

A STUDY OF ONE HUNDRED EIGHTY TWO NURSES'
EXPRESSIONS OF AGREEMENT OR DISAGREEMENT
TOWARD SELECTED ASPECTS OF THE ROLE OF THE
GENERAL DUTY NURSE IN THE AMERICAN NURSES'
ASSOCIATION AND THE ECONOMIC SECURITY PROGRAM

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f. l. s.

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CHAPTER I

INTRODUCTION TO THE PROBLEM

The American Nurses' Association is the professional organization for registered nurses in the United States. Today, it is a federation of 54 constituent associations in fifty states, the District of Columbia, Panama Canal Zone, Puerto Rico and the Virgin Islands. State Nurses' Associations are, in turn, composed of district associations. All members of the district and state associations belong to one of eight sections depending on the individual's area of practice.

The purposes of the American Nurses' Association are to define functions and qualifications for nursing practice; to enunciate standards of nursing education; to establish a code of ethical conduct for practitioners; to conduct a periodic survey of nurse resources; to promote health legislation; to offer professional counseling and placement; to promote economic and general welfare; to work to abolish discrimination; and to finance studies and research. (8)

Membership in the American Nurses' Association is voluntary and dues vary from state to state. Membership in the professional association has been added to the code of ethics for nurses.

Statement of the Problem

It is the purpose of this study to compare the expressions of agreement and disagreement of general duty nurses, some of whom

are members of the American Nurses' Association and some who are non-members, toward selected aspects of the role of the general duty nurse in the American Nurses' Association and toward the economic security program. Questions to which this study will seek answers are:

1. Do general duty nurses express agreement or disagreement with the role of the general duty nurse in the American Nurses' Association as defined in this study?
2. With which selected aspects of the role of the general duty nurse in the American Nurses' Association do general duty nurses express agreement or disagreement?
3. Do general duty nurses express agreement or disagreement with the economic security program of the American Nurses' Association as defined in this study?
4. With which selected aspects of the economic security program of the American Nurses' Association do general duty nurses express agreement or disagreement?
5. Do general duty nurses consider themselves to be well informed about programs and services of the American Nurses' Association?
6. Which do general duty nurses think is the most satisfactory program of the American Nurses' Association?
7. Which do general duty nurses think is the least satisfactory program of the American Nurses' Association?
8. Do general duty nurses influence other nurses to join the American Nurses' Association?

It is hypothesized that there will be no significant differences between the expressions of agreement and disagreement by general duty nurses who are members of the American Nurses' Association and by non-members concerning statements about the role of the general duty nurse in the American Nurses' Association and the economic security program.

Definitions and Abbreviations

ANA: The American Nurses' Association.

AJN: The American Journal of Nursing.

Economic Security Program: The organized, collective efforts put forth by the American Nurses' Association to improve working conditions, increase fringe benefits and upgrade nurses' salaries.

General Duty Nurse: A registered nurse employed in a first level position in a hospital who does not participate in policy-making, supervisory or administrative functions.

Role of the General Duty Nurse in the American Nurses' Association: Role, as defined by Barnhart, et al. is a part being played. As used throughout this study, the role of the general duty nurse in the American Nurses' Association refers to the part the nurse plays whether or not she is a member of the association. Each general duty nurse has status within the organization and associated with that status are values, attitudes, and behavioral expectations of herself and others, all of which constitute, in part, the concept of role. Thus the attitudes, values, and behavioral expectations of herself and others are incorporated in her role through the status she occupies in the system. (7, 9, 22, 34)

Rosson has recommended that a study be done to determine just what it is that nurses expect from an organization. (10)

The vital question seems to be: What do nurses want the organization to do? (30)

Limitations

This study is limited to data obtained from responses to 182 questionnaires. It is further limited to data obtained from those general duty nurses who were at work on the day the questionnaires were administered.

Further limitations are:

1. The study was limited to 14 items concerning the role of the general duty nurse in the American Nurses' Association and 14 items concerning the economic security program of the American Nurses' Association. No attempt was made to include all possible aspects of role or all possible aspects of the economic security program, nor was any attempt made to measure attitudes toward any other program or service offered by the American Nurses' Association.
2. Questionnaires were administered to employed, general duty nurses only. No nurses beyond the level of assistant head nurse, and none who participate in supervisory, administrative, or policy decisions were included.
3. No attempt was made to include equal numbers of members and non-members.
4. All variables such as type of employing institution, area of work in the hospital, age of the respondent, or length of time in nursing have been disregarded.

Assumptions

It may be assumed for this study:

1. That the participants in this study answered the questions in the data-collecting tool truthfully and to the best of their ability.
2. That the data-collecting tool was adequate for the purposes of the study.
3. That the attitudes and opinions expressed herein have merit and may have value in defining what general duty nurses want from the organization.

Significance of the Problem

Membership in the professional organization is one index of the individual's acceptance of the code, according to Flaming and Kurtz. (14) They further state that one of the main concerns among nurses interested in the professional advancement of their occupation is the relatively low rate of membership in nursing organizations.

A low membership has been reported in previous research showing that only 29 to 30 percent of nurses were members of the American Nurses' Association. Membership in the American Nurses' Association has shown a steady decline despite efforts to recruit more nurses into the organization. (14) In 1962, membership in the American Nurses' Association was 168,912 and in 1963, membership had declined to 151,943, a net decrease of 16,969. (10)

Every year efforts are made by membership committees on the

national, state and district levels to promote membership in the American Nurses' Association. The American Nurses' Association has sponsored research and study into the problem of getting non-members interested in their organization. In spite of these efforts, the majority of working nurses do not belong to the professional association. Writing about democratic organizations in general, Robert Merton states in The American Journal of Nursing:

Just as members are not all of a kind neither are non-members. It is important to distinguish among them since some constitute a promise and others a threat to the voluntary association. Consider first that voluntary organizations differ in the degree of their 'completeness' - that is, the proportion of those eligible for membership who are actually members. The higher the proportion, the more nearly complete the membership of the association. . . What counts is the ratio between actual members and the potential or eligible members. . . Rejection by eligibles symbolizes the apparent dubiety of its values and its services which are not accepted by those who should find them good and useful. (22)

Procedure for Carrying Out the Study

The steps whereby this study was developed may be described as follows:

1. The literature was searched to locate references concerning the American Nurses' Association in order to provide a frame of reference. Related studies were located and reviewed.
2. Structured conferences were sought with nurses knowledgeable in organizational trends and active in the

American Nurses' Association. The following people were contacted:

- a. Jean Hamilton, Director of Nursing Education, Clark College, Vancouver, Washington.
- b. Margaret Ouchi, Assistant Executive Director, Washington State Nurses Association.
- c. Margaret Newcombe, Managing Editor, Washington State Journal of Nursing.
- d. Barbara Hallock, Assistant Executive Director, Washington State Nurses Association.
- e. Elizabeth Cantwell, Executive Director, Washington State Nurses Association.
- f. Bertha Byrne, Executive Secretary, Oregon Nurses Association.
- g. Margaret Rosson, Assistant Executive Secretary, Oregon Nurses Association.
- h. Shirley Thompson, Director of Nursing Service, University of Oregon Medical School Hospital, and member, Committee on Economic and General Welfare of the American Nurses' Association.

The purpose of the interviews was to elicit comments concerning general duty nurse membership in the American Nurses' Association and to discuss organizational trends.

3. Spontaneous talks were sought with as many general duty nurses as could be engaged in conversation about the American Nurses' Association. The purpose of these planned conversations was to pinpoint areas of agreement and disagreement, satisfaction and dissatisfaction with the American Nurses' Association as expressed by general duty nurses in every-day contacts.
4. A statement of the problem was formulated.

5. The problem was delimited, the purposes identified, and the assumptions and limitations stated.
6. The hypothesis was formulated.
7. A data-collecting tool was devised, each item of which was an outgrowth of one or more purposes of the study.
8. The variables were identified. It was anticipated that the only variables pertinent to this study were membership or non-membership in the American Nurses' Association.
9. The data-collecting tool was submitted to a panel of professional nurses with the request that they criticize content and format.
10. Courtesy calls were made to the Fort Vancouver Nurses' Association, District Number 11, and to the Oregon Nurses Association to gain their interest and cooperation.
11. Two small pilot studies were done using general duty nurses from St. Joseph Hospital and Vancouver Memorial Hospital in Vancouver, Washington. The responses were analyzed for weakness of format and content of the data-collecting tool. Half of the participating nurses were interviewed to determine why they had not answered the open-end questions in Part III of the data-collecting tool.
12. A power-of-discrimination test was done for all items in Part I and Part II of the data-collecting tool. For each item in Part I and Part II, the mean scores of the ten percent who scored the highest and the ten percent who scored the lowest were computed. The difference between the two means was taken as the discriminatory power of that item. Weak and irrelevant items were rejected and revisions were made as necessary.
13. A final pilot study was done using 20 general duty nurses employed at the University of Oregon Medical School Hospital. Ten questionnaires were administered by the investigator and 10 were administered by nursing

service personnel. Responses were analyzed to find out whether data could be obtained more readily by one or the other method. More information in answer to open-end questions (Part III) was elicited by the questionnaires administered by nursing service personnel hence that method was selected for use in the main study.

14. Telephone calls were made to the directors of nurses of all hospitals in Portland, excepting the University of Oregon Medical School Hospital and the United States Veterans' Administration Hospital, to introduce the investigator and request an appointment. Letters explaining the purpose of the study and bearing the signature of the thesis adviser were mailed.
15. The questionnaires were delivered personally to each hospital which elected to take part in the study. The questionnaires were administered on whichever day the nursing service director of each hospital wished. Identities of hospitals and participants remained anonymous. A large envelope was provided each participant to assure anonymity of responses.
16. All data (Parts I and II of the data-collecting tool) which lent themselves to scoring on the Likert scale were tabulated by the Data-Processing Department of Clark College, in Vancouver, Washington.
17. A method of statistical analysis, the Chi-square, was selected for testing data elicited by Part I and Part II of the data-collecting tool.
18. Open-end responses were subjected to scrutiny and categorization by a panel of three professional nurses. (Part III of the data-collecting tool)
19. Tests of significance, using the Chi-square, were done for Parts I and II of the data-collecting tool.
20. The findings were tabulated, tables constructed, the study described and interpreted, conclusions drawn and recommendations made.

Overview of the Study

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

Chapter III describes the procedures, the findings and presents an analysis of the data.

Chapter IV contains a summary, conclusions and recommendations for further study.

CHAPTER II

REVIEW OF THE LITERATURE
AND RELATED STUDIESReview of the Literature

One of the greatest concerns among nurses interested in the advancement of their occupation is the relatively low rate of membership in nursing organizations. In 1963, Flaming and Kurtz stated that a low rate of membership had been reported in previous research when only 20 to 30 percent of the nurses studied were members of the American Nurses' Association. (14)

The Rosson study showed that incidence of membership and participation varied with the type of positions nurses held. Of the 100 nurses who participated in the Rosson study, 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 as compared to 29 percent of the general duty nurses had participated in the activities of the organization. (10) The American Nurses' Association research and statistics unit has shown further evidence that in 1962, there were 257,050 practicing registered general duty nurses in the United States of which only 56,253 or 22 percent were members of the American Nurses' Association. This was approximately 33 percent of the total membership for that year. (4)

According to Flaming and Kurtz, "nursing organizations do not enjoy strong support from registered nurses. The American Nurses' Association is facing serious problems in its strain toward professionalism because of the apathy and lack of understanding among nurses", which has been expressed in non-membership and in lack of participation in organizational activities. (14) Flaming and Kurtz found that although involvement with the occupation was prevalent these nurses did not participate in organizational activities. (14) No study was located which could explain this apparent apathy, nor does the literature include references to nurses' satisfaction or dissatisfaction with the professional organization.

Greenough said in The American Journal of Nursing, that the profession's need for development of leadership and for involving a large number of nurses in the programs of the American Nurses' Association should be the concern of the district associations. Greenough further stated that the economic security program is one of the principle reasons for general duty nurses joining the organization. (15)

The Study Committee on Functions of the ANA pointed out that although the district is where most of the members have their closest contact with the association, it seems to be the least effective unit in the entire structure. (30) Research, studies and reports, most of which have been sponsored by the American Nurses' Association,

stress the lack of "effectiveness" as pertaining to nursing organizations; but the consensus of nursing leaders such as Greenough, Kelly and others, and sociologists, Merton, Flaming and others who have studied nursing organizational problems is that the effectiveness of the nursing organization is proportional to the numbers of potential members who join and participate in its activities.

Editors of R. N. reporting on "1964's top meeting for nurses," stated, "This is the crux of the matter. ANA sorely needs more members... the ANA will not be able to pull its weight in nursing until it represents a greater number of nurses." (17)

The literature has made clear that one of the greatest problems facing the American Nurses' Association today is how to influence more nurses to join. But the problem is not new. In 1954, Greenough asked, "Why do Americans join some organizations and not others?... Potential members must know why the organization is indispensable to them." (15) The question can be expanded to ask, why do people join organizations? What purpose do organizations serve?

Organizations are formed because it is believed that there are things which can be done in an organized way better than they can be done individually, according to Boulding. (2) Robert Merton, consultant sociologist for the American Nurses' Association said, "... members band together to perform social functions that they

cannot perform in their capacity as individuals." (21)

"Conjoining the abilities of many," has heretofore been an overwhelming task for the American Nurses' Association as evidenced by the low membership.

