," and "do not know." In this pattern of sequencing, neutral is the midpoint between very important and not important and there is no midpoint between very important and neutral. This permits no choice for those who believe

that a statement is somewhat important. While it would be worthwhile to know whether the difference between "neutral" and "very important" represented a change in attitude from "not willing to pay" to "willing to pay," this was not the focus of District 1's study.

Of the 323 total respondents, greater than 50% were reported to consider the following items very important: would like ONA to enhance the public image of nursing, newsletter is the most practical way to communicate information to members, would like lower ONA dues, would like to know how dues are spent, and would like a group malpractice plan. When responses were separated into member and non-member categories, some differences in responses were noted. Non-members wanted a group malpractice plan and lower fees for continuing education units. Members wanted professional networking opportunities, more forums for the discussion of practice issues, speakers bureau to raise nursing visibility in the community, and more staff nurses in ONA leadership positions. Members also believed that ONA did an effective job of lobbying to influence health care issues and that ONA offered sufficient continuing education in clinical practice. It is not clear how these data were gathered since most items that had an overall rating of greater than 50% were not reported in either member or non-member categories as having a 50% response; one item was included in all three categories (lower dues); and one item was included in both member and non-member, but not in the overall category (would like more information about ONA). In order to determine statistically significant differences between members and non-members responses to

the individual statements, a chi-square was computed; but the results were not reported except to say "frequently the issues were equally important to members and non-members."

There is no indication in either the cover letter or instructions whether the questions refer to the district or state level of the organization, or both. This problem, also identified by Shaw (1988), makes it difficult to know from which level of the organization nurses expect specific services.

Demographically, the significant differences between respondents who were members and non-members were reported as being their level of education and their current position. The majority of the members (59.7%) held a Bachelors degree as their basic preparation, while 60.7% of non-members were Associates Degree or Diploma graduates. Sixty four percent of members were staff nurses compared to 53.8% of non-members. A relatively high number of nurse practitioners and clinical specialists were members while a relatively low number of supervisors were members. Shaw's "current position category" does not directly correspond to Yeager and Kline's (1983) "employment variables" and therefore can not be compared.

Summary of Research

The nursing and sociological literature contains information about the responsibilities of nursing to society, the need for unity and increased membership in professional organizations, and the importance of the local level in establishing this unity. The problem of declining membership in the ANA and its affiliate SNAs and possible

causes for this problem have also been discussed. However, there has been little specification in the research literature regarding which benefits RNs value in their professional organization, and how much they value different benefits.

A national survey indicated that some specific benefits were more valued than others by new members but its low response rate precludes any reliable conclusions. Two different state level surveys examined broad categories of benefits and both found that certain of these categories were more desired than others by RNs and that some of these factors were rated more highly by members than by non-members. Cost was cited as a reason for leaving the organization by a significant number of former members in one of the studies and occurs as a concern in most studies. A district level survey led to inconclusive findings. Certain demographics were found by several studies to affect membership, including educational level, income, hours worked, and type of job held. These studies lend support to the use of exchange theory as a means of analyzing the problem of low membership and the need for specification of benefits important to members to formulate a specific plan of action to increase membership.

Conceptual Framework

The conceptual framework for this study is based on exchange theory. Blau (1974) describes the concept of exchange as "voluntary social actions that are contingent on rewarding reactions from others and that cease when these expected reactions are not forthcoming" (p.208). In relating this theory to voluntary organizations, and the

ONA in particular, RNs may choose whether or not to belong. While there are costs such as time and emotional commitment if a member chooses to be active, the only requirement in exchange for membership is the payment of dues. This is a specific amount, depending on the number of hours worked, student or retirement status, and district and local bargaining unit membership. On the other hand the "rewarding reactions," or benefits, expected from the ONA in exchange for these dues vary from member to member.

Although a number of factors also enter into a decision to belong to ONA, such as personal values or coercion (e.g. being mandatory in order to hold a specified position in an institution), a great number of reasons for belonging can be thought of in the context of exchange, or cost/benefit ratio. According to exchange theory, when the perceived benefits outweigh the costs a person will choose to belong. Some of the perceived benefits are: keeping current with new developments, political/legislative activities, promoting standards of nursing and professional affiliation. Conversely, when the costs outweigh the perceived benefits a person will choose not to belong. "Hidden costs" may play a part in this decision. In Shaw's (1988) study of ONA membership factors, former members were given a choice of ten statements and asked to rank the top three, in order of importance, as reasons why they did not renew membership. Eighty (77%) chose "cost of membership dues was too high." This is an obvious "cost" of membership. Potential "hidden cost" statements were "do not agree with union activities of ONA," checked by 24%, and "do not agree with

political activities of ONA," indicated by 13%. These are hidden costs in that these nurses are concerned with paying dues to, and being affiliated with, an organization whose activities support policies with which they disagree.

Ascertaining which benefits have the highest value and which are desired by the most members could help the local districts of ONA in four ways. First, if the highly valued benefits are already being offered by ONA on the district or state level, publicizing and emphasizing these benefits could be part of a recruitment and retention plan. Second, if the highly valued benefits are not being offered by ONA, steps could be taken to provide them locally, or the districts could petition the state organization to provide them, as appropriate. Third, if it is found that members do not value benefits that help the organization meet its societal responsibilities, then education of the membership about these responsibilities would be warranted. Fourth, if benefits are being provided that are not wanted and are not necessary to ONAs social mandate then these should be deleted.

In order to determine appropriate actions three research questions will be examined in this study:

1. Which benefits are desired by the most members,
2. Which benefits have the highest mean dollar value to members, and
3. Within the context of those benefits offered at both levels, are benefits valued differently on the district level than on the state level?

CHAPTER II

Methodology

Design, Sample and Setting

The purpose of this research was to determine the specific benefits that ONA members in Jackson County would like the organization to provide and how much value they placed on each of the desired benefits. To obtain this information, a descriptive survey was conducted. This information will be the basis for working towards changes that will make the organization more attractive to current and potential members.

The population studied were ONA members of either District 4 (northern Jackson County) or District 25 (southern Jackson County). These districts are linked in that members of both often work at the same institution and there is board-level communication between the two districts. On the other hand, these districts are geographically isolated from surrounding districts and represent a fairly discrete population. District 4 has 247 members, 93% (ONA, March 1990) of whom belong to the collective bargaining unit at Rogue Valley Medical Center. District 25 has 57 members, 74% of whom also belong to the same collective bargaining unit. Differences between districts in the proportion of members who belong to the local bargaining unit (LBU), and the fact that District 25 is located in a community that has a school of nursing, suggest there may be different responses in the two districts. Because of this, and because each district will be acting independently on the results of the research, a stratified random

sample of 34% of the membership of each district was selected from the March 1990 ONA District 4 and 25 mailing label lists providing a total sample size of 101, 84 from District 4 and 17 from District 25.

Instrumentation and Data Collection Procedures

A mailed questionnaire with a predominantly structured format was selected in order to permit a relatively large portion of the population to be reached with a time savings for both the researchers and the respondents (see Appendix A). In previous studies, RNs have been asked to rate professional association benefits by using a scale to indicate the importance of each benefit or category of benefits. While this indicates which benefits are more important than others, it does not specify if the benefit is important enough to pay for it. Since nursing organizations incur costs when providing members with benefits and since individuals pay to join, it seemed imperative to know which benefits members want and are willing to pay for. In an attempt to obtain this information a three part questionnaire was developed. Part I pertains to state level benefits, Part II pertains to district level benefits, and Part III asks demographic information.

The instrument development consisted of compiling a reliable and valid list of benefits that ONA provides or could provide its members. Reliability was established by reviewing multiple sources in compiling the list. These sources included: a research tool designed by Yeager and Kline (1983); articles and promotional material from the Illinois, Maryland, Michigan, Minnesota, and Oregon Nurses Associations and the ANA; ONA's long range plan and interviews with ONA staff. ONA staff

provided content validity by verifying that all benefits in the final list either were or could be offered by the ONA. Reliability was further tested by conducting a pilot study of the questionnaire for clarity and completeness. A convenience sample of five known ONA members - three staff nurses, a patient educator, and a middle management level nurse - completed the instrument. Revisions were made based on their responses.

There are 47 benefits in Part I. Grouping benefits into broad categories can be done in a number of ways. For this study, the benefits were grouped according to the ONA budgetary categories for fiscal year 7/1/88 to 6/30/89. The eight original categories were reduced to five, since three categories represented a small part of the budget and were similar in nature to larger categories or were managed primarily by the same staff person. These five categories were: Economic and General Welfare/Strike Fund, Administration, Governance/Annual Meeting, Membership Services, and Professional Services/Government Relations (see Appendix B). ONA staff concurred with the combined categories, indicated which categories currently provided benefits belonged in, and identified the appropriate category for each benefit that is not currently being offered. In the final version of the questionnaire, benefits were left grouped by category (although not identified as such) in order to prevent the time-consuming and confusing effort of constantly switching thoughts from one concept to another. The sequence of categories was randomly selected. The potential for decreasing the dollar amount chosen as one nears the end of a long list of benefits must be recognized.

