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Date June 1971

A STUDY TO DETERMINE WHY NURSES IN MONTANA DO OR DO NOT  
HOLD A MEMBERSHIP IN ANA

by

MARLENE McPHERSON STELLMON

A Professional Paper submitted to the Graduate Faculty in partial  
fulfillment of the requirements for the degree

of

MASTER OF SCIENCE

in

Nursing

Approved:

Mrs Laura Walker RN Ph D  
Head, Major Department

Mrs Laura Walker RN Ph D  
Chairman, Examining Committee

H. Gering  
Graduate Dean

MONTANA STATE UNIVERSITY  
Bozeman, Montana

June, 1971

ACKNOWLEDGMENTS

To Miss Virginia Felton, Mrs. Ethel Nelson, and Dr. Del Samson, I wish to express a heartfelt thank you for the assistance they gave me while being on my graduate committee.

To Dr. Laura Walker, Director of the School of Nursing at MSU and chairman of my committee, it is impossible to adequately express my appreciation for the invaluable assistance and understanding she has given, for without her help and support this paper would not have been completed.

And to my husband, Bill, and my daughter, Marjorie, a big thanks and a lot of love to them for the patience, understanding, and encouragement they have demonstrated throughout my graduate program.

I would also like to thank the nurses who participated in my study by filling out the questionnaire.

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## ABSTRACT

The problem undertaken in this study was to explore the reasons why registered nurses in Montana are or are not members of the American Nurses Association.

The purposes of the study were: (1) to identify the most frequent reasons registered nurses in Montana give for not belonging to ANA, (2) to ascertain the most frequent reasons that members give for belonging to the professional organization, and (3) to gather material that would give the Montana Nurses Association some information as to how it can better meet the needs of the registered nurses of Montana.

The registered nurses included in this study were a random sampling of two hundred and fifty (250) currently registered nurses in Montana. Questionnaires were tabulated from one hundred and thirty (130) non-members and thirty-eight (38) members of ANA.

Non-members, who have never been members of ANA, indicated most frequently the following reasons for not belonging: (1) The dues are too high., (2) I don't know enough about the organization., (3) I have too many commitments., and (4) No one has invited me to join.

Non-members, who have been members of the ANA, designated most frequently the following reasons for not belonging: (1) The dues are too high., (2) I have too many commitments., (3) I am unemployed or employed out of nursing., and (4) District meetings are not held in convenient locations for me.

Members of ANA most frequently indicated the following reasons for belonging to ANA: (1) I feel it is my professional obligation to belong to ANA., (2) Because of ANA, salaries and working conditions have improved for nurses., (3) ANA is working to upgrade nursing., and (4) I must do my share if I am going to receive the benefits.

Respondents receiving basic nursing in a degree program, more often report that ANA membership was stressed in their basic program than respondents from diploma or associate degree programs.

## CHAPTER I

### INTRODUCTION, AND REVIEW OF LITERATURE

#### INTRODUCTION

Health care services and providers of health care are in a revolutionary change today. One can hardly pick up a magazine or paper without reading about comprehensive health planning and the cry of the consumer for better and more readily available health care services. The public no longer wants health care to be just the prevention of death or treatment of acute illness. They are demanding a system of health care directed toward promotion of positive health, the use of established protective measures, early detection of disease, prompt and effective treatment and physical, social and vocational rehabilitation of those with disabilities. The people seem to want a system organized and administered so as to:

1. Provide continuing care of persons and families, rather than solely episodic treatment of categorical diseases.
2. Provide care that is accessible and available regularly.
3. Offer enough flexibility so that care can be adapted to each individual's physical and social needs and to changing medical technology.

4. Encouraged development of a continuing relationship between the physician, and other professional and supporting health personnel who provide health services.<sup>1</sup>

If these demands of the consumer for health services are going to be met, nurses should participate in the development of plans and should work with physicians and other health service personnel toward a new system for delivery of health care.

Nurses must be included in the organization and delivery of nursing services to the consumer or other kinds of health personnel will be formulating the guidelines for delivery of nursing services and make the decisions as to who will carry out these functions.

The logical organized voice to speak for the nurses in this country is the American Nurses Association.

"The American Nurses Association (ANA) is the professional organization of graduate registered nurses in the United States and its territorial possessions."<sup>2</sup> It is composed of fifty-five constituent nurses associations in the fifty states, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, and the Panama Canal Zone.

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<sup>1</sup> National Advisory Commission on Health Facilities, A Report to the President (Washington, D.C.: Government Printing Office, December, 1968), p. 8.

<sup>2</sup> Eugene K. Spalding, and Lucille E. Notter, Professional Nursing (7th ed.; Philadelphia: J. B. Lippincott Company, 1965), p. 321.

At their biennial convention in May, 1970, the ANA approved the following:

The purposes of the Association are to promote optimum health care for all people, to advance the profession of nursing, and to strengthen the efforts of individual practitioners in the pursuit of their concerns as nurses.<sup>3</sup>

ANA is a voluntary organization with membership open to any graduate nurse who is licensed as a registered nurse in at least one state or territory of the United States. The registered nurse joins a state association which then automatically makes her a member of the ANA.

According to the 1969 edition of Facts About Nursing, in 1968, there were, in the United States, approximately 659,000 employed registered nurses.<sup>4</sup> 190,362 of these were members of the ANA.<sup>5</sup> This means approximately 29 percent of the employed registered nurses were members of their professional organization.

As of July, 1969, there were 4,462 licensed registered nurses in Montana.<sup>6</sup> At that time, 889 (20 percent) of these nurses were

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<sup>3</sup>"ANA Platform Approved at Convention," American Journal of Nursing, 70:6:1282.

<sup>4</sup>American Nurses Association, Facts About Nursing, 1969 Edition, New York, p. 8.

<sup>5</sup>American Nurses Association, Facts About Nursing, 1969 Edition, New York, p. 70.

<sup>6</sup>Montana State Board of Nursing, Annual Report, 1970, p. 11.

members of the Montana Nurses Association. By July, 1970, the membership had decreased to 16 percent of the licensed registered nurses in the state.<sup>7</sup>

"To be able to speak for the profession, the association must be representative of as many of the profession as possible."<sup>8</sup>

Until the membership in ANA more nearly approaches the majority of registered nurses in this country, its contribution to social action programs will be hampered.

#### PROBLEM

The problem dealt with in this study was to explore the reasons why registered nurses in Montana are or are not members of The American Nurses Association.

#### PURPOSE

1. To identify the most frequent reasons given by registered nurses in Montana for not being a member of the professional organization.

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<sup>7</sup> Montana Nurses Association, Annual Convention Book of Reports, October, 1970, p. 11.

<sup>8</sup> Robert K. Merton, "The Functions of the Professional Organization," Issues in Nursing, eds. Bonnie Bullough and Vern Bullough (New York: Springer Publishing Company, Inc., 1966), p. 86.

2. To ascertain the most frequent reasons given by registered nurses in Montana for being a member of the professional organization.

3. To gather material that would give the Montana Nurses Association some information as to how it can better meet the needs of the registered nurses in Montana.

#### LIMITATIONS

1. The questionnaire was not adequate to gather some information.

2. Respondents may have been unwilling or unable to interpret and complete the questionnaire correctly.

3. The questionnaire may have been biased in that it was developed by an ANA member.

#### ASSUMPTIONS

1. That the registered nurses in Montana are a homogeneous group for the purposes of providing information sought in the questionnaire.

2. That registered nurses can respond to a questionnaire in ways which will provide the type of information needed to deal with the problem studied.

