FACTORS THAT INFLUENCE NURSES TO JOIN OR NOT JOIN THE UTAH NURSES' ASSOCIATION

by

Weldonna Toth

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of a thesis submitted by

Weldonna Toth

This thesis has been read by each member of the following supervisory committee and by majority vote has been found to be satisfactory.

[Signatures]

R. Miller
Verla B. Collins
Joseph J. Bentley
To the Graduate Council of The University of Utah:

I have read the thesis of Weldonna Toth in its final form and have found that (1) its format, citations, and bibliographic style are consistent and acceptable; (2) its illustrative materials including figures, tables, and charts are in place; and (3) the final manuscript is satisfactory to the Supervisory Committee and is ready for submission to the Graduate School.

July 19, 1973

Approved for the Major Department

Linda K. Amos
Chairman

Approved for the Graduate Council

B. Gale Dick
Dean of The Graduate School
ABSTRACT

An ongoing concern has been the low percentage of nurses who are members of their state nurses' organization. The goal of this study was to ascertain the factors that encourage or hinder the behavior of joining the Utah Nurses' Association (UNA). A descriptive survey was used in which a questionnaire was mailed to 504 association members and 1,199 nonmembers. A response rate of 32.4% was achieved.

The "PRECEDE" (Predisposing, Reinforcing, and Enabling Causes in Educational Diagnosis and Evaluation) model was used to identify and categorize the reasons nurses join or do not join UNA. A belief that membership is beneficial and knowledge of the association and its goals and benefits (predisposing factors) were demonstrated to have a strong relationship to joining behavior. Availability of resources of time and money (enabling factors) were also found to have a strong influence on the decision to join or not join the UNA. Support of the behavior by others (reinforcing factors) were only moderately related to membership.
## CONTENTS

ABSTRACT ........................................ iv

LIST OF TABLES .................................. vii

ACKNOWLEDGMENTS ............................... viii

Chapter

 I. INTRODUCTION ............................... 1

  Goal of the Study. ......................... 1
  Problem Statement. ....................... 2
  Rationale and Significance ............ 7
  Research Questions ....................... 12
  Conceptual Framework ................... 14
  Definitions of Variables ............... 19
  Limitations of the Study .............. 21

II. REVIEW OF LITERATURE ................. 23

  Associations ............................... 23
  Factors that Contribute to Behaviors . 39
  Marketing .................................. 55

III. METHODOLOGY ....................... 63

  Design and Procedure ................... 63
  Population and Sample .................. 63
  Measurement ................................ 65
  Analysis .................................. 68

IV. FINDINGS AND DISCUSSION ......... 71

  Introduction ................................ 71
  Demographic Description of the Sample. 71
  Findings by Research Question .......... 77
V. SUMMARY AND IMPLICATIONS . . . . . . . . . . . . . . . . . . . . . . . 98
  Introduction . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 98
  Summary . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 98
  Implications for UNA . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 101
  Implications for Nursing . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 105
  Implications for Future Research . . . . . . . . . . . . . . . . . . . . . . . . . . . . 106

APPENDIX . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 108

SELECTED BIBLIOGRAPHY. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 113
LIST OF TABLES

1. T-test of Mean Personal and Household Incomes and Number in Household of UNA Members and Nonmembers. 73

2. Chi-Square Comparisons of Current Positions Held: UNA Members and Nonmembers. 75

3. Pearson R Correlations of Predisposing, Enabling, and Reinforcing Factors to Membership in UNA. 78

4. Means and Standard Deviations for Variables 17-34. 81

5. Reasons Nurses Have Failed to Join or to Renew Membership in UNA. 85

6. Reasons Nurses Have Joined or Renewed Membership in UNA. 91
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CHAPTER I

INTRODUCTION

Goal of the Study

An ongoing concern in nursing has been the low percentage of nurses who are members in their state nurses' organizations. The goal of this study was to ascertain the factors that contribute to the membership problems of the Utah Nurses' Association (UNA), thereby enabling the association to develop a marketing program to increase retention and new membership. Toward this goal, the objectives of this research were to determine:

1. Existing patterns of behavior among registered nurses in Utah regarding the joining of organizations, in particular professional associations (UNA and others),

2. Existing predisposing factors that influence joining behavior among Utah nurses,

3. Existing enabling factors that influence joining behavior among Utah nurses, and

4. Existing reinforcing factors that influence joining behavior among Utah nurses.
Problem Statement

The problems which typically face membership organizations include: (a) too few members, (b) a poor mix of members, (c) too many inactive members, and (d) too many nonrenewing members (Kotler & Bloom, 1984). Many professional associations are facing the problems of decreasing membership roles. The American Medical Association (AMA) and the American Political Science Association (APAS), for example, have suffered a severe decline in membership. Twenty years ago, two-thirds of all physicians belonged to the AMA. Today, less than half of the nation's physicians are members. Membership in APAS has declined by 5,707 or 32.7% in 10 years (Yeager & Kline, 1983).

The national nurses' organizations, the American Nurses' Association (ANA) and the National League for Nursing (NLN), have also seen a decline in the percentage of nurses who join their ranks. Between 1950 and 1978, ANA membership increased about 10%, while the number of registered nurses increased by approximately 115%. The NLN has fared even worse with membership declining more than 10% during the same period (Yeager & Kline, 1983).

In a study by Reynolds (1985), nurses were asked, "Should nurses belong to national nursing organizations?" An overwhelming 86% responded affirmatively. However, only 30% of those respondents acknowledged that they were
members themselves and only half of those were members of the ANA. The others belonged to specialty organizations. It seems that nurses support their organizations better in theory than in practice.

The problem is not just adding new members, but keeping current ones, as well. The 1984 ANA Membership Survey revealed that 40.5% of the members have belonged to their state nurses' association for 5 years or fewer. Twenty-four percent have belonged for 6 to 10 years, and only 12% have been members for 21 years or more. These data may indicate that members do not remain in the organization.

This problem is not confined to the United States. Other countries are facing the same struggle -- recruitment and retention of members to the national nursing association. The problem is made evident by the continued and intensifying efforts to attract new members. Lorine Besel (1985), president of the Canadian Nurses' Association (CNA), in an editorial in the association's publication, urged the nurses of Canada to unite under a strong national association. The Director of the Swiss Nurses' Association, Regula Reinhart (1983), made the same appeal to the nurses of that country.

The state and national professional associations provide nurses with a means of adjusting to the changes that are taking place in professional environments.
Continuing education programs, legislative actions, information disseminated by the newsletter, and the general support of peers are methods by which nurses are assisted in their efforts to deal with the transformations that can be observed within the nursing profession: in technology, in the laws that affect nursing and health care, and in the general health marketplace. The capability of the Utah Nurses' Association (UNA) to continue to serve nurses in these and other ways depends on the organization remaining healthy.

The ability of professional associations to serve society at large and their members and their ability to foster the development of professional attitudes and values depends on the well-being of the association. (Yeager, 1981, p. 316)

Membership in the UNA has dropped from 1,018 in 1976 to 710 in 1986, while the number of nurses registered in the state rose from 6,164 to 10,678 in those same years. These numbers represent a decline in membership from 16.9% to 6.6% of the registered nurses in Utah. Lack of membership threatens the well-being of the UNA and is, therefore, a problem that must be addressed. Figure 1 presents a graphic depiction of the percentage of Utah nurses belonging to UNA between 1976 and 1986. Figure 2 compares the numbers of registered nurses in Utah with the number of UNA members during the years 1976-86. The factors that contribute to the problem must be determined, and programs developed to remedy it.
Figure 1. Percentage of Utah nurses belonging to UNA: 1976-86.
Figure 2. Comparison of numbers of registered nurses in Utah with number of UNA members during the years 1976-86.
Rationale and Significance

The results of this study will be utilized by the Utah Nurses' Association (UNA) in formulating a marketing approach to increase membership and to better meet the needs of the members. The objective is to develop a marketing perspective to identify the needs of nurses and better provide for those needs through the UNA, thus increasing satisfaction levels and encouraging both new and continuing membership.

Traditionally, marketing has been thought of as an area of concern for profit-making organizations. More recently, the nonprofit sector has begun to take an interest in marketing, as well. Museums must attract sufficient funds, blood banks need donors, and churches are having difficulty attracting and retaining members. All types of nonprofit organizations have some problems that relate to marketing (Kotler & Bloom, 1984).

Marketing, as associated with the selling of a product, has been seen as manipulative, unprofessional, and unnecessary. However, marketing can be conducted with professionalism and a marketing style that adheres to professional standards and avoids hard sell techniques. A program can be developed that relies on careful design of services, creative pricing (setting of dues), and effective distribution to achieve the organization's objectives (Kotler & Bloom, 1984).
Kotler and Bloom (1984) observed that changes in professional environments are requiring that professionals turn to the use of marketing techniques. These changes are affecting organizations that provide services by professionals, as well as those that provide services for professionals, such as professional associations. Environmental transformations can be observed taking place within the nursing profession. The changes in educational requirements and in the professional status of nurses are two examples.

The drastic changes in the general health marketplace are also affecting nursing. There is an increasing demand for home care and patients in hospitals are generally more ill. Prospective payment plans are demanding greater cost effectiveness of hospital care and the cost of nursing is being more carefully scrutinized.

Rapidly advancing technology has also impacted nursing and nurses, and requires frequent educational updating to stay abreast of the latest breakthroughs. The current legal climate of frequent lawsuits also affects nursing practice, as do the actions of the state and federal legislatures. Marketing techniques can assist the professional association in determining how these changes are affecting the needs of nurses and what adjustments are necessary to meet those needs, and by so doing, to attract members.
Kotler and Bloom's (1984) definition of marketing is:

...the analysis, planning, implementation, and control of carefully formulated programs designed to bring about voluntary exchanges of values with target markets of achieving organizational objectives. It relies heavily on designing the organization's offerings in terms of the target market's needs and desires, and on using effective pricing, communication, and distribution to inform, motivate, and service the markets. (p. 4)

The first point made in this definition is that marketing is identified as a managerial process of formulated programs and not just haphazard action. Second, marketing attempts to produce voluntary exchanges of values rather than depending on coercion. This is an important concept in this setting because a professional association usually cannot mandate membership in the organization.

The third point is that marketing means the selection of target markets, rather than trying to meet all the needs of all markets. In the case of an association such as UNA, the market is already narrowly defined as registered nurses in Utah. However, the association may not be able to meet the needs of all nurses in the state and a decision must be made as to which of those needs the association will address in order to best serve the majority of nurses, as well as supporting and promoting the profession as a whole.

The fourth point of Kotler and Bloom's (1984) definition is that the purpose of marketing is to help
organizations insure survival and continued health by
effectively serving their markets. This point directly
relates to the purpose of this study and to the theoreti­
cal framework upon which it is based. This research was
conducted to improve the health of the organization,
indeed, to attempt to assure its continued existence which
depends entirely on its ability to encourage nurses to
join.

The fifth and final point is that effective marketing
is user, not seller, oriented. The organization's
offering must be in terms of the target market's needs and
desires, rather than the seller's personal tastes. In
this case, the "seller," UNA, is attempting through this
research to determine the needs and desires of the
"market," the registered nurses of Utah.

The normal marketing steps for attracting new members
are: (a) defining and locating prospects, (b) determining
their attitudes toward the organization, and (c) develop­
ing a plan to sell them on membership. UNA, having a
strict membership definition, has little trouble defining
and locating prospects. Determining the attitude toward
the organization is part of the purpose of this study, and
the results of the study will be used to develop a plan to
effectively market to potential members.

Kotler and Bloom (1984) urge organizations to use a
marketing orientation which means becoming "client-
centered." The organization must study clients' needs, wants, perceptions, preferences, and satisfaction using such means as surveys or group interviews. The ANA Membership Marketing Manual suggests using focus groups or one-on-one interviews for collection of both quantitative and qualitative information regarding membership trends and knowledge of current members. This information will assist in setting realistic membership goals and identifying and targeting membership prospects.

Marketing aims to influence mass behavior in two ways: (a) by the use of persuasive communications, most commonly advertising and personal selling, and (b) adaptations to existing patterns of behavior (Rados, 1981). It then becomes necessary to ascertain what those patterns are.

Green, Kreuter, Deeds, and Partridge (1980) state that it is crucial that members of the target population (the registered nurses in Utah) become involved in organizational planning.

Their information and insight on the group's present behaviors, attitudes, beliefs, values, and other potential barriers to reaching the stated objectives are most relevant. (p. 77)

They suggest interviews, group discussions, nominal groups, panels, and questionnaires as methods of providing useful data.

The organization must then act on this information to improve its services constantly to meet its clients needs
better. This becomes particularly important in an organization such as a professional association which exists only because of its clients, the members of the profession (Kotler & Bloom, 1984).

Research Questions

This research addressed the following overall question:

What are the factors that led to the decision to join or not to join the Utah Nurses' Association?

The research questions were divided into three categories of factors -- predisposing, enabling, and reinforcing.

Predisposing Factors

1. Are nurses in Utah knowledgeable about the association and the benefits and services it provides to nurses in Utah?

2. What beliefs, attitudes, and perceptions do nurses hold about the association or about nursing, and how do they influence the nurse to join or not to join?

3. What values do nurses in Utah hold which positively or negatively affect their decision to join the association?

Enabling Factors

1. How do the resources of time and money relate to the decision to join or not (i.e., do nurses
perceive that membership requires too much of these resources for what they receive in return)?

2. How does the structure of the association affect membership?
   2.1 If there is a local (district) organization, are nurses more likely to join?
   2.2 Do nurses feel like they are given the opportunity to contribute to the organization in a meaningful way (i.e., goal setting, problem solving, and decision making for the organization)?
   2.3 Does the member's role allow him/her to meet personal goals?

3. How does the accessibility or the lack of accessibility to meetings and other organizational events influence the nurse's decision to join the association?