In Part II there are 19 benefits. These district level benefits were compiled from those Districts 4 and 25 actually spent dues on during the fiscal year 7/1/88 to 6/30/89 and from the benefits on the state list that could feasibly be provided at the district level. The number of benefits at the district level is smaller than the number at the state level for two main reasons. First, a district can not provide some benefits that the state level can provide, i.e. obtain group rates on insurance plans. Second, it is inappropriate to suggest to respondents the possibility of that which is not feasible.

To answer Parts I and II, participants were instructed to read through the benefits list and cross out the benefits they immediately knew they did not want from the ONA, to add any desired benefits missing from the list, and finally to circle the dollar amount they would be willing to pay per year for each benefit. To the right of each benefit on the state and district lists, there was a series of six different dollar amounts. The state level scale ranged from \$0 to \$25 in \$5 increments. The district scale ranged from \$0 to \$5 in \$1 increments. The specific dollar amounts for each level were based on reality rather than exchange theory. While the scales were somewhat arbitrary, they took into account the different number and quality of benefits currently offered on the two levels and the different amount of dues apportioned at each level (\$248.77 per year state dues and \$7 to \$10 per year district dues). For those willing to pay more than the highest amount listed, a blank to the right of the highest dollar amount was provided with instructions to fill in the amount "you would

be willing to pay each year." The zero dollar amount was to be used only for those benefits that members wanted but believed could be provided without any cost to ONA.

Part III consisted of 14 questions related to demographic information about the participants. Previous studies (ONA District 1, 1986; Yeager and Kline, 1983) indicated factors such as age, education, type of position held and income were related to joining or not joining an association, but might or might not be related to interest in specific benefits. The money available to invest in membership comes from discretionary funds - a person can choose whether or not to join, although at times not joining would require a job change. Since factors other than income enter into the amount of discretionary funds available, an item regarding the number of people supported by this income was included. These two factors may affect the dollar value placed on desired benefits as well as the type of benefits selected.

Professional commitment may also have an effect on the dollar value of benefits or the type of benefits chosen. Three questions concerning other nursing association memberships, nursing journals read monthly and the number of conferences attended last year were included as proxy measures of this variable. Specific information on bargaining unit membership was asked since LBU membership may effect the selection of economic and general welfare benefits found in Part I.

Recent information and debate among ONA members over the potential restructuring of the Association occurred just prior to the mailing of the instrument. A question asking if the participant attended the 1990

ONA convention was added to the demographics to determine how many of the responses might have been affected by the structure discussion.

After exemption by the Human Subjects Committee, the questionnaire was mailed to participants along with a cover letter (see Appendix C) and a stamped return envelope. The cover letter included an explanation of the study, assurance of confidentiality and a request to return the completed questionnaire within three weeks. In order to distinguish between non-response and non-membership, non-members were asked to return the blank questionnaire if incorrectly mailed one. A reminder was mailed to each participant seven days after the questionnaire mailing (see Appendix D). Because of a low response rate after two weeks, an attempt was made to contact each participant by telephone.

Data Analysis

In analyzing the data from Part I, the mean dollar value of each benefit was determined. A frequency was also calculated for each benefit to determine which benefits most members wanted at any price. From Part II, the mean dollar amount for each benefit was calculated and a frequency of response was determined to indicate which benefits were wanted by most participants. A comparison between benefits' values at the district and the state level was also made.

The demographic information was not correlated with responses in the benefit section as the purpose of the study was to determine the value of different benefits without examining the reasons for these values. It was included in order that reanalysis of these data could

occur in the future and that comparison of these respondents to other studies' respondents could be done if desired.

CHAPTER III

Results and Discussion

One hundred and one questionnaires were mailed to a randomly selected group of Oregon Nurses Association (ONA) members in District 4 (84 questionnaires) and District 25 (17 questionnaires) in early April. Through follow up telephone contact with participants, it was learned that one nurse from each district was not a member at the time of the mailing. These subjects were dropped from the sample, reducing the sample to 99 (83 from District 4 and 16 from District 25). Within a four week period, 58 questionnaires were returned by participants of which 57, or 58%, of the 99 were usable in some form. The one unusable questionnaire was returned not completed except for the statement, "This is to [sic] complex and confusing. I already pay dues and that is enough!" The response rate may have been lower due to the proximity of the mailing to the income tax deadline and Easter weekend. A lower response rate may have been partially off-set by a personal follow-up call, as an increase in response rate occurred at this time. Thirteen responses were received the first week, 17 the second, 23 the third (after the telephone contact and near the printed deadline), and five the fourth week. Analysis was performed using the SIPS Mainframe Computer statistical package (Southern Oregon State College, 1989).

Description of Sample

Sociodemographic characteristics were compiled on the group as a whole and individually on each of the two districts for comparison. Three of the respondents did not complete any of the demographic questions and a few chose not to complete selected questions.

Most of the respondents (59%) in the sample were between the ages of 36 and 45 (see Table 1). The majority (72%) graduated from their basic nursing program in 1970 or later and nearly half of these (48%) received an Associate Degree. The rest of the graduates were quite evenly split between diploma and baccalaureate programs. Over half (57%) now have a baccalaureate or higher degree.

The respondents were predominantly staff nurses (63%) with no more than 7% falling in any other category (see Table 2). These nurses worked an average of 39 hours a week with a family income of \$40,000 or above supporting three people. Most (70%) belonged to the bargaining unit at Rogue Valley Medical Center.

From the three items used to measure professional commitment, ONA was the only nursing organization that the majority (65%) held membership in. The 54 respondents reported routinely reading an average of $1\frac{1}{2}$ nursing journals a month and attended two professional programs last year. Only three of the respondents had attended any portion of the discussion at a recent session of the House of Delegates concerning the possible restructuring of ONA. It is not likely that their responses unduly influenced the results of the study.

When comparing the demographic information between districts, 46 of the respondents knew which district they belonged to (80% of these 46 belonged to District 4). A few differences were noted when the demographic characteristics of the two districts were compared. These were age, nursing position, and bargaining unit affiliation. District 4 respondents were younger. Seventy eight percent of the nurses in

TABLE 1

Age and Education Factors

Characteristics	Study		District 4		District 25	
	No.	(%)	No.	(%)	No.	(%)
Age:	(N = 54) ^a		(N = 37)		(N = 9)	
25 or less	0	0	0 ^b	0	0 ^b	0
26 to 35	8	15	7	19	0	0
36 to 45	32	59	22	59	3	33
46 to 55	10	19	6	16	4	44
more than 55	4	7	2	5	2	22
Basic Nursing Program:						
Diploma	13	24	7	19	5	55
Associate	26	48	19	51	2	22
Bachelors	15	28	11	30	2	22
Highest Level of Education:						
Diploma	7	12	5	14	2	22
Associate	16	30	11	30	0	0
Bachelors	21	39	17	46	2	22
Masters	8	15	4	11	3	33
Doctorate	2	4	0	0	2	22

^aThree respondents failed to answer demographic questions.

^bNumbers for districts may not add up to total study due to eight respondents not sure of which district they belong to.

TABLE 2

Employment and Economic Factors

Characteristics	Study		District 4		District 25	
	No.	(%)	No.	(%)	No.	(%)
Nursing Position(s):	(N = 54) ^a		(N = 37) ^b		(N = 9) ^b	
Staff Nurse	34 ^c	63	25	68	3	33
Head Nurse	3	5	2	5	1	11
Supervisor	1	2	0	0	1	11
Administrator	2	4	1	3	1	11
Educator/Faculty	4	7	2	5	2	22
Office Nurse	0	0	0	0	0	0
Other	12	22	9	24	1	11
Family Income for 1989:	(N = 52)					
Under \$10,000	0	0	0	0	0	0
\$10,000 to \$19,999	1	2	1	3	0	0
\$20,000 to \$29,999	9	17	6	16	0	0
\$30,000 to \$39,999	15	29	11	30	2	22
\$40,000 or above	27	52	19	51	6	67

^aThree respondents failed to answer demographic questions.

^bNumber for districts may not add up to total study due to eight respondents not sure of which district they belong to.

^cThe total exceeds 100% as respondents were permitted more than one choice.

District 4 versus 33% in District 25 were less than 46 years old. District 4 nurses were more likely to hold a staff nurse position (68% versus 33%), and consequently more likely to be bargaining unit members (78% versus 22%). Because there were only nine nurses identified with District 25, caution must be used in interpreting these demographic differences and for this reason the results from Part I and Part II of the questionnaire are reported and analyzed as a combined sample.

This research sought the answers to three questions: 1. Which benefits that are or could be offered by ONA are desired by the most members; 2. Which benefits have the highest mean dollar value to members; and 3. Within the context of those benefits offered at both levels, are benefits valued differently on the district level than on the state level? The results of the study are presented by first reporting, then discussing the responses to Part I of the questionnaire (state level) as they relate to both questions one and two. Then the results of Part II (district level) are reported and discussed as they relate to questions one and two. Next, chi-square analysis of the differences among proportions of those desiring a benefit on the state level as compared to the district level are presented and question three discussed.