## REVIEW OF LITERATURE

Nursing has come a long way since 1900; it is now on the verge of being a profession, fully recognized as such by other disciplines and by the public; it has been moving slowly but steadily toward becoming an independent health service, one that complements and interdigitates with the services of many other disciplines--medicine, social work, psychological services, and the like. Coincidentally, the 'pyramid' view of the patient care disciplines is yielding slowly to the 'pie' concept. Colleague-ship is evolving; the expertise of each health professional, from his 'wedge of the pie,' shared and interrelated, all together comprise the 'patient care' or 'health maintenance services' society needs.<sup>9</sup>

Unfortunately this tends toward the ideal, rather than the actual. As Lang points out:

Nursing has severely lacked the priority assessments of a large number of its practitioners--'the silent majority.' Nursing, united, must react openly and concretely to the crisis...or nursing will remain divisive, static, and eventually will stagnate. If this occurs, nursing will assume an inferior position in the expanding spectrum of health careers. The content and context of nursing must now relate to social sensitivity and social need, and must provide for unity among its practitioners.<sup>10</sup>

As brought out by Tate and Knopf, nurses tend to be drawn from

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<sup>9</sup>Hildegard Peplau, "Nursing in the Decade Ahead: Nurses As a Collectivity Must Take a Stand," American Journal of Nursing, 70:10:2123, October, 1970.

<sup>10</sup>Frank Lang, "Nursing in the Decade Ahead: Our Role is Ill-defined and Multifaceted," American Journal of Nursing, 70:10:2122, October, 1970.

the working class.<sup>11</sup> This may be one possible reason why nurses have difficulty in perceiving their professional responsibility to unite and support their professional organization.

A number of studies elaborating on voluntary associations and working class people are summarized by Roach, Gross and Gursslin:

Much of the social interaction of working-class people centers around the extended family, the informal work group, and the neighborhood peer group. They tend to avoid participation in voluntary associations, which are characterized by more formal and impersonal relationships. They have a feeling of family loyalty and obligation, even for distant relatives, and are likely to organize social and recreational activities within the extended family rather than with outside groups.<sup>12</sup>

In discussing participation patterns in voluntary associations, Barber stated:

....many people have no memberships at all; and, among those with memberships in any given association, the majority are inactive and participate minimally. Because of the individual's culturally prescribed preoccupation in the United States with obligations to his job and his 'isolated conjugal family,' there exists a socially structured pull away from membership in even those voluntary associations relevant to his interests.<sup>13</sup>

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<sup>11</sup> Barbara Tate, and Lucille Knopf, "Nursing Students--Who Are They?" American Journal of Nursing, 65:9:100, September, 1965.

<sup>12</sup> Jack L. Roach, Llewellyn Gross, and Orville Gursslin, Social Stratification in the United States (Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1969), p. 180.

<sup>13</sup> Bernard Barber, "Participation and Mass Apathy in Associations," Studies in Leadership, ed. Alvin Gouldner (New York: Harper and Brothers, 1950), p. 486.

However in this day and age it is not enough for a nurse to be only family and job oriented. Current issues are such that the nurse needs to become involved so the voice of nursing can be heard in dealing with these issues.

In discussing leadership, Spalding brought out:

Associating yourself with organizations and clubs that include the promotion of social welfare among their objectives is one of the ways by which you can fulfill your leadership responsibility as a nurse-citizen.<sup>14</sup>

One such organization is the American Nurses Association. Active participation in the ANA will keep the member in touch with developments in nursing and society.<sup>15</sup>

As of July, 1969, there were 4,462 licensed registered nurses in Montana.<sup>16</sup> At that time, 889 (20 percent) of these nurses were members of the Montana Nurses Association. By July, 1970, the membership had decreased to 16 percent of the licensed registered nurses in the state.<sup>17</sup>

Dorothy Kelly believes that nurses have failed the public and

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<sup>14</sup>Eugene K. Spalding, and Lucille E. Notter, Professional Nursing (Philadelphia: J. B. Lippincott Company, 1965), p. 615.

<sup>15</sup>Kathleen K. Guinee, The Professional Nurse (London: The Macmillan Company, 1970), p. 150.

<sup>16</sup>Montana State Board of Nursing, Annual Report, 1970, p. 11.

<sup>17</sup>Montana Nurses Association, Annual Convention Book of Reports, October, 1970, p. 11.

the failure has been in public leadership rather than in public service. She goes on to say:

That we are still struggling to become a profession is attested to by our unwillingness to unite in the interest of public service. There are 169,000 nurses in the American Nurses Association. This sounds like a force for professional unity but the sad fact is that the ANA represents fewer than one third of the 550,000 nurses in practice in the United States. Unless the 169,000 can convince the foot-dragging 381,000 that our public service cannot continue to be rendered without a nursing profession united in sufficient strength to control its own practice, wherever that practice is performed, we shall have to wait for true professional status until the bulk of the 381,000 die off or retire from the ranks and are replaced by the less naive and the more thoughtful. By that time even the public will have caught on to the real reason for poor nursing care in hospitals. They will know by that time that the shortage of nurses is considerably less important than the failure of nurses to assume their responsibilities for nursing care.<sup>18</sup>

Peplau sees hope in the future as brought out in this statement:

In the decades ahead, nurses in greater number will slowly but surely recognize their need for ANA--their need to pool their money and power in order to effect social changes that are essential to strengthening nursing practice and making nursing a viable force in health affairs at the policy making level in this society.<sup>19</sup>

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<sup>18</sup> Dorothy Kelly, "The Situation in Nursing," American Journal of Nursing, 65:1:77, January, 1965.

<sup>19</sup> Peplau, op. cit., p. 2124.

## METHODOLOGY

The survey method was used to carry out this study.

It was decided to mail two hundred and fifty (250) questionnaires to a random sampling of the nurse population in Montana. This was accomplished by selecting the name and address of every twenty-second actively licensed nurse in the files of the Montana State Board of Nursing. Names with a known out of state address were not selected so the next name in the file was pulled and used.

After compiling the list of two hundred and fifty (250) names and addresses, the list was checked against the membership of the Montana Nurses Association. Of the two hundred and fifty (250) names selected, it was found that forty (40) or seventeen (17) percent of them were members of the Montana Nurses Association. In comparison, on the national level about twenty-nine (29) percent of the nurses are members of their professional organization and in Montana it is about sixteen (16) percent.

The researcher next developed a questionnaire to be sent to the nurses who comprised the sample. A copy of the questionnaire will be found in Appendix A.

The questionnaire was set up in three parts. Part A. was designed to elicit identifying information for statistical computation. Part B. was to be completed by non-members and included

eleven reasons that the researcher has heard or found reported in the literature by nurses for not belonging to the ANA. The individual was instructed to place a (1) in front of the main reason that she did not belong to the ANA and a (2) in front of the reason that was of next importance to her, and a (3) in front of the one that was of third importance. There was also the opportunity to identify any reason that she might choose by specifying the reason under "other." Part C. was to be completed by members of the ANA and it included eleven reasons why members might have for belonging to the Association. This part had the same instructions as Part B. as to their three most important reasons for belonging. Part C. also included a place for "other" reasons.

This type of questionnaire was developed rather than an open ended questionnaire for purposes of ease in statistical analysis and to establish clarity of communication to the respondents.

The questionnaire was sent with a cover letter and a self addressed envelope. The individual was asked to fill in the questionnaire and return within one week. The cover letter will be found in Appendix B.

## CHAPTER II

### DATA AND ANALYSIS

#### PART A. OF QUESTIONNAIRE - ALL GROUPS

The data for this study was collected from the questionnaires returned to the researcher. Percentages have been rounded to the nearest whole number. Two hundred and fifty (250) questionnaires were sent to nurses in Montana, of which one hundred and seventy-six (176), for a seventy (70) percent were returned. Further breakdown revealed that questionnaires were sent to two hundred and eight (208) non-members of ANA and one hundred and thirty-five (135) responded for a sixty-five (65) percent return. Forty-two (42) members of ANA received questionnaires with a return of forty-one (41) or a ninety-eight (98) percent return. (Table 1.)

