RECAPTURING LOST MEMBERS IN PROFESSIONAL NURSING ORGANIZATIONS

by

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CHAPTER I

INTRODUCTION

The number of licensed registered nurses in the United States is approximately 1.9 million (American Nurses' Association [ANA], 1987), yet very few of these nurses belong to either of the two major nursing organizations, the American Nurses' Association (ANA) or the National League for Nursing (NLN). The ANA reports its membership to be 188,000 (ANA, 1987), indicating that only 10% of the nurses who are eligible are members. Membership in the NLN is reported to be approximately 18,000 (Maraldo & Solomon, 1986). In addition, there are more than 30 other professional nursing organizations, some of them specialty organizations, that compete for nurses' membership. Trade unions such as the American Federation of Teachers and the AFL-CIO also attempt to fulfill economic and general welfare functions for nurses.

Organizations must have a strong membership to possess and use power. According to Yeager (1981), membership in professional associations by physicians, public administrators, and nurses has declined significantly in recent years in proportion to the numbers eligible to join those associations. For example, the 188,000 members in ANA in 1988 represented an absolute decline of 8,024 registered nurses since 1974 (ANA,1985).

An appropriate question to pose is, "Of what significance is this problem to nurses, professional nursing associations, society and health care?" Davis, Oakley, and Sochalski (1982), Archer and Goehner (1984), and Kuhn (1986) have all emphasized the importance of membership in professional nursing organizations as a method of increasing the nursing professional's voice in the development of health policy. If nurses are not recognized or are splintered in their representation by a number of different professional organizations, they are less likely to be recognized in the planning and development of health care or in the making of policies regarding that care. Kalisch and Kalisch (1982) relate the significance as follows: "Cohesion is the essence of political mobilization . . . collective goals are essential to politically mobilized groups who seek to gain power and to challenge the status quo" (p. 437). Dahl (1961) also attests to the need for nurses to act collectively and speaks to the lack of effectiveness of the individual in the policy arena.

The purpose of this research is to identify factors that influence a member's decision to continue or discontinue membership in a professional nursing association. The value placed on association benefits as well as other factors affecting the member/association relationship will be explored. The personal and demographic characteristics of members and ex-members will be compared.

Review of the Literature

The problem of membership retention in professional associations is not limited to nursing. Yeager and Kline (1983) state that the problem affects several other professional organizations and cite an overall decline in membership in proportion to the number of potential or eligible members for each organization. Several studies have sought to ascertain the reasons for joining or not joining an association. However, only three (Gardner, 1986; Knoke, 1981; McKay, 1974) have identified reasons for discontinuing membership, and none have evaluated methods for recapturing lost members.

All previous research consisted of descriptive surveys of physicians, teachers, nurses, nurse administrators, and public administrators. Sample sizes ranged from 75 to 1,000, with response rates ranging from 45% to 89.2%. This research collectively had three purposes. First, 4 of the studies aimed at identifying factors associated with an individual's decision to join or not join a professional organization; second, 3 studies dealt with sources and amount of satisfaction with, or commitment to, an association; and third, 3 studies identified factors that affect an individual's decision to join a professional organization rather than a union. These studies are discussed below.

Factors Associated With the Decision to Join or not Join a Professional Association

Factors associated with the decision to join or not join a professional association have been analyzed by Yeager (1981), Yeager and Kline (1983), Dillon (1986), and Gardner (1986). Using Blau's (1964) social exchange theory, Yeager (1981) postulated that individuals became members of the association because of the benefits they received from the association. He suggested further, that the perceived benefits of membership outweighed the actual or perceived costs of membership if the individual remained in the relationship.

While identifying more specifically the benefits of association membership, Yeager (1981) further hypothesized that certain association benefits would not serve as equal incentives for all individuals to join an association. Specifically, those were the benefits that individuals could obtain whether or not they were members of the association. Yeager concluded from his 1981 study of 1000 public administrators that benefits available only through membership in the association were more important in determining membership than benefits that were more widely available. Thus, it becomes important for an association to identify those benefits that only accrue to members.

In a second study Yeager and Kline (1983) again employed exchange theory with the purpose of discovering factors

associated with nurses' membership in professional organizations. Their sample of 500 was drawn at random from a state nursing board registration list in a Midwestern state. The 225 returns constituted a 45% response rate. Yeager and Kline were interested in the reasons why individuals join or fail to join a professional organization, and in what nursing organizations can do to promote membership. They used Yeager's (1981) Professional Association Membership Questionnaire (PAMQ) to measure the participant's perception of association benefits, and a 5-item Likert-type scale to determine job satisfaction.

Findings of that study indicated that individuals most likely to join a nursing association: (a) were better educated, (b) worked more hours, or were unemployed and seeking employment, (c) had a larger income, and (d) had greater job satisfaction. Industrial nurses, office nurses, nurse practitioners, educators, consultants, and clinical nurse specialists were more likely to join. Members of the association valued professional programs, the potential to improve the profession, and social benefits derived from the association's activities more than did non-members. Positive variables identified were the ability of the association to promote professional stands on salient issues and the political representation of the profession. Negative influences were the high dollar cost of membership, distance to meetings or lack of activities in the geographical area,

and the union activities of some associations. Yeager and Kline (1983) stated that, "Association members have more desire for association benefits than do non-members" (p. 51).

Two subsequent replications of the Yeager and Kline (1983) study yielded similar findings. Dillon (1986) studied nurses from a midwestern city in a variety of employment settings. The convenience sample of 900 yielded a 51% response rate. Findings on demographic and personal characteristics were similar to those of Yeager and Kline (1983). That is, nurses with more education, who worked 40 hours or more per week, and were clinical specialists or educators were more likely to join a professional organization. Interestingly enough, Dillon (1986) found that non-members had higher expectations for financial benefits from the association than did members.

Gardner (1986) studied 512 nurses randomly selected from a list obtained from the State Board of Nursing of South Carolina. Questionnaires were returned by 238 nurses, for a response rate of 46%. The findings were similar to those obtained by Yeager and Kline (1983), indicating that association members (a) had more education, (b) were employed in locations such as schools of nursing, nursing homes and school nursing, (c) held nursing positions as in-service educators, clinical nurse specialists, and educators, (d) were more satisfied with their jobs, (e) valued membership benefits more than non-members, and (f) perceived that

membership benefits outweighed the cost of membership. Responses from non-members indicated that the high cost of membership dues, lack of knowledge of association benefits and apathy were the major reasons for not joining or not renewing memberships.

Sources and Amount of Satisfaction With an Association

Cafferata (1979) surveyed leaders and members of a medical specialty society to identify the source and amount of their satisfaction with their professional association. There were 292 respondents, for a 51% response rate. Cafferata found that even though both groups had similar professional interests, the leaders were more satisfied than the rank and file members. She suggested that the leaders' active involvement and position held in the association had a positive effect on their satisfaction with the association. Cafferata noted that the ability of the association to provide collective rewards was a positive factor for members, and concluded that there were direct relationships between membership retention, and both satisfaction, and perceived rewards. "Their [members'] satisfaction depended not only on the satisfaction of private professional interests, but also on the provisions of collective rewards such as political influence, prestige in the profession, and security of professional autonomy by the society" (p. 482).

Knoke (1981) looked at membership commitment in voluntary organizations, using a random sample of 32 separate

voluntary social associations in the Indianapolis area. The purpose of the survey was to determine to what degree a member's commitment was affected by the organization's method of communication, decision-making practices, and by the amount of influence the individual member had in the organization. Findings were based on a 77% response rate with 820 respondents. Knoke found that members felt cut off and were less supported in associations where opportunities for greater involvement were not available. These findings were similar to those of Cafferata (1979). The survey results indicated that policy discussion gave the members a feeling of collectivity, and open communication supported members' commitment to the association. Knoke also suggested that the associations' goals may have influenced the individual to join; however, the amount of social control afforded the members influenced the decision to remain or leave.

Finally, Oregon Nurses Association District 1 (Oregon Nurses Association District One [ONAD1], 1987) performed a market survey in May 1986 to determine why its membership had remained essentially constant over the past five years while the number of registered nurses in the district increased. A random sample of 1,000 nurses was selected from the 7,000 nurses residing in the two counties that comprised District 1. A response rate of 41% was obtained (N = 411). Along with demographic information, the questionnaire collected

information on the nurses' opinions regarding social activities, professional issues, financial and collective bargaining issues and services ONA currently promotes or may provide in the future.

Usable questionnaires from the respondents were grouped according to their membership status; members (n = 206) and non-members (n = 117). Many non-members (41%) had at one time belonged to ONA and discontinued their membership. Members and non-members of this study were similar in their sociodemographic characteristics with the exceptions of basic degree obtained, nursing position and area of nursing practice. More ONA members had bachelor's degrees and more non-members worked in nursing supervisory capacities. The majority of members were staff nurses (64%). In previous studies this was not the case; association members were not staff nurses. However, Yeager and Kline (1983), Dillon (1986), and Gardner (1986) all found nurses holding administrative positions were not members, a finding that coincides with the ONAD1's finding.

According to Bifano (1987), the ONA District 1 study participants expected, "(1) ONA to enhance the public image of the profession, (2) ONA to inform them of the benefits of membership services, (3) lower dues [and] (4) separate bargaining dues from the general budget" (Bifano, 1987, p.2). Both members and non-members wanted dues to be fair and affordable and to be informed as to how the dues were spent,

("President Reports", 1987, p.1).

These results support Cafferata's (1979) conclusion that a member's satisfaction with an association is influenced by rewards both of a private and collective nature. For these Oregon nurses, just as for the nurses studied by Yeager and Kline (1983), and by Gardner (1986), the high monetary cost of membership was a negative factor that must be offset by the benefits of membership if they were to remain in the organization.

Factors Affecting the Decision to Join a Professional Association Versus a Trade Union

Factors affecting teachers' decisions to join a professional association rather than a trade union were studied by Nagi (1973). Nagi drew a random sample of 300 members of a teachers' association and a teachers' union in Toledo, Ohio (N = 226, 75% response rate). Teachers who joined a professional association were found to reject unionization, because they believed it would lower their prestige. In addition, members of the professional association were more conservative politically and perceived their individual autonomy to be greater in performing the teacher role. Union members perceived the union as an instrument of group security, and they perceived greater collective control over external events.

Mckay (1974) surveyed nurses in the United Kingdom who belonged to a union and/or the professional nursing

organization, the Royal College of Nursing (RCN). The purpose was to ascertain these nurses' reasons for joining, not joining, or leaving the respective organizations. The sample of 250 yielded an 89.2% response rate. McKay found that men under 40 years of age tended to belong to unions, women under 40 tended to belong to the professional organization, and women over 40 belonged to the union rather than the RCN. Members of the RCN joined for social needs, whereas members of the unions joined for power. The major reason given by members of both groups for joining was the strong bargaining position of the group for improving pay and working conditions.

The main reason given for leaving the RCN was that of inactivity, a reason given also by nurses in Yeager and Kline's (1983) sample. This inactivity on the part of the association was in relation to salary, staffing, career planning and teaching activities. RCN members also mentioned that the local branch was ineffective in making changes. Union members cited other reasons for leaving: (a) the union was not available at the new hospital when the member changed jobs, (b) the union was inactive in setting wages, (c) the union was too concerned with political issues, and (d) the union had too many "troublemakers" among its members (McKay, 1974, p.1549). Denton (1976) obtained a similar result from a secondary analysis of data about 75 nurses and nursing students. Thus, Denton found that the more altruistic the

motive for entering the nursing profession, the more likely the nurse was to join a professional organization rather than a union.

In summary, the existing research has revolved around factors affecting the decision to join, not join, or leave an organization, factors affecting satisfaction with and commitment to an association, and factors affecting the decision of whether to join a union or a professional association. Nurses who were more likely to join a professional association tended to be older, more highly educated, to work full time, to be satisfied with their jobs, and to have entered their profession for altruistic reasons. Industrial nurses, office nurses, educators, consultants, and clinical nurse specialists were more inclined to join a professional nursing association.

Factors positively influencing the decision to join were identified as: (a) benefits that were organization specific, that is, not available from other outside sources; (b) the association's promotion of member involvement in the decision-making process as well as in the activities of the association; and (c) the association's promotion of a positive image of the profession and the setting of standards for the profession. Awareness of those benefits was a factor contributing to the decision to join. Negative factors were the cost in time and money associated with membership, distance to meetings, lack of association activities in the

near vicinity, and at times, the union or political activities of the association.