State Level Findings and Discussion

Benefits ranked by desirability. In looking at which benefits were desired by the most members, the only determining factor used was whether or not a benefit was crossed out. Crossed out benefits represented unwanted benefits. The \$0 amount was designated for "those

benefits you want but feel could be provided without cost to ONA." When a respondent neither crossed a benefit out nor indicated any dollar value (including \$0), this was coded as missing data since it was not known what the respondent's opinion of that benefit was. While some respondents did this for an occasional benefit, two respondents gave no value to any desired benefit. Two others indicated that they used the \$0 and consequently the dollar values inappropriately and for these four cases only the crossed out items were counted. The dollar amounts on these questionnaires were treated as missing data.

Another respondent used primarily question marks for those benefits not crossed out and commented "items are worthwhile and we should pay what it is worth." One person gave only \$0 values to those benefits not crossed out. This response apparently represented a misunderstanding of the questionnaire, as he/she also wrote in an extra benefit desired but indicated a \$0 amount for it. In these instances also, only the crossed out benefits were counted. One person circled a range on several benefits (e.g. \$5 and \$10). This was handled by alternating the dollar values between the nearest whole dollar above and below the mean (for the example above, this would be either \$7 or \$8). The starting point was determined by the flip of a coin. The procedures described above left 57 usable responses for the desired benefit analysis and 51 for the value allocated analysis.

Almost all (91%) of the benefits were desired by more than half of the respondents (see Appendix E). While there was no clear-cut break in the desired benefits above this level, nine benefits were desired by

more than 90% of this sample (see Table 3). These were: defend nursing's scope of practice; provide testimony on health care legislation; prepare legislative platform for action; provide accurate, positive information about nursing to the public; lobby ONA's position to the Oregon legislature; provide information about political candidates' positions on health care issues; provide consultation on practice problems; hold an annual meeting of delegates to set direction for the state organization; and review and monitor the implementation of health policy laws. Except for routinely providing information about candidates' stands on health care issues, all of these benefits are available through membership in ONA.

Of the nine benefits desired by more than 90% of the respondents, five relate to political activities and a sixth relates to defending nursing's scope of practice. These findings support those of ONA District 1 (1986) that members value political and legislative activities. A seventh benefit relates to holding an annual meeting of the House of Delegates to set direction for the ONA. This is an issue of personal control and reflects the need of members to have a truly democratic organization (Maraldo & Kinder, 1985). Knoke's 1981 study also indicated that members wanted to have control over policy-making. Another of the top nine benefits indicated a need for consultation on practice problems, echoing the desire for a focus on the concerns and practice problems of staff nurses (Molino, 1987). The other top benefit desired was an improved public image of the nurse. The desire for an improved image was also found in District 1's survey (1986).

Table 3

Highest Ranked State Level Benefits by Percentage Who Desired

Item #	Benefit	% Who Desired	Mean \$ Value
35.	Defend nursings' scope of practice.	98	\$13.21
33.	Provide testimony on health care legislation.	98	11.66
17.	Prepare legislative platform for action by the state organization.	96	12.11
22.	Provide accurate, positive information about nursing to the public.	94	11.46
31.	Lobby ONA's position to the Oregon legislature.	94	12.73
32.	Provide information about political candidates' positions on health care issues.	94	9.72
36.	Provide consultation on practice problems.	94	10.38
9.	Hold an annual meeting of delegates to set direction for the state organization.	92	10.16
34.	Review and monitor the implementation of health policy laws.	92	11.71

Thus it may be concluded that the respondents to this survey were similar to other survey respondents in the benefits they desired from professional association membership. What remains unclear is whether non-respondents value the same benefits. Given the response rate in this study and those cited, these data should be interpreted with caution.

Four benefits fell below the 50% mark. None was desired by as many as 25% of the respondents. These were: provide personal loans; make national credit cards available; provide travel club benefits; and provide discount purchasing services. These four benefits are all "personal services" type benefits which are readily available outside the ONA.

Most respondents were not interested in having their professional organization provide non-professional, easily obtained benefits. Of interest is the difference between one of these findings and a previous study. Almost twice the percentage of respondents to the ANA (1989) study desired personal loans as the percentage in this study (31% to 16%). This may be due to a low response (3.9%) bias in the ANA study or may be a reflection of different populations.

Benefits ranked by mean dollar value. The highest mean dollar value was determined by those respondents that indicated a willingness to pay for a benefit. The \$0 category was not included in this calculation because, although it indicated that a benefit was desired, it did not indicate whether or not the respondent would be willing to pay for the benefit.

The mean dollar values respondents were willing to pay for a service ranged from \$6 to over \$19 (see Appendix E). This range was positively skewed because of one outlier (see Figure 1). This outlier, "negotiate contracts with employers for wages, fringe benefits and working conditions," had by far the highest value. The next nine highest ranking benefits (all above \$12) were: develop a mechanism for a portable pension plan; resolve problems related to any ONA member's contract with an employer; defend nursing's scope of practice; obtain group rates on insurance plans; lobby ONA's position to the Oregon legislature; enhance my reputation by virtue of my membership; maintain and disperse strike funds; provide nursing education scholarships; and prepare legislative platform for action by the state organization (see Table 4). All of these benefits except a portable pension plan are currently available to ONA members.

Of the top ten benefits ranked by mean dollar value, two were political/legislative items and one was the item about defending nursing's scope of practice. This would indicate that respondents understood that such political activity as lobbying was expensive and that they were willing to pay for this activity. The ONA spent 3.5% of its budget on lobbying and another 10.2% on other professional services, which includes other legislative and professional practice activities (see Appendix B). It would be useful to have this portion of the budget itemized in such a way that the total political/legislative program costs could be determined.

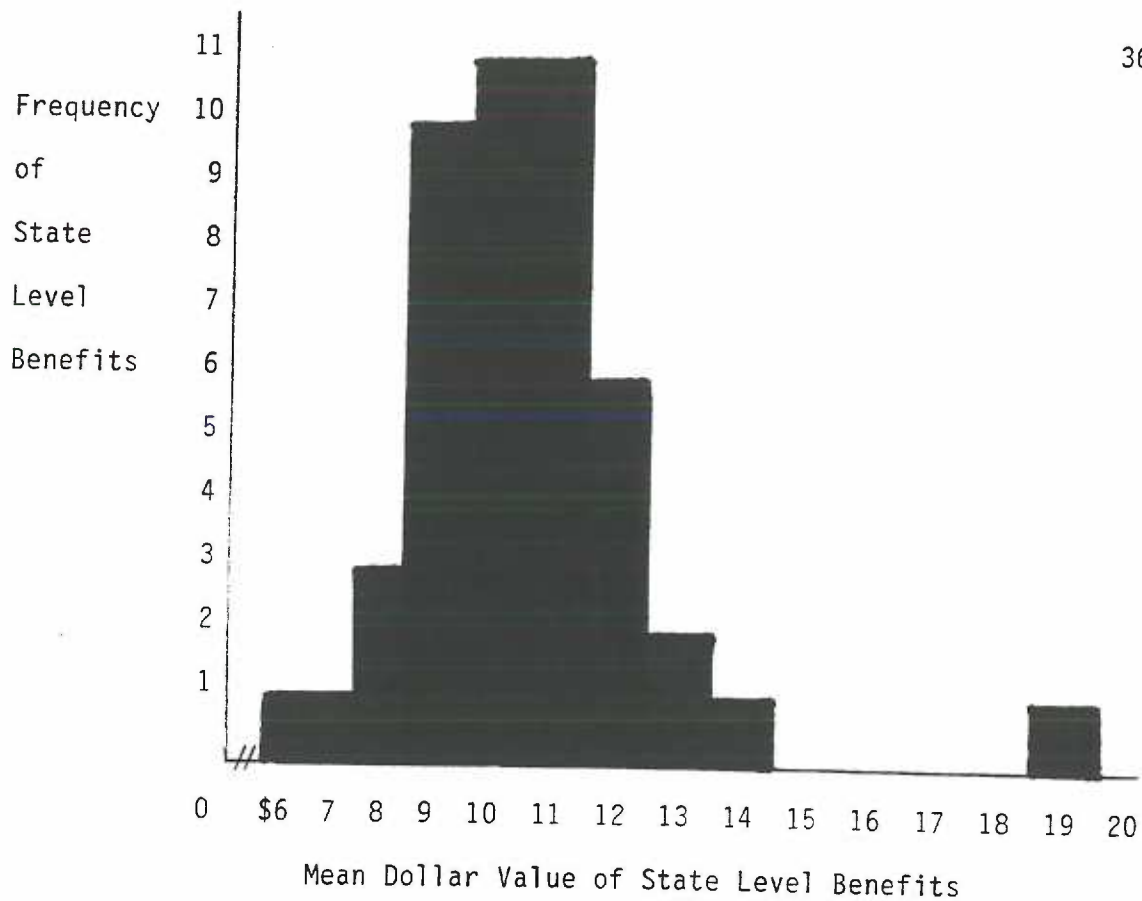


Figure 1. Distribution of state level benefits by mean dollar value in \$1 increments.

Three of the benefits were related to contracts, again indicating an understanding of the cost of labor relations programs and a willingness to pay more for these benefits. This high dollar value is in concert with the ONA budget, almost 40% of which is spent for economic and general welfare issues.