Table 1

#### Response to Questionnaire

|             | Sent | Returned | Percentage |
|-------------|------|----------|------------|
| Non-members | 208  | 135      | 65         |
| Members     | 42   | 41       | 98         |
| Total       | 250  | 176      | 70         |

Fifty-three (53) for a thirty (30) percent of the respondents did not complete the questionnaire as requested. On Part B. and C. they were instructed to place a one (1) in front of the most important reason they have for belonging or not belonging to the ANA. They were to put a two (2) in front of the reason of next importance, and a three (3) in front of the reason of third importance. See questionnaire in Appendix A. Most of these fifty-three (53) respondents made errors in these two sections. Some checked the three reasons of most importance, some checked more than three reasons, some checked only one or two reasons and others put a one (1) in front of several reasons and a two (2) in front of several and a three (3) in front of the rest.

If the questionnaire did reveal the individual's three main reasons for belonging or not belonging to the ANA, it was tabulated. Those questionnaires with only one or two reasons checked were also tabulated.

Of the fifty-three (53) respondents who did not follow directions, forty-five (45) or eighty-five (85) percent were non-members. Eight (8) or fifteen (15) percent of these fifty-three respondents were ANA members. The researcher speculated that the probable reason for better return and completion of questionnaires by ANA members, is that the members have more interest and are more willing to do their part in improving the ANA whenever possible.

Eight (8) or five (5) percent of the questionnaires returned

could not be tabulated at all because they were not complete or could not be interpreted.

Thirty-eight (38) questionnaires of members and one hundred and thirty (130) of non-members were used. The non-members questionnaires were divided into two groups. Seventy-five (75) had been members in the past and fifty-five (55) had never been members. These three groups added up to one hundred and sixty-eight (168) questionnaires that were tabulated.

Since the random sample did not happen to contain male nurses, the responses were from female nurses.

A review of the responses demonstrated little difference in marital status of member and non-member respondents. A slightly larger percent of the non-members were married as compared to the members. Of the one hundred and twenty-seven (127) non-members that answered this item, seventy-three (73) percent were married, nine (9) percent were single and seventeen (17) percent checked "other." The members showed that of the thirty-eight (38) answering this item, sixty-eight (68) percent were married, thirteen (13) percent were single and eighteen (18) percent were "other." (Table 2.)

Table 2  
Marital Status of Respondents

|       | N=  | Single |    | Married |    | Other |    |
|-------|-----|--------|----|---------|----|-------|----|
|       |     | N=     | %  | N=      | %  | N=    | %  |
| A*    | 53  | 4      | 8  | 38      | 72 | 11    | 21 |
| B**   | 74  | 8      | 11 | 55      | 74 | 11    | 15 |
| C***  | 127 | 12     | 9  | 93      | 73 | 22    | 17 |
| D**** | 38  | 5      | 13 | 26      | 68 | 7     | 18 |
| Total | 165 | 17     | 10 | 119     | 72 | 29    | 18 |

\*Non-members who have never been members.

\*\*Non-members who have been members in past.

\*\*\*All non-members.

\*\*\*\*Members.

The age of the respondents was of interest. Fifty-one (51) percent of the respondents that had never been members of the ANA were under thirty years old and seventy-seven (77) percent were under forty years old. In comparison, the respondents that indicated they have been members at one time were older. Fifteen (15) percent were under thirty and forty-four (44) percent were under forty. The oldest group of the respondents were the members. Eight (8) percent were under thirty and only thirty-four (34) percent were under forty. (Table 3.)

Table 3  
Age Groups of Respondents

|       | N=  | 20-29 |    | 30-39 |    | 40-49 |    | 50-59 |    | 60 & Over |   |
|-------|-----|-------|----|-------|----|-------|----|-------|----|-----------|---|
|       |     | N=    | %  | N=    | %  | N=    | %  | N=    | %  | N=        | % |
| A*    | 55  | 28    | 51 | 14    | 26 | 9     | 16 | 3     | 6  | 1         | 2 |
| B**   | 75  | 11    | 15 | 22    | 29 | 21    | 28 | 17    | 23 | 4         | 5 |
| C***  | 130 | 39    | 30 | 36    | 28 | 30    | 23 | 20    | 15 | 5         | 4 |
| D**** | 38  | 3     | 8  | 10    | 26 | 12    | 32 | 11    | 29 | 2         | 5 |
| Total | 168 | 42    | 25 | 46    | 27 | 42    | 25 | 31    | 19 | 7         | 4 |

\*Non-members who have never been members.

\*\*Non-members who have been members in past.

\*\*\*All non-members.

\*\*\*\*Members.

Seventy-five (75) percent of all the respondents indicated their basic nursing education was in a diploma program. Further breakdown shows that sixty-nine (69) percent of the respondents who had never been a member graduated from a diploma program as compared to eighty-two (82) percent of the members. The probable reason for this is that the members are an older group and there were no associate degree programs at the time they were in their basic education. (Table 4.)

Table 4  
Basic Nursing Education of Respondents

|       | N=  | Diploma Program |    | Degree Program |    | Associate Program |    |
|-------|-----|-----------------|----|----------------|----|-------------------|----|
|       |     | N=              | %  | N=             | %  | N=                | %  |
| A*    | 55  | 38              | 69 | 11             | 20 | 6                 | 11 |
| B**   | 75  | 57              | 76 | 13             | 17 | 5                 | 7  |
| C***  | 130 | 95              | 73 | 24             | 19 | 11                | 9  |
| D**** | 38  | 31              | 82 | 7              | 19 | 0                 | 0  |
| Total | 168 | 126             | 75 | 31             | 19 | 11                | 7  |

\*Non-members who have never been members.

\*\*Non-members who have been members in past.

\*\*\*All non-members.

\*\*\*\*Members.

Twenty-seven (27) percent of the non-members have educational preparation beyond their basic nursing program. The members have a somewhat higher rate in that thirty-seven (37) percent have further educational preparation. (Table 5.)

Table 5

Educational Preparation Past Basic Nursing Program

|       | N=  | B.S. Degree |    | M.S. Degree |   | Other |   | Total |    |
|-------|-----|-------------|----|-------------|---|-------|---|-------|----|
|       |     | N=          | %  | N=          | % | N=    | % | N=    | %  |
| A*    | 55  | 14          | 26 | 0           | 0 | 0     | 0 | 14    | 26 |
| B**   | 75  | 16          | 21 | 3           | 4 | 2     | 3 | 21    | 28 |
| C***  | 130 | 30          | 23 | 3           | 2 | 2     | 2 | 35    | 27 |
| D**** | 38  | 9           | 24 | 3           | 8 | 2     | 5 | 14    | 37 |
| Total | 168 | 39          | 23 | 6           | 4 | 4     | 2 | 49    | 29 |

\*Non-members who have never been members.

\*\*Non-members who have been members in past.

\*\*\*All non-members.

\*\*\*\*Members.

The employment status of the two groups does show a considerable difference. Twenty (20) percent of the non-members stated they were unemployed and only three (3) percent of the members were unemployed. This probably indicates that nurses are more willing to pay the dues and continue in the Association as long as they are employed. (Table 6.)

Table 6  
Employment Status of Respondents

|       | N=  | Full Time |    | Part Time |    | Unemployed |    |
|-------|-----|-----------|----|-----------|----|------------|----|
|       |     | N=        | %  | N=        | %  | N=         | %  |
| A*    | 55  | 27        | 49 | 17        | 31 | 11         | 20 |
| B**   | 75  | 32        | 43 | 28        | 37 | 15         | 20 |
| C***  | 130 | 59        | 45 | 45        | 35 | 26         | 20 |
| D**** | 38  | 26        | 68 | 11        | 29 | 1          | 3  |
| Total | 168 | 85        | 51 | 56        | 33 | 27         | 16 |

\*Non-members who have never been members.