From other sources came evidence that the American Nurses' Association is not unique in its problems with membership. Townsend pointed out in the Annals of the American Academy of Political and Social Science, that other organizations, namely labor, have similar problems and stated, "...most important, labor's rank and file are increasingly apathetic. To a substantial part of them, the younger members particularly, to whom labor's wars are legend only, unions appear more a business than a cause." He wrote further that, "One recent survey showed 28 major unions had lost members in substantial numbers between 1955 and 1961; few could claim gains." (37)

Although apathy rather than dissatisfaction has been cited most often as the seeming cause of low membership, and though there has been little evidence to prove the point, much has been written about it. Barkin, writing about organizations in general and unions in particular said, "When people become aware of their unsatisfied needs, they will look favorably to appeals from organizations such as unions, which they believe will provide them the leadership and the leverage ultimately to bring them the satisfaction they seek." (12)

Is the apparent apathy of nurses toward their professional organization due to similar causes? In 1948 Brown reported:

In October, 1946, the average graduate nurse paying for her own living quarters earned between 170 to 175 dollars a month. . . only about one nurse out of four. . . was protected by a retirement plan contributed to by the employer, and only industrial nurses were covered by provisions for unemployment compensation. . . Most nurses did not receive hospitalization, medical care or insurance. Under these circumstances, it is little wonder that a feeling of widespread insecurity caused more nurses to express dissatisfaction with the lack of retirement and unemployment provisions than with any other aspect of their work. (3)

Schutt, writing in The American Journal of Nursing, in 1964, said:

Even as we have been trying to free ourselves from having decisions made for us by other organized groups, the necessary involvement of nurses has been difficult; for our members have mushroomed so that most nurses have slight if any, real awareness of their own needs for the organization, and the organization's need for them. (31)

Frances Powell, chairman of the Study Committee on Functions of the ANA, commented to the effect that, decreasing membership in the American Nurses' Association despite an increase in practitioners indicates need for a change in structure. And further, ". . . the committee assumes that because nursing itself is such an important and significant endeavor, all nurses want an effective organization through which to improve their practice and enlarge their contribution to society." (30)

The literature produced no examples in which this basic assumption has ever been tested. Boulding, writing about organizations, presented a viewpoint different from the Study Committee's when he asked:

To what extent, for instance, have organizations arisen as a result of the spontaneous demands on the part of their members, and to what extent are they the result of the development of 'skills of organizations' on the part of the professional organizers. . . . To what extent do organizations develop a 'life of their own'--i. e. , a pattern of behavior which is independent of the wishes or needs of their members. (2)

Attempts to extend an organization beyond its effective size will cause breakdown in its communications and executive systems. (2)

Boulding included a question which appears to be pertinent to all organizations when he asked whether a full, personal relationship needs to exist between the member and his organization or if an adequate minimal relationship might suffice. Supporting his previous statements, he said that, "... 'inner strength' rather than 'numbers of members' is a more accurate index of the effectiveness of an organization. The growth of an organization depends on its ability to meet the needs of those it serves." (2) The American Nurses' Association has continued throughout the years to examine the organization's ability to meet the needs of its members. General duty nurses, commonly referred to as "rank and file" have been the continuing concern of organizational nurses. Thompson pointed out the

need for a study to be done to find out what these nurses want from an organization and added, "Such a study would have greater value if it explored how much these nurses know about the functions of the ANA." (47)

This point was deemed important by the staff of the Washington State Nurses Association when in an interview the point was brought up. (45) The literature revealed that the problem of not knowing what the members want from an organization is not new. In 1948, Porter wrote asking:

What's going on in the ANA? You want to know? What is my association doing for me? What about economic security? Nurses are asking: What is being done to assure me of decent working conditions, reasonable hours, adequate vacation and sick time, democratic working procedures, standardized and adequate salary ranges, recognition of ability and qualifications as well as length of service? The ANA... is interested in your future as you are. Sometimes the ANA seems a little remote from the individual nurse. Can something be done about that? (29)

Porter indicated that nurses were concerned about economic security in 1948. In 1954, Greenough stated that economic security was indispensable in attracting the general duty nurse to the organization. (29)

Working conditions and nurses' salaries were discussed by Moses in The American Journal of Nursing in 1965. Basing her conclusions on a then recent survey by the Bureau of Labor Statistics,

Moses reported that the average salary for general duty nurses (nationwide) was \$86.50 weekly, though nurses in the western states generally received more. Moses reported further that the average salary of general duty nurses was the lowest of all professional and technical occupations studied. (24)

Further information concerning nurses' salaries was presented in a 1966 report by the Western Council on Higher Education for Nursing, under the auspices of the Western Interstate Commission for Higher Education. The beginning salaries quoted for new graduates of various nursing programs were based on a survey of nurses' salaries in 13 western states. The type of education and monthly salaries are as follows:

Baccalaureate	\$355 to 414
Associate Degree	351 to 406
Diploma	353 to 406
Practical Nursing	262 to 288
(information from 5 states)	

"Salaries offered new graduates of baccalaureate nursing programs also did not compare favorably with those paid persons earning baccalaureate degrees in other fields." Average monthly salaries made by men students of 16 fields in 1965 are listed below:

Chemical engineering	\$639
Electrical engineering	637
Aeronautical engineering	632
Mechanical engineering	629
Metallurgical engineering	622
Industrial engineering	618
Civil engineering	613

Physics, chemistry, mathematics	600
Accounting	550
Business-general management	530
Marketing and distribution	506
Humanities, social sciences	498 (36)

The literature revealed that economic security was a need of general duty nurses and the organization in 1948 and continues to be an important program to nurses. Doctor Roland D. Pinkham, chairman of the Washington State Medical Association Executive Committee, in a letter to the Washington State Nurses Association expressed support of the economic security program and stated further, "It has been evident for some time that the salaries of nurses have not been attuned to the rising costs of living and their professional training." (28)

The literature indicated that economic security in practical application, that is better working conditions, sick leave and retirement plans, and higher salaries were some goals general duty nurses sought through the professional organization. In an effort to find out more about what general duty nurses want from their organization, The American Journal of Nursing asked several young graduates about the American Nurses' Association. Four of the respondents' answers were published in The American Journal of Nursing. Simon said that more realism is needed. She questioned whether the American Nurses' Association demonstrates in practical terms what it can do for the nurse and how the individual can influence

action. She said, "As the ANA becomes more effective, less of its energies will be needed to 'sell' it." (33)

Butzke wrote that the professional organization seems far removed from the problems of the nurse. She stated further that older graduates as well as new graduates need to feel that the organization needs them and has a place for them. (13) According to Jameson, "Membership in the organization would grow by leaps and bounds if those who are already members would reach out and involve the young graduate and really make room for her." (18)

In a compilation of many studies Hughes brought out that the young nurse is the non-joiner. He reported that in the youngest group of nurses, that is those between 20-29 years of age, few nurses join any professional organization. From a study of nurses in Kansas City, Hughes reported several possible reasons why nurses do not join the organization. The first suggested theme was procrastination, a second, "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." (6)

Conflicting viewpoints are held by three experts in organizational problems, Seidman, London and Karsh, who in a study of union membership in 1957, wrote what from the literature appears to be a

minority opinion. These authors said, "Often the decision to join a union is not based on logical reasoning in which self-interest figures to a great degree but upon expediency - a reaction to pressures of the moment." (32)

In 1966, Merton writing in The American Journal of Nursing, said:

...rejection by eligibles symbolizes the relative weakness of the association by emphasizing its incompleteness of membership, just as it symbolizes the apparent dubiety of its values and its services which are not accepted by those who should find them good and useful. (22)

The literature reveals that the American Nurses' Association has been aware of the problems inherent in the organization, and through special committees and surveys has continued to evaluate its programs and services; its goal to meet the needs of the members more effectively.

Review of Related Studies

Throughout the years, the American Nurses' Association has sponsored research, studies and reports on problems attendant to the growth of the organization and the services it provides.

One of the studies was a poll done in 1948 by Crossley, Inc., the National Research Organization. The purpose was to use nurses' opinions to help define and guide further activities of the organization.

Of the 15,000 queries sent to professional nurses, only 1700 replies were received. The principal reason why nurses drop membership in the professional organization was found to be that the nurses stopped practicing nursing. Financial reasons or too high dues was the next most frequently cited reason and third, was the belief that the organization was not beneficial to nurses.

It was found in this study that the largest proportion of nurses who thought membership dues were too high do not belong to any organization.

In answer to the question about which functions were important to them personally, these nurses ranked in relative importance the following: Setting and maintaining standards of nursing service, working for better wages and improving working conditions, and setting and maintaining standards of nursing education. No recommendations were given.

The hazards of generalizing from a study in which there was an overall return rate of only 11 percent are great. (10, 25)

In an unpublished thesis presented to the University of Oregon School of Nursing in 1965, Rosson reported the opinions expressed by 100 registered nurses about the American Nurses' Association. The purpose of the study was to find out why fifty nurses joined and 50 nurses did not join the American Nurses' Association. Answers were sought to the following questions:

1. Why do employed registered nurses belong to the ANA? Why don't employed registered nurses belong?
2. Are there factors in the employed registered nurse's educational background that appear to influence her membership or non-membership 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 non-membership in the ANA?
4. What is the employed registered nurse's opinion of membership in the 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 the ANA?
7. What services offered by the ANA and SNA have employed registered nurses used?
8. How active are employed registered nurses in the professional organization?
9. Would employed registered nurses rather have a union represent them than the American Nurses' Association? Why? (10)

The nurses were picked randomly from a list of all registered nurses employed in the area and from a list of current members of the American Nurses' Association. Data were obtained by personal interviews using an interview guide.

From her study, Rosson concluded that: The greatest commitment to nursing was found in the member group. A problem existed

in getting new nurses to join the organization and less than half the respondents in the Rosson study had joined as new graduates. A greater commitment to nursing as shown by belonging to the organization was found in those engaged in nursing service administration and nursing education. It was reported that non-members were unaware of a partial payment plan for dues and that members and non-members alike were poorly informed about programs, activities, and benefits of membership in the American Nurses' Association. The majority of nurses in the Rosson study said that they considered membership as a criterion to their professional status and this included almost half of the non-members. Rosson concluded that: "Perhaps too much emphasis has been placed on membership promotion without a corresponding education of members regarding purposes, programs, services, and benefits of membership in the ANA." (10)

White and Goldsen reported in The Modern Hospital, the results of a study done by them involving 588 nurses in New York State. Only 42 percent of these nurses said they belonged to the American Nurses' Association, and there were significant differences between the distribution of members according to position in nursing. Approximately 62 percent of White and Goldsen's sampling who held administrative or teaching positions were members of the American Nurses' Association. Thirty-five percent of the respondents who held head nurse positions belonged and only 30 percent of those

nurses categorized as general duty were members. The greatest difference in numbers of members was found between those nurses in administrative and teaching positions and those in general duty practice.

About 50 percent of the nurses over 35 years of age belonged as compared to 33 percent of the nurses under 35 years. White summed up his findings in this way:

This suggests that many younger nurses do not develop a professional identification with their occupation during education but only after many years of practice. Those in administration and teaching positions include a much larger proportion who are members of the national associations than those in lower level positions.

Nurses who join are still a minority in the field, they are concentrated largely in the nursing schools and among the older, higher status members of the profession. (40)

Summary of the Chapter

In conclusion, the review of the literature seems to indicate that the American Nurses' Association is not unique in its low membership, but shares with professional and labor organizations the effects of social trends. A problem exists in how to expand the present membership to include the thousands of nurses not now members, and concomitantly preserve the individual nurse's feeling of personal involvement with her organization. The literature makes

plain that the young or new graduate does not experience an orderly transition from involvement in her school of nursing to involvement in her professional organization. The resultant gap often produces an estrangement from the American Nurses' Association which may not be bridged for many years, or until the nurse moves up in the nursing hierarchy.

The literature abounds with evidence that wages, working conditions and all facets of economic security are of utmost importance to nurses and that nurses look to the American Nurses' Association for leadership for achieving immediate and long-term goals. Much of this has been written by Brown, Greenough, Kelly and Moses.

For various reasons the general duty nurse does not involve herself in any great numbers or to any noticeable degree in the running of the organization; rather organizational tasks are largely performed by nurses who hold administrative or teaching positions.

References show that the logical area of potential growth seems to be recruiting from the thousands of newly-graduated and general duty nurses who are not new members. The possibility exists that these two are related in that new graduates probably make up the bulk of general duty practitioners.

In addition, general duty nurses may be dissatisfied with the professional association but have difficulty defining areas of

dissatisfaction. The Rosson study supports what previous literature has stated, that is, that general duty nurses know little about the functions and services offered by the organization nor are they aware of all the American Nurses' Association is trying to accomplish in their behalf.

CHAPTER III
REPORT OF THE STUDY

Procedure

This study was undertaken for the purpose of comparing the expressions of agreement and disagreement of general duty nurses, some of whom are members of the American Nurses' Association and some who are non-members, toward selected aspects of the role of the general duty nurse in the American Nurses' Association and toward the economic security program. Answers were sought to the following questions:

1. Do general duty nurses express agreement or disagreement with the role of the general duty nurse in the American Nurses' Association as defined in this study?
2. With which selected aspects of the role of the general duty nurse in the American Nurses' Association do general duty nurses express agreement or disagreement?
3. Do general duty nurses express agreement or disagreement with the economic security program of the American Nurses' Association as defined in this study?
4. With which selected aspects of the economic security program of the American Nurses' Association do general duty nurses express agreement or disagreement?
5. Do general duty nurses consider themselves to be well informed about programs and services of the American Nurses' Association?
6. Which do general duty nurses think is the most satisfactory program of the American Nurses' Association?
7. Which do general duty nurses think is the least satisfactory program of the American Nurses' Association?

8. Do general duty nurses influence other nurses to join the American Nurses' Association?

It was hypothesized that there would be no significant differences between the expressions of agreement and disagreement by general duty nurses who are members of the American Nurses' Association and by non-members concerning statements about the role of the general duty nurse in the American Nurses' Association and the economic security program.

Structured conferences were held with nurses knowledgeable in organizational trends and active in the American Nurses' Association and spontaneous talks were sought with as many general duty nurses as could be engaged in conversation about the organization. The literature was searched for articles and for reports of studies related to reasons for being identified with organizations and the reasons individuals give for not becoming members. There was review of published material concerned with the programs of organizations and the degree to which the constituency is informed or uninformed. Thus a frame of reference was gained.

