

REHABILITATION COUNSELING PROFESSIONAL ASSOCIATIONS: MEMBERSHIP,  
MEMBERSHIP INTENTIONS, AND LEVELS OF COMMITMENT AMONG  
REHABILITATION COUNSELING PROFESSIONALS.

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A DISSERTATION

Submitted to  
Michigan State University  
in partial fulfillment of the requirements  
for the degree of

DOCTOR OF PHILOSOPHY

Rehabilitation Counselor Education

2011

## ABSTRACT

### REHABILITATION COUNSELING PROFESSIONAL ASSOCIATIONS: MEMBERSHIP, MEMBERSHIP INTENTIONS, AND LEVELS OF COMMITMENT AMONG REHABILITATION COUNSELING PROFESSIONALS

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Declining membership is a concerning, yet poorly understood issue affecting professional associations across many disciplines (Bauman, 2008). The discipline of rehabilitation counseling is experiencing membership decline even as the number of certified rehabilitation counselors continues to increase (Leahy, 2009). Little empirical research exists on professional association membership and motivations for membership. The purpose of this study was to explore factors that might influence rehabilitation counseling professional association membership and membership commitment and to test theoretical hypotheses regarding motives for membership; pursuit of this purpose was guided primarily by tenets of social exchange and social identity theories.

Social exchange theory is the theory most commonly associated with professional association membership. However, challenges in the application of exchange theory to influence membership decisions are many during periods of declining membership. Efforts to increase overall value can become strained by the loss of revenue resulting from a reduction in membership dollars. Social identity theory is offered, in addition to social exchange theory, as an explanation for membership decisions. In social identity theory, the influence of group membership on self-identity becomes primary (Tajfel, 1981). In line with social identity theory, professional identity was defined for this study as a special form of social identity in which a

person defines him or herself by membership in an occupation believed to approximate that of a profession.

A sample of 1,257 professionals closely connected to the discipline of rehabilitation counseling was obtained for this study from the databases of CRCC, ARCA, NRCA, and RCEA. This sample included 450 participants who currently held membership in at least one rehabilitation counseling professional association, 324 participants who formerly held membership in at least one rehabilitation counseling professional association, and 483 participants who had never held membership in a rehabilitation counseling professional association. Research findings expand on the work of previous research in the area of professional association membership and membership commitment. As hypothesized, results showed professional identity salience was positively related with current membership status and levels of affective and normative commitment. Also hypothesized, perceived value of membership was positively related with current membership status. In contrast, the hypothesis that private benefits would act as the only type of benefits predicting current membership was not supported. Results suggest graduate programs and employing organizations also play an important role in encouraging membership.

## ACKNOWLEDGEMENTS

Upon completion of this project I am very grateful for the supports that have made it possible. I am aware of just how little credit I can take for reaching this milestone, many of the circumstances that led to the completion of this project being beyond my control. I thank God for making all this possible and for giving me all that I have. I next want to thank my wife Alexis, every word of this manuscript came with some—largely unrecognized—sacrifice on her part. I am grateful for her support. My four children, Sophie, Nora, Miles, and Wesley are also a source of great inspiration. I benefit so much from the unconditional love I receive from them. I am also grateful to my parents, Dallin and Rhonda, who provided me with all things necessary to succeed in choosing this course. Other friends and family who provided help on this project include Christopher Phillips, Ryan Seedall, and Lindon Robison.

I am thankful to Michael Leahy for his guidance and support as my advisor. I benefited so much from his wise understanding of when to intervene and when to allow me to figure things out on my own. I am also grateful to my committee members: John Kosciulek, James Fairweather, Vilia Tarvydas, Kimberly Maier, and the late Nancy Crewe. Their time and effort was appreciated, and my dissertation is much better because of their efforts. I am grateful to my peers in the doctoral program. Their friendship and support was important in the completion of this dissertation. In many ways I feel that I experienced the ideal in graduate education.

Finally, I want to thank ARCA, NRCA, and RCEA for their support of this project and CRCC for their support, which included provision of continuing education credit for research participants.

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## **LIST OF ABBREVIATIONS**

ACA	American Counseling Association
APA	American Psychological Association
ARCA	American Rehabilitation Counseling Association
CACREP	Council for Accreditation of Counseling & Related Educational Programs
CORE	Council on Rehabilitation Education
CRC	Certified Rehabilitation Counselor
CRCC	Commission on Rehabilitation Counselor Certification
IARP	International Association of Rehabilitation Professionals
NCRE	National Council on Rehabilitation Education
NRA	National Rehabilitation Association
NRCA	National Rehabilitation Counseling Association
RCEA	Rehabilitation Counselors and Educators Association

## **Chapter 1**

### **Introduction**

Professions provide many of the bedrock services in society (Volti, 2008); however, professions do not exist without structure or institutions to support them. Professional associations act as the primary agent of a profession, responsible for securing and maintaining the profession's interests and the interests of those served by the profession. For professional associations to act in this manner requires membership; indeed, the health of a professional association depends on its members (Couvillion, 1976). Large membership, particularly active membership, is essential for influencing external parties and is also necessary for producing many of the benefits enjoyed by members in an association. However, in recent decades professional associations across fields and occupations have observed a trend of decreasing membership (Alotaibi, 2007; Bauman, 2008; Emener, 1986; Yeager, 1981; 1983; Yeager & Kline, 1983). Given the important role of professional association in acting for professions, it is possible that such declines in professional association membership reflects or could result in a broader decline of the professions they represent.

Little empirical research has been conducted on professional association membership (Bauman, 2008; Gruen, Summers, & Acito, 2000; Knoke, 1986; Skarlicki, Lucas, Prociuk, & Latham, 2000). The purpose of this study was to explore the factors that may influence professional association membership in rehabilitation counseling professional associations and to test theoretical hypotheses about membership. The pursuit of this purpose is guided by theoretical propositions asserted in social identity (Tajfel & Turner, 1979) and social exchange theories (Blau, 1964; Olson, 1965). Rehabilitation counseling is a discipline that assists persons

with disabilities to fully participate in all aspects of society, especially work (Szymanski, 1985). The counseling process is considered an integral part of all rehabilitation counseling activities (CRCC, 1994). Rehabilitation counselors have typically completed a master's degree in rehabilitation counseling or a closely related program (Leahy, 2004). Although many professions could be selected to study declining association membership, there are at least two reasons that rehabilitation counseling provides an interesting discipline for study. First, rehabilitation counseling is a relatively young discipline that has made great strides toward professionalization over the last 50 years. Second, steady membership declines in rehabilitation counseling professional associations have occurred despite an increase in the number of certified rehabilitation counselors (CRCs) over the last 20 years (Leahy, 2009). Because these patterns are consistent with other professions (Bauman, 2008), the results and implications the results and implications of this study are potentially useful to other professions experiencing a similar decline. Before expounding on the purpose of this study, a rationale for studying professional association membership is set forth. This rationale includes a brief description of the integral role of professional associations in professions and of professional associations in the professionalization process.

### **Background of the Study**

Professional associations are non-profit organizations that represent a profession and carry out its goals and interests (Tarvydas et al., 2009). Professional associations are often argued to play a critical role in both the creation and maintenance of a profession (e.g., Leahy, 2002; Rollins, Garcia, & Thomas, 1999; VanZandt, 1990). Brubaker (1981) stated, "the credibility of a profession can be measured, in part, by the vitality and credibility of the field's

association” (p. 5). In rehabilitation counseling, anecdotal evidence supports the connection of associations and professionalization, with the greatest period of professionalization coinciding with the period of greatest association membership. Much of the political activity initiated within the associations served to strengthen rehabilitation counseling during this time (Sales, 1995). Given these arguments, it is highly possible that current declines in association membership experienced in rehabilitation counseling, and across many other disciplines, signals a greater risk for deprofessionalization.

### **Statement of the Problem**

Professional association membership is declining across many professions (Bauman, 2008). Rehabilitation counseling was selected for this study because it is a relatively new profession that now seeks to maintain its status. Further, rehabilitation counseling provides an interesting discipline for study because membership decline has taken place at a time when the number of certified rehabilitation counselors increased. At one time membership in rehabilitation counseling professional associations grew steadily from year to year and appeared to be on course for providing strong representation into the future of the emerging profession (Whitten, 1961). In recent years, however, membership numbers have been in a state of continuous decline (Peterson, Hautamaki, & Hershenson, 2006; Leahy, 2009). Current membership in rehabilitation counseling professional associations represents only a fraction of individuals identifying themselves as rehabilitation counselors and fewer than 15% of all Certified Rehabilitation Counselors (CRCs).

Current trends in association membership beg questions such as, “Why do most professionals in rehabilitation counseling not join their associations?” and “Why do so many professionals drop their membership in professional associations after joining while others stay?”

The absence of empirical research on these questions and the limited application of theoretical frameworks leave these questions largely unanswered. With the exception of a few published demographic surveys conducted within associations (e.g., Peterson et al., 2006) little research has been conducted in the discipline of rehabilitation counseling. Only two published studies exploring professional association membership were identified in the whole of counseling literature (Bauman, 2008), and few published studies have been conducted in any disciplines.

Of existing membership studies, most focus predominantly on the cost-benefit of membership using exchange theory, with primary focus on the value of association benefits (Yeager, 1981; Delesky, 2003; Rapp & Collins, 1999). However, few benefits seem to be highly valued in these studies (e.g. Alotaibi, 2007; Yeager, 1981), and few differences have been found between members and nonmembers (e.g., Alotaibi, 2007; Yeager, 1983). A small number of studies have incorporated other theories, but only to facilitate data interpretation rather than to inform instrument development or research design. Beyond exchange theory, no known research has used theory to create and test hypotheses on professional association membership.

### **Purpose of the Study**

As mentioned previously, the purpose of this study was to explore factors influencing rehabilitation counseling professional association membership and to test theoretical hypotheses relating to membership. Theoretical propositions were based on social identity (Tajfel & Turner, 1979) and social exchange theories (Blau, 1964; Olson, 1965). The three outcome variables in this study were current professional association membership status, membership intentions, and levels of commitment to a primary association(s). Predictor variables included a set of demographic variables, institutional support (graduate program and employer) and colleague



support for membership, membership value, identification with professional associations, and professional identity.

### **Significance of the Study**

Membership is critical for professional associations, and professional associations play a vital role in the professionalization and maintenance of a discipline. The significance of this study lies in the increased understanding it brings to association membership motives and decision-making. Given current membership decline, this understanding may provide key insights for future approaches to addressing association membership. The lack of empirical study in this area cannot be attributed to a perceived lack of importance among leadership in the discipline of rehabilitation counseling, as many leaders and researchers have voiced their concern (e.g., Lane, 2010; Leahy, 2009; Shaw, Leahy, Chan & Catalano, 2006). The results from this study may provide needed guidance for addressing current membership declines. Moreover, considering other motives for membership in professional associations in addition to the cost-benefit analysis, allows for potential alternatives to lowering costs or increasing benefits, a task more easily said than done in financially strained professional associations. It is hoped that results from this study could be useful to leadership in professions and professional associations; further, it is hoped

### **Conceptual Framework**

The conceptual framework created for this study is founded mainly on a combination of social exchange theory and social identity theory. Social exchange theory is used to emphasize the potential effect of cost-benefit on membership decisions (Blau, 1964; Olson, 1965), and social identity theory (Tajfel & Turner, 1979) is applied to emphasize the potential effect of group identification on membership decisions.

Social exchange theory is an expansion of exchange theory which is rooted in economics. In both exchange theory and social exchange theory actors are viewed as “self-interested entities whose behavior is motivated by the need or desire to obtain a valued benefit” (Molm, 2006, p. 26). Central to this theory is the tenet that an exchange is most likely to occur when perceived benefits of obtaining a good or service outweighs costs. In social exchange theory this premise extends beyond things of monetary value to include emotional goods such as prestige, appreciation, or status (Blau, 1964; Homans, 1958). In the case of professional association membership, it would be assumed that professionals would be likely to join a professional association only if benefits of doing so outweigh costs. Using exchange theory as a platform for theory building, Olson (1965, reprinted in 1971) offered an explanation for group membership that has been influential in professional association research. He proposed that rational individuals join large interest groups to obtain individual benefits rather than to pursue group goals (Moe, 1981).

In support of exchange theory, it is widely evident that monetary and other costs can act as a barrier to joining (e.g., Kamm, 1997; Skarlicki et al., 2000; Wright, 1974; Yeager & Kline, 1983). However, reducing costs without reducing valued benefits can lead to organizational strain (Mills, 1980; Whitten, 1975b), and increasing the value of association benefits while holding costs is also difficult. Although it is apparent that maximizing the cost-benefit of membership for professional cannot be forgotten, these practical barriers to altering costs or benefits can make solutions based solely on exchange theory difficult to apply.

Social identity offers another potential motive for association membership, and is defined as “that part of an individual’s self-concept which derives from his knowledge of his membership of a social group (or groups) together with the value and emotional significance

attached to that membership” (Tajfel, 1981, p. 255). Identity is an important aspect of the self that provides a sense of who we are and how to locate ourselves in relation to others (Jenkins, 2004; Owens, 2006). From this definition it is recognized that, in social identity theory, group membership has the potential to provide an important context for self-definition (Ashforth & Mael, 1989; Jenkins, 2004); fostering the extension of an individual’s self-concept (Hogg & Terry, 2001; Turner, 1982).

Both depersonalization and the tendency to take on the norms and values of groups with which we identify, propositions of social identity theory, provide plausible explanations for how our professional identities may influence beliefs and behaviors related to group membership (Tajfel, 1981; Stets & Burke, 2000). Professional identity is conceptualized in this study as a specific form of social identity in which a person defines him or herself by membership in an occupation believed to approximate that of a profession.

The influence of professional institutions is also included in the conceptual framework for this study. Leaders in counseling related fields have long assumed a relationship between both professional association membership and graduate training (Borders & Benshoff, 1992; Spruill & Benshoff, 1996), and between professional association membership and the employing organization (Jaques, 1967; Sales, 1995; White & Olson). This study provides the first known analysis on these institutional predictors and their relationship to professional association membership.

## **Research Questions and Hypotheses**

### **Research Questions**

1. What are some of the characteristics, beliefs, and membership behaviors of rehabilitation counseling professional association members, former members, and never members?
2. What variables predict rehabilitation counseling professional association membership status as current, former, or never member?
3. What variables predict intentions to join or rejoin professional associations for each of the three measured rehabilitation counseling professional associations?
4. Among current members, what variables predict levels of commitment to a primary rehabilitation counseling professional association(s)?

### **Research Hypotheses**

#### **Based on social identity theory.**

1. Participants reporting greater rehabilitation counseling professional identity salience will be more likely to hold current membership and to express positive intentions for future membership.
2. Among current members, professional identity salience will be positively related with both affective and normative commitment to a primary rehabilitation counseling professional association(s).

#### **Based on social exchange theory.**

3. Participants reporting greater value in rehabilitation counseling professional association membership will be more likely to hold current membership and to express positive intentions for future membership.

**Based on Olson's theory of collective action.**

4. In the consideration of both private and public benefits provided by professional associations, only private benefits will hold importance in influencing membership decisions and in the prediction of current membership status.

These questions and hypotheses were measured using a cross sectional online survey research design. Participants for this study were selected from the database of current CRCs and the databases of three primary rehabilitation counseling professional associations, namely: American Rehabilitation Counseling Association (ARCA), National Rehabilitation Counseling Association (NRCA), and Rehabilitation Counselors and Educators Association (RCEA).

**Assumptions**

This study included the following assumptions: (a) the selected rehabilitation counselors will respond to the self-report survey honestly and accurately to indicate their beliefs and perceptions related to rehabilitation counseling, rehabilitation counseling professional associations, and their beliefs and behaviors related to professional association membership; (b) the discipline of rehabilitation counseling, whether its own profession or a specialization subsumed under a larger profession, approximates the status of a profession sufficient to support the development of a professional identity among those who practice; and (c) professional associations are vital to the establishment and maintenance of a profession.

