

A STUDY OF ONE HUNDRED EMPLOYED REGISTERED NURSES IN  
SOUTHWEST WASHINGTON AND WHY FIFTY JOINED THE  
AMERICAN NURSES' ASSOCIATION AND FIFTY DID NOT,  
INCLUDING THEIR OPINIONS ABOUT PROGRAMS AND  
ACTIVITIES OF THE PROFESSIONAL  
NURSING ORGANIZATION

by

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## CHAPTER I

### INTRODUCTION

#### Introduction to the Problem

The American Nurses' Association is the national professional organization for registered nurses in the United States. The American Nurses' Association was founded in 1896 as the Nurses Associated Alumnae of the United States and Canada (1) (32). In 1901 when the association was incorporated in the state of New York, it was no longer possible for the Canadian Nurses to be affiliated. In 1911 the Nurses Associated Alumnae of the United States became the American Nurses' Association, based upon state, district, and alumnae groups. The alumnae group was the basic unit of the American Nurses' Association (32). In 1916 the state association became the unit of membership in ANA. At that time there was a "gentleman's agreement" with the alumnae associations that membership in the alumnae association should remain as the basis of membership in the new organization (27).

In January 1944, the American Nurses' Association Board of Directors adopted the Resolution presented by the ANA Committee

on Constitutions and By-laws that was adopted at the 1944 Biennial Convention which read that: "No nurse be required to be a member of her alumnae association in order to obtain membership in a district or state nurses association or the American Nurses' Association, and that the by-laws of any district or state nurses association which now makes this requirement be revised accordingly" (37).

The ANA today is a federation of 54 constituent associations including the 50 states, the District of Columbia, Panama Canal Zone, Puerto Rico, and the Virgin Islands. State Nurses Associations, in turn are composed of the constituent District Associations. All members of district and state associations belong to one of the eight ANA sections, depending on their area of practice (1).

American Nurses' Association members are registered professional nurses who represent every area of nursing practice.

Membership may be active or associate (inactive in nursing) (1).

The mere existence of a professional organization as definer and maintainer of a true profession is not sufficient proof of a profession. The professional organization must have the strength of the persons in the occupation behind it just as those persons must have the strength of the organization behind them (14).

To be able to speak for the profession, the association must be representative of as many of the profession as possible. It is not size alone that is important, but the proportion of potential members who actually belong that counts (20).

Because it is important to the effectiveness of any professional association to persuade a high proportion of eligible persons in the occupation to become members of the association, it is not surprising that the recent revision of the professional nursing code includes a new item which states that "the nurse has the responsibility for membership and participation in the nurses' professional organization" (39).

An objective of a professional organization is to secure a rightful place among the profession for the practitioners represented (4).

Through the ANA the nursing profession defines standards for better patient care, promotes the professional and educational advancement of nurses and seeks to improve their welfare. The active participation of all nurses provides the unity and strength to realize these comprehensive goals. The ANA affects every nurse. It is the voice of nursing, speaking to other organizations, to allied professions, to the government and to the public. Nurses through their professional association can do things for nursing that no nurse, however influential she may be, can do alone. Thus every nurse has the opportunity, privilege, and responsibility to belong to and participate in the ANA through her state and district associations. The strength of any professional association lies in the district group, where individual membership is the very foundation of the organization (26).

In recent years the American Nurses' Association has been confronted with declining membership at a time when the number of professional nurse practitioners is increasing (7) (8) (29). There are thousands of registered nurses who are not members of the American Nurses' Association. These nurses need the professional nursing organization and it needs them. The problem is to reach

these registered nurses who do not belong to the American Nurses' Association and make them enthusiastic and loyal members of the professional nursing organization (30). The number of nurses represented by the American Nurses' Association is approximately 30 percent of the employed registered nurses in the United States (16) (17) (25). The professional nursing organization does not enjoy strong support from registered nurses. The American Nurses' Association is facing serious problems in its movement toward professionalism because of the apathy and lack of understanding among nurses (17). Dorothy Kelly has written "That we are still struggling to become a profession is attested to by our unwillingness to unite in the interest of public service" (16).

#### Abbreviations

For the purposes of clarification the following abbreviations will be used throughout this study:

AJN	means	American Journal of Nursing
AMA	means	American Medical Association
ANA	means	American Nurses' Association
DNA	means	District Nurses Association
NEA	means	National Education Association
R. N.	means	Registered Nurse

SNA means State Nurses Association

VA means Veterans' Administration

WSNA means Washington State Nurses Association

### Purpose of the Study

It is the purpose of this study to find out why 50 employed registered nurses joined and 50 employed registered nurses did not join the American Nurses' Association.

The questions to which this study seeks answers are:

1. Why do employed registered nurses belong to ANA?  
Why don't employed registered nurses belong to ANA?
2. Are there factors in the employed registered nurse's educational background that appear to influence her membership or nonmembership in the American Nurses' Association?
3. Are there factors present in the employed registered nurse's present employment situation that appear to influence her membership or nonmembership in the ANA?
4. What is the employed registered nurse's opinion of membership in ANA as a criterion of being considered a professional person?
5. What is the employed registered nurse's opinion of the effectiveness of ANA programs? What is the basis for this opinion?
6. What do employed registered nurses know about the proposed structure change in ANA?
7. What services offered by ANA and SNA have employed registered nurses used?

8. How active are employed registered nurses in the professional nursing organization?
9. Would employed registered nurses rather have a union represent them than the American Nurses' Association? Why?

### Significance of the Problem

The low rate of membership in the American Nurses' Association is one of the primary concerns among nurses who are interested in the professional advancement of their calling (17). The American Nurses' Association has shown a steady decline in membership despite efforts to recruit more nurses into the organization. In 1960, the membership was 170,911; in 1961, it was 169,998; and in 1962, it was 168,912 (7). In 1963, the membership was 151,943, a net decrease of 16,969 from 1962 (19). The Washington State Nurses Association was the only state constituent of the American Nurses' Association to show an increase in membership in 1963 (19).

The American Nurses' Association is contemplating a change in its structure.

Both the needs of nurses and the expectation of the public require more than ANA has been able to accomplish. One of the major indications that this is a serious problem is the decreasing membership in the association at a time when the number of practitioners is increasing. It would appear that some things nurses want in the organization have been missing (29).



In April 1961, the ANA president stated that "to fulfill our obligation to society and to meet the many needs of nurses and the profession there must be a substantial rise in the number of practicing nurses who support ANA" (31).

The ANA Blueprint for Research in Nursing states that a study needs to be done to obtain the "images and appraisals of ANA by (a) members, and (b) nurse non-members" (2).

Every year efforts are made by membership committees on the national, state and district levels to promote membership in the American Nurses' Association. Despite these efforts, the majority of working nurses do not belong to the professional nursing organization, the American Nurses' Association.

#### Limitations

This study was limited to data obtained by personal interviews of 50 employed registered nurses who were members of the American Nurses' Association, and 50 employed registered nurses who were not members of ANA.

The following criteria were used to select participants:

1. The nurses selected for the interviews were employed and lived in southwest Washington.
2. The nurses selected were currently employed in various types of agencies and in various areas of nursing practice.

Since the sample for this fact finding study was limited to 100 registered nurse participants, conclusions for this study cannot be generalized, but it could be conjectured that similar responses would be elicited by a parallel study.

### Assumptions

It may be assumed for this study:

1. That the employed registered nurses who were interviewed were free to formulate and express their own opinions.
2. That the opinions of the American Nurses' Association members and non-members have merit and possible implications in membership promotion.
3. That the opinions expressed by members and nonmembers of the American Nurses' Association have merit and possible implications in the process of informing professional student nurses, and registered nurses about the purposes, programs, services and benefits of ANA membership.
4. That the data-collecting tool was adequate for the purpose of this study.

### Procedure for Solution

Sources of data: Primary sources of data were information

obtained from personal interviews of 100 employed registered nurses.

The secondary sources of data were obtained from the literature related to membership and membership promotion in professional organizations.

### Steps for Carrying Out the Study

The procedure for carrying out this study may be described in the following steps:

1. The purposes of the study were established.
2. An interview guide with questions consistent with the purposes of the study was devised.
3. The questions were tested on seven employed registered nurses, and were revised and refined in an endeavor to word them in such a manner as would elicit information essential for fulfilling the purposes of the study.
4. A pilot study was carried out by interviewing 14 employed registered nurses who were not included in the study. The results indicated that the questions needed no further clarification. The findings lent themselves to tabulation and to constructing tables for depicting data.
5. Criteria were established for selection of participants.
6. The District Nurses Association was informed about the

study that was to be carried out in the area. Cooperation was elicited.

7. A list of current ANA members was obtained from the District treasurer. A list of all registered nurses in the area was obtained from the Chairman of the district membership committee. A current list of employed registered nurses in the various health agencies was elicited from the Directors of Nursing Service.

8. The participants in the study included employed registered nurses whose identity remained anonymous.

9. The interview guide was used by the interviewer to elicit information from the 100 employed registered nurses who met the criteria for participating in the study. The names were picked randomly from the previously mentioned lists.

10. Data were compiled, tabulated, and interpreted.

11. The study was summarized, conclusions were drawn, recommendations were made.

### Overview of the Study

The remainder of the thesis is organized and presented as follows:

Chapter II contains a review of the literature and studies related to the present study.

Chapter III gives an account of the procedure, findings, and interpretation of the study.

Chapter IV consists of the summary with conclusions and recommendations for further study.

## CHAPTER II

### REVIEW OF THE LITERATURE AND RELATED STUDIES

#### Review of Related Literature

The literature was searched for articles and studies closely related to membership in professional organizations.

Sociologists have established that the course of a profession is determined collectively and not by individuals. Robert Merton, consultant Sociologist for the American Nurses' Association in articles in the American Journal of Nursing has said that "members band together to perform social functions that they cannot perform in their separate capacity as individuals" (20). He further has said that it is "primarily the professional organization that has the job of working out that course by conjoining the abilities of many to achieve common purposes" (21). Merton describes the professional organization as typically a voluntary organization (21).

The professional organization should strive for "completeness." By completeness is meant that all those eligible for membership actually are members. As spokesman for the profession, the association must strive to move ever closer to completeness, knowing that this will remain an asymptomatic goal - one which is approached but never full reached. In this way, the

association can better serve the multiple functions which are both its obligations and its reward (20).

Many problems accompany professions and professional associations as they try to carry out their responsibilities. The American Nurses' Association has been confronted with many problems in carrying out its responsibilities. Membership in the ANA has been declining at a time when the number of practitioners has increased (7) (8) (29). In 1962, 550,000 registered nurses were employed in the United States, but the membership of the American Nurses' Association was only 168,912 (7) (16). Merton has written, "To be able to speak for the profession, the association must be representative of as many of the profession as possible" (20). Elizabeth Porter, in an article in the American Journal of Nursing entitled "Traditions and Realities," wrote that "it would appear that some things that nurses want in the organization have been missing" (28). Many registered nurses, including ANA members, have been frankly critical of the professional organization (33).

In Nursing Outlook, June 1959, McKinney and Ingles discussed changes in medical practice and health care that have brought about changes in the role of the registered nurse. They stated that "The professional nurse has become a dramatic case of a professional person caught in the 'squeeze' of shifting role responsibilities and relationships" (18). A period of change may find expression in

pessimistic, even disillusioned, reactions to the nature of a profession to its members or to the accomplishments of the professional organization (36).

Elizabeth Porter has further stated that "professional nurses should have the right to an increased measure of independence and control over their own affairs, thus reducing the often unwarranted control exercised by others" (28). Sister Charles Marie has spoken of the confining hold of paternalism on nursing and its deleterious effects that are known to all but the socially insensitive and the intellectually blind (35).

Nurses have every right to organize themselves into associations or organizations to improve their existence or to better their social and economic conditions with due respect for justice and a sincere desire to collaborate with others toward supplying the health needs of the people. Only through organized effort can the professional worker attain the conditions necessary to achieve personal and professional perfection. Since organizations are composed of members, let us explore the need for freedom to achieve, not as individuals but as members of professional groups, striving to achieve professional goals (35).

The persistent efforts of occupational groups to improve their economic status and enhance their prestige has forcibly impressed upon the sociologist the great importance of work in the life of man (18). Frances Powell, writing in the American Journal of Nursing, has said that a professional association, by its nature, must be concerned with the practice of its individual members,



must find ways to motivate them, and help the members to safeguard their economic and general welfare (29). The ANA Economic Security Program has been misunderstood by members and nonmembers alike. Many nurses have hesitated to endorse activities which seemed to them to arouse attention and threaten the traditional image of the profession of nursing. Daisy Tagliacozzo has stated, "By its very nature, the reaction of registered nurses to the ANA Economic Security Program ranges from what appeared to them to be 'unionism' to highly positive reactions to what has been seen as a necessary effort for improving the economic status of nurses" (36).

Elizabeth Porter has further said that "nurses should have freedom to associate as they wish in order to discuss and take action on economic matters" (28). One difficulty appears to be the fact that many nurses are not familiar with the specific steps and mechanisms involved in the legislative, executive, or judicial phases of collective bargaining, according to Daisy Tagliacozzo. Porter has further stated, "it has been rare to find a graduate student who has been exposed to any objective consideration of the economic status and problems of her profession" (28).

The importance of setting standards for nursing services and education and for action in the area of economic security seem to call for extremely effective mechanisms for action within the association. ANA cannot urge nurses to improve their practice through study, attendance at workshops, and additional

education and at the same time ignore the conditions of the health institutions or agencies where they work (29).

An article in the RN Magazine entitled "Shake-up in the ANA?" said that the chief complaint that many nurses have about ANA is that it does not meet the immediate need of the practicing nurse - the nurse who is practicing in medicine or surgery or pediatrics or any of the other numerous areas of clinical nursing practice (33). Sally Giles, a young graduate, writing in the American Journal of Nursing, said that she felt the need for more clinical programs on regional, state and local levels. Nurses appeared to want concrete information about nursing which could be presented by nurse lecturers who have had practical experience (9).

ANA is aware of the repeated requests of nurses for more and more help in clinical areas of practice. That this help is being sought is evident in the growth of conference groups in clinical areas within ANA. It is also evident in the interest of nurses in specialty organizations outside of the American Nurses' Association (29).

There has been failure in recent years to make membership gains in proportion to the number of young graduates from schools of nursing. One answer that was given to the question as to why more young graduates have not been functioning in the professional organization was "there's no place for us" (8). New graduate Sharon Butzke, writing in the American Journal of Nursing, said that some young graduates feel that "dues are extravagant for the

empty pocketbook of the new graduate" (3). An amendment to the by-laws at the 1964 ANA Biennial provides for ANA membership at 50 percent of the usual dues for newly graduated and licensed nurses for one complete calendar year (13). Whether this will encourage new graduates to belong to ANA and to continue membership beyond this first year remains to be seen.

There appear to be other concerns in nursing that puzzle new graduates. There appears to be a conflict between what the young graduate learns in school and her actual job situation as a graduate. Corwin, Taves and Haas writing in Nursing Research have said that "Schools of nursing and the professional nursing association are reinforcing the nurse's self-image as an autonomous person, showing equality in appropriate judgments about treatment processes" (5). Sister Charles Marie has written, "There is conflict today between what the adequately prepared nurse wants to be and what she is allowed to be" (35). Geister has said that young graduates say that they have been taught one type of nursing in the classroom and are required to practice another kind on duty (8). Butzke gave the opinion that young nurses must often choose between following their convictions and being alienated from co-workers, or aligning with the majority. The young graduate escapes the frustrating situation by divorcing herself from it, by moving from one agency to another,

and by not becoming a member of the professional nursing organization. Young graduates then become apathetic in self-defense (3).

Young graduates have said that they feel the need for preparation in developing character and leadership abilities. The elders in nursing have a responsibility in creating possibilities for growth of the young graduates. Young graduates need to have some responsibilities so that they can contribute to the professional organization. Joan Jameson, a new graduate, said that "ANA membership would grow in leaps and bounds if those who are already members would reach out to involve the young graduate and make room for her in the organization" (15). The key to professional maturity is personal involvement. No real contribution can be made without it, and no rewarding satisfactions are felt as a consequence (15).

The attitude of nursing service administration toward membership in the American Nurses' Association has its effect on the staff nurses' participation in the professional nursing organization. The Nursing Service Administrators Section of ANA has adopted the following statement:

The director should encourage nurses to join their professional organization by setting an example by active participation in its progressive program. Nurses of ability, who also display such professional motivation by their participation in the activities of the ANA program, should receive opportunities for advancement. The director of nursing should plan that time be available without loss of pay, for those nurses willing to

volunteer for service in the organization at the district, state and national levels. During the pre-employment interview, the director of nursing should disclose the advantages of membership in ANA such as: opportunity to expand professional horizons, opportunity to meet professional colleagues, compilation of biographies by the Professional Counseling and Placement Service, insurance such as liability protection, Income and Retirement Protection, and representation of individual professional interest (22).

The statement further states that "'Membership is everyone's business' but it is especially the business of the director of nursing" (22).

In an article in the RN Magazine entitled "How Does the ANA Stack Up As a Professional Organization?" written by Edith S. Oshin, the American Nurses' Association was compared with a dozen similar organizations. In discussing how many in the professions join their national organization, the American Psychological Association ranked first with 99 percent; the American Dietetic Association, 90 percent; American Dental Association, 85 percent; American Occupational Therapy Association, 84 percent; American Medical Association, 83 percent; American Association of Social Workers, 82 percent; National Education Association, 50 percent; American Bar Association, 40 percent; American Nurses' Association, 30 percent; and the National Society of Professional Engineers, 22 percent. Only the American Bar Association, ANA, and the National Society of Professional Engineers fall below the

halfway mark (25).

Between the years 1940 and 1960, the NEA showed a growth of 251 percent; the American Bar Association, 210 percent; the American Dental Association, 100 percent; AMA, 60 percent; and the ANA, 2 percent.

Incomes of members of other groups rank well above the level of the registered nurses.