Reinforcing Factors

1. What other people in the nurse's social relationships influence his/her decision to join or remain in the UNA?
   1.1 Does the nurse's supervisor influence his/her joining behavior?
   1.2 Does the nurse's employer influence his/her joining behavior?
1.3 Do the nurse's peers influence his/her joining behavior?
1.4 Does the nurse's family influence his/her joining behavior?

Conceptual Framework

Green et al. (1980) developed what they call the "PRECEDE" framework (Predisposing, Reinforcing, and Enabling Causes in Educational Diagnosis and Evaluation). It was developed for health educators as a method of analyzing health problems and determining the best intervention programs to address those problems. This model encourages the health educator to focus initially on outcomes rather than inputs. It forces the asking of "why" questions before "how" questions.

...the factors important to an outcome must be diagnosed before the intervention is designed; if they are not, the intervention will be based on guesswork and runs a greater risk of being misdirected and ineffective. (Green et al., 1980, p. 12)

From a planning standpoint, what seems to be the wrong end to start from is actually the right one. One begins with a final outcome and asks what must precede that outcome by determining what causes it. The model consists of seven phases which are demonstrated in Figure 3.

The "PRECEDE" model has been adapted for this research. Instead of health educators evaluating the
Figure 3. Conceptual framework.
quality of life of an individual or a group, the officers and leaders of the Utah Nurses' Association (UNA) are concerned with evaluating the quality of life of the professional nursing association (phase one).

The problem that adversely affects the well being of the association (phase two), and that will be addressed by this study, is the low number of nurses who are members. Other problems exist that are also a threat to the organization. They may be economic or environmental, such as taxes, laws, or restrictions of the parent organization. The specific behaviors that are linked to the membership problem (phase three), and with which this research is concerned, are nurses not joining and those who have joined not renewing their membership in the organization.

Phase four represents the focus of this study. It consists of identifying and categorizing the factors which impact on the behaviors in question. Green et al. (1980) have identified three classes of factors which may affect behaviors: predisposing factors, enabling factors, and reinforcing factors.

Predisposing factors include a person's knowledge, beliefs, attitudes, values, and perceptions with regard to the behavior under consideration, and the motivation of an individual or group to act. Knowledge of the organization and its goals, objectives, benefits, and other facts about
it is necessary before a decision can be made about joining. Belief involves a conviction that something is true. The nurse must believe that membership in the association is beneficial to the self and to the profession and that it will meet personal, occupational, or career needs. Attitudes represent a collection of beliefs that lead to an evaluation of the object or phenomena in question, a good-bad dimension. Participation may have to do with the nurse's attitude toward the organization itself.

Personal values are closely linked to behavior. Values also involve a good-bad judgment but are more far-reaching. They actually form the basis for attitudes and act as a guide to decision-making, actions, evaluations, and judgments. For example, if the nurse values time with the family or other activities such as in a church or the community and feels that joining UNA would detract from that time to a significant extent, that will negatively influence the decision to join. The nurse must also hold the organization's goals and objectives and its benefits to be of value in order to be influenced to join.

Perceptions also play an important part in behavior. A nurse's perception that the association is run only by educators and has no concern for the staff nurse's interests would have a bearing on whether that nurse joins. The reputation of the officers and other leaders
may also be a factor. The perception of the occupation of nursing as a profession would be a positive factor in the nurse's decision to join the professional association.

Enabling factors are those that allow the person to carry out the behavior. Negative enabling factors are barriers created mainly by societal forces or systems such as inadequate resources of money and time. Inaccessibility to meetings or continuing education offerings far away from the person's home or workplace, especially in rural areas, may be a constraint to membership. Lack of transportation, even in more populated areas, may also serve as a deterrent for some nurses.

The structure of the organization should also be considered an enabling factor. The institutional structure may not allow or encourage active participation on the part of many members at a local level and, therefore, may discourage membership.

Reinforcing factors are related to the feedback the individual receives from others: employers, peers, teachers, or family, who either encourage or discourage the behavior. Positive or negative reinforcement of the behavior depends on the beliefs and values of the people who are significant to the nurse and some will be more influential than others. Some nurses in administrative positions are discouraged from joining UNA by their employing institutions because it is perceived to be a
labor relations organization similar to a union. Peers may provide positive or negative input depending on their own values or beliefs regarding the association. Educators usually encourage membership in the professional association. Family members may be supportive of the nurse joining, or they may discourage membership because they feel that it takes away from family resources, or for other reasons.

The results of this study of the factors that relate to nurses joining UNA will be utilized by the association in deciding which of these factors will be targeted for intervention (phase five). A marketing program will be developed and implemented (phase six), and finally, the program will be evaluated (phase seven).

**Definitions of Variables**

Predisposing factors are defined as the motivation of an individual to act -- specifically, to join or renew membership in the UNA. They may also be thought of as personal preferences. Predisposing factors include:

1. Knowledge: Having information about the existence of the Utah Nurses' Association and the organization's goals and objectives, the benefits that it purports to offer members, and the membership application process.

2. Beliefs: A conviction that something is true about the organization.
3. **Attitudes:** A collection of beliefs that lead to an evaluation of the organization as good or bad.

4. **Values:** A basic belief about the worth of the UNA to an individual or about other things that may have greater worth.

5. **Perceptions:** A mental grasp of a situation with regard to the UNA and/or the occupation of nursing.

Enabling factors are defined as the resources necessary to join the association. Enabling factors include:

1. **Time:** The time available to a nurse to participate in the organization.
2. **Money:** The cost of dues.
3. **Accessibility:** The ease of getting to meetings or other UNA events.
4. **Structure:** The way the association is organized.

Reinforcing factors are those that determine whether the joining behavior is supported by others important to the nurse. These other people are the nurse's referents -- individuals or groups in the nurse's environment who the nurse believes have an opinion about whether or not one should join the association. Referents may include:

1. **Family:** Children, spouse, siblings, or parents.
2. **Peers:** Other nurses with whom the nurse associates.
3. Supervisor: The person who oversees or directs the work of the nurse.

4. Employer: The individual or institution for whom the nurse works.

**Limitations of the Study**

There were several limitations to this study. One limitation was that it was a survey of nurses in Utah only and the data are not generalizable to nursing populations of other states. Another limitation was the use of a newly developed questionnaire which had no statistical verification of the validity and reliability.

In the Likert scale, a response of "don't know or not applicable" was offered as an option. Lack of knowledge and the nonapplicability to the subject are actually two different concepts and precise interpretation of this response was difficult. Also, the large number of subjects who chose this response, and subsequently the decision to eliminate it for scoring purposes, may have caused some inaccuracies in the statistical analysis of the data.

In an attempt to increase the response rate by following up with a telephone call to the subjects who had not responded, the subjects were promised confidentiality, but not anonymity. This may have made some subjects reluctant to answer the questions openly or to discuss their true feelings. A mailed questionnaire also presents
the possibility of response bias. However, the large number of respondents minimized the impact of bias on this study.
CHAPTER II

REVIEW OF LITERATURE

Associations

Several definitions of associations can be found in the literature (Etzioni, 1964; Meister, 1984; Sills, 1957). They all have in common the concept of the pooling of resources including knowledge, activities, and monetary support toward the attainment of a goal. The type of association with which this study is concerned, the professional association (in particular the Utah Nurses' Association), is what Humphrey (1973) identifies as a "normative" organization. He defines this term as:

...an organization which depends upon the voluntary involvement and support of its members for its resource strengths -- both personal and financial. Realization of goals requires this voluntary support and effort since the organization has no effective avenue available to it to obtain enforced participation by the membership. (p. 1)

The literature on professional associations is not abundant. Voluntary and/or professional membership groups exist to a greater extent in our culture than anywhere else in the world (Humphrey, 1973) yet

Membership (of civil servants) in professional associations and the impact of membership or non-membership orientations and behaviors have been generally ignored. (Yeager, 1981, p. 315)
Meister (1984) also found information on the groups which are so much a part of daily American life sadly lacking.

Meister (1984) contends that associations serve as an outlet for individuals' participation needs and perhaps as a consolation in the solitude experienced by many Americans because of the mobility of the population. One-fifth of all families change address each year and Americans see their surroundings change with each displacement. This may be one reason individuals are motivated to join with others in formal and informal associations.

But the majority of these societies are strictly unifunctional and only hold the individual by an aspect of his personality. He is not satisfied to grow within it alone, and he does not attach himself profoundly to a single group, quits them easily, passes from one group to another and never really identifies with any one. (p. 119)

Durkheim (cited in Cullen, 1978) observed the same phenomenon of the demise of societal social integration and postulated that secondary groups would surface providing necessary structure for the reintegration of a community. He considered occupational groups as having perhaps the most potential for facilitating renewed societal integration.

Occupational groups bring together similar individuals with a ready-made consciousness of kind which provides the basis for developing the normative regulations necessary to benefit the whole. (p. 119)

A study by Wright and Hyman (1966) seems to con-
tradict the theory that associations fill a void left in modern society. They found that 64% of the respondents belonged to no voluntary associations. Twenty percent of the respondents belonged to only one association and only 16% belonged to two or more organizations. Their impressions (Wright & Hyman, 1966) from these data was that Americans are not a nation of joiners.

Vernon (1969) postulates that human beings join social groups fundamentally for security.

The individual becomes securely embedded in the group which supports him in need and protects him from danger. (p. 95)

Beyond security, group membership also provides satisfaction and pleasure. People who belong to a group feel that they have a place among their chosen associates and, therefore, have social status. Feelings of friendship and affection for other members of the group are important, but a sense of belonging and loyalty to the group are not dependent on them. Large institutional groups, such as trade unions or political parties, may inspire considerable feelings of belonging and loyalty with little or no contact between the members (Vernon, 1969).

The activities carried out by groups also attract people to membership. Many groups are formed specifically for the purpose of performing an activity in which members have a mutual interest.
Motivation is enhanced, action is more enduring and effortful, satisfaction is increased, when people combine together to promote such activities. Indeed, it might be said that for the majority of human beings such social participation is the most valued and enjoyable part of their lives. (Vernon, 1969, p. 96)

Characteristics of Members of Associations

Wright and Hyman (1966) found that occupational levels have some effect on association membership. Only 13% to 32% of blue collar workers belong to any voluntary association, compared with 41% of white collar workers and 53% of businessmen and professionals. Another factor that Wright and Hyman found to be a determinant of association membership was residence. More residents of highly urbanized areas belong to organizations than do persons living in less urbanized areas. Socioeconomic status also correlated with association affiliation, as did family status. People of higher socioeconomic levels and who are married with children join organizations at a greater rate than those in lower socioeconomic groups or who are single, or married without children.

Hausknecht (1966) looked at membership in associations by the type of organization. The category identified as economic, occupational, and professional accounted for 97% of the respondents who joined associations. Of course, affiliation would be limited in these types of associations by occupational requirements. More
men than women belong to economic, occupational, and professional organizations; a higher percentage of membership was demonstrated in the 35-54 year age group, a time when persons would be most active and productive in their occupations. Finally, a larger percentage of association members were in a higher socioeconomic group, as measured by income and education.

A surprising difference was noted by Hausknecht (1966), however, in the economic, occupational, and professional associations when membership was categorized by size of community. Although it had been observed that people in more highly urbanized areas tend to join associations in general, a much larger percentage of people in the least urbanized areas join this type of association (14%), than do individuals in the larger metropolitan areas (5%). Hausknecht (in Wright & Hyman, 1966) theorized that this may be attributable to the fact that individuals who would be more apt to be members of organizations of this type, professional and small businessmen, would represent distinctive orientations and lifestyles. They would have a tendency to join associations organized around their occupational and economic interests and this may be symptomatic of a latent conflict with the rest of the community in more rural areas.

Another surprising finding was made by Cullen (1978). He found that a condition often identified as conducive to
organization-based regulation of ethics and the quality of practitioner, that is, complexity with people (or "person" professions) had no direct effect on the percentage of occupational members who joined the association. This may suggest that norms of association participation do not develop in all people-oriented occupations. Perhaps for some, other organizations (e.g., the employing organization) perform the ethical and quality control functions, thus making higher degrees of association participation unnecessary.

Professional Associations

Today's professional associations evolved from the medieval trade guilds. These guilds set rules and regulations of apprenticeship, provided for career advancement as skill increased, and set standards of technical and personal conduct for their members. The development of modern associations has typically begun with practitioners of an occupation getting together to discuss common occupational interests and pursue common purposes. These occupational concerns which the organization may address include: the terms and conditions of employment, criteria of access to the occupation in the attempt to exclude the incompetent, and the maintenance of performance standards among accepted practitioners. If several local groups are formed, they then may be brought together in a national organization with a stated purpose and program
Functions of professional associations. There are several hypotheses regarding the reasons for the existence of professional associations which are based on Durkheim's work. These were summarized by Cullen (1978, p. 120) as follows:

1. Professional organizations are founded because individuals involved in specialized work sense a need to be with others similar to themselves.

2. Professional groups act as communities without physical loci.

3. Professional organizations serve educational functions.

4. The specialized work of the professional group leads to conditions where only the group members can effectively police themselves.

5. Professional organizations act as a source of moral regulation in two respects:
   a. in regulating the quality of work, and
   b. through the subordination of individual interests to group interests.

The professional association seeks to become recognized as the authenticating agency for its constituency by adopting qualifications for membership and setting standards of performance. However, the officers may not be able to speak for or exercise discipline over all qualified members of the occupation because membership in the association is rarely compulsory, a characteristic of a normative organization. Moore (1970) notes that early professional associations were a small body of elite practitioners who attempted to standardize performance by
good example, probably not the most effective way to
insure compliance. The notion existed that
to be a professional means to present a reliably
uniform face to the public; collectively, to have
the public's confidence and respect. (p. 59)

Therefore, government cooperation was sought and
obtained through licensing statutes. Regulatory agencies
were developed to write rules and regulations for the
occupation, and control entry into it as well as exercise
discipline over its members.