As with political, legislative, and economic and general welfare benefits, the high dollar value placed on nursing scholarships reflects the cost of providing scholarships as opposed to loans. Nursing

Table 4

Highest Ranked State Level Benefits by Mean Dollar Value

Item #	Benefit	Mean \$ Value	% Who Desired
1.	Negotiate contracts with employers for wages, fringe benefits and working conditions.	\$19.15	84
24.	Develop a mechanism for a portable pension plan.	14.78	76
2.	Resolve problems related to any ONA member's contract with an employer.	13.24	86
35.	Defend nursings' scope of practice.	13.21	98
5.	Obtain group rates on insurance plans.	12.90	69
31.	Lobby ONA's position to the Oregon legislature.	12.73	94
45.	Enhance my reputation by virtue of my membership.	12.65	60
3.	Maintain and disperse strike funds.	12.64	78
43.	Provide nursing education scholarships.	12.50	78
17.	Prepare legislative platform for action by the state organization.	12.11	96

scholarships are currently provided to ONA members through the association and through non-dues income of the Oregon Nurses Foundation (an entity of ONA).

Two benefits were related to insurance and pensions. Group rates on various insurance plans provide significant savings over individual rates and consequently have high dollar values for those desiring them. The second highest ranked benefit on this scale, at \$1.54 above the rest, was a desire for a portable pension plan. This is not an unexpected finding since most of the respondents were staff nurses, most hospitals do not have adequate retirement plans, and nurses are a mobile population. While the ONA does not currently offer this benefit, portable pension plans could be a critical retention and recruitment issue for the organization to investigate.

One benefit that had a surprisingly high dollar value was enhancement of reputation. Since this benefit was less concrete than most, it could have been more difficult for respondents to relate this benefit to specific programmatic and hence budgetary activities. Apparently the respondents who desired this benefit were willing to pay a high dollar amount for this benefit, even if it could be provided at little cost to ONA; or conversely they believed that certain high cost activities such as legislative activity on health care issues helped enhance the respondents' reputations.

On the low end of the mean dollar value ranking were two benefits valued at less than \$8. Both are currently provided by ONA or by ANA through ONA. The low dollar values given to these benefits by those

desiring them likely reflects the fact that making national credit cards available and providing discount purchasing services should cost the ONA very little to provide.

Combined priorities. To this point in the discussion, the question of which benefits are desired by the most members and the question of which benefits have the highest mean dollar value to members have been addressed separately. According to exchange theory, the higher the dollar value a nurse places on the benefits provided by the organization, the more likely he or she is to join. On the other hand, in order to keep the cost per member as low as possible, it is important for the organization to know what percent of the membership would desire the fixed cost benefits such as lobbying or collective bargaining. Thus an analysis based on a combination of both the percent who want a benefit and the amount they are willing to pay would be important in setting priorities for action.

Only nine benefits ranked high both in desirability and dollar value for most members (see Table 5). The first three are in the top ten on both ranking lists. The lists were then compared, using first the top ten in desirability and relating these to the top twenty in dollar value, and then reversing this procedure. The remaining six are those that are in the top ten on one list and the top twenty on the other.

Four of the five benefits directly relating to legislative and political activity appear in this combined priority list. Since the cost to ONA for providing these benefits is relatively stable, whether

Table 5

State Level Priorities

Benefit	Item Number	Ranking	
		% Who Desired	Mean \$ Value
Defend scope of practice	35	1	4
Lobby ONA's position	31	5	6
Prepare legislative platform	17	3(tie)	10
Provide testimony on health care legislation	33	2	13
Resolve problems related to a contract	2	15	3
Accurate, positive information about nursing to public	22	3(tie)	16
Review and monitor health policy laws	34	8(tie)	12
Negotiate contracts	1	20	1
Establish and implement standards of practice	39	10(tie)	20

done for a few or for many, this is a significant finding for the ONA. This finding supports previous research results (Bailey, 1987; ANA, 1989) about the importance of political activities to nurses. The only political benefit that is not in the top nine is "provide information about political candidates' positions on health care issues." Although desired by the vast majority of the respondents this item had a relatively low dollar value. Given the ease with which this information can be obtained this finding is not unexpected. Since most political candidates represent discrete geographic constituencies the districts could assist the state in gathering and collating information about candidates' stands, thus creating another link between the two levels. Such linkages are important for recruitment and retention because they provide a means for personal involvement.

Two of the nine priority benefits deal with standards and scope of practice. These two benefits plus the two benefits relating to providing testimony on health care legislation and monitoring the implementation of health policy laws would imply that the respondents valued their organization's role with respect to nursing's societal responsibilities. A related benefit addresses nursing's public image. The high priority placed on this benefit indicates that respondents were concerned about their public image and were willing to pay to improve it.

Lastly, two of the nine priority benefits are related to contract issues. These items are negotiating contracts and resolving contract-related problems. The appearance of contract-related benefits

on the priority list reflects the fact that most respondents belonged to an ONA collective bargaining unit and therefore relied on the ONA for wage and benefit increases and resolving staff/management problems. Once again the respondents recognized that these benefits are costly.

Three personal-service type benefits (personal loans, credit cards, and discount purchasing) ranked in the bottom ten on both lists, as did the evaluation and approval process for continuing education programs. Since continuing education is not a requirement for relicensure in Oregon, there is little value placed on this service. When considered from the point of exchange theory, the three personal benefits had little exchange value to the respondents since these benefits had a low dollar value even to those few who desire them.

District Level Findings and Discussion

Benefits ranked by desirability. Three respondents did not fill in any of the district section, leaving a usable sample of 54. All 19 of the benefits were desired by over half of the respondents and all but two by over 75% (see Appendix F). The top six benefits, desired by more than 90% of the respondents, appear as Table 6.

As at the state level, political activity was valued highly. The top district level benefit, "review, monitor, and influence the implementation of local policies that affect health care," corresponds to three of the state level political benefits. This benefit is generally not provided by either district included in this study and thus represents an area that could be important in improving recruitment and retention.

Table 6

Highest Ranked District Level Benefits by Percentage Who Desired

Item #	Benefit	% Who Desired	Mean \$ Value
6.	Review, monitor and influence the implementation of local policies that affect health care.	100	\$2.83
1.	Represent position of district members at ONA's annual meeting of the House of Delegates.	98	3.40
12.	Provide an avenue to participate on issues and activities that surround the profession.	96	2.43
18.	Reimburse district members holding an ONA state level office for costs incurred.	94	2.93
13.	Provide guidance for dealing with ethical dilemmas in practice.	94	2.33
7.	Provide accurate, positive information about nursing to the public.	94	3.03

Two of the highly desired benefits, "represent position of district members at ONA's annual meeting of the House of Delegates" and "reimburse district members holding an ONA state level office for costs incurred," again corroborate Knoke's (1981) research finding regarding the importance of being able to influence the policy making of the organization. Respondents' desire for these two benefits also reflect an understanding of the district's function as the individual member's point of entry to the state organization. Both districts currently send delegates to the annual meeting but neither reimburse their members that hold state ONA offices.

The other three highly desired benefits were "provide an avenue to participate on issues and activities that surround the profession," "provide guidance for dealing with ethical dilemmas in practice," and "provide accurate, positive information about nursing to the public." The priority of these emphasizes the importance placed on the districts in helping the respondents deal with issues that affect their work as nurses and the value placed on their work by the public with whom they interact.

Benefits ranked by mean dollar value. As noted earlier, the dollar values provided in the instrument and their incremental divisions were lower for the district level than for the state level. The district level choices ranged from \$1 to \$5. When this range is examined, two patterns are apparent. First, a single benefit at each end of the ranking stood apart from the rest. At the high end was "represent position of district members at ONA's annual meeting of the

House of Delegates" (\$3.40) and at the low end was "assist with job placement" (\$1.68). Second, the rest of the benefits represented a more continuous flow of values with one \$0.23 gap between benefit #3 at \$2.80 and benefit #9 at \$2.57.

Four of the district level benefits had a mean dollar value of \$3 or greater (see Table 7). Representing the district at the House of Delegates appeared at the top of this ranking system. District 4 currently spends 38% of its annual budget to help finance its delegates to attend the annual meeting. District 25 also spends a significant amount of its budget in providing this benefit.

The other three benefits were "present educational programs," "provide accurate, positive information about nursing to the public," and "recruit nursing students and other RNs into ONA." None of these appeared in the list of top state level benefits ranked by mean dollar value, suggesting that respondents perceived the districts as the interface between the professional organization and the member, potential member and public.

District 4 spent 16% of its annual budget on two educational programs in the last fiscal year (1988 - 1989). District 25 did not present educational programs during this time. While little money is spent by either district directly on public image or recruitment, both districts have been active in securing news releases about accomplishments and activities of local nurses and local nurses' views on health care issues. In addition, District 25 maintains a speakers bureau. District 4 has not actively recruited nursing students or

Table 7

Highest Ranked District Level Benefits by Mean Dollar Value

Item #	Benefit	Mean \$ Value	% Who Desired
1.	Represent position of district members at ONA's annual meeting of the House of Delegates.	\$3.40	98
5.	Present educational programs.	3.05	85
7.	Provide accurate, positive information about nursing to the public.	3.03	94
4.	Recruit nursing students and other RNs into ONA.	3.00	92

other RNs into ONA. District 25, on the other hand, has taken an active role in recruiting both nursing students and RNs.