It is difficult to believe that any professional nurse should feel that there is no place for her in the professional nursing organization (9). The ANA needs both the new and older graduate, and they both need to find a place in the professional organization, and to realize that the benefits are two-way (3). It is not ethical for registered nurses not to belong to their professional nursing organization. The Code for the Professional Nurses states that "The nurse has the responsibility for membership and participation in the nurses' professional organization (38). Giles has expressed the opinion that all registered nurses have the responsibility to participate in their association and to be a voice in the future of nursing (9).

It appears that the greatest assets in attracting members to ANA seem to be the activities and programs that offer the individual nurse member an opportunity to play a part in the improvement of her professional and economic life. Every program of the

American Nurses' Association and its constituent state and district units is aimed at these purposes. Greenough said that "The programs that are more directly framed and carried by the members are those that appear to have the greatest sales appeal to the membership of ANA" (10).

The active members must continue to further the American Nurses' Association competence, affluence and achievements. Young graduate Linda Simon said, "As the ANA itself becomes progressively more effective, less of its energies will be required to 'sell' it" (34).

#### Review of Related Studies

Research has been conducted by the American Nurses' Association and by state nurses associations in relation to membership and programs of the professional association.

In 1948, Crossley Inc., the National Research Organization, conducted an opinion poll among 15,000 professional registered nurses throughout the United States. The purpose of the poll was to seek nurses' opinions about the professional nursing organization. The American Nurses' Association believed that the survey would help to define and guide further activities of the organization (24).

Only 1700 nurses replied to the 15,000 questionnaires that

were sent out. The principal reasons nurses gave for dropping their ANA membership were: stop practicing nursing, financial reasons or association dues too high, organization was not beneficial to them. In response to the questions regarding certain major functions performed by the national association, a majority considered all functions listed to be of real importance to the profession. In order of importance, the "really important" functions were: setting or maintaining professional standards of nursing service, improving working conditions, working for better wages, and setting and maintaining professional standards of nursing education (23).

In answer to the question about which functions were important to the nurses personally, their answers ranked as follows: setting and maintaining professional standards of nursing service, working for better wages, improving working conditions, and setting and maintaining professional standards of nursing education.

There were no recommendations or conclusions mentioned relating to the opinion poll.

In 1958, the American Nurses' Association sponsored studies of Nursing Functions were published under the title, Twenty Thousand Nurses Tell Their Story. In one area surveyed the mean age of ANA members was about 38 years of age compared to 29 years of age for non-members. The report pointed out that an untilled field



for professional activity and for recruiting members for the professional organization is the younger women and those in smaller hospitals. "One is inclined to wonder whether or not vigorous and persistent efforts are made to incorporate nurses into their professional organizations, and in particular to impress their importance on the student nurse" (14).

Habenstein and Christ received the following response and recommendations when they asked nonmembers why they did not belong to professional organizations:

One general theme suggested procrastination. A secondary theme was that cost of membership was prohibitive in terms of "return" to the nurse. It was quite obvious that many nurses who were not members of the ANA-State-District "Package" of associations were completely unaware of the potential "return" which membership offered. In general, it may be positively asserted that from a publicity standpoint the professional association does not reach its potential members, the emissaries provided by the state association to disseminate "services" information, and to solicit "services" support, reached almost exclusively only those who were already members. Likewise, there is a certain lack of missionary spirit on the part of those who are already members--a spirit which may require sparking of some kind of incentive. It was quite evident in some communities supporting two or more hospitals having similar forms of control, that the associational membership of one might be maximal while that of the other minimal. This suggests that professional associational membership is probably functionally related to mechanisms which may be set in motion quite easily through promotional activity and promulgated through unused channels of communication (11).

The relationship of membership in the American Nurses'

Association and the type of hospital was that ANA membership is highest in governmental, followed in order by voluntary, religious and private proprietary (14). The nurses in the tax-supported hospital are most likely of all nurses to belong to the American Nurses' Association because these nurses sense the authority of some inaccessible "board" which is responsible to an intangible "public." The nurses grasp at the professional organization as a means of making themselves heard and safeguarding their rights (14).

In Catholic hospitals, membership in the American Nurses' Association depends on the institution. In some Catholic hospitals, the Sisters insist on membership in ANA, while in other Catholic hospitals, membership is discouraged. Some religious orders do not appear to favor what might compete with the authority of the church (14). The same situation is true in proprietary hospitals. Some doctor-owners do not welcome what might appear to them a challenge of free enterprise (14).

Senior students do not appear to identify themselves with their profession or the aspirations which lie within it (14). The professional person commits himself to his work for his lifetime. It is a contradiction of terms to speak of an individual as an ex-professional or a former professional (14).

In the study done in New York by White and Goldsen, it was

found that "membership in the professional associations is highest among nurses who are single, more than 35 years old, possessed of a Master's degree, and engaged in nursing administration and education" (39). In this study, replies for analysis were from 588 nurses who were employed fulltime at the time of the study. This research supported the conclusions of earlier research that many nurses are professionally apathetic or are unaware of the benefits to be gained from membership (14). Other nurses are not convinced that they derive any benefits by belonging to the American Nurses' Association or believe that they are likely to share in any gains that the association is able to obtain for nurses whether they belong or not (39).

Less than half of the 588 nurses in this study reported membership in the American Nurses' Association. Forty-two percent of the fulltime working nurses were ANA members. Analysis of the data from this study suggests that there are significant differences between members and non-members. Close to 90 percent of those currently employed in schools of nursing reported membership in the American Nurses' Association. Those in administrative and teaching positions include a much larger proportion who are members of the national associations than do those in lower level positions. There was little difference between the proportion of

head nurses who were ANA members and the proportion among general duty or private duty nurses (39).

Close to 50 percent of nurses over 35 years of age reported membership in ANA, while only one-third of those under thirty-five belonged. This bears out the findings in other studies that many younger nurses do not develop a professional identification with their occupation during the period of their education, but arrive at the kind of professional commitment which is reflected in joining the professional nursing organization, the American Nurses' Association, after they have spent considerable time in the field of nursing (39).

The educational background of the nurse appears to be strongly related to membership in ANA. This study found that more than 80 percent of the registered nurses who possessed a Master's degree belonged to the American Nurses' Association, while only one-third of those with only a nursing diploma were members (39). This study further showed that the nurses who belonged to ANA were more committed to nursing, that they made more effort to keep up with professional activities, that they were more interested in professional meetings, and that they were more deeply convinced of the need to upgrade their chosen occupation (39). The members of the American Nurses' Association claimed equal job satisfaction,

and they expressed less discontent with working conditions, such as wages and hours, than did the non-members in this study. Younger members in both the member group and nonmember group expressed more dissatisfaction with working conditions than did the older nurses in this study (39).

The nurses who belong to ANA are a minority in the field.

As the nursing organizations are able to involve more of the nurses who are now in practice, and continue to work toward higher standards of performance through research and improvement of their educational programs, they can be expected to help raise the standards of medical care in our hospitals to an even higher level (39).

In a study done in Nebraska, including 98 general duty nurses employed in ten short-term general hospitals of varying size, it was found that only 30 percent were members of the American Nurses' Association. The findings of this study suggested that the sample nurses individually were not aware of the professional implications of a strong nursing organization, and that the American Nurses' Association is facing serious problems in its strain toward professionalism because of the lack of understanding and apathy among registered nurses (17).

In an attempt to explain such a low membership rate, the respondents were asked to indicate whether or not they believed that the American Nurses' Association was helping to improve nursing. Fourteen percent said that the organization was not; seven percent said that they didn't know. Among the 77 nurses who said that the ANA was improving nursing, one-third

believed that the association was helping to maintain nursing standards. Specific points mentioned by these nurses are important in this context since more than 60 percent of the respondents mentioned various aspects of working conditions, while only a few indicated that the association was helping to improve nursing by publishing journals, sponsoring research or educational meetings, or strengthening the position of the professional organization (17).

The sample nurses individually in this study were not aware of the professional implications of a strong organization. Only 13 percent of the nurses felt that improvement of the professional nursing organization, the American Nurses' Association, would be the best means for improving the occupation (17).

The nurses in this study were further asked to indicate whether they had participated in any meetings, workshops, or conferences during the previous two years. Only 25 percent of the group had participated in any type of organizational activity (17).

The findings of this study indicated that although personal involvement with the occupation of nursing is prevalent, registered nurses do not participate in the activities of the professional nursing organization, ANA, SNA, and DNA (17).

In conclusion, the review of the literature indicated:

1. Although the American Nurses' Association, and its State and District constituents, spend time, effort, and money on membership promotion each year, the membership in the professional

nursing organization has declined.

2. Approximately one-third of the employed registered nurses in the United States belong to the American Nurses' Association. This indicates that registered nurses are not convinced of the need of a strong professional organization and the benefits that follow from membership in the American Nurses' Association.

3. Young graduates do not belong to the American Nurses' Association for various reasons, including "high dues," lack of feeling of belonging in the organization, and disillusionment with nursing.

4. Registered nurses, young graduates and "seasoned" practitioners are not satisfied with what the American Nurses' Association has to offer.

5. Various factors appear to be related to whether or not a registered nurse joins ANA: amount of education, type of position, type of control of the agency, attitude of administration, and the amount of personal involvement.

6. Registered nurses are looking to the American Nurses' Association for improvement of working conditions, and are not aware of or are not interested in other programs of the professional nursing organization.

7. Registered nurses do not actively participate in their

professional nursing organization.

8. The nursing service director plays a key "role" in encouraging her nursing staff to join, participate in, and use the services of the professional nursing organization.



## CHAPTER III

### REPORT OF THE STUDY

#### Procedure

This study was undertaken to find out why employed registered nurses join or do not join the American Nurses' Association. This study also attempted to find out whether or not certain factors in the employed registered nurses' backgrounds, such as education and present employment situation, appeared to influence their membership or nonmembership in the professional nursing organization. The nurses were further asked to express their opinions about membership in ANA as a criterion to their professional status, about what benefits they had derived from the efforts of ANA, about the effectiveness and ineffectiveness of ANA Programs, about the proposed ANA structure change, and whether they would rather have a union represent their nursing interests than ANA. Information was elicited about the nurses' use of available association services, amount of participation in activities on the national, state, and local level, and about attendance at district meeting during the preceding year.

The literature was reviewed to find out why registered nurses and members of other professional groups join and participate in professional organizations.

The interview guide consisting of questions with check-list and open-end responses was devised. The investigator wanted to obtain the reasons behind the answers given in some of the check-list questions.

The questions were tested on seven employed registered nurses, and were revised and refined in an endeavor to word them in such a manner as would elicit information essential for fulfilling the purposes of this study.

A pilot study was carried out by interviewing 14 employed registered nurses who were not included in this study. The results showed that the questions were clear. The findings lent themselves to tabulation and to the construction of tables to depict data.

The criteria for participation were determined, and lists of members and nonmembers of ANA were obtained as described in Chapter I, Steps for Carrying Out the Study. The names of participants in the study were picked at random from the lists described in Chapter I. Starting with the third name on the lists, every third name on the list was picked. If the person was not available, the next name on the list was picked. (One nurse whose name was on

the list to participate had departed for Laos the week before the investigator attempted to contact her.) The participants in this study were 50 members and 50 nonmembers of the American Nurses' Association.

The cooperation received from the Directors of Nursing Service in the various health agencies in the area facilitated the contacting of participants in this study. The Directors of Nursing Service made schedules of work shifts and telephone numbers of participants available to the investigator. One Director made appointments for participants who were on duty in her agency to come to her office, and made her office available for the investigator to use for interviewing. The investigator was permitted to interview nurses in the agencies during participants' coffee breaks, and also to contact nurses on duty for appointments for interviews in their homes. Other participants were contacted by telephone for appointments for interviews in their homes at their convenience. All nurses contacted to participate in this study consented to do so. The investigator made a trip to White Salmon, Washington, located approximately 68 miles east of Vancouver to interview nurses on the before-mentioned lists. This was done without an appointment, but three of the nurses she wished to see were scheduled for or were on duty that day, and they were interviewed at the hospital. She also

located the Public Health Nurse in Stevenson who was on the list of participants.

The investigator completed the interviews of the 100 participants in this study during the Summer Quarter 1964.

The participants remained anonymous. The questionnaires for ANA members were numbered from 1 to 50, and the questionnaires for ANA nonmembers were numbered from 51 to 100. No other means of identification of the questionnaires were used.

The data were compiled and tabulated. The open end answers were categorized and tabulated.

### Findings

The first question "Are you currently a member of ANA?" determined the category of the respondent. Fifty employed registered nurses who were currently members of the American Nurses' Association and 50 nonmembers were interviewed for this study.

The next three questions were asked of the nonmembers. The first question determined whether or not the participant had ever been a member of ANA. The findings are shown in Table 1.

Table 1. Previous ANA Membership Status of 50 Current Nonmembers of ANA.

Previous Membership in ANA	Distribution of Responses	
	Number	Percent
Yes	35	70
No	15	30
Total	50	100

It was of interest that 35 nurses or 70 percent of the current nonmembers had belonged to the American Nurses' Association at some time previous to the year of this study. This also meant that they had had some exposure to the purposes and the programs of the professional nursing organization.

Since the Washington State Nurses Association Committee on Membership Promotion had urged local District Associations to concentrate on intensive membership drives, the investigator was interested to find out whether or not the nonmembers of this study had been contacted to join the ANA in 1964.

Table 2. Answers of 50 Current ANA Nonmembers Relative to Their Being Asked to Join ANA in 1964

Asked to Join ANA in 1964	Distribution of Responses	
	Number	Percent
Yes	33	66
No	17	34
Total	50	100

Table 2 shows that 33 nonmembers in this study, or 66 percent of them were contacted to join the American Nurses' Association in 1964. The majority of nonmembers of ANA in this study were contacted to become members of ANA.

A follow-up to the fact that 33 nonmember nurses had been contacted was a question about how they were contacted.

Table 3. Frequency Distribution of Methods Used to Encourage 33 Nonmember Nurses to Join ANA in 1964

Methods Used to Encourage Membership in ANA	Number
Asked by ANA Member	25
Asked by Nursing Service Director	5
Letter from Association	2
Asked by Hospital Administrator	1
Total	33

The majority of those who were contacted to join the professional association in 1964 were encouraged to join by members of ANA. This shows that the members themselves were promoting membership. Five Nursing Service Directors were carrying out the function described in the review of the literature that "membership is everyone's business" but it is especially the business of the director of nursing (22). Thirty-one or 94 percent of the contacts were personal. Only two contacts were made by letter.

Nurses have been given the opportunity to pay their dues in several ways. Since "installment" plans and "withholding" payments have become an accepted way of doing business, plans have been devised by which nurses can pay their dues in this manner. The investigator was interested in finding out by which method the members in this study had paid their 1964 ANA dues.

Table 4. Frequency Distribution of Methods Used to Pay  
1964 ANA Dues by 50 ANA Members

Method of Paying 1964 ANA Dues	Number
In full to District Treasurer	37
Divided Payments to District Treasurer	6
Payroll Deduction at Agency Where Employed	6
Paid by Industry	1
Total	50

Despite "easy payment of dues" plans, 74 percent of the current ANA members in this study paid their dues to the District Treasurer in full. Twenty-four percent of the members used the method of installment or withholding to pay their dues. The Industrial Nurse in this sample said that the industry where she worked had always paid her ANA dues for her since she had been employed there.

The investigator next wanted to find out whether or not there was any difference in the two groups, members and nonmembers of ANA, in the number of years the respondents in this study had been graduates of their school of nursing, in the number of years they had worked in nursing, and the number of years they had belonged to ANA.

Since the investigator did not want to ask the nurses in the study their ages, she decided that she could obtain similar information by asking "When did you graduate from your school of nursing?" The answer was then subtracted from 1964, and the number of years since graduation for each nurse was determined. The average or the mean number of years for each group was determined. The mean number of years since graduation for the current ANA members group was 25.98 years. The mean number of years since graduation for the nonmember group was 16.06 years.



Table 5. Mean Number of Years Since Graduation, of Years Worked in Nursing and of Years of ANA Membership of 50 Current Members of ANA and 50 Current Nonmembers

Category of Mean Number of Years	Distribution of Mean	
	Members N=50	Nonmembers N=50
Since Graduation	25.98	16.06
Employment in Nursing	20.60	10.94
Member of ANA	13.52	4.02

The current members of ANA group in this sample appear to have been graduates from their school of nursing more years than the nonmember group, employed in the field of nursing longer and have been members of ANA longer than the nonmember group. This bears out the findings of other studies that professional identification with the occupation of nursing and professional commitment which is reflected in joining the American Nurses' Association after the nurse had spent considerable time in the field of nursing (39).

The next group of questions in this study is related to the respondent and information about her school of nursing. The nurses were asked the location by state or country of the school of nursing from which they graduated. Ninety-eight percent of the members had graduated from schools of nursing in the United States, while 94 percent of the nonmembers fell into this category. Canada was

the only foreign country from which graduates in this sample came.

Table 6. Location of School of Nursing by State or Country Outside the United States of 50 ANA Members and 50 Nonmembers in this Study.

State or Country* in Which School of Nursing was Located	Distribution of Respondents	
	Members	Nonmembers
Arkansas	0	1
California	2	2
Colorado	1	0
Idaho	1	1
Illinois	1	2
Iowa	2	1
Kansas	0	1
Minnesota	7	1
Montana	2	0
Nebraska	1	0
New York	2	0
North Dakota	2	2
Ohio	1	1
Oregon	7	11
Pennsylvania	1	0
Washington	19	24
Total of Graduates from U. S.	49	47
* Canada	1	3
Total Respondents in Each Group	50	50

In the group of 50 current ANA members, 38 percent of the nurses were graduates of Washington schools of nursing. Minnesota and Oregon basic school of nursing graduates accounted for 14

percent each. In the nonmember group 48 percent of the nurses had graduated in schools of nursing in the state of Washington, and 22 percent of them had graduated in Oregon. One Canadian graduate was a member, and three were nonmembers in this sample.

The next information obtained was related to the level of nursing education which the ANA members and nonmembers had completed.

Table 7. Level of Nursing Education Which 50 ANA Members and 50 Nonmembers in this Study Had Completed.