A three-part data-collecting tool was devised. (Appendix B.) Part I, concerned with the role of the general duty nurse in the American Nurses' Association consisted of 14 statements. Each concerned a particular aspect of the role. Queener (9) and Linton (7), sociologists, and Smith (34), registered nurse, were used to

substantiate the 14 aspects of role as defined in this study. The 14 statements which made up Part I of the data-collecting tool are categorized as follows:

a. Membership and dues	statements 1, 2 and 3
b. Status and prestige	4, 6, 8 and 12
c. Information	7
d. Representation	5
e. Leadership	10
f. Attendance at meetings	9 and 13
g. Professional responsibility for belonging	14
h. Personal value of meetings	11

There was a deliberate attempt to refrain from listing statements in sequence, for example, all statements on membership together, since the scoring was based on the expressions of agreement and disagreement rather than general effects.

A Likert-like scale using five categories of response was constructed. The five categories, ranging from strongly disagreeing to strongly agreeing were assigned numerical values of one through five if the statement were stated in the negative and five through one if the statement were positive. Part I of the questionnaire, concerning the role of the general duty nurse in the American Nurses' Association, consisted of seven negative and seven positive statements. Part II of the questionnaire, concerning the economic security program of the American Nurses' Association, consisted of six negative and eight positive statements. (Appendix C.) Thus a score of 5 was obtained for a single statement if the statement

were checked "strongly agree" when the statement was negative and "strongly disagree" when the statement was positive. A nurse who greatly disagreed with the statements regarding the role of the general duty nurse in the American Nurses' Association might receive a score of 70 (14 statements x 5) and a nurse who greatly agreed could elicit a score of 14 (14 statements x 1). The median score for the nurse who expressed neither disagreement nor agreement toward any of the statements would be 42 (14 statements x 3). A high score, whether it occurred as a total score for one nurse, or as a total score for all the nurses on a single statement denoted a tendency to disagreement with that aspect of role or economic security to which the statement referred.

Scores on which this study was based were obtained as follows:

1. a score for each member for Part I.
2. a score for each non-member for Part I.
3. a total score for each item in Part I from the members. N=37
4. a total score for each item in Part I from the non-members. N=145
5. a combined total score for each item in Part I for the members and the non-members. N=182

In reporting and analyzing the results of the nurses' expressions toward each item in Parts I and II of the data-collecting tool, only the scores at the two extremes were considered pertinent. Those items whose scores made up the highest 25 percent of all the scores, and those items whose scores made up the lowest 25 percent were used to denote disagreement and agreement. Items whose total

scores were between these two extremes were considered less relevant and were not discussed.

Part II of the questionnaire concerned the economic security program of the American Nurses' Association. The items selected to test nurses' expressions toward the economic security program were based on current literature (30, 38), and reviewed for authenticity by a resource person. (47) Items in Part II referred to the following aspects of economic security:

- | | |
|--|---------------------|
| a. Personal progress | items 21, 23 and 24 |
| b. No strike policy | 19 |
| c. Grievance procedures | 15 and 20 |
| d. Benefits | 22, 26 and 16 |
| e. Information | 25 and 28 |
| f. Representation at bargaining tables | 18 |
| g. Collective bargaining policies | 17 and 27 |

The same method of scoring was used as that for Part I described above.

Certain weaknesses are inherent in this kind of item-attitude questionnaire. The number of statements in each part of the questionnaire may not have been complete or refined enough to test what was intended, that is, expressions of agreement or disagreement with the role of the general duty nurse in the American Nurses' Association or the economic security program. Further, the statements chosen may not have been the most decisive ones; other aspects of role or economic security might have proved more specific. Another acknowledged weakness in this type of

questionnaire was the uncertainty of knowing exactly what an organization does. The Likert scale itself demonstrates built-in weaknesses because a respondent may acquire a score denoting agreement or disagreement in more than one manner. Several combinations of numerical values can result in an identical total score.

In order to compensate for these weaknesses and to be assured that the scores reported herein would accurately reflect expressions of agreement and disagreement, each statement in Parts I and II of the data-collecting tool was checked against the findings of recent literature and with a knowledgeable person to see whether the American Nurses' Association does or does not do what the statement suggests. There was no way to compensate for changes being put into effect by the American Nurses' Association during the time it took to complete the study, nor have any compensations been made for weaknesses inherent in Likert scales.

Part III of the data-collecting tool consisted of open-end questions designed to elicit information about which programs of the American Nurses' Association general duty nurses expressed satisfaction or dissatisfaction, and to determine how well informed general duty nurses are about the professional organization.

Two small pilot studies were done in two hospitals in Vancouver, Washington and interviews were held with five respondents

to find out why they had not answered the open-end questions in Part III. A power-of-discrimination test was done on each item in Parts I and II of the questionnaire to revise statements and discard those statements which appeared irrelevant. A third pilot study was done using 20 general duty nurses employed at the University of Oregon Medical School Hospital and again follow-up interviews were conducted to determine why nurses did not answer the questions on programs and services of the American Nurses' Association. When it became abundantly clear that those nurses who did not answer had insufficient knowledge to enable them to answer, the final questionnaire was revised to include in the instructions on Part III, "If you are not well enough acquainted with the programs of the American Nurses' Association to form an opinion, please use the phrase 'do not know' in the appropriate space." The final page was left for comments. No data from the pilot studies have been included in this report.

Ten of the 20 questionnaires in the pilot study done at the University of Oregon Medical School Hospital were administered by persons designated by the director of nursing service and ten were administered by the investigator. The responses were analyzed to determine which method had elicited the most information. Whether real or apparent, there was a difference as more complete answers to the open-end questions were obtained in the questionnaires

administered by nursing service personnel. Hence that method was selected for the main study.

Telephone calls were made to 11 directors of nurses in Portland to introduce the investigator and request an appointment to discuss the study. Letters bearing the signature of the thesis adviser were mailed to the directors who elected to participate. Favorable responses were obtained from directors of nursing service in ten general hospitals; there was one refusal. The questionnaires were delivered personally to each participating hospital and administered to general duty nurses on whichever day nursing service wished to do so.

The study was limited to data obtained from 182 general duty nurses. No nurse beyond the level of assistant head nurse participated. All variables such as type of employing institution, area of work in the hospital, length of time in nursing or age of the nurse have been disregarded. The only variable used in this study was whether or not the nurse was a member of the American Nurses' Association.

Data from Parts I and II of the questionnaire which resulted in scores on a Likert scale were submitted to the data-processing department of Clark College in Vancouver, Washington, for tabulation. The open-end data from Part III were submitted to a panel of three professional nurses for greater objectivity of categorization.

If the response to one of the questions in Part III was "do not know" that was added to the data.

Tabulation and Interpretation of the Data

There was no attempt to include equal numbers of members and non-members as participants, but from the literature it was anticipated that approximately one-third of the nurses employed in a metropolitan area might be members of the American Nurses' Association. Oshin reported that, "Only three out of ten active nurses belong to the American Nurses' Association," (26) and White found that of 588 nurses studied in New York State, only 42 percent were members of the organization. (40) However, these data refer to the entire nurse population and the only reference to membership for general duty nurses only came from the American Nurses' Association's research and statistics unit which reported that approximately 22 percent of all the practicing general duty nurses in 1962 belonged to the organization. (4)

In Part III of the questionnaire each participant was asked if she were a member of the American Nurses' Association. It appears expedient to present the findings of this item in advance of Part I of the questionnaire in order that relationships to the responses can be calculated where appropriate.

Of the 182 respondents in this study 20 percent or 37 nurses

were current members of the American Nurses' Association while 80 percent or 145 nurses were not members. A somewhat lower rate of membership for general duty nurses was found in this study compared to the national average in 1962. (4) Table 1 shows the distribution of members and non-members used in this study.

Table 1. Distribution of 182 General Duty Nurses According to Whether or Not They Were Members of the American Nurses' Association.

Membership	Distribution of Responses	
	Number	Percent
(1)	(2)	(3)
Yes	37	20
No	145	80
Total	182	100

Of the 145 nurses who reported that they were not members, 13 stated that they had been at one time. Five of the 13 added comments about membership which are reported in the discussion of Part III.

One of the purposes of the study was to answer the question: Are general duty nurses in agreement with the role of the general duty nurse in the American Nurses' Association? Is there a difference between members' and non-members' expressions of agreement and disagreement toward the role of the general duty nurse in the American Nurses' Association as defined in this study? Part I of

the questionnaire which has been described previously was designed to elicit answers to these questions. Answers were based in part on scores resulting from the use of the Likert-like scale which has been described previously. Since the Likert scale is a qualitative scale, scores must be interpreted to show tendencies only. The higher a respondent's score the greater that respondent's tendency to disagreement and the lower a respondent's score the greater that respondent's tendency to agreement with the role of the general duty nurse in the American Nurses' Association.

Of the 37 respondents in this study who were members, 15 or 40 percent obtained scores above 42 for Part I, denoting disagreement with the role of the general duty nurse in the American Nurses' Association. Four or 11 percent were at the neutral score of 42 and a greater proportion of the members, 18 or 49 percent, received scores below 42 showing agreement with their role in the organization.

Almost 80 percent, 113 of the 145 non-members' scores were above 42 indicating disagreement with the role of the general duty nurse in the American Nurses' Association. Eight percent or 12 nurses' scores were at the neutral score of 42 and 14 percent of the non-members or 20 nurses' scores were below 42 showing a tendency to agreement with the role. Table 2 shows the frequency, percent and the range of scores in response to Part I.

Table 2. Scores of General Duty Nurses Denoting Agreement or Disagreement With the Role of the General Duty Nurse in the ANA. N=182

Scores (1)	Members		Non-members		Total	
	Fre- quency	Per- cent	Fre- quency	Per- cent	Fre- quency	Per- cent
	(2)	(3)	(4)	(5)	(6)	(7)
Above 42 Disagree- ment	15	40	113	78	128	70
At 42 Neither agreement of dis- agreement	4	11	12	8	16	21
Below 42 Agreement	18	49	20	14	38	9
Total	37	100	145	100	182	100

A chi-square using the formula $X^2 = (fe - fe)^2$ revealed that the differences between the scores of members and non-members were highly significant at the .01 level of confidence. Table 3 shows these differences.

Table 3. Statistical Values for the Differences Between Expressions of Disagreement and Agreement by 33 Members and 133 Non-members Toward 14 Statements Concerning the Role of the General Duty Nurse in the American Nurses' Association.

Category (1)	Members (2)	Non-members (3)	X ² (4)	Probability (5)
Above 42 Disagreement	15	113	5.2	<.01
Below 42 Agreement	18	20	19.2	<.01
Totals	33	133	24.4	<.01

df = 1 Probability < .01

Note: Scores at the median have been omitted.

The null hypothesis which stated that there would be no significant differences between the expressions of agreement and disagreement of members and non-members was rejected.

Part I of the questionnaire was analyzed in an attempt to determine whether any particular aspects as tested by individual statements, caused more or less disagreement than others. The analysis was intended to point out those aspects in which the expressions of members and non-members differed. Thus a total score for each statement in Part I, The Role of the General Duty Nurse in the American Nurses' Association, was obtained first for the 37 members, second, for the 145 non-members and third, combined for the 37 members and 145 non-members. The lowest total score the members could receive on any item was 37, the highest, 185. The median score for any item, if all of the members checked neither agreement nor disagreement was 111. Therefore the lower a score below 111, the greater the agreement with the aspect of role to which that item referred and the higher a score above 111, the greater the disagreement with the aspect of role tested by that item. Items eliciting the three highest scores from the members are ranked in Table 4.

Item number five from Part I of the data-collecting tool, "General duty nurses should serve on all major committees" obtained the highest total score showing the greatest disagreement.

Item number 10, "It is not necessary for general duty nurses to have leadership positions in the ANA" followed with the second highest score and item number seven, "What I need is more information about what is going on in the ANA" was third. Table 4 gives the aspects of role from Part I which elicited the greatest disagreement from the 37 members.

Table 4. Aspects of the Role of the General Duty Nurse in the American Nurses' Association With Which 37 Members Showed the Greatest Disagreement.

Item (1)	Total Score (2)
Representation (5)	146
Leadership Positions (10)	137
Information (7)	134

Conversely, the lowest score was obtained for the item on professional responsibility for belonging indicating that the members are in agreement with the precept expounded by the American Nurses' Association that it is one's professional responsibility to belong to the association. Item number 14 read, "My responsibility to nursing includes belonging to the professional organization." An item concerning prestige, "General duty nurses have as much prestige in the organization as other nurses," elicited the next lowest score. Item number three, "A nurse does not get her money's worth from

membership, " received the third lowest score. Table 5 lists these aspects of role in Part I which received the three lowest scores from the members.

Table 5. Aspects of the Role of the General Duty Nurse in the American Nurses' Association With Which 37 Members Showed the Greatest Agreement.

Item (1)	Total Score (2)
Professional Responsibility for Belonging (14)	59
Prestige in the ANA (4)	87
Advantages of Belonging (3)	89

The same method of scoring was used to measure the expressions of non-members toward the role of the general duty nurse in the American Nurses' Association, that is the lowest score any item on Part I might receive from the 145 non-members was 145; the highest, 725. The median score for an item was 435 for the non-members. The farther a score placed below 725 the greater the agreement toward that aspect of role and the nearer a score to 725 the greater the disagreement. Simply stated, the lower the score for any item, the greater the agreement, the higher the score for any item, the greater the disagreement with the range extending from 145 to 725.

The item regarding the amount of membership dues scored the highest for the non-members. The item, number one, read, "ANA dues should be lower than they are." This was followed by item number 7, "What I need is more information about what is going on in the ANA." The third highest score for the non-members was for item number 10, "It is not necessary for general duty nurses to have leadership positions in the ANA." The items and their respective scores are listed in Table 6.

Table 6. Aspects of the Role of the General Duty Nurse in the American Nurses' Association With Which 145 Non-members Showed the Greatest Disagreement.