**Definition of Terms**

To avoid confusion, definitions for important terms used in this study are provided. Some terms, such as professional identity and professionalism may seem not to require formal definition because of their common usage in professions; however, they are defined here to

ensure an understanding of the specific meaning for this study and to add clarity. A brief definition of the theories used in this study is also provided.

## **Profession**

There is no agreed upon definition of a profession. For this study a working definition created by Cruess, Johnston, and Cruess (2004) was utilized that highlights critical features of a profession. They define a profession as follows:

An occupation whose core element is work based up the mastery of a complex body of knowledge and skills. It is a vocation in which knowledge of some department of science or learning or the practice of an art founded upon it is used in the service of others. Its members are governed by codes of ethics and profess a commitment to competence, integrity and morality, altruism, and the promotion of the public good within their domain. These commitments form the basis of a social contract between a profession and a society, which in turn grants the profession a monopoly over the use of its knowledge base, the right to considerable autonomy in practice and the privilege of self-regulation. Professions and their members are accountable to those served and to society. (p. 75)

## **Professional Association Commitment**

The definition of professional association commitment is based on the work of Allen & Meyer (1990) on organizational commitment. In their work, Allen and Meyer break down commitment into three parts: affective, normative, and continuance. Affective commitment refers to a strong affinity for an organization, continuance commitment to a commitment resulting from perceived cost of leaving the organization, and normative commitment as an obligation to remain in the organization (Meyer, Allen, & Smith, 1993). Therefore, current and

potential professional association members “with strong affective commitment remain because they want to, those with strong continuance commitment because they need to, and those with strong normative commitment because they feel they ought to do so” (Allen & Meyer, 1990, p. 3).

### **Professional Identity**

Professional identity has been defined in many ways. More often than not, definitions of professional identity describe what it does or how it is developed rather than what it is. A definition of professional identity was created for this study based on social identity theory that borrows heavily from a previous definition of organizational identity (Bhattacharya, Rao, & Glynn, 1995). Professional identity is defined in this study as a specific form of social identity in which a person defines him or herself by membership in an occupation believed to approximate that of a profession.

### **Professionalism**

The definition of professionalism developed for this study is the enactment of shared norms and values held within a particular profession. Some norms and values are likely to be shared across professions while others will vary (Hall, 1968).

### **Professionalization**

Professionalization is the approximation of an occupation to the ideal profession. The degree of professionalization can, and has, been measured in several ways. Regardless of the variations in how professionalization has been measured, possession of a body of esoteric knowledge and a strongly held service ideal are considered to be foundational to any measure of professionalization that is not based solely on the acquisition of power.

## **Rehabilitation Counseling**

Rehabilitation counseling is “a systematic process which assists persons with physical, mental, developmental, cognitive, and emotional disabilities to achieve their personal, career, and independent living goals in the most integrated setting possible through the application of the counseling process. The counseling process involves communication, goal setting, and beneficial growth or change through self-advocacy, psychological, vocational, social, and behavioral interventions” (CRCC, 1994).



## **Chapter 2**

### **Literature Review**

This chapter presents the rationale for an empirical analysis of professional association membership using social identity and social exchange theories for a conceptual framework. Membership in many professional associations has declined over the last several years (Bauman, 2008); this has been the trend in rehabilitation counseling professional associations for approximately three decades. Yet, few published empirical studies have been conducted on professional association membership in rehabilitation counseling or in other disciplines (Ross, 2009). Of existing studies, the majority use social exchange theory as the framework for understanding membership decisions. This approach places emphasis on the self-interested motives for joining a professional association resulting from an advantageous cost-benefit ratio. Social identity theory offers an additional explanation for professional association membership in which group identification with a discipline results in an expansion of self-interest that can lead to membership. Propositions from both social exchange theory and social identity theory were tested in this study in relation to professional association membership and association commitment. The potential influence of academic and employer institutions, colleagues, and participant demographics were also considered.

The review of the literature comprising Chapter II is organized into four sections: (a) professions and professionalization; (b) professional associations; (c) theoretical explanations for professional association membership; and (d) other influences on professional association membership, with emphasis placed on the influence of graduate training and employing organizations.

## **Professions and Professionalization**

Professions play a uniquely important role in society, providing many of the bedrock services of society (Freidson, 2001; Greenwood, 1957; Parsons, 1939; Volti, 2008). Professions are a form of occupation that has obtained an elevated status in society, set apart from other occupations (VanZandt, 1990). Given that professions are associated with greater prestige, increased authority, higher incomes, and more dependable job tenure (Goode, 1957; Irons, 1989; Obermann, 1962), it is not surprising that many occupations seek professional status (Etzioni, 1969; Hughes, 1963; Noordegraaf, 2007; Randall & Kindiak, 2008; Wilensky, 1964). However, much disagreement exists regarding the process of moving from occupation to profession and regarding the characteristics of a “true” profession (Abbott, 1988; Freidson, 1986; Hatch, 1988; Randall & Kindiak, 2008; Roth, 1974). The term *profession* has evolved into an occupational catchall, used liberally to describe many occupations and activities (Wilensky, 1964). Still, despite a lack of consensus, the study of professional associations is aided by some common understanding of what a profession is. Thus, a working definition created by Cruess, Johnston, and Cruess (2004), is used for this study. They define profession as follows:

An occupation whose core element is work based upon the mastery of a complex body of knowledge and skills. It is a vocation in which knowledge of some department of science or learning or the practice of an art founded upon it is used in the service of others. Its members are governed by codes of ethics and profess a commitment to competence, integrity and morality, altruism, and the promotion of the public good within their domain. These commitments form the basis of a social contract between a profession and a society, which in turn grants the profession a monopoly over the use of its knowledge base, the right to

considerable autonomy in practice and the privilege of self-regulation. Professions and their members are accountable to those served and to society. (p. 75)

Cruess et al.'s (2004) definition provides a conceptualization of what a professions is, including a description of the core characteristics of individuals who cause the profession to exist. This definition, as with most any definition of professions, does not allow for a simple dichotomy between professions and non-professions; rather, professional status is a matter of degree (Cullen, 1978; Moore, 1970). On the continuum of professionalization, no occupation mirrors fully the ideal qualities of a profession and few occupations are void of all (Brubaker, 1977).

In turn for “acting professionally,” society often endows an occupation with increased autonomy and the privilege of self-regulation by granting it professional status. Indeed, this autonomy is one of the qualities distinguishing professions from other occupations. With the added measure of autonomy, occupations have greater control over who provides services, over what services are provided, and in establishing a minimum level of service quality (Brubaker, 1981; Hughes, 1963; Moore, 1970; Leahy & Szymanski, 1995; Obermann, 1962; Smits & Ledbetter, 1979; Wilensky, 1964). Two attributes of a profession, or indicators of whether an occupation is acting professionally (both in the working definition provided), offer justification for the increased autonomy. These attributes are (a) a mastery of a complex body of knowledge and skills and (b) a strongly held service ideal. A brief description of these two hallmark attributes follows.

The mastery of a complex body of knowledge and skills, mastery that requires an extended amount of formal training, has long been ascribed as an essential aspect of professionalization (Cullen, 1978; Hughes, 1963; MacDonald, 1995; Parsons, 1939). The

knowledge and skill held by professionals are commonly assumed to be beyond the objective evaluation of individuals outside the profession, making it difficult for the consumer to adequately judge the quality of services (Dingwall, 2008; Freidson, 2001; Goode, 1957; Gross, 1964; Moore, 1970; Randall & Kindiak, 2008). Giving increased autonomy to self-regulate and police service standards removes the difficulties associated with forming external parties to oversee tasks too complicated for accurate evaluation. However, possessing a body of esoteric knowledge does nothing to safeguard the public from professional abuses of power. Thus, enters the need for a strongly held service ideal.

Only occupations demonstrating they are “uniquely trustworthy” tend to be ascribed professional status by society (Wilensky, 1964, p. 138). This level of trust is created when a profession (aggregate demonstration of individual professionals) demonstrates concern for consumer and society as a whole. Such loyalty to society is believed to be created in the professions by maintaining a strongly held service ideal. A profession characterized by a service ideal is keenly aware of the needs and interests of consumers and the greater society. Further, professionals must be willing to place the needs and interests of consumer and society above their own when the two conflict (Dingwall, 2008; Goode, 1957; 1969; Hatch, 1988; Moore, 1970; Reinders, 2008; Sussman, Haug, & Krupnick, 1966; Wilensky, 1964).

A service ideal remains central to the occupational claim for professional status (Barber, 1963; Hughes, 1963; Kraus, 1965; Parsons, 1939; Toren, 1969; Weisman, 1984). Responsible self-regulation is most tenable when professionals’ use of esoteric knowledge and skills is guided by a strong service ideal. Without a service ideal the social contract between society and profession is ripe for abuse that might be difficult to detect by individuals outside of the profession. However, despite the argued importance of a service ideal in maintaining the

relationship between society and professions, the actual existence of a service ideal in the professions has been questioned. Many have argued the service ideal to be overstated (e.g., Gartner & Riessman, 1972; Haug & Sussman, 1971) or a façade that is set forth in order to mask selfish motives (e.g., Larson, 1977; Roth, 1974; Sanders & Lyon, 1976). Trust in the altruistic nature of professionals appears to have broken down in the 1960s and 1970s (Freidson, 1986; Hatch, 1988). Skepticism regarding the service ideal has continued to increase in an age of consumerism; cost containment; and neoliberal managerialism, with its accompanying emphasis on consumer choice and efficiency of service provision (Hawley & Capshaw, 1981; Martin, 2007b; Reinders, 2008), requiring the argument against the existence of a service ideal to be considered more fully.

Skeptics of a service ideal in the professions most commonly point to the selfish behaviors of individual professionals and the high wages of many professionals as arguments against the existence of a service ideal. However, this line of argument does not disprove the existence of a service ideal. Although there are certainly a few individuals in every profession lacking the service ideal espoused by professionals, rehabilitation included (Kuehn, 2004), these cases do not preclude the existence of a generally shared group value (Noordegraaf, 2007). The second argument against a service ideal in professions is the high wages associated with many professions. Although not without its counterarguments, this criticism can be reserved for “guilty” parties. Among disciplines serving historically marginalized populations, such as rehabilitation counseling, temporal rewards are relatively low.

Perhaps arguments against the existence of a service ideal should not be surprising since, as stated by Freidson (2001), “The assumption that economic self-interest dominates human motivation has a powerful appeal” (p. 200). Although one may be skeptical of a service ideal in

the professions, societies' belief in a service ideal seems apparent in many professional interactions (e.g., the counseling relationship, surgery, legal defense). It is difficult to imagine many professional services being initiated between strangers unless a motivation beyond pure self-interest is assumed. If selfish motives ever characterized a profession, then it would be wise to reduce the autonomy afforded that profession; however, it is assumed this is not the case for the discipline of rehabilitation counseling or the majority of professions. Nonetheless, skepticism regarding the service ideal appears to have influenced professional association membership research and design, as will be shown later.

### **Professionalization of Rehabilitation Counseling**

Rehabilitation counseling has pursued a unique course to professionalization. Passage of the 1954 Vocational Rehabilitation Amendments marked a critical point in rehabilitation counseling's professionalization by providing grant support to universities and colleges for graduate training programs in rehabilitation counseling (Leahy, 2002; Peterson & Aguiar, 2004). This legislation greatly expanded graduate training of rehabilitation counselors and affirmed the societal value of rehabilitation counseling services (Mulkey, Draksler, & Winslow, 2008). A little more than a decade after the passage of the 1954 Amendments, rehabilitation counseling was appraised as a marginal profession by some (Brubaker, 1977; Kraus, 1965; Lynch & McSweeney, 1981; Sussman et al., 1965) and, more optimistically, as an emerging and growing profession by others (Emener & Cottone, 1989; Usdane, 1963; Wright, 1980). Marginal or emerging, rehabilitation counseling was deemed to be a discipline closely approximating a profession in multiple areas.

After many years of growth and change, rehabilitation counseling remains strong in many areas of professionalization. Indeed, it has become common practice within the rehabilitation

counseling literature for the discipline to be described as a profession without including rationalizations for its professional status (e.g., Leahy, Muenzen, Saunders, & Strauser, 2009; McMahon, 2009; Patterson, 2009; Shaw et al., 2006). From the working definition of a profession provided earlier, it can be observed that rehabilitation counseling possesses a well defined body of knowledge and skills (Leahy, Chan, & Saunders, 2003; Leahy et al., 2009), and that the discipline's knowledge and skills are used in the service of others (CRCC, 1994; Mulkey, Draksler, & Winslow, 2008). Rehabilitation counseling also has a well established code of ethics (Tarvydas & Cottone, 2000; Tarvydas, Cottone, & Saunders, 2010) and a process for certification (Saunders, Barros-Bailey, Chapman, & Nunuez, 2009)<sup>1</sup>. Yet, professionalization is never complete nor is it static. Rehabilitation counseling, like nearly all occupations achieving some measure of professional status, is not without its troubles in a time of professional decline (Randall & Kindiak, 2008).

Professionalization issues in rehabilitation counseling include challenges surrounding organizational alignment to a definition of the discipline (Leahy, 2004; Leahy & Tarvydas, 2001; McMahon, 2009; Patterson, 2009; Stebnicki, 2009), poor awareness of what rehabilitation counseling is or does (Mulkey, Draksler, & Winslow, 2008), difficulties gaining access to licensure (Tarvydas & Leahy, 1993; Tarvydas, Leahy, & Zanskas, 2009) and other salient concerns (see for example, Irons, 1989; Shaw et al., 2006; Benshoff, Robertson, Davis, & Koch,

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<sup>1</sup> A code of ethics and certification process are not only milestones of professionalization but also perpetuate the norms and values of a profession. Codes of ethics have been argued to be “the primary tool that create the service orientation, self-discipline, and peer-discipline necessary to maintain the struggle for such noble ideals” (Hawley & Capshaw, 1981, p. 301). A code of ethics, certification process, scope of practice, and academic accreditation, have each been argued to support good moral character and the service orientation characteristic in the professions (Leahy, 2004; Milsom & Akos, 2005).

2008). Although professions are often spoken of as standalone institutions, they are not. Professions are not created or maintained out of chaos. To adequately comprehend a profession, it may be helpful to view it within a professional system. This system includes (a) the profession, which is a group of individuals sharing a common knowledge, skills, and values, (b), regulatory bodies, intended to maintain standards of quality in training and service provision, and (c) professional associations. Professional associations play a uniquely separate role in the professional system. As the primary structure for bringing professionals together and uniting around shared interests, professional associations play a critical role in the professionalization and maintenance of an occupation. The next section is focused on the important role of professional associations in professions and the importance of membership to associations.

### **Professional Associations**

Professional associations are non-profit organizations tasked with representing and carrying out the interests of a profession (Goode, 1957, Sussman et al., 1965; Sweeney, 1995; Tarvydas et al., 2009). As such, professional associations can be viewed as instruments of the members in meeting the goals of the profession (Miller & Chorn, 1969). Associations also “provide an organizational home for individuals with similar professional identities, interests, and backgrounds, who are committed to the further development and refinement of the profession” (Leahy, 2004, p. 157).

Professional associations are a primary influence in the professionalization process (Heinemann, Frank, Scarpelli, & Jacobsen, 1986; Rollins et al., 1999; Sussman et al., 1965; 1966). Although the process of professionalization varies between occupations, there is general consensus that the formation of a professional association is an essential step for any occupation seeking professional status (Caplow, 1954; Carr-Saunders & Wilson, 1933; Neal & Morgan,



2000; Wilensky, 1964). One reason associations are critical to professionalization is the services they provide. Professional associations provide a source for professional-definition (Bucher & Strauss, 1961; Tarvydas & Leahy, 1993; Yeager, 1981), increased public awareness (English, 1940; Goode, 1969; Patterson, 2009), and play a critical role in securing a discipline's right to practice (Noordegraaf, 2007; Tarvydas et al., 2009). The functions of a professional association also includes creating ethical codes of practice (Moore, 1970; Tarvydas & Cottone, 2000), facilitating skill development through training and continuing learning (Karseth & Nerland, 2007; Leahy, 2002), setting standards for education and practice (Sussman et al., 1965), unifying political action (Rieger & Moore, 2002), and providing a general forum for intra-professional communication, thereby fostering the development of community that is based on shared interests, norms, and values (Greenwood, Suddaby, & Hinings, 2002; Hovekamp; 1997; Leahy, 2004; Moore, 1970; Rieger & Moore, 2002; Wright, 1974). As a critical part of the professional system, it is hard to picture a profession without also picturing the professional associations that represent it (Emener, 1986; Leahy, Rak, & Zanskas, 2009).