Level of Nursing Education	Distribution of Respondents			
	Member		Nonmember	
	Frequency	Percent	Frequency	Percent
Associate Degree	0	0	5	10
Diploma	37	74	39	78
Baccalaureate	8	16	6	12
Masters	5	10	0	0
Total	50	100	50	100

This sample shows that 100 percent of the nurses who had completed Master's degrees in this study were members of the American Nurses' Association. Fifty-seven percent of the Baccalaureate degree graduates were members, as were 49 percent of the Diploma school graduates. None of the respondents in this study

who had completed an Associate in Arts Degree program in nursing were members of the professional nursing organization.

This small sample bears out what White and Goldsen found in their study in the state of New York, that membership in the professional association is highest among nurses who are more than 35 years old and possessed of a Master's degree (39).

Information was elicited from the respondents about the type of control of the school of nursing from which they had graduated. The three major types of control were Church, Private, and Tax-supported. For the sake of interest the Church controlled group was further broken down to show the denomination.

The largest number of ANA members and nonmembers in this sample were graduates from Church controlled schools, followed by Tax-supported, and Private control last.

Seventy-five of the 100 registered nurses in this study were graduates of Church controlled schools of nursing, 15 were from Tax-supported schools of nursing, and 10 were from Private. Thirty-six in the member group, or 72 percent of the respondents had graduated from Church controlled nursing schools, while 39 or 78 percent of the nonmember group had. Nine respondents, or 18 percent of the ANA member group graduated from Tax-supported schools, while 6 nurses or 12 percent of the nonmember group were

Table 8. Type of Control of the Schools of Nursing from Which 50 ANA Members and 50 Nonmembers Graduated.

Church	Distribution of Responses			Total
	Members	Nonmembers		
	36	39		75
Baptist	(1)	(0)		
Catholic	(17)	(27)		
Episcopal	(3)	(1)		
Evangelical	(1)	(1)		
Jewish	(0)	(1)		
Lutheran	(6)	(4)		
Methodist	(2)	(3)		
Mission Covenant	(1)	(0)		
Presbyterian	(1)	(0)		
Seventh-day Adventist	(4)	(3)		
Private	5	5		10
Tax-supported	9	6		15
Total	50	50		100

graduates of this category. Five respondents or ten percent of the ANA member group were graduates from schools of nursing under private control, with the same number in the nonmember group.

A further break down of data showed that the largest number of members and nonmembers in the Church controlled category were graduates of schools under Catholic auspices, or 44 of the nurses in this study were in this major category. Ten of the 100 nurses in this category were graduates of schools of nursing under the control of the Lutheran Church, and seven were from the Seventh-day Adventist Schools.

The influence of the school of nursing regarding membership in the ANA was studied. Respondents were asked, "As a basic student were you encouraged to join ANA when you became an R. N. ?" Ninety-three percent of the respondents were able to answer "Yes" or "No." Seven percent could not remember.

Table 9. Answers of 50 Current ANA Members and 50 Nonmembers in Regard to Whether or not They Received Encouragement to Join their Professional Nursing Organization when they Became Licensed.

Category of Respondent	Distribution of Responses			Total
	Yes	No	Could not Remember	
ANA Member	40	7	3	50
Nonmember of ANA	36	10	4	50
Total Respondents	76	17	7	100

Forty respondents or 80 percent of the current members of ANA and 36 or 72 percent of the nonmembers said that they received encouragement to join their professional nursing organization when they became licensed. Fourteen percent of the member group and 20 percent of the nonmember group stated that they had not had such encouragement. Six percent of the member group and eight percent of the nonmember group could not remember whether or not they had been encouraged to join their professional nursing association when they became licensed.

A question relating to who gave them encouragement when they were students to join the professional organization when they were licensed was asked. The influence of the nursing instructor was seen in the answers, as 59 percent of the respondents said that this was the person from whom they had received encouragement to join the professional nursing organization.

Table 10. Position of Nurses Who Encouraged Membership in the Professional Nursing Organization When Respondents Were Students as Given by 40 Current ANA Members and 36 Nonmembers.

Position of Nurses Who Encouraged Students to Join Professional Nursing Organization	Distribution of Respondents	
	Members	Nonmembers
Dean	1	0
Director of School	9	4
Instructor	23	32
Superintendent	4	0
Nurse in Registry	1	0
Do not Remember	2	0
Total	40	36

Since one is influenced in her formative years by the example that is set by her superiors, the investigator was interested in whether or not the respondents knew whether or not their instructors had been members of the professional nursing organization.

Table 11. Responses Given by 50 Current ANA Members and 50 Nonmembers Relative to Whether or Not the Members of the Nursing Faculty in Their School of Nursing were Members of the Professional Nursing Organization.

Category of Respondent	Distribution of Responses			
	Yes	No	Do not know	Total
Member of ANA or CNA*	30	1	19	50
Nonmember of ANA or CNA*	38	0	12	50
Total Responses	68	1	31	100

\* Canadian Nurses Association



Sixty-eight percent of the respondents in this study said that their instructors were members of the Professional Nursing Organization. Thirty-one percent of the nurses said that they did not know. Only one current member gave a definite answer "no." It appears that the majority of the participants in this study were aware of membership of the nursing faculty in their schools in the professional nursing organization.

The review of the literature for this study showed that new graduates in the field of nursing do not belong to their professional nursing organization. The next information elicited from the respondents was related to whether the nurses in this study had belonged to the professional nursing organization as new graduates.

Table 12. Answers to 50 Current ANA Members and 50 Nonmembers Related to Whether or Not They Joined the Professional Nursing Organization as New Graduates.

Category of Respondent	Distribution of Responses			
	Yes	No	Do not Remember	Total
Member of ANA	24	25	1	50
Nonmember of ANA	22	28	0	50
Total	46	53	1	100

In this sample less than half or 46 of the 100 nurses in this study said that they belonged to the professional organization as new graduates, while 53 said that they did not. Twenty-four or 48 percent of the current member group belonged to the professional organization as a new graduate, while 25 nurses or 50 percent of the current nonmember group said that they had belonged as new graduates. This corresponds with what the review of the literature reported.

The 46 respondents who said that they had joined the professional organization were asked why they had joined as new graduates. The open-end answers were categorized and tabulated as is shown in Table 13.

Table 13. Categories of Reasons Why They Joined the Professional Nursing Association as New Graduates Given by 24 Current ANA Members and 22 Current Nonmembers

Categories of Reasons	Distribution of Respondents		
	ANA Member	ANA Nonmember	Total
Influence of School	3	1	4
Mandatory	3	3	6
Membership was Gift	1	2	3
Professional Responsibility	17	13	30
Canadian Nurses Association*	0	3	3
Total	24	22	46

\* Reasons for Canadian Nurses will be given in context in following information.

The majority or 65 percent of the 46 respondents who belonged to the professional nursing organization as new graduates said they joined because they felt it was their professional responsibility. How much of this was actually influence of the school was not determined in this study.

The categories of answers of current ANA members who belonged to the professional nursing organization as new graduates and typical responses are cited:

Influence of the school (3)

"We were taught it was a proud profession. In organization there is strength."

"I felt there was something to gain from our instructor's lectures."

"It was impressed by our instructor."

Mandatory (3)

"It was mandatory. I did private duty."

"I worked for the Visiting Nurse Association. The director was ANA-minded, and you didn't work if a nonmember."

"I did private duty and worked through the registry."

Professional Responsibility and Thing to Do (17)

"My first responsibility as a professional nurse."

"The association is doing good. The group needs the organization."

"I felt it was my professional responsibility."

"It was my professional duty. I wanted to belong."

"I thought it was the thing to do - support the organization."

"It was the thing to do as work was not too plentiful."

"We heard how important it was. It was the professional organization."

"It was my professional duty. I wanted to belong."

"I thought it was the right thing to do."

"I thought it was the thing to do. It was our choice."

"I followed along with the crowd."

One respondent said that her first year's membership was given by the Alumni Association of her school.

The current nonmembers who had belonged to the professional organization as new graduates gave answers in the following categories.

Influence of the school was the reason given by one nurse.

Mandatory (3)

"I felt it was required at that time."

"Pressure from the hospital where I worked."

"My work was through the registry, even for hospital work. You had to be a member to belong to the registry."

Professional Responsibility, Interest and Thing to Do (13)

"I wanted to see what was going on in nursing-advancement."

"I felt I should. "

"I guess I believed everything I heard. "

"I wanted to. I thought I'd get benefits. "

"I was expected to. We went from the student to graduate association. "

"Nurses were working toward 8-hour duty. They were working 12-hour duty. "

"It was the accepted method of becoming an R. N. "

"I felt it was something I should join. "

"The rest did. "

"It was the thing to do. "

"It was the thing to do, and necessary. "

Two of the respondents said that membership was a gift from the school.

The three graduates of Canadian Schools of Nursing who were not current ANA members at the time of this study gave the following responses concerning their membership in the Canadian Nurses Association as new graduates:

"I moved to the United States shortly after graduation. I belonged to the Canadian Nurses Association, but I did not join ANA following. "

"I belonged to the Canadian Nurses Association. I paid for the license and membership together. "

"I wanted to be in good standing so I joined CNA. "

Since the new graduates are one group that does not belong to

ANA in large numbers, the investigator was interested in finding out why the nurses in this study had not belonged to the professional organization as new graduates.

Table 14. Categories of Reasons Why They Did Not Join the Professional Nursing Association as New Graduates Given by 25 Current ANA Members and 28 Current Nonmembers.

Categories of Reasons	Distribution of Respondents		
	ANA Members	ANA Nonmembers	Total
Entered Military Service	3	0	3
Expense	1	5	6
Lacked Interest or Stimulus	17	18	35
Personal	4	4	8
Returned to School	0	1	1
Total	25	28	53

Sixty-four percent of the 53 respondents in this category who did not belong to ANA as new graduates gave responses related to lack of Interest or Stimulus.

The categories of reasons that current ANA members gave why they did not join the professional nursing organization as new graduates are as follows:

Three nurses said that they did not join because they entered military service.

## Lack of Interest or Stimulus (17)

"In the locality where I was, ANA was not active. "

"No one asked me. There was no publicity. "

"It was not encouraged where I worked. "

"No one approached me. "

"It didn't appeal to me. "

"I wasn't interested. I only nursed a short time. "

"It wasn't stressed. I wasn't asked for many years. "

"I worked in a doctor's office. Not too many office  
nurses belonged. "

"No one asked me. "

"I hadn't heard about it. "

"I didn't know about it. "

"It was so far removed from me. I went once. Elderly  
people were there. "

"I wasn't working full-time. "

The investigator felt very frustrated in her role as a researcher when a former student of hers said that she had not heard about ANA as a student. The investigator remembered her role and said nothing.

## Personal Reasons (4)

"I got married and didn't work. "

"I only worked four months as I was pregnant. "

One nurse gave expense as her reason. She said "I couldn't afford it."

Current nonmembers who did not belong as new graduates gave the following categories of reasons and responses why they did not belong to ANA as new graduates:

One nurse said that she did not belong because she was going to school.

#### Lack of Interest or Stimulus (18)

"It wasn't emphasized where I worked."

"No one asked me."

"I was preoccupied and I did not realize what could be done."

"I was never approached for many years."

"Negligence. I can't remember being asked."

"I decided it wouldn't do me much good in a government hospital." (VA)

"I wasn't asked until years later."

"It wasn't stressed."

"I didn't bother."

"I was not approached."

"I was leaving the state."

"Not much was said."

"I was teaching, but not in Portland. I don't think I was asked."



Table 15. Highest Level of Nursing Education Completed by 50 Current ANA Members and 50 Current Nonmembers and Their Membership or Nonmembership in the Professional Nursing Association as New Graduates

Level of Nursing Education	Distribution of Respondents					
	Current Members			Current Nonmembers		
	Yes	No	Cannot Remember	Yes	No	Cannot Remember
Associate in Arts	0	0	0	0	5	0
Diploma	16	20	1	19	20	0
Baccalaureate	4	4	0	3	3	0
Masters	4	1	0	0	0	0
Total	24	25	1	22	28	0

This tabulation again shows that the Associate in Arts Degree graduates in this study did not belong to ANA as new graduates and that they were nonmembers at the time of the survey. The respondents with Master's degrees were all ANA members, and 80 percent belonged to the professional nursing organization as new graduates. The group with Baccalaureate degree preparation in nursing was evenly divided, with 50 percent of the current members, and 50 percent of the nonmembers belonging as new graduates. In the diploma program graduate group, 44 percent of the current members belonged as new graduates, and 49 percent of the current nonmembers belonged.

The next group of questions asked respondents was related to

the nurses employment situation at the time of the study. The first concerned the type of agency by which the nurse was employed at the time of this study.

Table 16. Type of Agency by Which 50 Members of ANA and 50 Nonmembers were Employed at the Time of this Study.

Type of Agency	Distribution of Respondents	
	Member	Nonmember
Community College *	3	0
Doctor's Office or Clinic	2	2
Hospital (According to Control (6) (12)	37	39
Government (non-Federal)		
County and Hospital District	(8)	(4)
Government (Federal)		
Veterans' Administration	(10)	(10)
Voluntary Non-Profit		
Church Related or Operated	(8)	(12)
Other Non-Profit	(11)	(13)
Nursing Home	1	6
Public Health Department *	5	0
School System	1	2
Other		
Occupational Health (Industrial)	1	0
Private Duty	0	1
Total	50	50

\* The Nursing Department at the Community College and the Nursing Division of the Health Department had 100 percent membership certificates from the Washington State Nurses' Association at the time of the study.

The table shows that the greatest ANA membership and

potential membership in this study was among nurses who were employed by hospitals. Seventy-six percent of the nurses in this study worked in hospitals. Seven percent of the nurses were employed by nursing homes, with only one nurse out of seven an ANA member. Nurses who worked in doctors' offices showed 50 percent membership; there were only four nurses in the sample, however.

Fifty-six percent of the nurses in this study who worked in hospitals under government control belonged to ANA, while 43 percent of those who worked in voluntary non-profit hospitals belonged. A further breakdown of data shows that 67 percent of the nurses who were employed in county or hospital district hospitals were members of ANA. Fifty percent of the nurses who worked in the Veterans' Administration Hospital belonged. Hughes, Hughes and Deutscher found that the nurses who worked in the tax-supported hospital were most likely to belong to the professional nursing organization (14).

Forty percent of the nurses who worked in church related or operated hospitals and 47 percent of those in other non-profit hospitals belonged to ANA.

Since the community college and public health department are under tax-support also, it appears that the findings of Hughes, Hughes and Deutscher in regard to tax-supported hospitals can apply to the whole realm of those tax-supported agencies in this

study.

The type of position of the nurses in this study was next elicited.

Table 17. Type of Position in Employment in Nursing of 50 Members of ANA and 50 Nonmembers.

Position in Nursing	Distribution of Respondents		
	Members	Nonmembers	Total
Nursing Education	4	0	4
Director of Nursing Education	(1)	(0)	
Instructor or Coordinator	(2)	(0)	
Director of In Service Education	(1)	(0)	
Nursing Service Administration	11	3	14
Chief or Director of Nursing Service	(5)	(1)	
Associate Chief of Nursing Service	(1)	(0)	
Assistant Chief or Director of Nursing Service	(2)	(0)	
Supervisor	(3)	(2)	
Head Nurse	7	10	17
General Duty or Staff Nurse	24	32	56
Office or Clinic Nurse	2	2	4
Private Duty	0	1	1
Occupational Health	1	0	1
School Nurse	1	2	3
Total	50	50	100

The information in Table 17 bears out what White and Goldsen found in their study in New York that those nurses in administrative

and teaching positions include a larger proportion of those who are members of ANA than do those in lower level positions (39). In this sample, 100 percent of the nurses in Nursing Education belonged to ANA. In the Nursing Service Administration area, 79 percent of the respondents belonged to ANA. Forty-one percent of the head nurses belonged and 43 percent of the general duty or staff nurses belonged to ANA. Goldsen and White also found that there was little difference between the proportion of head nurses who were members and the proportion of general duty or staff nurses who were ANA members (39).

Since the nurse who works part-time plays such an important role in the staffing patterns in health agencies today, the nurses in this study were asked whether they were employed full-time or part-time in nursing.

Table 18. The Responses of 50 ANA Members and 50 Nonmembers as to their Employment Status.

Status of Respondent	Distribution of Responses		
	Full-time	Part-time	Total
ANA Member	44	6	50
Nonmember of ANA	38	12	50
Total	82	18	100

Eighty-two percent of the 100 respondents in this study were employed on a full-time basis, and 18 percent were employed part-time. Eighty-eight percent of the current ANA members were full-time employees, and 76 percent of the nonmembers were. Twelve percent of the current ANA members were employed on a part-time basis while 24 percent of the nonmembers were in this category.

The next information elicited was related to the respondents' present employment situation.

Since membership is considered the business of the Director of Nursing Service (22), the nurses in this study were asked whether or not ANA membership was discussed with her when she was hired in her present position.

Table 19. The Responses of 50 ANA Members and 50 Nonmembers in Regard to ANA Membership Being Discussed When They Were Hired in Their Present Position.

Membership Status	Distribution of Responses			
	Yes	No	Cannot Remember	Total
ANA Member	18	31	1	50
Nonmember of ANA	23	27	0	50
Total	41	58	1	100

Forty-one percent of the 100 respondents said that ANA membership was discussed when they were hired in their present position. Fifty-eight percent said that membership in the professional nursing organization was not discussed. One nurse could not remember. Thirty-six percent of the current members said that membership was discussed when they were hired, while 62 percent said that it was not. Forty-six percent of the current nonmembers said that ANA membership was discussed with them when they were hired, and 54 percent said that it was not. Since 58 percent of the respondents in this study said that ANA membership was not discussed with them when they were hired, it appears to indicate that those in the position of hiring nurses are not aware of or are not following through with the NSA Section's Statement that says that "during the pre-employment interview the Director of Nursing should disclose the advantages of membership in ANA" (22).

The results were further tabulated as to which type of agency the nurses were employed.