Union and political activities were for some members a positive factor, but for others a negative factor, in that they were perceived as damaging the image of the profession. Satisfaction with and commitment to an association varied with the involvement of members in the association. Leaders valued the opportunity for involvement in the activities of the association, whereas members valued the collective rewards the group received as a result of association membership. These, then were the factors that affected an individual's decision to join or not join an association. Research conducted to date has not determined if the presence or absence of these factors also play a part in a member's decision to leave the association.

Conceptual Framework

One recurring concept in previous studies is the perception of benefit. Blau's (1964) position is an extension of Homans's (1958) definition of social behavior as an exchange of goods. According to Blau's (1964) social exchange theory, individuals participate in groups or relationships as long as they perceive that benefits outweigh or equal costs.

Taking Homans's (1961) rule of "distributive justice" (p. 75) a step further, Blau (1964) theorized that, "differences in rewards correspond to differences in the

investments, and their [people's] satisfaction with their own rewards depends just as much on the fact that [their] expectations are not disappointed as on the actual quantity of the rewards" (p. 156). Each party in the relationship must therefore make an investment if it is to continue. Even though common interests lead to the relationship, conflicting interests also exist. Blau (1964) theorizes that these interests are in a state of constant modification until the two parties come up with identical interests that become the priority that allows the relationship to become stable.

Once the reward is supplied, be it in goods, services, or money, the other party in the exchange is obligated. Blau (1964) states that failure to discharge the obligation can result in negative action by the other party in the exchange. For example, if the first party who has made a transaction in the exchange is not rewarded, he may go elsewhere to obtain rewards. Therefore, when the exchange becomes negative, that is, when the individual perceives the cost as too high and the benefits as less valuable or nonexistent, the individual will end the relationship.

In summary, the relationship between the member and the association is influenced by the member's expectations and how well the association meets those expectations. Blau (1964) states:

> If he [the member] expects the other [the association] to furnish rewards of a certain kind, whether

> professional assistance or social support, that fully meet his general expectations, he [the member] will be more attracted than if he expects rewards that fall far short of meeting his needs. An individual's particular expectations of various associates differ depending on his impression of their [the association's] qualifications and inclinations to provide him with social rewards .... the returns he expects to realize from his investments .... permit him to choose between various potential associates. Lasting attractions develop in those social associations that are most profitable. (pp. 165-166)

Applying Blau's (1964) theory to nursing's professional organization, the American Nurses' Association, nurses must perceive the benefits from membership in the organization as outweighing the costs. Nurses must recognize and value the benefits of the organization. The benefits perceived could be those available directly to the individual or those seen as indirectly increasing the earning potential or image of nursing. When a negative balance of rewards or benefits received in relation to the costs incurred is perceived, the relationship with an organization will be terminated.

Research has identified the factors associated with the decision to join or not join a professional association. There is evidence that the concepts of social exchange theory help explain membership in professional associations. This

author concludes that social exchange theory can be applied to explain a member's decision to discontinue his/her membership with a professional nursing association.

Statement of the Problem

Throughout the United States only 10% of the nurses who are eligible to join professional nursing associations do so. Despite intensive efforts to recruit new members, membership in professional nursing associations has declined over the past ten years. Therefore, nursing organizations need to learn how to maintain their current membership. Research in this area has been sparse to non-existent. Information identifying the reasons former members leave is needed so that appropriate corrective actions may be instituted.

The purpose of this study is to identify factors that influence a member's decision to remain in or leave a professional nursing association. Drawing upon Blau's (1964) exchange theory, the questions to be answered relate to the benefits or lack of benefits of association membership. It is assumed from the review of the literature and implied by social exchange theory that the factors affecting the original decision to join an association also influence the decision to leave. The specific questions proposed for study are:

1. What are the factors that affect nurses' decisions to retain or discontinue membership in the Oregon Nurses Association? Among the factors presumed to be important are

perceived influence, the value attributed to the benefits offered by the organization, accessibility to association activities, and the cost of membership. It is anticipated that

(a) former association members will perceive they had less influence over the association's activities than current members.

(b) former members will attach less value than current members to the benefit categories of professional programs, social benefits, improvement of the profession, and membership benefits such as group benefit plans.

(c) current and former members will place similar values on monetary and personal development benefits.

(d) lack of nearby association activities and the cost of membership dues will be significant negative factors for former members of the association.

(e) mandatory association membership as a condition of employment and the union activities of ONA will be the main reasons given by current members for remaining in the association.

2. Can a profile of an "at risk" member be determined from the data? Prior research suggests that nurses who join associations differ in particular characteristics from nurses who do not join. Some of the characteristics identified are age, level of education, employment status, location of employment, nursing position held, area of nursing practice,

and job satisfaction. This work has not been extended to members who discontinue their membership in organizations. From this study the author hopes to derive a profile of characteristics associated with former members that provide evidence of "at risk" status.

CHAPTER II

METHOD

Sample and Setting

The study was conducted in the state of Oregon where there are approximately 26,000 licensed registered nurses with approximately 21,000 residing within the state (Oregon State Board of Nursing, 1987). Of these nurses, approximately 4,000 belong to the Oregon Nurses Association (ONA) which is a state constituent of the American Nurses Association (ANA) and a registered labor union. Unlike some other associations, membership in the ONA has remained stable: however, turnover is relatively high, about 30%. For example, nonrenewals for 1986 were confirmed to be 1,239 by Paula McNeil, Executive Director of the ONA.

Membership in the ONA is voluntary except for instances where ONA is the collective bargaining agent and the contract makes membership mandatory as a condition of employment. Generally, members of the ONA must be registered nurses licensed in Oregon who reside and work in the state. Exceptions are made for federally employed nurses, retired nurses, and nurses who reside out of state but work in facilities represented by the ONA as the bargaining unit. Membership dues for the ONA are the highest in the nation with Washington State and Hawaii ranking the second and third highest, respectively. Dues for the majority of ONA members are $300 per year with reduced rates for retired and graduate

student categories and those working part-time. ONA retains approximately $220 of these dues at the State level with the remainder going to ANA and the nurse's local district.

A sample was drawn from two lists provided by the ONA. One list contained the names of current association members and the other contained the names of individuals whose membership lapsed within the 1986 membership year. Prior to the selection of the sample, the lists were cross-referenced to identify members on the ex-member list who had since renewed their membership, and to delete from the current membership list those new members who had joined within the 1986 membership year.

A sample size of 400 was desired, with 200 nurses randomly selected from the member list, and 200 nurses randomly selected from the former member list. On the expectation that some of those listed would be non-locatable, deceased, or ineligible, additional samples of 50 nurses each were randomly drawn from the two lists to provide replacements. Criteria for inclusion in the sample were that individuals must reside in the state of Oregon, be either current ONA members or former members, and be eligible for membership in the ONA at the time of data collection.

Design and Procedure

The purpose of this descriptive survey was to identify factors that influence a member's decision to remain in or leave a professional nursing association. The sample of

current and former members of the ONA were asked to participate in the research by completing a questionnaire. Two follow-up requests were made.

Participation in the study was voluntary and did not bear any risks to the respondent. The cover letter explained that the data would be handled in a confidential manner and that the use of code numbers was for follow-up mailing purposes only. Additionally it was acknowledged that only summary data would be provided to the ONA and reported in the research product. Completion and return of the survey indicated the respondent's informed consent. A copy of the cover letter and follow-up letter appear in Appendices A and B, respectively.

Data

The data were gathered through a self-administered mailed questionnaire consisting of two parts. The first part consisted of the 27-item Professional Association Membership Questionnaire (PAMQ) scale refined by Yeager and Kline (1983). The second part was investigator designed and obtained information about the sociodemographic characteristics of current and former members, reasons for renewal or nonrenewal of membership, and additional relevant data. These additional data focused on (a) the respondent's degree of activity in the association; (b) whether or not former members left the association to join another organization; and, (c) what other associations the former

members joined. For the purpose of analysis the data collected from the respondents were grouped in the following categories: (a) membership status; (b) sociodemographic characteristics; (c) benefits of membership; and (d) factors affecting member/association relationships. Copies of the instruments are included in Appendix C.

Membership Status

Membership status was determined by the respondents' answer to item 15 on the investigator-designed portion of the questionnaire. Despite cross-referencing procedures before the sample was selected it was anticipated that errors might occur, with some current members being listed as former members and vice versa. This question asked the participant whether or not he or she was at present a member of the Oregon Nurses Association. Comparison of these responses with association records allowed validation of their membership status.

Demographic and Personal Characteristics

Sociodemographic variables identified in the literature as significant factors in predicting membership were included in the study. These variables were (a) age; (b) sex; (c) marital status; (d) city and county of residence; (e) basic nursing education; (f) year of graduation; (g) highest level of education; (h) net family income; (i) employment status; (j) number of hours worked; (k) location of employment; (l) position; and (m) area of nursing practice. Items 1 through

14 in Part 2 of the questionnaire provide these data.

Benefits of Membership

The value attributed to the various benefits of membership in the ONA was measured using the Professional Association Membership Questionnaire (PAMQ). The original 60-item questionnaire developed by Yeager (1981) was tested on 497 public administrators. Factor analysis of the items yielded 12 scales with alpha coefficients ranging from .68 to .91. Yeager and Kline (1983) reduced the original scale to 27 items and tested the scale on 225 registered nurses.

Factor analysis of the 27-item version of the instrument resulted in 6 subscales with Cronbach coefficient alphas ranging from .75 to .83. The subscales used to measure the types of association benefits, and their respective alphas were (a) professional programs (alpha = .83); (b) social benefits (alpha = .88); (c) monetary benefits (alpha = .82); (d) improvement of the profession (alpha = .80); (e) personal development (alpha = .75); and (f) membership benefits (alpha = .77).

In the present study, the PAMQ was factor analyzed, first by the principal components method, followed by varimax rotation, using the SPSS/PC + statistical package (Norusis, 1985). Four factors were derived, with eigenvalues of 11.4, 3.30, 1.95 and 1.30, respectively. Varimax rotation resulted in a loading of the items of the PAMQ on the factors as follows: Factor I (items 1, 3, 4, 5, 9, 10, 14, 15, 16, 17,

19); Factor II (items 2, 7, 8, 12, 18, 22, 23, 24, 25, 26); Factor III (items 6, 11, 13); and Factor IV (items 20, 21, 27).

To determine whether the 6-factor set of scales derived by Yeager and Kline (1983), or the 4-factor set from the present factor analysis would be more appropriate, reliability tests were performed on each set of scales. Reliabilities were satisfactory for both sets (See Table 1). In a second analysis, t-tests were employed to evaluate the differences between members and ex-members in their responses to the PAMQ, both in the 6-scale and the 4-scale format. Differences between the groups were not appreciably greater in either format. Since altering the structure from 6 to 4 factors did not yield any particular analytical advantages, throughout the rest of this analysis Yeager and Kline's six scales were used in order to permit comparison between this and other studies. It may be noted that the reliability coefficients of the six subscales in the Yeager and Kline (1983) study and in the present study are very similar, and are adequate for research purposes (See Table 2).

The PAMQ scale appears as items 1 through 27 in Part 1 of the questionnaire under the title "Oregon Nurses Association Membership Questionnaire". PAMQ items 3, 4, 5, and 6 comprise the professional programs subscale: items 7, 8, 12, 18, 22, 24, and 26, the social benefits subscale; items 14, 20, 21, and 25, the monetary benefits subscale;

TABLE 1

Reliability Of 4- and 6-Factor PAMQ Scales in Present Study

Subscale	Standardized Alpha	Number of Items	Scale Mean
	Yeager's 6 Scales		
Professional Benefits	.81	4	13.94
Social Benefits	.90	7	11.00
Monetary Benefits	.72	4	13.78
Improvement of the Professional	.91	6	25.16
Personal Development	.75	3	7.96
Membership Benefits	.52	3	8.86
	Present Study 4 Scales		
Scale I	.93	11	43.06
Scale II	.92	10	17.66
Scale III	.69	3	7.85
Scale IV	.80	3	12.12
PAMQ	.94	27	80.69

TABLE 2

Comparison of PAMQ Scale Reliabilities in Present Study With those in Yeager and Kline (1983) Study

PAMQ Subscale	Standardized Alphas: Present Study (N = 274)	Standardized Alphas: Yeager and Kline (1983) (N = 225)
Professional Benefits	.81	.83
Social Benefits	.90	.88
Monetary Benefits	.72	.82
Improvement of the Profession	.91	.80
Personal Development	.75	.75
Membership Benefits	.52	.77

items 9, 10, 15, 16, 17, and 19, improvement of the profession; items 1, 2, and 23, the personal development subscale; and the remaining items 11, 13, and 27, the membership benefits subscale.