Item (1)	Total Score (2)
Membership Dues (1)	632
Information (7)	593
Leadership Positions (10)	544

Paradoxically, the non-members found the policy of voluntary membership agreeable since it received the lowest score of any item in Part I, yet non-members ranked item 14 concerning the professional responsibility for belonging as also being agreeable. Item number 11, "Going to meetings advances me professionally," elicited the third lowest score. Items from Part I, which received

the three lowest scores from the non-members are listed in Table 7.

Table 7. Aspects of the Role of the General Duty Nurse in the American Nurses' Association With Which 145 Non-members Showed the Greatest Agreement.

Item (1)	Total Score (2)
Voluntary Membership (2)	291
Professional Responsibility for Belonging (14)	416
Personal Value of Meetings (11)	421

In the next step of analyzing Part I the scores for members and non-members were combined for each item in order to reveal a composite of the expressions of general duty nurses toward their role in the American Nurses' Association. The method of scoring remained the same with the scores an item could receive ranging from 182 to 910. The median score an item could obtain was 546. Again the nearer an item's score was to 910 the greater the nurses' disagreement with that aspect and the closer an item's score came to 182 the greater the agreement with that aspect of role. Since four times as many non-members as members participated in the study the combined scores were greatly affected by the expressions of the non-members. The combined member- non-member group

showed the greatest disagreement toward membership dues as expressed by their score on item one, "ANA dues should be lower than they are." Item number 7, "What I need is more information about what is going on in the ANA," received the second highest score, and item five, "General duty nurses should serve on all major committees," elicited the third highest score. The items and their scores are ranked in Table 8.

Table 8. Aspects of the Role of the General Duty Nurse in the American Nurses' Association With Which 37 Members and 145 Non-members Showed the Greatest Disagreement.

Item (1)	Total Score (2)
Membership Dues (1)	763
Information (7)	727
Representation (5)	673

The combined member-non-member group showed the greatest agreement with voluntary membership as shown by the low score on item number two, "I do not think that membership in the ANA should be mandatory." The nurses agreed that it is their responsibility to belong to the professional association. Item number 14, "My responsibility to nursing includes belonging to the professional association," received the second lowest score. The score for the combined group revealed agreement with item number 11, "Going to

meetings advances me professionally." Items which elicited the three lowest scores are listed in Table 9.

Table 9. Aspects of the Role of the General Duty Nurse in the American Nurses' Association With Which 37 Members and 145 Non-members Showed the Greatest Agreement.

Item (1)	Total Score (2)
Voluntary Membership (2)	419
Professional Responsibility for Belonging (14)	485
Personal Value of Meetings (11)	516

The study sought to determine whether general duty nurses would express disagreement or agreement toward the economic security program of the American Nurses' Association, and whether there is a difference between the expressions of members and non-members in this regard. Part II of the questionnaire, which was patterned identically to Part I except that the 14 statements referred to the economic security program, was designed to elicit this information. Seven or 19 percent of the 37 members who participated, indicated disagreement with the economic security program as reflected through scores higher than 42. The scores of ten members were at the median of 42, and 20 nurses or 54 percent, had scores below 42 indicating agreement with the economic security program.

By contrast, 86, or 59 percent of the non-member group showed disagreement by having received scores above 42, 13 or nine percent were at the median and 46 or 32 percent of the non-members elicited scores below 42 indicating agreement with the economic security program of the American Nurses' Association. Thirty-six percent of all the scores were below 42 showing expressions of agreement and 51 percent of all the scores were above 42 indicating disagreement. However, non-members contributed over seven times as many high scores as did the members. Table 10 lists the distribution of scores for 182 general duty nurses.

Table 10. Scores of General Duty Nurses Denoting Agreement or Disagreement With the Economic Security Program of the ANA. N=182.

Scores (1)	Members		Non-members		Total	
	Fre- quency (2)	Per- cent (3)	Fre- quency (4)	Per- cent (5)	Fre- quency (6)	Per- cent (7)
Above 42 Disagreement	7	19	86	59	93	51
At 42 Neither Agreement nor Disagreement	10	27	13	9	23	13
Below 42 Agreement	20	54	46	32	66	36
Total	37	100	145	100	182	100

A chi-square using the formula $X^2 = \frac{(fe-fe)^2}{fe}$ revealed that the

differences between the scores of members and non-members were significant at the .01 level of confidence. Table 11 shows these differences.

Table 11. Statistical Values for the Differences Between the Expressions of Disagreement and Agreement by 27 Members and 132 Non-members of the American Nurses' Association Toward 14 Statements Concerning the Economic Security Program.

Category (1)	Members (2)	Non-members (3)	X^2 (4)	Probability (5)
Above 42 Disagreement	7	86	5.3	<.01
Below 42 Agreement	20	46	7.3	<.01
Total	27	132	12.6	<.01

df = 1 Probability <.01

Note: Scores at the median have been omitted.

The null hypothesis which stated that there would be no significant differences between the expressions of agreement and disagreement of members and non-members was rejected.

Part II of the questionnaire was analyzed in an attempt to determine whether any particular aspects of the economic security program as tested by individual statements showed more or less disagreement than other aspects. The analysis was intended to point out those aspects of the economic security program toward which the expressions of agreement and disagreement of the 182 members

and non-members differed. Thus as in Part I, a total score was obtained first for the members, second, from the non-members and third, combined for the 37 members and 145 non-members. The lowest total score any statement could receive from the members was 37; the highest, 185. The median score for a statement if all of the members checked neither agreement nor disagreement was 111. The lower the score the greater the agreement, the higher the score, the greater the disagreement toward the aspect of the economic security program which that item represented. Item number 15 pertaining to the association's assistance to nurses who have grievances, "The ANA should provide more assistance to nurses who have grievances," elicited the highest score. There were expressions of disagreement toward, representation on bargaining tables, as shown by item number 18, "A nurse on any level could bargain adequately for general duty nurse's wages." Disagreement was registered by the members toward the aspect of the economic security program dealing with standardized sick leave, as shown by the responses to item number 26, "Standardized sick leave for nurses is not an issue that needs to be pushed by the ANA." The third highest score, indicating disagreement, was elicited for the item concerning information about economic goals. Item number 28 reads, "I need to know more about the economic goals of the ANA to be convinced of their effectiveness." Table 12 lists the four aspects

of the economic security program with which members showed the greatest disagreement. Since two statements received identical scores the highest 25 percent of the scores for Part II (See page 22) includes four statements.

Table 12. Aspects of the Economic Security Program of the American Nurses' Association With Which 37 Members Showed the Greatest Disagreement.

Item (1)	Total Score (2)
Assistance to Nurses Who Have Grievances (15)	141
Representation on Bargaining Tables (18)	128
Progress Toward Standardized Sick Leave (26)	128
Amount of Information About Economic Goals (28)	125

The item concerning information about collective bargaining, number 25, "The ANA has not convinced me of the advantages of collective bargaining," received the lowest score from the members. Since this was the only item on the questionnaire concerning information which received a low score there is a strong possibility that the item was unclear to the participants, or that it tested feelings about collective bargaining more than information about

collective bargaining. The score for this item conflicted with scores for other items about information for which high scores were elicited. Item number 27, "General duty nurses should work actively toward establishing bargaining units in their hospitals," received the second lowest score reflecting agreement with this aspect. The third lowest score was obtained for the item about the American Nurses' Association's policy toward nurses' strikes. Item 19 read, "The ANA should support nurses' strikes where necessary to better working conditions." The three aspects of the economic security program with which the 37 members showed the greatest agreement are listed in Table 13.

Table 13. Aspects of the Economic Security Program of the American Nurses' Association With Which 37 Members Showed the Greatest Agreement.

Item (1)	Total Score (2)
Information About Collective Bargaining (25)	81
Policy Toward Establishing Bargaining Units (27)	83
ANA Policy Toward Nurses' Strikes (19)	86

The 145 non-members showed disagreement and agreement with aspects of the economic security program different from those of the member group. The amount of information about economic

goals was the aspect which elicited the highest score from the non-members. The item, 28, read, "I need to know more about economic goals of the ANA to be convinced of their effectiveness." Item number 20, "I feel I could go to the ANA about a problem on my job at any time," elicited the second highest score from the non-members. A third aspect which caused disagreement from the non-members was assistance to nurses who have grievances, as shown by the high score on item number 15, "The ANA should provide more assistance to nurses who have grievances." The aspects of the economic security program with which non-members showed the greatest disagreement are presented in Table 14.

Table 14. Aspects of the Economic Security Program of the American Nurses' Association With Which 145 Non-members Showed the Greatest Disagreement.

Item (1)	Total Score (2)
Amount of Information About Economic Goals (28)	575
Assistance to Nurses With a Job Problem (20)	525
Assistance to Nurses Who Have Grievances (15)	516

The non-members showed the greatest agreement, as shown by the low scores with the following items. The American Nurses'

Association's policy toward nurses' strikes as tested by item number 19, "The ANA should support nurses' strikes where necessary to better working conditions," elicited the most agreement. Item number 23, "The nursing functions I do on my job should be governed by the ANA," obtained the second lowest score and item number 16, "Setting salary goals is the business of ANA," obtained the third lowest score. The aspects of the economic security program with which the non-members showed the greatest agreement are shown in Table 15.

Table 15. Aspects of the Economic Security Program of the American Nurses' Association With Which 145 Non-members Showed the Greatest Agreement.

Item (1)	Total Score (2)
ANA Policy Toward Nurses' Strikes (19)	331
Non-participation in Job Descriptions (23)	344
ANA participation in Setting Salary Goals (16)	376

In the next step of analyzing Part II the scores of members and non-members were combined for each statement in order to reveal a composite of the expressions of agreement and disagreement of general duty nurses toward the economic security program of the American Nurses' Association. The method of scoring

remained the same with the scores a statement could receive ranging from 182 to 910. The median score a statement might obtain from the combined group was 546. The nearer a statement's score to 910, the greater the nurses' expressions of disagreement toward that aspect of the program and the closer a statement's score to 182, the greater the nurses' expressions of agreement toward that aspect of the economic security program. Since four times as many non-members as members participated in the study the combined scores were greatly affected by the expressions of non-members. The greatest amount of disagreement as reflected in a high score was for item number 28, "I need to know more about the economic goals of the ANA to be convinced of their effectiveness." The aspect of assistance to nurses who have grievances obtained the second highest score. The statement, number 15, read, "The ANA should provide more assistance to nurses who have grievances." The combined group registered disagreement for the aspect dealing with assistance to nurses having problems concerning their jobs. A high score was obtained for statement number 20, "I feel I could go to the ANA about a problem on my job at any time." The aspects of the economic security program toward which members and non-members showed the greatest disagreement are shown in Table 16.

Table 16. Aspects of the Economic Security Program of the American Nurses' Association With Which 37 Members and 145 Non-members Showed the Greatest Disagreement.

Item (1)	Total Score (2)
Amount of Information About Economic Goals (28)	702
Assistance to Nurses Who Have Grievances (15)	656
Assistance to Nurses With a Job Problem (20)	644

The combined group of members and non-members showed the greatest agreement with the item on the ANA policy toward nurses' strikes. The item, 19, which read, "The ANA should support nurses' strikes where necessary to better working conditions," obtained the lowest total score of any item in Part II of the questionnaire. Item 23, "The nursing functions I do on my job should be governed by the ANA," received the second lowest score, reflecting great agreement with the fact that the association does not govern job descriptions. Item number 16, "Setting salary goals is the business of the ANA," elicited the third lowest score and reflected agreement with the association's policy of attempting to define salary goals. The aspects of the economic security program with which members and non-members showed the greatest agreement are depicted in Table 17.

Table 17. Aspects of the Economic Security Program of the American Nurses' Association With Which 37 Members and 145 Non-members Showed the Greatest Agreement.

Item (1)	Total Score (2)
ANA Policy Toward Nurses' Strikes (19)	417
Non-participation in Job Descriptions (23)	442
ANA Participation in Setting Salary Goals (16)	475

Part III, question 29, which asked, "Are you a member of the American Nurses' Association?" provided information which placed nurses in the member or non-member category. The findings are reported previously in the discussion of Part I and are repeated here for further clarification. Thirty-seven or 20 percent of the 182 participants were members of the American Nurses' Association and 145 or 80 percent were non-members. Of the 145 nurses who were not members 13 stated that they had belonged to the organization at one time. Five of these 13 nurses made such comments as:

There is much room for improvement in both working conditions and pay scale. How best to achieve these goals I cannot say. However my devotion to my profession does not permit me to endorse collective bargaining. I feel strongly in favor of new leadership in nursing organizations.

I am no longer a member of the ANA. The two different times I joined of my own free will, I found I had joined a social club where discussion centered around former classmates, doctors and hospitals. The third time I joined it was mandatory to maintain my position. Now the ANA will recruit me only by showing me action.

I am planning to join the ANA again because I feel all nurses should belong, though not mandatorily. If we are to be a professional group I think all should be aware of the meaning of the word professional.

Not any more. I lost interest.

I believe all nurses should be members of the ANA. However I do not believe one group such as private duty should be forced to belong while others reap the benefits the few obtain. All should belong by choice or be forced to.

Question 30, Part III, asked, "Have you been instrumental in getting any other nurse to join the ANA in 1966?" It was anticipated that the answers to this question would indicate whether general duty nurses' agreement or disagreement toward their role in the American Nurses' Association or towards the economic security program might affect their willingness to recruit other nurses into the organization. Of 158 nurses who responded to the question, 15 or 42 percent of the members stated that they had been instrumental in getting at least one other nurse to join and 21 nurses or 58 percent had not influenced other nurses to join the association. Of the 122 non-members who answered the question, one nurse said that she had been instrumental in getting another nurse to join, but 121 or

99 percent of the non-members said they had not. One member and 23 non-members did not answer the question.

Lack of a missionary spirit has been reported in the literature by Haberstein and Christ as reported by Hughes. "Likewise, there is a certain lack of missionary spirit on the part of those who are already members - a spirit which may require sparking by some kind of incentive." (6) However, data from this study suggested that a certain degree of missionary spirit is apparent in the member group in that 42 percent, or almost half, of the members had been instrumental in getting at least one other nurse to join the American Nurses' Association in 1966. Several nurses stated that they thought they had influenced more than one other nurse to join the organization. This finding was supported by the findings of a previous study in which Rosson reported, "a greater degree of commitment was found in the member group." (10) The general duty nurses who participated in this study worked actively in getting other nurses to join the American Nurses' Association in 1966. Table 18 depicts the results for question 30 of Part III.