Forty-seven percent of the nurses who worked in hospitals said that membership in the American Nurses' Association was discussed with them when they were hired in their present job. Eighty-three percent of the respondents employed in a County or Hospital District Hospital said that membership in ANA was discussed when hired in

Table 20. The Responses According to Type of Employing Agency of 100 Employed Registered Nurses in This Study in Regard to Whether or not ANA Membership Was Discussed with Them When They Were Hired in Their Present Position.

Type of Agency	Distribution of Responses			Total
	Yes	No	Do not Remember	
Community College	0	3		3
Doctor's Office or Clinic	0	4		4
Hospital (Total)	36	40		76
Government				
Non-Federal				
County and Hospital District	(10)	(2)		
Federal				
Veterans' Administration	(10)	(10)		
Voluntary Non-Profit				
Church Related or Operated	(7)	(13)		
Other Non-Profit	(9)	(15)		
Nursing Home	3	4		7
Public Health Department	1	3	1	5
School System	0	3		3
Other				
Occupational Health (Industrial)	0	1		1
Private Duty	1	0		1
Total	41	58	1	100



their present position. In the Federal Hospital, 50 percent of the nurses in this study said that they were approached about ANA membership when hired. In the voluntary non-profit hospitals, 35 percent of the nurses who worked in the Church Controlled or Operated Category said that ANA membership was discussed, while 38 percent of the nurses working in the hospitals categorized as other non-profit category said they were approached. None of the nurses working at the Community College or the doctors' offices or clinics said that ANA membership was discussed when they were hired.

In the Nursing Homes, 43 percent of the nurses in this study said that ANA membership was discussed with them when they were hired.

Twenty percent of the nurses working in the Public Health Department said that membership was discussed with them.

It appears that the general category of hospitals, where the greatest number of respondents in this study were employed, that the majority of the nurses did not have the benefits of ANA membership discussed with them when they were hired in their present position. With 83 percent of the respondents saying "yes" to the questions, those doing hiring of nurses in the County or Hospital District Hospitals appeared to be doing the most effective job in this regard. It is worthy of note that although the nurses at the

Community College said that membership was not discussed with them when they were hired, all the nurses who work in that situation were members at the time of this study. With only 20 percent of the public health nurses saying "yes," that they were encouraged to join, they too have a 100 percent membership certificate in that department. Apparently, some later influence encouraged them to join ANA.

Information was then elicited from the respondents as to whether or not the person who hired them was a Registered Nurse.

Table 21. Responses Given by 50 Members of ANA and 50 Nonmembers as to Whether the Person Who Hired Them Was a Registered Nurse.

ANA Membership Status of Respondent	Distribution of Responses		
	Yes	No	Total
Member	42	8	50
Nonmember	44	6	50
Total	86	14	100

Eighty-six percent of the respondents were hired by Registered Nurses.

The eight current ANA members who were not hired by a Registered Nurse held the following positions:

Community College Faculty (2)

Director of Inservice Education in a Community  
Hospital (1)

Staff nurse in a Public Health Department (1)

Clinic Nurse (1)

Staff School Nurse (1)

Occupational Health (Industrial) (1)

Office Nurse (1)

The six current nonmembers who said they were not hired by  
a Registered Nurse held the following positions:

Doctor's Office Nurse (2)

Nursing Home Head Nurse (1)

School nurse coordinator (1)

Staff school nurse (1)

Private Duty Nurse (1)

Since 86 respondents in this study said that they were hired by  
a Registered Nurse, these nurses were asked whether or not the  
R. N. who hired them was a member of the American Nurses' Asso-  
ciation.

Table 22. Responses Given by 42 ANA Members and 44 Nonmembers Regarding ANA Membership of the Registered Nurse Who Hired Them

ANA Membership Status of Respondent	Distribution of Responses			
	Yes	No	Do not Know	Total
Member	38	0	4	42
Nonmember	41	2	1	44
Total	79	2	5	86

Ninety-two percent of the respondents who were hired by an R. N. said that the R. N. who hired them was a member of ANA. Ninety percent of the 42 ANA members knew that the R. N. who hired them was an ANA member; 93 percent of the nonmembers knew this. The majority of the members and nonmembers in this sample were aware that the registered nurse who hired them was a member of the professional nursing organization.

The next information elicited was in regard to whether the respondent was an ANA member at the time she was hired in her present position.

Table 23. The Responses of 50 ANA Members and 50 Nonmembers in Relation to Their Membership or Nonmembership in ANA at the Time They Were Hired in Their Present Position.

ANA Membership Status of Respondent	Distribution of Responses		
	Yes	No	Total
Member	20	30	50
Nonmember	6	44	50
Total	26	74	100

This shows that 26 percent of the 100 respondents in this study were ANA members at the time they were hired in their present position. Only 40 percent of the current members were members at the time they were hired. It appears that someone or something influenced 60 percent of this group to join ANA later. Twelve percent of the current nonmembers were members at the time they took their current job, but for some reason dropped their membership in ANA.

Since 74 percent of the 100 respondents did not belong to ANA at the time that they were hired in their present position, the next question asked was "Were you encouraged to join?"

Table 24. The Responses Regarding Encouragement to Join ANA Given by 30 Current ANA Members and 44 Nonmembers Who Were Not Members at the Time They Were Hired in Their Present Position.

ANA Membership Status of Respondents	Distribution of Responses		
	Yes	No	Total
Members	23	7	30
Nonmembers	28	16	44
Total	51	23	74

Sixty-seven percent of the 74 respondents were encouraged to join ANA when they took their present position.

The form of the encouragement that the 51 nurses who said "yes" to the previous question was next elicited.

Table 25. The Forms of Encouragement to Join ANA Given to 23 Current ANA Members and 28 Nonmembers Who Were Not Members at the Time They Were Hired in Their Present Position in Nursing.

Forms of Encouragement to Join ANA	Distribution of Responses		
	Member	Nonmember	Total
Pamphlets about ANA	0	1	1
Application	14	14	28
Asked to Join	0	3	3
Expected to Belong	1		1
Invited to Meetings	1	7	8
Letter	0	2	2
Talked to by Members	5	0	5
Went along and joined with Others	1	0	1
No Answer	1	1	2
Total	23	28	51

Giving nonmembers an Application Form appears to be the most popular type of encouragement given, with invitation to meetings, and talking to by members next in order. The means used appear to have been effective means for the current member group, and not effective for the nonmember group.

The 74 respondents who said that they were not members of ANA when they took their present position were asked if they joined when they started their present job.

Table 26. The Responses of 30 Current ANA Members and 44 Nonmembers in Regard to Whether or Not They Joined ANA When They Started Their Present Position.

ANA Membership Status	Distribution of Responses		
	Yes	No	Total
Members	12	18	30
Nonmembers	1	43	44
Total	13	61	74

Only 18 percent of the 74 respondents joined ANA when they started their present position. In the member group, other later influences must have encouraged them to join ANA. The fact that in this study that membership in ANA was not discussed when 58 percent of the respondents were hired in their present position may be

an important absent influence in membership promotion.

The next information elicited from the respondents was the reason why 50 employed registered nurses in this study belonged to the American Nurses' Association, and why 50 employed registered nurses in this study did not belong. Since these were open-end responses, the answers were categorized and then tabulated.

Of interest to the investigator was a report from the District Treasurer that the first nonmember interviewed for this study paid her dues the day after the interview.

Table 27. Categories of Reasons Given by 50 Current ANA Members Why They Belong to the American Nurses' Association.

Categories of Reasons	Distribution of Response	
	Frequency	Percent
Professional Responsibility	20	40
Economic Security Benefits	15	30
Mandatory	6	12
Social Aspects	2	4
Miscellaneous	7	14
Total	50	100

The various categories and typical responses given for each:

Professional Responsibility (20)

"I feel it is a nursing responsibility."



- "It is an obligation to belong to the professional organization."
- "It is the proper thing for a professional person. It is a mark of professionalism to support the professional organization and what it stands for."
- "Habit - it becomes habitual to think of it as a professional responsibility."
- "Should support the organization. You keep up. It betters the profession as a whole."
- "Necessary to do my part in helping. I support and contribute to returns received."
- "Duty of nurse to back her profession. In unity there is strength."
- "I believe in the association. ANA has helped us. It has bettered the position of nurses."
- "Part of professional responsibility."
- "Every nurse has the responsibility to contribute to the development of the profession. Only through ANA membership can she do this. I believe in what the professional organization is doing. Nurses should be represented by the professional organization. You keep abreast of trends in nursing."
- "It is the thing to do. If we don't band together, we will lose sight in the nursing field."
- "Proven to be progressive in bettering the lot of nursing. You should be a member of the association if you are a nurse. You do better as a group."
- "I felt I should."
- "I am a firm believer in persons joining the association. Especially for the malpractice insurance - I can pay for the ANA sponsored malpractice insurance and my

annual dues for what I paid annually for malpractice insurance before. "

"You should belong and support any organization that has to do with nursing. ANA does a lot for nursing. "

"The nurse needs professional backing - someone to fall back on. One can't expect benefits without belonging. "

"I feel obligated to belong as long as I work. I think ANA has done a lot. Why should my neighbor pay my share when I benefit?"

"I feel we must have an organization to progress in nursing. "

"I like being a nurse, and I think of ANA membership as part of being a nurse. I like first hand contact with up-to-date nursing. "

"I firmly believe a nurse should belong to better herself and other nurses. By belonging, everything is better."

#### Economic Benefits (15)

"I have benefited greatly, status, working conditions. "

"Does a lot for us: improvement in working conditions, economics. I am proud to be a member. "

"Benefits I get myself, legislation in Congress (VA). It helps others. "

"Better working conditions and salary increases. "

"I joined because I could see the effect the active ANA has on salaries in this area. I joined to see what it did. "

"It betters nursing conditions. "

"Everything we achieved, salaries, working conditions, scholarships. "

"Increased knowledge in nursing. I support the association for the betterment of nursing and employment."

"Contract was inspiring. We got many increments."

"More money at this hospital. I feel I want to support the organization. I enjoy the meetings."

"Better work for nursing cause and interest of nurses. Higher standards."

"It benefits me to become a better nurse through education, and it improves working conditions. Shows better outlook on nursing."

"We have to have an organization of some kind. It has done a good deal for the nursing profession. We wouldn't have the salaries and hours we have. We owe it to the other fellow to do the right thing."

"I feel there are benefits. I don't receive all of them as an office nurse. I keep up. I have not seen the WSNA Employment Standards for Office Nurses."

"They have done a lot for the profession. The working conditions and pay make it a profession."

#### Mandatory (6)

"Expected to belong."

"Compulsory. I don't get anything."

"Almost compulsory for the job I have."

"Continuous reminders that it would be beneficial to be a member."

"It is the only big professional organization for nurses. It is suggested strongly that we belong."

## Social Aspects (2)

"Keeps you current on nursing, and I like the social aspect."

"An evening with a group of nurses is the best thing to be in, the social advantage. Informative."

## Miscellaneous (7)

"There is unity and strength. Your own representatives represent you. There is every advantage through the professional organization."

"Because of service you get out of it, enriches your knowledge."

"I am in favor of organizations or unions. We need strong group action."

"I do think ANA works for the nurse. The association tries to raise standards of nursing qualifications."

"I see more what is accomplished as I get older."

"Make ourselves stronger by belonging, more benefits."

"Because of membership drive. No one pressed it before. I realize we wouldn't be as far as we are without ANA."

One nurse member commented that she had always belonged when she worked in hospitals, but that she did not belong for a period of time when she worked in a Doctor's office because she knew that the doctor did not approve of it.

The nonmembers in this study were asked why they did not belong to the American Nurses' Association.

Table 28. Categories of Reasons Given by 50 ANA Nonmembers Why They Did Not Belong to the American Nurses' Association.

Categories of Reasons	Distribution of Responses	
	Frequency	Percent
Financial Reasons	27	54
Lack of Interest, Motivation	17	34
Criticism of Association and Programs	6	12
Total	50	100

Twenty-seven nurses or 54 percent of the nonmember respondents gave financial related reasons why they did not belong to ANA. Seven of these did mention payroll deduction and/ or partial payment plan. The Treasurer in the District was willing to let nurses pay their dues by the month, with the understanding that benefits of membership were not available until the dues were paid in full.

The categories of reasons why the respondents did not join ANA in 1964, and typical responses for each category are:

Financial (27)

"I don't have the money now. "

"I couldn't afford it. "

"None, other than I am financially unable to belong now. Otherwise I would belong. "

"Too expensive. Too big an expenditure at one time. "

"Extra expense. I haven't thought about it."

"No one pressed it. Dues are high. Nothing was discussed about partial payment or payroll deduction."

"I have too many other financial obligations. They should grab it from you when you get a raise."

"Difficulty getting money together. I favor payroll deduction. Membership ought to be mandatory."

"Money. Too many responsibilities."

"Dues are high. I take the AJN and RN."

"I quit working. I just started back two weeks ago. It was the money when I wasn't employed."

"Money."

"Financial. I am not aware of any partial payment plan."

"Cost. My only exposure was that it was for society gals. I am an operating room nurse. ANA is encouraging the use of technicians."

"I feel it is too expensive. Other obligations."

"I don't have the money. I question the happenings in the local districts. There is too much pressure."

"Finances."

"It is too expensive compared with other organizations. Too opinionated local group. I am disgusted."

"Financial. I have a fixed income."

"I work four days a month. It would take my whole check. I am not aware of a partial payment plan."

"Financial. I have not been told about a partial payment plan or payroll deduction."

"Couldn't afford it. "

"Dues are too high. I am aware of partial payment plan.  
Every year I think I will quit working in nursing. "

"Other financial obligations. "

"No one pushed me into it. Expense. I wouldn't mind  
paying through payroll deduction. "

"Finances. "

Lack of interest, motivation (17)

"Didn't pay my dues. No other reason. " (This nurse  
sent her check for 1964 dues the following day.)

"I have lost perspective of what the association does. "

"I felt there was little of interest to me as a nursing  
home nurse. I want to belong to other than the  
General Duty Section. It is not worth \$45.00 for what  
I get. "

"No particular reason. I only work two days a week and  
I have other interests than nursing. "

"I have nothing against ANA. I have never been inter-  
ested in all associations and clubs. "

"I was on swing shift until March, so I couldn't attend  
meetings. If I joined now, I wouldn't get the full  
year's benefit of membership. "

"Unable to attend meetings. If I don't attend, I don't get  
anything. "

"Neglect. I feel I could have. "

"I don't have the time. "

"It hasn't been required. I work the 3-11 shift. "

"No special reason. "

"I didn't know for sure I would be working this year."

"I just recently returned to work full-time. I don't know what ANA has to offer me. I haven't been asked."

"I have never had pressure put on to join. I get the benefits without belonging."

"If I were working full-time I'd belong. If I could just be a state or district member."

"I haven't been given a reason why I should. I haven't been told about benefits. I am contemplating it for next year if I keep working."

"Approach used, the way I was asked. I didn't know about payroll deduction."

From the responses given under Financial Reasons, with partial payment to the district treasurer possible, it appears that those who are doing membership promotion do not tell prospective members about it.

#### Criticisms of the Association or Programs (6)

"I work part-time. Oregon is different. WSNA does not go ahead and promote legislation. It is not fulfilling its purposes. Programs are not strong."

"Too much money is sent out of the district and the state."

"I haven't understood what the organization does on all levels. It is slow in accomplishing things."

"I am concerned over an insurance advertisement that I received on official stationery. I have been unable to find out who paid for this."



"Lack of positive support from the organization. It takes a tremendous amount of explanation and persuasion for understanding at state level. There is a seeming reluctance of the professional nursing organization to gain and accept support for nurses from other professional organizations. Dues are high for the amount of support we get. Despite the above positive criticism, I do not totally object to belonging to the nurses association."

"Not doing enough in economic security."

The respondents were next asked if they looked upon membership in the American Nurses' Association as a criterion to their professional status.

Table 29. Responses of 50 ANA Members and 50 Nonmembers Concerning Membership in ANA as a Criterion to Their Professional Status.

ANA Membership Status of Respondents	Distribution of Responses			
	Yes	No	Undecided	Total
Member	41	9	0	50
Nonmember	24	25	1	50
Total	65	34	1	100

Sixty-five of the 100 respondents said that they did look upon membership in the professional nursing organization as a criterion to their professional status. Forty-one nurses or 82 percent of the current members said "yes," and 24 or 48 percent of the nonmembers said "yes," despite the fact that they did not belong. Eighteen

percent of the current members said that they did not, as did 50 percent of the nonmembers. The respondents were further asked why they had answered in the affirmative or the negative.

Typical answers of current members of ANA who said that they looked upon membership in ANA as a criterion to professional status:

"Membership has been requirement in some jobs - feel it should be."

"Unless you think enough to be part of it, you are really not a professional person."

"Investigated through membership. Discriminatory."

"Nonmember does not have contact with own group. You learn so much."

"She feels responsibility. It is selfish not to be a member."

"Obligation and responsibility to support nursing and improve patient care."

"Organization speaks for profession."

"Feel this way."

"Should help to raise standards."

"Professional person should be type to improve through group."

"See nursing in a different light, group working together."

"Makes one more professional, continuing education programs, better working conditions."

"Recognized as our professional organization. We are better for it."

"Indication of higher professional type individual. Greater interest."

- "Backing. "
- "Gives you one more way of associating with nurses, meet nurses in other fields, inspires you. "
- "Makes me work at being a nurse besides on the job. I go to meetings. "
- "By belonging to the professional group, as an individual you are interested in standards. "
- "Should be in something pertinent to profession. "
- "Through some of the funds, nursing research is taking place. "
- "Deep feeling of professional pride and belonging. "
- "If you are interested in what you are doing, you better self. "
- "It is through the nursing organization that responsibility for nursing practice and education is assumed. "
- "Out to strive for improving standards in nursing and maintain rights and privileges. "
- "I am proud I am a nurse. I am proud of the organization. "
- "If you don't uphold the association and members, you are not contributing much. "
- "I think we get together and discuss problems, good ideas. We keep up to date. "
- "If you don't support your organization, the profession is not worth much. "
- "Gives you prestige. "
- "Way of living, work to do. "
- "Doesn't make her a better nurse, does indicate something more than just a pay check. "
- "She keeps up morally and ethically. "

"She puts more thought into nursing as a profession and in advancement. Shows more interest."