The value attributed to each of the six types of benefits was measured by a Likert-type scale with each item rated on a 7-point scale from none (0) to very much (6). The individual's scores for each item in the subscale were summed to achieve a subscale score. Missing values were randomly assigned a score of either 3 or 4. Thus, the possible range of scores for each subscale were as follows: (a) professional programs and monetary benefits, 0 - 24; (b) social benefits, 0 - 42; (c) improvement of the profession, 0 - 36; and (d) personal development and membership benefits, 0 - 18. The possible range of scores for the entire PAMQ is 0 - 162.

Factors Affecting the Member/Association Relationship

Data indicating the respondent's perception of his/her influence on association policy was measured in Part 2 of the questionnaire by item 16. The respondent could select one of three answers; "no influence", "some influence", or "a lot of influence", and was given a score from 1 to 3, respectively. It was presumed that low scores would indicate a perceived lack of influence and would be associated with a decision not to renew. High scores were thought to indicate that members perceived they had some influence and would be associated with a decision to renew membership.

Amount of involvement in the ONA was assessed by items 17 through 20 of the questionnaire. These questions asked the respondents: (a) the number of times they attended or attend ONA meetings; (b) if they are or ever were members on an ONA committee or task force; (c) whether or not they ever held office; and (d) the length of time they have been or were members of the ONA. It was anticipated that former members would report less involvement in the organization than current members.

Additional factors that might affect how current and former association members perceived the association were identified. Item 21 asked current members to select from a list the three most significant reasons for maintaining membership. The list of choices included factors indicated as important in the literature, such as the union or political activities of the association, ONA/ANA newsletters, advancement opportunities and mandatory membership employment policy. Item 23 was open-ended, allowing the respondent to identify additional reasons.

Factors suggested by the literature as important in the choice to not renew membership were listed in item 24. Former members were asked to select the three most significant reasons for nonrenewal from that list, which included (a) not agreeing with the union or political activities of ONA; (b) availability of group benefits from other sources; (c) lack of specialty education benefits; (d)

lack of nearby association activities; (e) high cost of membership dues; and (f) decertification of ONA as the facility bargaining unit. Space to identify additional reasons for nonrenewal was provided by the open-ended question, # 26. Items 27 and 28 of the questionnaire gathered additional data from former members. Question 27 asked if the former member left the ONA for another professional association. Those who answered positively were asked to identify the other association they joined in item 28.

CHAPTER III

RESULTS AND DISCUSSION

Four hundred questionnaires were mailed in late August, 1987, to a randomly selected sample consisting of 200 former and 200 current members of the Oregon Nurses Association. From that initial mailing, 49 questionnaires to former and 9 to current members were returned as either "undeliverable" or "recipient deceased". Replacement questionnaires were then mailed to 58 nurses selected from previously randomly selected alternate lists. Of the 400 questionnaires mailed to potential respondents over a 2 1/2 month period, 291 or 73% were returned. A total of 274 questionnaires were usable (170 from ONA members and 104 from former members) and provide the data for the analysis of this study. Analysis was performed using the SPSS/PC+ statistical package (Norusis, 1985) and the Crunch statistical package (Crunch Software Corporation, 1987).

Description of Sample

Statistical data were available on selected sociodemographic characteristics of registered nurses in the State of Oregon and nurses across the nation. Whenever possible, the respondents' characteristics were compared to those of nurses in Oregon and nationwide. However, comparison of the respondents' characteristics to all registered nurses in the ONA was not feasible due to the large percentage (58%) of missing sociodemographic data in

ONA membership reports.

As can be seen in Table 3, 96.4% of the respondents were female and 3.6% were male. These percentages closely correspond to national statistics on the gender of nurses (Kelly, 1987) as well as to Oregon statistics (Oregon State Board of Nursing, 1987). Study participants ranged in age from 28 to 60 years. The mean age was 38, with 39% of the respondents in the 25-34 age bracket. This age distribution corresponds fairly closely with that of nurses nationally.

Most nurses were married (72.4%). Respondents had achieved a higher level of education than is the average for Oregon and the nation, with 50.4% possessing bachelor's or master's degrees in contrast to 39.5% of all Oregon nurses and 31.4% of nurses nationwide.

A higher proportion of the respondents were employed (88.2%) than nurses in Oregon or in the nation (See Table 4). Most worked in a hospital setting (65.8%), and over half were staff nurses. The nursing positions next most frequently reported were those of head/ charge nurse, and nurse practitioner.

On the basis of inspection there appear to be several similarities and differences between nurses in the study and those in Oregon and the nation. The participants were similar in their sex and age distribution, marital status, location of employment and nursing position held. Nurses in the study differed, however, in that they were somewhat

TABLE 3

Sociodemographic Characteristics of Nurses in Study, All Registered Nurses in Oregon and in the Nation

Characteristic	Study No.	Study %	Oregon %	Nation %
Sex				
Male	10	3.6%	5.3%	3.0%
Female	264	96.4	87.10	97.0
Age[a]				
Under 25	8	2.9	—	6.0
25 to 34	108	39.7	—	37.0
35 to 44	96	35.3	—	27.0
45 to 54	27	9.9	—	18.0
55 to 64	27	9.9	—	10.0
65 & Over	6	2.2	—	1.0
Marital Status[b]				
Single	42	15.4	—	15.0
Married	198	72.5	—	70.0
Divorced, Separated or Widowed	33	12.1	—	15.0
Highest Level of Education				
Associate	70	25.7	28.97	22.8
Diploma	60	22.1	29.42	45.3
Baccalaureate	114	41.9	33.15	25.5
Masters	23	8.5	5.91	5.6
Doctorate	0	0	.44	.3

[a] Two respondents failed to answer this question.
[b] One respondent failed to indicate marital status.

Note: Percentages for Oregon abstracted from Oregon State Board of Nursing. (1987). Annual Statistical Report, 1986-87. Portland Oregon.

National percentages were obtained from Kelly, L.Y.(1987).The Nursing Experience: Trends Challenges and Transitions, MacMillan Publishing: New York.

TABLE 4

Employment Characteristics of Nurses in Study, All Registered Nurses In Oregon, and in The Nation

Characteristic	Study		Oregon	Nation
	No.	%	%	%
Employment Status				
Employed	248	88.2	78.69%	79.0 %
Unemployed or Retired	22	8.1	7.96	21.0
Student	2	3.6	0	0
Location of Employment				
Hospital	179	65.8	64.94	68.1
Private Practice	3	1.1	2.49	1.5
Nursing Home	2	.7	7.83	7.7
School of Nursing	5	1.8	1.62	2.7
HMO/Freestanding Clinic	8	2.9	0	6.6
Community/Home or Public Health	6	2.2	4.00	6.8
School	2	.7	1.40	2.9
Occupational Health	1	.4	1.07	1.5
Office Nurse	5	1.8	8.59	0
2 Sites of Employment	23	8.5	0	0
Other	17	6.2	6.38	1.4

(Table continues)

TABLE 4 (continued)

Characteristic	Study		Oregon	Nation
	No.	%	%	%
Nursing Position				
Staff Nurse	142	52.4%	65.07%	66.8%
Head/Charge Nurse	30	11.1	14.32	12.3
Administration	5	1.9	2.45	5.2
Instructor/Educator	6	2.2	2.53	4.4
Clinical Specialist	4	1.5	0	1.6
Nurse Practitioner	12	4.4	2.13	1.3
Consultant	3	1.1	1.15	0
2 Nursing Positions	30	11.0	0	0
Other	18	6.6	8.77	7.0

Note: Totals do not always equal 100% because of missing data. Data for Oregon abstracted from Oregon State Board of Nursing. (1987). Annual Statistical Report, 1986-87. Portland Oregon. National data were obtained from Kelly, L. Y. (1987). The Nursing Experience: Trends Challenges and Transitions, MacMillan Publishing: New York.

better educated, and fewer were unemployed. These study findings parallel those obtained in a survey by ONA District 1 (1987) where respondents tended to be employed in more full time positions than is the average for the State. In that study also, the proportion of respondents with bachelor or higher degrees exceeded that of nurses statewide.

It must be noted that the respondents represented 23 of the 36 counties in the state. The lack of representation of 13 counties may be explained by the fact they were predominantly rural, with few nurses (usually fewer than 9), and few hospitals or ONA local bargaining units. Since the sample was collected from lists of current and former ONA members, and not from the total population of registered nurses, these nurses were not as likely to appear in the sample.

Neither Oregon nor national statistics are available on number of hours worked per week by nurses, their net family income, or area of nursing practice. Such information was obtained in this study and is presented in the following section which compares members and former members.

Comparison of Members and Former Members

In answer to the question "Are you presently a member of the Oregon Nurses Association?", 170 (62%) of the 274 respondents indicated that they were members, and 104 (38%) indicated that they were not. Both groups were alike in sex and age distribution, marital status, and net family income

(See Table 5). Educational levels were similar with the largest percentage of each group possessing a bachelor's degree (See Table 6). The minor differences in the characteristics between the two groups were not statistically significant.

Yeager and Kline (1983), Gardner (1986), and Dillon (1986) all found that members were better educated than non-members. In the present study however, members and former members did not differ statistically on this characteristic, but the groups were better educated than registered nurses in the state. There were significant differences between current and former members in employment status, hours worked per week, employment location, nursing position and area of nursing practice (See Tables 7, 8, & 9). Ninety-four percent of current members were employed in comparison to 78.8% of former members. Former members worked fewer hours per week than current members, but a larger proportion (12.5% versus 6%) worked at two sites of employment. A larger proportion of current members (75%) than of former members (51%) were employed in hospitals. These data support assertions of previous studies (Yeager & Kline, 1983; Gardner, 1986; and Dillon, 1986), that nurses who are employed full time are more likely to join a professional association.

Current members differed from former members in the type of nursing position held (See Table 9). A larger percentage (69.6%) of current members worked as either staff or charge

TABLE 5

Sociodemographic Characteristics of Current and Former ONA Membe

Characteristic	Current Members No. (%)	Former Members No. (%)	Chi-Square
Sex: (N = 274)			NS
Male	6 (3.5)	4 (3.8)	
Female	164 (96.5)	100 (96.2)	
Age: (N = 272)			NS
Under 25	5 (2.9)	3 (2.9)	
25 to 34	66 (38.8)	42 (41.2)	
35 to 44	59 (34.7)	37 (36.3)	
45 to 54	22 (12.9)	5 (4.9)	
55 to 64	13 (7.6)	14 (13.7)	
65 & Over	5 (2.9)	1 (1.0)	
Marital Status: (N = 273)			NS
Single	25 (14.8)	17 (16.3)	
Married	121 (71.6)	77 (74.0)	
Divorced or Separated	21 (12.4)	10 (9.6)	
Widowed	2 (1.2)	0 (0)	
Net Family Income: (N = 272)			NS
Under $10,000	3 (1.8)	2 (2.0)	
$10,000-$19,999	13 (7.8)	15 (15.3)	
$20,000-$29,999	52 (31.3)	24 (24.5)	
$30,000-$39,999	41 (24.7)	29 (29.6)	
$40,000 & Above	57 (34.3)	28 (28.6)	

Note: NS = Not significant.

TABLE 6

Distribution of Current and Former ONA Members by Education

Characteristic	Current Members No. (%)	Former Members No. (%)	Chi-Square
Basic Nursing Education (N = 272)			NS
ADN	54 (32.1)	33 (31.7)	
Diploma	47 (28.0)	24 (23.1)	
BSN	65 (38.7)	46 (44.2)	
Other	2 (1.2)	1 (1.0)	
Highest Level of Education (N = 272)			NS
Associate	43 (25.6)	27 (26.0)	
Diploma	40 (23.8)	20 (19.2)	
BSN	54 (32.1)	39 (37.5)	
MSN	14 (8.3)	6 (5.8)	
Other[a]	17 (10.2)	12 (11.6)	

[a] "Other" category included six categories: (a) Baccalaureate, not in nursing, (b) Master's, not in nursing, (c) Two Bachelor degrees, (d) Two Master's degrees, (e) One degree plus a certificate, and (f) Certificate.