\*\*Non-members who have been members in past.

\*\*\*All non-members.

\*\*\*\*Members.

The field of employment for the two groups appears to be pretty much the same except a somewhat larger percentage of members are in nursing education, private duty nursing, and hospital nursing. Six (6) non-members indicated "other" as a field of employment. These included anesthetists, x-ray technicians, school nurses and operation room technicians. (Table 7.)

Table 7  
Field of Employment of Respondents

|                    | N=  | Hospital | Nursing Educ. | Public Health | Office | Private Duty | Nursing Home | Other |
|--------------------|-----|----------|---------------|---------------|--------|--------------|--------------|-------|
|                    |     | N=       | N=            | N=            | N=     | N=           | N=           | N=    |
| A*                 | 44  | 27       | 1             | 3             | 6      | 0            | 6            | 1     |
| B**                | 60  | 35       | 3             | 5             | 6      | 2            | 4            | 5     |
| C***               | 104 | 62       | 4             | 8             | 12     | 2            | 10           | 6     |
| D****              | 37  | 24       | 5             | 2             | 3      | 3            | 0            | 0     |
| Total              | 141 | 86       | 9             | 10            | 15     | 5            | 10           | 6     |
| <u>Percentages</u> |     |          |               |               |        |              |              |       |
| A*                 |     | 61       | 2             | 7             | 14     | 0            | 14           | 2     |
| B**                |     | 58       | 5             | 8             | 10     | 3            | 7            | 8     |
| C***               |     | 60       | 4             | 8             | 12     | 2            | 10           | 6     |
| D****              |     | 65       | 14            | 5             | 8      | 8            | 0            | 0     |
| Total              |     | 61       | 6             | 7             | 11     | 4            | 7            | 4     |

\*Non-members who have never been members.  
 \*\*Non-members who have been members in past.  
 \*\*\*All non-members.  
 \*\*\*\*Members.

The answers by the respondents about positions reveal that sixty-six (66) percent of the non-members are staff nurses as compared to forty-two (42) percent of the members. The members have a higher percentage of the head nurse, director, instructor, and "other" positions. The "other" positions that were indicated by the respondents were assistant director, consultants, and co-ordinators. (Table 8.)

The next item on the questionnaire was the question as to whether the respondent is a member of the National League for Nursing. None of the non-members indicated they were and four (4) of the members answered this affirmative. This was somewhat unexpected to the researcher as numerous times nurses have stated that they belong to the League rather than the ANA.

The respondents were asked if they had been members of the student organization. This item was included to find out if the nurses that were members of the student organization weren't more likely to be members in the ANA. Fifty-two (52) percent of the non-members had been members of the student organization as compared to thirty-two (32) percent of the members.

Table 8  
Present Position of Respondents

|       |     | Staff<br>Nurse | Head<br>Nurse | Asst.<br>Head<br>Nurse | Super-<br>visor | Director | Instruc-<br>tor | Other |
|-------|-----|----------------|---------------|------------------------|-----------------|----------|-----------------|-------|
|       | N=  | N=             | N=            | N=                     | N=              | N=       | N=              | N=    |
| A*    | 44  | 33             | 5             | 2                      | 1               | 1        | 1               | 1     |
| B**   | 53  | 31             | 6             | 2                      | 6               | 4        | 3               | 1     |
| C***  | 97  | 64             | 11            | 4                      | 7               | 5        | 4               | 2     |
| D**** | 33  | 14             | 6             | 1                      | 1               | 4        | 4               | 3     |
| Total | 130 | 78             | 17            | 5                      | 8               | 9        | 8               | 5     |
|       |     |                | Percentages   |                        |                 |          |                 |       |
| A*    |     | 75             | 11            | 5                      | 2               | 2        | 2               | 2     |
| B**   |     | 59             | 11            | 4                      | 11              | 8        | 6               | 2     |
| C***  |     | 66             | 11            | 4                      | 7               | 5        | 4               | 2     |
| D**** |     | 42             | 18            | 3                      | 3               | 12       | 12              | 9     |
| Total |     | 60             | 13            | 4                      | 6               | 7        | 6               | 4     |

\*Non-members who have never been members.  
 \*\*Non-members who have been members in past.  
 \*\*\*All non-members.  
 \*\*\*\*Members.

The difference in student membership could be due to the fact that the National Student Nurses Association was not organized until the early 1950's and the non-members are a younger age group than the members. Fifty-eight (58) percent of the non-members are under forty as compared to thirty-four (34) percent of the members. See Table 3, page 16. Thus, many of the ANA members in this study were in training before there were student organizations in many of the schools. (Table 9.)

Table 9

Respondents Student Organization Participation

|       | N=  | Indicated Yes | Percentage |
|-------|-----|---------------|------------|
| A*    | 55  | 28            | 51         |
| B**   | 75  | 40            | 53         |
| C***  | 130 | 68            | 52         |
| D**** | 38  | 12            | 32         |
| Total | 168 | 80            | 48         |

\*Non-members who have never been members.

\*\*Non-members who have been members in past.

\*\*\*All non-members.

\*\*\*\*Members.

Sixty-eight (68) percent of the non-members that answered, indicated that ANA membership had been stressed in their basic nursing program. Eighty-six (86) percent of the members answered that ANA membership had been stressed. (Table 10.)

Table 10

Emphasis Toward ANA Membership in Basic Program

|       | Number<br>Answering | Indicated Yes | Percentage |
|-------|---------------------|---------------|------------|
| A*    | 53                  | 34            | 64         |
| B**   | 73                  | 52            | 71         |
| C***  | 126                 | 86            | 68         |
| D**** | 36                  | 31            | 86         |
| Total | 162                 | 117           | 72         |

\*Non-members who have never been members.

\*\*Non-members who have been members in past.

\*\*\*All non-members.

\*\*\*\*Members.

Of the one hundred and sixty-two (162) that answered the question about whether ANA membership was stressed in the basic program, twenty-eight (28) percent said it had not been stressed. Further breakdown shows that thirty-one (31) percent of the diploma graduates and thirty-six (36) percent of the associate degree graduates indicated that ANA membership had not been stressed in their basic program. This

compares to ten (10) percent of the respondents of degree programs.  
(Table 11.)

Table 11

Lack of Emphasis Toward ANA Membership in Basic Program

|                   | Number<br>Answering | Indicated No | Percentage |
|-------------------|---------------------|--------------|------------|
| Diploma Program   | 120                 | 38           | 32         |
| Degree Program    | 31                  | 3            | 10         |
| Associate Program | 11                  | 4            | 36         |
| Total             | 162                 | 45           | 28         |

ANALYSIS OF PART B. OF QUESTIONNAIRE

Part B. of the questionnaire was completed by non-members. In this part the respondent was to indicate her three main reasons for not belonging to the ANA by placing a (1) in front of the main reason and a (2) in front of the reason of next importance and a (3) in front of the one that was of third importance. Because so many of the respondents did not indicate their reasons this way, the questionnaire was tabulated by reporting the number of times each reason was indicated.

The twelve reasons on the questionnaire they had to choose from were:

- Reason # 1 I have too many commitments.
- Reason # 2 District meetings are not held in convenient locations for me.
- Reason # 3 District meetings are not interesting.
- Reason # 4 I don't know enough about the organization.
- Reason # 5 I do not agree with ANA policies.
- Reason # 6 The dues are too high.
- Reason # 7 ANA does nothing for me.
- Reason # 8 ANA does not represent the hospital staff nurse.
- Reason # 9 ANA will work for me whether I am a member or not.
- Reason #10 No one has invited me to join ANA.
- Reason #11 ANA membership is not encouraged by my employer.
- Reason #12 Other (Please Specify)

Non-member Respondents Who Have Never  
Been Members of ANA

Of the fifty-five (55) non-members who had never been members of the ANA, thirty-eight (38) or sixty-nine (69) percent of them indicated one of their reasons for not belonging as reason #6, (The dues are too high). At the time the questionnaire was sent out the dues for the ANA, the Montana Nurses Association (MNA), and the local district was fifty (50) dollars per year. The dues can be paid in three installments.