"She is interested in others than herself. She keeps up with things, changes."

"Nurse who belongs does more than just work for pay check."

"All professional people should belong to their own organization."

"Professional nurse should support her organization."

"Depends on background."

"Just belonging does not have anything to do with integrity. I said 'yes' because of current trends."

"Any nurse working and benefiting should belong."

"You get journals and keep up. You attend meetings, so you are in touch."

The answers given say or imply that there is something to be gained by the nurse as a member of a group that could not be gained by the individual alone. Several nurses mentioned that by being a member of ANA, they were showing more interest than just working for their pay check. Several nurses mentioned improving standards of nursing. It appears that these nurses felt that there was something "extra" to be gained by being a member.

The current ANA members who said that they did not look upon ANA membership as a criterion to their professional status gave the following responses:

"Belonging to the association is strictly personal."

"I don't think it has anything to do with professional status. I was a nurse long before I heard of ANA."

"Makes no difference in standing."

"I don't know why it should. I can do my work as well without belonging."

"Never depended on membership to get a job."

"It is something within herself. You are a nurse whether a member or not."

"Don't think belonging to ANA makes a nurse more efficient."

"Nurse is professional, depends on individual."

"Professionalism would particularly be associated with the professional organization."

It would appear that this group of nurses feels that a nurse is what she is without assistance from the professional organization.

The 24 nonmembers gave the following responses why they felt that membership in ANA was a criterion to their professional status:

"Is showing more interest by belonging."

"It is our way of dickering in what we believe in."

"Shows you are interested in maintaining professional standards."

"Derive a lot from it."

"Definition of a profession requires it. You need the organization to represent you."

"Definitely interested."

"ANA is doing a lot to better nurses, better lot for everyone."

"Has more with her. "

"Keep up better. "

"More professional backing. "

"More professional backing behind you. "

"If we belong, nursing is more than a job. "

"Shows more interest. "

"Doing more for profession by being active. Have to do this to be professional. "

"It is our association. Show you belong. You know more about what's going on. "

"Every professional organization has to have its membership. "

"She gets other opinions. "

"I think in belonging to the professional organization, you show interest in the profession, improves, elevates. "

"As a group we function better. We know what is going on. "

"It means that nurses are interested in all nurses and nursing. "

"Gives us backing we need. "

"Shows she has more pride in profession. "

"It will only be successful if everyone joins. "

"Upgrades profession as a group. "

From these responses, it appears that 24 nonmembers felt that ANA membership was a criterion to their professional status, but despite their answers, they were not members of ANA at the time of this study.

The 25 nonmembers who answered that they did not think that membership in ANA was a criterion to their professional status gave the following responses:

- "I don't think ANA has been promoted or set up - not as strong as NEA. Not criteria for employment. ANA is not generally familiar."
- "My general observation is that people have different reasons for belonging."
- "Takes more than that to be professional - background, knowledge and ability."
- "A nurse well-trained will be professional. Membership means more to the nurses in the city."
- "Being a member doesn't affect your work or make you a better person."
- "I don't believe it necessary. ANA is highly over-rated."
- "I don't know what it does for you."
- "I wouldn't think it makes any difference."
- "In R. N. training program this is obtained - ethics."
- "Doesn't make any difference."
- "If you do your work to the best of your ability, the social aspect has nothing to do with it."
- "Doesn't make any difference if you do or do not belong."
- "I don't think a nurse has to belong to be a good nurse."
- "Not necessary with nurse shortage."
- "Don't think there is a direct relationship. It doesn't affect my work."

"You don't know who they are. Members are passive."

"I have seen nurses who were professional who did not belong."

"It doesn't make a better nurse to belong to ANA."

"A nurse who belongs is not necessarily a better nurse. It gives more advantages."

"Your ideas of how professional you are start in training school. You can keep up on your own."

"It hasn't anything to do with it."

"As long as you are an R. N. , it doesn't matter if you belong."

"No good reasons why."

"Some nurses act professional. You don't have to belong to be professional."

"Doesn't make any difference."

The nonmember respondent who was undecided said

"Depends on individual nurses. Some are not responsible professionally even if they belong."

It appears that these respondents feel that registered nurses get their professionalism from other sources than from membership in ANA.

The next question was asked to find out if the registered nurses in this study had received any direct benefits from the efforts of the American Nurses' Association.



Table 30. The Responses of 50 ANA Members and 50 Nonmembers Regarding Whether or Not They Have Derived Any Direct Benefits from the Efforts of ANA.

ANA Membership Status	Distribution of Responses			Total
	Yes	No	Do not Know	
Member	47	3	0	50
Nonmember	33	15	2	50
Total	80	18	2	100

Eighty of the 100 respondents in this study said that they had received direct benefits from the efforts of ANA. Ninety-four percent of the current members said that they have received direct benefits from the efforts of ANA, and 66 percent of the nonmembers said they had. Six percent of the ANA members said that they had not, and 30 percent of the nonmembers said they had not. Four percent of the nonmembers said they were undecided.

The respondents who said "yes" were then asked what the benefits were. Their answers were categorized and tabulated.

Table 31. Categories of Benefits Derived from the Efforts of ANA Given by 47 Current ANA Members and 33 Nonmembers.

Categories of Benefits	Distribution of Respondents		
	Members	Nonmembers	Total
Economic Security	35	29	64
Educational	8	3	11
Improved Status	2	1	3
Programs and Services	2	0	2
Total	47	33	80

Eighty percent of the 80 respondents in this study who said they had received direct benefits from the efforts of ANA said that these benefits were in the Economic Security category. Fourteen percent of the respondents said they had received Educational Benefits, while four percent said they had Improved Status, and two percent gave Programs and Services.

Categories of Benefits and typical responses given by members were:

Economic Security (35)

"Economic, especially in public health."

"Recognition for professional nurse-bargaining and economics."

"Status, working conditions. Information."

"Personnel policies and salaries."

- "Raises. "
- "Salary difference from where I worked in Indiana. "
- "Salary and educational program. "
- "Financial betterment. "
- "Raises. "
- "Salary increases and vacation. District should take more of a stand. "
- "Upgrading of salaries. "
- "Salaries. "
- "Sick leave, vacations with pay, paid holidays. "
- "Better employment conditions. "
- "Improved employment conditions. Regional conferences and clinical conferences. "
- "Assisted economic status and educational opportunities. "
- "Increased salary and better working conditions. Publications invaluable in keeping you informed. "
- "Better employment conditions. Insurance. Would like retirement. "
- "Wages increased. Workshop. Upgrading of R. N. "
- "Raises. "
- "Beautiful contract. Good for hospital and nurse. "  
(Note: This hospital had a membership clause in its contract with the nurses. Members received a differential in pay. This clause was removed from the new contract. The nurses in this hospital have a 100 percent membership certificate in 1965.)
- "Better salaries. "

"Get more remuneration if I belong. "

"Salary, prestige, knowledge. "

"Financially. "

"Promoted salary raises. "

"Working conditions, salaries, professional status. "

"Pay raises. Refresher course. "

"Eight-hour nursing, better salaries, vacation time and sick leave. "

"I used to work a split shift and 48 hours per week. Better pay. "

"Wages. State Journal. "

"Working conditions, hours and wages. "

"Salary benefits. Now I work in VA, so none direct now. "

"Economic and working benefits derived by ANA in hospital nursing. "

"Wages, better hours. "

#### Education Benefits (8)

"Professional and educational program. AJN and other professional materials. "

"Attend meetings. Find out what others do. Improve self. "

"Personal satisfaction. Increased knowledge. Friendship. "

"Contacts with other nurses. Workshops. "

"Keep up on current happenings. I have been a convention delegate. "

"Workshops. They cost less for members."

"Workshops."

"Workshops and meetings are educational."

Improved Status (2)

"Sociability and standing in community."

"Improved status."

Programs and Services of Organization (2)

"Insurance. WSNA \$500 policy that is part of membership benefit."

"PC and PS. Insurance. Professional journals."

The three members who said that they had not received any direct benefits from the efforts of ANA gave the following responses:

"Salaries have gone up because of the times."

"I don't know of any."

"I am in the VA. They have their own regulations."

The nonmembers who gave answers in the Economic Security Category gave the following typical answers:

"Wage scale."

"Wage increases. Workshops encourage further education."

"Salaries and fringe benefits."

"Wages and hours."

"Salaries."

"Salary-wise. ANA is not the sole instigator of salaries."

"Salary increases in hospitals."

"Increase in hospital salaries."

"Working conditions bettered."

"Salary scale."

"Wages."

"Working conditions."

"Salaries better."

"Raises. Educational lectures and programs."

"Working hours and salary. PC and PS."

"Salaries."

"Raises."

"Better salaries and working conditions."

"Promotions and salaries."

"Salary-wise."

"Working conditions, salary, job placement. Publications  
and AJN."

"Raise in salary. Insurance (Blue Cross)."

"Improvements - salary increases, sick leave."

"Eight-hour duty."

"Salaries."

"Raises."

"Five-day week. VA has own standards."

"Economic improvement. Keeps profession improving together."

"Salary."

One nurse said that she was ashamed to say that she was not a member of ANA after listing the economic benefits she said she had received.

The three nonmembers who listed Educational Benefits said:

"Educationally - meetings are informative."

"Lectures, better informed about what is going on."

"Workshops. Meeting other nurses and hearing their problems makes ours minor."

The nurse who gave Improved Status as her benefit said "ANA has acquired professional status."

The nonmembers who said that they had not received any direct benefits from the efforts of ANA gave the following responses:

"Monetarily they don't help. My gains are through the hospital and not the association."

"I don't know of any. They don't have the membership to act."

"I haven't worked enough. Others have benefited who have fuller understanding."

"I can't think of anything. A couple of workshops I attended may have helped."

"I don't know of any."

"I don't know if raises are due to the association."

"I can't see why. I don't know of any."

"I don't know of any. "

"I am not aware of any. "

"I don't in a Federal Hospital. Those on the outside do. "

"Not in this agency. " (Federal Hospital)

"Maybe indirectly. In VA on a different basis. Not dependent on the association. "

"I don't know of any to my knowledge. "

"I don't know of any. Not too active toward getting more money. "

The data were further tabulated to determine in what position in nursing the respondents who gave Economic Security as the Major Benefit of ANA Efforts were employed.

Table 32. Frequency Distribution According to Type of Position in Nursing of 35 ANA Members and 29 Nonmembers Who Gave Economic Security as the Major Benefit of ANA Efforts.

Type of Position in Nursing	Distribution of Respondents		
	Member	Nonmember	Total
Nursing Education	4	0	4
Nursing Service	7	1	8
Head Nurse	3	5	8
General Duty or Staff Nurse	17	19	36
Clinic or Office Nurse	2	2	4
Private Duty Nurse	0	0	0
School Nurse	1	2	3
Industrial Nurse	1	0	1
Total	35	29	64



The above table shows that the nurses who gave Economic Security as the major benefit of the Efforts of the American Nurses' Association included 100 percent (4) of the nurses in Nursing Education in this study, and also 100 percent of the Clinic or Office Nurses (4), School Nurses (3) and Industrial Nurse (1). Fifty-seven percent (14) of the respondents in Nursing Service Administration, and 47 percent of the Head Nurses (17), and 64 percent of the General Duty or Staff Nurses (56) in this study gave Economic Security as their major benefit of ANA Efforts. The figures in the parentheses represent the total number of each category in this study, and the percentages were calculated from these figures.

The nurses who gave Educational Benefits as their major benefit from the efforts of ANA were in positions in the Categories of Nursing Service Administration, Head Nurse, General Duty and Staff Nurse, and Private Duty.

Table 33. Frequency Distribution According to Type of Position in Nursing of Responses of Eight ANA Members and Three Nonmembers Who Gave Educational Benefits as the Major Benefit of ANA Efforts.

Type of Position in Nursing	Distribution of Respondents		
	Member	Nonmember	Total
Nursing Education	0	0	0
Nursing Service Administration	3	1	4
Head Nurse	2	1	3
General Duty or Staff Nurse	3	0	3
Clinic or Office Nurse	0	0	0
Private Duty	0	1	1
School Nurse	0	0	0
Industrial Nurse	0	0	0
Total	8	3	11

Twenty-nine percent of the total Nursing Service Respondents in this study gave Educational Benefits as the Major Benefit of ANA Efforts, while 18 percent of the Head Nurses, and 5 percent of the General Duty and Staff Nurses answered likewise.

The nurses who gave Status as the Major Benefit of ANA Efforts were two members of the American Nurses' Association, one a Head Nurse and one a General Duty Staff Nurse.

The nurses who gave Programs and Services as the Major Benefit of ANA efforts were two members of ANA, one in Nursing Service Administration, and one a General Duty Staff Nurse.

The data were further tabulated to determine in which type of agencies that nurses were employed who said that they had received the various categories of benefits from the efforts of ANA.

Table 34. Frequency Distribution According to Type of Employing Agency of 80 Respondents Who Stated That They Had Received Direct Benefits From the Efforts of ANA According to Category of Benefits Received.

Type of Employing Agency	Category of Benefit Received By Efforts of ANA			
	Economic Security	Education	Status	Programs
Community College	3	0	0	0
Clinic or Doctor's Office	4	0	0	0
Hospital (6) (12)				
Government-Non Federal				
County and Hospital District	9	1	0	0
Government-Federal				
Veterans' Administration	7	6	1	0
Voluntary Non-Profit				
Church Related or Operated	14	2	0	0
Other Non-Profit	17	0	2	0
Nursing Home	3	0	0	1
Public Health Department	3	1	0	1
School System	3	0	0	0
Other				
Industrial	1	0	0	0
Private Duty	0	1	0	0
Sub total	64	11	3	2
Total		N = 80		

Economic Security Benefits were given as the Major Benefit received by the Efforts of ANA by 64 registered nurses employed in all the various Types of Employing Agencies represented in this study, except the one Private Duty Nurse.

Tabulation of data of the 3 ANA members and 15 nonmembers who said they had not received benefits according to type of position was done.

Table 35. Frequency Distribution According to the Type of Position in Nursing of Responses Given by 3 ANA Members and 15 Nonmembers Who Said They Had Not Received Any Benefits From the Efforts of ANA.

Type of Position in Nursing	Distribution of Respondents		
	Member	Nonmember	Total
Nursing Education	0	0	0
Nursing Service Administration	0	1	1
Head Nurse	1	4	5
General Duty Staff Nurse	2	10	12
Office Nurse	0	0	0
Private Duty	0	0	0
School Nurse	0	0	0
Industrial Nurse	0	0	0
Total	3	15	18

Of the 18 nurses who said that they had not received any benefits from the efforts of the American Nurses' Association, 67 percent of them were General Duty Staff Nurses, 28 percent were Head

Nurses, and 5 percent were in Nursing Service Administration. Eighty-three percent of the 18 respondents who said that they had not received any direct benefits from the efforts of ANA did not belong to the American Nurses' Association, and 17 percent of them were ANA members.

The General Duty Staff Nurse Group appears to be the group least satisfied with the efforts of ANA, and the majority of them were nonmembers which may have been a way of showing this dissatisfaction.

The data were further tabulated to determine the type of agency in which the respondents who said that they had not received any benefits from the efforts of ANA were employed.

Table 36. Frequency Distribution According to Type of Agency by Which Employed of Three ANA Members and 15 Nonmembers Who Said That They Had Not Received Any Direct Benefits From the Efforts of ANA.

Type of Agency	Distribution of Respondents		
	Member	Nonmember	Total
Community College	0	0	0
Clinic or Doctor's Office	0	0	0
Hospital (6) (12)			
Government-Non Federal			
County and Hospital District	0	2	2
Government-Federal			
Veterans' Administration	1	4	5
Voluntary Non-Profit			
Church Related or Operated	1	3	4
Other Non-Profit	1	4	5
Nursing Home	0	2	2
Public Health Department	0	0	0
School System	0	0	0
Other	0	0	0
<b>Total</b>	<b>3</b>	<b>15</b>	<b>18</b>

Eighty-nine percent of the registered nurses who said that they had not received any direct benefits from the efforts of ANA were employed in hospitals, and 11 percent were employed in nursing homes.

Two nonmembers of ANA said that they did not know whether they had derived any direct benefits from the efforts of ANA. One was employed in a nursing home and the other in the Federal Government Hospital.

The next group of questions were related to the opinions of the respondents in this study to the Effectiveness and Ineffectiveness of the Principal Programs of the professional nursing organization, the ANA.

Table 37. Frequency Distribution and Percent of Responses to Question About Most Effective Program of ANA of 50 ANA Members and 50 Nonmembers.

Program of ANA	Distribution of Respondents					
	Member		Nonmember		Total	
	Number	Percent	Number	Percent	Number	Percent
Economic Security	19	38	12	24	31	31
Education	24	48	21	42	45	45
Insurance	0	0	2	4	2	2
Legislation	4	8	2	4	6	6
Other						
AJN	1	2	0	0	1	1
Unable to Answer	2	4	13	26	15	15
Total	50	100	50	100	100	100

Forty-five of the 100 respondents in this study answered that the Education Program, including Workshops and Clinical Conferences, was the most effective program of the professional nursing organization. Thirty-one stated that Economic Security was the most effective program, with six saying that they thought that the Legislative Program was most effective. Only two said that Insurance was the most effective. It is of interest to note that each member of the Washington State Nurses Association has a \$500 life insurance policy with double indemnity as part of his or her membership benefit, yet not one respondent who was a member mentioned this when this question was asked and programs were listed. One nurse who belonged to ANA mentioned the official organ of the American Nurses' Association, the American Journal of Nursing, as the most effective program. Fifteen of the 100 respondents were unable to answer the question.

Typical answers given for each program as being most effective by members of ANA and nonmembers are:

Education. Responses given by ANA members:

"Satisfying. Good basic information to others who have limited time."

"Through education of members, we get programs open to us."

"I have learned so much. Helpful."