Combined priorities. As with the state level, the district level rankings by desirability and by dollar value were combined to form a priority list for district action. Four benefits were near the top of both rankings and therefore appear on this priority list (see Table 8). Three of the four reflect the current budgetary and time commitment of the two districts. The fourth, "review and monitor local health care policies," is not currently being done at the district level. While this activity was important to respondents and could be done with little cost in terms of dollars, it would require ongoing volunteer time and the communication of findings to the general district membership. The high ranking of "represent position of district members at ONA's House of Delegates" may have been affected by the closeness of the questionnaire's mailing to the annual meeting. The publicizing of this meeting served to remind members of the importance and cost of this event.

Question Three Analysis and Discussion

Question three asked "Within the context of those benefits offered at both levels, are benefits valued differently on the district level than on the state level?" This information was sought to determine if the district level focus should be different from the state level focus. In designing the questionnaire it had become apparent that there were some inherent differences. These differences were reflected in the list of 47 state level benefits as compared to 19 district level

Table 8

District Level Priorities

Benefit	Item Number	Ranking	
		% Who Desired	Mean \$ Value
District members to House of Delegates	1	2	1
Accurate, positive information about nursing to the public	7	4(tie)	3
Review and monitor local health care policies	6	1	7
Reimburse district members holding ONA state office	18	4(tie)	5

benefits. State level benefits that were not feasible or practical at the district level included coordinating collective bargaining, implementing standards of practice and education, and group insurance and retirement plans.

Seventeen of the 19 district level benefits had corresponding state level benefits and one district level benefit was a combination of three state level items. "Review, monitor and influence the implementation of local policies that affect health care" corresponded to "review and monitor the implementation of health policy laws," "provide testimony on health care legislation," and "lobby ONA's position to the Oregon legislature." "Represent position of district members at ONA's annual meeting of the House of Delegates" had no direct corollary to any listed state level benefits. Only those benefits that appeared on both the state and district level lists were compared. The state-district comparison can help determine the validity of previous studies that did not specify which level the surveys were addressing. This comparison will also help the two levels of ONA to focus on the areas within each level that are most valued by the membership.

For this analysis, the two levels of benefits were compared, using chi-square, on the basis of the percentage that desired the benefit. The monetary choices listed in the questionnaire were different on the state level than on the district level so the mean dollar values could not be directly compared. In computing the differences among proportions for each of the 17 pairs of benefits, there were no

statistically significant differences using a non-directional test and a .05 significance level. There was also no significant difference when comparing the mean of the three state level legislative benefits to the corresponding district level benefit.

Comparison of priorities. A chi-square analysis that found no significant differences evaluated only whether or not respondents desired a benefit. From an exchange theory perspective, a more comprehensive way of examining this question would be to compare the mean dollar values of the desired benefits at the two levels along with the percentage of members desiring them. A comparison of the paired priorities at the state level (see Table 5) to the paired priorities at the district level (see Table 8) revealed the following.

While benefits relating to political/legislative activity and nursing's image were rated highly at both levels, respondents saw other activities as more appropriate for one level of the organization than another. For example, the state benefit "reimburse members holding an ONA state level office for costs incurred" was chosen by fewer than the district benefit "reimburse district members holding an ONA state level office for costs incurred" (86% versus 94%). The dollar value ranking of these benefits was even more disparate with the state level ranked 43rd of 47 and the district level ranked 5th of 17. This disparity could imply either that respondents were more interested in supporting members from their districts that hold state office than in supporting all state office holders, or that they believed supporting state office holders was the district's responsibility more than the state's.

There was one other benefit on the district priority list and five on the state priority list that did not appear on the other level's list because none of these benefits had a corollary among the other level's benefits. These six benefits were: representing position of district members at ONA's annual meeting, defending scope of practice, establishing and implementing standards of practice, preparing a legislative platform, negotiating contracts and resolving problems relating to contracts. That these six priority benefits are only available at one level indicates that respondents recognized the district and the state organizations are different in the types of activities they do as well as the amount available to spend on these activities. It is not possible or feasible for certain benefits to be offered at both levels. For example, addressing broad scope of practice issues would become very fragmented and less effective if done by each individual district instead of the state. Also, because of National Labor Relations Board rulings, it would not be economically or logistically practical for each local area to function independently in the collective bargaining arena.

There is only one benefit that occurred near the bottom of both district ranking lists (17th place in both), and that was "assist with job placement". This was also ranked quite low on the state level lists. Due to the current nursing shortage, job placement is not generally a problem.

Comments and Benefits Added by Respondents

Three types of responses were written in by more than one of the

twenty three respondents who wrote comments on their questionnaires. Five respondents expressed general concern about costs, ranging from writing "only if extra money available" after some benefits to stating that they felt that dues "are extremely high." This echoes a theme running through several other studies (Bailey, 1987; Shaw, 1988; ONA District 1, 1986) and a basic tenet of exchange theory: people examine the total cost of membership as well as the benefits derived when determining whether or not to belong.

Three respondents expressed the desire to have meetings, programs, and forums held in parts of the state other than Portland. Because southern Oregon is more than 500 miles round trip from Portland, benefits that are not readily accessible have less value to these members.

Insurance was the only type of benefit that was written in more than once. Two respondents wrote in "health insurance," one specifying for retired RNs. One person wrote in "short term group disability insurance" under both the state level and district level benefits. These comments provided a more specific indication of these respondents' desires than the general benefit "obtain group rates on insurance plans." Group rates represent a significant savings over individual rates and thus would be a valuable benefit to those wanting the insurance. Health and disability insurance have become more of an issue as rates for these have skyrocketed in recent years and fewer employers provide comprehensive coverage.

In telephone contact, two respondents commented they did not

realize ONA provided so many benefits, which echoes a frequent comment by Baileys' (1987) respondents; that they did not have enough information about ANA. This emphasizes the importance of publicizing benefits provided by ONA.

Implications for the Organization

In order to secure the number of members necessary to meet its social contract, the ONA must make itself attractive and responsive to its members. Exchange theory can be useful in attaining this goal.

Generally, if a benefit was listed in both the "mean dollar value" and the "percentage who desired" rankings as a priority it should receive a priority by the organization, and should be well publicized as a recruitment and retention tool. Conversely, if a benefit was listed low in both rankings it should not be offered unless its cost is minimal, it has the potential to earn money for the association, or it attracts a new market. Those benefits that a relatively small number of members wanted, but which were valued highly by those who wanted them could be offered "cafeteria-style," with members paying for them as they select them.

There were many benefits that were not clearly either high or low priority items. These intermediate benefits require further analysis, such as how much it would or does cost the organization to provide them, and what the disadvantages would be if these benefits were not offered.

The benefits that appeared on the combined priority lists at both the state and district level were those that addressed political and

legislative activity and nursing's public image. In responding to members' interest in political issues, Districts 4 and 25 should petition the state organization to take several steps. One would be to continue to keep the districts informed of state level activities in this arena by having a representative of the state office give regional presentations. These presentations would also address the issue of accessibility to programs and state activities mentioned by some respondents. In addition, the districts should request that a summary of the Cabinet on Health Policy's meetings be sent to district presidents. Knoke (1981) found that improved communications from an organization to its membership helped increase commitment. On the other hand, districts could support the larger organization by assisting with the collection and dissemination of political candidates' stands on health care issues. Mutual interaction would be useful in strengthening member retention.

Districts could go even further in increasing liaisons with the state organization by providing input on state level legislative platforms and providing testimony when needed. This would foster consensus building and provide unity as nurses from several areas of the state took the same public stance on issues.

The issue of improving nursing's image to the public might well be a joint activity of Districts 4 and 25 as they continue securing news releases on the accomplishments, activities and views of local nurses. In addition, District 4 members should participate in District 25's speakers bureau that gives presentations on health care issues to

community organizations and District 25 should participate in District 4's educational programs. Limited organizational dollars could then be allocated to other district benefits such as reimbursing district members for holding state level office.

Defending the scope and maintaining the standards of practice were two benefits that were valued highly at the state level. The state organization should continue to interact with the State Board of Nursing to promote and maintain standards of practice. They have been active in defending the scope of practice by such actions as opposing the RCT proposal and by seeking favorable legislation for nurse practitioners.

Negotiating group contracts and assisting with contract problems were two other benefits of high priority at the state level. Nearly 40% of the state organization's annual budget is currently spent on economic and general welfare items, where the contract benefits belong. As well as continuing current activities, Districts 4 and 25 should ask that ONA staff be available to members not in bargaining units who need assistance in resolving contract disputes with employers.

The feasibility of offering a portable pension plan, a highly valued benefit that is not currently available, needs to be examined by the ONA. Consideration needs to be given to whether a multi-state or national program would be appropriate, or whether individual state insurance regulations preclude such a plan.

It must be borne in mind that adding activities or increasing the time and money spent on some activities increases the costs. This is a

crucial factor in exchange theory. While respondents have indicated which benefits they value, some have also indicated a concern about overall costs. Some activities must be reduced or eliminated in order to increase emphasis on others and still control cost to the members. Those benefits with low values need to be examined critically. For example, District 4 spends approximately 25% of its budget on scholarships, yet this item ranked in the middle in dollar value placed on it and near the bottom of the list of those that desired it. It should be noted that even though it was near the bottom, it was still desired by 76% of the respondents. For the district to determine if it will continue to finance nursing scholarships when other more highly valued benefits are not currently being financed will require further study.