Thirty-two (32) or fifty-eight (58) percent of these respondents chose reason #4, (I don't know enough about the organization). The

probable explanation for this answer is that the ANA and the MNA are not getting through to these nurses as to what the purpose and the functions are of the Association. Also, until one becomes involved in an organization, one really doesn't know and appreciate its purpose and functions.

Twenty-three (23) or forty-two (42) percent marked reason #1, (I have too many commitments). This indicates that other things in the respondents life are of more importance to them than their professional organization. It would have been of interest to know what "too many commitments" means to these individuals. Too many commitments to one person may be their job, their home, and their family. To another, their job, home, family, church, and several organizations are not too many. This area is a weakness of the questionnaire and the findings would have been more meaningful had the researcher asked the respondent the number in her family and the number of functions or out of the home activities she attended in a month.

Reason #10, (No one has invited me to join ANA), was checked by thirteen (13) or twenty-four (24) percent of this group. With this being indicated a reason, it again appears that the Association is not adequately reaching the nurses who have never been members.

(District meetings are not held in convenient locations for me), reason #2 was chosen by twelve (12) or twenty-two (22) percent of these respondents. This is probably a very valid reason as there are

only fifteen districts in the state of Montana and the meetings for the most part are held in only fifteen towns. Some of these nurses that indicated this as a reason might live as far away as a hundred or more miles from where the meetings are held.

The remainder of the tabulation of Part B. will be found in Table 12.

Table 12

Summary of Responses of Non-Members Who  
Have Never Been Members

| Reasons | Times Indicated | Percentage of Respondents |
|---------|-----------------|---------------------------|
| # 6     | 38              | 69                        |
| # 4     | 32              | 58                        |
| # 1     | 23              | 42                        |
| #10     | 13              | 24                        |
| # 2     | 12              | 22                        |
| #11     | 10              | 18                        |
| # 7     | 9               | 16                        |
| #12     | 8               | 15                        |
| # 5     | 3               | 6                         |
| # 3     | 2               | 4                         |
| # 9     | 1               | 2                         |
| # 8     | 0               | 0                         |

In reason #12, the respondent was asked to specify her reason. Three (3) of the eight (8) times this was marked, the respondent specified the reason was she was unemployed or employed out of nursing. The remainder of the comments did not differ from the rest of the non-members' responses, so they were combined and can be found in Appendix C.

Non-member Respondents Who Have Been  
Members in the Past

The remainder of the non-members totaled seventy-five (75). Forty-seven (47) or sixty-three (63) percent indicated reason #6, (The dues are too high), as one of their reasons for not belonging to the ANA.

Thirty (30) or forty (40) percent of these respondents gave reason #1, (I have too many commitments), as one of their choices.

Reason #12, (Other), ranked next in order with this group. Twenty-four (24) or thirty-two (32) percent indicated this reason. Broken down further, the respondents indicated that eighteen (18) or twenty-four (24) percent of those who have been members are not employed or are employed out of nursing.

Thirteen (13) or seventeen (17) percent of the respondents reported reason #2, (District meetings are not held in convenient locations for me), as one of their choices.

Reason #3, (District meetings are not interesting), was chosen by twelve (12) or sixteen (16) percent of this group. This criticism is not only given by non-members. ANA members are often quite vocal about the value or interest in district meetings. This situation is further evident by the low attendance at the meetings. The researcher has heard the officers of many districts in the state comment on the poor attendance at district meetings.

Reason #11, (ANA membership is not encouraged by my employer), was also chosen by twelve (12) or sixteen (16) percent of the respondents. Few directors of nurses are members of ANA and few hospital administrators are really in agreement with the association so membership is probably not encouraged by these people. In some cases these individuals even discourage membership in ANA.

The remainder of the tabulation for non-members who have been members in the past can be found in Table 13.

Table 13

Summary of Responses of Non-members Who Have  
Been Members in Past

| Reasons | Times Indicated | Percentage of Respondents |
|---------|-----------------|---------------------------|
| # 6     | 47              | 63                        |
| # 1     | 30              | 40                        |
| #12     | 24              | 32                        |
| # 2     | 13              | 17                        |
| # 3     | 12              | 16                        |
| #11     | 12              | 16                        |
| # 5     | 10              | 13                        |
| # 4     | 9               | 12                        |
| # 7     | 8               | 11                        |
| # 8     | 4               | 5                         |
| # 9     | 4               | 5                         |
| #10     | 4               | 5                         |

The responses to reason #12, (Other), can be found in  
Appendix C.

All Non-members

Figure 1 shows the comparison of the responses to Part B. of  
the questionnaire by the non-members who have been members and those  
that have never been members.