Note: NS = Not significant

TABLE 7

Distribution of Current and Former ONA Members by Employment Status and Hours Worked per Week

Characteristic	Current Members No. (%)	Former Members No. (%)	Chi-Square
Employment status: (N = 272)			$\chi^2 = 15.85$*
Employed	158 (94.0)	82 (78.8)	
Unemployed	2 (1.2)	7 (6.7)	
Retired	5 (3.0)	8 (7.7)	
Student	0 (0)	2 (1.9)	
Employed & Student	3 (1.8)	5 (4.8)	
Hours Worked Per Week: (N = 272)			$\chi^2 = 14.06$**
None	8 (4.8)	14 (13.5)	
1-10	3 (1.8)	7 (6.7)	
11-21	12 (7.1)	10 (9.6)	
22-32	41 (24.4)	21 (20.2)	
33-43	86 (51.2)	39 (37.5)	
44 or More	18 (10.7)	13 (12.5)	

* $p = .003$
** $p = .015$

TABLE 8

Distribution of Current and Former ONA Members by Place of Employment

Characteristic	Current Members No. (%)	Former Members No. (%)	Chi-Square
Location of Employment: (N = 272)			$\chi^2 = 34.66$*
Physicians Office	0 (0)	5 (4.8)	
School	1 (.6)	1 (1.0)	
Nursing Home	1 (.6)	1 (1.0)	
Mental Health Agency	2 (1.2)	0 (0)	
Community Health	4 (2.4)	1 (1.0)	
Clinic	5 (3.0)	3 (2.9)	
Hospital	126 (75.0)	53 (51.0)	
Public Health Agency	1 (.6)	0 (0)	
Industry	1 (.6)	0 (0)	
Self-Employed	1 (.6)	2 (1.9)	
School Of Nursing	4 (2.4)	1 (1.0)	
2 Sites Of Employment	10 (6.0)	13 (12.5)	
Retired Or Unemployed	7 (4.2)	14 (13.5)	
Other	5 (3.0)	10 (9.6)	

* $p = .003$

TABLE 9

Distribution of Current and Former ONA Members by Nursing Position

Characteristic	Current Members No. (%)	Former Members No. (%)	Chi-Square
Nursing Position: (N = 271)			$\chi^2 = 33.94$*
Staff Nurse	100 (59.5)	42 (40.8)	
Head Nurse	5 (3.0)	3 (2.9)	
Inservice Education	1 (.6)	0 (0)	
Director Of Nursing	0 (0)	1 (1.0)	
Clinical Nurse Specialist	2 (1.2)	2 (1.9)	
Charge Nurse	17 (10.1)	5 (4.9)	
Supervisor	0 (0)	4 (3.9)	
Consultant	2 (1.2)	1 (1.0)	
Nurse Practitioner	8 (4.8)	4 (3.9)	
Nurse Educator	4 (2.4)	1 (1.0)	
Occupational Health	1 (.6)	1 (1.0)	
2 Nursing Positions	17 (10.1)	13 (12.6)	
Retired Or Unemployed	7 (4.2)	14 (13.6)	
Other	4 (2.4)	12 (11.7)	

* $p = .002$

nurses than did former members (45.7%). Larger percentages of current members than former members held educator, inservice educator, and nurse practitioner positions. However, the four supervisors and one Director of Nursing in the sample were all former members. As may be noted in Table 10, current members also differed from former members in their area of practice in that higher proportions were employed in medical-surgical areas, and in obstetrics or gynecology (24.9% and 10.7% versus 15.5% and 1.9%). In summary, these data indicate that current members tend to be employed mainly in a hospital setting as staff or charge nurses, work more hours per week, and work principally in medical-surgical or obstetrical areas.

The present study findings parallel those of the market survey conducted by ONA District 1 (1987) with respect to location of employment and nursing position held. However, the present findings differ from those of previous surveys by Yeager and Kline (1983), Gardner (1986), and Dillon (1986). In those studies more members of nursing associations than non-members were employed as educators, clinical nurse specialists, inservice educators, consultants and nurse practitioners, whereas non-members to a greater extent held staff nurse positions in hospital settings. Those studies also found that members, more than non-members, tended to practice in non-hospital settings such as schools of nursing, nursing homes, schools, industry and physicians' offices.

TABLE 10

Distribution of Current and Former ONA Members by Area of Nursing Practice

Characteristic	Current Members No. (%)	Former Members No. (%)	Chi-Square
Area Of Nursing Practice: (N = 272)			χ^2 = 30.93*
Medical-Surgical	42 (24.9)	16 (15.5)	
OB/GYN	18 (10.7)	2 (1.9)	
Pediatrics	9 (5.3)	5 (4.9)	
Community Health	8 (4.7)	2 (1.9)	
OR /Anesthesia	11 (6.5)	7 (6.8)	
ER	3 (1.8)	3 (2.9)	
Psychiatry	5 (3.0)	2 (1.9)	
Geriatrics	3 (1.8)	2 (1.9)	
Education	1 (.6)	0 (0)	
Administration	0 (0)	3 (2.9)	
NICU	5 (3.0)	3 (2.9)	
ICU-CCU	24 (14.2)	14 (13.6)	
2 Areas Of Practice	21 (12.4)	13 (12.6)	
Retired Or Unemployed	7 (4.1)	14 (13.6)	
Other	12 (7.1)	17 (16.5)	

* p = .02

One likely reason for the differences between the findings of this study and those of Dillon (1986), Gardner (1986), and Yeager and Kline (1983), is that ONA serves the dual function of professional nursing association and collective bargaining agent for many of the nurses employed in Oregon. As a collective bargaining agent, ONA primarily represents hospital units in accordance with state and federal statutes. In those facilities, most employees are staff nurses. Thus, the higher percentage of staff nurses among current ONA members could be attributed to the association's union activities and mandatory membership policies of employment. Additionally, the fact that nurses in administration tended not to belong to ONA may be attributed to a belief that their conflict of interest in collective bargaining issues precluded their membership in the ONA.

Factors Associated With Membership

The first study question was: "What are the factors that affect nurses' decisions to retain or discontinue membership in the Oregon Nurses Association?". To answer the overall question, five predictions were made regarding the important factors, based on the conceptual framework of exchange theory and review of the literature. These factors may be categorized as (a) perception of influence, (b) value attributed to the benefits offered by the association, (c) accessibility to association activities and the cost of

association membership, and, (d) mandatory membership requirements and union activities.

Perceived Influence in the Organization

With regard to the first factor, it was predicted that former association members would perceive that they had less influence over association activities than current members. This was tested by item #16. First respondents were queried directly about their perception of influence. They were asked, "When you were a member, or as a current member, did (do) you feel that you could (can) influence policy in the Association?". In response, 57.7% of the former members versus 35.5% of current members felt they had no influence, while 64.5% of current members versus 42.3% of former members felt that they had some or a lot of influence. This difference was statistically significant (χ^2 = [2, N = 273] = 13.81, p = .00).

In an attempt to explain this difference in perceived influence, the level of activity in the ONA in which members and ex-members engaged was compared. The two groups did not differ significantly in this regard. Current and former members differed only slightly on attendance at association meetings, committee or task force involvement, or offices held in the association. The majority in both groups stated that they never attended association meetings (members = 46.7%, former members = 44.2%), had never served on a committee or task force (members = 82.9%, former members =

76%), and had never held an office (members = 91.1%, former members = 85.3%). Thus, degree of activity did not appear to be a significant factor in members' perception of their influence in the association. However, a caveat is in order. The wording of the question regarding activity may have been somewhat ambiguous with respect to the referent organization. Some respondents may have replied with the state, and others with the district or local organization in mind.

Assuming that activity was indeed not related to perceived influence, then other variables must account for the difference between members and former members. In speculation, these factors might include the members' original expectations of their potential influence versus that which they perceived they achieved while members of the association.

The present finding supports Cafferata's (1979) view that perceived input into policy by association members leads to a commitment to the association. Knoke's (1981) hypothesis that the decision to maintain or discontinue membership is affected by the amount of control perceived by the members is also supported in that a significant percentage of former ONA members felt they had no influence on policy in the association.

Value Attributed to Association Benefits

The second factor presumed to affect decisions to remain in or leave an organization is the value persons place on

association benefits. It was presumed from the findings of Yeager and Kline (1983) that former association members would attach less value to professional programs, social benefits, improvement of the profession and membership benefits. With the exception of one benefit category (membership benefits), this presumption was not supported. As may be noted in Table 11, the differences between the two groups on the professional programs, social benefits and improvement of the profession scales were not statistically significant. Since both groups appeared to value the benefits positively, it may be concluded that those benefits were not sufficient to maintain membership for all individuals. These findings support Yeager's (1981) premise (which, however, Yeager and Kline were not able to confirm in 1983) that some particular benefits are less able than others to entice professionals to join an association. The same principle may be appropriate for membership retention.

As anticipated, the value placed on membership benefits (e.g., group benefit plans such as liability and health insurance) by former members was significantly lower ($\underline{M}$ = 7.80), than by current members ($\underline{M}$ = 9.5). This result parallels the Gardner (1986) finding and affirms another of Yeager's (1981) and Yeager and Kline's (1983) conclusions, namely, that association benefits available from other sources are not sufficient to recruit individuals into an association.

TABLE 11

Mean PAMQ Subscale Scores Of Current And Former ONA Members

PAMQ and Subscales	Current Members (n = 170) Mean	(S.D.)	Former Members (n = 104) Mean	(S.D.)	t-Test
Professional Programs	13.65	(5.7)	14.42	(5.2)	NS
Social Benefits	10.67	(9.4)	11.54	(9.3)	NS
Monetary Benefits	14.03	(5.3)	13.37	(5.7)	NS
Improvement of the Profession	25.41	(8.7)	24.75	(8.6)	NS
Personal Development	7.55	(4.7)	8.61	(4.5)	NS
Membership Benefits	9.50	(4.4)	7.80	(3.5)	3.33*
Total PAMQ	80.80	(31.34)	80.50	(28.92)	NS

Note. NS = Not significant

* p = .001

Again as predicted, current and former members did not differ in the value they placed on monetary and personal development benefits. On the monetary benefit scale, the mean score of current members was 14.03 and the mean of former members was 13.37. This finding also supports Yeager's (1981) conclusion that benefits which individuals can obtain elsewhere are not sufficient to induce them to join an association. Because ONA is a collective bargaining agent, the salary and working conditions of all nurses in an area are influenced by the association's activities. Therefore nurses in facilities not represented by ONA may enjoy monetary and working condition benefits at competitive area hospitals without themselves being members of the ONA and paying the costs of membership.

In this study, the difference in the value members and ex-members placed on personal development benefits approached, but did not attain statistical significance. The mean score for current ONA members was 7.5, and the mean score for former members was 8.6 (t = -1.86, df = 224.68, p = .065). Since members of both groups valued personal development benefits equally, they must have differed in their perceptions of the costs attendant on the benefits. Social exchange theory would suggest that former members viewed the costs as outweighing rewards. In addition, stimulation and self-improvement can be achieved by attending functions or activities where membership is not mandatory.

Social interaction among colleagues can also be obtained without belonging to an organization. Still another explanation may be that ex-members left the ONA because personal development benefits supplied were not seen as relevant, while current members remained in the association because the benefits offered met their developmental needs.

Accessibility and Cost of Association Membership

To determine if the factors associated with the last two predictions were salient, participants were asked to rank the three most important reasons for remaining in or leaving the association. Of the 274 respondents, 180 complied (125 members and 55 former members). The other respondents (n = 94) simply checked items without assigning ranks.

Lack of geographically accessible association activities was expected to be a significant factor in the former members' decision to discontinue membership. The study results did not support this claim (See Table 12), since only 18 of the 104 former members indicated lack of nearby association activities as a reason for leaving. It is interesting to speculate if similar results would have been obtained if more nurses from Oregon's 13 more rural counties had been included in the sample.