Thus licensing is viewed by government as a
regulatory device. From the standpoint of private
groups it may be seen as a means of employing
government to standardize admission requirements
and minimize competition while at the same time
protecting the public from injury to its health
and welfare. (The Council of State Governments,
1952, p. 10)

Professional associations do, however, contribute to
the self-regulation of the occupation by adopting codes of
conduct. Within the nursing profession, these are called
"Standards of Practice" and have been developed by the
American Nurses' Association for all areas of nursing
practice. These codes amount to private systems of law,
but are commonly understood not to be self-enforcing. In
the statutory bureaucratic setting, regulations are
monitored and discipline imposed when the regulations are
violated. The professional association must adopt other
procedures which rest primarily on an internal, quasi-
judicial body commonly known as the committee on ethics.
(Moore, 1970).
The functions served by professional associations benefit organizations which employ professionals, as well as the professionals themselves. The services provided include continuing education, certification and credentialing, and the setting of educational standards and standards of performance. Professional associations also hold meetings and social activities, and publish newsletters and journals (Yeager, 1981). Many of these activities would have to be carried out by the employing institution if they were not offered by the professional organization.

Another function of the professional association is the fostering of professional attitudes. These attitudes include: a belief in public service, a sense of calling to the field, using the professional organization as a major referent, belief in self-regulation, and autonomy (Yeager, 1981). The association may serve practitioners as a means of obtaining recognition and professional growth that the work setting does not provide. Finally, the association recognizes and rewards outstanding service to the community.

Reasons for joining a professional association. One of the main reasons members seek affiliation in a professional association is the need to know about the latest developments both in one's own profession and in the industry in general (American Nurses' Association,
The Yale Law Journal (1966) identifies the American Medical Association (AMA) as having a membership in proportion to practitioners unique among voluntary professional associations. Reasons given for joining the organization include:

1. Ready access to the social and professional contacts indispensable to the growth of his practice,
2. Opportunities for exchange of knowledge,
3. Acquisition of professional status,
4. Availability of professional journals at reduced rate,
5. Group malpractice insurance,
6. Legal advice,
7. Bill collection agencies, and
8. A feeling of obligation to lend their support for the good of the entire profession.

Recognition of strength in collective action is another reason people join a professional organization. (Orsolits et al., 1983) A group of people, working toward a common goal, can effect change more readily than individuals working independently.

The professional association is also seen as a means of meeting personal goals. Vernon (1969) notes that human behavior is characterized by its organized, goal-directed nature. This goal-directed activity is controlled by a conscious intention to achieve certain aims by
means of specifically chosen courses of action. (p. 108)

In Barrett's (1970) exchange model for goal integration

A bargaining relationship prevails between the organization and the individual. The organization offers the individual incentives presumed to be related to his personal goals and, in return, the individual devotes some of his time and energy to helping the organization achieve its objectives. (p. 4)

This model is not concerned with total integration of goals, but with ways of relating personal goals and organizational objectives. A closer relationship than this would require that individual goal attainment be made conditional upon the achievement of organizational objectives.

Olson (1971) proposed a very similar theory that Yeager (1981) used as a basis for a study of association membership. According to Olson's exchange theory, the costs of joining (time, money, and opportunity costs) are outweighed by the benefits of belonging so individuals join or renew their membership. The results of Yeager's study confirmed and extended Olsen's theory. The benefits that are available only to members are generally more attractive to them than public goods that are available to all members of the profession. Members of the profession may not be enticed to join an association by benefits that are available through other sources.

Yeager (1971) categorized the benefits into two
general types -- social and substantive. Social benefits include opportunities for travel, meeting new people, and social events. Substantive benefits are monetary, as well as professional and political advantages. These are provided by seeking higher pay and better retirement packages, offering group rates for insurance, presenting continuing education programs, and influencing professional standards. Yeager and Kline (1983) reported the findings of a study of a medical specialty society that found that the member's participation and satisfaction with the organization was a function of the number, kind, and value of rewards that the association provided.

Kotler's (1982) definition of marketing refers to the concept of exchange. "Marketing is the effective management by an organization of its exchange relations with its various markets and publics" (p. xiii). In commercial transactions, a person exchanges time and talents for goods and services through the medium of money. In the nonprofit setting, the issue is not as clear-cut; the items of exchange are not as easily identified.

Alderfer (1972) proposed that people join organizations to meet personal needs. He categorized personal needs into existence, relatedness, and growth needs. Satisfaction of growth needs depends on individuals being able to find ways to utilize their capabilities and to
develop new talents. The association may provide a person opportunity to try new things and utilize capabilities that are not required at the workplace or in other life situations. Conversely, the individual may be sufficiently challenged by the job or other life situations and not perceive the association as a source of meeting growth needs.

Relatedness needs require establishing relationships in which an individuals can mutually share their relevant thoughts and feelings. The professional association may be seen as an arena where thoughts and feelings with regard to the profession can be expressed and shared. Major reasons for joining the nurses' association given in a survey by Lamb-Mechanick and Block (1984) included opportunities for networking and receiving information on nursing issues. If these were not included, the association may be perceived as place where a person's thoughts and feelings would not be accepted, because they may be in conflict with the norms of the organization.

Meeting existence needs depends on individuals getting enough of the various material substances that they want. The professional association may be seen as a means to raise salaries, or it may be seen as having a negative effect on satisfaction of existence needs because of the dues required.

Professional nurses' organizations. The first
professional organization, the British Nurses' Association, was established in England in 1887. It was founded to carry out the functions of a professional organization, as have been previously described, to meet the specific needs of nurses.

The first such organization in the United States was the American Society of Superintendents of Training Schools for Nurses, established in 1893. The name was changed to the National League for Nursing Education in 1912 and in 1952, to the National League for Nursing (NLN). In 1896, the Nurses' Associated Alumnae of the United States and Canada was organized which became the American Nurses' Association (ANA) in 1911 (Dietz & Lehozky, 1967).

The membership of ANA is made up of the nurses' associations of the 50 states, the District of Columbia, Puerto Rico, and the Virgin Islands. As stated in the organization's bylaws, the purpose of ANA is to:

1. work for the improvement of health standards and the availability of health care services for all people,
2. foster high standards of nursing, and
3. stimulate and promote the professional development of nurses and advance their economic and general welfare. (American Nurses' Association, 1985, p. 5)

It also serves as the national spokesperson for nurses with allied professional and governmental groups, as well as with the public.

The Utah Nurses' Association. The state nurses'
associations (SNA) carry out the functions of the national organization and implement standards enunciated at the national level within their own state. The SNA develops structural arrangements for its distinctive functions which are designed to meet the requirements of local circumstances. The distinctive functions of the state association are derived from the needs of members and from the character of the state as a political entity (American Nurses' Association, 1962). The state association is further divided into geographical districts and, in Utah, interest groups, such as Community Health Nurses, which strive to address the needs, issues, and interests unique to these groups.

The history of the Utah Nurses' Association (UNA) is taken from a publication written in 1955 by Miss Ella Wicklund and Mrs. E. G. Richards, two early nursing leaders in Utah. The Utah State Nurses' Association (USNA) was first proposed in 1914, partly in response to the need for laws protecting the graduate nurse and the public. It was officially organized on March 9, 1914.

The function of the early organization was similar to what would be the function of the State Board of Nursing today. Membership required more than simply paying dues and being enrolled. The bylaws stipulated eligibility for membership as follows:

Any nurse of good moral character, holding a diploma from a hospital of not less than 35
beds, whose superintendent of nurses is a graduate of a recognized school of nursing, the course of instruction and practice covering a period of at least 2 years and whose curriculum is satisfactory to the Executive Board, shall be eligible for membership in this association. (Utah State Nurses' Association, 1914, p. 7)

The main goal of the young association was the licensure of nurses. The Ways and Means Committee drafted the bill requiring registration of nurses and presented it to the legislature. In March, 1917, compulsory registration became a law in Utah.

In 1921, the Utah state legislature created a Department of Registration. The nurses' licensing board was placed under this department. However, the USNA continued to have a great deal of influence in this board because members were selected from a list of recommendations from the association.

Other accomplishments during the early years of the association included the establishment of a Central Registry and securing 8-hour shifts for all nurses. The private duty nurses were the first to organize a specialty section in 1927. The public health nurses dissolved their own organization and became another section of USNA in 1947. Local districts were established in 1929.

Membership was a problem even in the early days of the organization. Nurses were asking exactly the same questions then as they ask today, "What do we receive for the dues we pay?" Wicklund and Richards state, "The
campaign to enroll members has not been as successful as we hoped" (p. 19).

The name of the association was changed from USNA to UNA in 1972. Today, the organization strives to carry on the spirit of those pioneers who fought so gallantly for nurses and for the public they served. The nurses of today enjoy the benefit of the work of those early organizers. It is hoped that the nurses of tomorrow will reap the rewards of the effort that continues in the present.

Factors that Contribute to Behaviors

Predisposing Factors

Knowledge. A positive association between an increase in knowledge and a change in behavior has been demonstrated by the work of Cartwright (1949) and in the Stanford Three-Community Study by Farguhar et al. (1977). Knowledge of some kind is necessary before an action will occur, but the desired action will probably not occur unless a person is motivated in some way to act on that knowledge (Rosenstock, 1974).

A study by Orsolits et al. (1983) sought to determine nurses' knowledge about professional nursing organizations and their sources of knowledge. Orsolits et al. found that only 3% of the nurses surveyed indicated that they had not heard of professional nursing organizations. Ninety-seven percent had learned about the associations
from other nurses on the job (52%), faculty in basic education programs (51%), and nursing journals (45%). This study concerned all nursing associations, not just the American Nurses' Association (ANA), or their state organization. Half of the respondents in a study by Lamb-Mechanick and Block (1984) indicated lack of information about the organization, its benefits, and application procedures as reasons for not joining the state nurses' association.

**Beliefs, values, and attitudes.** These factors are very much interconnected in their effect on behavior and are often viewed in the literature as a hierarchical network, one being a function of one, or both, of the others. Aday and Eichorn (1973) state that certain beliefs are necessary for a behavior to take place. Ajzen and Fishbein (1980) observed that a person's life experiences lead to the formation of many different beliefs about various objects, actions, and events. These experiences may be the result of direct observation, acquired through information from outside sources, or self-generated through inference. Beliefs may persist or they may change over time. These authors theorize that beliefs underlie a person's attitude and, ultimately determine the person's intention to perform or not perform a behavior.

Other authors view values as preceding, coloring,
modeling, and determining attitudes (Dichter, 1984; Lessig, 1976; Munson, 1984; Rosenberg, 1956). "Thus, the values that individuals hold are considered a major influence on human behavior" (Pitts & Woodside, 1984, p. 55), Rokeach (1973) defines values as enduring beliefs that transcend attitudes, and guide and determine action. He differentiates attitudes from values in that an attitude refers to an organization of several beliefs around a specific object or situation, while a value refers to a single belief of a very specific kind.

Scheiber (1970) links values and beliefs together as determinants of behavior.

What a person does (his behavior) depends upon what he wants (his values) and what he considers to be true or likely (his beliefs) about himself and the world... (p. 1)

A few authors have associated these factors with organizational affiliation. Spinrad (1966) states that participation in an organization requires a belief in the fundamental reasons for the existence of the organization and in its general policies on a local and national level but beyond that, it requires a belief that activity is functional, that it can achieve observable results. (p. 223)

Hougland and Christenson (1979) utilized voluntary organizations as a useful setting for examining the relationship between values held by an individual and other aspects of the individual's social experience. The authors used data from a statewide survey to examine
relationships between priorities attached to 14 common American values and extent of participation in nine types of voluntary organizations. The results were interpreted as reflecting the nature of the organizations' incentive systems.

Orsolits et al. (1983) looked at attitudes in a study to identify factors that contributed to poor and declining membership in the local professional nursing organization. One of the major questions addressed was: "What are the attitudes of Western New York nurses regarding the functions of professional associations...?" (p. 33). Agreement on the issues which should be supported by the professional nursing organization was strongly related to membership in the association while those who disagreed were more likely to be nonmembers. These findings are in agreement with earlier research which demonstrated that people who behave in different ways also differ predictably in their attitudes.

Investigators found, for example, that union members have more favorable attitudes toward labor unions than does management (Ajzen & Fishbein, 1980).

Perceptions Perception seems to be a function of knowledge and beliefs. For example, the complaint is often heard that educators run the association and that the problems, needs, or ideas of nurses from other settings are not considered so they do not join. This is
a perception of many nurses based on their knowledge that many of the officers and identified leaders of the association are nurse educators and the belief, whether substantiated or not, that these leaders are not concerned with other matters outside of education.

Simpson (1979) offers an explanation for this common perception. She states that nursing educators, in the movement to professionalize nursing by giving it status as an intellectual discipline, have dominated nursing as an organized occupation and have furthered the collegiate nursing ideology's influence

...by the faculty's participation in the activities of nursing associations and through the school's compliance with requirements established by educator dominated accreditation agencies. (p. 92)

Schorr (1983) also acknowledges that nursing associations, like many other professional organizations, may be dominated by the profession's intellectuals -- the educators, the researchers, holders of advanced degrees, and the nursing officials. Schorr believes this may lead to problems within the organization. He states that

These nursing intellectuals have much to contribute to nursing and to the public good, and often they have made Herculean contributions to the cause. But sometimes they do not understand the real audience or how to communicate effectively to it. (pp. 73-74)

Moore (1970) identifies another perception that may influence a nurse's decision to join the association. That is the reputation of the organization's officers and
leaders as representatives of all members of the association. Those leaders may not, in fact, share the problems and anxieties of the rank-and-file members. The leaders may have...encouraged member's participation only for limited purposes of a unified front, or to bring them under a measure of collective control. The leaders may not be genuine spokesmen for the rather distinctive interests of ordinary members. (p. 167)

Nurses in specialty areas often feel that the professional association which represents all nurses does not address the unique interests of the specialty. This perception has led to a drastic increase in the number of specialty organizations that attract members away from the national or state association. Their growth is due, in part, to a perceived "lack of response of the ANA to the growing needs of specialization in nursing" (Broadwell, 1985, p. 161) Campbell (1985), a nurse in Great Britain, feels that the nursing profession is being hurt by these splinter groups that form as a result of dissatisfaction with the parent group. However, even these associations are accused of not being sensitive to the needs of their members. A member of the American Association of Critical Care Nurses (AACN) asked, "What have the ANA and AACN done for nursing? ...what have they really done for nurses as individuals?" (Sanford, 1985, p. 61).