In this study it became apparent that most respondents desired most benefits and were willing to allocate some of their dues dollars towards them. Other studies (Bailey 1987; Shaw, 1988; ONA District 1, 1986) and exchange theory indicate that while nurses desire many benefits, the total cost of membership is an important factor in determining whether or not they join an organization. In order to limit or reduce total costs to members, the ONA needs to determine which desired benefits members are willing to do without in order to control costs.

Given their unique place as the point of entry into the organization, districts must determine the specific benefits valued by their membership and act on these. The state organization must do the same on a statewide basis in order to recruit and retain members.

CHAPTER IV

Summary, Conclusions, and Recommendations

Summary

The nursing profession has a contract with society. One important way it addresses this social contract is through the actions of its professional organizations. Credible expression of the social contract requires that professional organizations have adequate membership to achieve consensus and unity about the substance of the mandate. Consensus and validation are necessary for appropriate and effective action in the health policy arena.

The American Nurse's Association is the largest all registered nurse (RN) organization yet it and its constituent state nurses associations (SNAs) have low percentages of membership. Increasing local district participation is critical in order to form truly representative consensus on organizational positions. This fact must be taken into consideration when attempting to improve membership. The organization must satisfy the needs of its members in order to retain and recruit RNs, even though some membership-focused actions (e.g. collective bargaining) have the potential to conflict with the association's contract with society. Exchange theory is a useful framework to use when attempting to increase membership. In exchange theory the benefits of membership must outweigh the costs of belonging if membership is to be sustained. Therefore it becomes necessary to determine the specific benefits desired by members and the amount of money they are willing to pay for the desired benefits.

There is a paucity of research on the specific benefits members of nursing organizations desire and the dollar value they place on these benefits. Consequently a three part mailed questionnaire was designed to obtain this information. One hundred and one ONA members in Jackson County were asked to indicate those benefits they wanted at the state and district level and how much they would be willing to pay for each benefit. Fifty seven usable questionnaires were returned. Demographic information was also obtained.

One benefit was valued significantly higher than the rest of the benefits at the state level on the monetary scale. It was a benefit associated with the economic and general welfare mission of the organization. Two more of the top ten benefits on the dollar value scale also fit within this mission. While none of these three benefits were found in the top ten on the desirability scale, each of the economic and general welfare benefits were all desired by more than 75% of the respondents. Benefits that are necessary to support the best interests of society were also valued by the respondents. Only one of the state priority benefits, a portable pension plan, is not currently available through ONA.

Legislative and political benefits and nursing image were valued highly on both the desirability and monetary scales at both the state and district levels of the organization. These benefits are currently being addressed by the state organization. Current activities in these areas should continue and new activities should be explored. There has been little activity in the political/legislative arena at the district level and this deficiency needs to be corrected.

A few of the benefits had low overall ratings (e.g. credit cards and personal loans). These are generally not related to nursing as a profession, are readily available elsewhere, and may be eliminated.

Seventy percent of the state level benefits and 89% of the district level benefits were desired by more than three-quarters of the respondents. The vast majority of these benefits are already provided in some form by the association. Therefore, if providing the benefits desired by members were the only issue in recruitment and retention, the ONA should have a high percentage of membership.

However, exchange theory reminds us that costs must be related to obtaining the benefits. The mean dollar value placed on different benefits can help in assessing member willingness to pay for a given benefit, but the total cost of membership must also be considered. The literature suggests that membership dues are too high, or that not enough money is being allocated to certain benefits. The next steps are to ascertain (a) which benefits non-members desire, and (b) which of the desired benefits members and potential members would be willing to give up in order to reduce or reallocate their dues dollars if reduction in cost is the prime motivator to membership.

Additionally, even if the organization is providing the desired benefits at an acceptable cost, nurses need to be aware of what the association provides. Two respondents expressed surprise during a telephone follow-up that the ONA did so much for them. The need to make nurses aware of the benefits available through ONA membership is supported by other studies. Therefore, exchange theory should be explored further as priorities are set for action by the organization.

Conclusions

There are three broad conclusions to be drawn from this study:

1. Respondents desire many of the benefits available from ONA; they do not want non-nursing benefits that are readily available elsewhere; and they value those benefits that are important in meeting nursing's contract with society as well as those that encourage a reasonable standard of living.
2. Some benefits are duplicated at the district and state level; some are distinct from one level to the other; and some desired benefits are not currently provided at either level, such as a portable pension plan. Certain benefits are appropriate at both levels and others are not. Benefits and their costs need to be examined to determine where dollars could be reallocated to benefits not currently offered and where unnecessary duplication exists.
3. The issue of obtaining new members may not only relate to benefits offered but also to informing RNs of what ONA provides

Limitations of the Study

The questionnaire was developed for this study and replication is necessary to test the reliability and validity of the instrument. While most respondents apparently completed the questionnaire according to stated directions, it was difficult for some. Two people provided information that they misunderstood the directions by the comments they wrote while several others circled a high frequency of \$0 amounts. In

light of this information, several changes to the questionnaire are suggested (see Appendix G). Although generalizability of these results to the total ONA membership is limited due to the small sample size and rural setting, similar findings in this study to those in the literature indicate that the instrument deserves a wider test before confirmation or rejection of it as a useful instrument.

The response rate and type of participant responses in this study may have been affected by knowing one or both of the researchers due to the relatively small size of the population. Because of the long list of benefits (47) at the state level, there was the potential for decreasing the dollar amount near the end. However, this does not appear to be the case in this instance as benefits #31, 35, 43, and 45 all appear in the top ten on the mean dollar value ranking.

Recommendations for Further Study

Once replication is completed using the revised questionnaire, a statewide survey should be conducted. The data should be subjected to cross tabulations relating demographics to each benefit in order to determine which benefits are preferred by different target groups in the population. Research that determined which desired benefits members would be willing to give up in order to reduce or reallocate costs would also yield important information.

Recommendations for Action

At the state level, continued focus on activities relating to scope and standards of practice, nursing's public image, and negotiating and servicing contracts is necessary. The feasibility of

offering a portable pension plan must be examined. Political and legislative activity needs to be continued at the state level and addressed at the district level. The districts must continue to reimburse their delegates to the annual meeting and perhaps provide financial support for local members holding a state level ONA office.

The membership needs to be educated to be discriminating given the unlimited choices of benefits and the limited amount of dues dollars available. The problem remaining for the association is to determine which benefits to limit to control cost while retaining and recruiting members and maintaining their responsibility to society.

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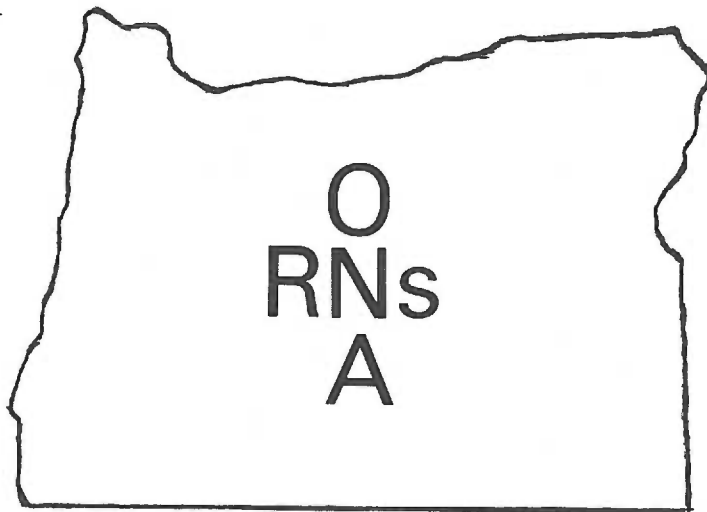
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APPENDIX A
Questionnaire

PLANS FOR THE FUTURE

What benefits do you want from your professional association?