### **Importance of Membership to Professional Associations**

The viability of a professional association can largely be measured by the number of professionals who join and participate (Patterson & Pointer, 2007; Brabham, 1988; Mills, 1980; Oliverio, 1979; Whitten, 1961). Professional associations survive through membership and thrive through active membership (Allan, 1963). Active membership is so important because professional associations, as with many volunteer organizations, obtain much of their value through the coproduction of their members (Gruen et al., 2000; Williams, 1977). Large professional associations create a greater value to members internally while also providing a critical resource for representation externally. However, the goals of professional association

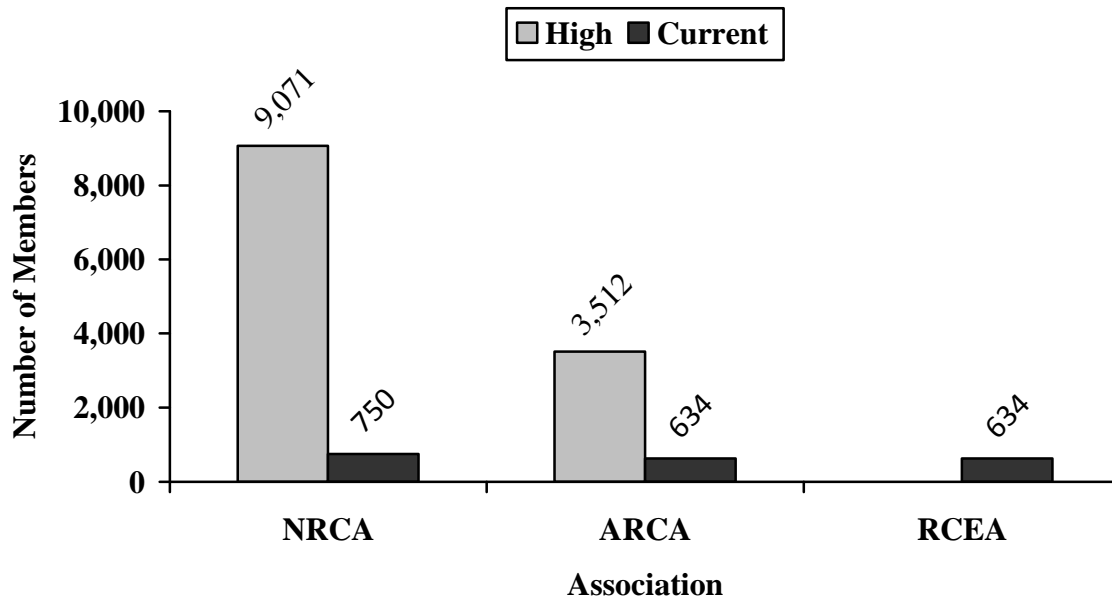
membership are not fully captured in efforts to gain as many members as possible, but rather, in Merton's terms (1958), to achieve a "completeness" of membership. Completion of membership refers to the percentage of potential members who hold membership. By enlisting a high percentage of potential members, professional associations are better equipped for representing the needs and interests of the individuals and groups they serve (Moore, 1970). Achieving completeness of membership has been a challenge for associations across disciplines; professional associations have struggled over the last few decades both in efforts to gain new members and keep existing members (Alotaibi, 2007; Bauman, 2008; Emener, 1986; Yeager, 1981; 1983; Yeager & Kline, 1983).

### **Membership in Rehabilitation Counseling Professional Associations**

The history of professional associations in the discipline of rehabilitation counseling formally began in the late 1950s with the organization of the National Rehabilitation Counseling Association (NRCA) and the American Rehabilitation Counseling Association (ARCA). The ARCA exists under the parent organization of the American Counseling Association (ACA) and the NRCA existed under the parent organization of the National Rehabilitation Association (NRA) until 2005 when it broke off from the NRA. Shortly after the break-off of the NRCA, the Rehabilitation Counselors and Educators Association (RCEA) was created under NRA. It could be argued that these three professional associations represent the discipline of rehabilitation counseling most directly, even though others such as the International Association of Rehabilitation Professionals (IARP), American Board of Vocational Experts, and NRA are also intricately connected to the discipline. Historically, state-federal rehabilitation counselors affiliated primarily with the NRCA and those outside of the state-federal system split between the ARCA and the NRCA (Allan, 1967; Emener, 1986; Hanson, 1970; Irons, 1989; Jaques,

1959; Sales, 1986; Sussman et al. 1965). Leadership of the ARCA and the NRCA have been even more split, state-federal administrators leading the NRCA (Allan, 1967) and rehabilitation counselor educators leading the ARCA (Jaques, 1967); ARCA membership, in general, has included a higher proportion of academics (Cook, 1990; Trotter & Kozochowicz, 1970). ARCA and NRCA particularly have done much to help advance the causes of persons with disabilities as well as the discipline of rehabilitation counseling since the first steps toward professionalization. The growth and peak of rehabilitation professional associations in the late 1960s and early 1970s was a time the associations influenced much of the disciplines growth and progress. Yet, membership in rehabilitation counseling professional associations is currently in steady decline. The decline of association membership, experienced since the 1970s, has been a continuous concern for the discipline (Bain, 1977; Emener, 1986; Oliverio, 1980a; Shaw et al., 2006).

Figure 1 provides a comparison of total current membership with membership highs for NRCA and ARCA and illustrates the sharp losses experienced by each association. Combined membership of ARCA, NRCA, and RCEA is at just over 2,000 members before accounting for anyone holding multiple memberships. The difference in membership reflects difficulties in attracting members and in keeping them (Oliverio, 1980a). Complicating the trend of declining membership is the fact that rehabilitation counseling is a growing discipline, with the number of CRCs (n=16,115) continuing to increase (personal communication with CRCC, July, 2010). Using the total of 16,115 CRCs, the percentage of CRCs who are currently members of professional associations is somewhere between 5-13%, depending on the percentage of multiple membership. Thus, rehabilitation counseling professional association membership is a concern both in terms of overall size and in the level of membership completeness.



*Figure 1.* Historical membership data showing highest membership for each association in relation to current membership for each association. RCEA is too recent to report a meaningful high mark. The highest known membership numbers for NRCA occurred in 1975 and for ARCA occurred in 1979.

Membership losses specific to rehabilitation counseling professional associations have sometimes been attributed to expansive changes, including: CRCC dropping the requirement for professional association membership in order to be certified (Tarvydas & Leahy, 1993), policy changes regarding who can vote or participate (Whitten, 1975a), the enactment of legislation that strains professionalization processes (Martin, 2007b; Sales, 1986), the break-off of specialized groups to align with different parent groups or to function independently (e.g., the break-off of the National Association of Disability Examiners, the Council of State Administrators of Vocational Rehabilitation, the National Council on Rehabilitation Education (NCRE), and NRCA from NRA, Sales, 1986), and the retirement of leadership (Patterson & Pointer, 2007). At other times, the apparent loss of membership has resulted from exaggerated membership reports, duplication of membership within associations (in the days before computer databases)

or the practice of including dignitaries in associations at no cost (Sales, 1986). Other changes are believed to affect membership in professional associations more subtly; these changes might include an employing organization reducing support for association membership or participation (Jaques, 1967; Patterson & Pointer, 2007; Sales, 1986) or a growing complacency among members resulting from the assumption that continued effort was not necessary for maintaining current levels of professionalization (Whitten, 1971). The decline of membership so common across professional associations is complicated by (a) a growth in the number of professional associations representing a single profession, which has been argued to cause confusion and drive up perceived costs (Brubaker, 1981; Yeager, 1981); (b) the aging out of baby-boomers from the workforce (Flanagan, 1992; Patterson & Pointer, 2007); and (c) a number of larger trends affecting professional association membership (e.g., the influence of the internet, a trend toward specialization, and closer political scrutiny of associations, Martin, 2007a; 2007b). Despite a multitude of explanations for declining membership, most are anecdotal in nature. After a review of the literature, plausible theories for explaining membership behavior were selected for research design and for testing. A consideration of the theoretical framework for this study follows.

### **Theoretical Explanations for Professional Association Membership**

Reasons for the continued decline of the professional associations in rehabilitation counseling are no doubt many and complex, leading many leaders in rehabilitation counseling to ask, “what motivates membership?” (Oliverio, 1980b). Yet, motives for association affiliation are still largely unknown (Knoke, 1986). Values said to characterize professions provide potential insights. Associations provide the mechanism for meeting goals of the profession; however, as previously stated, the interests of a profession are unique in that they include selfish

motives and motives to serve the greater society, particularly the consumer (Bosanac & Jacobs, 2006; MacPherson, Kouritzen, & Kim, 2005; Merton, 1958; Yeager, 1981). A strongly held service ideal is argued as the mechanism that helps to maintain this balance of self and other interest. Close consideration of association recruitment efforts suggest that appeal to self interest is the most common recruitment tool (e.g., emphasis on benefits or reasonable costs); however, other recruitment efforts, especially in times past, emphasized professional duties or a call to serve. These two forms of recruitment appear to be in harmony with the combination of self and other motives argued to exist in professions. However, the majority of research on professional association membership focuses solely on self interest and the benefits that might entice membership. It is possible that motives for professional association membership are multifaceted. In exchange theory, an explanation for self-interested behavior relating to professional association membership is provided, and in identity theory an alternative explanation focusing on group-interests and internalization of group norms and values is provided. These two theories are described and considered in relation to the study of professional association membership.

### **Social Exchange Theory**

Social exchange theory gained notoriety in the late 1950s to mid 1960s with works by George Homans (1958), John Thibaut, Harold Kelly (1959), and Peter Blau (1964). Although different in many respects, each theory shared basic assumptions contributing to the development of a broad social exchange framework. In this framework, the costs and benefits involved in an exchange take on primary focus. Resources included within the social exchange framework can include anything from symbolic goods (e.g., appreciation, status, etc.) to material goods (Blau, 1964; Cropanzano & Mitchell, 2005). The foundational proposition of social exchange theory is

that both giver and receiver must feel adequately compensated in order for an exchange to occur; benefits are considered in relation to costs. The more benefits outweigh related costs, the greater the probability of an exchange (Blau, 1964; Browne, 1976; Cook & Rice, 2003; Molm, 2006). Mancur Olson (1965, reprinted in 1971) was among the early theorists of social exchange theory. In his theory on the logic of collective action, Olson explained group membership from an economic exchange perspective. Because membership studies have been framed around Olson's theory, it takes on particular importance among exchange theories. A brief explanation of this theory follows.

Prior to Olson's work on collective action it was generally assumed that people join interest groups for the pursuit of group goals (Oliver, 1993). Olson, using exchange theory as his platform for theory building, argued that rational individuals join large interest groups to obtain individual benefits, rather than to pursue group goals (Moe, 1981). Further, Olson argued only private benefits, benefits that can only be obtained through membership, motivate individuals to join and stay (Olson, 1971, private benefits are referred to as non-collective benefits in Olson's work). Public benefits, in contrast, cannot be excluded from consumption "regardless of the level of an individual's contribution towards the provision of that good" (Knoke, 1986, p. 5). Olson's argued it would be irrational to pay membership fees for benefits not requiring membership for consumption. Thus, according to Olson, activities such as advocacy, standard keeping, and promoting public awareness would not attract membership because these efforts benefit all professionals, member or not (Olson, 1971; Browne, 1976). According to Olson, benefits seemingly aimed at the public good are nothing more than a by-product of members' rationally selfish pursuit of private goods in an economic exchange (Knoke, 1986; Olson, 1971).

All major theories making up the social exchange framework assume individuals are, to some degree, motivated by a desire to maximize utility; actors (individuals or groups acting as a single entity) being “self-interested entities whose behavior is motivated by the need or desire to obtain valued benefits” (Molm, 2006, p.26). Focus on self-interest is particularly true of the economic social exchange theories, including Olson’s theory of on the logic of collective action. Indeed, in Olson’s theory, self-interested motives are not just the primary explanation, but the sole explanation for group behavior (Browne, 1976; Browne, 1977; Heath, 1976; Moe, 1981; Olson, 1971; Salisbury, 1969). This belief that people strive to obtain their own self-interest is more descriptively referred to in economics as the selfishness of preference assumption (Olson, 1965; Robison & Ritchie, 2010). Olson (1971) contended that among interest groups, factors other than self-interest (e.g., moral values, a sense of duty, etc.) are too rare for consideration and therefore, individual choices running counter to self interest are irrational. In fairness, later theory building in relation to collective action and exchange theory maintain a broader conceptualization of individual motives (Emerson, 1976; Molm, 2006; Oliver, 1993); yet, because these alterations did not always find their way into the professional association research utilizing these theories, implications of this assumption are revisited in the discussion of membership research.

**Research using social exchange theory.** Of the few empirical studies conducted on professional associations membership, exchange theory, by far, has been the most commonly applied theory (e.g., Alotaibi, 2007; Bauman, 2008; DeLeskey, 2003; Rapp & Collins, 1999; Yeager, 1981; 1983; Yeager & Kline, 1983). The genesis of professional association membership research can be traced back to research and theory based on interest groups, which includes but is not limited to professional associations. Empirical studies testing Olson’s theory



with interest groups have produced mixed results, some appearing to support his premise that private benefits alone entice membership in interest groups (e.g., Browne, 1976, 1977), while others did not (e.g., Marsh, 1976; see Knoke, 1986 for a more complete review of interest group research testing Olson's theory). However, research testing Olson's logic of collective action based interest groups other than professional associations must be applied to the associations with caution due to the unique qualities suspected to exist in professional associations. Olson concurred that his theory may not apply to philanthropic groups not sharing the same focus on maximizing individual gain (Olson, 1971); however, it is apparent from the inclusion of professional associations in his theoretical argument that professional associations were not exempt based on this criterion. Olson's theory of collective action was soon applied as the primary theoretical explanation for professional association membership, and initial studies were conducted under the assumption that motives of professionals joining professional associations are no different than those of individuals joining non-professional interest groups (Yeager, 1981, 1983). A discussion of professional association research utilizing social exchange theory follows.

The first published studies on professional association membership were conducted by Samuel J. Yeager and associates using Olson's theory for a framework (Yeager, 1981; Yeager, 1983; Yeager & Kline, 1983). His studies, conducted with government workers (Yeager, 1981) and nurses (Yeager, 1983; Yeager & Kline, 1983) were designed to test whether perceived importance of public and private professional association benefits differed between members and nonmembers. In his first published study (Yeager, 1981), 60 benefits of association membership were reduced to 12 components using principle component analysis (PCA), accounting for 63% of the total variance. Components were labeled according to the items that loaded highest on

each factor as follows: esteem/recognition, change of pace, development of profession, personal development, tangible benefits, work related information, political activity, social benefits, meetings and programs, information about other organizations, demonstrations, and pressure to join. Of these 12 components, four (social benefits, meetings and programs, and two other unnamed components) were deemed private benefits capable of influencing membership, and of these four components, two (social benefits and meetings and programs) were shown to be valued significantly more by members than non-members,  $p < .01$ . No statistically significant differences existed between members and nonmembers on the remaining eight components. Although not addressed in the article in relation to exchange theory, it is worth noting that, among current members, mean importance of benefits for the two statistically different components was at the neutral point for one and below the neutral point for the other.