The problem of competition from other organizations is one that is also experienced by other professional associations. Moore (1970) notes that
The formation of highly specialized associations, either as adjuncts of more inclusive professional societies or independently of them, is usually promoted on the grounds that too little attention is given to the specialty by the general organization. (p. 156)

Elliott (1972) sums up these concerns in the following statement.

The professional colleague group, often as represented by the professional association, should provide an important source of reference, guidance and support. But for many practitioners the professional association and other bodies exhorting them to maintain standards may appear quite remote from their every day experiences. (p. 128)

Nurses' perceptions of the occupation of nursing as a profession versus merely being a "job" may also affect their decisions to join a professional association. Association participation is frequently cited in the literature as an individual dimension of professionalism. For example, Cullen (1978), in a study of professionalism, states that

the characteristics usually associated with high degrees of professionalism emerge largely from a greater intellectual complexity of occupational tasks. (p. 2)

He concludes that this highly intricate work gives rise to, among other things, more participation on the occupational association. He further states that membership completeness is an indicator of an occupational group's commitment to their occupation.

In a study by Lamb-Mechanick and Block (1984), two-thirds of the members surveyed stated they joined the
organization because it was expected of a professional nurse. Yeager and Kline (1983) noted that those individuals who treat work as "just a job" and are only or primarily interested in economic gain (as opposed to feeling like part of a profession) feel little need to belong to a professional association.

As nursing becomes more complex and educational requirements increase, membership in the professional association may also increase. Cullen (1978) found that General Educational Development (GED) or intellectual complexity shows a reasonably strong and positive effect on membership completeness. (p. 132)

In addition, he notes that as an occupation's intellectual development increases, one may presume that individuals are increasingly constrained to communicate on matters related to work only within their occupational group. It logically follows, then, that these individuals would more likely identify with each other and have a greater propensity to participate in the same organization.

Kotler and Bloom (1984) comment on the importance of an individual's perception of the organization in the decision to become or remain a member. They state that "...members want to feel that they are worthwhile members of a worthwhile organization" (p. 412). They need to have: (a) a feeling of personal high regard in the organization, (b) an expectation of new experiences, and (c) a sense that the organization is accomplishing
important things for the members and the society.

Enabling Factors

Resources. The plethora of specialty organizations which have sprung up during the last few years compete for the often limited resources of nurses. The proliferation of these organizations is one of the reasons often cited for the decrease in membership in the national organization (Campbell, 1985).

Unions also compete with ANA for membership and dues. The union fulfills some of the same functions of the professional organization. Unions attract many members by their promises of better salaries and working conditions for the nurses. The trade unions, however, although they strive for improvements for employees on the operative level, do very little for members of the profession in senior positions, much less in promoting the profession itself (Reinhart, 1983). Yeager and Kline (1983) discovered that one of the items that had a negative impact on joining an association was a rejection of the union-like role associations assume.

Even without competition from other organizations, the cost of dues is a very definite deterrent to membership in the association. In fact, it is one of the most often heard complaints about the association. In a study done by the state nurses' association in a southeastern state (Lamb-Mechanick & Block, 1984) half of all re-
spondents cited high cost as a reason for not joining. In another study (Yeager & Kline, 1983), one of the items which was found to have a negative effect on joining or remaining in a professional association was the high cost of membership.

Reynolds (1985) also suspects that the lack of membership is a not-so-surprising consequence of its high cost. He quoted a survey response from a nurse in Wichita, Kansas who said, "Membership sure seems to cost a bunch." Another nurse, in Nesquehoming, Pennsylvania stated bluntly, "The dues are too high" (p. 7). The ANA acknowledges in its Membership Marketing Manual that the price of the product -- membership dues -- is a significant factor in an individual's decision to join or not.

Time is another resource that is often in short supply for nurses, especially if they are working full-time. Orsolits et al. (1983) noted that among the reasons for dropping membership, lack of time or interest was mentioned by 8% percent of the respondents in their study.

Accessibility. Green et al. (1980) identified accessibility as another enabling factor. One of the items found to have a negative impact on joining or remaining in a professional association by Yeager and Kline (1983) was the distance to meetings or lack of association activity in their area of the state. In
another study, Yeager (1983) postulated that the cost of travel in time and money affects nurses in rural and distant areas more than those in urban places where travel is more convenient, less expensive, and the distances shorter.

Structure. Cullen (1978) found that two aspects of structural development have strong effects on membership completeness (number of actual association members related to number of potential members). These include the number of local organizations and how formally the local associations are attached to the national organization. Professional associations may be closely controlled from a central office or considerable autonomy may be allowed to local branches (Merton, 1958). Local groups bring the occupational organization physically closer to the individual making identification with the organization easier. The local group within ANA is the district association which forms the basis of the state association. The districts were first organized by the 1916 ANA Convention giving great impetus to increasing membership throughout each state (Dietz & Lehozky, 1967).

Bringing the association structure to local levels also serves a social psychological function according to Cullen (1978). The existence of a local organization results in situations where organizations overlap with existing individual relationships. Nonmembers are then
more likely to have personal ties with association members and officers giving the association more availability and visibility, enhancing the association's ability to attract occupational practitioners who are not members.

Another aspect of the structure of the association identified in Cullen's 1978 study that affects membership is the number of full-time staff. The data from this study showed that associations with relatively more full-time staff have direct effects on membership completeness. The premise is that, if staff concentration increases, more staff are available to serve membership needs. It also becomes possible for associations to deal more intensely with essential organizational survival questions and allows better problem solving which leads to an increase in organizational effectiveness. A more effective organization is more attractive and is, therefore, better able to recruit and retain members. Therefore, Cullen concludes that associations are not in error when they apply more dollars to increasing staff size.

The structure of the organization plays an important part in what Barrett (1970) refers to as the "Accommodation Model" of goal integration. In the Accommodation Model emphasis is placed on taking individual goals into account in determining organizational objectives or designing procedures for attaining them... the organization is structured and operated in such a
way that the pursuit of organizational objectives will be intrinsically rewarding and will provide for the simultaneous pursuit of the individual's goals. (p. 11)

The Accommodation Model can be implemented in two ways:

1. Role or job design: Individuals' jobs or roles are designed so that they include the kind, number and variety of activities required in the pursuit of their personal goals.

2. Participation: Individual members at all levels are included in a wide range of the objective-setting, problem-solving, and decision-making activities of the organization. This contributes to goal integration in two ways: (a) the process of participation will be directly satisfying to individuals whose personal goals include exerting control or contributing to policy formation and (b) it allows individuals to represent their own unique needs and interests in the process which actually define the nature of the organization. The outcomes should be solutions, decisions, and objectives which have built into them provisions for attaining individual goals.

Savage (1976) found that institutional structure was not implicated in membership status. In a study of church members, he hypothesized that "the institutional structure of the church has a direct effect upon the behavior of persons who move from an active to inactive status" (p. 8). His data led to the conclusion that the church
structure led to some persons being overwhelmed, but the relationship was very vague and the hypothesis was not supported.

**Reinforcing Factors**

Bry (1975) cites the three most noted reinforcement theorists in behavioral psychology: Thorndike, Hull, and Skinner. Their work led to the concepts of behavior in terms of either the strengthening or the reduction of a behavior in response to its consequences. These consequences were termed positive or negative reinforcers.

Reinforcing stimuli are defined by Morasky (1982) as consequences that follow a behavior and increase or decrease the frequency of subsequent occurrences of that behavior. Pleasant consequences tend to increase the behavior that they follow, while aversive consequences tend to decrease the behavior that they follow. (p. 70)

Reinforcement is often used to modify behavior in various situations, such as parenting (Strauss & Atkeson, 1984), dieting (Foreyt & Goodrick, 1984), and alcoholism (McCready, 1984).

The consequences influence the behavior through the process of feedback. Feedback can be defined as the flow of information back to the initiator of the behavior. In the context of the model used for this study, the feedback comes from people in the nurse's social environment who are influential in the nurse's life to some extent. Some will be more important to the nurse than others and
therefore more influential (Green et al., 1980).

Ajzen and Fishbein (1980) refer to the influence of the social environment on behavior as the person's subjective norm. That is, "his perception that people who are important to him think he should or should not perform the behavior in question" (p. 73). Their theory implies that individuals take into account the expectations of referents in their environment. An example was noted by Foreyt and Goodrick (1984) who note the importance of social influences on women with regard to exercise behaviors. The authors state that in attempting to begin a program of regular exercise, the woman needs to consider who may support or hinder her activities. For example, the sedentary lifestyle of a homemaker may be highly rewarding to her husband.

Vernon (1969) states that "almost every kind of behavior is affected by social relationships" (p. 96). People seek the society of others and tend to behave in such a way as to attain approval and acceptance (positive reinforcement). They also control and inhibit behavior which is disapproved by others or may even be punished by them (negative reinforcement), although it may be personally desirable and satisfying to the individual.

The family is the most fundamental motivator of behavior because it influences children at their most malleable age. Difference between social classes and
family relationships affect the personalities and motivation of family members; for instance, the importance attached to achievement, postponement of immediate gratification for future success, or the control of behavior by internal conscience (Vernon, 1969).

Other groups that influence behavior include adolescent and young adult groups and institutional groups, such as churches. Ways of behaving also differ between regions and countries. Cutting across these different social groups are the influences of personal relationships and membership in smaller, informal groups.

There is a tendency in all these for members to conform to a social 'norm' of acceptable behavior. But as the individual moves from one group to another, his socially motivated behavior varies accordingly. However, to a considerable extent he can choose to become a member of groups in which he can play roles which accord with his interests and other motivational tendencies. (Vernon, 1969, p. 99)

Although there is an abundance of literature on reinforcement of behaviors and on the impact of social relationships upon behavior, there seems to be a dearth of literature on the subject with regard to the specific behavior of joining an organization. Some of the reasons for joining a professional association cited earlier from the Yale Law Journal (1966) can be seen as social reinforcers. Access to social and professional contacts, acquisition of professional status, and the fulfillment of an obligation to support the profession provide reinforce-
ment from peers for the act of becoming a member of the organization. Yeager and Kline (1983) mention that nurses in some positions are encouraged or even required to belong to the professional association. Beyond these examples, there is little or no reference to how reinforcement of others influences the decision to join a professional organization.

Marketing

Values and Marketing

Values are often seen as the basis for the buying choices (whether or not to join a professional association and/or which one to join) made by consumers (Utah nurses). A study by Pitts and Woodside (1984) indicated that insight into the values of members of market segments provides a means for developing a marketing strategy. According to these authors, since values are often based on needs, knowledge of values provides the marketer with a very powerful and practical tool for achieving need satisfaction. Products or advertising of products can be designed to satisfy those particular needs.

A work by Howard and Woodside (1984) also suggests that the study of values can be useful for product and advertising design. Consumers consider certain product characteristics that they determine to be important in making purchasing choices. These are called choice criteria. The study of value systems can be useful in
marketing management for designing products that conform to certain sets of choice criteria and in writing advertisements aimed at these choice criteria.

According to Munson (1984), the most critical questions affecting the use of values in strategic marketing are asked to determine the following: (a) what needs the product or service fulfills, (b) which values may be associated with purchase (joining or renewing membership) and usage behaviors, and (c) what are the relevant intervening attitudes which link consumption choice to underlying values. Prakesh (1984) also contends that, in the field of marketing, values determine product expectations, satisfaction with products and the level of consumer discontent.

Marketing for Nonprofit Organizations

Kotler and Bloom (1984) describe four different types of orientation that organizations can have: (a) a product orientation, (b) a sales orientation, (c) a production orientation, and (d) a marketing orientation. They maintain that a marketing orientation is essential to the effective marketing of professional services. The definition of a marketing orientation is as follows:

A marketing orientation holds that the main task of the organization is to determine the needs and wants of target markets and to satisfy them through the design, communication, pricing, and delivery of appropriate and competitively viable offerings. (p. 16)
A membership manual developed by the American Nurses' Association states that a marketing orientation is important in the recruitment and retention efforts of the state nurses' association.

A marketing orientation looks at the organization and its range of activities from the perspective of the consumer -- for the professional association, the member. (p. 1)

Thus, since marketing is defined as a process of determining and satisfying needs and wants of the consumer, it can be said that marketing encompasses all the activities that contribute to or facilitate the identification and meeting of the needs of the organization's consumers -- its members and potential members.

The ANA membership manual further states that a marketing orientation includes recognition that the total market for membership can be subdivided into market segments (classes of consumers desiring similar product benefits). Kotler and Bloom (1984) refer to target market segments in their definition of marketing and the ANA membership manual also states that selecting target market segments is a part of determining strategy.

In the simplest sense, the target market is always the nursing professional. But for each individual state or district nurses' association those nursing professionals who are most likely to take advantage of the organization's capabilities and those nurses who are most needed by the organization become the specific targets. By assessing needs and then identifying the potential members who look to the association to meet their needs, strategies can be directed at specific market segments. (p. 1)
Certain segments will be more likely to join than others. The marketing strategy targets those segments that represent the goal for the membership profile. For example, if membership goals include increasing the proportion of younger nurses, marketing efforts would present the kind of services, benefits, and messages that this group would be especially interested in.