Oregon Nurses Association District 4
P.O. Box 968
Jacksonville, Oregon 97530

STATE LEVEL BENEFITS

1. Negotiate contracts with employers for wages, fringe benefits and working conditions.	\$ 0	5	10	15	20	25	___
2. Resolve problems related to any ONA member's contract with an employer.	0	5	10	15	20	25	___
3. Maintain and disperse strike funds.	0	5	10	15	20	25	___
4. Consult on the development of a contract between an individual nurse and employer.	0	5	10	15	20	25	___
5. Obtain group rates on insurance plans.	0	5	10	15	20	25	___
6. Provide professional liability insurance at reduced rates.	0	5	10	15	20	25	___
7. Provide personal loans.	0	5	10	15	20	25	___
8. Provide evaluation and approval process for continuing education programs.	0	5	10	15	20	25	___
9. Hold an annual meeting of delegates to set direction for the state organization.	0	5	10	15	20	25	___
10. Facilitate networking with other RNs.	0	5	10	15	20	25	___
11. Recognize contribution of individual members.	0	5	10	15	20	25	___
12. Present educational programs.	0	5	10	15	20	25	___
13. Offer reduced rates to members for education programs.	0	5	10	15	20	25	___
14. Provide guidance for dealing with ethical dilemmas in practice.	0	5	10	15	20	25	___
15. Address human rights issues.	0	5	10	15	20	25	___
16. Act as liaison with other professional groups.	0	5	10	15	20	25	___
17. Prepare legislative platform for action by the state organization.	0	5	10	15	20	25	___
18. Reimburse members holding an ONA state level office for costs incurred.	0	5	10	15	20	25	___
19. Implement a program to improve ONA leadership at all levels.	0	5	10	15	20	25	___
20. Secure funding for nursing research.	0	5	10	15	20	25	___
21. Provide consultative support for and encourage use of nursing research.	0	5	10	15	20	25	___
22. Provide accurate, positive information about nursing to the public.	0	5	10	15	20	25	___
23. Communicate with members by publishing a news magazine.	0	5	10	15	20	25	___
24. Develop a mechanism for a portable pension plan (transferable retirement fund).	0	5	10	15	20	25	___
25. Recruit nursing students and other RNs into the organization.	0	5	10	15	20	25	___

DISTRICT LEVEL BENEFITS

- | | |
|--|---------------------|
| 1. Represent position of district members at ONA's annual meeting of the House of Delegates. | \$ 0 1 2 3 4 5 ____ |
| 2. Communicate with members by publishing a newsletter. | 0 1 2 3 4 5 ____ |
| 3. Provide nursing education scholarships. | 0 1 2 3 4 5 ____ |
| 4. Recruit nursing students and other RNs into ONA. | 0 1 2 3 4 5 ____ |
| 5. Present educational programs. | 0 1 2 3 4 5 ____ |
| 6. Review, monitor and influence the implementation of local policies that affect health care. | 0 1 2 3 4 5 ____ |
| 7. Provide accurate, positive information about nursing to the public. | 0 1 2 3 4 5 ____ |
| 8. Facilitate networking with other RNs. | 0 1 2 3 4 5 ____ |
| 9. Recognize contribution of individual members. | 0 1 2 3 4 5 ____ |
| 10. Provide a peer support program for nurses with chemical dependency or emotional problems. | 0 1 2 3 4 5 ____ |
| 11. Enhance my reputation by virtue of my membership. | 0 1 2 3 4 5 ____ |
| 12. Provide an avenue to participate on issues and activities that surround the profession. | 0 1 2 3 4 5 ____ |
| 13. Provide guidance for dealing with ethical dilemmas in practice. | 0 1 2 3 4 5 ____ |
| 14. Address human rights issues. | 0 1 2 3 4 5 ____ |
| 15. Provide consultation on practice problems. | 0 1 2 3 4 5 ____ |
| 16. Assist with job placement. | 0 1 2 3 4 5 ____ |
| 17. Act as liaison with other professional groups. | 0 1 2 3 4 5 ____ |
| 18. Reimburse district members holding an ONA state level office for costs incurred. | 0 1 2 3 4 5 ____ |
| 19. Provide information about local political candidates' positions on health care issues. | 0 1 2 3 4 5 ____ |
| 20. _____ | 0 1 2 3 4 5 ____ |
| 21. _____ | 0 1 2 3 4 5 ____ |
| 22. _____ | 0 1 2 3 4 5 ____ |

Please use the space below to give any additional thoughts about ONA on the state and/or district level. Also any comments about this questionnaire would help in its use in the future.

Thank you for participating in this survey.
Your contribution is appreciated and the information
will be helpful to us in better meeting your needs.

APPENDIX B
State Budget Categories

State Benefits by Budget Category	Percent of Budget Fiscal Year 88-89
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<u>Economic And General Welfare/Strike Fund</u>	39.9%
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- negotiate contracts with employers for wages,
fringe benefits and working conditions
- resolve problems related to any ONA member's
contract with an employer
- maintain and disperse strike funds
- consult on the development of a contract
between an individual nurse and employer

<u>Administration</u>	14.3%
-----------------------	-------

- obtain group rates on insurance plans
- provide professional liability at reduced rates
- provide personal loans

<u>Governance/Annual Meeting</u>	12.8%
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- provide evaluation and approval process for
continuing education programs
- hold an annual meeting of delegates to set
direction for the state organization
- facilitate networking with other RNs
- recognize contribution of individual members
- present education programs
- offer reduced rates to members for education
programs

- provide guidance for dealing with ethical dilemmas in practice
- address human rights issues
- act as liaison with other professional groups
- prepare legislative platform for action by the state organization
- reimburse members holding an ONA state level office for costs incurred
- implement a program to improve ONA leadership at all levels
- secure funding for nursing research
- provide consultative support for and encourage use of nursing research

Membership Services

19.2%

- provide accurate, positive information about nursing to the public
- communicate with members by publishing a news magazine
- develop a mechanism for a portable pension plan (transferable retirement fund)
- recruit nursing students and other RNs into ONA
- make national credit cards available
- provide discount purchasing services
- publish brochures on subjects of nursing interest
- provide travel club benefits

Professional Services/Government Relations

13.8%

- develop, implement and maintain third party reimbursement policies for individual practitioners
- lobby ONAs position to the Oregon Legislature
- provide information about political candidates' positions on health care issues
- provide testimony on health care legislation
- review and monitor the implementation of health care laws
- defend nursings' scope of practice
- provide consultation on practice problems
- provide a peer support program for nurses with chemical dependency or emotional problems
- act as a clearinghouse for information on nursing practice issues
- establish and implement standards of practice
- implement the code of ethics
- implement standards of education
- provide educational loans
- provide nursing education scholarships
- assist with job placement
- enhance my reputation by virtue of my reputation
- provide an avenue to participate on issues and activities that surround the profession
- provide an opportunity to form an alliance with nurses who share common special interests

APPENDIX C
Cover Letter



April 6, 1990

Dear Colleague:

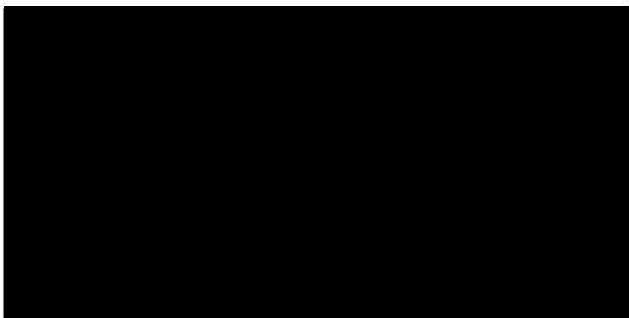
As officers of a local ONA district, we believe that it is time to re-evaluate whether the benefits your dues dollars are buying are the benefits that members currently want. This information is critical in order to provide direction for the future course of ONA at both the state and district level.

You are one of a limited number of members of ONA Districts #4 and #25 (Jackson County) randomly selected to give your opinions. In order that the findings be truly representative of the membership it is important that each questionnaire be returned. This will take about 20 minutes of your time to complete. We ask that this be returned in the enclosed stamped envelope by **April 27, 1990**. If you are not a current ONA member please check the box at the bottom of this page and return the blank questionnaire in the envelope provided.

Please be assured that your individual responses will be kept strictly confidential.

The scope of this study will include the state level (Part I) and the district level (Part II). Services provided on the national (American Nurses' Association) level will not be examined. A summary of the results of the study will be sent to the state organization. If the benefits that local members value (as indicated in Part I) are different from the current focus of the state organization, action will be sought by petitioning the Board of Directors or the House of Delegates. These actions could result in specific changes or gathering more information through a state-wide survey. Part II results will be used with the same intent at the district level. District #4 and #25 members will receive the results of this survey in a future newsletter.

If you have any questions, please call Nancy at 855-1705 or leave a message at 770-4150. Thank you for your assistance.



I am not currently an ONA member.

APPENDIX D
Follow Up Letter



DISTRICT 4 NURSES WORKING FOR NURSES

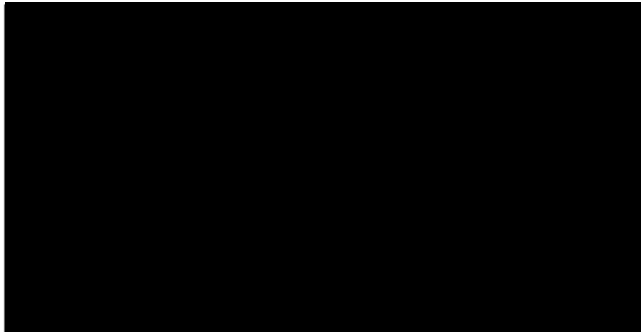
April 13, 1990

Dear Colleague:

Last week we sent you a questionnaire asking your opinion about the way ONA dues are spent. Your name was randomly selected from a list of District 4 and 25 members.

Please accept our sincere thanks if you have already returned the questionnaire. If you have not, please take the time to complete it today. Because we are only asking for the opinions of a limited number of ONA members, it is very important that your questionnaire be returned so the study results reflect a truly representative sample.

If you have not received the questionnaire or it got misplaced, please call Nancy at 855-1705 or 770-4150 and another one will be mailed to you today.



Nancy Malone, R.N.