As predicted, the cost of membership was the most significant reason given for leaving the association. Eighty-seven percent of the former members who ranked their answers (n = 55) listed cost among the three major reasons

TABLE 12

Reasons Given By Former ONA Members For Leaving The Association

Reason For Leaving	Ranked First	Ranked Second (N = 55)	Ranked Third (N = 55)	Sub Total	Selected But Not Ranked (N = 49)	Total
Too Costly	25	14	9	48	32	80
Can Obtain Benefits Elsewhere	3	5	11	19	8	27
No Interest	4	4	11	19	11	30
Moved Where ONA Membership Not Required	10	7	3	20	16	36
Union Activities	7	6	3	16	9	25
Political Activities	2	6	1	9	5	14
Disatisfaction With Newsletter Topics	0	3	3	6	7	13
Lack of Education Benefits	0	6	8	14	4	18
Decertification Of ONA	2	1	0	3	4	7
Lack of Nearby Association Activities	2	3	6	11	7	18

for leaving the association (See Table 12). Additionally, 65% of former members who did not assign a rank (n = 49) for their reasons, listed cost as a reason for discontinuing their membership. Thus, all 104 of the former members considered cost significant in their decision to leave the ONA. These findings clearly indicate that although former members of ONA valued many of the same benefits that current members did, cost was a significant deterrent to renewed membership. These findings can be explained by the principle of exchange theory which postulates that a relationship will not be sustained if the costs of membership outweigh benefits.

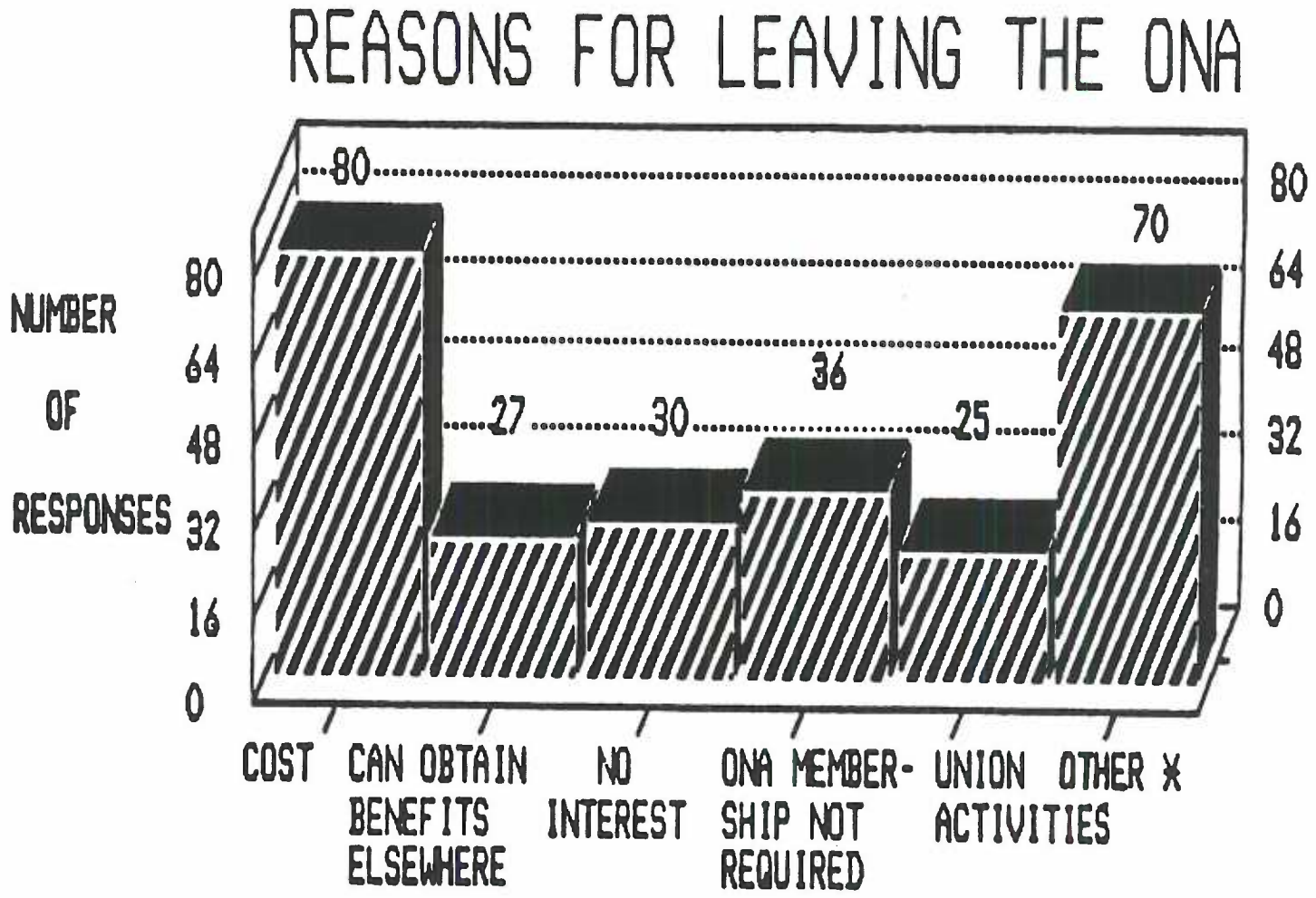
The recent survey of ONA District 1 (1987) also confirmed the concern of both members and non-members over the cost of membership. Not only did the study participants want the dues lowered but there was concern over how membership dues were allocated. The respondents in that survey wanted dues allocated to collective bargaining kept separate from the dues accounting for the general budget. They also wanted to know what the association provided for them in the way of services and representation. This latter finding of ONA District 1 validates Yeager and Kline's (1983) recommendations that members should be made aware of the benefits of the association.

The second, third, and fourth most frequently checked reasons for discontinuing membership were "moved where ONA

membership was not required" (checked by 36 of 104 former members); "no interest" (checked by 30); and "can obtain the same benefits elsewhere" (checked by 27) (See Figure 1). This ordering was the same, whether based on the frequency with which they were ranked first (respective frequencies of 10, 4, and 3), were ranked among the top three reasons (respective frequencies of 20, 19, and 19), or were simply checked by respondents who did not perform the ranking task (respective frequencies of 16, 11, and 8).

The fact that 36 former members listed "moved to another facility where membership in ONA was not required" as a reason for non-renewal indicates that the original incentive to join was tied to the economic security of employment. Once that mandatory requirement was eliminated, apparently those members did not perceive the association as offering enough benefits to outweigh the costs of membership and the individuals chose to discontinue their membership. Expanding this theme, one might argue that those former members viewed and joined the association only in the context of the association's collective bargaining role. Therefore, when the association was not in the position to perform that role in the member's new employment facility, the member would choose rationally to end the relationship.

The third most frequent response for non-renewal of membership in this study was, "no interest" (29%). Similarly, Gardner (1986) found lack of interest a reason for



* OTHER CATEGORY COMPOSED OF POLITICAL ACTIVITIES, DISATISFACTION WITH NEWSLETTER TOPICS, LACK OF EDUCATION BENEFITS, DECERTIFICATION OF ONA AND LACK OF NEARBY ASSOCIATION ACTIVITIES

Figure 1.. Frequency of responses of all former ONA members for leaving the association.

either withdrawing from or for never joining an association. According to exchange theory, a relationship must be seen as profitable in order for the two parties to join and maintain a relationship. In this study former members who indicated they had no interest, either did not find the relationship profitable, or had expectations of the association that were erroneous or unmet, and so had withdrawn from the relationship.

The fourth most frequent response by 27 (26%) of the former members was that they could obtain the same benefits elsewhere, presumably at less cost. These findings relate to another study question which asked former members if they left the ONA for another association. Fifteen participants responded positively, mentioning such specialty associations as the National Emergency Room Nurses Association, American Association of Nurse Anesthetists, and the Association of Critical Care Nurses. This further substantiates both Yeager's (1981) contention that benefits available from other sources are insufficient incentives in drawing members, and Blau's (1964) exchange theory proposition that available benefits must exceed costs to retain members in a relationship.

Dissatisfaction or disagreement with the union activities of ONA was often cited by former members as a reason for non-renewal of membership. This factor will be discussed in greater detail in the following section.

Space was provided on the questionnaire for further written comments on the reasons former members left the association. Other reasons provided for leaving the association were as follows. Respondents who had shifted their employment status to less than full time felt that they could not afford the monetary cost of membership for the few benefits received as part-time employees. Some nurses believed that as a professional association ONA was primarily representing the attitudes of nurse educators and not those of the rank-and-file working nurses. It is apparent that former members had varying perceptions and expectations of the role of ONA. These findings support Blau's (1964) exchange theory in that an individual's satisfaction with the rewards of the relationship depends on whether or not his or her expectations of those rewards are met.

Mandatory Membership and Union Activities

The last prediction about factors affecting membership was that current members would report they remained in the ONA because it was required as a condition of employment and because of the ONA's union activities. Among the 125 current members who performed the ranking task, the three most frequently mentioned reasons for maintaining membership in the ONA were: (a) membership in ONA was mandatory under their employment policy (n = 66), (b) union activities of ONA (n = 81) and (c) political activities of ONA (n = 67), (See Table 13). Current members who did not assign a rank (n = 45) also

TABLE 13

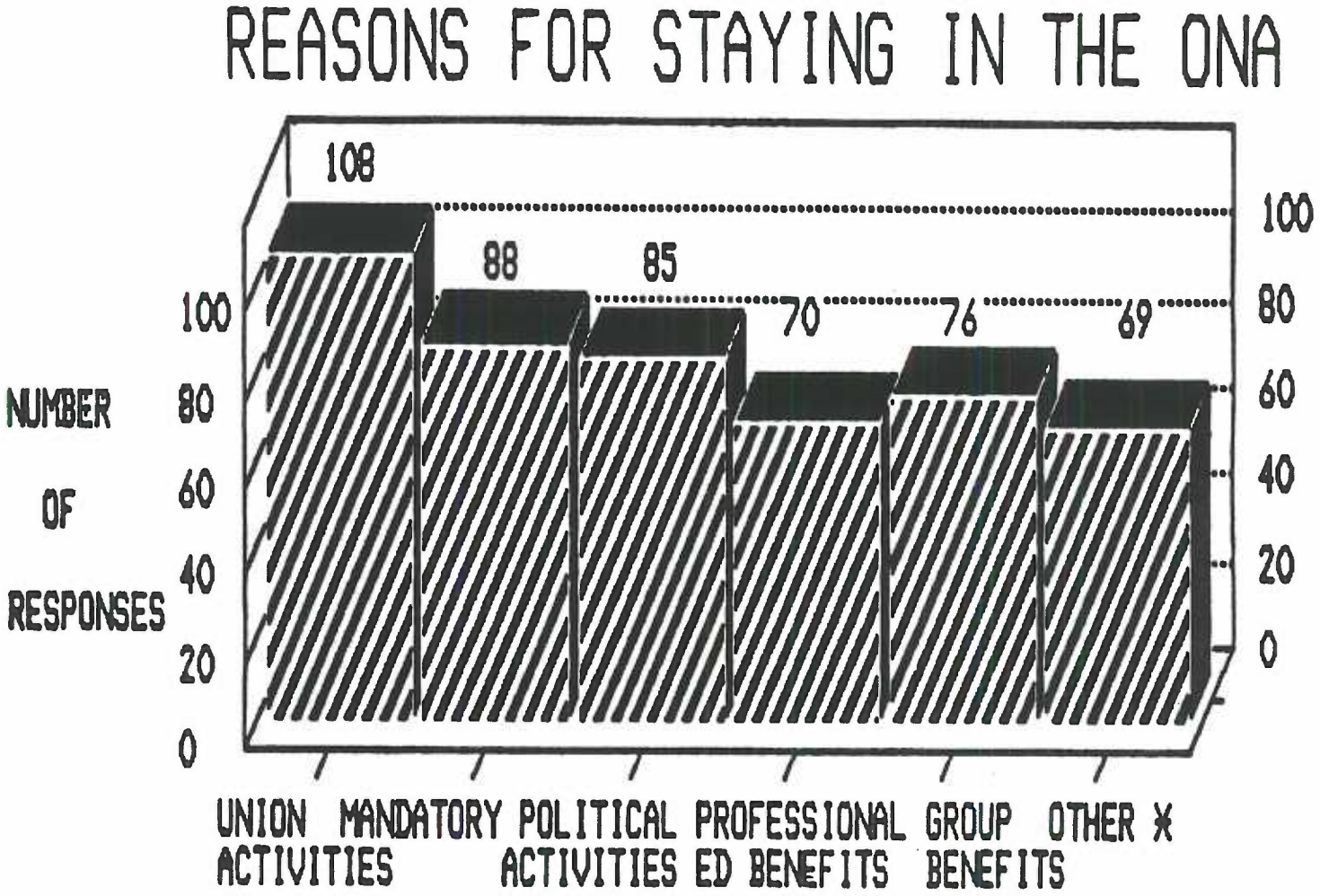
Reasons Why Current ONA Members Retained Their Membership

Reason For Membership	Ranked First	Ranked Second (N = 125)	Ranked Third	Sub Total	Selected But Not Ranked (N = 45)	Total
Mandatory	45	7	14	66	22	88
Union Activities	38	31	12	81	28	108
Professional Education Benefits	11	21	26	58	12	70
Political Activities	17	30	20	67	18	85
Group Benefits	12	25	24	61	15	76
ONA/ANA Newsletters	1	8	17	26	14	40
Advancement Opportunities	1	2	4	7	7	14
Social Benefits	0	1	8	9	6	15

marked those same reasons most frequently. Figure 2 illustrates the response frequencies of the total group. Thus, the results of this study indicate that two of the primary reasons for current members' remaining in the association were tied to mandatory membership requirements associated with the collective bargaining activities of the association.