Percent

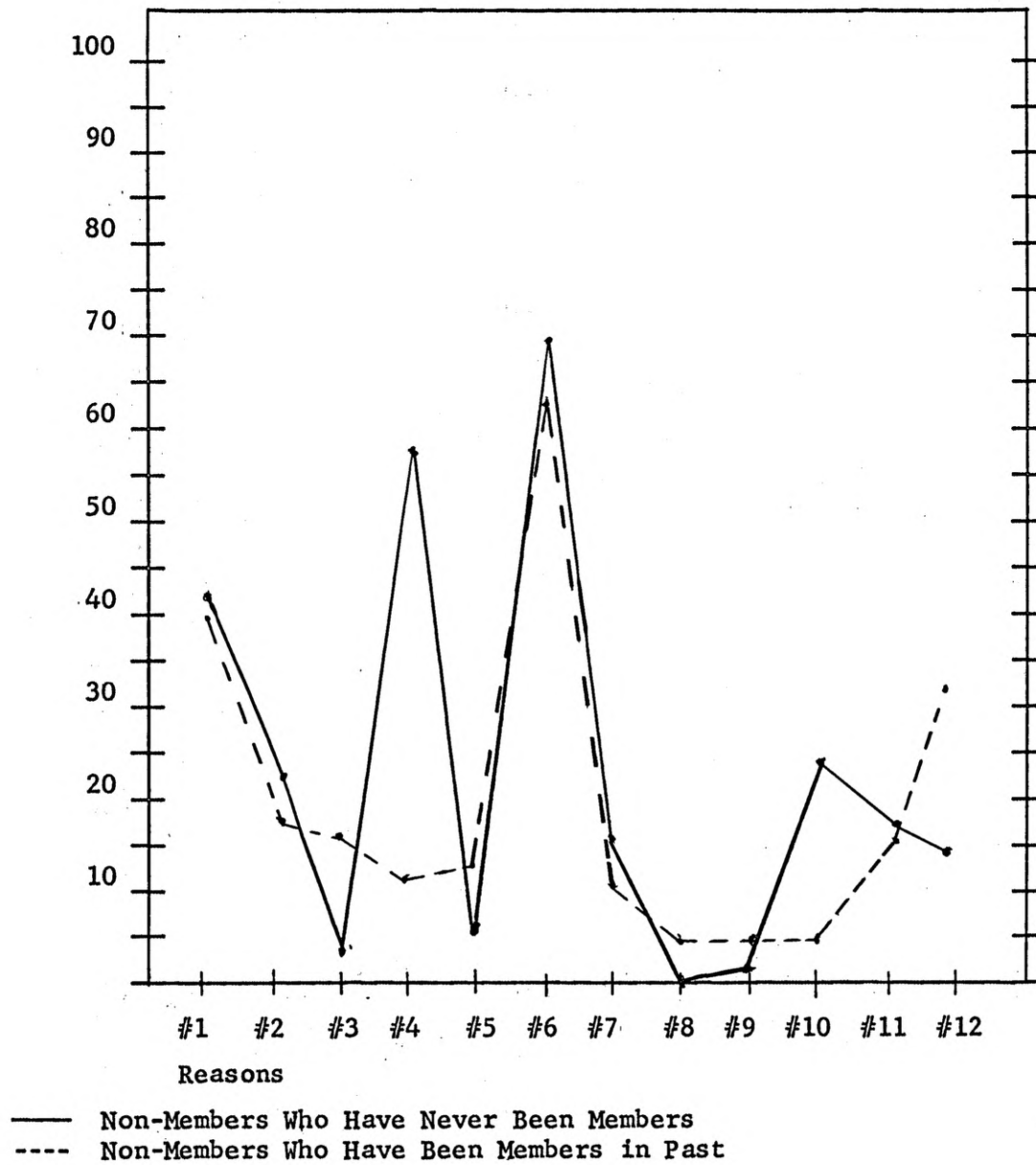


Figure 1

Comparison of Responses of Non-Member Respondents

Reason #6, (The dues are too high), was indicated by eighty-five (85) of the one hundred and thirty (130) non-members for a sixty-five (65) percent response.

Forty-one (41) percent indicated reason #1, (I have too many commitments), as one of their reasons.

Reason #4, (I don't know enough about the organization), was the choice of thirty-two (32) percent of the non-members.

(Other), reason #12, was a choice of twenty-five (25) percent of the non-members. When analyzed further, twenty-one (21) or sixteen (16) percent of the non-members gave their reason for not belonging to the ANA as that they were unemployed or employed out of nursing.

The complete tabulation of Part B. by non-members can be seen in Table 14.

Table 14

Summary of Responses of All Non-Members

| Reasons | Times Indicated | Percentage of Respondents |
|---------|-----------------|---------------------------|
| # 6     | 85              | 65                        |
| # 1     | 53              | 41                        |
| # 4     | 41              | 32                        |
| #12     | 32              | 25                        |
| # 2     | 25              | 19                        |
| #11     | 22              | 17                        |
| # 7     | 17              | 13                        |
| #10     | 17              | 13                        |
| # 3     | 14              | 11                        |
| # 5     | 13              | 10                        |
| # 9     | 5               | 4                         |
| # 8     | 4               | 3                         |

### ANALYSIS OF PART C. OF QUESTIONNAIRE

Part C. of the questionnaire was completed by members of the ANA. In this part the member was to identify her three main reasons for belonging to the ANA by placing a (1) in front of the main reason and a (2) in front of the reason of next importance and a (3) in front of the one that was of third importance. Only three respondents did not follow the directions, however, this part was also tabulated according to the number of times a reason was indicated.

The twelve reasons on Part C. that the members had to choose from were:

- Reason # 1 I feel it is my professional obligation to belong to ANA.
- Reason # 2 Meetings are held in a convenient location.
- Reason # 3 District meetings are of interest to me.
- Reason # 4 By belonging to ANA I will keep better informed of what ANA is doing.
- Reason # 5 ANA is working to upgrade nursing.
- Reason # 6 Dues are no higher than union dues would be.
- Reason # 7 Because of ANA, salaries and working conditions have improved for nurses.
- Reason # 8 ANA is working for all nurses.
- Reason # 9 I must do my share if I am going to receive the benefits.
- Reason #10 ANA is my organization.

Reason #11 ANA membership is encouraged by my employer.

Reason #12 Other (Please specify)

Part C. was developed in a way which reflects some of the same questions but from a different perspective than those in Part B.

#### ANA Member Respondents

Of the thirty-eight (38) members answering the questionnaire, twenty-seven (27) or seventy-one (71) percent of them indicated reason #1, (I feel it is my professional obligation to belong to ANA), as one of their choices. Of the twenty-seven (27) members indicating reason #1 as a choice, nineteen (19) or seventy (70) percent of them indicated this reason as their first choice.

Eighteen (18) or forty-eight (48) percent of the member respondents chose reason #7, (Because of ANA, salaries and working conditions have improved for nurses).

Reason #5, (ANA is working to upgrade nursing), and reason #9, (I must do my share if I am going to receive the benefits), were each chosen by fourteen (14) or thirty-seven (37) percent of the members.

The remainder of the tabulation of Part C. will be found in Table 15.

Table 15  
Summary of Responses of Members

| Reasons | Times Indicated | Percentage of Respondents |
|---------|-----------------|---------------------------|
| # 1     | 27              | 71                        |
| # 7     | 18              | 47                        |
| # 5     | 14              | 37                        |
| # 9     | 14              | 37                        |
| # 4     | 11              | 29                        |
| #10     | 8               | 21                        |
| # 8     | 7               | 19                        |
| # 3     | 3               | 8                         |
| # 6     | 1               | 3                         |
| #12     | 1               | 3                         |
| # 2     | 0               | 0                         |
| #11     | 0               | 0                         |

For reason #12, (Other), the member was asked to specify her reason if she chose #12. Only one member indicated reason #12. She specified her reason for belonging as it gives her the opportunity to get malpractice insurance through ANA. Some members made comments and these will be found in Appendix C.

### CHAPTER III

#### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

##### SUMMARY

The problem dealt with in this study was to explore the reasons why registered nurses in Montana are or are not members of the American Nurses Association.

The purpose of the study was to identify the most frequent reasons registered nurses in Montana give for not being a member of ANA and the most frequent reasons that members give for belonging to the Association. From this material it is hoped that the Montana Nurses Association and its constituent districts can gain some information as to how it can better meet the needs of the registered nurses in Montana.

The survey method was used to gather the information. Of two hundred and fifty (250) questionnaires sent out, one hundred and seventy-six (176) were returned.

Eight of the questionnaires returned could not be tabulated because they were not complete or could not be interpreted.

One hundred and sixty-eight (168) of the questionnaires were divided into two groups, non-members numbering one hundred and thirty (130) and members of ANA numbering thirty-eight (38). The non-members group was then divided into those respondents who (1) had never been

members of ANA and (2) those that had been members in the past.

The non-members were asked to indicate the three main reasons they have for not belonging to ANA. The reason, given the most times by both groups of non-members, was (The dues are too high).

The respondents who had never been members indicated as their second reason, (I don't know enough about the organization). The third reason was, (I have too many commitments). Also, the reasons (No one has invited me to join) and (District meetings are not held in convenient locations for me) were frequently indicated.

The non-members who had been members in the past ranked the reason, (I have too many commitments) second and the third most frequent reason was, (I am unemployed or employed out of nursing). (District meetings are not held in convenient locations for me), (District meetings are not interesting), and (ANA membership is not encouraged by my employer), were other reasons of importance to several of the non-members who have been members in the past.

The member respondents were asked to indicate their three most important reasons for belonging to the ANA. Nearly three fourths of the members gave as one of their reasons, (I feel it is my professional obligation to belong to ANA). (Because of ANA, salaries and working conditions have improved for nurses), was the next most frequently indicated reason. The two reasons ranked third in importance were, (ANA is working to upgrade nursing) and (I must do my share if I am

going to receive the benefits). (By belonging to ANA I will keep better informed of what ANA is doing) was a reason that was also of importance to several of the members.

Of interest was the response to the question about whether ANA membership had been stressed in the respondent's basic nursing program. Nearly one third of the graduates of diploma programs and over a third of the graduates of the associate degree programs indicated ANA membership was not stressed in their basic nursing program. Nine tenths of the degree program graduates reported that ANA membership had been stressed in their basic program.

#### CONCLUSIONS

After reviewing the data and the literature, the researcher arrived at several conclusions.