Managers of nonprofit organizations have come to realize that marketing is as important to their success as it is in the business community. Shapiro (1973) states that "there are four key business concepts that provide the basis for marketing thought and action in the non-profit environment" (p. 123). These are:

1. The self-interest or exchange aspect of a transaction in which consumers search out the best way to fulfill their needs while the organization seeks the most efficient way to satisfy the consumer. Each believe they are receiving greater value than they are giving up.

2. The marketing task or the satisfaction of consumer needs which is measured by financial viability.

3. The marketing mix enumerates the tools the marketer has for satisfying the customer such as advertising and public relations, pricing, and product policies.

4. The idea of distinctive competence, in which the
organization concentrates on what it does best.

**Marketing for the Membership Organization**

From a marketing point of view, a membership organization may encounter four major problems: (a) membership definition, (b) membership attraction, (c) membership motivation, and (d) membership retention.

Membership definition in an organization may be according to qualification, classes, and/or benefits (Kotler, 1982). The UNA bylaws establish the qualifications for membership as follows:

A member is one who:
- a. Has completed a nursing education program qualifying the individual to take the examination specified by the Nurse Practice Act for licensure as a registered nurse as a first-time writer,
- b. Has been granted a license to practice as a registered nurse in at least one state, territory, possession, or District of Columbia of the United States and who does not have a license under suspension or revocation in any state, and
- c. Whose application for membership has been accepted in accordance with Association policy, and
- d. Whose dues are not delinquent. (p. 2)

Membership attraction is the most common problem among organizations as most have too few members as opposed to having enough or too many. This holds true for the Utah Nurses' Association which has seen a decline in the percentage of nurses who join. Three groups of nonmembers are defined by Kotler: (a) resistors: those
who dislike the organization, (b) indifferents: people who do not see much net benefit in joining, and (c) uninforms: prospects who have too little information on which to base a judgment about the value of belonging.

Membership motivation has to do with the amount of involvement of the members in the activities of the organization. Membership retention is measured by the annual renewal which is a kind of "market test" in which members vote on whether the "product" is worth the cost. A high nonrenewal rate is an indicator of a failure to satisfy members. An organization needs to determine various reasons why members don't renew. Nonrenewal may be one of the factors in the membership problem that UNA is facing.

Membership retention is vital to a membership organization because it takes more time and effort and costs more to recruit a new member than to renew a current one. Also, renewing members are a source of continuing strength to an organization because of their experience and loyalty.

The ANA's membership manual states that a solid program of membership retention can go a long way towards preserving the group and that the program should revolve around the philosophy that the association perceives the needs of its members and that the organization conveys how it meets those needs.
Lamb-Mechanick and Block (1984) examined the image of a southeastern state nurses' association to assist in the development of a marketing plan to increase membership in that organization. They noted that

the phases in the development of a marketing plan are the same as the nursing process: Assessment, planning, implementation, and evaluation" (p. 398)

According to these authors, the assessment phase includes determining the size and characteristics of the market and the image of the product from the viewpoint of the consumers or potential consumers.

The planning phase involves the identification and selection of a target market or segment on which to concentrate sales efforts. Turning the plans into action and describing who does what, when, and how it takes place is the implementation phase. Finally, evaluation is done by determining which of the marketing strategies put into action were most successful in recruiting new members or increasing the annual renewal rate.

ANA's Membership Marketing Manual outlines the basics of the marketing plan that should include:

1. The situation analysis -- where we've been, where we are, and where we're heading,
2. The marketing objectives -- where we should be going,
3. The strategy -- how we will get there, and
4. The action plan -- what marketing variables will
be used to influence target markets:

4.1 product (services/benefits),
4.2 promotion,
4.3 pricing, or
4.4 distribution.

Assessing the situation and determining what the objectives should be from the nurse's perspective was the purpose of this study.
CHAPTER III

METHODOLOGY

Design and Procedure

A descriptive survey design was used in which a questionnaire was mailed to the subjects. A logo was designed for the questionnaire to attract the subjects' attention and to encourage them to respond. The questionnaire was designed and formatted to make the instructions very clear and answering the questions somewhat like a game. The questionnaire is presented in the Appendix.

To increase the response rate, subjects were told that if their completed questionnaire was not received within a specified period of time, they would be called. Because a reasonably good response rate was achieved and because of time restraints, the nonrespondents were not called.

Population and Sample

The population consisted of all registered nurses licensed to practice in the state of Utah. A listing of the 10,678 registered nurses was obtained from the State Board of Nursing and a list of UNA members was obtained from the association. This list was matched with a list
of UNA members. A stratified random sample of 1,703 nurses was taken from this population using a table of random numbers.

The sample was first stratified by place of residence. Nurses were selected from rural areas and from urban areas of the state by UNA Districts because place of residence may affect the nurse's accessibility to association activities and meetings. The UNA is composed of 12 districts. Districts One, Two, and Three are located along the Wasatch Front which is the most densely populated portion of the state. District One includes Salt Lake County and the southern part of Davis County; District Two is made up of Weber, Morgan, and Box Elder Counties and the northern part of Davis County; and District Three is in Utah County. For convenience of sampling, these three districts were defined as urban even though parts of them are rural in nature. The other districts were defined as rural. The nonmembers were determined to be urban or rural by the county in which they resided. The members were determined to be urban or rural by district membership.

A total of 170 subjects resided in the rural areas, 60 members and 110 nonmembers. Only 24 (54.5%) rural nonmembers and 20 (33.3%) rural members responded. The response rate was good, but the numbers were too small to be of any significance; thus, for the most part, the rural
versus urban stratification was not considered. A larger sample of rural nonmembers could have been selected; however, the sample of rural members represented the entire population.

The sample was further stratified by membership in the association. Of the total sample, 504 were members and 1,199 were nonmembers. Over twice as many questionnaires were sent to nonmembers as members because it was assumed that nonmembers would be less likely to respond than members and would be less interested in the study. This proved to be true. Of the 551 subjects who returned usable questionnaires (another 51 were received too late to be included in the analysis), 269 were members; producing a response rate of 53.4%. Nonmembers responded at a rate of 23.4% (281). The total response rate for both members and nonmembers was 32.4%.

Measurement

Instrument

A questionnaire of 44 items was developed by adapting questionnaires (with permission of the authors) used in two other studies of association membership. New items based on the model used in this study were also included.

One of the adapted questionnaires was developed by Dr. Samuel J. Yeager of Wichita State University, Wichita, Kansas. Dr. Yeager's research was reported in the Winter 1983 issue of the Journal of Health and Human Resource
Administration and in Research in Nursing and Health, (volume 6) in 1983. Twenty-three other persons who were also engaged in the study of association membership have used Dr. Yeager's work. The other adapted instrument was from District One of the New York State Nurses' Association (NYSNA). Dr. Brenda Haughey, one of the researchers, indicated that several people have replicated that study using the instrument that she and the other authors developed (in Hougland & Christensen, 1979). The NYSNA study was reported in the Journal of the New York State Nurses' Association, December, 1983.

The predisposing factor variables of knowledge, beliefs, attitudes, values, and perceptions were measured using a Likert 5-point scale. Enabling variables were measured in two ways. Demographic data were elicited using multiple choice questions. Much of the demographic data referred to enabling factors because they relate to the variables of money (income), accessibility (place of residence), and time (employment status, membership, involvement in other organizations, and family obligations). Additional information relating to these and the other enabling variable, structure, was obtained with the Likert scale.

The Likert scale was also used to determine factors that reinforce the nurse's joining behavior and to measure the relative importance of each of the reinforcing
variables: family, peers, supervisor, and employer. In addition, open-ended questions of a general nature not related to specific categories of factors or variables, were asked to elicit information that might have been missed.

One of the open-ended questions asked members why they had joined the UNA. Another asked nonmembers why they had not joined. The responses were analyzed and classified according to a list of categories adapted from the ANA's Membership Marketing Manual.

Validity and Reliability

The questionnaire was administered to the executive board of the UNA for their judgment regarding the face validity of the instrument. The questionnaire was also given to an approximately equal number of a convenience sample of nonmembers and the scores on all variables were compared to those of the executive board to assess construct validity. Even though there was no definite prediction of differences between the two groups, some difference were demonstrated. The $t$-test for independent samples was used to test significance of differences in the mean scores of the members and nonmembers. Differences significant at the .05 level were demonstrated in nine of the variables. In addition to testing for differences between each variable, the Likert scores were added and the $t$-test used to test the difference in the
group means. The difference was found to be significant at the .001 level ($t = -1.16$, $p < .001$). Construct validity was, therefore, assumed.

Reliability was established by relevance of the material to the subjects, but not by statistical measures. Nurses were asked questions about their own professional association. It was assumed that most nurses have some knowledge about the organization, even if only that it exists.

The coefficient alpha procedure was to be used as a second method of establishing reliability. This procedure is a method of assessing the internal consistency of an instrument by comparing each item with the entire set of items. It was not possible to utilize this method because too many subjects did not respond to all the questions or used the "don't know" or "not applicable" responses. Only 39 questionnaires were complete.

A third method of establishing reliability involves asking for the same information more than once. This was deemed to be inappropriate for this study as it would make the questionnaire too lengthy. A limitation of this study is the lack of statistical measures of reliability and validity of the instrument.

**Analysis**

The first step in the data analysis was a tabulation of frequency distributions, percentages, means, and
standard deviations for all variables. The t-test for independent samples was then used to test differences in group means for all Likert scale items. These differences were all found to be significant at the .001 level. The "don't know or not applicable" response was eliminated for scoring purposes. A great many subjects (in some cases, over 30%) had chosen this response, especially among nonmembers, and it was felt that including it in the scores would skew the results. It was also felt that scoring the "don't know or not applicable" as a 3 (or neutral) on the 5-point scale would result in the loss of valuable information as lack of knowledge is very different than being neutral. The t-test was also used to test significance of differences in other variables, when appropriate, in order to compare the scale means of the two groups.

To determine the relationship of each variable measured in the Likert scale, the Pearson correlation coefficient or Pearson r was used. This is the most commonly-used correlation index. It is both a descriptive and an inferential statistic. Used as a descriptive statistic in this study, it summarized the magnitude and direction of the relationship between each variable on the Likert scale and membership in the UNA.

The chi-square statistic was used to test the
significance of differences in proportion when the data fell into various categories (e.g., place of employment).
CHAPTER IV

FINDINGS AND DISCUSSION

Introduction

This chapter begins with a description of the sample population. The research questions will then be presented and categorized by the factors that they relate to (i.e., predisposing, enabling, and reinforcing). The findings for each variable will be discussed.

Demographic Description of the Sample

Members and nonmembers did not differ appreciably in age, although the difference was statistically significant ($t = 1.20, p < .05$). The mean age of members was 42.6 years, while the mean age of nonmembers was 40.4, a difference of only 2.6 years. The number of years that the subject had been a registered nurse also differed significantly, but not substantially, between members and nonmembers. Members had been an RN for a mean of 19.0 years and nonmembers for a mean of 16.9 years ($t = 1.96, p < .05$). Based on these findings, perhaps the UNA needs to target a younger population for marketing efforts.

There were also significant differences in educational preparation. In their basic nursing education,
20.7% of the members received an associate degree (AD) and 50% received a baccalaureate degree (BS). Forty-two and a half percent of the nonmembers received an AD and 34.2% a BS. Only 8% of the members indicated the highest degree they had obtained was an AD, 34.2% had a BS, and 31.6% had a master's degree. An AD was the highest degree held by 35.6% of the nonmembers and 35.9% had a BS (very similar to the members), but only 2.8% had obtained a master's degree. Twelve percent of the members had a doctorate in nursing or in another field, while .7% of the nonmembers held a doctoral degree. These differences were found to be statistically significant ($t = 10.62, p < .001$).

Marital status was also shown to be significantly different between members and nonmembers ($X^2 = 26.97, p < .001$). Seventy-eight percent of the nonmembers were married and 57.4% of the members were married.

Economic status was measured by personal and household income and number in household and is shown on Table 1. Interestingly, the members earned significantly more ($t = 6.42, p < .001$) personal income but there was no difference in household incomes ($t = .76, p > .05$). Number in household also differed significantly ($t = -6.62, p < .001$). Nonmembers had a mean of 3.8 people in the household, while members had a mean of 2.7 people. This is understandable since nonmembers were more likely to be married. However, since the household incomes were
Table 1

T-test of Mean Personal and Household Incomes and Number in Household of UNA Members and Nonmembers

<table>
<thead>
<tr>
<th>Variable</th>
<th>Members</th>
<th></th>
<th></th>
<th></th>
<th>Nonmembers</th>
<th></th>
<th></th>
<th></th>
<th>t</th>
<th>Sig. Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
<td>t</td>
<td>Sig.</td>
<td></td>
<td></td>
<td></td>
<td>Level</td>
</tr>
<tr>
<td>Personal Income</td>
<td>4.72</td>
<td>1.81</td>
<td>3.68</td>
<td>1.81</td>
<td>6.42</td>
<td>.001</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Household Income</td>
<td>5.99</td>
<td>1.45</td>
<td>5.89</td>
<td>1.47</td>
<td>.76</td>
<td>NS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number in Household</td>
<td>2.74</td>
<td>1.69</td>
<td>3.80</td>
<td>2.00</td>
<td>-6.65</td>
<td>.001</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
the same and the number in the household higher for nonmembers, there would probably be less money available for membership dues.

Employment status was another area in which members and nonmembers differed significantly ($X^2 = 29.03, p < .0001$). The largest number of both groups worked full time in nursing (members = 68.8%, nonmembers = 49.3%). However, nonmembers were more likely to be working only part-time (37.8%), compared to members (17.9%). Place of employment and position held also differed. The place of employment differed significantly ($X^2 = 63.71, p < .0001$) because of the number of members who were employed by a school of nursing (18.1% of members versus .7% of nonmembers). Membership is often required by schools of nursing. Almost 50% of the members worked in a hospital, as did 65.6% of nonmembers.