Table 18. Distribution of 182 General Duty Nurses According to Whether or Not They Have Been Instrumental in Getting at Least One Other Nurse to Join the American Nurses' Association in 1966.

Category (1)	Members		Non-members		Total	
	Fre- quency (2)	Per- cent (3)	Fre- quency (4)	Per- cent (5)	Fre- quency (6)	Per- cent (7)
One or More New Members	15	42	1	1	16	10
No New Members	21	57	121	83	142	79
No Response	1	1	23	16	24	11
Total	37	100	145	100	182	100

Because the reasons why these nurses did or did not work to recruit other nurses into the organization were of interest, general duty nurses were asked in question 30-a their reasons for influencing other nurses to join the American Nurses' Association. The reasons were readily divided into three categories, professional responsibility, 'strengthen the association and the nurse's own economic security. Seven of the 15 members who responded to the question said belonging was every nurse's responsibility, six stated that belonging to the organization would increase the nurse's own economic security and two members stated that more members would strengthen the association. Table 19 lists the categories of reasons advanced by 15 respondents.

Table 19. Reasons Given by Fifteen General Duty Nurses Relative to Why They Were Instrumental in Getting Other Nurses to Become Members of the American Nurses' Association in 1966.

Category of the Response (1)	Distribution of Responses	
	Number (2)	Percent (3)
Professional Responsibility	7	47
Personal Economic Security	6	40
Strengthen the Association	2	13
Total	15	100

The seven members who stated that it was the nurse's professional responsibility made such comments as:

Yes, they should support the organization.

I think all should belong.

To gain knowledge and understanding of our times.

It is a professional responsibility.

No nurse can practice on the professional level without being active in her organization.

It is their professional responsibility.

Yes, I think all active nurses should support the ANA.

The second reason most frequently cited was that joining would increase the nurse's own economic security. The following comments illustrate:

Yes, for bargaining rights at our hospital.

If more nurses belonged I believe we could bargain better.

Collective bargaining to renew our contract and liability insurance.

Yes, to improve working conditions and raise wages.

Because we need ANA and their attorneys to bargain for R. N. 's.

To give us better representation.

The two nurses who stated that they had tried but did not know if they had succeeded gave the following reasons for trying:

Only by working together can we expect better nursing and more personal benefits.

As a responsibility to the nursing profession.

The nurse who said it was a responsibility to the nursing profession added that she didn't "know a lot about the ANA programs but I intend to do something about it."

Two members indicated that they had succeeded in getting at least one other nurse to join the organization in 1966 because they wanted to strengthen the American Nurses' Association. One of the members stated, "Because we need a strong organization with most R. N. 's as members. I feel that the ANA could be of more practical help to us. Our organization should be so good that all R. N. 's would take pride in it and have a strong desire to belong." The second member commented, "To make the organization stronger." Neither of these nurses explained how or why the organization would be

stronger, simply that it would.

The one non-member who stated that she had been instrumental in getting another nurse to join the association did not explain her reasons for doing so. This reasoning is supported by the Rosson study in which it was found that out of 33 nurses who had been asked to join the American Nurses' Association in 1964, 25 had been asked by another member. (10) These members were supporting the precept previously reported in the literature that, "membership is everyone's business." (10)

Another purpose of the study was to determine whether general duty nurses were satisfied or dissatisfied with any program or service offered by the American Nurses' Association. Question 31, Part III of the questionnaire, asked, "With which program (widely used service) of the ANA are you most satisfied?" One-hundred and twenty-two nurses responded to the question. Twelve of the 21 nurses who named a program with which they were satisfied, were members of the association, and nine were not. Eighteen members answered with, "do not know" and seven left the item unanswered. Of the 92 non-members who responded, 83 nurses or 90 percent indicated "do not know" and 53 non-members left the question unanswered. Table 20 depicts the distribution of answers.

Table 20. Responses of 122 General Duty Nurses Relative to Whether or Not They Were Satisfied With One or More Programs of the American Nurses' Association.

Category (1)	Members		Non-members		Total	
	Fre- quency (2)	Per- cent (3)	Fre- quency (4)	Per- cent (5)	Fre- quency (6)	Per- cent (7)
At Least One Program	12	40	9	10	21	17
Do Not Know	18	60	83	90	101	83
Total	30	100	92	100	122	100

Six of the members named economic security as the program with which they were most satisfied, three named "education and workshops," two said, "professional counseling and placement" and one nurse stated "publicity." Only one of the nine non-members who responded named the "economic security" program, one said, "standards of nursing care," two stated, "the education and workshops," two the "professional counseling and placement" and three named "publicity." Table 21 shows these data ranked by frequency.

Table 21. Programs of the American Nurses' Association With Which 21 General Duty Nurses Were Most Satisfied.

Program (1)	Members		Non-members		Total	
	Fre- quency (2)	Per- cent (3)	Fre- quency (4)	Per- cent (5)	Fre- quency (6)	Per- cent (7)
Economic Security	6	50	1	11.5	7	33
Education and Work- shops	3	25	2	22	5	24
Legislation	0	0	0	0	0	0
Professional Counseling and Placement	2	16	2	22	4	19
Publicity-Publications	1	9	3	33	4	19
Standards of Nursing Care	0	0	1	11.5	1	5
Total	12	100	9	100	21	100

Six of the 12 members who specified a program specified the economic security program as the most satisfactory program of the American Nurses' Association. Two of the six named insurance in particular.

Malpractice insurance, because it is the least expensive for the amount of coverage.

Insurance-economy-good coverage.

Others who specified economic security stated:

Economic security, because the standards of wages and working conditions have been bettered because of their program.

Economic security - the contract.

Benefits such as sick leave to encourage others.

Sick leave. If not abused it's a Godsend.

A sampling of 12 is small and the hazards of generalizing are great. Yet it was interesting to note that 50 percent of the 12 members who answered question 31 named the economic security program as compared to one of the non-members. These data supported the findings of Part II of the questionnaire where only 19 percent of the members were in disagreement with the economic security program compared to 59 percent of the non-members.

Three of the members who named the educational program as the most satisfactory made such comments as:

Educational programs, they have made many improvements.

Educational aids - because they are used most.

Workshops. They deal with medical problems.

One member who explained why she thought the professional counseling and placement service was the most satisfactory stated, "I have had an opportunity to utilize this service. I enjoyed the convenience."

The one member who specified publications explained, "To know there is such an organization." Another member stated that she was somewhat acquainted with all the programs and that they

all seemed desirable to her.

The answers of the nine non-members were well distributed. The nurse who stated standards of nursing care indicated that, "nursing skills need constant updating." The non-members who were most satisfied with professional counseling and placement added, "The information was extremely helpful." One non-member who named the same program did not state why she thought professional counseling and placement was most satisfactory. One of the non-members who identified the insurance provision of the economic security program stated, "I do not have it, but I have talked to others who are greatly satisfied with the insurance."

Publicity was rated as most satisfactory by three non-members but to these nurses publicity seemed to mean The American Journal of Nursing. They made such comments as:

I have read The American Journal of Nursing. It is my only contact.

The American Journal of Nursing. They mail it to me monthly.

The AJN magazine. Because of the educational opportunities it affords me.

Comparing the comments of the members with those of the non-members, it appears that the non-members rated as satisfactory those services they have used and liked. The comments of the members, specifically those comments concerning economic security,

seemed to reflect interest in long term goals and increasing benefits to nurses over a span of years.

Question 32, Part III, asked "With which program (widely used service) of the ANA are you least satisfied?" It was anticipated that answers or absence of answers to the question would determine which programs caused the greatest dissatisfaction and whether these nurses had enough information to enable them to answer the question. One-hundred and nineteen respondents answered the question. Of the 28 members who named a program, seven or 25 percent listed a program or service with which they were dissatisfied, 21 said they did not know and the nine remaining members left the question unanswered. Of the 91 non-members who responded to the question, 13 or 14 percent were dissatisfied with at least one program, 78 nurses or 86 percent stated they did not know and 54 non-members did not respond to the question. Table 22 presents the distribution of responses.

Table 22. Responses of 119 General Duty Nurses Relative to Whether or Not They Were Dissatisfied With One or More Programs of the American Nurses' Association.

Category of Response	Members		Non-members		Total	
	Fre- quency	Per- cent	Fre- quency	Per- cent	Fre- quency	Per- cent
(1)	(2)	(3)	(4)	(5)	(6)	(7)
At Least One Program	7	25	13	14	20	17
Do Not Know	21	75	78	86	99	83
Total	28	100	91	100	119	100

Since the respondents had been instructed to use the phrase, "do not know" if they lacked sufficient knowledge to enable them to answer, the findings made plain that this group of members and non-members did not know enough about the programs and services of the American Nurses' Association to enable them to answer the question. The findings for this question contrasted with the findings from Part I of the questionnaire (See Tables 4, 6, 8) in which it was found that high scores indicated disagreement with the amount of information nurses possess about activities of the American Nurses' Association. The findings contradict those of the Rosson study in which Rosson found that general duty nurses had little information nor were they aware of all the ANA is trying to accomplish in their behalf. (10) The findings are in contrast to the opinion of Thompson who stated that a study should be done to determine how much general duty nurses know about the American Nurses' Association. (47) These findings are further contradicted by the many spontaneous talks the investigator held with general duty nurses in which the lack of information was discussed again and again. It cannot be known whether the statement, number seven, intended to test information was not sensitive enough, whether the respondents contradicted themselves or whether the statement was unclear to them. Comments concerning information include the following from the members:

Non-members should be oriented where their dollars go and why.

Have just recently felt that I have a need to know more about the ANA and intend to do something about it.

Non-members were more forceful in their comments on the lack of information. They said:

Recent 1965 grad and have not been convinced of the advantages.

As a non-member I really am not even partially informed of the ANA's programs. I cannot answer many of these questions without much more knowledge of the ANA's activities.

I'm sorry that my answers to the questions have been hampered by my ignorance of the association. The only information we received about the ANA was in training.

Since I do not belong, I am not familiar with its activities. The questions stimulated an interest in my mind and when I can afford it I will join.

I think more information should be given to the new graduates on the advantages of joining ANA. I actually know very little about the organization - what their purposes are, what they do and their goals.

I have been working in the USA for 10 months and I have not been aware of the ANA, the fee, the benefits of joining. In other words I know nothing about it. I feel it would be beneficial if those from other countries were informed of ANA and its benefits when they became registered.

I do not know enough about the ANA.

I have returned to general duty nursing after thirty years. I have never been a member of the

ANA and know little about its activities and its programs.

I don't know enough about their programs.

Don't know that much about it.

Have no knowledge about them.

Have recently moved from Canada to the US and know nothing about ANA at all.

Only 17 nurses were able to name a program with which they were dissatisfied. Twenty nurses answered the question but three non-members simply stated "all" and neither identified programs nor gave reasons for their answers. These three were disregarded in Table 23. Seven members named a program, and of these three said the economic security program, one named educational workshops and three specified publicity. Of the ten non-members who responded to the question, seven or 70 percent stated that they were least satisfied with the economic security program of the American Nurses' Association. One respondent named professional counseling and placement and two specified publicity. Those who specified publicity explained that the American Nurses' Association is not "selling itself." Some correlation may exist between the disagreement with items about information as shown in Parts I and II and with the dissatisfaction with publicity but the small sampling excludes generalization.

Table 23 lists the programs with which general duty nurses are least satisfied.

Table 23. Programs of the American Nurses' Association With Which 17 General Duty Nurses Were Least Satisfied.

Program (1)	Members		Non-members		Total	
	Fre- quency (2)	Per- cent (3)	Fre- quency (4)	Per- cent (5)	Fre- quency (6)	Per- cent (7)
Economic Security	3	43	7	70	10	59
Education and Workshops	1	14	0	0	1	6
Legislation	0	0	0	0	0	0
Professional Counseling and Placement	0	0	1	10	1	6
Publicity- Publications	3	43	2	20	5	29
Standards of Nursing Care	0	0	0	0	0	0
Total	7	100	10	100	17	100

Question 32-a asked the respondents to give a reason why they named the programs they had. Comments from the members who said they were dissatisfied with economic security were:

Why are nurses so underpaid?

I don't feel we have much help in getting satisfactory working conditions.

From the non-members who named the economic security program came such comments as:

Nurses are one of the few remaining large groups

without a pension fund. Teachers acquired this benefit through pressure from their organizations. Not enough has been accomplished in this area by the ANA.

We are one of the lowest paid women professionally. Waitresses, secretaries, et cetera, can make more than we do with no more than a short training course. Nurses' hours are not conducive to family life and no one seems to realize that nurses are human beings. Only an exceptionally dedicated nurse will continue work - under the conditions we now have, I sometimes wonder if burlesque wouldn't be more profitable. . .

Collective bargaining for wage increases does not seem like a professional function.

Economic security program overemphasized out of proportion to its importance.

The nursing profession is underpaid.

In the past eight years the ANA has done nothing to improve working conditions, salaries and benefits. Have not kept up.

From a non-member who was critical of the professional counseling and placement came this suggestion:

A more helpful and interested attitude is needed in acquainting the nurse with job opportunities.

The following comment was made by a member who was dissatisfied with the educational programs offered by the American Nurses' Association:

With the responsibility the nurse has toward people and the influence she makes on their lives time should be allowed for continued study. I would improve this program by providing three months out of the year with salary to attend a college of

their choice. Study without interference is of more value than a three day workshop.

Three members and two non-members stated that recruitment and publicity programs of the American Nurses' Association were not as effective as they might be and all five of these nurses offered suggestions for improvement. Said the members:

Better newspaper coverage, better portrayal of the nurse-image on TV.

Nursing service must acknowledge and promote professionalism.

From the non-members came such comments as:

Encourage present members to talk more.