According to exchange theory, benefits must outweigh costs in order for an individual to remain in a relationship. In this unique situation, the benefits of membership may outweigh the costs only because of the negative costs of non-membership; unemployment at that facility. Future studies on this topic need to address the question raised by this research, "If membership in the association was not mandatory under the ONA collective bargaining agreement of that facility, would the other membership benefits be sufficient for the members to remain in the association?"

As previously mentioned, dissatisfaction or disagreement with the union activities of ONA was cited by 24% of all the former members as a reason for non-renewal of membership. Numerous written comments were made concerning the bargaining activities of the association. It was suggested that ONA was not a strong enough or supportive enough bargaining unit for the members it represented. Some responded that as managers or supervisors, ONA did not represent their interests in the employment setting and that



* OTHER CATEGORY COMPOSED OF ONA/ANA NEWSLETTERS, ADVANCEMENT OPPORTUNITIES AND SOCIAL BENEFITS

Figure 2. Frequency of responses of all current ONA members for remaining in the association.

collective bargaining presented a conflict of interest. Others believed that as a union, ONA paid too much attention to the economic versus practice conditions of nurses. Some of these sentiments paralleled the findings of McKay (1974) and Denton (1976) suggesting that some professionals believe that unions damage the image of the profession and are therefore a negative factor.

Political activities of the association were the one non-bargaining benefit mentioned with any frequency (n = 85 or 50%) by current members. According to current nursing leaders, Davis, Oakley and Sochalski (1982), Archer and Goehner (1984), Kuhn (1986), Kalisch and Kalisch (1982), and Dahl (1961), political activity is the means by which nurses can influence health policy and the delivery of health care. These leaders claim that the professional nursing association has the responsibility to speak for the profession. For current members, in accordance with Blau's (1964) theory, one might postulate that the ONA fulfills this particular expectation of its members. In the ONA District 1 (1987) survey both members and non-members indicated that they believed ONA should take positions on issues that affect health care and that they wanted ONA to enhance the public's image of nurses.

Discriminant Function Analysis Profile

The second major study question was: "Can a profile of an "at risk" member be determined from the data?". Variables

on which members and former members differed significantly were employment, number of hours worked per week, employment in a hospital, employment as a staff nurse, employment as medical-surgical nurses, perception of influence in the ONA, and personal development and membership benefits of the PAMQ. These eight variables were then entered as independent variables into a discriminant analysis, to determine the extent to which in combination they might account for the variance in membership status, and also to determine their relative importance.

The magnitudes of the standardized canonical coefficients presented in Table 14 suggest that the value placed on ONA's membership benefits is the most important of these variables, followed closely by the value placed on personal development benefits. These two variables contributed approximately twice as much to the function as perception of influence, being employed in a hospital, or being employed at all. Statistically, the other variables were determined to be relatively unimportant in the function.

Members tended to score in a positive direction on this dimension (group centroid = .3995), whereas former members scored more strongly in a negative direction (group centroid = -.6415). These selected variables were moderately successful in discriminating between members and former members explaining 20.5% of the variance (Wilks's lambda = 0.795, df = 8, equivalent Chi-square = 60.9, p = .0000).

TABLE 14

Discriminant Analysis of Membership Status in ONA of Oregon Nurses

Predictor Variable[a]	Standardized Canonical Discriminant Function Coefficients
Membership Benefits (0-18)	.721
Personal Development Benefits (0-18)	-.639
Perceived Influence (Some = 1, None = 0)	.386
Employed in a Hospital (Yes = 1, No = 0)	.337
Employed (Yes = 1, No = 0)	.315
Staff Nurse (Yes = 1, No = 0)	.110
Hours Worked (0-50+)	.083
Medical-Surgical Area (Yes = 1, No = 0)	.080

[a] These variables explained 20.5% of the variance in membership status (Wilks's lambda = 0.795, df = 8, equivalent Chi-square = 60.9, p = .0000).

The functional analysis classified correctly 72% of the total, 75.4% of the members, and 66.3% of former members correctly (See Table 15).

Table 16 contains profiles of members and former association members insofar as these variables permit. As indicated in the previous discussion, this analysis further validates the conclusion that members are more likely to be employed, work as staff nurses in a hospital setting, perceive they have influence on the decisions of the association, and place more value on membership benefits. Former association members are less likely to be employed, and when employed, they are less likely to work in a hospital setting as a staff nurse. Former members believe they have less influence on the decisions of the association, place less value on membership benefits and assign more value to personal development benefits.

Clearly, variables other than those selected are involved in determining whether or not individuals remain in the ONA as a professional society. In this study, for many persons, membership in the association was affected by ONA collective bargaining agreements which mandate membership as a condition of employment. Since ONA serves the dual function of a professional nursing association and a collective bargaining agent, the issue of economic security related to the collective bargaining practices is a prime underlying force in membership status. Additionally, nurses

TABLE 15

Classification of Oregon Nurses Into Membership Status Categories by Discriminant Function Analysis

Membership Status	Actual Status	Predicted Status			
		Members		Former Members	
		No.	(%)	No.	(%)
Members	167	126	(75.4%)	41	(24.6%)
Former Members	104	35	(33.7%)	69	(66.3%)
Total correctly classified = 195 (71.96%)					

Note: Entries underlined represent correctly predicted placements.

TABLE 16

Characteristics Distinguishing ONA Members From Former Members

Members	Former Members
More Likely Employed	Less Likely Employed
More Likely to Work in a Hospital	Less Likely to Work in a Hospital
More Likely a Staff Nurse	Less Likely a Staff Nurse
Perceive They Have Influence On Association Decisions	Perceive They Have Less Influence On Association Decisions
Place Less Value on Personal Development	Place More Value on Personal Development
Place More Value on Membership Benefits	Place Less Value on Membership Benefits

have differing professional and personal values and thereby divergent views on what the association's professional role is, all of which affect their individual membership preferences. Satisfaction with the performance of ONA both as a bargaining agent and supplier of other benefits is still another variable that may play a part in the decision process. Further research incorporating explicitly defined benefits and other variables should provide the basis for a more accurate prediction of membership.

CHAPTER IV

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

A problem facing nursing organizations is how to maintain their current membership. Research in this area has been sparse to non-existent since interventions to date have been directed towards recruitment of new members. The purpose of this study was to identify factors that influence a member's decision to remain in or leave a professional nursing association. Drawing upon Blau's (1964) exchange theory, an answer to the problem was sought in the relative rewards and costs nurses experienced by maintaining membership in the association. Additionally, characteristics associated with nurses that maintain or discontinue membership were identified.

A random sample of 400 nurses was drawn from lists provided by the Oregon Nurses Association (ONA) of members and former members. Data were gathered through a self administered mailed questionnaire. Measures of the value the respondents placed on benefits offered by the ONA were obtained from the Professional Association Membership Questionnaire (PAMQ) refined by Yeager and Kline (1983). Information was also obtained on the sociodemographic characteristics of current and former members, their perception of influence over ONA affairs, reasons for renewal or non-renewal of membership, and some additional data regarding the respondent's degree of activity in the

association, and membership in other professional associations.

There were two research questions. The first asked about factors presumed to affect nurses' decisions to retain or discontinue membership in the ONA; the second asked if a profile of an "at risk" member could be constructed. To answer the first question, five predictions were tested regarding the importance of specific variables, based on information suggested in the literature. First, it was presumed that former members would perceive they had less influence over the association's activities than current members. This presumption was supported by the study findings. Additional data revealed that the two groups did not differ in their extent of participation in association activities such as attendance at association meetings, committee or task force membership, or holding office in the association.

Secondly, it was anticipated that former members would attach less value to the association benefit categories of professional programs, social benefits, improvement of the profession, and membership benefits on the PAMQ. This was supported in the case of membership benefits only. There was no statistically significant difference between the two groups on the value placed on the three association benefits of professional programs, social benefits and improvement of the profession.

The third assumption was that current and former members would place similar values on the monetary and personal development benefits of the association. This was confirmed in both cases. However, the difference between the two groups on the personal development scale approached significance. Therefore, that variable was entered into the discriminant function analysis performed to answer the second research question.

Lack of nearby association activities and the cost of membership were presumed to be significant negative factors for former members in their decision to discontinue membership. Accessibility to association activities was not important. The cost of membership however, was the most significant reason for leaving the association. Other important reasons were the ability of former members to obtain the same benefits elsewhere, lack of interest in ONA activities, and that the respondent moved to another facility where ONA membership was not required as a condition of employment.

Dissatisfaction or disagreement with the union activities of ONA was also cited fairly frequently as a reason for non-renewal of membership. Written comments by former members suggested that (a) ONA was not a strong or supportive bargaining unit; (b) managers or supervisors interests could not be represented in the employment setting; (c) as a union, ONA gave too much attention to the economic

versus practice conditions; (d) a change in employment status to less than full time work meant nurses could not afford the monetary cost of membership for the few benefits received; and (e) ONA professed the attitudes and views of educators, not those of working nurses.

Lastly it was presumed that mandatory association membership as a condition of employment together with the union activities of ONA would be the main reasons for current members to remain in the association. The study findings confirmed these assumptions. However, current members also indicated they remained for the political activities of the association and for selected membership and professional education benefits.

The second research question asked if a profile of an "at risk" member could be determined from the study findings. Eight variables upon which the two groups differed were entered into a discriminant function analysis. On the basis of the data obtained, members were more likely to be employed, to work as staff nurses in a hospital setting, to perceive they had some influence on the decisions of the association, and to place more value on membership benefits. Former members were less likely to be employed. Former members who were employed were less likely to work in a hospital setting as staff nurses. Former members also believed they had less influence on the decisions of the association, placed less value on membership benefits and

assigned more value to personal development benefits.

The study findings may be interpreted in terms of the principles of exchange theory in that the benefits of membership must outweigh the costs for a relationship to be sustained. Although former members of ONA valued many of the same benefits that current members did, cost was a deterrent to renewed membership. When the mandatory membership requirement was removed, the cost of membership was perceived as too high and the member discontinued his or her association with the ONA.

Conclusions

Clearly, variables other than those selected are involved in determining whether or not individuals remain in ONA as a professional society. In this study, membership in the association was affected by employment policies that mandated membership. Since ONA served the dual function of a professional association and a collective bargaining agent, the issue of economic security was a prime underlying force in membership status. Additionally, the study nurses had differing views on what the association's role was, and those views affected the individual's membership preference. These findings upheld Blau's (1964) exchange theory proposition that an individual's satisfaction with the rewards of a relationship and consequent reaction depends on whether or not the individual's expectations of those rewards have been met.

Recommendations

Limitations of Study and Implications for Further Research

The extent to which the findings of this study may be generalized to professional nursing organizations other then the ONA is an empirical question. The results are most likely to be applicable to the 23 state constituents of the American Nurses' Association which have assumed the function of collective bargaining. In the other 27 states, the reasons that nurses join, remain in, or leave their professional organization may be quite different. In any case, the present findings should be verified through replication. For those researchers interested in pursuing the subject further, the following limitations of the present study are acknowledged, along with recommendations for avoiding them.

First, in that there were no respondents in this sample from 13 rural Oregon counties, rural nurses may have been underrepresented and their views inadequately reflected. It is suggested, therefore, that future investigators consider the use of stratified sampling techniques to be more certain of properly representing minorities in nursing such as rural nurses, males, and ethnic groups.

Second, many respondents failed to rank their reasons for remaining in or leaving the professional organization, as directed. Apparently this task is too burdensome or too difficult for many persons. Hence, it is recommended that

respondents be requested simply to check all relevant reasons, rather than rank them.