Yeager and associates (Yeager, 1983; Yeager and Kline, 1983) then created a 27-item survey for studying professional association membership. Six components were obtained from the 27 items in both studies by using PCA; these were labeled as follows: professional programs, social benefits, monetary benefits, improvement of the profession, personal development, and membership benefits. In both Yeager (1983) and Yeager and Kline (1983), four (professional programs, social benefits, personal development, and membership benefits) of the six components were predicted to be valued more by membership because they included private benefits. In Yeager (1983), three of the four components were more valued by members than non-members,  $p < .05$ ; these were professional programs, social benefits, and membership benefits. Unlike in the previous study (Yeager, 1981), one of the two components argued to contain public benefits (improvement of the profession) was also more valued by members than non-members,  $p < .01$ . In Yeager & Kline (1983), all four of the components said to include

private benefits were more valued by members than non-members,  $p < .05$ , and neither of the public benefits showed significant differences between members and nonmembers.

Results from Yeager's studies were generally supportive of the relationships predicted by Olson's theory, namely that private benefits would be more valued by members than nonmembers. His early research takes on added importance because many researchers continue to utilize Yeager's basic framework and instruments (e.g., Alotaibi, 2007; DeLeskey, 2003; Rapp & Collins, 1999; Ross, 2009); DeLeskey reported that Yeager's 27-item instrument has been utilized over 50 times. Because of the continuing influence of Yeager's work, a critical consideration of instrumentation and interpretation results is in order. Review of limitations found in work from the early 1980s is intended to provide insight for current research rather than to tear down what were initial advances in the consideration of association membership. Limitations related to design, analysis, and interpretation follow.

First, concerns related to the content validity of instrument items are discussed. Difficulty arises in testing Olson's theory from the fact that items for both of Yeager's instruments were created from a search of the literature and from asking a panel of individuals to describe reasons important for joining an association. Asking for reasons to join can result in a larger number of items than only asking for benefits provided by professional associations that provide a reason to join; the latter being more suited to the use of exchange theory. The result of this line of questioning were reasons such as fun, something new, and happiness; items impossible to categorize as public or private benefits because they are, if anything, byproducts of the benefits associations provide. Beyond the goal of being true to exchange theory, these types of items provide little information for application even if differences exist. If happiness were more valued by members than nonmembers it would still provide no additional understanding

about why happiness resulted from membership. To provide a more accurate instrument in line with exchange theory, Yeager would have done well to restrict instrument items to those goods or services professional associations are purposively in the business of providing (Collins, 2001; 2005, Martin, 2007b).

A second concern in Yeager's study is based on the statistical analysis conducted and its effect on interpretability. A principal component analysis (PCA) was conducted in each of Yeager's studies in order to group similar items. The problem of doing a PCA in this case is that the resulting components are empirically, rather than theoretically driven, and benefits, many of which appear to overlap in Yeager's studies, are assumed to be independent (Tabachnick & Fidell, 2007). Interpretation of resulting components in relation to the theory can often become difficult, if not impossible. No rationale for categorizing components as private or public was provided, and the combination of items was rarely clear in this regard. With a clear theoretical proposition to test, factor analysis may have been better for grouping items (Tabachnick & Fidell, 2007). Another option would have been to construct scales designed to measure public and private benefits separately and then confirming the reliability of each.

A third limitation in Yeager's studies exists in the interpretation of results when public benefits were valued more by members than nonmembers. First, Yeager explained the greater value of public benefits as a method of survival for professions that must *appear* to represent the interests of all professionals (Yeager, 1983). This is a case where concepts of the theory limited understanding due to exchange theory being "redefined and stretched to fit the facts" (Befu, 1977, p. 257). It seems very possible that other theoretical frameworks might be better equipped for explaining greater value being placed on public benefits than an economic exchange theory. Further, clouding real distinctions between self and other-interest may have served to reduce

consideration in the research of other motives for professional association membership. A fourth concern in Yeager's studies relating to exchange theory is that, in at least one study, expectations for benefits provided by professionals, for both members and non-members, were low (Yeager, 1981; mean scores of components were not reported in Yeager, 1983 or Yeager and Kline, 1983). According to exchange theory, if benefits are not valued by members or nonmembers, then consideration of which group values them less is not important, neither will join.

Fifth and finally, neither Yeager, nor any studies that have followed have considered benefits in relation to costs. The focus on only one or the other does not provide a realistic measure of an exchange. It is possible where differences did not exist between members and nonmembers in the importance of benefits, differences in cost would have aided explanation of behavior. This is why costs and benefits are best considered jointly to capture overall value.

Research studies that followed Yeager's often used his instrument but gave differing levels of attention to his original hypotheses based on Olson's theory. Whether benefits were public or private was generally ignored (Alotaibi, 2007; Rapp & Collins, 1999). Olson's belief that only private benefits entice membership was sometimes assumed in results without further empirical consideration (Delesky, 2003; Ross, 2009). Without interest in whether benefits were public or private, the 27 items that make up Yeager's instrument were considered individually. Whether private benefits provide sole motivation for professional association membership remains largely unresolved. Implications from research espousing a more general exchange approach will now be discussed.

In Delesky (2003) Yeager's 27-item instrument was expanded to 29 items and used with nurses who were either members (n=85) or former members (n=33) of a professional association. In a comparison of members and nonmembers, members only valued one item, "Improvement of

my Work,” significantly more than nonmembers. Although the authors conclude that the slight tendency of members mean scores to be higher than non-members mean scores supports exchange theory, the lack of statistically significant differences for the majority of items allows for some question as to whether importance of any benefits, public or private, explain the majority of membership decisions. In another study conducted with 104 Kuwaiti nurses, Yeager’s revised 29-item instrument was utilized with both members (n=34) and former members (n=70) (Alotaibi, 2007). Members mean scores were significantly higher on nine of the items (i.e., social activities, relief from boredom, fun, travel, improvement of health care, friendship, group benefit plans, and peer group contact) while former members means scores were significantly higher than members on five items (i.e., education programs, support, professionalism, and self improvement). However, not one of the 29 items in this study appeared to be valued by members or non-members leaving few implications from an exchange framework, with most mean scores below 1 on a 0 - 6 scale, 6 = *Very Important*. Again, with results showing benefits not being of great importance to members, other motives for membership seem likely to exist.

That is not to say that the economic exchange is of no importance. Other research approaches appear to confirm that cost-benefit does play a critical role in membership decisions. Cost constraints would, at some point, limit anyone from joining a professional association. In another study on professional association membership, occupational therapists were asked to list what they perceived to be a fair price for association dues. Members reported an average cost \$26.00 higher than those who had never been members and \$21.00 higher than former members (Ross, 2009). Further supporting the importance of the exchange, participants across studies have noted costs of membership act as a major hindrance to joining (Delesky, 2003; Kamm,

1997; Rapp & Collins, 1999; Skarlicki et al., 2000; Wright, 1974; Yeager & Kline, 1983).

Moreover, observable evidence of an exchange perspective is recognized among both potential members and association leadership. Among leaders, an exchange perspective is illustrated by efforts to find the right benefits for attracting membership and by efforts to limit costs (e.g., Lane, 2010; Oliverio, 1980b; Tourigny, Sales, & Organist, 1995); such efforts are often reactions to the call from members or potential members (Whitten, 1975b).

Membership questions reflecting an exchange perspective have been documented in rehabilitation counseling to include, “What does my association do for me?” (Mills, 1981), and “What do I really get out of it if I belong?” (Feinberg, 1973). It is only reasonable for a professional with limited resources to ask questions such as these, and it seems fair to conclude that, other things being equal, increasing the value of membership (either by increasing benefits, reducing costs, or both) increases the likelihood of professional association membership. However, as noted by Heath (1976) and alluded to in the exchange research, other things are rarely equal, and other motives beyond self-interest may increase our understanding of professional association membership. Social identity theory provides a promising explanation of motives for professional association membership extending beyond the assumption of selfish preferences.

### **Social Identity Theory**

Identity is an important aspect of the self that provides a sense of who we are and how to locate ourselves in relation to others (Jenkins, 2004; Owens, 2006). Further, identity influences both our beliefs and behaviors (Deaux & Martin, 2003), individuals being motivated towards plans and actions that “reinforce, support, and confirm their identities” (Burke & Reitzes, 1981, p. 84). Two main branches of an identity framework are, (a) identity theory with its focus on

self-categorization and role identity, and (b) social identity theory with a focus on depersonalization and group identity (Stets & Burke, 2000). Although identity theory and social identity theory were created separately, the theories run parallel to each other, providing both a micro and macro perspective for the formation and consequences of identity respectively (Hogg, Terry, & White, 1995; Stets & Burke, 2000). For the purposes of this study, primary focus is placed on social identity theory, however, due to their complementary nature, some concepts of identity theory are also applied (e.g., identity salience).

Social identity is defined as “that part of an individual’s self-concept which derives from his knowledge of his membership of a social group (or groups) together with the value and emotional significance attached to that membership” (Tajfel, 1981, p. 255). From this definition it is recognized that group membership provides an important context for self-definition (Ashforth & Mael, 1989; Chope, 2000; Deaux, Reid, Mizrahi, & Ethier, 1995; Hogg & Terry, 2001; Irons, 1989; Jenkins, 2004); fostering the extension of an individual’s self-concept (Hogg & Terry, 2001; Turner, 1982). When identifying with a group, people tend to view themselves in terms of the groups attributes (Hogg, 2006). This process of identifying or categorizing oneself with a group involves a process of depersonalization in which prototypical group characteristics are internalized and assumed as one’s own (Ashforth & Humphrey, 1993; Hogg & Terry, 2001). This depersonalization also causes individuals to experience a greater concern for all members of the group, as well as group interests (Hogg & Terry, 2001). Applied to professional association membership, it is possible that identification with a profession or discipline and the accompanying depersonalization may serve to broaden professionals’ interests to include others in the profession; thereby increasing the probability of supporting group goals through professional association membership. Additionally, certain group characteristics, the norms and



values that help define a group, could also motivate professional association membership for those closely identifying with a particular discipline. A discussion of the norms and values that support professional affiliation is next.

Group characteristics that are internalized with strong levels of group identification include a set of norms and values that help to consciously or subconsciously regulate beliefs and behaviors related to the group and its interests (Turner, 1982). All occupations maintain a set of norms and values that provide a sense of identity, but only some occupations are believed to be characterized by the distinct set of norms and values that make a profession (Etzioni, 1969; Hall, 1968). Two norms and values believed most likely to affect professional association membership are the direct valuing of professional association membership and a strong service ideal.

It is not surprising given professional associations critical role in maintaining a profession, that one of the norms and values held in professions is maintaining current professional association membership (Collison, 2001; Hickson, 2006; Leahy, 2004; MacPherson et al., 2005; Milsom & Akos, 2005; Szymanski, 1985; Vacc & Loesch, 2000). McMahon's (2009) statement directed to rehabilitation counselors, "Counselors, join a professional organization. This is what real professionals do...", (p. 122) reflects the intensity of this norm in professional groups. It stands to reason that as a professional comes to identify with a profession, the internalization of this norm and value would directly influence membership behaviors. The service ideal, spoken of previously, is another professional norm and value that has potential to influence professional association membership decisions. A professional who internalizes a strong service ideal may be more motivated to seek out professional association

affiliation in acknowledgement that it is through association(s) that many service oriented goals can be met.

In summary, at least three identification processes explain motives for professional association membership, namely, depersonalization resulting in a greater concern for group goals, an internalized norm of association membership, and an internalized norm of service. In comparison of the two theories described, where Olson (1971) proposed only private benefits would entice membership, depersonalization and the internalization of professional norms and values suggest public benefits and the pursuit of group interests may entice membership. Because identification are believed to be less affected by the importance of benefits, identity theory provides a plausible explanation for membership in a professional association when few if any benefits are perceived to be of any value, as has been found in some studies (Alotaibi, 2007).

**Professional identity.** Social identity theory provides a possible explanation for professional association membership, however, if synonymous with group membership, then it stands to reason that the majority of persons identifying as rehabilitation counselors would be members of their associations. It is important to recognize that being part of a discipline or even being a member of a professional association does not automatically result in the internalization of group norms and values. Members of a profession differ in levels of emotional significance or value they place on their group membership or, in other words, their level of identification with a profession (Tajfel & Turner, 1979). Only when individuals strongly identify with an occupation espousing the norms and values of a profession would it be likely for group characteristics to be internalized and depersonalization to occur. Thus, increases in identity with a profession would result in increased probability of an identities enactment (Owens, 2006), including association

membership. The measure of an individual's level of identification with a group is often described as identity salience. In addition to providing a rationale for the influence of social identity on professional association membership, the conversation about identifying with a profession provides a foundation for defining professional identity. In the remainder of this section a definition for professional identity based on social identity theory is provided, then the importance of professional identity for professional association membership discussed.

Professional identity has been argued, for some, to provide a more pervasive and important reference for self-definition than "ascribed identities based on gender, age, ethnicity, race, or nationality" (Hogg & Terry, 2001, p. 2). Yet, despite regular use of the term, professional identity is rarely defined. When definitions for professional identity are provided, emphasis is often placed on what a person with a salient professional identity does, on how professional identity might develop, or on a shared description of a discipline, rather than describe what professional identity is. Professional identity is defined for this study as a specific form of social identity in which a person defines him or herself by membership in an occupation approximating a profession. This definition of professional identity adheres closely to previously used definitions of organizational identity (Bhattacharya, Rao, & Glynn, 1995). In line with this definition, MacPherson (2005) spoke of the developing professional identity as a process that requires a transformation of one's identity into the "ethos of the profession". Whether professional identity is viewed as requiring a transformation of the self, an expansion of the self, or both, social identity theory provides a foundation for defining professional identity as well as an explanation for how this identity might be developed.

Based on the definition of professional identity, professionalism can be defined as the enactment of the ideal norms and values held by a profession. An individual noted to be acting

professionally is likely to be acting within the norms and values established by a particular profession. Thus, active membership in professional associations is “a primary way for professional counselors to exhibit professionalism” (Vacc & Loesch, 2000, p. 295). As defined, professionalism would be expected to increase with increases in an individual’s professional identity salience. This connection of professional behavior with a profession identity is often assumed, as in statements such as “professional identity implies responsibility” (Szymanski, 1985, p. 4), and “A large part of professional identity and commitment to the discipline is evidenced by the concept of professionalism” (Milsom & Akos, 2005).

To summarize, professional identity offers at least three potential explanations for membership in professional associations: (a) increased concern for the group resulting from depersonalization, (b) the direct valuing of professional association membership by professions, and (c) the valuing of a service ideal that may encourage professional affiliation as a mechanism for furthering the profession and improving services. Professional identity has only been considered in relation to professional associations in a small number of studies, less even than exchange theory. Because of the limited number of membership studies using any theory other than exchange theory, research using social identity theory is considered together with research using other theories.

**Research using social identity theory and other theories.** In addition to social identity studies using social identity theory (e.g., Bauman, 2008; Heinemann et al., 1986; Skarlicki et al., 2000), professional association membership has been studied using organizational justice theory (Bauman, 2008; Skarlicki et al., 2000), social cognitive theory (Bauman, 2008; Skarlicki et al., 2000), and Herzberg’s motivational theory (White & Olson, 2004). First to be covered are

studies using social identity theory. In a discussion of these studies, it is necessary to describe the manner in which terms related to identity were defined, as definitions vary.

One of the first attempts to consider factors without using an exchange theory framework, and a precursor to more formal studies on professional identity, came from Samuel J. Yeager (1985); the same who first introduced exchange theory to measure professional affiliation and whose instrument based on exchange theory is still in common use. In this study he did not apply a theoretical framework, but instead sought to create a predictive model for association membership utilizing several demographics and a measure of whether professionals believed they should belong to and support their professional associations. Results showed a belief in the necessity to join and to support a professional association were predictive of professional association membership at the  $p < .001$  level. Although this result falls short of proving depersonalization or internalization processes, Yeager's study represents initial efforts to measure a motive for professional association membership other than self interest.