Publicize meetings and meeting places.

Recruit members! Publicize. Also have our status changed in Washington, D. C. from Domestic to Professionals.

Question 32-b, Part III, was designed to offer respondents an opportunity to offer suggestions to improve programs of the American Nurses' Association. Although only 17 nurses identified a program with which they were dissatisfied, 20 nurses offered suggestions for improvements. Other suggestions for improvements were stated in the section reserved for comments. Eight of the 20 suggestions came from the members and 12 from the non-members.

Table 24 shows the distribution of responses.

Table 24. Responses of 182 General Duty Nurses According to Whether They Did or Did Not Make Suggestions to Improve a Program of the American Nurses' Association With Which They Were Dissatisfied.

Category of Response (1)	Members		Non-members		Total	
	Fre- quency (2)	Per- cent (3)	Fre- quency (4)	Per- cent (5)	Fre- quency (6)	Per- cent (7)
Suggestion	8	22	12	8	20	11
No Response	29	78	133	92	162	89
Total	37	100	145	100	182	100

From the eight members came the following suggestions to improve a program:

Economic security:

Become better acquainted with the program.

Get more nurses to belong.

The non-members offered these suggestions to improve the economic security program:

Get out from under the thumb of the AMA and let ANA stand on its own two feet.

Improve contract with members to encourage membership and strengthen the bargaining situation. The ANA must speak for the majority of nurses.

Upgrade the body of knowledge then better salaries are in order.

Publish suggested wage scale based on cost of living and discontinue other efforts.

The findings for Part III of the study support what previous literature has stated that is that wages, working conditions, retirement and other aspects of economic security are of utmost importance to nurses and that nurses look to the nursing organization for leadership in economic security. (3, 29) One non-member stated:

I am still working under the same circumstances as 23 years ago when I started. Experience counts for nothing. . . . I've worked with the contract and without the contract and it hasn't changed my situation. I could be fired tomorrow without notice and not be able to get enough help from anyone to get my job back.

Comments such as the foregoing pointed up the lack of information about services offered by the American Nurses' Association and reflected a disappointment that more direct help is not given in the area of grievances and problems associated with the nurse's job. This finding was substantiated in Part II of the questionnaire by scores indicating disagreement in both of these aspects of the economic security program. The literature, especially Porter, has stated: "... sometimes the ANA seems a little remote from the individual nurse." (29) Butzke wrote that sometimes the ANA seems far removed from the problems of the nurse. (13) Another respondent from this study stated that "the ANA could be of more practical help to us" but neglected to say what that help should be.

The last page of Part III of the questionnaire was left open for comments. Approximately 16 percent of the members and 19 percent

of the non-members took the time to write spontaneous comments which ranged from specific complaints and praise to generalities. Table 25 shows the distribution of responses between members and non-members.

Table 25. Distribution of 182 General Duty Nurses According to Whether or Not They Offered Additional Comments.

Category of Response (1)	Members		Non-members		Total	
	Fre- quency (2)	Per- cent (3)	Fre- quency (4)	Per- cent (5)	Fre- quency (6)	Per- cent (7)
Comments	6	16	27	19	33	18
No Comments	31	84	118	81	149	82
Total	37	100	145	100	182	100

More than half of the comments concerned the amount of membership dues. This finding was contradicted by findings presented previously in Tables 4, 6 and 8 wherein nurses expressed disagreement toward the statement, "ANA dues should be lower than they are. It cannot be known whether the participants contradicted themselves or whether they found the statement unclear. One comment was made by a member.

I feel all nurses as R. N.'s should belong to the ANA and that dues should be reduced at least one-half the current cost. If this were done more R. N.'s would be willing to join. It is grossly unfair to have a small percentage of working nurses carry the financial load of the ANA.

Comments from non-members were more direct:

I did not join - the dues were too high.

I am working only part time and the dues are too high.

At the present time with fees as high as they are, I don't feel nurses get their money's worth from membership.

When I can afford it, I will consider joining.

I think the dues are not excessive but would like to have the institution where I am employed participate by taking dues out of my paycheck monthly. . . . I know many nurses who feel that lump sum expenditure is prohibitive.

If the fees for ANA were not so high, I as a part time employee would be inclined to join my professional organization. At fifty dollars a year it is prohibitive.

Costs seem too high.

I work the 3 to 11 shift and cannot attend meetings. I cannot afford that amount for dues and not be able to participate.

I do not belong to the ANA as I feel they do not accomplish anything besides collect their \$50 membership fee.

I believe that all nurses should belong to their professional organization but at a reasonable rate. Fifty dollars a year is about twice too much. If you would have a scale for part time workers you would have a much bigger membership.

Comments from other non-members were not so pointed:

If dues were lower I think more G. D. nurses would join thus making a better organization.

As a recent graduate who participated actively in the student organizations, I feel membership is beneficial but the amount of dues requested has stopped me from joining.

If the dues were lower more nurses would join. I used to be active but due to working hours and not being able to attend meetings and the high dues, I have not belonged to ANA for several years.

I do feel nurses should belong and if the organization had a plan whereby the yearly dues could be paid on a monthly basis I would be a member immediately.

Costs too high.

I believe lower dues would induce large membership and provide more weight to the organization.

Several of the comments showed a lack of information about the methods available for paying membership dues. It seems apparent that some of the respondents were not aware of the American Nurses' Association's partial payment plan whereby the payment of dues can be spaced over a period as long as six months. Nor were these nurses aware of the reduced fees plan for the new graduate wherein the nurse may join the association for the remainder of the graduation year plus all of the next year for one-half of one year's dues.

Weaknesses in the study are apparent in the section on comments. Since each nursing service director was made responsible for administering the questionnaires in the most advantageous way,

some were administered during prearranged coffee hours, social periods or inservice education meetings and in other hospitals the questionnaires were sent home with the respondents to be returned to the director at a later date. This variation could have affected the number and kind of comments returned. Because hospitals and individual respondents remained anonymous it cannot be ascertained which method of administering the questionnaires elicited more comments, nor can it be known whether the comments received represent a cross section of nurses from the ten participating hospitals. Many of the comments have been reported previously in other portions of Chapter III and only a few general ones remain to be reported here. These range from complete disillusionment:

Amazing how little prestige the ANA has among the nurses I know. That means the older, professional nurse of course. Why should they? Nursing has been downgraded so much--too many want to get in on the act--caps don't mean anything anymore - might as well let everybody wear them--janitors, secretaries, etc...

This nurse poses a final question, "What solution is possible? It is later than you think."

Another nurse who said she had been a member at one time stated:

I feel strongly in favor of new leadership in nursing organizations. Much could be done to encourage nurses back to their profession and young girls into training.

A member who took time to write an entire page said:

Non-members should be oriented where their dollars go and why. Executive officers, lawyers, office personnel, workshops etc., cause big budget expense. Also organization shows long term goals slowly--does not show immediate effects as does inservice meetings.

Working wives and mothers must be made to feel that growth starts at the bottom and professional involvement is necessary. Career executives and administrators are not at the bedside doing nursing.

Two members of the American Nurses' Association wrote what appeared to the panel to be pleas:

ANA, please do not forget those of us who are diploma school graduates giving good patient care. I feel the diploma grad is being overlooked, ignored and neglected to favor the baccalaureate graduate.

Supporting the previously reported literature by Butzke, "Her professional organization seems far removed from her daily problems," (13) is this final comment made by a nurse who is a member of the American Nurses' Association:

I feel if ANA had a way of really knowing what each R. N. 's true feelings are in all phases--they could adjust to better serve us. Maybe a questionnaire not signed by the R. N. 's might get them to list all critical points that so many seem to feel towards ANA, yet they hesitate to raise them openly. I feel that ANA is necessary--yet we must eat. We pay too much out and get too little back.

One nurse member after submitting a fully answered questionnaire printed across the bottom of the page almost as an afterthought
... "GROW"

The purpose of the study was to compare the expressions of agreement and disagreement of general duty nurses who are members of the American Nurses' Association and non-members toward selected aspects of the role of the general duty nurse in the American Nurses' Association and toward the economic security program.

It was hypothesized that there would be no significant differences between the expressions of agreement and disagreement between general duty nurses who are members of the American Nurses' Association and by non-members concerning statements about the role of the general duty nurse in the American Nurses' Association and the economic security program. The null hypothesis was rejected after highly significant differences were found.

The summary, conclusions and recommendations are reported in Chapter IV.

CHAPTER IV

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

This study was undertaken to compare the expressions of agreement and disagreement of general duty nurses who are members of the American Nurses' Association and non-members toward selected aspects of the role of the general duty nurse in the American Nurses' Association and the economic security program. It was hypothesized that there would be no significant differences between the expressions of agreement and disagreement by general duty nurses who are members of the American Nurses' Association and by non-members concerning statements about the role of the general duty nurse in the American Nurses' Association and the economic security program. A single variable was used for the purpose of this study which was whether or not the nurse was a current member of the American Nurses' Association. It is acknowledged that other variables existed which could have exerted varying degrees of influence on the nurses' expressions toward the association and its services. Some of the most apparent were: age of the nurse, shift which the nurse worked, type of employment, kind of school from which the nurse graduated and the number of years worked in nursing.

A questionnaire consistent with the purpose of this study

was devised. Three small pilot studies were carried out using 30 general duty nurses from three hospitals. Neither the data from the pilot studies nor the hospitals were included in this study. Irrelevant items in Parts I and II of the questionnaire were identified through a power-of-discrimination test and the questionnaire was subsequently revised. The cooperation of each director of nursing was gained and private interviews were held to discuss the study.

One-hundred and eighty-six nurses returned questionnaires. All were employed in ten general hospitals in the city of Portland. Four of the questionnaires were insufficiently completed but the remaining 182 were used for the study. Of these nurses, 37 were members of the American Nurses' Association and 145 were not. The percentage of return for the questionnaires was 69 percent. The returns by hospitals are listed in Appendix E.

All data from Parts I and II resulted in scores on a Likert scale. These scores were submitted to the data-processing department of Clark College in Vancouver, Washington, for tabulation.

The findings are summarized as follows:

1. In answer to the question, "Do general duty nurses agree or disagree with the role of the general duty nurse in the American Nurses' Association as defined in this study?" it appeared that the majority of the members who participated were in agreement as shown by their scores for

Part I, but that the majority of non-members were not in agreement with the role of the general duty nurse in the American Nurses' Association. Seventy-eight percent of the non-members elicited scores higher than the median. A chi-square of 24.4 indicated that the differences between these scores could have occurred less than one time in a hundred by chance alone, hence the hypothesis was rejected.

2. With which specific aspects of the role of the general duty nurse in the American Nurses' Association are general duty nurses in agreement or disagreement? The combined member-non-member group expressed agreement with the American Nurses' Association's policy of voluntary membership since that statement received the lowest score of any item in Part I. The combined group expressed agreement with the professional responsibility for belonging and toward the value of attending meetings. Disagreement was expressed toward the statement on membership dues, yet the greatest number of critical comments in Part III of the questionnaire concerned membership dues. All comments are reported in the discussion of Part III, Chapter III. A second statement toward which the combined group expressed disagreement was the item on information about

programs, goals and services of the American Nurses' Association. In contradiction, the number of critical comments from Part III concerning the lack of information was second only to the number of comments about membership dues. The amount of representation accorded general duty nurses on major committees scored the highest expression of disagreement from the members but was not included in the highest 25 percent of the scores for the non-members.

3. Part II of the study was designed to elicit general duty nurses' expressions of agreement or disagreement toward selected aspects of the economic security program. Seven or 19 percent of the members showed disagreement with the economic security program and 20 nurses, or 54 percent of the members expressed agreement. Scores for the non-member group showed that 86 nurses or 59 percent of the 145 non-members expressed disagreement and 46 nurses or 32 percent registered agreement. For the combined group, 36 percent of 182 nurses expressed agreement with the economic security program and 51 percent expressed disagreement. Scores at the median have been omitted. Non-members contributed over seven times as many high scores as did members. A chi-square of 12.6 revealed that the differences between these scores were highly

significant at the .01 percent level on confidence, hence the hypothesis was rejected.

4. With which specific aspects of the economic security program do general duty nurses express agreement or disagreement. The members expressed disagreement with the following aspects of the economic security program: assistance to nurses who have grievances, the amount of general duty nurse representation at bargaining tables, progress toward standardized sick leave and the amount of information nurses possess about economic goals. Expressions from the non-members differed from expressions from the members in that the aspect concerning the amount of information nurses' possess about economic goals accrued the highest score for any item in Part II. Other aspects toward which the non-members expressed disagreement were, assistance to nurses who have a problem related to the job and assistance to nurses who have grievances. For the combined group, the greatest disagreement was expressed concerning the amount of information nurses posses about economic goals followed by assistance to nurses who have grievances and assistance to nurses who have a problem related to the job. General duty nurses were in almost unanimous agreement with

the association's no-strike policy. Item number 19 received the lowest score of any item in Part II from the combined member-non-member group. These nurses agreed that it is not the responsibility of the association to define job functions. The association's participation in setting salary goals received the third lowest score.

5. Do general duty nurses consider themselves to be well informed about the programs, services and goals of the American Nurses' Association? The respondents were asked to name the program (widely used service) with which they were most satisfied and the program with which they were least satisfied. These nurses were requested to state reasons relative to why they named the program. In the directions for Part III, nurses were advised to use the phrase "do not know" if they lacked sufficient information to enable them to answer knowledgeably. The data from questions 31 and 32, contrasted with the findings of the Rosson study in which nurses rated programs by checking their choices from a prepared list. (10) The findings from Part III of the data-collecting tool contrasted with the findings from Parts I and II in that nurses disagreed that they needed more information (See Tables 4, 6 and 8) yet 83 percent of the combined group of respondents

stated, "do not know" in answer to questions 31 and 32. Only 17 percent of the combined group of respondents were able to name a program in response to question 31 as well as question 32.