- "Helps improve patient care. Self-betterment."
- "Gain more knowledge about how work is done in different hospitals."
- "It helps nurses on their jobs."
- "Evident. It upgrades the nurse and the profession."
- "It helps keep us interested in studying and improving our nursing ability."
- "It gets to the individual nurse if she avails herself."
- "Working to get more help for nurses."
- "It reaches more people. More can benefit from it and more can go."
- "More is done in this area."
- "Without it, the rest is not possible. You grow through knowledge."
- "I improve my knowledge."
- "It helps you to keep up with the times, standards and knowledge."
- "Helps improve knowledge of nursing."
- "Educate people. Other things follow as we educate others."
- "Updated."
- "Chance to be better informed."
- "Gives nurses answers to things she needs to know."
- "They are doing more. It is beneficial."
- "Different views, opinions are given. Attended by those from outlying areas."



"Educational programs upgrade nurses. "

"The Clinical Conferences go a long ways with bringing you up to date. "

Nonmembers gave the following responses:

"Workshops offer all nurses much more. We are better nurses. "

"Through workshops and the publications we derive knowledge. "

"To start you need a good educational background. "

"It is of more value to each nurse. "

"It is to our advantage to learn. "

"It benefits the individual nurse. "

"With the latest information, it updates us. "

"It upgrades nurses who can't go to school. "

"Get more as an individual. "

"It is more directly concerned with nursing. Upgrades. "

"It upgrades the nurse. "

"I like to learn new things. "

"It upgrades you. It broadens your education. "

"It is my prime interest. "

"It covers a great many people. "

"It upgrades the nurse. "

"It keeps you up to date. "

"It updates the working nurse. "

"You get new ideas. Upgrades."

"It does more."

"The nurse updates her practice."

These responses indicate that the respondents feel that the Education Program of the Association helps them in their actual nursing practice.

The responses of those nurses who felt that Economic Security was the most effective ANA program follow. Members responses were:

"Factor increased membership."

"We are not covered under a contract. We wouldn't get benefits without WSNA bargaining. Our hospital follows the rest."

"From my short membership time, this is what is evident."

"Nurses are always talking about it."

"Nurses want adequate reward for efforts."

"More nurses work on it. More interest."

"It helped to raise economic standards, hours, days, salaries, prestige and status."

"It gives nurses something to build on and look forward to."

"It is the means of making a living."

"Because of contract."

"Reasons stated above. More money at this hospital."

"Tangible benefit. "

"Nurses have been at the bottom of the payroll scale. It is a drawback to nursing. Unfairness, low man on totem pole. "

"Nurses are trying to better their economic status, to remain professional and to get benefits. "

"It has brought nursing standards up to be professional and not domestic help. "

"Do have benefits above, eight-hour nursing, salaries, better vacation time, sick leave. "

"Everyone is interested in their wages, first and foremost. "

"Improved working conditions. "

"Wage increases. "

ANA nonmembers gave the following reasons why they thought that the Economic Security Program was the most effective ANA program:

"It covers more nurses. "

"Because of what I have gotten, added vacation. "

"More security. "

"You are more secure in your job. "

"Nurses are prone to give work. They would not be apt to ask for more wages if not for Economic Security. "

"Because of bargaining power. "

"Better salaries. "

"We see and feel the results of it. "

"It is not as effective as could be. "

"We have gone a long way the past 15 years in salaries and benefits. "

"I have heard about it. "

"I am looking for security. Individual realization. "

These responses indicate that these nurses get something tangible in improved working conditions, pay, and other factors because of the Economic Security Program.

The members who thought that the Legislative Program was the most effective ANA program gave the following reasons why they thought this way:

"Helps to curb L. P. N. and Aides. "

"Recent legislation-traineeships. "

"I have served on the local and state legislative committee. "

"I hear it discussed more. I am more aware of it. "

The nonmembers gave the following reasons:

"Hear the most from. "

"It protects us. "

The two nonmembers who gave Insurance as the most effective program gave the following reasons:

"The malpractice insurance is good and reasonable. "

"The liability insurance. "

The member who gave the AJN as the most effective program gave as her reason, "It helped me in coming back" (to work in nursing).

Two members did not feel well enough informed to answer the question, and 13 nonmembers said that they were unable to answer or to give an opinion.

The respondents were next asked to give their opinion as to which ANA program was the least effective and why they felt this way.

Table 38. Frequency Distribution and Percent of Responses to Question About Least Effective Program of ANA of 50 ANA Members and 50 Nonmembers.

Program of ANA	Distribution of Respondents					
	Members		Nonmembers		Total	
	Number	Percent	Number	Percent	Number	Percent
Economic Security	9	18	10	20	19	19
Education	3	6	0	0	3	3
Insurance	18	36	16	32	34	34
Legislation	13	26	7	14	20	20
Other						
ANA too far removed	1	2	0	0	1	1
No answer or unable to answer	6	12	17	34	23	23
<b>Total</b>	<b>50</b>	<b>100</b>	<b>50</b>	<b>100</b>	<b>100</b>	<b>100</b>

Thirty-four of the 100 respondents in this study gave Insurance as the least effective program of the Association.

The responses given by ANA members why they gave this

opinion were:

"Insurance is available through other sources. "

"I don't hear much about it. "

"Nurses have a tendency to take care of their own. "

"I have it elsewhere, at my and my husband's places  
of employment. "

"The average professional woman should manage her  
own insurance. "

"Insufficient coverage. I can get better insurance  
through the education association. "

"Members have insurance through their own employment  
and husband's employment. "

"Not many are taking advantage. "

"I can get insurance other ways than through ANA. "

"I can't see the insurance. Retirement. "

"I am not interested. I have other insurance. "

"You can take it out privately. "

"I have so many other insurances. "

"I can get it elsewhere. "

"Most people have their own insurance security. "

"I know least about it. "

"You can get better insurance elsewhere. "

"Most nurses have insurance or with husband. "

Nonmembers gave the following reasons why they thought that the Insurance Program was the least effective:

"I haven't heard anything, lack of knowledge."

"I don't know about it."

"I don't know what they are."

"I can get it elsewhere, not interested."

"I can get insurance elsewhere."

"I can't think of any."

"If anything happens, you are on your own."

"I haven't had much protection. I don't know too much."

"I don't know about it."

"I can get it elsewhere."

"I get it through my husband's coverage."

"I am not aware of insurance."

"No one has said anything."

The responses of both members and nonmembers indicate that they are not looking to the professional nursing organization to provide insurance coverage for them. They appear to feel that this type of protection can be obtained through other means.

Twenty percent of the respondents said that they thought that the Legislative Program was the least effective. Members gave the following responses why they felt this way:

"Too many garbled messages, HB 199. "

"It is difficult for nurses to put through a bill pleasing to nurses and the public. "

"It does not affect us as much as education and economic security. "

"The nurses have not gotten through as much as they should have. "

"I am not interested in it. "

"Nobody is interested except lawyers. "

"Several of our bills were not successful. L. P. N. 's got bills through and approved. "

"Do not do enough. The practical nurses are giving shots. "

"Nurses don't know enough. We will grow as we grow as a profession. "

"I am not politically-minded. "

"Not often is anything done to improve the R.N. situation. "

"I don't understand it. "

"I haven't kept up. Maybe I don't know. Nurses are nurses. They can't fight this battle. "

The nonmembers gave the following reasons why they thought that the Legislative Program was the least effective:

"They are not doing what should be done. The L. P. N. 's are giving medications. When will they take over?"

"The State Nurses Association has not really attempted a full program. Should promote better working conditions. "



"We don't get behind it. Apathy on the part of nurses. "

"I haven't heard of anything they have done. "

"L. P. N. 's are getting further. They push. R. N. 's are too slow. They would move faster with qualified people. "

"We don't get together enough. We are not forceful enough. "

"It is dull, people hear, turn and run. I don't know anything about it. "

These responses indicate that these nurses were not informed about issues in legislation that the State Nurses Association had been promoting. Apparently they were not particularly interested in legislative matters, or aware of the implications of licensing laws.

Nineteen percent of the respondents in this study expressed the opinion that the Economic Security Program was the least effective. ANA members gave the following reasons why:

"It is least spoken of among members. "

"We don't have enough members to have proper representation. "

"I don't need it. I am not supporting anyone. "

"In some places of employment there are pensions and health insurance. This is lacking in institutional nursing. "

"I don't have security for the retirement period of my life in the type of agency I work for. "

"We have more benefits where I work. I have retirement and social security benefits. We can't have

a contract."

"If we have other things, we will get that."

"Because it doesn't affect me personally." (VA)

"There seems to be other forces more effective than ANA. They are not accepted. Our school board couldn't. It depends on the leader."

Nonmembers gave the following reasons:

"In our area little has been done."

"Nurses are paid poorly."

"It doesn't help when needed. It falls short, secretive."

"The government regulates mine." (VA)

"They are using the wrong approach."

"The Nurses Association is not doing an effective job. Not meeting the needs of nurses. Nurses don't know their needs. Lack of motivation."

"Should go at it more hammer and tongs. Should be statewide."

"Not doing an effective job. No retirement plan."

"Not doing a very good job."

"I am not deriving any benefit. I am not getting the help I needed in my position."

The majority of respondents who do not think that the Economic Security Program is effective appeared to feel that not enough was being done and that many things were lacking in providing the employed registered nurse with the benefits she thought she should

have, such as a retirement plan.

Three respondents who belonged to ANA thought that the Education Program was the least effective. Their responses were:

"On the local level, there is nothing. Lagging."

"Not enough of them. Not beamed to my particular specialty. The League is better. AJN helps."

"I am an office nurse. Programs are geared to the hospital nurse."

None of the nonmembers gave the Education Program as the least effective.

One member said "ANA is too far removed to be meaningful."

Twenty-three of the 100 respondents in this study said that they were unable to answer the question in regard to the least effective ANA program. Six of them were ANA members, and 17 of them were nonmembers. The majority of the 23 respondents said that they did not feel qualified or did not know enough to answer.

The next question asked was in regard to whether or not the respondents were in favor of the proposed structure change of the American Nurses' Association.

Table 39. Frequency Distribution of the Responses of 50 Members of ANA and 50 Nonmembers Regarding Their Opinion of the Proposed Structure Change in ANA.

ANA Membership Status	Category of Response				Total
	Yes	No	Undecided	Unable to Answer	
Member	6	0	0	44	50
Nonmember	2	0	1	47	50
Total	8	0	1	91	100

Ninety-one of the 100 respondents in this study were unable to answer this question. Six nurses or 12 percent of the members said "yes," as did 4 percent of the nonmembers. None of the respondents said "no." One nonmember said that she was undecided. The ANA members appeared to be as poorly informed about the proposed structure change in ANA as the nonmembers because 88 percent of the ANA members and 94 percent of the nonmembers were unable to answer this question.

ANA members who were in favor gave the following reasons why:

"I don't know."

"I can't remember details."

"I didn't dislike anything."

"I want to support the organization."

"We can't stay with old trends, must move."

"In order to advance changes should be made for the benefit of growing needs of the profession."

The two nonmembers gave the following reasons:

"Would make you feel closer to ANA."

"I am aware of them."

The one nonmember who was undecided said, "Idea of nurses working together instead of in groups is good. It won't work until nurses are more sophisticated. In order to promote understanding between areas, work needs to be done fast."

The 91 respondents who were unable to answer said that they did not know about or were not familiar with the proposed changes. This appears to indicate that the nurses on the "grass roots" level are not aware of or informed about the change in structure that would affect every nurse who belongs to the American Nurses' Association.

The next question attempted to find out whether or not the nurses in this study have used the services that are available through the Washington State Nurses Association. In tabulating the data, the investigator found that 38 of the 50 members in this study had not used any of the services at all, and 39 of the 50 nonmembers had not used them. The reason why was not asked. One would wonder if the members were aware that these services are available to them as part of their membership benefits.

Table 40. Frequency Distribution of Services of the Professional Nursing Organization Used by 12 ANA Members and 11 Nonmembers.

Service	Distribution of Respondents		
	Members	Nonmembers	Total
Compilation of Professional Biography	7	10	17
Counseling Service	2	1	3
Loan Fund	0	0	0
Placement Service	6	2	8
Scholarship	0	0	0
Total	15	13	28

Seventy-seven of the 100 respondents in this study had not used any of the services at all. Two ANA members who were Nursing Service Directors said that they had used the Placement Service to find nurses for employment and one nurse had used it through the Registry. It is apparent that registered nurses who belong to the American Nurses' Association do not make use of available services.

The next information elicited was in regard to what association activities on the National, State and District level in which the 100 respondents in this study had participated. The tabulation of data showed that 37 of the members and 9 of the nonmembers had participated in some way in one or more activities in question.

Seventy-four percent of the current ANA members in this study had participated in the activities of the professional organization.

Eighteen percent of the current nonmembers had participated.

Thirty-five of the current nonmembers had belonged to ANA previously. Forty-eight percent of the 100 respondents in this study had participated in some form of organizational activity. Kurtz and Flaming found in the study done in Nebraska of 98 General Duty nurses that only 25 percent of the nurses had participated in organizational activity.

Table 41. Frequency Distribution of ANA, SNA, DNA Activities that 37 Current ANA Members and 9 Nonmembers Had Participated in at Some Time.

Professional Organization Activities	Distribution of Respondents		
	Members	Nonmembers	Total
American Nurses' Association			
Board Member	0	0	0
Committee Member	0	1	1
Section Officer	0	0	0
Section Committee	0	0	0
Convention	9	0	9
State Association			
Board Member	3	0	3
Committee Member	10	2	12
Section Executive Committee	4	0	4
Section Committee	5	2	7
Convention	31	7	38
District Association			
Board Member	24	3	27
Committee Member	31	5	36
Section Officer	14	4	18
Section Committee	23	3	26
Total Number of Activities Participated In	154	27	181

The ANA level activity that the respondents in this study had participated in was attendance at a convention of the American Nurses' Association by nine members, and one nurse now a non-member served on an ANA committee. A total of 64 State activities and 107 District activities were participated in by the respondents in this study.

The data were further tabulated to find out in which type of position in nursing the participants in the above mentioned activities were currently employed.

Table 42. Frequency Distribution of Responses According to Type of Position in Nursing and Activities in the Professional Nursing Organization on the National, State and District Level in Which Respondents in This Study Have Participated.

Position in Nursing	Category of Responses According to Level of Activity			
	ANA	SNA	DNA	Total
Nursing Education	1	4	4	9
Nursing Service Administration	5	11	10	26
Head Nurse	1	7	5	13
General Duty	2	11	13	26
Clinic or Office Nurse	0	0	2	2
Private Duty	0	0	1	1
School Nurse	1	3	3	7
Occupational Health (Industrial Nurse)	0	1	1	2
Total of Respondents Who Participated	10	37	39	86



Percentage of respondents participating in each occupational group included 100 percent of those in Nursing Education, Private Duty, School Nursing and Occupational Health. Eighty-six percent of the respondents in Nursing Service Administration (12) had participated in organizational activity. Forty-one percent of the Head Nurses (7) in this study had participated, while 29 percent of the General Duty or Staff Nurses (16) had done so. Fifty percent of the Clinic or Office Nurses (2) had participated. This shows that the nurses engaged in Nursing Education and Nursing Service Administration participate more actively in the activities of the organization than do nurses in other levels in nursing positions. This makes one wonder if the same opportunity for participation is available to the nurses on other levels.

The General Duty Nurses in this study showed a slightly greater percentage (29 percent) of participation in organizational activity than did the nurses in Kurtz and Flaming's study in Nebraska in which 25 percent participated.

The respondents in this study who said that they had not participated in any activities of the organization were further asked if they had ever been asked or volunteered to participate in any of the before mentioned activities.

Table 43. Frequency Distribution of Responses of 13 ANA Members and 41 Nonmembers Who Had Not Participated in Any Activities of ANA, SNA or DNA in Answer to Whether They Had Ever Been Asked or Volunteered to Do So.

ANA Membership Status	Distribution of Responses		
	Yes	No	Total
Member	6	7	13
Nonmember	3	38	41
Total	9	45	54

Seventeen percent of the total number of nonparticipants had been asked or volunteered to participate while 83 percent had not. Forty-six percent of the current ANA members in this study who had not participated had been asked or volunteered while 54 percent of them had not. The reasons behind this apparent lack of interest were not sought.

The next question related to activity in the professional organization was in relation to the number of District Meetings the respondents in this study had attended the year previous to this survey. There were nine meetings held during the time in question. Eighty-nine members attended a total of 204 meetings, but 11 members did not attend any. Three nurses who lived 68 miles away from the usual meeting area said that they were unable to attend because of the

distance. Fourteen nonmembers attended 33 district meetings last year. Thirty-six nonmembers did not attend any meetings.

The last question asked was in relation to the nurses' opinions as to whether they would rather have a union represent their nursing interests than the professional nursing organization.

Table 44. Frequency Distribution of Responses of 50 Current ANA Members and 50 Nonmembers to the question, "Would You Rather Have a Union Represent Your Nursing Interests Than Your Professional Nursing Organization?"

ANA Member- ship Status	Category of Response							
	Yes		No		Undecided		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Member	3	6	45	90	2	4	50	100
Nonmember	4	8	44	88	2	4	50	100
Total	7	7	89	89	4	4	100	100

Eighty-nine of the 100 respondents in this study said that they would not want a union to represent their nursing interests instead of their professional nursing organization. Seven said that they would, while four were undecided. Ninety percent of the ANA members said "no," as did 88 percent of the nonmembers. Despite the fact that half the nurses in this study did not belong to ANA, they appeared to feel strongly about the professional organization being their spokesman when it came to nursing.

The members who said that they would rather have a union

represent their nursing activities gave the following responses:

"Unions have done wonderful work for the ordinary common people. More than the nursing organization has done to help nursing. The organization is interested in dues."

"People who are professional members understand and know problems."

"Unions are used to bargaining. Our organization isn't."

The nonmembers who said that they would rather have a union represent them said:

"I think that nurses are of a quality and caliber that they don't like to push people around. They care more. Unions have more experience to push bills and protect us."

"We would be stronger in a union. I don't believe in striking. The nursing profession shouldn't."