Heinemann et al. (1986) predicted that, among rehabilitation counselors ( $n = 87$ ) affiliated with the Indiana Rehabilitation Association, a salient professional identity would correlate with a greater commitment to future involvement in professional associations. The two items used to measure professional identity were "I have a strong commitment to my profession," and "The collegiality of my profession is important". The first item regarding commitment is noticeably different from item two, which aligns more closely with professional identity as defined in this study. It is not surprising, based on more recent research (e.g., Ashforth & Mael, 1989), that correlation between the items reflecting commitment and identity was fairly low ( $r = .23$ ) even though both have been shown to predict future involvement (Hall, Smith, & Langfield-Smith, 2005). A path analysis showed that professional identity directly

related to both higher expectations of the professional association ( $p < .01$ ) and greater desire for future involvement in the professional association ( $p < .001$ ). No relationship was found between professional identity scores and satisfaction with academic training or years in rehabilitation. Although the independent variable titled professional identity has some conceptual concerns, some support for the relationship of professional identity and professional association membership resulted. It is not surprising, from a social identity theory perspective, that those with higher professional identity scores expected more from their professional associations. As previously stated, identity salience is linked to an individual's self concept. Further, group identities provide individuals with a sense of who they are and activate a sense of self-worth (Stets & Burke). In the effort to preserve a positive self concept, identity salience will be stronger when groups providing self-reference compare positively with similar other groups (Hogg & Terry, 2001). Identity salience will be weakened or severed when self-defining groups are perceived as performing poorly (Tajfel & Turner, 1979). Therefore, it would be natural for individuals identifying with a group to want it to perform well.

More recently, a study on joining motives in relation to the Canadian Psychological Association was conducted with current members ( $n = 325$ ), former members ( $n = 128$ ), and professionals who had never joined ( $n = 74$ ) (Skarlicki et al., 2000). It was stated in this study that organizational justice theory, social cognitive theory, and social identity theory were applied in generating survey items. However, only a brief mention was made of social identity theory, and it was only discussed in relation to group closure, a construct that was not measured. In this study, current members tended to have a more positive perception about the association in relation to its missions and outcomes than either former members or those who had never joined, which Skarlicki et al., explained using organizational justice theory. An additional finding from

the study by Skarlicki et al. (2000) was obtained through discriminant function analyses. Results of this analysis suggested variables important for joining behaviors may be different from those for maintaining professional affiliation. For current members the component labeled organizational justice appeared to be most important, but for those who had never joined, a component relating to the quality of conferences and a component related to professional association outcomes appeared to be most important.

Another recent study on professional association membership, conducted by Bauman in 2008, was stated to be the first empirical investigation of professional association membership in the fields of counseling or education (Bauman). This was a mixed method study in which several theories were applied in the measure of differences between member ( $n = 284$ ) and non-member ( $n = 97$ ) school counselors in relation to a school counseling association. The quantitative portion was based mainly on exchange theory, whereas the qualitative analysis was interpreted using a combination of social cognitive theory, social identity theory in addition to exchange theory. In the quantitative portion of the study, significant differences between members and non-members were measured. The item with the strongest effect size ( $\eta^2 = .39$ ) was, "Being a professional school counselor includes joining professional organizations" ( $\chi^2 = 66.909, p < .0001$ ). This statistically significant relationship supports similar findings by Yeager (1985). However, as with Yeager, no possible explanation was provided for the existence of these beliefs. A relatively narrow conception of social identity was utilized in this study and received only minor attention.

In summary of the research findings related to social identity theory, there appears to be at least partial support for professional identity relating to professional association membership. Although the majority of studies on professional association membership have utilized theory to

some degree or another, none of the studies outside of Delesky (2003), Yeager (1981, 1983) and Yeager and Kline (1983) directly tested these theories. In most cases, theory was applied only for interpretation of results. Inductive reasoning used to understand how theory relates to findings does not provide as much confidence in the relationships made as would deductive reasoning in which theorized relationships are hypothesized and tested (Creswell, 2009). Before concluding a review of the literature, other factors that have been shown to affect professional association affiliation will briefly be discussed. Focus is given to the support of academic and employing institutions.

### **Other Influences on Professional Association Membership**

Other influences have long been suspected of having an ongoing influence on professional association membership. Among these influences, the academic institution where professionals complete their schooling and the organization where professionals are employed have long been suspected to play a primary role. For many professionals, academic institutions serve to introduce the norms and values of the discipline. This makes acquiring a professional orientation an important element of academic training in the professions (Borders & Benshoff, 1992; Hatem, 2003). Of course, a complete professional orientation would include an orientation toward membership in the representing professional association (Spruill & Benshoff, 1996). It is possible that graduate programs provision of monetary support (e.g., paying membership dues, considering professional affiliation as part of evaluations that affect raises, providing paid time for work missed due to conferences or trainings, etc.) or other types of support (e.g., providing recognition to individuals participating in professional conferences, or setting organizational goals to increase professionalism through association membership, etc.) for professional



association membership and participation may influence students' professional association beliefs and behaviors while in school and long after graduation.

The employing organization is also believed to have a great influence on professional association membership (Patterson & Pointer, 2007; White & Olson, 2004). Beliefs exist in rehabilitation counseling that the failure of employers, particularly the state-federal system, to support professional association membership and participation has made professional association involvement difficult (Jaques, 1967; Sales, 1986, 1995). As with academic support, employer support for professional association membership could be form of monetary support or other types of support. Monetary and emotional support at the level of the employing organization has been shown to influence professional association membership beliefs and behaviors (Kamm, 1997; Ross, 2009). Job satisfaction (Yeager & Kline, 1983) has also been shown to correlate with professional association membership. Related to the support of employers is whether colleagues support professional association membership. Some evidence exists to suggest that the participation of colleagues can affect one's own participation (Bauman, 2008; DeLesky, 2003). Because of the high percentage of rehabilitation counseling professionals who work in large organizations, more time must be spent to consider how employing organizations, both employer and colleagues may affect professional membership.

In all of the studies on professional association membership, few demographics appeared to affect professional association membership beliefs or behaviors. The few exceptions include resulting showing increased membership with higher levels of education (White & Olson, 2004; Yeager & Kline, 1983; Yeager et al., 1985), current enrollment in an academic program (Yeager et al., 1985), full-time rather than part-time work (Yeager & Kline, 1983), work setting (Yeager

& Kline, 1983) and higher income (Yeager & Kline, 1983). Further, qualitative data has shown reasons for not joining include distance from meetings (Alotaibi, 2007; DeLesky, 2003; Ross, 2009; Yeager & Kline, 1983) and time constraints (DeLesky, 2003; Rapp & Collins, 1999; Ross, 2009).

### **Summary**

It has been shown in this review of the literature that professional associations play a critical role in the professionalization of an occupation. However, the viability of professional associations in rehabilitation counseling is threatened by a decline of membership that has been ongoing for well over 15 years. Low membership in professional associations has the potential to not only limit future growth, but also lead to a deprofessionalization of the discipline. Although accepted as an important issue for the discipline, the decline of professional association membership is not well understood and has never been a thorough empirical study in the rehabilitation counseling literature. Two theoretical explanations for professional association membership are described; these are exchange theory and social identity theory. In these theories exists explanations for both selfish and service oriented motives for joining professional associations. Research is then reviewed that considers these theories or concepts related to these theories. It can be recognized from the review of these studies that the study of professional association membership is still just at the beginning. Finally, other factors not encompassed directly in either exchange theory or social identity theory but which may influence membership decisions were discussed.

## **Chapter 3**

### **Methodology**

The goals of this study were to investigate factors potentially affecting professional association membership and membership commitment in rehabilitation counseling. The design and implementation of this study is grounded in social exchange and social identity theories. A cross-sectional survey research design, using an online survey, was implemented to address research questions and hypotheses. Study questions and hypotheses are provided then specifics for the methodology of this study are described. Procedure for investigating research questions and hypotheses is presented in four sections: (a) sampling and procedure, (b) variables (c) instrumentation, (d) and data analysis.

### **Research Questions and Hypotheses**

#### **Research Questions**

1. What are some of the characteristics, beliefs, and membership behaviors of rehabilitation counseling professional association members, former members, and never members?
2. What variables predict rehabilitation counseling professional association membership status as current, former, or never member?
3. What variables predict intentions to join or rejoin professional associations for each of the three measured rehabilitation counseling professional associations?
4. Among current members, what variables predict levels of commitment to a primary rehabilitation counseling professional association(s)?

## **Research Hypotheses**

### **Based on social identity theory.**

1. Participants reporting greater rehabilitation counseling professional identity salience will be more likely to hold current membership and to express positive intentions for future membership.
2. Among current members, professional identity salience will be positively related with both affective and normative commitment to a primary rehabilitation counseling professional association(s).

### **Based on social exchange theory.**

3. Participants reporting greater value in rehabilitation counseling professional association membership will be more likely to hold current membership and to express positive intentions for future membership.

### **Based on Olson's theory of collective action.**

4. In the consideration of both private and public benefits provided by professional associations, only private benefits will hold importance in influencing membership decisions and in the prediction of current membership status.

## **Sampling and Procedure**

The target population for this study included individuals identifying themselves with the discipline of rehabilitation counseling by holding a current CRC certification, current membership in a rehabilitation counseling professional association, or both. Participants were identified through (a) the database of the Commission on Rehabilitation Counselor Certification (CRCC), a national database that includes all CRCs and (b) the databases of three rehabilitation counseling professional associations, namely: The American Rehabilitation Counseling

Association (ARCA), The National Rehabilitation Counseling Association (NRCA), and The Rehabilitation Counselors and Educators Association (RCEA). The total population of CRCs (N = 16,115), ARCA members (N = 634) NRCA members (750), and RCEA members (664) in the summer of 2010 totaled 18,163 (not accounting for the number of individuals holding multiple memberships between the three professional associations, which was unknown). A random sample of 4,000 CRCs were drawn for participation from the CRCC database, whereas the entire populations of all three rehabilitation counseling association were invited to participate (with the exception of those who did not have a valid email address or who had requested their organization not to share their contact information). Thanks to the generous support of CRCC, participants were offered one CRC continuing education credit for completing the study.

Prior to sending out the survey a number of steps were taken to add to the reliability and validity of the instrument. First, the survey was disseminated to five individuals fitting the target population for a thorough review of items. Then changes were made based on verbal and written feedback. Second, the survey was piloted by sending it to 500 members of the sample population in increments of 100; this was done in an effort to maximize response rate, clarity of instrument and clarity of instructions. This latter process also provided opportunity to address technological difficulties associated with the administration of an online survey. The final survey instrument was then sent out by email to the remaining population with a request for participation. Individuals were instructed to click on a link for information regarding informed consent (the informed consent form is included in Appendix C). At the bottom of the consent form individuals were instructed that moving to the next page of the instrument and completing a majority of the survey would act as implicit acknowledgment of their consent. Two reminder emails were sent in weekly intervals to individuals who had not yet completed the survey and

who had not opted out of receiving future emails. Efforts to increase response rates included personalization of emails and instrument instructions (e.g., using participant's first name in the instructions and instrument where names were available). Although great attention was paid to making the online survey as accessible as possible through the web-based survey company Qualtrics, participants were also offered the option to complete a written copy of the instrument or over the phone. However, only one individual completed the instrument by phone.

### **Variables**

The predictor variables for this study can be subsumed under five main areas: (a) professional identity, (b) professional association membership exchange, (c) institutional influences, (d) colleague influences, and (e) other demographic variables. The first two areas stem directly from propositions held in social identity theory and social exchange theory respectively. The remaining predictor variables are based primarily on a review of the literature and on personal observation. The demographic variables included in regression analysis were age, race, gender, level of education, whether participant's were currently in school, time since graduating with highest degree earned, whether participant's graduated from a CORE accredited program, career level of participants, individual income, service provided in a rehabilitation counseling professional association, and perception of the performance of rehabilitation counseling associations. It is important to note that several demographic variables (i.e., race, level of education, time since earning degree, CORE accreditation, income, level of career) were collapsed from the information depicted in the basic descriptives and in Research Question 1 before conducting regression analysis due to small cell counts. Outcome variables for this study are (a) membership status in the three selected rehabilitation counseling professional associations, namely: ARCA, NRCA, or RCEA; (b) intentions to join or maintain membership in

each of the selected rehabilitation counseling professional associations; (c) affective commitment to rehabilitation counseling professional associations, which is a measure of commitment based on a desire for membership; (d) normative commitment to rehabilitation counseling professional associations, which is a measure of commitment based on internal normative pressures; and (e) continuance of commitment to rehabilitation counseling professional associations, which is a measure of commitment based on the cost of leaving. The operationalization of variables used in this study follows. Then, a discussion about the instrumentation of the study is provided.

### **Operationalization of Select Variables**

#### **Intentions to join a rehabilitation counseling specific professional association.**

Intentions to join a rehabilitation counseling specific professional association is a measure of nonmember participants' intentions to join a rehabilitation counseling professional association within one year from the time they completed the survey.

**Intentions to maintain membership in a rehabilitation counseling specific professional association.** Intentions to maintain membership in a rehabilitation counseling specific professional association is a measure of member participants' intentions to maintain membership in a primary rehabilitation counseling professional association at the next renewal cycle.

**Perceived value of the membership exchange.** Perceived value of the membership exchange is a measure of how much participants value membership in rehabilitation counseling professional associations. Each item making up the scale for this factor includes cost and benefit considerations conjointly.

## **Instrumentation**

### **Professional Identification Scale**

The professional identification (PID) scale used for this study is a modification of the organizational identification (OID) scale, originally created by Fred Mael (Mael, 1988). Permission was obtained from the original authors to use the instrument with modifications for measuring a different level of organization. The PID is a six-item instrument designed to measure identification with a designated social group. It has been argued that this instrument, with slight modification, can be used across many types of organizations. Indeed, the OID has been used to measure individual identification in a variety of organizations (e.g., universities, military, employer, and professional). Although more than one instrument exists for the measurement of identification with a social group, perhaps none are as grounded in social identity theory as the OID (Ashforth & Mael, 1989; Mael, 1988). The response format for the OID is a five-point Likert scale, with anchors ranging from *Strongly Disagree* to *Strongly Agree*. Aggregated scores across the six items allows for a consideration of how different levels of organizational identity salience relate to or predict other variables of interest. The reliability of the OID typically ranges from .81-.91 (Mael, Waldman, & Mulqueen, 2001). Construct validity has been demonstrated in that the OID has also shown to be related to but distinguishable from other instruments measuring organizational commitment or job satisfaction, as predicted from social identity theory (Mael & Tetrick, 1992).

### **Professional Association Commitment Scale**

The professional association commitment scale (PACS) used for this study is a modification of the organizational commitment scale (OCS; Meyer, Allen, & Smith, 1993). Permission was obtained from the original authors to use the instrument, with modifications, in



order to measure commitment at the level of the profession. The OCS is an 18-item measure of commitment to the organization, six items for each type of commitment, namely: affective, continuance, and normative commitment. Each form of commitment reflects a different psychological motivation; affective commitment a desire, continuance commitment a need, and normative commitment a perceived obligation to the target profession (Meyer & Allen, 1991). The OCS has been used in many business settings (e.g., accounting, sales, nursing, etc.) and acts as one of the primary measures of organization commitment. This instrument was designed to be used across many types of organizations. The response format for the OCS is a seven-point Likert scale, with anchors ranging from *Strongly Disagree* to *Strongly Agree*. Scores are aggregated for each of the three commitment scales, allowing for a consideration of how each form of commitment relates to or predicts other variables of interest. Reliability of the three OCS scales are as follows: normative commitment  $\alpha = .73$ , continuance commitment  $\alpha = .79$ , and affective commitment  $\alpha = .87$  (Meyer & Allen, 1993). Construct validity has been demonstrated in that all three components of the OCS have related to variables considered to be antecedents or consequences of commitment in unique but significant ways (Meyer & Allen, 1993; Hall, 2005).

### **Professional Association Survey**

The Professional Association Survey (PAS) was created and designed specifically for meeting the purposes of this study. It consists of scales used to measure the following: (a) participants' demographic information, (b) the perceived value of professional association membership, (c), the perceived levels of institutional support received from employers and graduate programs, and (d) the perceived level of colleague support for professional associations. It is important to note that although the PAS was created specifically for this study, many of the

questions were directly influenced by questions previously used across a number of studies on association membership. In addition to the studies mentioned in the literature review, one demographic study titled, *The Decision to Join* by Dalton and Dignam (2007) influenced the selection and crafting of a number of questions in this survey.