Third, in this study, the referent of the term "professional association" proved problematic. When asked about which association activities they valued and participated in, respondents expressed confusion as to whether information was sought about the "local" or bargaining unit, the "district" professional organization, or the state association. Some might be active in the district, but not at the state level; some at the local, but not at the district level, and so on. A clear definition of the term "professional nursing association" should be provided, and distinctions made both between levels of the organization and between its union activities and its professional activities.

Fourth, some modification on the PAMQ may be desirable. Yeager and Kline's (1983) scale has been used with several professional associations including nursing, to measure the value placed on general association benefits, and gives an accurate picture of what individuals want from an association in general prior to joining. However, the study findings indicate that further research needs to be directed towards the identification of the specific benefits that the particular association offers that hold members, once enrolled.

Several variables not measured in this study may influence members' decisions to remain in or leave an association. Some of those variables are the expectation of

the member concerning the role of the association, how well the association performed in that role as perceived by the member, and the degree of time and energy involved as a cost of membership. Future studies on this topic also need to address the question raised by this research, namely; if membership in the association was not mandatory under the employment policy of that facility, would the other membership benefits be sufficient for the members to remain in the association?.

Implications for Practice

Membership in professional nursing associations affects the extent to which the organization is considered representative of the profession. Declines in membership have a negative influence on the effectiveness of the organization in providing nursing input into health policy. Although the number of members in the Oregon Nurses Association has remained essentially stable, according to the current study findings the major reason for that stability may be that membership is required for employment. Should that requirement change, or should nursing practice shift out of the hospital environment where most collective bargaining units are located, indications are that membership would decline significantly.

From an exchange theory perspective, the ONA should identify and make available association benefits that their members value and will continue to need throughout their

nursing careers. Just as an individual measures the cost-benefit ratio when purchasing a service, a member measures the association's cost-benefit ratio when deciding to retain or drop his/her membership. First, the member must be aware of what he or she is purchasing, and secondly, the cost of that benefit needs to be readily apparent.

At present, ONA, like other nursing associations, has focused on the benefits that entice individuals to join the organization. The study findings indicate that more attention and resources should be placed on identifying another set of benefits that are not available from other sources. In other words, ONA should identify specifically its tangible and intangible benefits, delete those services that can readily be obtained elsewhere, and attach a corresponding competitive cost to the services retained.

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APPENDIX A

COVER LETTER

THE OREGON HEALTH SCIENCES UNIVERSITY

School of Nursing
Community Health Care Systems

3181 S.W. Sam Jackson Park Road Portland, Oregon 97201 (503) 225-7709

August 24, 1987

Dear Colleague:

Nursing associations are facing the problem of small and/or declining memberships. At present, very little information is available on why association members leave their professional organizations.

As a member or former member of the Oregon Nurses Association, you have been randomly selected to participate in a master's research study. The purpose of this study is to investigate factors affecting membership renewal in ONA. It is hoped that the results of this survey will shed insight into the topic of association membership.

Although you cannot expect personal benefits from participating in the study, we hope you will agree to help us. A questionnaire is enclosed that will take approximately fifteen minutes to complete. The first part has 27 items referring to your expectations of ONA benefits. The second part contains brief questions about your background and provides the opportunity for you to list your reasons for renewal or non-renewal of your membership in ONA.

The data gathered will be used in a confidential manner to complete the research. The code numbers on the instrument are used for remailing purposes and your name will never be placed on the questionnaire. Only summary data will be provided to the ONA and reported in professional papers. Completion of the survey will represent your consent to participate in the study.

Please take time now and complete the questionnaire. A pre-addressed postage paid envelope is enclosed. Your response before September 11, 1987 will be greatly appreciated. I will be happy to answer any questions you might have. Please write or call me or my thesis advisor, Barbara Gaines,R.N., Ed.D. I can be reached at (503) 284-2353. Dr. Gaines can be reached at (503) 279-7709 (please note new prefix to OHSU).

Thank you for your assistance.

Sincerely,

[redacted]

Gloria Shaw, R.N., BS
Graduate Student
School of Nursing
Oregon Health Sciences University

[redacted]

Barbara C. Gaines, R.N., Ed.D
Associate Professor & Chairperson
Community Health Care Systems

APPENDIX B

FOLLOW-UP LETTER

THE OREGON HEALTH SCIENCES UNIVERSITY

School of Nursing
Community Health Care Systems

3181 S.W. Sam Jackson Park Road Portland, Oregon 97201 (503) 225-7709

September 11, 1987

Dear Colleague:

About three weeks ago I wrote to you seeking your assistance in completing a survey on membership renewal in the Oregon Nurses Association. As of today, I have not received your completed questionnaire.

In the event your questionnaire was misplaced, a replacement is enclosed. My purpose in undertaking this study is to identify reasons why nurses do or do not renew their memberships so that we can better understand member expectations. The results can be used to give guidance to professional nursing organizations regarding their role so they can serve you better.

I am writing you again because your response is crucial to the success of the study. Your name was drawn through a random sampling process which includes current ONA members and members who left the association within the past year. If the results are to be truly representative, each response is significant. Please take time now and complete the questionnaire. Your response before September 25th, 1987, will be greatly appreciated.

I would be happy to answer any questions that you might have. Please write or call me or my thesis advisor, Barbara Gaines, R.N., Ed.D. I can be reached at (503) 284-2353. Dr. Gaines can be reached at (503) 279-7709 (please note new prefix to OHSU).

Your cooperation is greatly appreciated.

Sincerely,

[redacted]

Gloria Shaw, R.N., BS
Graduate Student
School of Nursing
Oregon Health Sciences University

[redacted]

Barbara C. Gaines, R.N., Ed.D
Associate Professor & Chairperson
Community Health Care Systems

APPENDIX C

QUESTIONNAIRE

The following questionnaire addresses potential benefits of membership in the Oregon Nurses Association. Different nurses naturally have different expectations of the ONA. We would like your assistance in rating the following association benefits to determine those you think are important. There are no right or wrong answers, as we are interested in your opinion.

OREGON NURSES ASSOCIATION MEMBERSHIP QUESTIONNAIRE

DIRECTIONS: Listed below are 27 membership benefits. Please indicate the amount of value you have for each benefit on a scale from 0 to 6. A score of 0 means that you equate no value to that benefit, and a score of 6 means you value that benefit very much.

Circle the number that best indicates your feelings. Please answer all items to assist with data analysis.

1 SELF-IMPROVEMENT
VM N
6 5 4 3 2 1 0

2 FRIENDSHIP
VM N
6 5 4 3 2 1 0

3 NEW IDEAS
VM N
6 5 4 3 2 1 0

4 EDUCATION
N VM
0 1 2 3 4 5 6

5 PROGRAMS
N VM
0 1 2 3 4 5 6

6 MEETINGS
N VM
0 1 2 3 4 5 6

7 SOCIAL ACTIVITIES
N VM
0 1 2 3 4 5 6

8 RELIEF FROM BOREDOM
VM N
6 5 4 3 2 1 0

9 CHANGE FOR THE PROFESSION
VM N
6 5 4 3 2 1 0

10 SUPPORT
VM N
6 5 4 3 2 1 0

11 DESIRE TO BE A MEMBER
VM N
6 5 4 3 2 1 0

12 CHANGE OF PACE
N VM
0 1 2 3 4 5 6

13 PEER GROUP CONTACT
N VM
0 1 2 3 4 5 6

14 ADVANCEMENT
VM N
6 5 4 3 2 1 0

15 PROFESSIONALISM
N VM
0 1 2 3 4 5 6

16 VALIDATION OF IDEAS
VM N
6 5 4 3 2 1 0

17 IMPROVEMENT OF NURSING
VM N
6 5 4 3 2 1 0

18 HAPPINESS
VM N
6 5 4 3 2 1 0

19 IMPROVEMENT OF HEALTH CARE
VM N
6 5 4 3 2 1 0

20 BETTER PAY
VM N
6 5 4 3 2 1 0

21 IMPROVEMENT OF WORK BENEFITS

VM N
6 5 4 3 2 1 0

22 BREAK FROM WORK

N VM
0 1 2 3 4 5 6

23 SOMETHING NEW

N VM
0 1 2 3 4 5 6

24 FUN

N VM
0 1 2 3 4 5 6

25 JOB PLACEMENT AID

N VM
0 1 2 3 4 5 6

26 TRAVEL

N VM
0 1 2 3 4 5 6

27 GROUP BENEFIT PLANS

VM N
6 5 4 3 2 1 0

PLEASE CONTINUE WITH PART II OF THE QUESTIONNAIRE

Now we would like to ask you some questions about yourself. We need the information to describe our sample and to determine how representative the sample is of all Oregon nurses.

BACKGROUND INFORMATION

Please place a check or fill in the appropriate information for each of the questions listed. Please answer all the following questions to assist with data analysis.

1 WHAT IS YOUR SEX

[ ] 1. MALE
[ ] 2. FEMALE

2 WHAT WAS YOUR AGE _____AT YOUR LAST BIRTHDAY

3 WHAT IS YOUR PRESENT MARITAL STATUS

[ ] 1. SINGLE
[ ] 2. MARRIED
[ ] 3. DIVORCED/SEPARATED
[ ] 4. WIDOWED

PLACE OF RESIDENCE:

4 CITY _____

5 COUNTY _____

PLEASE CONTINUE ON PAGE 3

6 LEVEL OF BASIC NURSING EDUCATION

[ ] 1. ADN
[ ] 2. DIPLOMA
[ ] 3. BSN
[ ] 4. OTHER_____

7 YEAR OF GRADUATION FROM BASIC NURSING PROGRAM _____

8 WHAT IS THE HIGHEST LEVEL OF EDUCATION THAT YOU HAVE COMPLETED?

[ ] 1. DIPLOMA
[ ] 2. ASSOCIATE DEGREE
[ ] 3. BACCALAUREATE DEGREE IN NURSING
[ ] 4. BACCALAUREATE DEGREEE IN FIELD OTHER THAN NURSING
[ ] 5. MASTER'S DEGREE IN NURSING
[ ] 6. MASTER'S DEGREE IN FIELD OTHER THAN NURSING
[ ] 7. DOCTORAL DEGREE IN NURSING
[ ] 8. DOCTORAL DEGREE IN FIELD OTHER THAN NURSING
[ ] 9. OTHER _____

9 WHAT WAS YOUR APPROXIMATE NET FAMILY INCOME FOR 1986?

[ ] 1. UNDER $10,000
[ ] 2. $10,000 - 19,999
[ ] 3. $20,000 - 29,999
[ ] 4. $30,000 - 39,999
[ ] 5. $40,000 OR ABOVE

10 ARE YOU PRESENTLY?

[ ] 1. EMPLOYED
[ ] 2. UNEMPLOYED
[ ] 3. RETIRED
[ ] 4. STUDENT

11 HOURS WORKED PER WEEK

[ ] 1. NONE
[ ] 2. 1 - 10
[ ] 3. 11 - 21
[ ] 4. 22 - 32
[ ] 5. 33 - 43
[ ] 6. 44 OR MORE

12 LOCATION OF EMPLOYMENT

[ ] 1. PHYSICIAN'S OFFICE
[ ] 2. SCHOOL
[ ] 3. NURSING HOME
[ ] 4. MENTAL HEALTH AGENCY
[ ] 5. CONVALESCENT CENTER
[ ] 6. COMMUNITY HEALTH AGENCY
[ ] 7. CLINIC
[ ] 8. HOSPITAL
[ ] 9. PUBLIC HEALTH AGENCY
[ ] 10. INDUSTRY
[ ] 11. SELF EMPLOYED
[ ] 12. SCHOOL OF NURSING
[ ] 13. OTHER _____
_____

PLEASE CONTINUE ON PAGE 4

13 CURRENT NURSING POSITION

[ ] 1. STAFF NURSE
[ ] 2. HEAD NURSE
[ ] 3. IN-SERVICE EDUCATOR
[ ] 4. DIRECTOR OF NURSING
[ ] 5. CLINICAL NURSE SPECIALIST
[ ] 6. CHARGE NURSE
[ ] 7. SUPERVISOR
[ ] 8. CONSULTANT
[ ] 9. NURSE PRACTITIONER
[ ] 10. NURSE EDUCATOR
[ ] 11. OCCUPATIONAL HEALTH NURSE
[ ] 12. OTHER

14 AREA OF NURSING PRACTICE

[ ] 1. MEDICAL/SURGICAL
[ ] 2. PEDIATRICS
[ ] 3. COMMUNITY HEALTH
[ ] 4. OR
[ ] 5. ANESTHESIA
[ ] 6. ER
[ ] 7. CCU
[ ] 8. ICU
[ ] 9. OBSTETRICS/GYNECOLOGY
[ ] 10. PSYCHIATRY
[ ] 11. GERIATRICS
[ ] 12. EDUCATION
[ ] 13. ADMINISTRATION
[ ] 14. OTHER _____
_____

15 ARE YOU PRESENTLY A MEMBER OF THE OREGON NURSES ASSOCIATION ?

[ ] 1. YES
[ ] 2. NO

The following five questions concern your activity in the Oregon Nurses Association. They are phrased in both present and past tense so that we can obtain information from both former and current members.