"We would get more benefits out of union membership. As long as it wasn't the Teamsters. There's nothing wrong with AFL." (American Federation of Labor)

"Get a union and get more money if we are not going to be professional. Nurses had to determine to place us where we are not professional. Educational requirements are getting less, 2-year schools."

The members who were undecided as to whether they would want a union to represent their nursing interests instead of the professional nursing organization said:

"Union would make advantages, 'yes.' Risk of losing something, 'no.'"

"In unions strictly speaking, members don't have much to say. Nursing bargaining is better."

Nonmembers who were undecided made the following responses:

"Only difference - we are not compelled here. Nurses are in some states, then no difference."

"I would have to look into a union to see how a union would represent nurses differently."

The ANA members who said that they would not want a union to represent their nursing interests instead of the professional nursing organization gave the following reasons why they felt this way:

"Don't approve of union methods-strong arm tactics, strikes."

"Union wouldn't be professional."

"Professional people should handle their own business through their professional organization."

"As professional people we can represent ourselves. We lose status when lay people represent us."

"Nurses don't strike. If they do they are not the right type of nurse."

"The organization should be made up of nurses who should be able to take care of themselves."

"If we are the profession of nursing, professions do not rely on union activity to obtain goals."

"I don't care for unions - radical. Nursing should stay in the nurses' hands."

"Outside union wouldn't know nursing problems. We are capable of handling our own affairs. We wouldn't be professional if we strike."

"The association has done a good job."

"It is not professional to have a union represent us. We have our own organization."

- "I am not on that level. I am professional." I want ANA to represent me. We'd lose professional status with a union."
- "I don't think a union would have insight or understanding of nursing problems."
- "I wouldn't like to see nurses strike. We've gotten along without it."
- "A union couldn't represent nursing interests."
- "Our family is not union. An outside group would be terrible."
- "I am not interested in unions. There would be less likelihood of a union representing me as well. We'd lose control."
- "I don't go along with strikes."
- "We should have enough leadership in our own organization. We don't need outside factors."
- "Nursing is a profession. Unions strike. With professional integrity you cannot."
- "Union methods are not always methods of which I would approve. The profession should speak for itself."
- "Nursing representatives know more directly about nursing problems than union officials would."
- "I think it would be improper in the professional field of nursing."
- "I do not think it would be professional. With the type of people who lead unions, I'd rather not be associated with them."
- "ANA is doing as much as a union would do."
- "I don't believe in unions. I think you should get your job on ability and not on union standing."
- "The professional organization is doing an effective job."

- "Professional persons should represent the professional organization in lieu of nonprofessionals. Professional people know their own problems. "
- "I don't go for unions. Professional people can take care of their own business. "
- "Unions don't know what they are doing. "
- "I would rather stay the way we are. I am satisfied with the present way. "
- "I don't believe in unions. The association couldn't do anything for you if you left your job. It is a clique. "
- "We are professional people and should have a professional group represent us. "
- "The professional organization is an active organization. We don't need a union. "
- "The nursing organization should be run by nurses and not by unions. Unions are not professional. "
- "Nurses have more to say in the professional organization. Nurses understand nursing. Unions are more expensive. "
- "Lay people don't have any business telling professional people what to do. "
- "To me a union would have the say and we'd do what we were told to do. We are progressing and things are better. You would lose your professional standing. "
- "I do not think a union belongs in the nursing profession. "
- "The association is doing a good job. "
- "I don't believe in unions. As long as nurses stick by themselves without outside sources. Unions would envelope the organization. "

"The union as such has no place with individuals working in hospitals. It detracts from the profession."

"ANA understands the nurse and nursing problems. It is a strong point to belonging. Economic Security is not the sole aim of ANA."

"Because unions strike."

The nonmembers who said that they would not want a union to represent their nursing interests instead of their professional nursing organization gave the following reasons why:

"The professional nursing organization has the same basic principles and ideals that I have. I wouldn't want others to force policies I wouldn't agree with. We are safer with ANA."

"I don't believe in unions. We'd lose professional status."

"I am prejudiced against unions. The professional organization can do a better job."

"I don't think a professional group should strike. They should figure their problems out."

"Professional persons understand the needs of the profession better than lay persons."

"I don't like unions. They are past the stage of helping with problems, and are too powerful. The association does a better job than a union."

"I feel that unions don't work for the benefit of members, only for their employers. Unions today do little for people."

"The professional organization would know better how to represent me."

"Unions don't know anything about nursing."



- "ANA are professional persons with my own profession and know my interests. A union would hurt. "
- "I don't think a union should represent us. We are a profession. "
- "I don't believe in unions. I don't want strikes. "
- "The ANA knows more about nursing problems. "
- "The nursing organization knows what we need and how we would benefit. "
- "I disapprove of someone outside dictating. "
- "Unions are not professional. "
- "I don't need a nonprofessional party to tell me what I need. "
- "I don't care for unions. Union leaders wouldn't care if we strike. Unions make profits. Nurses have enough problems without union leaders. "
- "Unions don't belong in nursing. They would call strikes. "
- "ANA is a professional group and understands. Unions are not governed by professional people. "
- "ANA sounds better than a union. Unions get into hassles. They don't go with nursing. "
- "Unions are always going on strike. Nurses shouldn't. "
- "Unions would not be as aware of nurses' needs as an organization run by nurses. "
- "I think unions abuse their powers. "
- "Nurses would lose professional status. "
- "I don't believe in unions for professional people. "
- "We are professional people rendering a service. We can bargain and settle differences without a strike. "

"It is a profession and shouldn't be represented by a union.  
The professional organization should represent you."

"As professional people, it would lower our professional standards. Unions are less professional."

"I don't believe as a profession that a union would fit our needs. It would be less professional."

"We are a professional group. I am satisfied with the way things have been handled."

"Professional people should look after their own interests rather than bring outsiders in."

"I don't think nurses should belong to unions. Nurses couldn't strike anyway."

"I don't approve of union methods in nursing. Strikes would happen."

"I regard nursing as a profession, and I don't regard unions as professional."

"ANA is better. It sets you aside as professional. I think everyone should belong. I use the financial reason as a crutch. More would benefit and I think standards would be better if all nurses belonged."

"If we had an active district, it would be our bargaining agent. It is more professional."

"If there were a union that could improve nurses' status as well as economically. None now available. I think we have some inadequacies. Nurses have a narrow view about nurses participating in other organizations. Nurses appear unable to work with others for nursing, and to meet nursing needs. The State Nurses Association should welcome support from other professional organizations. They have limited views. A high caliber of people should be hired with a broad background."

"As a profession, I don't believe a union is what we want. It would detract from what we want. I have seen the effectiveness of the association bargaining."

"Not unions, but we need a high caliber organizer."

"Unions wouldn't be for nursing. The professional organization has improved conditions."

"Union wouldn't solve problems. They would increase."

"Professional people can handle their own organization. Nurses need a hired professional economic person to do an effective job."

"It wouldn't be professional."

The respondents who said that they did not want a union representing their nursing interests instead of the professional nursing organization had definite opinions about the responsibilities of professional people handling their own affairs. Respondents also appeared to be fearful that the stand of the American Nurses' Association against nurses striking would be put aside with a union representing nurses. The nurses also felt strongly about lay people telling professional people what to do. Eighty-eight percent of the non-members had strong statements to make in regard to not wanting a union to represent them instead of the professional nursing organization, yet they themselves were not members of the American Nurses' Association.

The purpose of this study was to find out why 50 employed registered nurses joined and 50 employed registered nurses did not

join the American Nurses' Association. The questions to which this study sought answers were:

1. Why do employed registered nurses belong to ANA?  
Why don't employed registered nurses belong to ANA?
2. Are there factors in the employed registered nurses' educational background that appear to influence her membership or nonmembership in the American Nurses' Association?
3. Are there factors present in the employed registered nurses' present employment situation that appear to influence her membership or nonmembership in the ANA?
4. What is the employed registered nurse's opinion of membership in ANA as a criterion of being considered a professional person?
5. What is the employed registered nurse's opinion of the effectiveness of ANA programs? What is the basis for this opinion?
6. What do employed registered nurses know about the proposed structure change in ANA?
7. What services offered by ANA, SNA and DNA have employed registered nurses used?
8. How active are employed registered nurses in the professional nursing organization?
9. Would employed registered nurses rather have a union represent them than the American Nurses' Association? Why?

The answers to the questions for which this fact finding study was undertaken have been obtained and reported in this chapter.

The summary of this study, conclusions and recommendations are presented in Chapter IV.

## CHAPTER IV

## SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

This study was undertaken to attempt to determine why 50 employed registered nurses joined the American Nurses' Association and why 50 employed registered nurses did not join. Information elicited was based on the nine basic questions to which this study sought answers. These questions may be found in Chapter I under Purpose of the Study and repeated at the end of Chapter III.

An interview guide was constructed to achieve the purposes of this study. A pilot study was done to determine what changes were needed in the interview guide. Revisions were made and 14 employed registered nurses were interviewed. Results indicated that questions needed no further clarification. Necessary lists of members and nonmembers of ANA were obtained from the District Nurses Association and various health agencies in southwest Washington. The names of the participants were picked at random from these lists. All nurses who were contacted to participate in this study consented to do so. Interviews of 50 employed registered nurses

who were members of the American Nurses' Association and 50 who were not members were conducted.

Data from the interviews were tabulated and the findings revealed that:

1. In answer to the first question under Purposes of the Study, related to why employed registered nurses belong or do not belong to the American Nurses' Association, the following categories of reasons were given by respondents. The members gave reasons why they belonged in the following categories: Professional Responsibility (40 percent), Economic Security Benefits (30 percent), Mandatory (12 percent), Social Aspects (4 percent), and Miscellaneous (14 percent). The nonmembers in this study gave reasons why they did not belong in the following categories: Financial Reasons (54 percent), Lack of Interest or Motivation (34 percent), Criticism of the Association and Programs (12 percent).

2. The second question dealt with factors in the employed registered nurses' educational background that appeared to influence her membership or nonmembership in the American Nurses' Association. The ANA member group had been graduated from their schools of nursing an average of almost 26 years, while the non-member group was a younger group, having been graduated from their schools of nursing an average of 16 years. In the ANA member

group in this study, 19 respondents or 38 percent of the group were graduates of schools of nursing in Washington, followed by graduates from Oregon and Minnesota with seven each, or 14 percent for each state. In the nonmember group, 24 nurses, or 48 percent of the group had graduated from schools of nursing in Washington, followed by 11 nurses, or 22 percent, from Oregon schools. In respect to the amount of education, 100 percent of the respondents in this study with Master's degrees were members, 57 percent of those with Baccalaureate degrees were members, 49 percent of those who were Diploma graduates belonged to ANA. None of the Associate in Arts degree graduates in this sample was a member. Thirty-six respondents or 72 percent of the member group were graduates of Church operated or controlled schools of nursing, while 39 nurses or 78 percent of the nonmember group were. Nine in number, or 18 percent of the ANA member group were graduates of Tax-supported schools, and six or 12 percent of the nonmember group were. Five nurses or 10 percent of the member group were graduates from private schools, and five or 10 percent of the nonmember group were. The majority of members and nonmembers from Church operated or controlled schools were from those under Catholic auspices. Seventy-six of the 100 respondents in this study said that they had received encouragement to join the professional nursing

organization when they were basic students. Forty nurses or 80 percent of the current members and 36 nurses or 72 percent of the nonmembers said that they had received such encouragement. Forty-three or 59 percent of the respondents who had received such encouragement said that they had received it from their nursing instructors. Sixty-eight of the 100 respondents in this study said that the members of the nursing faculty in their schools of nursing were members of the professional nursing organization. Forty-six of the 100 respondents in this study said that they belonged to the professional nursing organization as new graduates, while 53 said that they did not. Those who belonged as new graduates to ANA gave reasons in the following categories: Professional Responsibility, Influence of School, Mandatory, and Gift of Membership. The 53 respondents who did not belong as new graduates to the professional nursing organization gave the following categories of reasons: Lack of Interest or Stimulus, Personal Expense, Entered Military Service, and Return to School.

3. The next question sought to find factors in the employed registered nurse's present employment situation that would appear to influence her membership or nonmembership in ANA. The types of agencies in which the 100 respondents in this study were employed included: 76 in hospitals, 7 in nursing homes, 5 in a public health



department, 4 in clinics or doctors' offices, 3 in a community college, 3 in the school system as school nurses, 1 in an industrial plant and 1 private duty nurse. Thirty-seven of the respondents or 49 percent of the nurses in this study who worked in hospitals belonged to ANA. Eighteen nurses, or 56 percent of the nurses employed in hospitals under governmental control belonged to ANA, while 19 nurses or 43 percent of the nurses in this study who were employed in voluntary non-profit hospitals belonged to ANA. One-hundred percent of the nurses working in the public health department and the nursing department of the community college belonged to the ANA. Two of the four nurses in this study who worked in clinics or doctors' offices belonged to ANA. One-hundred percent of the registered nurses engaged in Nursing Education belonged to ANA, while 79 percent of those in Nursing Service Administration belonged. Forty-one percent of the Head Nurses and 43 percent of the General Duty Nurses in hospitals and staff nurses in other agencies belonged to the professional nursing organization. Eighty-two of the respondents in this study were employed on a full-time basis. Forty-four nurses or 88 percent of the ANA members were employed on a full-time basis, and 38 or 76 percent of the non-members were full-time employees. Forty-one of the 100 respondents in this study said that ANA membership was discussed

with them when they were hired in the agency where they were currently employed, and 58 said that it was not discussed. Eighty-six of the 100 respondents said that they were hired by a registered nurse while 14 said that they were not. Seventy-nine, or 92 percent of those respondents who said that they were hired by a registered nurse said that the R. N. who hired them was a member of the American Nurses' Association. Twenty respondents or 40 percent of the current members said that they were members of ANA when they were hired in the agency where they now worked. Six nurses or 12 percent of the nonmembers belonged to ANA when they were hired in the agency where they were now employed.

4. In response to the employed registered nurses' opinion of membership in ANA as a criterion of a registered nurses being considered a professional person, 65 of the 100 respondents in this study said that they did believe that it was a criterion of professional status. Forty-one or 82 percent of the members and 24 nurses or 48 percent of the non-members said that they thought membership in ANA was a criterion of professional status.

5. The next question was related to the registered nurse's opinion of the effectiveness of ANA programs and the basis for their opinions. Eighty of the 100 respondents in this study said that they had derived direct benefits from the efforts of the American Nurses'

Association, 15 said that they had not, and 2 did not know. Of the 80, 47 were ANA members and 33 were nonmembers. The categories of benefits that the respondents said that they had received from the efforts of ANA were: Economic Security (80 percent), Educational (14 percent), Improved Status (4 percent), and Programs and Services (2 percent). Nurses from all levels of positions gave Economic Security as the direct benefit they had received (exception was the Private Duty Nurse). The 18 nurses who said that they had not received any benefits from the efforts of ANA were General Duty or Staff Nurses (67 percent), Head Nurses (28 percent), and Nursing Service Administration (5 percent).

In answer to the question as to which program of the ANA the respondents thought was doing the most effective job, the answers are as follows: Education (45 percent), Economic Security (31 percent), Legislation (6 percent), Insurance (2 percent), and Other (American Journal of Nursing) (1 percent). Members and nonmembers followed the same order as the above percentages for the total respondents in this study. Fifteen of the 100 respondents were unable to answer this question.

In answer to the question related to which program of ANA was least effective, the answers of the respondents were as follows: Insurance (34 percent), Legislation (20 percent), Economic Security

(19 percent), Education (3 percent), and Other (ANA is too far removed) (1 percent). Both members and nonmembers gave Insurance first place as the least effective program. Members gave Legislation second place, while nonmembers gave Economic Security second place. Third place was Economic Security for members, and Legislation for nonmembers. Education was given as least effective by three members. Twenty-three respondents were unable to answer this question.

6. The next question was related to what respondents knew about the proposed structure change in ANA. Eight respondents said that they were in favor, one was undecided, and 91 were unable to answer the question because they were not aware of or were not informed about the proposed changes. Six members and two nonmembers said that they favored the proposed changes. Eighty-eight percent of the ANA members and 94 percent of the nonmembers were unable to answer the question.

7. Information was elicited about what services offered by ANA, SNA, and DNA that the respondents had used. In regard to the usage of services available through the professional nursing organization, 77 of the 100 respondents in this study said they had not used any of them. Thirty-eight or 76 percent of the members and 39 or 78 percent of the nonmembers said they had not used any of the

services,

8. The next question was related to the activities of the employed registered nurses in the professional nursing organization. Forty-six respondents in this study, including 37 members and 9 nonmembers, had participated in some activity. These included 10 ANA activities, 64 SNA activities, and 107 DNA activities. The data further showed that 100 percent of those in Nursing Education, Private Duty, School Nursing, and Occupational Health had participated in some form of organizational activity. Eighty-six percent of those in Nursing Service Administration, 41 percent of the Head Nurses, 50 percent of the Office Nurses, and 29 percent of the General Duty or Staff Nurses had participated in the activities of the professional nursing organization.

9. The last question related to whether employed registered nurses would rather have a union represent them than the American Nurses' Association. Seven percent of the respondents said that they would, 4 percent said that they were undecided, and 89 percent said that they would not. Ninety percent of the member group, and 88 percent of the nonmember group said that they would not want a union to represent their nursing interests.

### Conclusions

The findings of this study have led to the following conclusions:

1. The ANA member group in this study appeared to have a greater commitment to nursing than the nonmember group in that they had been graduated from their school of nursing longer, had worked in nursing longer, and had belonged to ANA longer than the nonmember group.
2. The problem of persuading new graduates to belong to ANA was evidenced in this study, as less than half the respondents said that they joined ANA as new graduates.
3. It would appear that an area for major emphasis in the District's next membership drive might be directed toward membership promotion in the non tax-supported health agencies.
4. A greater commitment to nursing shown by belonging to the professional nursing organization was found in those engaged in Nursing Education, followed by those in Nursing Service Administration. There was little difference between the Head Nurse and General Duty or Staff Nurse groups.
5. Registered Nurses who are in the capacity of hiring other R. N. 's apparently are disregarding the ANA Nursing Service Administration Section Statement regarding the Nursing Service Director's responsibility for promotion of membership in ANA.