As demonstrated on Table 2, members were more likely to be administrators (17.4% of members vs. 7.5% of nonmembers) or instructors (15.8% of members compared to 3.5% of nonmembers), again reflecting the association membership requirement in schools of nursing. Nonmembers were more likely to be staff nurses (51.6% of nonmembers, 23.2% of members). These differences were found to be statistically significant ($X^2 = 100.51, p < .0001$). It is, therefore, easy to understand the perception that the association is run by and for administrators and educators.
Table 2
Chi-Square Comparisons of Current Positions Held:
UNA Members and Nonmembers

<table>
<thead>
<tr>
<th>Position</th>
<th>Members</th>
<th></th>
<th></th>
<th>Nonmembers</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrator</td>
<td>42</td>
<td>17.4</td>
<td>19</td>
<td>7.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultant</td>
<td>5</td>
<td>2.1</td>
<td>2</td>
<td>.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervisor</td>
<td>17</td>
<td>7.1</td>
<td>20</td>
<td>7.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instructor</td>
<td>38</td>
<td>15.8</td>
<td>9</td>
<td>3.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head Nurse</td>
<td>24</td>
<td>10.0</td>
<td>13</td>
<td>5.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team Leader</td>
<td>9</td>
<td>3.7</td>
<td>39</td>
<td>15.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Nurse</td>
<td>56</td>
<td>23.2</td>
<td>131</td>
<td>51.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>19</td>
<td>7.9</td>
<td>1</td>
<td>.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Specialist</td>
<td>14</td>
<td>5.8</td>
<td>5</td>
<td>2.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>17</td>
<td>7.1</td>
<td>15</td>
<td>5.9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
and that the staff nurse is not represented. This perception is reflected in comments made by the subjects such as "UNA is more for the college professors than the common working nurse."

Only one-third of the nonmembers had been members in the past. Of those who had belonged, 70% were members for 3 years or less. The mean length of membership was 4.5 years. When asked if they intended to join or rejoin, 46.6% said no but 47.4% responded "don't know." This represented a fairly large number of nurses who had not made up their minds and might be persuaded to join. One said she "wouldn't mind finding out" about the organization and another indicated she "might consider" joining if given information.

The mean length of membership for current members was 9 years. Sixty percent had belonged for 5 years or fewer. This compares with a membership survey done by the American Nurses' Association (ANA, 1985) in 1984 that indicated that 40.5% were members for 1 to 5 years and 24.6% for 6 to 10 years. If over half of the members belonged for 10 years or less, poor retention may be a contributing factor in the lack of membership. However, 85% of the members indicated that they intended to renew their membership. In the ANA survey, 82.2% indicated that they planned to continue as a member. This seemed to contradict the previous conclusion. Perhaps those members
who indicated that they intended to continue their membership did not carry out those intentions. More study may be indicated in this area.

Findings by Research Questions

Predisposing Factors

Research question one stated,

Are the nurses in Utah knowledgeable about the association and the benefits and services it provides?

Seventy-four percent of the members agreed or strongly agreed with the statement that they were knowledgeable about the Utah Nurses' Association and its goals, objectives, and benefits. Only 18.9% of the nonmembers felt that they were knowledgeable about the organization. Knowledge was also measured by whether the subject was familiar with the membership application procedure, and if they thought it was difficult to apply for membership. Seventy percent of the members did not feel that applying for membership was difficult. Few members and nonmembers (7.9% and 3.6%, respectively) agreed or slightly agreed with the statement that application for membership was difficult. Pearson correlation coefficients as demonstrated in Table 3 revealed a strong positive correlation between knowledge about the organization and membership ($r = .5371, p < .001$) and a positive but weak correlation between the attitude regarding membership application and membership
Table 3

Pearson R Correlations of Predisposing, Enabling, and Reinforcing Factors to Membership in UNA

<table>
<thead>
<tr>
<th>Factors</th>
<th>Joining Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pearson r</td>
</tr>
<tr>
<td>Predisposing</td>
<td></td>
</tr>
<tr>
<td>Knowledge</td>
<td></td>
</tr>
<tr>
<td>Of UNA goals and benefits</td>
<td>.5371</td>
</tr>
<tr>
<td>Of membership application</td>
<td>.2465</td>
</tr>
<tr>
<td>Beliefs/Attitudes</td>
<td></td>
</tr>
<tr>
<td>Membership in professional organization beneficial</td>
<td>.5483</td>
</tr>
<tr>
<td>UNA provides greater benefits than other nursing organizations</td>
<td>.1629</td>
</tr>
<tr>
<td>Membership is personally beneficial</td>
<td>.5015</td>
</tr>
<tr>
<td>Perceptions</td>
<td></td>
</tr>
<tr>
<td>Of nursing as a profession</td>
<td>.2876</td>
</tr>
<tr>
<td>Of the ability of the officers and leaders</td>
<td>.4331</td>
</tr>
<tr>
<td>That all nurses are represented</td>
<td>.2604</td>
</tr>
<tr>
<td>Values</td>
<td></td>
</tr>
<tr>
<td>Time with family</td>
<td>-.5267</td>
</tr>
<tr>
<td>Time in other organizations</td>
<td>-.2973</td>
</tr>
<tr>
<td>Enabling</td>
<td></td>
</tr>
<tr>
<td>Resources of time and money</td>
<td>.5409</td>
</tr>
<tr>
<td>Organizational structure</td>
<td></td>
</tr>
<tr>
<td>Opportunities to contribute</td>
<td>.3001</td>
</tr>
<tr>
<td>Opportunities for growth</td>
<td>.3628</td>
</tr>
<tr>
<td>Accessibility</td>
<td></td>
</tr>
<tr>
<td>Transportation to meetings</td>
<td>.0931</td>
</tr>
</tbody>
</table>
Table 3 continued

| Factors   | Joining Behaviors
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pearson r</td>
</tr>
<tr>
<td>Reinforcing</td>
<td></td>
</tr>
<tr>
<td>Supervisor</td>
<td>.3592</td>
</tr>
<tr>
<td>Employer</td>
<td>.3257</td>
</tr>
<tr>
<td>Peers</td>
<td>.3518</td>
</tr>
<tr>
<td>Family</td>
<td>.3821</td>
</tr>
</tbody>
</table>
(r = .2465, p < .001).

Research question two stated:

What beliefs, attitudes, and perceptions do nurses hold about the association or about nursing and how do they influence the nurse to join or not to join?

Members believed that membership in UNA was beneficial to them and to their careers. Seventy-four percent agreed or slightly agreed. The majority of nonmembers had no opinion regarding this belief. Fifty-nine percent did not know, felt it was not applicable, or were neutral. Thirty percent of nonmembers disagreed that membership was beneficial to them and 10.3% agreed. The difference was statistically significant (t = -14.08, p < .001) (Table 4). The Pearson correlation was strongly positive between the belief that the association was beneficial to the nurse and his/her career and membership in the association (r = .5483, p < .001). This was, in fact, the highest correlation of the variables measured by the Likert scale.

Neither members nor nonmembers believed that they received more benefit from other nursing organizations. Twenty-four percent of members were neutral and the mean score was 3.0 on a scale of 1 to 5, with 3 indicating neutral. The mean score of the nonmembers was 2.6, with 20.7% indicating they were neutral. Although the differences were slight, they were statistically significant (t = 3.22, p < .001). The Pearson correlation
### Table 4
Means and Standard Deviations for Variables 17-34

<table>
<thead>
<tr>
<th>Variable</th>
<th>Members Mean</th>
<th>Members SD</th>
<th>Nonmembers Mean</th>
<th>Nonmembers SD</th>
<th>t</th>
<th>Sig. Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. I am knowledgeable about the Utah Nurses' Association (UNA) -- its goals, objectives and benefits.</td>
<td>2.03</td>
<td>1.10</td>
<td>3.53</td>
<td>1.24</td>
<td>13.82</td>
<td>.001</td>
</tr>
<tr>
<td>18. Applying for UNA membership is difficult.</td>
<td>4.45</td>
<td>.98</td>
<td>3.92</td>
<td>1.07</td>
<td>5.26</td>
<td>.001</td>
</tr>
<tr>
<td>19. Membership in UNA is beneficial to me and to my career goals.</td>
<td>2.08</td>
<td>1.02</td>
<td>3.46</td>
<td>1.08</td>
<td>-14.08</td>
<td>.001</td>
</tr>
<tr>
<td>20. The Utah Nurses' Association is beneficial to me.</td>
<td>2.08</td>
<td>.98</td>
<td>3.27</td>
<td>1.08</td>
<td>-12.49</td>
<td>.001</td>
</tr>
<tr>
<td>21. Advancement of nursing as a profession is important to me.</td>
<td>1.25</td>
<td>.67</td>
<td>1.81</td>
<td>1.17</td>
<td>-6.96</td>
<td>.001</td>
</tr>
<tr>
<td>22. Membership in UNA would require too much time away from my family.</td>
<td>4.31</td>
<td>.90</td>
<td>3.09</td>
<td>1.08</td>
<td>12.70</td>
<td>.001</td>
</tr>
<tr>
<td>Variable</td>
<td>Members Mean</td>
<td>Members SD</td>
<td>Nonmembers Mean</td>
<td>Nonmembers SD</td>
<td>t</td>
<td>Sig. Level</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>--------------</td>
<td>------------</td>
<td>-----------------</td>
<td>---------------</td>
<td>-------</td>
<td>------------</td>
</tr>
<tr>
<td>23. I spend too much time on other organizations' (church, community) activities to be involved with UNA.</td>
<td>3.68</td>
<td>1.29</td>
<td>2.90</td>
<td>1.25</td>
<td>6.95</td>
<td>.001</td>
</tr>
<tr>
<td>24. The UNA does not give me the opportunity to contribute to the organization in a meaningful way (i.e., goal setting, problem solving, and decision making for the organization).</td>
<td>3.83</td>
<td>1.22</td>
<td>3.08</td>
<td>1.02</td>
<td>6.50</td>
<td>.001</td>
</tr>
<tr>
<td>25. My supervisor thinks I should belong to the UNA.</td>
<td>2.23</td>
<td>1.32</td>
<td>3.17</td>
<td>1.11</td>
<td>-6.92</td>
<td>.001</td>
</tr>
<tr>
<td>26. My employer thinks I should belong to the UNA.</td>
<td>2.37</td>
<td>1.33</td>
<td>3.20</td>
<td>1.05</td>
<td>-6.22</td>
<td>.001</td>
</tr>
<tr>
<td>27. My peers think I should belong to the UNA.</td>
<td>2.69</td>
<td>1.23</td>
<td>3.54</td>
<td>.96</td>
<td>-7.48</td>
<td>.001</td>
</tr>
<tr>
<td>28. My family thinks I should belong to the UNA.</td>
<td>2.88</td>
<td>1.05</td>
<td>3.72</td>
<td>.98</td>
<td>-7.41</td>
<td>.001</td>
</tr>
</tbody>
</table>
Table 4 continued

<table>
<thead>
<tr>
<th>Variable</th>
<th>Members</th>
<th>Nonmembers</th>
<th>t</th>
<th>Sig. Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>29. The officers and leaders of the UNA in general do a good job of running the organization.</td>
<td>1.85</td>
<td>.89</td>
<td>2.77</td>
<td>.93</td>
</tr>
<tr>
<td>30. The officers and leaders of the UNA do not represent the interests of all nurses.</td>
<td>3.44</td>
<td>1.29</td>
<td>2.74</td>
<td>1.19</td>
</tr>
<tr>
<td>31. Transportation to UNA meetings or other activities is a problem for me.</td>
<td>4.17</td>
<td>1.19</td>
<td>3.95</td>
<td>1.19</td>
</tr>
<tr>
<td>32. Membership in the UNA provides me with opportunities for personal growth.</td>
<td>2.32</td>
<td>1.08</td>
<td>3.16</td>
<td>.99</td>
</tr>
<tr>
<td>33. Membership in the UNA is worth the sacrifices in time and money.</td>
<td>2.37</td>
<td>1.20</td>
<td>3.88</td>
<td>1.03</td>
</tr>
<tr>
<td>34. I receive more benefit from other professional nursing organizations than from the UNA.</td>
<td>3.09</td>
<td>1.31</td>
<td>2.66</td>
<td>1.26</td>
</tr>
</tbody>
</table>
was positive, but weak \( (r = .1629, p < .001) \). Members were more likely to join other professional organizations. Fifty-five percent of members belonged to at least one other nursing association compared with only 25.3% of nonmembers. In their comments, 5.6% of nonmembers indicated that the reason they did not join the UNA was because they received greater benefit from other organizations (see Table 5). One commented, "I am active in SNA and UPHA which are my chosen areas of nursing."

The perception of nursing as a profession was shared by members and nonmembers alike. Both tended to agree with the statement that the advancement of nursing as a profession is important, although members agreed more strongly. The mean score for the members was 1.2 and 82.8% strongly agreed with the statement. The nonmembers' mean score was 1.8 with 53.5% strongly agreeing and 24.2% slightly agreeing. Again, although the differences were slight, they were significant \( (t = -6.96, p < .001) \). The Pearson correlation was positive but also rather weak \( (r = .2876, p < .001) \).