16 WHEN YOU WERE A MEMBER, OR AS A CURRENT MEMBER, DID (DO) YOU FEEL THAT YOU COULD (CAN) INFLUENCE POLICY IN THE ASSOCIATION?

[ ] 1. NO - NO INFLUENCE
[ ] 2. YES - SOME
[ ] 3. YES - A LOT OF INFLUENCE

17 HOW OFTEN DID YOU/ OR DO YOU ATTEND MEETINGS OF THE ONA?

[ ] 1. NEVER
[ ] 2. 3 TIMES OR LESS A YEAR
[ ] 3. 4 - 6 TIMES A YEAR
[ ] 4. 7 - 9 TIMES A YEAR
[ ] 5. 10 OR MORE TIMES A YEAR

18 ARE YOU NOW OR WERE YOU EVER A MEMBER OF ANY ONA COMMITTEES OR TASK FORCES?

[ ] 1. YES
[ ] 2. NO

PLEASE CONTINUE ON PAGE 5

19 HAVE YOU OR DID YOU EVER HOLD AN OFFICE IN THE ONA?

[ ] 1. YES
[ ] 2. NO

20 HOW LONG WERE YOU OR HAVE YOU BEEN A MEMBER OF ONA?

NUMBER OF YEARS _____

IF YOU ARE CURRENTLY A MEMBER OF ONA PLEASE CONTINUE WITH QUESTIONS 21 THROUGH 23

**IF YOU ARE NOT CURRENTLY A MEMBER OF ONA PLEASE SKIP TO PAGE 6 AND ANSWER THE REMAINING 5 QUESTIONS NUMBERED 24 THROUGH 28.

21 PLEASE INDICATE THE 3 MOST SIGNIFICANT REASONS THAT EXPLAIN WHY YOU REMAIN A MEMBER OF THE OREGON NURSES ASSOCIATION. RANK THEM IN ORDER OF SIGNIFICANCE FROM 1 TO 3, WITH 1 BEING THE PRIMARY REASON.

[ ] 1. UNION ACTIVITIES OF ONA
[ ] 2. POLITICAL ACTIVITIES OF ONA
[ ] 3. GROUP BENEFITS IE: LIABILITY & HEALTH INSURANCE, LOW INTEREST RATE LOANS.
[ ] 4. PROFESSIONAL EDUCATION BENEFITS
[ ] 5. SOCIAL BENEFITS/ACTIVITIES OF THE ASSOCIATION
[ ] 6. ONA/ANA NEWSLETTERS
[ ] 7. OPPORTUNITY FOR ADVANCEMENT
[ ] 8. MANDATORY UNDER EMPLOYMENT POLICY

22 ARE THERE REASONS OTHER THAN THOSE STATED IN QUESTION #21 THAT ARE SIGNIFICANT TO YOUR CONTINUED MEMBERSHIP IN THE ASSOCIATION?

[ ] 1. NO
[ ] 2. YES

23 IF YES, PLEASE SPECIFY _____

_____

_____

_____

_____

_____

_____

THANK YOU FOR TAKING THE TIME AND FOR YOUR COOPERATION IN COMPLETING THIS QUESTIONNAIRE

** FORMER MEMBERS, PLEASE CONTINUE ON PAGE 6, QUESTION 24

24 PLEASE INDICATE THE 3 MOST SIGNIFICANT REASONS THAT EXPLAIN WHY YOU DID NOT RENEW YOUR MEMBERSHIP IN THE OREGON NURSES ASSOCIATION. RANK THEM IN ORDER OF SIGNIFICANCE FROM 1 TO 3, WITH 1 BEING THE PRIMARY REASON.

[ ] 1. DO NOT AGREE WITH THE UNION ACTIVITIES OF ONA
[ ] 2. DO NOT AGREE WITH THE POLITICAL ACTIVITIES OF ONA
[ ] 3. CAN OBTAIN SAME GROUP BENEFITS ELSEWHERE IE: LIABILITY & HEALTH INSURANCE, & LOW INTEREST RATE LOANS.
[ ] 4. LACK OF PROFESSIONAL EDUCATION BENEFITS IN MY SPECIALITY
[ ] 5. LACK OF ASSOCIATION ACTIVITIES NEARBY
[ ] 6. ONA/ANA MEMBERSHIP PUBLICATIONS DID NOT COVER TOPICS I AM INTERESTED IN
[ ] 7. DECERTIFICATION OF ONA AT MY FACILITY
[ ] 8. COST OF MEMBERSHIP DUES WAS TOO HIGH
[ ] 9. NO INTEREST, LET MEMBERSHIP EXPIRE
[ ] 10. MOVED TO ANOTHER FACILITY WHERE ONA MEMBERSHIP IS NOT REQUIRED

25 WERE THERE REASONS OTHER THAN THOSE LISTED IN QUESTION #24 THAT WERE SIGNIFICANT IN YOUR DECISION NOT TO RENEW YOUR MEMBERSHIP IN THE ASSOCIATION?

[ ] 1. NO
[ ] 2. YES

26 IF YES, PLEASE SPECIFY _____

_____

_____

_____

_____

_____

27 DID YOU LEAVE THE ONA FOR ANOTHER PROFESSIONAL ASSOCIATION?

[ ] 1. NO
[ ] 2. YES

28 IF YES, PLEASE INDICATE THE ASSOCIATION THAT YOU JOINED

[ ] 1. NATIONAL LEAGUE FOR NURSING (NLN)
[ ] 2. ASSOCIATION OF OPERATING ROOM NURSES (AORN)
[ ] 3. ASSOCIATION OF CRITICAL CARE NURSES (ACCN)
[ ] 4. NURSES' ASSOCIATION OF AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS (NAACOG)
[ ] 5. NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING
[ ] 6. NATIONAL ASSOCIATION OF PEDIATRIC NURSE ASSOCIATES AND PRACTITIONERS (NAPNAP)
[ ] 7. NATIONAL EMERGENCY DEPARTMENT NURSES' ASSOCIATION
[ ] 8. AMERICAN ASSOCIATION OF NURSE ANESTHETISTS (AANA)
[ ] 9. OTHER _____

_____

THANK YOU FOR TAKING THE TIME AND FOR YOUR COOPERATION IN COMPLETING THIS QUESTIONNAIRE

APPENDIX D

PERMISSION TO USE PROFESSIONAL ASSOCIATION MEMBERSHIP QUESTIONNAIRE

Hugo Wall
Center for
Urban Studies

April 30, 1987

Gloria Shaw
1803 NE 1st Avenue
Portland, Oregon 97212

Dear Ms. Shaw:

Enclosed is a copy of the Professional Association Membership Questionnaire.

The questionnaire and several other forms of the questionnaire are copyrighted. You may use this questionnaire for your work as a graduate student. It is understood that you are not using this questionnaire for professional consulting purposes for which you will receive compensation. This is the same agreement that I have made with twenty-two other persons who are also engaged in the study of association membership.

I have advised each individual who has consulted me about use of the Professional Association Membership Questionnaire that they must develop their own demographic and job satisfaction items.

Please send me a copy of your instrument at the time you begin use of it and a copy of your results. I would be happy to make suggestions about the questionnaire's content.

Should you have further questions, please do not hesitate to contact me.

Best of luck with your research,

[redacted]

Samuel J. Yeager
Associate Professor

SJY/jt

cc: file

enclosure

APPENDIX E

APPROVAL TO CONDUCT STUDY

THE OREGON HEALTH SCIENCES UNIVERSITY

MEMO

Date: August 12, 1987

To: Gloria B. Shaw, M.A. and Barbara C. Gaines, Ed. D. [redacted] L 343

From: Donna Buker, Administrative Assistant [redacted]
Committee on Human Research

Subject: "Recapturing lost memberships in professional nursing organizations "

The above entitled study falls under category # 3 and is considered to be exempt from review by the Committee on Human Research. Therefore, I have put your study into our exempt files and you will receive no further communication from the Committee concerning this study.

If the involvement of human subjects in this study changes you should contact the Committee on Human Research to find out whether or not these changes should be reviewed.

If you have any questions regarding the status of this study, please contact Donna Buker at X7887.

AN ABSTRACT OF THE THESIS OF

GLORIA B. SHAW

For the MASTER OF SCIENCE

Date of Receiving this Degree: June 10, 1988

TITLE: RECAPTURING LOST MEMBERS IN

PROFESSIONAL NURSING ORGANIZATIONS

Approved: [redacted]

Barbara Gaines, R.N., Ed.D., Associate Professor,
Thesis Advisor

A problem facing nursing organizations is how to maintain current memberships. Research in this area has been sparse to non-existent since interventions to date have been directed towards recruitment of new members. The purpose of this study was to identify factors that influence a member's decision to remain in or leave a professional nursing association.

A random sample of 400 current and former members was drawn from lists provided by the Oregon Nurses Association (ONA). Data were gathered through a self-administered mailed questionnaire. The value respondents placed on benefits offered by the ONA was obtained from the Professional Association Membership Questionnaire (PAMQ) as refined by Yeager and Kline (1983). The sociodemographic characteristics of current and former members, their

perception of influence over ONA affairs, their degree of activity in the association and reasons for renewal or non-renewal of membership, were obtained. Questionnaires were returned by 291 nurses, for a 73% response rate.

The first research question asked what factors affected the nurses' decision to retain or discontinue membership in the ONA. It was expected and the expectation was supported that former members would perceive that they had less influence over the association's activities than current members. It was also anticipated and validated that former members would attach less value to membership benefits than current members.

Contrary to hypotheses, the two groups placed similar value on the association benefits of professional programs, social benefits, monetary benefits, personal development benefits, and improvement of the profession. Additionally, the two groups did not differ significantly in the extent of their association participation.

The cost of membership was identified as the most significant reason for leaving the association. Other reasons were the facts that former members could obtain the same benefits elsewhere, lacked interest in ONA, and transferred to facilities where ONA membership was not required as a condition of employment. Dissatisfaction or disagreement with the union activities of ONA were also cited as reasons for non-renewal.

Mandatory association membership as a condition of employment and the union activities of ONA were the main reasons given by current members for remaining in the association. Current members also indicated they remained for the political activities and other membership and professional education benefits of the association.

On the basis of the data obtained, profiles of current and former members were determined through a discriminant function analysis. Members were more likely to be employed, work as staff nurses in a hospital setting, perceive they had some influence on the decisions of the association, and place more value on membership benefits. Former members were less likely to be employed. Former members who were employed, were less likely to work in a hospital setting as a staff nurse. Additionally, former members believed they had less influence on the decisions of the association, placed less value on membership benefits and assigned more value to personal development benefits.

Exchange theory suggests that the benefits of membership must outweigh the costs for the relationship to be sustained. Although former members of ONA valued many of the same benefits as did current members, cost was a deterrent to renewed membership. When the mandatory membership requirement was removed, cost was again perceived as too high and the member discontinued his or her membership. Since ONA serves the dual function of a professional association and

collective bargaining agent, the issue of economic security was a prime underlying force in membership status.

The present study findings are most likely to be applicable for the 23 state constituents of the American Nurses' Association which assume the function of collective bargaining. However, in the other 27 states, the reasons that nurses join, remain in, or leave the association may be quite different and should be verified through replication of the study.

From the limitations found, it is suggested that future researchers consider using a stratified sampling technique to obtain greater representation, ask participants to list instead of rank their reasons for remaining in or leaving the association, and specify the referents for terms that can have several meanings such as "association meetings" (district, collective bargaining unit, or state) as well as "association functions" (professional, or as a collective bargaining agent). This and previous studies have given an accurate picture of what nurses want from an association in general prior to joining. However, further research needs to be directed towards identifying the specific benefits that associations can offer to retain members.