6. Since nonmembers mentioned that they were not aware of any partial plan for payment of dues, and one is available in the District, it appears that the District Membership Committee has not done an adequate job of making this information known to prospective members.

7. Since Education was regarded as the most effective ANA program, and since the nurses in this study appeared to be poorly informed about programs, benefits of membership, and activities of the professional nursing organization, it might be well for District Program Committees to give some thought about some programs geared to educating the nurses about programs and activities of ANA, SNA and DNA.

8. Since an overwhelming majority of the nurses in this study said that they felt that ANA membership was a criterion to their professional status, and this included 48 percent of the nonmembers, it would appear that this might be a good selling point in membership promotion.

9. It would appear that registered nurses on all levels of employment in nursing recognized the implications of the ANA, SNA Economic Security Program.

10. It would appear that the WSNA Economic and General Welfare Committee needs to investigate the membership's understanding

of the \$500 insurance policy which is a benefit of membership, and to study further the association's total insurance program.

11. That much study is needed to inform the members about the proposed Structure Changes in ANA before the 1966 ANA Biennial in San Francisco.

12. It may have been coincidental that 77 of the 100 respondents had not used any of the services mentioned in this study. Respondents may not have been aware that they had used some. Perhaps ANA, SNA, and DNA should investigate the possibility of dropping services for which there no longer appears to be a need.

13. Since the General Duty Nurses in hospitals and Staff Nurses in other health agencies participate least in organizational activities, there may be a need for study of personnel policies of nurses on this level of practice.

14. Since an overwhelming majority of respondents (89 percent) in this study did not want a union to represent their nursing interests, and this included 88 percent of the nonmember group, perhaps the importance of professional representation by the ANA and SNA should be emphasized in membership promotion.

15. The nurses in this study who were employed at the Federal Hospital gave the impression that they did not get any direct benefits from the professional nursing organization.



16. The members of the American Nurses' Association in this study did not appear to have become personally involved in the organization.

17. Perhaps too much emphasis has been put on membership promotion without a corresponding education of members regarding purposes, programs, services and benefits of membership in ANA, SNA, and DNA.

#### Recommendations for Further Study

The following recommendations for further study were made after consideration of the data obtained from this study:

1. This study could be repeated to determine if similar answers would be elicited from a sample of employed registered nurses in a District in a metropolitan area and one in a rural area in the state of Washington, or in another state.

2. A study could be done of Nursing Service Directors to determine their membership in ANA, their attitude toward membership promotion, and participation of their staff in activities of the organization.

3. A study could be done to determine what is included in the Curricula of Schools of Nursing, Baccalaureate, Diploma and Associate degrees, about the purposes, programs, services and

benefits of membership in ANA, SNA, and DNA.

4. A study could be done of General Duty Nurses in hospitals and Staff Nurses in other health agencies to find out how much opportunity nurses on this level have to participate in the various programs and activities of the professional nursing organization on the national, state and district level.

5. A study could be done to determine if those nurses who are faculty members in the various types of nursing programs belong to ANA, and to determine their attitude toward the professional nursing organization, and the extent of their participation in the organization.

6. A study could be done among nurses working in Federal Government Hospitals to determine if they belong to the ANA, and their expectations of the American Nurses' Association.

7. A study could be done of graduate nurses studying on the Master's level to find out if they belong, their involvement in, and their understanding of programs of the American Nurses' Association.

8. A study could be done of new graduates to determine if the new graduates belong to ANA under the new dues structure designed especially for them and to determine if they continue their membership when they are required to pay full dues.

9. A study could be done to determine just what it is that nurses expect from membership in ANA.

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## APPENDICIES

## APPENDIX A

## INTERVIEW GUIDE

1. a. Are you currently a member of the American Nurses' Association? Yes \_\_\_\_\_  
No \_\_\_\_\_
- b. Ask the following questions of the nonmembers:
  1. Have you ever been a member? Yes \_\_\_\_\_  
No \_\_\_\_\_
  2. Have you been asked to join ANA this year? Yes \_\_\_\_\_  
No \_\_\_\_\_
  3. By whom were you asked? \_\_\_\_\_
2. If a member, ask how did you pay your current dues?
  - a. To the district treasurer in full a. \_\_\_\_\_
  - b. To the district treasurer in divided payments b. \_\_\_\_\_
  - c. By payroll deduction c. \_\_\_\_\_
  - d. Other \_\_\_\_\_ d. \_\_\_\_\_
3. When did you graduate from your school of nursing? \_\_\_\_\_
4. a. In what state was your school of nursing located? \_\_\_\_\_  
b. If not in the United States, where was your school of nursing located: \_\_\_\_\_
5. What is the highest level of nursing education you have completed?
  - a. Associate in Arts degree a. \_\_\_\_\_
  - b. Diploma from Hospital School of Nursing b. \_\_\_\_\_
  - c. Baccalaureate c. \_\_\_\_\_
  - d. Masters d. \_\_\_\_\_
  - e. Other \_\_\_\_\_ e. \_\_\_\_\_
6. Under whose auspices was your school of nursing conducted?
  - a. Church controlled or operated a. \_\_\_\_\_
  - b. Private b. \_\_\_\_\_
  - c. Tax-supported c. \_\_\_\_\_

7. a. As a basic student were you encouraged to join the professional nursing organization when you became an R. N. ?
- Yes \_\_\_\_\_  
No \_\_\_\_\_  
Do not remember \_\_\_\_\_
- b. Who encouraged you? \_\_\_\_\_
- c. Were your instructors members of the professional nursing organization?
- Yes \_\_\_\_\_  
No \_\_\_\_\_  
Do not remember \_\_\_\_\_
8. a. Did you belong to the professional nursing organization as a new graduate?
- Yes \_\_\_\_\_  
No \_\_\_\_\_
- b. Why? \_\_\_\_\_ Do not remember \_\_\_\_\_
9. a. How many years have you worked in nursing? \_\_\_\_\_  
b. How many years have you belonged to ANA? \_\_\_\_\_
10. By which type of agency are you now employed?
- |                                    |          |
|------------------------------------|----------|
| a. Community College               | a. _____ |
| b. Doctor's office or Clinic       | b. _____ |
| c. Hospital (According to Control) | c. _____ |
| 1. Government (non-Federal)        | 1. _____ |
| a. County and Hospital District    | a. _____ |
| 2. Government (Federal)            | 2. _____ |
| a. Veterans Administration         | a. _____ |
| 3. Voluntary non-Profit            | 3. _____ |
| a. Church related or operated      | a. _____ |
| b. Other non-Profit                | b. _____ |
| d. Nursing Home                    | d. _____ |
| e. Public Health Department        | e. _____ |
| f. School System                   | f. _____ |
| g. Other _____                     | g. _____ |
11. What is your present position in nursing? \_\_\_\_\_
12. Are you employed?
- Full-time \_\_\_\_\_  
Part-time \_\_\_\_\_
13. a. Was membership in ANA discussed with you when you were hired?
- Yes \_\_\_\_\_  
No \_\_\_\_\_  
Do not remember \_\_\_\_\_
- b. Were you already a member at the time that you were hired?
- Yes \_\_\_\_\_  
No \_\_\_\_\_
- c. If not a member, were you encouraged to join?
- Yes \_\_\_\_\_  
No \_\_\_\_\_



d. What was the form of the encouragement? \_\_\_\_\_

e. Did you join at the time that you started your present job or shortly after? Yes \_\_\_\_\_

No \_\_\_\_\_

f. Was the person who hired you an R. N. ? Yes \_\_\_\_\_

No \_\_\_\_\_

g. If an R. N. , was this person an ANA member? Yes \_\_\_\_\_

No \_\_\_\_\_

Do not know \_\_\_\_\_

14. a. Why do you belong to ANA? \_\_\_\_\_

\_\_\_\_\_

b. Why don't you belong to ANA? \_\_\_\_\_

\_\_\_\_\_

15. a. Do you look upon membership in the American Nurses' Association as a criterion to your professional status? Yes \_\_\_\_\_

No \_\_\_\_\_

Undecided \_\_\_\_\_

b. Why? \_\_\_\_\_

\_\_\_\_\_

16. a. As an employed registered nurse, have you derived any direct benefits from the efforts of ANA? Yes \_\_\_\_\_

No \_\_\_\_\_

Do not know \_\_\_\_\_

b. If answer is yes, what are they? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c. If answer is no, why do you say this? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. a. Which program of ANA is most effective, in your opinion?

- |   |          |
|---|----------|
| 1. Economic Security                                  | 1. _____ |
| 2. Education, e. g. , Clinical Conferences, Workshops | 2. _____ |
| 3. Insurance  | 3. _____ |
| 4. Legislation  | 4. _____ |
| 5. Other _____  | 5. _____ |

Why? \_\_\_\_\_  
 \_\_\_\_\_

b. Which program of ANA is least effective, in your opinion?

- |                      |          |
|----------------------|----------|
| 1. Economic Security | 1. _____ |
| 2. Education         | 2. _____ |
| 3. Insurance         | 3. _____ |
| 4. Legislation       | 4. _____ |
| 5. Other _____       | 5. _____ |

Why? \_\_\_\_\_  
 \_\_\_\_\_

18. Are you in favor of the proposed structure changes in ANA?

- Yes \_\_\_\_\_  
 No \_\_\_\_\_  
 Undecided \_\_\_\_\_  
 Unable to answer \_\_\_\_\_

Why? \_\_\_\_\_  
 \_\_\_\_\_

19. What services available through the professional nursing organization have you used?

- |  |          |
|--|----------|
| a. Compilation of Professional Biography | a. _____ |
| b. Counseling Service                    | b. _____ |
| c. Placement Service                     | c. _____ |
| d. Loan Fund                             | d. _____ |
| e. Scholarship                           | e. _____ |
| f. Other _____                           | f. _____ |

20. In which of the following have you participated?

- |                      |          |
|----------------------|----------|
| a. ANA               | a.       |
| 1. Board Member      | 1. _____ |
| 2. Committee Member  | 2. _____ |
| 3. Section Officer   | 3. _____ |
| 4. Section Committee | 4. _____ |
| 5. Convention        | 5. _____ |

b. SNA

- 1. Board Member
- 2. Committee Member
- 3. Section Executive Committee
- 4. Section Committee
- 5. Convention

b.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

c. DNA

- 1. Board Member
- 2. Committee Member
- 3. Section Officer
- 4. Section Committee

c.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

21. If none of the above are checked, ask: Have you ever been asked or volunteered to participate in any of the above?

Yes \_\_\_\_\_  
No \_\_\_\_\_

22. How many district meetings did you attend last year? \_\_\_\_\_

23. Would you rather have a union represent your nursing interests than your professional nursing organization?

Yes \_\_\_\_\_  
No \_\_\_\_\_  
Undecided \_\_\_\_\_

Why? \_\_\_\_\_  
\_\_\_\_\_

## APPENDIX B

## COMPILATION OF RAW DATA

<u>Questions</u>	<u>Members</u> <u>(1-50)</u>	<u>Nonmembers</u> <u>(51-100)</u>
1. a. Are you currently a member of the American Nurses' Association?	Yes 50 No 0	0 50
b.		
1. Have you ever been a member? (ask of the nonmembers)	Yes No	35 15
2. Have you been asked to join ANA this year?	Yes No	33 17
3. By whom were you asked?		
a. By a member		25
b. By Nursing Service Director		5
c. Letter from Association		2
d. By Hospital Administrator		1
2. If a member, how did you pay your current dues?		
a. To district treasurer in full	37	
b. To district treasurer in divided payments	6	
c. By payroll deduction	6	
d. Other: Industry pays nurse's dues	1	
3. When did you graduate from your school of nursing? (Mean number of years)	25.98	16.06
4. a. In what state was your school of nursing located?		
Arkansas	0	1
California	2	2
Colorado	1	0
Idaho	1	1
Illinois	1	2
Iowa	2	1
Kansas	0	1
Minnesota	7	1
Montana	2	0
Nebraska	1	0

	Members (1-50)	Nonmembers (51-100)
New York	2	0
North Dakota	2	2
Ohio	1	1
Oregon	7	11
Pennsylvania	1	0
Washington	19	24
4. b. If not in the United States, where was your school of nursing located?		
Canada	1	3
5. What is the highest level of nursing education you have completed?		
a. Associate in Arts Degree in Nursing	0	5
b. Diploma from Hospital School of Nursing	37	39
c. Baccalaureate	8	6
d. Masters	5	0
6. Under whose auspices was your school of nursing conducted?		
a. Church controlled or operated	36	39
b. Private	5	5
c. Tax-supported	9	6
7. a. As a basic student were you encouraged to join the professional nursing organization when you became an R. N. ?		
Yes	40	36
No	7	10
Do not remember	3	4
b. Who encouraged you?		
Dean	1	0
Director of School	9	4
Instructor	23	32
Superintendent	4	0
Nurse in Registry	1	0
Do not remember	2	0
c. Were your instructors members of the professional nursing organization?		
Yes	30	38
No	1	0
Do not remember	19	12
8. a. Did you belong to the professional nursing organization as a new graduate?		
Yes	25	23
No	24	27
Do not remember	1	0

	Member <u>(1-50)</u>	Nonmember <u>(51-100)</u>
8. b. Why? "yes"		
Influence of School	3	1
Mandatory	3	3
Membership was gift	1	2
Professional responsibility	17	13
Canadian Nurses Association	0	3
c. Why? "no"		
Entered military service	3	0
Expense	1	5
Lack of interest or stimulus	17	18
Personal	4	4
Returned to school	0	1
9. a. How many years have you worked in nursing? (Mean number of years)	20.60	10.94
b. How many years have you belonged to ANA? (Mean number of years)	13.52	4.02
10. By which type of agency are you now employed?		
a. Community College	3	0
b. Doctor's Office or Clinic	2	2
c. Hospital (According to Control)	37	39
Government (non-Federal)	(8)	(4)
Government (Federal)	(10)	(10)
Voluntary non-Profit	(19)	(25)
d. Nursing Home	1	6
e. Public Health Department	5	0
f. School System	1	2
g. Other	1	1
11. What is your present position in nursing?		
a. Nursing Education		
Director of Nursing Education	1	0
Instructor or Coordinator	2	0
Director of Inservice Education	1	0
b. Nursing Service Administration		
Chief or Director of Nursing Service	5	1
Associate Chief of Nursing Service	1	0
Assistant Chief or Director of Nursing Service	2	0
Supervisor	3	2
c. Head Nurse	7	10
d. General Duty or Staff Nurse	24	32
e. Office or Clinic Nurse	2	2

		Member (1-50)	Nonmember (51-100)
11.	f. Private Duty	0	1
	g. Occupational Health (Industrial Nurse)	1	0
	h. School Nurse	1	2
12.	Are you employed?		
	Full-time	44	38
	Part-time	6	12
13.	a. Was ANA membership discussed with you when you were hired in your present position?		
	Yes	18	23
	No	31	27
	Do not remember	1	0
	b. Were you already a member at the time that you were hired?		
	Yes	20	6
	No	30	44
	c. If not a member, were you encouraged to join?		
	Yes	23	28
	No	7	16
	d. What was the form of the encouragement?		
	1. Pamphlets about ANA	0	1
	2. Application form	14	14
	3. Asked to join	0	1
	4. Expected to belong	1	0
	5. Invited to meetings	1	7
	6. Letter	0	2
	7. Talked to by members	5	0
	8. Went along and joined with others	1	0
	9. No answer	1	1
	e. Did you join at the time that you started your present job?		
	Yes	12	1
	No	18	43
	f. Was the person who hired you an R. N. ?		
	Yes	42	44
	No	8	6
	g. If an R. N. , was this person an ANA member?		
	Yes	38	41
	No	0	2
	Do not know	4	1
14.	Why do you belong to ANA?		
	Professional responsibility	20	
	Economic benefits	16	
	Mandatory	6	
	Social aspect	2	
	Miscellaneous	6	

		Member <u>(1-50)</u>	Nonmember <u>(51-100)</u>
Why don't you belong to ANA?			
	Financial reasons		27
	Lack of interest or motivation		17
	Criticism of association or programs		6
15.	Do you look upon membership in the American Nurses' Association as a criterion to your professional status?		
	Yes	41	24
	No	9	25
	Undecided	0	1
16.	As an employed registered nurse, have you derived any direct benefits from the efforts of ANA?		
	Yes	47	33
	No	3	15
	Do not know	0	2
Yes:			
	Economic security	35	29
	Educational	8	3
	Improved status	2	1
	Programs and services	2	0
17. a.	Which program of ANA is most effective, in your opinion?		
	Economic security	19	12
	Education	24	21
	Insurance	0	2
	Legislation	4	2
	Other	3	13
b.	Which ANA program is least effective, in your opinion?		
	Economic security	9	10
	Education	3	0
	Insurance	18	16
	Legislation	13	7
	Other	7	17
18.	Are you in favor of the proposed structure changes in ANA?		
	Yes	6	2
	No	0	0
	Undecided	0	1
	Unable to answer	44	47



	Members <u>(1-50)</u>	Nonmembers <u>(51-100)</u>
19. What services available through the professional nursing organization have you used?		
Compilation of professional biography	7	10
Counseling service	2	1
Placement service	6	2
Loan fund	0	0
Scholarship	0	0
Other	0	0
Number of members who had used none	38	39
20. In which of the following have you participated?		
ANA		
Board member	0	0
Committee member	0	1
Section officer	0	0
Section committee	0	0
Convention	9	0
SNA		
Board member	3	0
Committee member	10	2
Section executive committee	4	0
Section committee	5	2
Convention	31	7
DNA		
Board member	24	3
Committee member	31	5
Section officer	14	4
Section committee	23	3
21. If none of the above are checked, ask: Have you ever been asked or volunteered to participate in any of the above?		
Yes	6	3
No	7	38
22. How many district meetings did you attend last year?	Total	
	204	33
23. Would you rather have a union represent your nursing interests than your professional nursing organization?		
Yes	3	4
No	45	44
Undecided	2	2

Typed by Eula Weathers