Because so many of the respondents indicated that they didn't belong to ANA because they have too many commitments or because they are unemployed, it is a paramount responsibility of MNA to increase its efforts to make known to the registered nurses in Montana the issues facing the nursing profession in the delivery of health care and the urgent need for nurses to be organized and present a unified voice.

That the largest number of the respondents indicated that one of the reasons they do not belong to ANA is that the dues are too high

makes the investigator wonder what is really reflected by this response. Their responses may relate to how much these nurses really know about the Association and the financial advantages of membership such as: (1) the availability of malpractice insurance and the hospital income insurance plan to members, (2) the convenience of installment payment of dues which are tax deductible, (3) the support of legislation by ANA for financial assistance to nurses for education, and (4) the availability of collective bargaining rights for nurses in Montana.

With the response of the dues are too high and the reason that the respondents don't know enough about the organization, MNA and constituent districts must become more ingenious in interpreting the functions, purposes and the advantages of ANA. Also, it is imperative that local districts offer meetings that meet the needs and interests of the registered nurses in their area.

Many of the respondents indicated the district meetings were not held in convenient locations for them, so MNA and constituent districts must find some way to reach nurses in outlying areas with the benefits of ANA.

Because several respondents indicated that no one had invited them to join, makes it necessary for local districts to conduct more efficient membership drives.

With more than one fourth of the respondents indicating that ANA membership was not stressed in their basic nursing program, schools

of nursing will have to be encouraged to increase their efforts to instill the concept in students that membership in ANA is their professional obligation.

#### RECOMMENDATIONS

This researcher feels that further study of this problem should be conducted by the fifteen constituent districts in the state of Montana by surveying the registered nurses in the local area. This could be done by reconstructing the questionnaire using opened ended questions. However, a better method would be to use personal interviews conducted by members of a committee.

The information to elicit from the registered nurses should be:

1. The preferred location for the meetings.
2. The preferred time for the meetings.
3. Programs that would be of interest to the individual.
4. Ideas as to how the organization could better meet the individual's needs.

This researcher feels further study needs to be done to determine why some individuals are involved in several organizations and activities and others have no involvement outside their home and their employment. Studies can be found on the number of organizations people hold memberships in, but apparently little research has been

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done as to the differences in personalities in the joiners and the non-joiners.

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## APPENDICES

APPENDIX A

QUESTIONNAIRE

Part A

The following information is needed to evaluate the information obtained in this survey. All information will be kept confidential and the identity of the persons participating in the survey will be known only to the researcher.

Please check the one item under each question which most nearly represents your situation and/or fill in spaces with appropriate information.

Sex: ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married ☐ Other

Age at Last Birthday:

☐ 20-29 ☐ 40-49 ☐ 60 or over  
☐ 30-39 ☐ 50-59

Basic Nursing Education:

☐ Diploma Program ☐ Associate Degree Program  
☐ Degree Program

Preparation Past Basic Nursing Program:

☐ Baccalaureate Degree ☐ Post-Baccalaureate  
☐ Master's Degree ☐ Post-Masters

Year First License:  Number of Years Employed in Nursing

Status of Employment:

☐ Full Time ☐ Part Time ☐ As needed by  
☐ Not Employed Employer

Field of Employment:

|                                                   |                                              |
|---------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Hospital                 | <input type="checkbox"/> Private Duty        |
| <input type="checkbox"/> Nursing Education        | <input type="checkbox"/> Industrial          |
| <input type="checkbox"/> Public Health            | <input type="checkbox"/> Nursing Home        |
| <input type="checkbox"/> Clinic or Doctors Office | <input type="checkbox"/> Home Health Service |
| <input type="checkbox"/> Other (specify)          |                                              |

Present Position:

|                                               |                                     |
|-----------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Staff Nurse          | <input type="checkbox"/> Head Nurse |
| <input type="checkbox"/> Assistant Head Nurse | <input type="checkbox"/> Supervisor |
| <input type="checkbox"/> Director of Nurses   | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Other (specify)      |                                     |

Are you a member of the National League for Nursing: ☐ Yes ☐ No

As a student were you a member of the student organization?

☐ Yes ☐ No

Was ANA membership and participation stressed in your basic curriculum?

☐ Yes ☐ No

Have you ever been a member of ANA? ☐ Yes ☐ No

Are you a member of ANA? ☐ Yes ☐ No

If you are a member of ANA disregard Part B. and please complete Part C.

If you are not a member of ANA please complete Part B. and disregard Part C.

Part B

Indicate the three main reasons you do not belong to ANA. Place a (1) in front of the main reason you do not belong and a (2) in front of reason that is of next importance and a (3) in front of the one that is third important.

- \_\_\_\_\_ I have too many other commitments.
- \_\_\_\_\_ District meetings are not held in convenient locations for me.
- \_\_\_\_\_ District meetings are not interesting.
- \_\_\_\_\_ I don't know enough about the organization.
- \_\_\_\_\_ I do not agree with ANA policies.
- \_\_\_\_\_ The dues are too high.
- \_\_\_\_\_ ANA does nothing for me.
- \_\_\_\_\_ ANA does not represent the hospital staff nurse.
- \_\_\_\_\_ ANA will work for me whether I am a member or not.
- \_\_\_\_\_ No one has invited me to join ANA.
- \_\_\_\_\_ ANA membership is not encouraged by my employer.
- \_\_\_\_\_ Other (Please specify-may use back of page.)

Part C.

Indicate the three main reasons you belong to ANA. Place a (1) in front of the main reason you belong, a (2) in front of the reason that is of next importance and a (3) in front of the one that is third important.

- \_\_\_\_\_ I feel it is my professional obligation to belong to ANA.
- \_\_\_\_\_ Meetings are held in a convenient location.
- \_\_\_\_\_ District meetings are of interest to me.

- \_\_\_\_\_ By belonging to ANA I will keep better informed of what ANA is doing.
- \_\_\_\_\_ ANA is working to upgrade nursing.
- \_\_\_\_\_ Dues are no higher than union dues would be.
- \_\_\_\_\_ Because of ANA, salaries and working conditions have improved for nurses.
- \_\_\_\_\_ ANA is working for all nurses.
- \_\_\_\_\_ I must do my share if I am going to receive the benefits.
- \_\_\_\_\_ ANA is my organization.
- \_\_\_\_\_ ANA membership is encouraged by my employer.
- \_\_\_\_\_ Other (Please specify.)

APPENDIX B

QUESTIONNAIRE COVER LETTER

Route #1, Box 270  
Bozeman, Montana 59715  
April 29, 1970

Dear R.N.,

As partial fulfillment of the requirements for a Masters Degree in Nursing, I am conducting a survey of currently registered nurses in Montana to gather information as to the reasons nurses do or do not belong to the American Nurses Association.

I would appreciate your answering the enclosed questionnaire and returning it in the stamped, self-addressed envelope within one week.

Those nurses who have been asked to participate in the survey are known only to the researcher and all information will be kept confidential. You will note there is no identification required on the questionnaire.

Sincerely,

Marlene Stellmon

The faculty and staff from Montana State University School of Nursing appreciate your assistance with this study.

---

Laura O. Walker, R.N., Ph.D.  
Director, School of Nursing

APPENDIX C

VERBATIM COMMENTS OF ALL RESPONDENTS

Non-Member Respondents Who Have Never  
Been Members of ANA

I would like to add that the dues are much too high. I'm sure there would be more members if the dues would come down. Wages aren't that good, teachers are better paid, have better hours, all holidays and week ends off, summers off so they can do something else.

Because I only work part time, I've felt that the dues are too high. Part time help is constantly being pro-rated for certain benefits. I think ANA should also pro-rate the amount of dues for those nurses working part time.