### **Data Analysis**

Survey responses were uploaded to an excel file and imported to SPSS 19 (SPSS, 2010) to allow for analysis of the data. Preliminary analysis include running of descriptive statistics on all items including frequencies, means, medians, response distributions, and correlation matrices. Through preliminary analysis, important information about variables, including information crucial to assumptions of many parametric tests were considered. Additional analyses were selected based on the nature of the research questions and hypotheses and the variables used to investigate them.

### **Research Questions and Hypotheses**

Research Question 1 was concerned with learning more about rehabilitation counselors and their activity in rehabilitation counseling professional associations. This question was addressed using descriptive data. Research Questions 2 through 4 and Hypotheses 1 through 3 were concerned with the prediction of membership outcomes. Two types of analysis were appropriate for addressing these questions: multinomial logistic regression in the case of discrete categorical outcome variables and multiple regression in the case of continuous or interval level outcome variables. Therefore, prediction of membership status, including prediction of current, former, and never member were considered using multinomial logistic regression, and prediction of commitment was considered using multiple regressions. Research questions and Hypotheses about membership intentions could not be asked using inferential statistics do to limitations in

the data. Finally, Hypothesis 4 was answered using descriptive statistics where relative importance of individual benefits for influencing membership decisions was measured using a weighted rank score. Procedure for computing this score is included in the results section.

### **Summary**

In summary, the purpose of this study is to investigate multiple research questions and hypotheses related to rehabilitation counseling professional association membership and membership commitment. Participants for this study consisted of a random selection of 4,000 CRCs from the CRCC database and the populations of ARCA, NRCA, and RCEA. A total of 5,172 invitations to participate were sent via email. The instrument used for this study included a combination of established measures and measures created specifically to meet the purposes of this study. Data analysis used to investigate research questions and hypotheses included descriptive statistics, multiple regression, and multinomial logistic regression.

## **Chapter 4**

### **Results**

The purpose of this study was to examine variables relating to rehabilitation counseling professional association membership and membership commitment. Before addressing research questions and hypotheses, the response rate and some basic characteristics of the sample are provided. Variables of primary interest include those based on social exchange and social identity theory; however, given the limited amount of prior research on professional association membership, the influence of other variables also provides important insight for understanding professional association membership. All analysis was conducted using the Statistical Package for the Social Sciences 19 for Windows (SPSS, 2010).

### **Participants**

As stated in chapter three, the target population for this study was individuals identifying with the discipline of rehabilitation counseling by holding certification as a CRC, current membership in a rehabilitation counseling professional association, or both. From the 5,172 professionals who received an invitation to participate in the study, a total of 1,438 surveys were returned. Unfinished surveys and completed surveys missing more than 10% of data were removed before running analysis; resulting in a final sample of 1,257 participants. Response rate for this study was 24.3%, however, this rate does not account for professionals using different contact emails for their membership on more than one organization.

### **Participant Characteristics**

A primary objective in the data collection process was obtaining a sample that included participants who were never members or former members in addition to participants who were current members of ARCA, NRCA, and RCEA. Table 1 shows participants' membership status

for each of the three primary rehabilitation counseling professional associations; however, these data do not easily translate into the totals used for classifying participants as current, former, or never members because membership status was aggregated across all three associations. If participants were current members of any one of the three professional associations, they were considered current members. If participants once held membership in any of the associations but were not current members of any, they were considered former members. Finally, if participants were neither current nor former members of any of the three professional associations they were considered never members. This process of categorization resulted in a total of 450 (35.8%) current members, 324 former members (25.8%), and 483 (38.4%) never members. The majority of current members, 79.2%, reported holding current membership in only one of the three associations; 15.3% reported current membership in two and 5.5% in all three associations. It is important to note that reported sample size is in Table 1 and in those that follow do not generally total to 1,257 due to missing data. Further, reported percentages exclude missing data in all cases unless specified otherwise.

Table 1

*Professional Association Membership Status in Rehabilitation Counseling Professional Associations*

Association	Membership Status					
	ARCA		NRCA		RCEA	
	n	%	n	%	n	%
Current	181	14.8	287	22.8	96	7.6
Former	163	13.3	332	26.4	55	4.4
Never	881	71.9	621	49.4	1070	85.1

Note: Sample totals found in this table do not equal to 1,257 due to listwise deletion of missing data. Also, percentages provided are based on completed cases.

Table 2 shows basic participant characteristics. The majority of participants were female (74.1%), White (79.7%), and between the ages of 50-59 years old (30.5%). Because most participants held CRCs, representativeness of this sample can be considered through a comparison of demographic information between the sample population and all CRCs (demographics reported by CRCC were used for the comparison; personal communication May, 2011). Both groups were similar across demographic categories. In the proportion of males and females, CRCs were 72.2% female and 27.8% male; within two percent of the reported sample population. Age categories between the two groups were also similar. The most frequent age category was 50 - 59 years old for both CRCs and this sample. Further, the proportions for each age category were similar between CRCs and the sample, with 5.8% of CRCs under 30 years old, 18.7% between 30 - 39, 22.3% between 40 - 49, 29.9% between 50 - 59, and 23.3% over 60 years old. Finally, a full comparison of race/ethnicity cannot be made because of differences in categorization between CRCC and this sample; however, a simple comparison between White and Not-White participants reveals further similarities with 80.4% of CRCs being White compared to 77.7% of the current sample. In summary, representativeness of this sample to CRCs appears to be adequate; however, it is not known how well the data represents all members of rehabilitation counseling professional associations. Generalizations of results beyond the sample, even to CRCs, must be made with caution knowing that self-selection for participation could have introduced bias to the results.

Table 2

*Participant General Characteristics*

Variables	ARCA, NRCA, or RCEA Membership Status						Total	
	Current		Former		Never			
	n	%	n	%	n	%	n	%
Gender								
Female	320	71.3	242	75.4	363	75.8	925	74.1
Male	129	28.7	79	24.6	116	24.2	324	25.9
Age								
Under 30	44	10.5	17	5.5	64	13.9	125	10.5
30-39	60	14.3	60	19.3	106	22.9	226	19.0
40-49	87	20.8	61	19.6	107	23.2	255	21.4
50-59	137	32.7	96	30.9	130	28.1	363	30.5
60 or Older	91	21.7	77	24.8	55	11.9	223	18.7
Race								
Asian/Pacific Islander	13	2.9	11	3.5	14	2.9	38	3.1
Black	45	10.1	27	8.5	50	10.4	122	9.8
Hispanic or Latino	19	4.3	12	3.8	21	4.4	52	4.2
Native American/ Alaskan Native	3	0.7	2	0.6	1	0.2	6	0.5
Multi-Racial	14	3.2	4	1.3	6	1.2	24	1.9
White	345	77.7	261	82.1	385	80.0	991	79.7
Member of race not listed	5	1.1	1	0.3	4	0.8	10	0.8

*Note.* As with the total  $n = 1,257$ , the sum of the predictors for each subsample may not equal 450, 324, or 483 for current, former, and never members respectively due to missing data. The percentage for each subsample is based on completed cases.

Although age is listed categorically in Table 1 to parallel the CRCCs format for reporting age, age was considered as a continuous data for the analysis. As such, some additional parameters are provided for age. Average age of sample participants was 47.52 years old, ( $SD = 12.32$ ). Broken down by membership status, average age was 49.07 ( $SD = 12.54$ ) for current members, 49.61 ( $SD = 11.84$ ) for former members, and 44.72 ( $SD = 11.93$ ) for never members.

## Scales

Descriptive information about both the previously used and newly created scales is provided in Table 3. It can be seen from the table that all scales had an acceptable level of reliability based on Cronbach's Alpha scores greater than or equal to .77. Range of possible scores and mean are also provided. The higher the mean score the more positive the response for each scale included in the table; thus, the mean score of 4.51 reflects greater affective commitment than would a mean score of 3.51. Among the different types of commitment reported by current members, continuance commitment had a much lower mean score than either affective or normative commitment. The mean for employer support was much lower than those for academic or even colleague support, but all suggest low support for membership.

Table 3

### *Descriptives and Reliability Statistics for Scales*

Scale	n (# of items)	M	SD	Range	$\alpha$
Professional Identity	1,235 (6)	3.79	0.62	1-5	.77
Affective Commitment	436 (6)	4.51	1.36	1-7	.87
Normative Commitment	428 (6)	4.17	1.35	1-7	.87
Continuance Commitment	418 (6)	3.10	1.14	1-7	.78
Academic Support	1,127 (6)	4.71	1.58	1-7	.91
Employer Support	966 (6)	3.29	1.67	1-7	.93
Colleague Support	1,135 (4)	3.88	1.68	1-7	.86
Value of Membership	1,226 (6)	4.19	1.29	1-7	.93
Association Performance	1,055 (4)	3.96	1.19	1-7	.82
Private Benefit Import	1,219 (8)	3.54	0.91	1-5	.89
Public Benefit Import	1,227 (8)	3.69	0.91	1-5	.92

Table 4 shows the correlations between each of the scales. High correlations among the scales used include the correlation between affective and normative commitment,  $r(414) = .69, p < .001$ , and between employer support and colleague support,  $r(946) = .65, p < .001$ . Less expected, although reasonable, was the high correlation between the importance of public



benefits and the importance of private benefits,  $r(1200) = .79, p < .001$ . The correlation between public and private benefits has meaning for answering Hypothesis 4 and will, therefore, be saved for that section of the study. The correlations between perceived value of membership and perceived colleague support for membership  $r(1106) = .51, p < .001$  and between perceived value of membership and perceived employer support for membership  $r(940) = .43, p < .001$  are also interesting findings more fully addressed in the additional analysis at the end of this chapter.

Table 4

*Correlation Matrix of Scales*

Variables	1	2	3	4	5	6	7	8	9	10
1 Affective	--									
2 Normative	.69**	--								
3 Continuance	.18**	.35**	--							
4 Public Ben	.34**	.28**	.06	--						
5 Private Ben	.24**	.19**	.14*	.79**	--					
6 Performance	.11	.10	.19**	.11**	.20**	--				
7 Academic	.25**	.29**	.08	.26**	.27**	.23**	--			
8 Employer	.31**	.29**	.13	.19**	.20**	.15**	.26**	--		
9 Colleague	.34**	.40**	.08	.25**	.25**	.07	.30**	.65**	--	
10 Value	.56**	.50**	.13*	.40**	.37**	.30**	.36**	.43**	.51**	--
11 Identity	.25**	.23**	.12	.22**	.17**	-.00	.11**	.13**	.17**	.17**

\*\* . Correlation is significant at the 0.001 level (2-tailed)

\* . Correlation is significant at the 0.01 level (2-tailed)

## Research Questions

**Research Question 1: What are some additional characteristics, beliefs, and behaviors of rehabilitation counseling professional association members, former members, and never members?**

Question 1 is intended to provide additional understanding about characteristics, beliefs, and behaviors of current, former, and never members. Table 5 shows demographic information

about the education of participants. The majority of participants held a master's degree (84.4%) and graduated from a CORE accredited program (72.6%). When asked whether their graduate program was accredited by CACREP, over half (51.9%) were unsure. Among the remaining participants, 32.2% graduated from a CACREP accredited program. The greatest category of participants (44.9%) reported that their highest degree was earned more than 11 years ago.

Table 5

*Participant Education-Related Characteristics*

Variables	ARCA, NRCA, or RCEA Membership Status						Total	
	Current		Former		Never			
	n	%	n	%	n	%	n	%
Level of Education								
Bachelors or Less	45	10.0	10	3.1	14	2.9	69	5.5
Master’s	319	71.0	287	88.6	453	94.0	1,059	84.4
Doctoral	85	18.9	27	8.3	15	3.1	127	10.1
Currently in School								
Yes	85	19.0	20	6.2	36	7.5	141	11.3
No	362	81.0	303	93.8	446	92.5	1,111	88.7
Time since degree								
Less than one year	34	8.4	6	1.9	51	10.9	91	7.7
1 - 2 years	35	8.7	23	7.4	50	10.7	108	9.1
3 - 5 years	58	14.4	39	12.5	101	21.7	198	16.8
6 - 10 years	78	19.4	72	23.0	104	22.3	254	21.5
11 years or more	198	49.1	173	55.3	160	34.3	531	44.9
CORE accredited								
Yes	321	73.1	232	73.7	339	71.5	892	72.6
No	44	10.0	17	5.4	31	6.5	92	7.5
Unsure	74	16.9	66	21.0	104	21.9	244	19.9
CACREP accredited								
Yes	154	35.2	102	32.5	139	29.3	395	32.2
No	108	24.7	34	10.8	52	11.0	194	15.8
Unsure	175	40.1	178	56.7	283	59.7	636	51.9

Because the sample included CRCs and current members of a rehabilitation counseling professional association, any participants stating they were not CRCs were expected to hold current membership in at least one rehabilitation counseling professional association; for this

reason, CRC certification is excluded from Table 5. Among the 450 participants who reported they were a member of at least one rehabilitation counseling professional association, it was found that 377 (84.0%) were CRCs compared to just 72 (16.0%) who were not.

Table 6

*Participant Work-Related Characteristics*

Variables	ARCA, NRCA, or RCEA Membership Status						Total	
	Current		Former		Never			
	n	%	n	%	n	%	n	%
Work Setting								
State-Federal RC	141	34.4	115	37.6	211	45.5	467	39.6
Educational Institution	96	23.4	45	14.7	44	9.5	185	15.7
Mental Health	32	7.8	22	7.2	31	6.7	85	7.2
Community	27	6.6	17	5.6	25	5.4	69	5.8
Rehabilitation								
Insurance Rehabilitation	27	6.5	40	13.1	46	9.9	113	9.6
Health Care	14	3.4	7	2.3	14	3.0	35	3.0
Substance Abuse	5	1.2	6	2.0	15	3.2	26	2.2
Other	68	16.6	54	17.6	78	16.8	200	16.9
Career level								
Entry level	66	16.1	26	8.5	75	16.3	167	14.2
Mid level	190	46.3	163	53.3	274	59.6	627	53.3
Senior level	111	27.1	88	28.8	92	20.0	291	24.7
Chief executive	43	10.5	29	9.5	19	4.1	91	7.7
Individual income								
Less than \$25,000	31	7.8	11	3.7	21	4.6	63	5.5
\$25,000 - 34,999	30	7.5	25	8.5	41	9.0	96	8.4
\$35,000 - 49,999	113	28.4	85	28.9	145	31.7	343	29.9
\$50,000 - 74,999	131	32.9	103	35.0	175	38.3	409	35.6
\$75,000 - 99,999	52	13.1	50	17.0	52	11.4	154	13.4
\$100,000 - 124,999	19	4.8	11	3.7	14	3.1	44	3.8
\$125,000 - 149,999	8	2.0	5	1.7	5	1.1	18	1.6
\$150,000 or more	14	3.5	4	1.4	4	0.4	22	1.9

Demographic information related to work and employment is provided in Table 6. A majority of participants worked in a state-federal rehabilitation counseling setting (39.6%). The only other work setting with more than 10% of respondents (excluding the other category) were academia/educational institutions with 15.7%. A majority of participants reported making

between \$50,000.00 and \$74,999.00 annually (35.6%). Continuing with employment-related demographics, it can be seen from Table 7 that over half (56.2%) of participants identify with the occupational title of rehabilitation counselor. Rehabilitation educator, rehabilitation consultant, case manager, and other make up the next largest groupings, none reaching over six percent of the sample.