6. Which do general duty nurses think is the most satisfactory program of the American Nurses' Association? Of the 21 nurses who responded to the question, 12 were members and nine were non-members. A total of 122 nurses answered the question. Of these, 18 members and 83 non-members stated "do not know" and 12 members and nine non-members named a program. Seven members and 53 non-members did not answer. Six of the 12 members identified the economic security program as the most satisfactory compared to one of the non-members. Three members compared to two of the non-members named educational workshops and two members and two non-members indicated that they were most satisfied with the professional counseling and placement service. One member compared with three non-members named publicity and one non-member stated that the American Nurses' Association's work in maintaining standards of nursing care was its most satisfactory program.

7. Which do general duty nurses think is the American Nurses' Association's least satisfactory program? Question 32, Part III, was designed to elicit answers to this question. Of the 37 members, seven named a program, 21 stated "do not know" and nine nurses left the question unanswered. Thirteen of the 145 non-members specified a program, 78 nurses stated "do not know" and 26 non-members left the question unanswered. Three of the non-members stated "all" and these data were not included in the table. Of the seven members who named a program, three specified economic security, one named educational workshops and three designated publicity as the program with which they were least satisfied. The nurses who stated publicity indicated further that the American Nurses' Association is not "selling itself." Of the ten non-members who specified a program, seven named economic security, two named publicity and one identified the professional counseling and placement as the least satisfactory.
8. The study sought to determine whether general duty nurses work to get other nurses to join the association. Almost half or 42 percent of the members reported that they had tried to get other nurses to join the American Nurses' Association in 1966. Some nurses indicated they had tried

but did not know whether they had succeeded. Several members stated that they had been instrumental in getting more than one nurse to join the association in 1966. One non-member stated that she had influenced another nurse to join the association but neglected to explain her reasons for doing this. The data reported in this study are supported by findings from the Rosson study in that Rosson found, "a greater commitment in the member group." (10)

The reasons advanced by members for getting other nurses to join the American Nurses' Association were consistent with the findings from Part I in that seven of the 15 members stated that it was every nurse's professional responsibility to belong to the organization. Six nurses stated that belonging would improve the individual's own economic security and two stated that more members is one way of strengthening the organization. The comments are reported in Chapter III of the study.

Conclusions

The following conclusions have been drawn from the findings as reported in this study. The findings based on information obtained from the responses of 182 general duty nurses employed in ten general hospitals in the city of Portland, can be applied to

this group only.

The terms satisfaction and dissatisfaction as used in the conclusions of this study are based on direct questions, 31 and 32 of Part III of the questionnaire and on the degree of agreement and disagreement elicited from Parts I and II.

1. It would appear that more of the members tend to be in agreement with the role of the general duty nurse in the American Nurses' Association and that the majority of non-members tend to be in disagreement. Further that the differences between members' and non-members' expressions of agreement and disagreement are significant and make it possible to conjecture that one of the reasons non-members do not join is that they are dissatisfied with what they perceive to be the role of the general duty nurse in the American Nurses' Association.
2. General duty nurses tend to be critical of the amount of membership dues as expressed by the comments in Part III of the questionnaire, yet disagreed with the statement from Part I, "ANA dues should be lower than they are." This apparent discrepancy between the comments in Part III of the questionnaire and the statement in Part I, could be the result of an insufficiently refined statement which did not accurately test membership dues, or the nurses

may have contradicted themselves. Further, general duty nurses appear to be critical of the amount of information provided them concerning the American Nurses' Association as expressed in the comments in Part III of the questionnaire yet they disagreed with the statement from Part I, "What I need is more information about what is going on in the ANA." This apparent second discrepancy can probably be explained by the reasons stated previously. Representation of general duty nurses on policy-making committees was another source of disagreement.

3. General duty nurses are in almost unanimous agreement with the American Nurses' Association's policy of voluntary membership and would not have it otherwise.
4. General duty nurses agree that, "belonging to the association" is the professional duty of each nurse, but though the overwhelming majority agree with this philosophy, they themselves do not belong. It can be inferred that these nurses hold other attitudes which exert greater influence on whether or not they belong.
5. The economic security program appears to be more satisfactory to the members than to the non-members and the members think it is good even though they might be critical of the amount of progress being made.

6. The majority of general duty nurses look to the American Nurses' Association for leadership and leverage in improving salaries and working conditions.
7. General duty nurses, both members and non-members do not appear to hold a close feeling of allegiance to the American Nurses' Association, but rather a distant impersonal one, since most of the respondents stated that they would not or could not appeal to the association about a problem on the job. These nurses may be unaware of the association's willingness to assist with job problems, but it can be inferred that these nurses do not feel close enough to the American Nurses' Association to find out. They do not turn to the association for help.
8. General duty nurses do not favor nurses' strikes and give almost 100 percent support to association policy in this regard.
9. General duty nurses tend to disagree with the amount of information nurses possess about programs, activities, goals and services of the American Nurses' Association as expressed by the comments in Part III of the questionnaire, yet disagreed with the statement in Part I, "What I need is more information about what is going on in the ANA." This apparent discrepancy between the comments

in Part III of the questionnaire and the statement from Part I could be the result of an insufficiently refined statement which did not accurately test information, or the nurses may have contradicted themselves. In the nurses' comments they do not identify the acquisition of information as an individual responsibility and are pointed in their criticisms about this lack.

10. General duty nurses, members and non-members alike, are unable to define specific programs and services when asked to do so in open-end questions. Eighty-three percent of the combined group of respondents stated "do not know" to questions 31 and 32 in Part III of the questionnaire.
11. General duty nurses, at least the members, do work to get toehr nurses to join the association.

Recommendations for Further Study

As an outgrowth of this study the following recommendations are made:

1. Because the percent of American Nurses' Association membership of general duty nurses is low, it is recommended that a series of studies be done in selected urban and metropolitan areas to determine the attitudes of directors of nursing service toward membership in the

American Nurses' Association, including personnel policies which might influence whether or not a nurse joins the association. The study might include the identification of how present members were contacted successfully to join, that is through another nurse, the director of nursing service, through printed material or other means.

2. A study could be done in selected urban and metropolitan areas to determine why nurses who were once members of the American Nurses' Association are no longer members.
3. A study could be done analyzing the joining and participating patterns of general duty nurses including whether or not they join and participate in community and civic organizations, to determine whether the non-joiner tendency is directed toward organizations other than the nursing association.
4. A study could be done of general duty nurses who are members of the American Nurses' Association to determine areas of satisfaction and dissatisfaction in their role in the association.
5. A study could be done to find out which services offered by the American Nurses' Association are most often used by general duty nurses and which aspects of these services made them seem effective or ineffective.

6. A study could be done to determine general duty nurses' attitudes toward collective bargaining as a tool to improve nurses' salaries and working conditions.

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APPENDICES

APPENDIX A

LETTER TO DIRECTORS OF NURSING SERVICE

Dear Director:

Thank you for accepting the invitation to participate in my study concerning the general duty nurse in the American Nurses' Association. I appreciate your interest.

I will call you on the date which we have set to discuss a mutually satisfactory time to bring the questionnaires and to answer any further questions you may have.

Upon completion of the study an abstract will be sent to each participating director and copies of the report will be placed in the University of Oregon Medical School Library.

Yours sincerely,

Frances Storlie

APPENDIX B

QUESTIONNAIRE

INTRODUCTION TO PARTICIPANTS

It is the purpose of this study to find out what general duty nurses' attitudes are toward their own role in the American Nurses' Association and toward the economic security program of the American Nurses' Association. All questions and statements referring to the American Nurses' Association are applicable to the constituent organization, the Oregon Nurses Association.

The study is being conducted by Frances Storlie, R. N., B. S., University of Oregon School of Nursing. General duty nurses from general hospitals in the city of Portland, Oregon will participate.

Hospitals and participants are to remain anonymous. Please do not sign your name.

Thank you for your participation.

For each statement on the opposite page please mark an X in the space which best describes your opinion.

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

For each statement on the opposite page please mark
an X in the space which best describes your opinion.

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					

APPENDIX B (Cont.)

QUESTIONNAIRE

Part III

Instructions: The following questions require a written response. Please answer each one. If you are not well enough acquainted with the programs to form an opinion please use the phrase "do not know" in the appropriate space.

29. Are you a member of the American Nurses' Association?

30. Have you been instrumental in getting any other nurse to join the ANA in 1966? _____

a. If so, why did you suggest that they join? _____

31. With which program (widely used service) of the ANA are you most satisfied? _____

A. Why? _____

32. With which program (widely used service) of the ANA are you least satisfied? _____

a. Give a reason for your answer. _____

b. What would you do to improve it? _____

THANK YOU

COMMENTS

APPENDIX C

KEY TO SCORING, PARTS I AND II

Explanation of Scoring

Part I of the questionnaire consisted of seven negative and seven positive statements. Numerical values of one through five were assigned to negative statements: 1, 3, 5, 7, 9, 11 and 13.

Numerical values of five through one were assigned the positive statements: 2, 4, 6, 8, 10, 12, and 14.

Part II of the questionnaire consisted of six negative and eight positive statements. Numerical values of one through five were assigned the negative statements: 15, 19, 21, 23, 25 and 28.

Numerical values of five through one were assigned the positive statements: 16, 17, 18, 20, 22, 24, 26 and 27.

All high scores indicate a tendency to disagreement regardless of the category for which the score was obtained and all low scores indicate a tendency to agreement.

For each statement on the opposite page please mark an X in the space which best describes your opinion.

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
1.	1	2	3	4	5
2.	5	4	3	2	1
3.	1	2	3	4	5
4.	5	4	3	2	1
5.	1	2	3	4	5
6.	5	4	3	2	1
7.	1	2	3	4	5
8.	5	4	3	2	1
9.	1	2	3	4	5
10.	5	4	3	2	1
11.	5	4	3	2	1
12.	1	2	3	4	5
13.	1	2	3	4	5
14.	5	4	3	2	1

Note:

Lowest score possible = 14

Median score = 42

Highest score possible = 70

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For each statement on the opposite page, please mark an X in the space which best describes your opinion.

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
15.	1	2	3	4	5
16.	5	4	3	2	1
17.	5	4	3	2	1
18.	5	4	3	2	1
19.	1	2	3	4	5
20.	5	4	3	2	1
21.	1	2	3	4	5
22.	5	4	3	2	1
23.	1	2	3	4	5
24.	5	4	3	2	1
25.	1	2	3	4	5
26.	5	4	3	2	1
27.	5	4	3	2	1
28.	1	2	3	4	5

Note:

Lowest score possible = 14

Median score = 42

Highest score possible = 70

APPENDIX D

COMPILATION OF RAW DATA

Part I. <u>The Role of the General Duty Nurse in the ANA.</u>	<u>Number</u>	<u>Percent</u>
1. Number of ANA members whose scores are above 42 in "Role Satisfaction."	15	40.5
2. Number of ANA members whose scores are below 42 in "Role Satisfaction."	18	48.6
3. Number of ANA members whose scores are at 42 in "Role Satisfaction."	4	10.8
4. Number of non-members whose scores are above 42 in "Role Satisfaction."	113	78
5. Number of non-members whose scores are below 42 in "Role Satisfaction."	20	13.8
6. Number of non-members whose scores are at 42 in "Role Satisfaction."	12	8.3
Number of respondents = 182		
Part II. <u>The Economic Security Program of the ANA.</u>		
7. Number of ANA members whose scores are above 42 for "Economic Security Program."	7	18.9
8. Number of ANA members whose scores are below 42 for "Economic Security Program."	20	54.1
9. Number of ANA members whose scores are at 42 in "Economic Security Program."	10	27
10. Number of non-members whose scores are above 42 for "Economic Security Program."	86	59.3
11. Number of non-members whose scores are below 42 for "Economic Security Program."	46	31.7
12. Number of non-members whose scores are at 42 in "Economic Security Program."	13	9.0
Number of respondents = 182		

APPENDIX D (Cont.)

<u>Part III. Open-End Data on Programs of the ANA.</u>	<u>Number</u>	<u>Percent</u>
<u>Item 30</u>		
13. Number of ANA members who have been instrumental in getting at least one other nurse to join the ANA in 1966.	15	42m *
14. Number of ANA members who did not get at least one other nurse to join the ANA in 1966.	21	56m
15. Number of ANA members who did not respond to question 30.	1	2m
16. Number of non-members who have been instrumental in getting at least one other nurse to join the ANA in 1966.	1	0nm *
17. Number of non-members who did not get at least one other nurse to join the ANA in 1966.	121	84nm
18. Number of non-members who did not respond to question 30.	23	16nm
Number of respondents = 182		
<u>Item 31</u>		
19. Number of members satisfied with at least one program of the ANA.	12	32m
20. Number of ANA members who responded to question 31 with "Do not know."	18	49m
21. Number of ANA members not responding to question 31.	7	19m
22. Number of non-members satisfied with at least one program of the ANA.	9	6nm
23. Number of non-members who responded to question 31 with "Do not know."	83	58nm
24. Number of non-members not responding to question 31.	53	36nm
25. Number of ANA members who responded to question 31 and gave a reason.	10	28m
26. Number of non-members who responded to question 31 and gave a reason.	5	3nm
Number of respondents = 182		
* m = members nm = non-members		

APPENDIX D (Cont.)

	<u>Number</u>	<u>Percent</u>
<u>Item 32</u>		
27. Number of ANA members dissatisfied with at least one program of the ANA.	7	20m
28. Number of ANA members who responded to question 32 with "Do not know."	21	58m
29. Number of ANA members not responding to question 32.	9	25m
30. Number of non-members dissatisfied with at least one program of the ANA.	13	9nm
31. Number of non-members who responded to question 32 with "Do not know."	78	54nm
32. Number of non-members who did not respond to question 32.	54	37nm
Number of respondents = 182		
<u>Item 32</u>		
33. Number of ANA members who responded to question 32 and gave a reason.	5	14m
34. Number of non-members who responded to question 32 and gave a reason.	12	8nm
35. Number of members who responded to question 32 and offered a suggestion.	8	22m
36. Number of non-members who responded to question 32 and offered a suggestion.	12	8nm
37. Number of ANA members who offered additional comments.	6	16m
38. Number of non-members who offered additional comments.	27	15nm
	<u>No. of</u>	<u>Total</u>
Part I. <u>Total Scores for Specific Items.</u> (Members = 37)	<u>Item</u>	<u>Score</u>
39. The aspect of "Role Satisfaction" causing the highest score for disagreement.	#5	146

APPENDIX D (Cont.)