The reputation of the leaders of the organization also was measured. A majority of members (68.9%) agreed that the officers and leaders were, in general, doing a good job of running the association. Only 11.4% of the nonmembers agreed. Fifty-eight percent of the nonmembers did not know how well the leaders were functioning or felt
Table 5
Reasons Nurses Have Failed to Join or to Renew Membership in UNA

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of knowledge about the organization.</td>
<td>32.4</td>
</tr>
<tr>
<td>Lack of perceived personal or professional benefit, apathy.</td>
<td>26.8</td>
</tr>
<tr>
<td>Dues too high; few benefits for the cost.</td>
<td>25.2</td>
</tr>
<tr>
<td>Time conflicts (time spent with family or church/community activities more important). Nursing not a priority.</td>
<td>18.4</td>
</tr>
<tr>
<td>Perceived loss of touch on the part of the association with its stated purpose or failure to address issues seen as important to the individual; poor leadership.</td>
<td>9.6</td>
</tr>
<tr>
<td>Member moved, retired, or not practicing nursing (or planning to leave nursing).</td>
<td>7.6</td>
</tr>
<tr>
<td>Lack of communication, sense of involvement, especially if a request, suggestion or demonstration of interest is rebuffed or ignored.</td>
<td>6.4</td>
</tr>
<tr>
<td>More benefit from other organizations.</td>
<td>5.6</td>
</tr>
<tr>
<td>Economic or personal problems.</td>
<td>4.4</td>
</tr>
<tr>
<td>Perceived lack of support for associate degree or diploma nurses; too much emphasis on BS degree.</td>
<td>3.6</td>
</tr>
<tr>
<td>Meetings and activities too far away.</td>
<td>2.8</td>
</tr>
<tr>
<td>Conflict with political views.</td>
<td>1.2</td>
</tr>
</tbody>
</table>
it was not applicable to them. One-fourth (25.7%) were neutral. The Pearson correlation showed a much stronger relationship between the perception of the ability of the association leaders and joining ($r = .4331$, $p < .001$).

Forty-eight percent of the members disagreed that the leaders of the UNA did not represent all nurses, whereas 23.7% did agree. One respondent stated that the association did not, nor should they, represent all nurses. Fewer nonmembers (14%) agreed with the statement; nearly half (49.1%) indicated they did not know or it was not applicable, and 16.6% were neutral. The relationship of this perception of the leaders with membership was much weaker in this case, but still positive ($r = .2604$, $p < .001$).

Written comments also reflected this perception. One nurse stated that "the real nurse has no voice." Another wrote, "It does not help the rural nurse." Others felt that the associate degree and diploma nurses were not represented or supported and too much emphasis was placed on the bachelor's degree. One subject stated,

...UNA thinks only about 4-year RN on up. They don't care anything about the 2 year RN. The only thing you care about is pushing out AD (nurses) and promoting BS nursing.

Three and a half percent indicated the lack of support and representation as their reason for not joining. Some members had the same concern. One said,

...I am concerned about obvious prejudice toward
BS (and higher) degree nurses - I see them as the cake but the diploma and AD the bread and butter.

Research question three stated:

What values do nurses in Utah hold which positively or negatively affect their decision to join the association?

One measurement of values was how much the nurse valued time with the family over time spent in association activities. Members strongly disagreed at a rate of 52.6% and slightly disagreed 22.6% of the time that membership took too much time away from their families. This contrasted with the nonmembers who disagreed only 19.6% of the time. Twenty-one percent agreed with the statement, 30.6% were neutral, and 29.2% did not know or felt it was not applicable. These findings were significant at the .001 level ($t = 12.7, p < .001$). The Pearson correlation demonstrated a strong negative relationship between this variable and joining the UNA ($r = .5267, p < .001$). A comment made by one nonmember reflected this attitude. She said, "Although I love nursing, my career is my home and children." Another stated, "...meetings are held during the only time I have with my family and my family is more important...."

Nonmembers agreed at a rate of 36.9% that they spend too much time in other organizational activities to be involved with UNA. Twenty-eight percent of them were neutral and one-fourth (25.1%) disagreed. Members did not
value time in other organizational activities over time involved in UNA, disagreeing with the statement 56.6% of the time. Members agreed 21% of the time. The significance level of these findings was also .001 (t = 6.95, p < .001). Measurement of the Pearson correlation coefficient indicated that the relationship between this variable and membership was negative and weak (r = .2973, p < .001).

These findings are not surprising since nonmembers were more likely to be married and have families. In their comments, 18% of the nonmembers cited time spent with family or church/community activities as more important than membership in the UNA as the reason for not joining. Members, however, belonged to other organizations to a greater extent than did nonmembers. Forty-three percent of the members belonged to community organizations compared with only 38.1% of the nonmembers. Members belonged to other types of organizations 40.5% of the time, while nonmembers belonged only 27.8% of the time. Nonmembers slightly outnumbered members in religious organization membership (58.0% vs. 50.6%, respectively).

Enabling Factors

Research question one stated:

How do the resources of time and money relate to the decision to join or not join (i.e., do nurses perceive that membership requires too much of
these resources for what they receive in return)?

Members tended to agree that membership in UNA was worth the sacrifices in time and money (54.3%). Most of the nonmembers (43.5%) did not know or felt it was not applicable, and 35.8% disagreed. This variable had a strong relationship to joining as measured by the Pearson correlation ($r = .5409$, $p < .001$).

Nonmembers were asked to agree or disagree with the statement "I would join if the dues were lower." Thirty-nine percent agreed but almost as many (32.3%) indicated that they did not know or it was not applicable. Eighteen percent were neutral.

The comment was frequently made that dues are too high for the benefits received. This was one of the three most important reasons cited by nonmembers for not joining (25.2%). One respondent stated, "It seems very expensive for the average nurse who simply doesn't have the money to join as the wages are low."

Many of the nonmembers indicated in their comments that they had not joined because of time commitments to their families, church, or community activities. One nurse commented, "...I feel I have to limit my involvement as I cannot be all things and do all things." Another said, "...the cost and the time with home-family-church have helped me decide to not get involved." Another apparently overworked nurse wrote, "If I have a spare
moment I think I'll just sit down and rest. I can't fit one more thing in, I'm sorry."

Members, however, seemed to have a different attitude. Even though they too were busy with family and other obligations, they continued to join and support the organization to the extent they were able even if that was only monetary support. A very busy nurse wrote that what she appreciated about the UNA was

the willingness of others to work for me as my time is extremely limited (with full time work, a new baby, graduate school, community involvement, etc.) at present.

Another expressed this same idea, "Financial support is at least better than no support at this time." Over half (54.25%) expressed that a desire to take part in or support the activities of the association as the reason they had joined (see Table 6).

Research question two stated,

How does the structure of the association affect membership?

A subquestion to research question two stated:

If there is a local (district) organization, are nurses more likely to join?

Nonmembers were asked to agree or disagree with the statement "I would join the UNA if there were a local organization closer to my home." Almost the same percentage agreed as disagreed (17.8% and 18.9%, respectively). Twenty-seven percent were neutral and 36.0% did not know or felt it did not apply. As would be expected,
Table 6

Reasons Nurses Have Joined or Renewed Membership in UNA

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>The performance of the association in lobbying, political action, economic or image building efforts and advancement of the profession; a desire to take part in or support these activities.</td>
<td>54.25</td>
</tr>
<tr>
<td>Loyalty to the profession. Seen as an obligation or expectation of professional growth.</td>
<td>36.78</td>
</tr>
<tr>
<td>Expected to join by employer or encouraged by employer, teachers, or peers.</td>
<td>14.57</td>
</tr>
<tr>
<td>A need to be informed of current developments or advances in the profession.</td>
<td>9.31</td>
</tr>
<tr>
<td>Networking.</td>
<td>8.56</td>
</tr>
<tr>
<td>Benefits such as insurance, inservice programs or convention that outweigh the cost.</td>
<td>8.10</td>
</tr>
<tr>
<td>Personal growth.</td>
<td>4.45</td>
</tr>
</tbody>
</table>
rural nurses agreed with the statement (although only slightly) more than the nurses from urban areas. The mean score for rural nurses was 2.23 and the mean score for urban nurses was 3.21. The differences were significant \( (t = -4.75, p < .001) \). Some complained that "meetings are too far away, everything is in Salt Lake City" or stated they did not belong because there was no local group. This was only cited by 2.8% of nonmembers as the reason for not joining although 10.3% of the nonmembers respondents were from rural areas.

A second subquestion to research question two stated:

> Do nurses feel like they are given the opportunity to contribute to the organization in a meaningful way (i.e., goal setting, problem solving, and decision making for the organization)?

The majority of members (57.1%) disagreed with the statement that the organization did not give them the opportunity to contribute. Nonmembers for the most part (46.3%) did not know or felt it was not applicable. About one-fourth (25.9%) were neutral. The differences were slight, but significant \( (t = 6.50, p < .001) \). The Pearson correlation coefficient indicated a moderate positive relationship between this factor and membership \( (r = .3001, p < .001) \). Although most members were satisfied with their involvement, some were not. Among the comments were these: "I don't know how to become more involved to make a difference," "Can't see my impact on the organization," and "I thought the UNA was hurting for people to
be involved. I have received...no invitation to be on a committee, etc."

A third subquestion to research question two stated:

Does the member's role allow him/her to meet personal goals?

Members strongly or slightly agreed 56.3% of the time that membership provided them with opportunities for personal growth. Almost half (48.5%) of the nonmembers did not know or indicated that the statement was not applicable. A quarter (25.7%) of the nonmembers were neutral. Personal growth correlated with membership positively, but only moderately ($r = .3628, p < .001$). Members cited personal growth 4.45% of the time as the reason they joined the association.

Research question three stated:

How does the accessibility or the lack of accessibility to meetings and other organizational events influence the nurses' decision to join the association?

Transportation to meetings and other events did not seem to be a large factor in the nurses' decision to join. Only 12.4% of the members agreed that it was a problem, as did 8.5% of the nonmembers. A little over one-fourth of the nonmembers (26.8%) did not know or felt the issue was not applicable to them. The Pearson correlation coefficient revealed a positive but extremely weak relationship between accessibility to activities and membership ($r = .0931, p < .05$). This factor also related to the
existence of a local unit or district organization which was also found to be a weak factor in the decision to join the UNA or not.

Reinforcing Factors

Research question one stated:

What people in the nurse's social and professional relationships influence his/her decision to join or remain in the UNA?

There were four referents that might have influenced the nurse. These were the nurse's supervisor, employer, peers, and family. A large percentage of members and nonmembers either did not know the opinion of these associates or felt that their opinion was not applicable to the joining decision. In the pilot study, 1 respondent commented, "It does not matter if other people think I should join. I think it is important, I would belong even if other people said I shouldn't." She wrote further, "I was angry about questions 9-12, but realize that many nurses are influenced by their peers, family, employer, and supervisor--too bad they can't think for themselves."

Although the Pearson correlation coefficients for each relationship displayed only a moderate bearing on joining behavior, the expectation or encouragement of others was the third most frequently cited reason for joining by members (14.57%). One respondent commented that she had been encouraged to join by the UNA president in 1932 and had continued her membership for 56 years.
Educators are usually expected by the school of nursing to belong to the professional association. Of the instructors who responded, 80.9% were members and only 19.1% were not. Each relationship was analyzed individually.

A subquestion to research question one stated:

Does the nurse's supervisor influence his/her joining behavior?

Thirty-six percent of the members and 44.3% of the nonmembers did not know their supervisor's stand on UNA membership or felt it was nonapplicable. Many of the nonmembers (30.4%) were neutral on the subject, as were 16.7% of the members. Over twice as many members as nonmembers (38.3% vs. 15.4%) agreed that their supervisor thought they should join the association. Appreciably more members than nonmembers agreed that the supervisor supported membership (38.3% vs. 15.4%). The differences in the means were small, but statistically significant ($t = -6.92, p < .001$). The Pearson correlation was also significant ($r = .3592, p < .001$).

Another subquestion to research question one stated:

Does the nurse's employer influence his/her joining behavior?

The influence of the employer was found to be very similar to that of the supervisor. Thirty-five percent of the members and 46.9% of the nonmembers did not know the employer's opinion or felt it was not applicable. Again,
many nonmembers (29.5%) were neutral compared to 19.8% of the members. Also, more members agreed that the employer supported membership in the UNA (35.4%), than did nonmembers (10.3%). The differences in the means were similar and significant (t = -6.22, p < .001). The Pearson correlation was also very similar and significant (r = .3257, p < .001).

A third subquestion to research question one stated:

Do the nurse's peers influence his/her joining behavior?

Members were much more likely to be encouraged by peers to join the UNA. Thirty-six and a half percent agreed with the statement that their peers supported membership, compared with 3.7% of the nonmembers. Several nonmembers commented that they did not know any nurses who were members. Again, many did not know their peer's opinion or felt it did not apply. This was true of nonmembers to a much greater extent than members (41.2% of nonmembers and 19.4% of the nonmembers). The differences again were significant (t = -7.48, p < .001). The Pearson correlation coefficient again demonstrated a moderate, positive, and significant relationship (r = .3514, p < .001).

A fourth subquestion to research question one stated:

Does the nurse's family influence his/her joining behavior?

The nurse's family had slightly more influence on the decision to join or not join UNA than did the other
referents. The largest difference was seen in the percentage of nonmembers who indicated that the family supported his/her joining (only 1.1%) versus the members whose family supported membership (15.9%). Here again, however, both members and nonmembers did not know if the family supported their joining behaviors or felt that the family's opinion was not applicable (37.1% of the members, 58.1% of the nonmembers). The Pearson correlation coefficient indicated a very slightly higher but still only moderate relationship between the family's influence and membership ($r = .3821$, $p < .001$).
CHAPTER V

SUMMARY AND IMPLICATIONS

Introduction

The "PRECEDE" model served as the framework for this research. The factors that impacted joining behavior of nurses (specifically joining the UNA) were identified and categorized. This chapter will summarize the problem, the sample, and the methods used in the study, as well as the findings as they related to each of the factors.

Implications for the UNA will then be discussed. The factors that were demonstrated to have the strongest relationship will be applied to a marketing plan for the association. The next section will look at the implications of this research for nursing. Finally, future research implications will be outlined.