Table 7

*Participant Occupational Title*

Occupational Title	ARCA, NRCA, or RCEA Membership Status						Total (n = 1,256)	
	Current (n = 449)		Former (n = 324)		Never (n = 483)			
	n	%	n	%	n	%	n	%
Rehabilitation Counselor	242	53.9	175	54.0	289	59.8	706	56.2
Rehabilitation Counselor Educator	61	13.6	14	4.3	4	0.8	79	6.3
Rehabilitation Consultant	25	5.6	29	9.0	25	5.2	79	6.3
Case Manager	13	2.9	24	7.4	40	8.3	77	6.1
Mental Health Counselor	21	4.7	12	3.7	25	5.2	58	4.6
General Counselor	8	1.8	4	1.2	8	1.7	20	1.6
Psychologist	10	2.2	4	1.2	6	1.2	20	1.6
Social Worker	4	0.9	1	0.3	4	0.8	9	0.7
Therapist	4	0.9	4	1.2	12	2.5	20	1.6
Vocational Evaluator	12	2.7	7	2.2	17	3.5	36	2.9
Director/Manager/Admin /Supervision	23	5.1	18	5.6	14	2.9	55	4.4
Student	9	2.0	0	0.0	2	0.4	11	0.9
Other	17	3.8	32	9.9	37	7.7	86	6.8

Next, characteristics of membership are provided for current members and sometimes for both current and former members of ARCA, NRCA, and RCEA. Table 8 shows payee information for current ARCA, NRCA, and RCEA members. Nearly all participants paid the entire cost of rehabilitation counseling professional association membership although slightly more did so for ARCA than for NRCA or RCEA.

Table 8

*Payee of Rehabilitation Counseling Professional Association Membership Dues*

Payee of Membership Dues	RC Professional Association					
	ARCA		NRCA		RCEA	
	n	%	n	%	n	%
Myself	165	91.2%	248	86.4	81	85.3
Employer	13	7.2%	33	11.5	11	11.6
Myself / Employer Share	3	1.7%	6	2.1	3	3.2

Table 9 shows when, in relation to their graduate studies, participants joined rehabilitation counseling associations. The majority for all three associations joined as master's students. Numbers are understandably more similar between ARCA and NRCA for this information likely in part due to the relatively recent formation of RCEA.

Table 9

*Time When Participants Joined Rehabilitation Counseling Professional Associations*

When Joined	RC Professional Association					
	ARCA		NRCA		RCEA	
	n	%	n	%	n	%
As master's student	211	62.1	331	55.3	50	34.5
As doctoral student	34	10.0	21	3.5	14	9.7
Within 1 year of graduating	39	11.5	106	17.7	12	8.3
Between 2-5 years after graduating	21	6.2	65	10.9	14	9.7
Five or more years after graduating	29	8.5	53	8.8	39	26.9
Other	6	1.8	23	3.8	16	11.0

The majority of former and current members in this study held membership in a rehabilitation counseling professional association for five years or less. It can be seen from Table 10 that total length of membership varied between associations. Notable is the relatively high percentage of NRCA members with 11 or more years of membership (25.9%). Some

participants reported membership in RCEA for longer than its existence. Qualitative responses provide at least a partial explanation for this data, with many participants showing obvious confusion over the departure of NRCA from NRA and subsequent formation of RCEA. Some participants believed RCEA and NRCA to be just one association with a change in name.

Table 10

*Total Length of Membership in Rehabilitation Counseling Professional Associations*

Length of Membership	RC Professional Association					
	ARCA		NRCA		RCEA	
	n	%	n	%	n	%
Less than one year	42	12.6	58	9.8	13	9.0
1-2 years	98	29.3	150	25.4	36	24.8
3-5 years	90	26.9	135	22.9	50	34.5
6-10 years	47	14.1	94	15.9	26	17.9
11 years or more	57	17.1	153	25.9	20	13.8

Membership patterns for current and former members with more than one year of membership were similar across associations. For these participants, Table 11 shows that lapses in membership not exceeding one year were less common than having no lapses in membership and then having lapses in membership that exceeded one year. Again, the higher percentage of RCEA members without any lapses in membership is likely a byproduct of its shorter existence.

Table 11

*Pattern of Membership in Rehabilitation Counseling Professional Associations*

Pattern of Membership	RC Professional Association					
	ARCA		NRCA		RCEA	
	n	%	n	%	n	%
No lapses in membership	116	40.0	200	37.8	84	63.6
Lapses not exceeding one year	48	16.6	67	12.7	16	12.1
Lapses exceeding one year	126	43.4	262	49.5	32	24.2

Table 12 provides information about membership status in other professional associations. Unlike in previous tables, the columns labeled current, former, and never member do not reference rehabilitation counseling professional associations, but rather each association listed in the table. NRA had the highest percentage of current members among any of the professional associations at 344 members, followed by ACA (n = 191) and IARP (n = 115).

Table 12

*Participant Membership Status in Other Professional Associations*

Association	Association Membership Status					
	Current		Former		Never	
	n	%	n	%	n	%
ACA	191	17.5	154	14.1	748	68.4
NRA	344	29.9	306	26.6	501	43.5
APA	41	3.9	79	7.6	920	88.5
APA Div. 22	18	1.8	28	2.8	972	95.5
IARP	115	10.9	95	9.0	843	80.1
NCRE	95	9.4	52	5.1	867	85.5

Participants were asked which professional association they identified with most closely. Table 13 shows the resulting data broken down, again, by rehabilitation counseling professional association membership status. The highest number of current and former members selected NRA as the association they identify with most closely (23.6% and 22.5% respectively). Among those who never held membership in ARCA, NRCA, or RCEA, the majority (36%) did not identify with any professional associations.

Table 13

*Professional Association Participants Identity With Most Closely*

Association	ARCA, NRCA, or RCEA Membership Status							
	Current		Former		Never		Total	
	(n = 449)		(n = 324)		(n = 480)		(n = 1253)	
	n	%	n	%	n	%	n	%
ACA	48	10.7	25	7.7	20	4.2	93	7.4
ARCA	50	11.1	13	4.0	3	0.6	66	5.3
NRA	106	23.6	73	22.5	84	17.5	263	21.0
NRCA	78	17.4	19	5.9	10	2.1	107	8.5
RCEA	22	4.9	0	0.0	0	0.0	22	1.8
APA	2	0.4	4	1.2	12	2.5	18	1.4
APA Div. 22	1	0.2	0	0.0	1	0.2	2	0.2
IARP	21	4.7	40	12.3	50	10.4	111	8.9
NCRE	34	7.6	8	2.5	9	1.9	51	4.1
More Than One	71	15.8	52	16.0	44	9.2	167	13.3
Other	10	2.9	26	9.5	38	15.4	118	9.4
None	3	0.7	59	18.2	173	36.0	235	18.8

Participants who did not select ARCA, NRCA, or RCEA as the association they identify with most closely, but did identify with at least one association were asked to complete a follow up question asking which rehabilitation counseling professional association they identified most closely with. As reported in Table 14, results show a similar trend to the previous question, with the majority of current and former members identifying with NRCA (44.4% and 43.3% respectively) and the majority of never members not identifying with any rehabilitation counseling professional association (55.8%).



Table 14

*Rehabilitation Counseling Professional Association Participants Identity With Most Closely*

Association	ARCA, NRCA, or RCEA Membership Status							
	Current		Former		Never		Total	
	(n = 281)		(n = 225)		(n = 324)		(n = 830)	
	n	%	n	%	N	%	n	%
ARCA	75	25.3	27	11.6	13	4.4	115	14.0
NRCA	132	44.4	101	43.3	64	21.8	297	36.0
RCEA	41	13.8	9	3.9	4	1.4	54	6.6
More Than One	47	15.8	41	17.6	49	16.7	137	16.6
None	2	0.7	55	23.6	164	55.8	221	26.8

Participants were also asked how they first learned about the professional association they most closely identify with. Table 15 shows that there were three primary methods for learning about professional associations: from colleagues, from faculty, or from others in the university setting. These three methods made up nearly 80% of the total response.

Table 15

*Method for Learning About Rehabilitation Counseling Professional Association Participants Identify With Most Closely*

Source	ARCA, NRCA, or RCEA Membership Status							
	Current		Former		Never		Total	
	(n = 398)		(n = 170)		(n = 93)		(n = 663)	
	n	%	n	%	n	%	n	%
Ad in journal	4	1.0	2	1.2	3	3.2	9	1.4
Conference or meeting	18	4.5	8	4.7	8	8.6	34	5.1
Browsing internet	3	0.8	1	0.6	2	2.2	6	0.9
Colleague	107	26.9	24	14.1	28	30.1	159	24.1
Direct contact by mail	4	1.0	4	2.4	1	1.1	9	1.4
Direct contact by telephone	1	0.3	0	0.0	0	0.0	1	0.2
Direct contract by email	2	0.5	3	1.8	4	4.3	9	1.4
Direct contact in person	15	3.8	6	3.5	1	1.1	22	3.3
Professor	113	28.4	46	27.1	21	22.6	180	27.2
Telephone or email	1	0.3	0	0.0	0	0.0	1	0.2
University program	94	23.6	61	35.9	23	24.7	178	26.9
Some other way	10	2.5	5	2.9	0	0.0	15	2.3
Do not recall	26	6.5	10	5.9	2	2.2	38	5.7

Similar to the questions that asked which professional association participants most closely identified with, Table 16 shows results for the professional association participants felt most capable of benefitting them in their careers. The highest number of participants (22.8%) stated no professional associations were capable of benefitting their careers; however, proportions varied by rehabilitation counseling professional association membership status. Among current members, only 7.2% stated that no professional association was capable of benefitting their careers. The highest number of current members selected NRA (19.0%) or more than one professional association as most capable of benefitting their careers (17.0%).

Table 16

*Professional Association Participants Perceive as Benefiting Them Most in Their Careers*

Association	ARCA, NRCA, or RCEA Membership Status							
	Current (n = 447)		Former (n = 317)		Never (n = 475)		Total (n = 1253)	
	n	%	n	%	n	%	n	%
ACA	51	11.4	22	6.9	26	5.5	99	8.0
ARCA	33	7.4	10	3.2	10	2.1	53	4.3
NRA	85	19.0	45	14.2	56	11.8	186	15.0
NRCA	56	12.5	21	6.6	18	3.8	95	7.7
RCEA	21	4.7	2	0.6	3	0.6	26	2.1
APA	10	2.2	6	1.9	12	2.5	28	2.3
APA Div. 22	1	0.2	2	0.6	2	0.4	5	0.4
IARP	35	7.8	34	10.5	41	8.6	110	8.9
NCRE	28	6.3	3	0.9	5	1.1	36	2.9
More Than One	80	17.9	54	17.0	89	18.7	223	18.0
Other	12	3.4	27	8.5	53	11.2	95	7.7
None	32	7.2	91	28.7	160	33.7	283	22.8

Participants who did not select ARCA, NRCA, and RCEA as the association most capable of benefitting them in their careers, but stated at least one association was capable of providing some benefit were also asked which rehabilitation counseling professional association

was most capable of benefitting them in their careers at this time. The most common response among participants, as seen in Table 17, was that more than one rehabilitation counseling professional association would provide equal benefit (30.8%). The next most common responses were that NRCA (25.8%) provided the most benefit and that no rehabilitation counseling professional association provided any benefit (23.8%). These results again varied by rehabilitation counseling membership status, with current members much more likely to select either ARCA, NRCA, or RCEA, over more than one having equal benefit and over no association having any benefit.

Table 17

*Rehabilitation Counseling Professional Association Participants Perceive as Benefiting Them Most in Their Careers*

Association	ARCA, NRCA, or RCEA Membership Status							
							Total (n = 830)	
	Current (n = 304)		Former (n = 194)		Never (n = 285)			
	n	%	n	%	n	%	n	%
ARCA	73	24.0	14	7.2	22	7.7	109	13.9
NRCA	100	32.9	54	27.8	48	16.8	202	25.8
RCEA	33	10.9	9	4.6	3	1.1	45	5.8
More Than One	65	21.4	65	33.5	111	38.9	241	30.8
None	33	10.9	52	26.8	101	35.4	186	23.8

Participants were provided a list of volunteer activities in rehabilitation counseling professional associations (e.g., presented at a conference, serve on a local board or committee, review paper for publication) and asked to check any they had provided in the past 12 months. Responses were then collapsed for analysis to a dichotomous variable comparing those who had or had not performed any service in that last 12 months due to the small number of respondents who had provided each type of service. Among all participants, 1,043 (83.0%) did not perform

any service to a rehabilitation counseling professional association in the past 12 months while 214 (17%) performed at least one. Considered by membership status, 5.4% (n = 26) of never members performed any service compared to 7.7% (n = 25) of former members, and 36.2% (n = 163) of current member performed any service to a rehabilitation counseling professional association in the past 12 months.

Participants were asked to state how likely they would be to recommend membership in each of the three primary rehabilitation counseling associations to a friend or colleague. An 11-point Likert scale was used with anchors ranging from 0 (*very unlikely*) to 10 (*very likely*) with 5 being a neutral point. Not surprisingly, Table 18 shows mean scores reflecting much more positive feelings about recommending membership to the respective associations than former or never members.

Table 18

*Participant Likelihood to Recommend Membership in Rehabilitation Counseling Professional Associations*

Association	Membership Status					
	Current		Former		Never	
	M	SD	M	SD	M	SD
ARCA	8.78	2.03	6.61	2.45	4.95	2.50
NRCA	8.65	2.11	6.02	2.50	5.28	2.52
RCEA	9.02	2.45	6.16	2.71	4.88	2.40

*Note.* The subsamples for current, former, and never member were defined by each association individually for this data rather than the aggregate of membership status across rehabilitation counseling professional associations more commonly used in this study.

Participants who formerly held membership in any of the three rehabilitation counseling professional associations were asked to select any of the reasons that contributed to their decision for dropping membership. Multiple reasons could be selected. In Table 19, frequencies for these

reasons are provided in descending order. Similar to what has been found in other surveys, cost was reported as the most common reason for dropping membership (n = 159). Other commonly selected reasons were change of career focus (n = 94), change of job (n = 82), and not enough local activity (n = 74).

Table 19

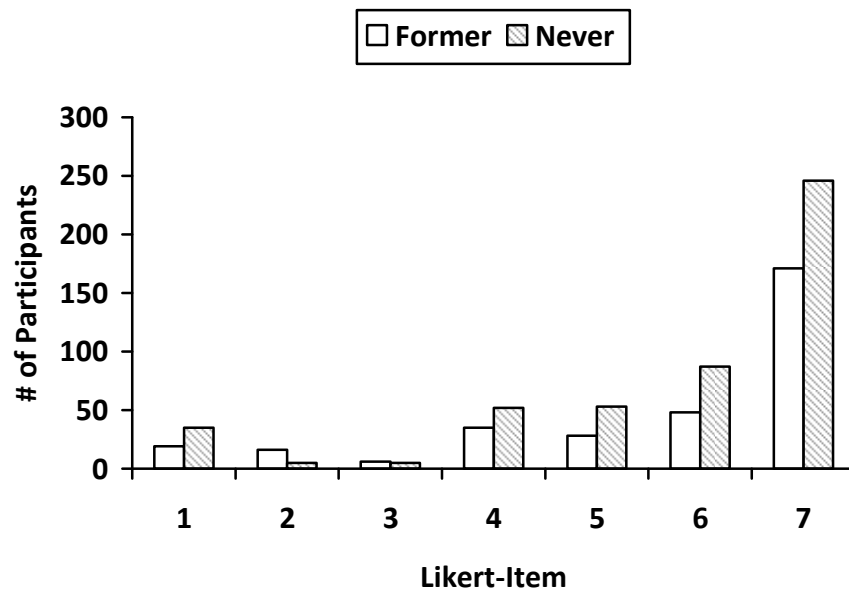
*Former Member Reasons for Dropping Membership in Rehabilitation Counseling Professional Associations Ordered by Descending Frequencies*

Reason for Dropping	F
Costs	159
Change of career focus	94
Change of job	82
Not enough local activity	74
Group not right one for professional	49
Change of professional interest	46
Employer stopped paying membership	45
Association ineffective representation generally	43
Association ineffective representation with licensure laws	39
Dissatisfied with association performance	32
Change of residence	29
Change of chapter relationship with association	27
Did not feel welcome in group	19
Disagreed with associations political positions	18
Dissatisfied with local chapter	15

*Note.* Multiple reasons for dropping membership could be selected.

Participants who were currently not a member of ARCA, NRCA or RCEA, were asked on a 7-point Likert scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*) whether they would immediately join a rehabilitation counseling association if it was paid for by their employer or someone else. Mean scores were 5.68 ( $SD = 1.84$ ) for former members and 5.75 for never members ( $SD = 1.75$ ). Figure 2 shows the combined responses of former members and never members, the majority in both groups strongly agreeing that they would join. A much

smaller number of former and never members, although not an inconsequential number, were less sure about joining, even with costs paid by a third party.