There is no contact between the local ANA and the non-working nurse. We seldom, if ever are aware of programs of special projects until they are past. I feel a news letter each month keeping us abreast of current endeavors, problems and plans, plus stimulating active district meetings would do much to stimulate interest among non-working nurses. We usually have intentions of returning to work once families are raised. Special study groups might be initiated to help non-working nurses keep up on new knowledge and techniques. I object to extra fund raising projects. They are time consuming and unrelated to nursing. Time is at a premium and a main reason for not belonging is the extras one invariably becomes involved in when one belongs to any organization--ANA is no exception.

I feel that dues are used for salaries and other purposes other than primarily to benefit nurses and nursing as a whole.

The members in this area are too stereotyped and prejudiced in their opinions.

Having lived in British Columbia where the association speaks out and fights hard to improve working conditions and salaries and is therefore a more typical nursing subject of conversation. I find the association here, by contrast, a lethargic topic and have not yet heard anyone mention it with enthusiasm.

The state organization seems to be confused most of the time. As a nurse in California, I saw how active and very functional a good organization could be. I received a large raise because of CNA.

In the first place I cannot afford ANA membership. My husband is a student and we have two children and a very limited budget. If I had a higher income and a less restricted budget, I feel I would still belong to ANA regardless of the price of dues. I hope to be able to do this someday.

I feel it would require a great deal of time and energy and very little is accomplished.

There is not enough local benefit from the dues. Too much of it is channelled into state and national. I feel very strongly that a professional group should not be unionized.

At the present time I am not in a position to pay the required dues. I hope to be able to join at some time in the future as I feel ANA is an important and good organization.

I think ANA dues should be less for part time help.

Non-Member Respondents Who  
Have Been ANA Members

I believe that ANA does many things for nurses, but I also believe that like any union the ANA can and does make nurses do things that they don't believe in like striking. I know this has never happened in this state but I also believe that it is possible that it could happen here. I do not believe in joining up with a power so great that they can make you do things against your religious convictions.

I do not feel the nurse anesthetist is included in ANA program, although I do consider myself first a nurse and then an anesthetist. Participating and keeping up with anesthesia association seems more beneficial to me.

I have been active in nursing for many years and have always belonged to ANA. I have been in Montana only a short time and there isn't an active district association here. I'm all for ANA and State Nurses Association as I've benefited tremendously by being a member.

Am a member of the Montana Association of Nurse Anesthetists thus belonging to the National Association. I was one of the first ones to help organize the Association and I intend to give all my energies to that organization. Moreover ANA chose in early days to treat anesthetists as step children. They have invited us back to their ranks but we are a strong association. I consider that I'm still in nursing but in a very specialized field. Have spent over half my career in it.

While a student, I was president of SNA and attended national conventions for three years. I am a full supporter of all state and ANA efforts and should I again become involved in nursing directly, I would immediately commence membership. Presently I cannot say exactly when I will become actively involved again.

Montana nurses receive low salaries and have no fringe benefits and 90% of the nurses at this hospital belong to ANA.

Since I am not presently employed in any field of nursing, I have not had as much interest in ANA, although I know it would keep me up to date on nursing.

It would appear that material gains we have received are due in part to our present economy and the Montana Hospital Association.

If I am working I pay my ANA dues. If I am not employed during the year I cannot afford the dues.

ANA membership is not encouraged by my employer and since very few belong it can not help our employment as I see it.

I felt our district money was used for a limited few to travel around to conventions etc., of which we seemed to gain nothing.

I don't seem to be able to come up with money to pay the dues. I don't know anyone who belongs or goes to meetings.

ANA Member Respondents

Nurses have a desire to be considered professional, yet they do not feel the need to belong to their professional organization. I feel very strongly that if they do not belong to ANA they are not professional. I work in schools with teachers and they do not question whether they should belong to MEA or not--but nurses do not feel their responsibility. I feel sure the reason for this is that directors of nursing service do not encourage it and certainly administration of hospitals discourage membership. Nurses are too unconcerned about their profession to stand on their two feet and express positive opinions for fear of becoming unpopular. "Spineless" nurses are not an asset to our profession.

Since I have not been able to work full or even part time in nursing due to family, I find the ANA is a way to keep in contact with nurses. You could probably consider this a "social" contact with nursing.

Because of contracts and the right for collective bargaining, I think all nurses should have to belong to ANA.

**LITERATURE CITED**

LITERATURE CITED

- American Nurses Association. Facts About Nursing. New York: 1969 edition.
- "ANA Platform Approved at Convention," American Journal of Nursing, 70:6:1282, June, 1970.
- Barber, Bernard. "Participation and Mass Apathy in Associations," Studies in Leadership. Edited by Alvin W. Gouldner. New York: Harper and Brothers, 1950.
- Guinee, Kathleen K. The Professional Nurse. London: Macmillan Co., 1970.
- Kelly, Dorothy. "The Situation in Nursing," American Journal of Nursing, 65:1:77, January, 1965.
- Lang, Frank. "Nursing in the Decade Ahead: Our Role Is Ill-defined and Multifaceted," American Journal of Nursing, 70:10:2122, October, 1970.
- Merton, Robert K. "The Functions of the Professional Organization," Issues in Nursing. Edited by Bonnie Bullough and Vern Bullough. New York: Springer Publishing Co., Inc., 1966.
- Montana Nurses Association, Annual Convention Book of Reports, October, 1970.
- Montana State Board of Nursing. Annual Report, 1970.
- National Advisory Commission on Health Facilities. A Report to the President. December, 1968, (Washington, D.C. Government Printing Office).
- Peplau, Hildegard. "Nursing in the Decade Ahead: Nurses As A Collectivity Must Take A Stand," American Journal of Nursing, 70:10:2123, October, 1970.
- Roach, Jack L., Llewellyn Gross, and Orville Gursslin. Social Stratification in the United States. Englewood, New Jersey: Prentice-Hall, Inc., 1969.

Spalding, Eugena K., and Lucille E. Notter. Professional Nursing.  
Philadelphia: J. B. Lippincott Co., 1965, 7th edition.

Tate, Barbara, and Lucille Knopf. "Nursing Students--Who Are They?"  
American Journal of Nursing, 65:9:99, September, 1965.

**LITERATURE CONSULTED**

LITERATURE CONSULTED

- Babchuk, Nicholas, and Alan Booth. "Voluntary Association Membership: A Longitudinal Analysis," American Sociological Review, Vol. 34, February, 1969, pp. 31-45.
- Corwin, Ronald G. "The Professional Employee: A Study of Conflict in Nursing Roles," American Journal of Sociology, Vol. 66, May, 1961, pp. 604-615.
- Editorial. American Journal of Nursing, 70:5:1005, May, 1970.
- Erbe, William. "Social Involvement and Political Activity: A Replication and Elaboration," American Sociological Review, Vol. 29, April, 1964, pp. 198-215.
- Foskett, John. "Social Structure and Social Participation," American Sociological Review, Vol. 20, August, 1955, pp. 431-438.
- Hughes, Everett C., Helen MacGill Hughes, and Irwin Deutscher. Twenty Thousand Nurses Tell Their Story. Philadelphia: J. B. Lippincott Co., 1958.
- "Nurses, Nursing, and the ANA," American Journal of Nursing, 70:4:808, April, 1970.
- Sanner, Margaret C. Trends and Professional Adjustments in Nursing. Philadelphia: W. B. Saunders Co., 1962.
- Schlotfeldt, Rozella. "A Mandate for Nurses and Physicians," American Journal of Nursing, 65:12:102-105, December, 1965.
- Scott, John C., Jr. "Membership and Participation in Voluntary Associations," American Sociological Review, Vol. 22, June, 1957, pp. 315-326.
- Waters, Verle Hambleton. "Distinctions Are Necessary," American Journal of Nursing, 65:2:101-102, February, 1965.
- Zimmer, Basil G., and Amos Hawley. "The Significance of Membership in Associations," American Journal of Sociology, Vol. 64, September, 1959, pp. 196-201.