APPENDIX E
Part I Raw Data

Part I Data

State Level Benefits

Item #	Benefit	#	% not	# of \$0 amt	# of \$ amt	Mean \$amt
		cross out	cross out			
1	Negotiate contracts	8	84	1	41	19.15
2	Resolve contract problems	7	86	5	38	13.24
3	Strike fund	11	78	3	36	12.64
4	Consult on development of contract	15	71	10	27	10.00
5	Group rates on insurance	16	69	4	31	12.90
6	Professional liability	6	88	10	34	11.76
7	Personal loans	46	16	4	5	8.40
8	Evaluate and approve continuing education	17	68	12	25	9.40
9	Hold an annual meeting	4	92	15	32	10.16
10	Facilitate networking	8	85	19	26	9.04
11	Recognize member contribution	11	79	20	22	8.55
12	Education programs	12	77	6	34	10.94
13	Reduced rates on education programs	11	79	7	34	10.00

Part I Data (continued)

Item #	Benefit	#	% not	# of	# of	Mean
		cross out	cross out	\$0 amt	\$ amt	\$ amt
14	Guidance for ethical dilemmas	7	86	11	31	10.48
15	Address human rights	11	79	10	31	11.23
16	Liaison with other groups	8	84	15	27	10.07
17	Prepare legislative platform	2	96	11	37	12.11
18	Reimburse ONA office holders for costs	7	86	4	40	8.80
19	ONA leadership development	11	79	14	28	9.29
20	Secure funds for nursing research	16	69	3	33	9.79
21	Encourage use of nursing research	16	69	8	28	9.64
22	Accurate information to public	2	96	9	39	11.46
23	Communicate by news magazine	9	82	7	35	9.51
24	Portable pension plan	12	76	2	37	14.78
25	Recruit nurses into ONA	9	82	15	27	10.37
26	National credit cards	47	18	6	4	7.50
27	Discount purchasing services	42	24	8	5	6.00
28	Publish brochures on nursing	23	56	11	18	9.06

Part I Data (continued)

Item #	Benefit	#	% not	# of \$0 amt	# of \$ amt	Mean \$amt
		cross out	cross out			
29	Travel club	46	18	7	3	10.00
30	Third party reimburse for practitioners	19	65	8	27	11.48
31	Lobby ONA's position	3	94	7	41	12.73
32	Inform of politicians health care stands	3	94	11	36	9.72
33	Testimony on health care issues	1	98	10	38	11.66
34	Review health care policy laws	4	92	10	35	11.71
35	Defend nursing scope of practice	1	98	6	42	13.21
36	Consult on practice problems	3	94	7	39	10.38
37	Peer support group	13	75	8	31	11.03
38	Information on nursing practice issues	5	90	12	32	10.31
39	Standards of practice	5	90	8	36	11.17
40	Code of ethics	7	85	12	29	11.48
41	Standards of education	6	89	13	34	11.18
42	Educational loans	12	76	5	34	11.18

Part I Data (continued)

Item #	Benefit	#	% not	# of \$0 amt	# of \$ amt	Mean \$amt
43	Education scholarships	11	78	4	36	12.50
44	Job placement	27	52	8	21	9.62
45	Enhance reputation	21	60	15	17	12.65
46	Participate in profession	6	88	15	29	10.86
47	Share interests with other nurses	9	83	18	25	9.80

APPENDIX F
Part II Raw Data

Part II Data

District Level Benefits

Corr. State #	Item #	Benefit	# Cross out	% not cross out	# of \$0 amt	# of \$ amt	Mean \$amt
none	1	District members to convention	1	98	7	40	3.40
23	2	Communicate by newsletter	4	92	3	42	2.50
43	3	Education scholarships	12	76	2	35	2.80
25	4	Recruit nurses into ONA	4	92	14	29	3.00
12	5	Educational programs	7	85	4	37	3.05
31,33,34	6	Local health care policies	0	100	4	41	2.83
22	7	Accurate information to public	3	94	10	35	3.03
10	8	Facilitate networking	6	88	11	31	2.23
11	9	Recognize member contribution	7	85	18	23	2.57
37	10	Peer support group	9	81	6	33	2.39
45	11	Enhance reputation	17	66	14	19	2.53
46	12	Participate in profession	2	96	12	35	2.43
14	13	Guidance for ethical dilemmas	3	94	6	39	2.33

Part II Data (continued)

Corr. State #	Item #	Benefit	# cross out	% not cross out	# of \$0 amt	# of \$ amt	Mean \$amt
15	14	Address human rights	10	80	9	31	2.48
36	15	Consult on practice problems	7	85	7	34	2.53
44	16	Job placement	23	65	6	22	1.68
16	17	Liaison with other groups	5	90	13	30	2.30
18	18	Reimburse local members	3	94	4	41	2.93
32	19	Inform of politician s health care stands	6	87	11	30	2.90

APPENDIX G

Recommendations for Revision of the Questionnaire

Recommendations for Revision of the Questionnaire

1. Request that staff experts at ONA evaluate the benefit list and indicate which benefits, if any, could be provided at no cost by the association. List these "no cost" benefits separately with the option to reject or select as desired benefits from ONA.
2. Eliminate the \$0 amount from the questionnaire.
3. Change the wording of the first question to read "...that you know you would be unwilling to pay for".
4. Revise the wording of the second paragraph of the introduction to the state level questions. This paragraph would then read, "The list to the right contains benefits that your dues dollars are or could provide at the state level by ONA. By completing the questions below, you will be indicating which benefits you are not willing to pay for, and the amount you would be willing to pay for those you want."
5. For ease of completion the above revisions would be made to the district portion also. In looking at revisions specific to the district portion of the questionnaire, the issue of how volunteer time (a large part of "cost" at this level) could be valued is unclear, unless a "v" for "voluntary effort appropriate" were included.
6. If replication yields the same results, those benefits with the lowest ranking (by number desired and mean dollar amount) should be eliminated from the list of benefits for future study.

7. Several revisions to the demographic portion are also recommended. An eighth choice should be added to "primary position in nursing" to indicate not employed in nursing/retired. It appeared that a few people wrote in the number of hours worked per pay period (two weeks); putting "hours per week" in bold type could correct this. No one indicated they made less than \$10,000 and only one indicated \$10,000 to \$19,999 with the majority falling in the highest category of \$40,000 or more. The first and second choices could be collapsed and an additional category of \$50,000 or more added to obtain more specific information. For ease of coding, there should be a "none" choice on the nursing association question.

AN ABSTRACT OF THE THESIS OF

CAROL R. KNAPP

AND

NANCY MALONE

For the MASTER OF SCIENCE

Date of Receiving this Degree: June 1990

TITLE: THE PERCEIVED VALUE OF BENEFITS

BY PROFESSIONAL ASSOCIATION MEMBERS

Approved:



Barbara C. Gaines, RN, EdD, Advisor

Nursing and its professional organizations have a contract with society. Credible expression of this social contract requires that professional organizations have adequate membership to achieve consensus and unity about action to be taken in the health policy arena. The American Nurses' Association is the largest all-registered nurse (RN) organization yet it and its constituent State Nurses Associations have a low percentage of membership. Local districts are the base for forming a consensus. Therefore recruitment and retention efforts must focus on the district as well as the state level.

According to exchange theory, the benefits of membership must outweigh the costs of belonging in order to sustain and increase

membership. A few studies examined broad categories of benefits but none looked at the specific benefits desired and the amount of money nurses are willing to spend for them. A questionnaire was developed for this descriptive study to determine: 1) which benefits were desired by the most members; 2) which benefits have the highest mean dollar value to members; and 3) whether different benefits are valued on the district level than on the state level. It was mailed to 101 Oregon Nurses Association (ONA) members in Jackson County (a 34% sample). Two nurses were no longer members and 57 returned usable questionnaires.

Legislative and political benefits and a nursing image benefit were valued highly at both the state and local levels although the districts were not currently addressing the first two issues. A portable pension plan (a currently unavailable benefit) was also highly valued. The few benefits with low overall ratings were not related to nursing and were readily available elsewhere.

There were some differences between the district and state levels of the association. First, not all benefits that could be provided at the state level could feasibly be provided at the district level. Three of the top ten benefits on the monetary scale at the state level were contract related and nearly 40% of the state level budget is allocated to this area. These benefits cannot be provided by the districts.

Second, some of those benefits that could be provided at both levels had a different priority for the respondents at the different

levels. Providing reimbursement for members holding a state level office received a higher ranking at the local level than at the state level.

Seventy percent of the state level benefits and 89% of the district level benefits were desired by more than three-fourths of the respondents and most of these are ones already provided in some form. The total cost of membership must be considered as well as the value of individual benefits. Since high dues have been a concern identified in several studies, it must be ascertained which of the desired benefits members and potential members would be willing to give up in order to reduce or reallocate their dues dollars. RNs also need to be made aware of the benefits provided by the association for their dues dollars in order to make an accurate cost/benefit analysis of membership.

While the research findings can be used to prioritize actions in Jackson County, its generalizability to the rest of the state is limited. Replication is required to determine validity and reliability. With some modifications and with further testing, this research should be conducted on a state-wide basis to help set direction for the ONA. Exchange theory can be useful in attaining the goals of recruitment and retention in the organization by making the ONA more attractive and responsive to its members.