Summary

Problem

Professional associations everywhere are experiencing a decline in membership. Even the elite American Medical Association (AMA) has suffered a severe decline as have the American Nurses' Association and the National League for Nursing. Membership in the Utah Nurses' Association
also decreased drastically.

Sample and Methods

The population consisted of all registered nurses licensed to practice in the state of Utah. A random sample of 1,703 subjects was taken from a list of RNs obtained from the State Board of Nursing and a list of members from the UNA. The sample was stratified by membership and by place of residence (rural vs. urban).

A questionnaire was developed using multiple choice and open-ended questions, and a Likert scale. The questionnaire was mailed to the subjects and a response rate of 32.4% was achieved. Face validity of the instrument was established by the judgment of the UNA executive board. Construct validity was established by comparing the results of a pilot study in which the questionnaire was administered to the board and to an equal number of nonmembers. Statistically significant differences were demonstrated; thus, construct validity was assumed. Reliability was established by the relevancy of the material to the subjects.

Frequency distributions, percentages, means, and standard deviations were done for all variables. The t-test for independent samples was used to test differences in group means on the Likert scale items and in other variables, when appropriate, to compare the scale means of the two groups.
The Pearson correlation coefficient, or Pearson $r$, was used to measure the magnitude and direction of the relationship of each variable on the Likert scale to membership. The chi-square statistic was used to test the significance of differences, proportionately, when the data fell into various categories.

Findings

Predisposing factors. Knowledge of the association and its goals and benefits, as well as a belief that membership in UNA was beneficial to the individual and his/her career supported joining behavior. The perception that the leaders of the UNA were doing a good job and that they represented all nurses in the state also encouraged joining the association. The value of time spent with the family and in activities of other organizations hindered joining the association. The value of time spent with the family and in activities of other organizations hindered joining behavior.

Enabling factors. Resources of time and money had a very strong relationship to joining the association, while aspects of the organizational structure only moderately influenced membership. Accessibility to meetings and other events demonstrated the weakest relationship to joining behavior.

Reinforcing factors. The four possible referents that might have influenced the nurses' decision to join
the UNA included the nurse's supervisor, employer, peers, and family. All were demonstrated to have only a moderate bearing on joining behavior, with the family showing the strongest influence.

Implications for UNA

The goal of this study was to identify factors that influence nurses to join or not join the UNA and to utilize that information to assist the association in the development of a marketing plan. One of the factors that correlated strongly with membership was knowledge of the organization and its goals and benefits. Similarly, one of the most frequently cited reasons for not joining was lack of knowledge. This would indicate that one of the first things UNA needs to do is to begin to disseminate information to nonmembers. Indeed, many of them commented that they would like to have more information about the association and that they might join if they knew more about it. The performance of the association in activities that defend, support, and advance the profession (or the desire to take part in or support those activities) was cited by over half of the members as the reason they had joined. Knowledge of those activities was, of course, a prerequisite to their decision to join.

One nurse mentioned that before she graduated from a school of nursing, the class was given membership applications, but no one from the association came to
speak to them about its functions, goals, and benefits. This might be a good place to start. Presentations providing information about the association could also be taken to agencies and facilities that employ nurses. There are some administrators that will not allow the UNA to be publicized or endorsed in their facilities, but there are probably many who will. Perhaps the ones who will not allow the association access could be approached and an agreement reached with them.

The best advertisement is the endorsement of a product or service by a trusted friend or acquaintance. The third most common reason for joining was the encouragement of employers, teachers, and peers. Members need to be encouraged to talk to their nonmember colleagues about the UNA and what it is doing for them and for nursing. This information needs to be specific, not ethereal platitudes about increased autonomy and professionalism. A nonmember commented that this was all she had ever heard and she wanted something more concrete.

The second most frequently noted reason for not joining was lack of perceived personal or professional benefit. Perhaps education of the membership is needed in order to inform them of the many programs that are in place to provide very tangible and important benefits for individual members and the profession in general. If members are armed with this information, perhaps they
will pass it along to their peers.

The lines of communication need to be open to the members so they will have reason to believe that renewal of their membership is important. One wrote that often she was not informed about meetings and activities. Another complained that after she joined, she never received any personal communication. She said she felt like she had just joined "another mailing list." Still another commented that she had never been invited to join a committee so she felt like the organization did not need any more people involved. There are programs already in place that address some of these problems and they should be continued, evaluated, and improved.

To accomplish this, an adequate staff is essential. Volunteer workers can only be counted on and expected to do so much as they have other obligations. Cullen (1978) indicated that more dollars allocated to increasing staff size was a sound decision and contributed to increased membership recruitment and retention.

Another factor that was shown to have a strong correlation with membership was resources of time and money. The third most frequently cited reason for not joining the association was that the dues were too high. Nonmembers were also found to have a somewhat lower economic status. Perhaps a restructuring of the dues is called for, if there are no restrictions by the parent
organization (ANA). An associate nonvoting membership could be offered and the nurse allowed to support the program or activity of his/her choice (e.g., legislation, image building, etc.). Information about that particular area could be provided on a regular basis and perhaps the association newspaper could be sent to the individual. This would allow some involvement of the nurse without a large monetary commitment. It would also provide the opportunity for the nurse to become more aware of the activities of the association that are directly benefitting nurses and the profession. This knowledge may eventually lead to a desire for further involvement at a later date.

Time spent with family or other activities was the fourth most commonly cited reason for not joining. The associate membership plan would also address this issue as it would involve a minimum amount of time, as well as money. Beyond that, nurses need to be made aware that a large time commitment is not essential to membership. They need to be encouraged to support the organization to the extent of their ability, even if they can only offer monetary support. Members need to be supportive of this attitude instead of chastising those members who are not able to take part as actively as, perhaps, they would like.

Nearly one-half of the nonmember respondents, when
asked if they intended to join answered, "don't know." These nurses, if approached in the correct way might be persuaded to join. This is where the organization's marketing plan becomes crucial and phase six of the PRECEDE model is entered. The marketing goals need to be set, the target population identified, and a plan formulated and implemented. Finally, in phase seven, the plan needs to be evaluated.

**Implications for Nursing**

The implications of this research for nursing depend on the value of the association to the occupation. Does the association serve nursing or is it, as one respondent to the survey wrote, "an organization made up of mostly women (that) can never accomplish anything besides internal bickering?"

Strength in collective action is one reason that people join professional organizations. Indeed, it would be impossible for an individual to stay abreast of, and take action on, all the issues that impact directly or indirectly on nursing and nurses.

One example is the legislative action of the association. The people who represent the interests of nurses on the national, state, and local level, watch constantly for legislation that could influence nursing practice and health care. Another example of strength in collective action is the image building program that UNA
had recently implemented to change the image of the nurse from the bed pan carrying, hand-maiden-to-the-physician servant to the high-tech, high-touch, well-educated professional nurse of today.

The professional association contributes to the self-regulation of the occupation by adopting "Standards of Practice" that serve as codes of conduct for nurses in all areas of practice. Finally, the professional association serves the occupation by fostering professional attitudes. These ways in which the association serves nursing make it clear that whatever impacts the association, positively or negatively, impacts the profession.

Implications for Future Research

A few other states have undertaken similar studies in an effort to understand why so few nurses join their professional association. More states need to carry out this type of research. A report of the methods and findings could then be compiled by the ANA and the information distributed to other state nursing associations for use in either their own study or in their membership marketing plans.

Further information is needed for the development of a comprehensive marketing plan for the UNA. Lack of perceived personal and professional benefit was an important reason that nonmembers did not join. Therefore, a survey to determine what benefits these nurses would
like to see offered by the association might be helpful. Also, since so few of the rural nurses in the state were surveyed, further study of this population is needed. Nonrenewal of membership was indicated as a possible factor in the problem of low membership, but the extent of its impact could not be determined. Further study in this area is also needed.
APPENDIX

QUESTIONNAIRE
WHAT DO YOU THINK?

Dear Fellow RN,

I am writing to ask for your participation in a very important study. The purpose of this research is to ascertain why nurses join or do not join the Utah Nurses' Association (UNA). The results of the study will be used by the UNA to formulate programs to better meet the needs of Utah nurses. Filling out this questionnaire should be enjoyable and will only take a few minutes of your time.

The return envelope has been coded and will be separated from the questionnaire so that no identifying information will be attached to any data. The code matching your number with your name will be destroyed at the completion of the study so that your confidentiality will be maintained. Your opinion is very important to us so if your completed questionnaire has not been received in a week, you will be called.

Participation in this research is strictly voluntary. Completion and return of the questionnaire will constitute your informed consent. If you have any questions, please contact Donni Toth at (801) 776-2880. If the problem cannot be discussed with the investigator, you may call the Institutional Review Board of the University of Utah at (801) 581-3655. Thank you for your participation in this very important research.

Sincerely,

Donni Toth, RN, MS Candidate,
University of Utah
College of Nursing
Please circle your response to the following questions or fill in the blanks as indicated.

1. Are you currently a member of the Utah Nurses' Association?
   (1) YES
   (2) NO

2. How long have you been a member? ______ YEARS

3. Do you intend to renew your membership?
   (1) YES
   (2) NO
   (3) DON'T KNOW

4. Have you been a member in the past?
   (1) YES
   (2) NO

5. How long were you a member? ______ YEARS

6. Do you intend to join (or join again)?
   (1) YES
   (2) NO
   (3) DON'T KNOW

7. To what other organizations do you belong? (circle all that apply)
   (1) OTHER PROFESSIONAL NURSING ORGANIZATIONS (please name)
   (2) COMMUNITY ORGANIZATIONS (e.g. Red Cross, PTA, etc.)
   (3) RELIGIOUS ORGANIZATIONS
   (4) OTHER ORGANIZATIONS
   (5) NONE
8. Basic nursing education:
   (1) Diploma
   (2) Associate Degree
   (3) Baccalaureate Degree
   (4) Other (Specify)

9. Highest degree held:
   (1) Diploma
   (2) Associate Degree
   (3) Baccalaureate Degree in Nursing
   (4) Baccalaureate Degree in other field
   (5) Masters Degree in Nursing
   (6) Masters Degree in other field
   (7) Doctorate in Nursing
   (8) Doctorate in other field

10. How long have you been a registered nurse? _______ years

11. How many years have you practiced nursing on either a full-time or part-time basis? _______ years

12. Type of position currently held:
   (1) Administrator or Assistant
   (2) Consultant
   (3) Supervisor or Assistant
   (4) Instructor
   (5) Head Nurse or Assistant
   (6) Team Leader
   (7) Staff or General Duty
   (8) Nurse Associate/Practitioner
   (9) Clinical Specialist
   (10) Other (Specify) ___________

13. Place of current employment:
   (1) Hospital
   (2) Nursing Home
   (3) School of Nursing
   (4) Home Health
   (5) Occupational Health
   (6) Office Nurse
   (7) School Nurse
   (8) Community Health
   (9) Other (Specify) ___________
   (10) Not Employed

Please write in the number that best indicates your degree of agreement or disagreement with the following statements.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Slightly Agree</th>
<th>Neutral</th>
<th>Slightly Disagree</th>
<th>Strongly Disagree</th>
<th>Applyable or Don't Know</th>
</tr>
</thead>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

1. I am knowledgeable about the Utah Nurses' Association (UNA) its goals, objectives, and benefits.

2. Applying for UNA membership is difficult.

3. Membership in UNA is beneficial to me and my career goals.

4. The Utah Nurses' Association is beneficial to me.

5. Advancement of nursing as a profession is important to me.

6. Membership in UNA would require too much time away from my family.

7. I spend too much time on other organizational (church, community) activities to be involved with UNA.

8. The UNA does not give me the opportunity to contribute to the organization in a meaningful way (i.e. goal setting, problem solving, and decision making for the organization).

9. My supervisor thinks I should belong to the UNA.

10. My employer thinks I should belong to the UNA.

11. My peers think I should belong to the UNA.

12. My family thinks I should belong to the UNA.

13. The officers and leaders of the UNA in general do a good job of running the organization.

14. The officers and leaders of the UNA do not represent the interests of all nurses.

15. Transportation to UNA meetings or other activities is a problem for me.

16. Membership in the UNA provides me with opportunities for personal growth.

17. Membership in the UNA is worth the sacrifices in time and money.

18. I receive more benefit from other professional nursing organizations than from the UNA.

If you are not a member, please answer the following using the same scale:

19. I would join the UNA if dues were lower.

20. I would join the UNA if there was a local organization closer to my home.
Please answer the following questions in your own words as completely as you like (you may use another sheet of paper if necessary):

1. What would you like to see changed in the UNA?

2. If you are a member:
   A. Why did you join?
   B. Are your expectations being met?

3. If you are not a member, why have you not joined or renewed your membership?

Please circle your response to the following questions or fill in the blanks.

1. Age: _______ years

2. Marital status:
   (1) Married
   (2) Not currently married

3. Present employment status:
   (1) Full time in Nursing
   (2) Full time outside Nursing
   (3) Part time in Nursing
   (4) Part time outside Nursing
   (5) Not employed

4. What is your personal annual income?
   (1) Less than $10,000
   (2) $10,000 - 14,999
   (3) $15,000 - 19,999
   (4) $20,000 - 24,999
   (5) $25,000 - 29,999
   (6) $30,000 - 39,999
   (7) $40,000 or above

5. What is your total household annual income?
   (1) Less than $10,000
   (2) $10,000 - 14,999
   (3) $15,000 - 19,999
   (4) $20,000 - 24,999
   (5) $25,000 - 29,999
   (6) $30,000 - 39,999
   (7) $40,000 or above

6. How many people live in your household? ______

Thank you for your time and your valuable contribution to this research.

Please return your completed questionnaire to Donni Toth, 1541 East 750 South #D, Clearfield, Utah 84015.
SELECTED BIBLIOGRAPHY


Utah State Nurses' Association (1914). Bylaws. Salt Lake City: Author.