	<u>No. of Item</u>	<u>Total Score</u>
40. The aspect of "Role Satisfaction" causing the second highest score for disagreement.	#10	137
41. The aspect of "Role Satisfaction" causing the third highest score for disagreement.	# 7	134
42. The aspect of "Role Satisfaction" causing the lowest score indicating agreement.	#14	59
43. The aspect of "Role Satisfaction" causing the second lowest score indicating agreement.	# 4	87
44. The aspect of "Role Satisfaction" causing the third lowest score indicating agreement.	# 3	89
Part I. <u>Total Scores for Specific Items.</u> (Non-members = 145)		
45. The aspect of "Role Satisfaction" causing the highest score for disagreement.	# 1	632
46. The aspect of "Role Satisfaction" causing the second highest score for disagreement.	# 7	593
47. The aspect of "Role Satisfaction" causing the third highest score for disagreement.	#10	544
48. The aspect of "Role Satisfaction" causing the lowest score indicating agreement.	# 2	291
49. The aspect of "Role Satisfaction" causing the second lowest score indicating agreement.	# 14	416
50. The aspect of "Role Satisfaction" causing the third lowest score indicating agreement.	#11	421
Part I. <u>Total Scores for Specific Items.</u> (Members and Non-members = 182)		
51. The aspect of "Role Satisfaction" causing the highest score for disagreement.	# 1	763
52. The aspect of "Role Satisfaction" causing the second highest score for disagreement.	# 7	727
53. The aspect of "Role Satisfaction" causing the third highest score for disagreement.	# 5	673

APPENDIX D (Cont.)

	<u>No. of Item</u>	<u>Total Score</u>
54. The aspect of "Role Satisfaction" causing the lowest score indicating agreement.	# 2	419
55. The aspect of "Role Satisfaction" causing the second lowest score indicating agreement.	#14	485
56. The aspect of "Role Satisfaction" causing the third lowest score indicating agreement.	#11	516
Part II. <u>Total Scores for Specific Items.</u> (Members = 37)		
57. The aspect of "Economic Security" causing the highest score for disagreement.	#15	141
58. The aspect of "Economic Security" causing the second highest score for disagreement.	#18	128
59. The aspect of "Economic Security" causing the second highest score for disagreement.	#26	128
60. The aspect of "Economic Security" causing the third highest score for disagreement.	#28	125
61. The aspect of "Economic Security" causing the lowest score indicating agreement.	#25	81
62. The aspect of "Economic Security" causing the second lowest score indicating agreement.	#27	83
63. The aspect of "Economic Security" causing the third lowest score indicating agreement.	#19	86
Part II. <u>Total Scores for Specific Items.</u> (Non-members = 145)		
64. The aspect of "Economic Security" causing the highest score for disagreement.	#28	575
65. The aspect of "Economic Security" causing the second highest score for disagreement.	#20	525
66. The aspect of "Economic Security" causing the third highest score for disagreement.	#15	516

APPENDIX D (Cont.)

	<u>No. of Item</u>	<u>Total Score</u>
67. The aspect of "Economic Security" causing the lowest score indicating agreement.	#19	331
68. The aspect of "Economic Security" causing the second lowest score indicating agreement.	#23	344
69. The aspect of "Economic Security" causing the third lowest score indicating agreement.	#16	376
Part II. <u>Total Scores for Specific Items.</u> (Members and Non-members = 182)		
70. The aspect of "Economic Security" causing the highest score for disagreement.	#28	702
71. The aspect of "Economic Security" causing the second highest score for disagreement.	#15	656
72. The aspect of "Economic Security" causing the third highest score for disagreement.	#20	644
73. The aspect of "Economic Security" causing the lowest score indicating agreement.	#19	417
74. The aspect of "Economic Security" causing the second lowest score indicating agreement.	#23	442
75. The aspect of "Economic Security" causing the third lowest score indicating agreement.	#16	475
<u>General Information:</u>		
76. Total number of respondents.		186
77. Total number of questionnaires returned uncompleted.		4
78. Number of questionnaires completed.		182
79. Number of ANA member participants.		37
80. Number of non-member participants.		145
81. Total number of questionnaires distributed.		270
82. Percentage returned.		69
83. Number of hospitals represented.		10

APPENDIX E

GENERAL HOSPITALS PARTICIPATING IN THE STUDY AND PERCENTAGE
OF RETURN OF QUESTIONNAIRES

- | | |
|--|---|
| <p>1. Woodland Park Hospital, Inc.
10300 Northeast Hancock Street
Portland, Oregon
96 beds
73 percent return</p> | <p>6. St. Vincent Hospital
2447 Northwest Westover Road
Portland, Oregon
362 beds
50 percent return</p> |
| <p>2. Kaiser Foundation Hospital, Bess Kaiser
5055 North Greely Avenue
Portland, Oregon
134 beds
57 percent return</p> | <p>7. Providence Hospital
700 Northeast 47th Street
Portland, Oregon
317 beds
52 percent return</p> |
| <p>3. City of Roses Memorial Hospital
1329 Southeast Harney Street
Portland, Oregon
39 beds
10 percent return</p> | <p>8. Holladay Park Hospital
220 Northeast Multnomah Street
Portland, Oregon
175 beds
68 percent return</p> |
| <p>4. Multnomah County Hospital
3171 Southwest Sam Jackson Park Road
Portland, Oregon
315 beds
40 percent return</p> | <p>9. Physicians and Surgeons Hospital
1927 Northwest Lovejoy Street
Portland, Oregon
160 beds
100 percent return</p> |
| <p>5. Portland Sanitarium and Hospital
6040 Southeast Belmont
Portland, Oregon
259 beds
90 percent return</p> | <p>10. Emanuel Hospital
2801 North Gantenbein Street
Portland, Oregon
464 beds
94 percent return</p> |

AN ABSTRACT OF THE THESIS OF


Frances Ludwig Storlie

for the Master of Science in Nursing Education

Date of receiving this degree: June 8, 1967

Title: A Study of One Hundred Eighty Two
 General Duty Nurses' Expressions
 of Agreement or Disagreement Toward
 Selected Aspects of the Role of the
 General Duty Nurse in the American
 Nurses' Association and the Economic
 Security Program.

Approved:



(Professor in Charge of Thesis)

The purpose of this study was to compare the expressions of agreement and disagreement of general duty nurses who are members of the American Nurses' Association and non-members toward selected aspects of the role of the general duty nurse in the American Nurses' Association and the economic security program. It was hypothesized that there would be no significant differences between the expressions of agreement and disagreement by general duty nurses who are members of the American Nurses' Association and by non-members concerning statements about the role of the general duty nurse in the American Nurses' Association and the economic security program.

Data were collected from 182 general duty nurses employed in ten general hospitals in Portland, Oregon. Thirty-seven of the nurses were members of the American Nurses' Association and 145 were not.

The questionnaire consisted of three parts. Part I was designed to test nurses' expressions of agreement and disagreement toward aspects of the role of the general duty nurse in the American Nurses' Association. Part II was designed to test nurses' expressions of agreement and disagreement toward aspects of the economic security program. Part III of the data-collecting tool consisted of open-end questions designed to elicit information about which programs of the American Nurses' Association general duty nurses

expressed satisfaction or dissatisfaction and to determine how well informed general duty nurses are about the professional association.

The data from Part I yielded the following information:

1. The majority of members who participated expressed agreement toward the role of the general duty nurse in the American Nurses' Association and the majority of non-members expressed disagreement toward the role. A chi-square of 24.4 indicated that the differences between the scores of members and non-members were highly significant at the .01 level of confidence hence the hypothesis was rejected.
2. General duty nurses expressed agreement with the American Nurses' Association's policy of voluntary membership and that statement received the lowest score of any statement in Part I of the questionnaire. Low scores were also obtained for the statements on the professional responsibility for belonging, and the value of attending meetings. The statement on membership dues received the highest score for disagreement from the combined group yet the greatest number of critical comments in Part III of the questionnaire concerned the amount of membership dues. Disagreement was expressed toward the statement saying nurses need more information about what is going on in

the association, yet a large number of critical comments in Part III of the questionnaire concerned the lack of information. General duty nurses also expressed disagreement about the amount of representation general duty nurses have on policy-making committees.

Data from Part II of the questionnaire yielded the following information:

1. The majority of members expressed agreement toward the economic security program as defined in this study and the majority of non-members expressed disagreement. A chi-square of 12.6 indicated that the differences between the scores of members and non-members were highly significant at the .01 level of confidence hence the hypothesis was rejected.
2. The three highest scores in Part II, were obtained for the amount of information nurses have about economic goals, assistance to nurses who have grievances and assistance to nurses who have a problem on the job. These three aspects of economic security elicited the greatest disagreement from the combined member-non-member group. Low scores from the combined group, indicating agreement were obtained for the association's no-strike policy. Those nurses also agreed that it is not the

responsibility of the professional association to define job functions but it is the association's responsibility to set salary goals for nurses.

The data from Part III yielded the following information:

1. Sixty percent of the 30 members who responded and 90 percent of the 92 non-members who responded stated "do not know" when asked to name the program (widely used service) of the American Nurses' Association with which they were most satisfied. Eighty-three percent of the combined group of respondents stated "do not know" and 17 percent of the combined group named a program in response to question 31. This finding contradicted data from Part I of the questionnaire in which nurses disagreed that they needed more information about what is going on in the American Nurses' Association.
2. Of 12 members and nine non-members who named a program with which they were most satisfied, six members named the economic security program compared to one non-member, three members named education and workshops compared to two non-members, two members and two non-members named the professional counseling and placement service, one member and three non-members named publicity and publications and one non-member

named standards of nursing care.

3. Twenty-one members and 78 non-members responded with "do not know" when asked to name a program of the American Nurses' Association with which they were least satisfied. Thus 83 percent of the combined group of members and non-members who responded were unable to name a program.
4. Of the seven members and ten non-members who named a program with which they were least satisfied, three members named economic security compared to seven non-members, three members named publicity compared to two non-members, one member named education and workshops and one non-member named the professional counseling and placement service.
5. Forty-two percent of 37 members were instrumental in getting at least one other nurse to join the American Nurses' Association in 1966 and one non-member influenced another nurse to join.
6. The reasons advanced by the members for getting other nurses to join were: to improve the nurse's own economic security, because it is the nurse's professional responsibility to belong and because it will strengthen the association.

Conclusions

The following conclusions have been drawn from the findings as reported in this study. The findings based on information obtained from the responses of 37 members of the American Nurses' Association and 145 non-members employed in ten general hospitals in Portland, Oregon can be applied to this group only. Generalizations cannot be made due to the limited number of respondents.

1. More members of the association express agreement toward the role of the general duty nurse in the American Nurses' Association and the majority of non-members express disagreement toward the role.
2. General duty nurses tend to be critical of the amount of membership dues as reported in their comments, yet disagreed with the statement saying dues should be lower than they are. This apparent discrepancy between the comments and the response to the statement could be the result of an insufficiently refined statement or the nurses could have contradicted themselves. Further, general duty nurses tended to be critical of the amount of information provided them about the programs, services, goals and activities of the association yet they disagreed with a statement which said they needed more information about what is going on

in the American Nurses' Association. This apparent discrepancy can probably be explained by the previously stated reasons. General duty nurses were critical about the amount of representation they have on policy-making committees.

3. General duty nurses were in almost unanimous agreement with the association's policy of voluntary membership.
4. General duty nurses agree that belonging to the association is every nurse's professional responsibility yet the majority do not belong.
5. The economic security program appears to be more satisfactory to the members than to the non-members.
6. General duty nurses look to the American Nurses' Association for leadership and leverage in improving salaries and working conditions.
7. General duty nurses, both members and non-members, do not seem to hold a close feeling of allegiance to the American Nurses' Association but a rather distant, impersonal one. They do not turn to the association for help.
8. General duty nurses do not condone nurses' strikes and give almost unanimous support to association policy in this regard.

9. General duty nurses tend to be critical of the amount of information they possess about the programs, services, goals and activities of the American Nurses' Association as expressed in the comments yet they disagreed with the statement saying they needed more information about what is going on in the American Nurses' Association. This apparent discrepancy between the comments and the response to the statement could be the result of an insufficiently refined statement or the nurses may have contradicted themselves. In nurses' comments they do not identify the acquisition of information as an individual responsibility and tend to blame the association for this lack.
10. Members and non-members alike are unable to define specific programs and services when asked to do so in open-end questions since 83 percent of the nurses who responded stated "do not know" in answer to these questions.
11. General duty nurses, at least the members, work to get other nurses to join the American Nurses' Association.

Recommendations for Further Study

As an outgrowth of this study the following recommendations are made:

1. Because the percent of American Nurses' Association membership of general duty nurses is low, it is recommended that a series of studies be done in selected urban and metropolitan areas to determine the attitudes of directors of nursing service toward membership in the American Nurses' Association, including policies which might influence whether or not a nurse joins the association. The study might include the identification of how present members were contacted successfully to join, that is through another nurse, the director of nursing service, through printed material or other means.
2. A study could be done in selected urban and metropolitan areas to determine why nurses who were once members of the American Nurses' Association are no longer members.
3. A study could be done analyzing the joining and participating patterns of general duty nurses including whether or not they join and participate in community and civic organizations, to determine whether the non-joiner tendency is directed toward organizations other than the nursing association.
4. A study could be done of general duty nurses who are members of the American Nurses' Association to

determine areas of satisfaction and dissatisfaction in their role.

5. A study could be done to determine which services offered by the American Nurses' Association are most often used by general duty nurses and which aspects of these services made them seem effective or ineffective.
6. A study could be done to determine general duty nurses' attitudes toward collective bargaining as a tool to improve nurses' salaries and working conditions.