*Figure 2.* Nonmember likelihood to join a rehabilitation counseling professional association if employer or other party paid membership dues. Likert item ranged from a score of 1 (*Strongly Disagree*) to 7 (*Strongly Agree*).

## **Research Question 2: What variables predict rehabilitation counseling professional association membership status as current, former, or never member?**

Because the outcome variable in this question is categorical and has more than two unordered groups, multinomial logistic regression was used to address the question. Because of the combination of exploratory predictors with hypothesized predictors, multiple models were introduced and compared using likelihood-ratio tests to determine the model providing best prediction of group membership. Although not provided here for each step in the modeling process, *b* coefficients and their significance are provided in Appendix A; a description of the relationship between significant variables and membership status is reserved for the final model.

Comparing the three groups (current, former, and never member) required three pairs of comparisons: current to former member, current to never member, and former to never member. A baseline model for predicting membership status included the basic participant demographics of age, race (White or Not White), gender, level of education (Master's or less vs. Doctoral), and income (\$0 - \$49,999, \$50,000 - \$74,999, or \$75,000 or more). These variables were retained as control variables in all models regardless of significance. With only these basic demographics included in the model log-likelihood ratio tests showed improved prediction of membership status ( $\chi^2(12) = 94.92, p < .001$ ). Both age and level of education contributed to the model (both  $p < .001$ ), while race, gender, and income did not ( $p = .772, p = .251, \& p = .066$  respectively).

Model I: In the first model, predictors added to the baseline included the following: current school status (yes or no), CORE accreditation (yes or no), time since graduating from highest degree earned (0-5 years, 6-10 years, or 11 or more years), and stage of career (entry-level, mid-level, or senior-level/CEO). Whether participants held a CRC and whether their graduate program was accredited by CACREP were problematic for the model because of low cell counts and were therefore not included. It was found that Model II possessed adequate model fit (Deviance = .28) and improved the prediction of observed membership status from the baseline model ( $\chi^2(24) = 125.47, p < .001$ ). Increases in level of education remained positively significant ( $p < .001$ ) with the added predictors while age did not ( $p = .181$ ). Time since graduation and CORE accreditation also added significantly to the model ( $p < .001 \& p = .014$  respectively). Stage of career did not contribute to the model ( $p = .632$ ) and was removed from subsequent models. Current school status, although not significant in the overall model ( $p =$

.106), barely met significance in categorizing between current and never members, so was retained.

Model IIa: Institutional variables (academic support and employer support) as well as a measure of perceived colleague support were added to Model Ia. Goodness-of-fit remains non-significant in this model (Deviance = .90) and the overall prediction of observed membership status from Model I was improved ( $\chi^2(26) = 200.40, p < .001$ ). CORE accreditation and current student status were no longer significant after adding the new predictors to the model. Variables that significantly aided in prediction of membership status, both from current and previous models, include age ( $p = .010$ ), level of education ( $p < .001$ ), time since graduating ( $p = .003$ ), academic support ( $p < .001$ ), and colleague support ( $p < .001$ ). Employer support did not add significantly to the model ( $p = .569$ ), however, the strong correlation between employer support and colleague support has been previously noted (see Table 4). The analysis was run again as Model IIb with the interaction between colleague support and employer support included in the model in an effort to control for the close relationship between employer and colleague support.

Model IIb: With the addition of the interaction between colleague and employer support to the model goodness-of-fit remained non-significant (Deviance = .91) and the overall prediction of observed membership status from Model IIa was improved ( $\chi^2(28) = 204.46, p < .001$ ). Variables that significantly aided prediction of membership status, both from current and previous models, include age ( $p = .008$ ), level of education ( $p < .001$ ), time since graduating ( $p = .002$ ), academic support ( $p < .001$ ), and colleague support ( $p = .001$ ), all positively correlated. Employer support ( $p = .122$ ) and the interaction between employer and colleague support ( $p = .132$ ) did not add significantly to the model, however, the interaction term was retained. CORE



accreditation ( $p = .620$ ) and current student status ( $p = .490$ ) no longer significantly contributed to the model and were therefore removed before testing the final model.

Model III: The third model included two theoretically based measures of professional identity and value of membership exchange. Added predictors were a measure of professional identity and value (cost-benefit) of membership in a primary rehabilitation counseling professional association. Goodness-of-fit remains non-significant in this model (Deviance = 0.98) and the overall prediction of observed membership status from Model III improved ( $\chi^2(28) = 269.72, p < .001$ ). The following predictors contributed significantly to the model: age ( $p = .010$ ), level of education ( $p < .001$ ), time since graduating ( $p = .004$ ), academic support ( $p < .001$ ), employer support ( $p = .045$ ), colleague support ( $p = .001$ ), perceive value of association membership ( $p < .001$ ), and professional identity ( $p = .001$ ). The influence of individual predictors for each of the three comparisons are now considered separately.

Table 20 shows parameter estimates for current members using never members as the reference. It can be seen from this table that five variables significantly predicted current vs. never membership. The significant predictors, in descending order, were level of education (OR = 5.75), professional identity (OR = 1.83), academic support (1.40), value of membership (OR = 1.22), and age (OR = 1.03). Odds ratios above 1 and positive coefficients for each of the significant predictors indicate a positive relationship with the prediction of current membership. Therefore, increases in each of the significant predictors can be interpreted as increasing the odds of being a current member. For example, the odds of being a current member in comparison with never member increased over five times when participants held a doctoral degree over a master's degree or less. Income, employer support, colleague support, and the interaction of

employer and colleague support did not significantly add to the prediction of current membership in comparison with never holding membership.

Table 20

*Results of Multinomial Logistic Regression for Current Members Using Never Members as the Reference*

Variable	Current		
	<i>B (SE)</i>	OR	95% CI
Age	0.03 (0.01)**	1.03	[1.01, 1.05]
Gender (ref = Male)	0.10 (0.23)	1.10	[0.70, 1.73]
Race (ref = Not-White)	-0.05 (0.25)	0.95	[0.59, 1.54]
Level of Education (ref = Master's)	1.75 (0.43)***	5.75	[2.50, 13.25]
Income (ref = \$0 - \$49,999)			
\$50,000 - \$74,999	-0.34 (0.22)	0.72	[0.46, 1.11]
\$75,000 or More	-0.37 (0.32)	0.69	[0.37, 1.30]
Time since graduating (ref = 0 - 5 years)			
6 - 10 Years	0.24 (0.26)	1.28	[0.76, 2.11]
11 Year or More	0.45 (0.28)	1.57	[0.91, 2.69]
Academic Support	0.34 (0.07)***	1.40	[1.22, 1.60]
Employer Support	-0.08 (0.18)	0.93	[0.65, 1.31]
Colleague Support	0.18 (0.14)	1.20	[0.92, 1.58]
Employer X Colleague Interaction	0.01 (0.04)	1.01	[0.94, 1.09]
Value Scale	0.20 (0.10)*	1.22	[1.01, 1.46]
Professional Identity Scale	0.61 (0.17)***	1.83	[1.31, 2.57]
Constant	-7.08 (1.06)		

Note.  $R^2 = .30$  (Cox & Snell),  $.34$  (Nagelkerke),  $.16$  (McFadden)

\*\*\*  $p < .001$ . \*\*  $p < .01$ . \*  $p < .05$

Tables 21 shows parameter estimates for current members using former members as the reference. It can be seen from this table that four variables significantly predicted current vs. former membership. Significant predictors, in descending order, were time since graduation (OR = 0.51), colleague support (OR = 1.70), value of membership (OR = 1.57), and academic support (OR = 0.73). In comparison with former members, odds ratio and coefficients show some predictors to be positively related with current members and other negatively related with current

membership. For example, the odds of being a current member decreased by a factor of 0.51 when participants had 11 or more years since graduating in comparison with participants who had 0 - 5 years since graduating. By dividing 1 by the odds ratio, it can also be said that the odds of being a former member increased 1.96 times when participants had 11 or more years since graduating rather than 0 - 5 years since graduating. Age, income, employer support, the interaction of employer and colleague support, and professional identity did not significantly add to the prediction of current vs. former members.

Table 21

*Results of Multinomial Logistic Regression for Current Members Using Former Members as the Reference*

Variable	Current		
	B (SE)	OR	95% CI
Age	0.01 (0.01)	1.01	[0.99, 1.03]
Gender (ref = Male)	-0.27 (0.26)	0.77	[0.46, 1.27]
Race (ref = Not-White)	0.05 (0.27)	1.05	[0.62, 1.77]
Level of Education (ref = Master's)	0.33 (0.35)	1.40	[0.71, 2.74]
Income (ref = \$0 - \$49,999)			
\$50,000 - \$99,999	-0.05 (0.25)	0.95	[0.59, 1.54]
\$100K or more	-0.32 (0.32)	0.73	[0.39, 1.38]
Time since graduating (ref = 0 - 5 years)			
6 - 10 years	-0.37 (0.29)	0.69	[0.39, 1.22]
11 years or more	-0.68 (0.30)*	0.51	[0.28, 0.92]
Academic Support	-0.31 (0.08)***	0.73	[0.63, 0.86]
Employer Support	0.35 (0.19)	1.42	[0.98, 2.06]
Colleague Support	0.53 (0.15)***	1.70	[1.28, 2.26]
Employer X Colleague Interaction	-0.07 (0.04)	0.93	[0.86, 1.01]
Value Scale	0.45 (0.11)***	1.57	[1.28, 1.92]
Professional Identity Scale	.13 (0.19)	1.14	[0.80, 1.65]
Constant	-2.52 (1.14)		

Note.  $R^2$  = same as in previous table = .30 (Cox & Snell), .34 (Nagelkerke), .16 (McFadden)

\*\*\*  $p < .001$ . \*  $p < .05$

The parameter estimates for the final comparison of membership status can be found in Table 22. This table shows the model for former members when using never members as the reference. Ten predictors significantly contributed to the model; strongest predictors, in descending order, were level of education (OR = 4.12), time since graduation (OR = 3.09), academic support (OR = 1.91), professional identity (OR = 1.60), and employer support (0.65). In the prediction of former members using never members as reference, time since graduation was a significant predictor at two levels. The odds of former membership were 3.09 times more likely for participants with 11 years or more since graduation compared to 0 - 5 years since graduation, and the odds of former membership were 1.85 times more likely for participants with 6 -10 years since graduation compared to 0 -5 years since graduation. Income, again, was not a significant predictor of membership status.

Table 22

*Results of Multinomial Logistic Regression for Former Members Using Never Members as the Reference*

Variable	Former		
	B (SE)	OR	95% CI
Age	0.02 (0.01)*	1.02	[1.00, 1.05]
Gender (ref = Male)	0.361 (0.26)	1.44	[0.86, 2.39]
Race (ref = Not-White)	-0.09 (0.26)	0.91	[0.55, 1.51]
Level of Education (ref = Master's)	1.42 (0.47)**	4.12	[1.66, 10.25]
Income (ref = \$0 - \$49,999)			
\$50,000 - \$74,999	-0.28 (0.24)	0.75	[0.48, 1.20]
\$75,000 or More	-0.06 (0.32)	0.95	[0.50, 1.78]
Time since graduating (ref = 0 - 5 years)			
6 - 10 Years	0.61 (0.28)*	1.85	[1.06, 3.20]
11 Year or More	1.13 (0.30)***	3.09	[1.73, 5.51]
Academic Support	0.65 (0.08)***	1.91	[1.63, 2.23]
Employer Support	-0.43 (0.18)*	0.65	[0.46, 0.93]
Colleague Support	-0.35 (0.14)*	0.71	[0.54, 0.93]
Employer X Colleague Interaction	0.08 (0.40)*	1.09	[1.00, 1.17]
Value Scale	-0.25 (0.10)*	0.78	[0.64, 0.94]
Professional Identity Scale	0.47 (0.18)**	1.60	[1.14, 2.26]
Constant	-4.56 (1.06)		

Note.  $R^2$  = same as in previous table = .30 (Cox & Snell), .34 (Nagelkerke), .16 (McFadden)

\*\*\*  $p < .001$ . \*\*  $p < .01$ . \*  $p < .05$

### **Research Question 3: What variables predict intentions to join or rejoin professional associations for each of the three measured rehabilitation counseling professional associations?**

Original intentions were to employ multiple regression for analyzing Question 3 using a 7 point Likert item measuring intentions to stay or to join. However, preliminary analysis indicated that the data would not support the assumptions required by parametric analysis. Extreme non-normality in the distribution of scores (positively skewed for intentions to join and negatively skewed for intentions to stay) could not be corrected through transformation. This type of issue is not uncommon in the use of a single Likert item (Clason & Dormody, 1993).

Furthermore, the use of a single Likert item for parametric analysis, despite whether assumptions of parametric testing are met, is argued by many to be inappropriate because it does not approximate interval data (Clason & Dormody, 1993). Given the distribution of responses, the 7 point outcome variable was converted to a nominal variable with two levels (do not intend to join and neutral or intend to join) and then with three levels (do not intend to join, neutral, and intend to join). Binomial and multinomial logistic regression were then applied. However, limitations in the interpretability and applied meaning of results, regardless of how data were split, suggested the need for augmenting these analyses to provide more of a descriptive portrayal of membership intentions. This information is augmented in Chapter 5 with qualitative information requested of participants who indicated they were likely to leave or join a rehabilitation counseling association.

Figure 3 shows that the majority of nonmember participants were either neutral or in strong opposition to joining any of the rehabilitation counseling professional associations. Few nonmembers appear to be interested in joining or rejoining within a year from the time the survey was taken. Using the Mann-Whitney test, a comparison between former and never members showed no significant differences for ARCA intentions or for NRCA intentions ( $p = .134$  and  $p = .075$  respectively). The test was not run for RCEA given the small number of former members from this association.

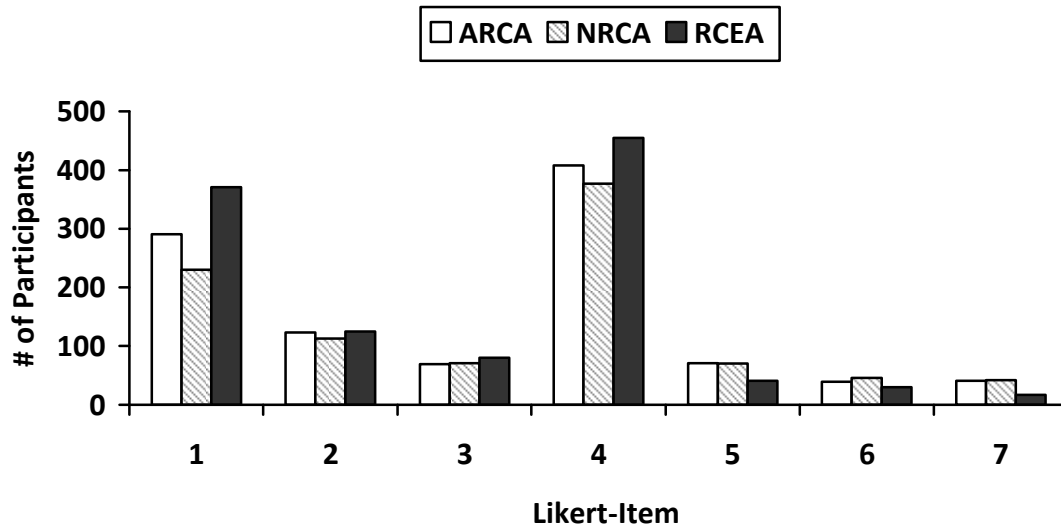


Figure 3. Nonmember intentions to join or rejoin ARCA, NRCA, and RCEA. Likert item ranged from a score of 1 (*Strongly Disagree*) to 7 (*Strongly Agree*).

Figure 4 shows intentions of current members to stay in their association at their next renewal. It can be seen that the majority of members had strong intentions for remaining members of the association they are currently in. Few reported intentions to leave the association they are currently in.

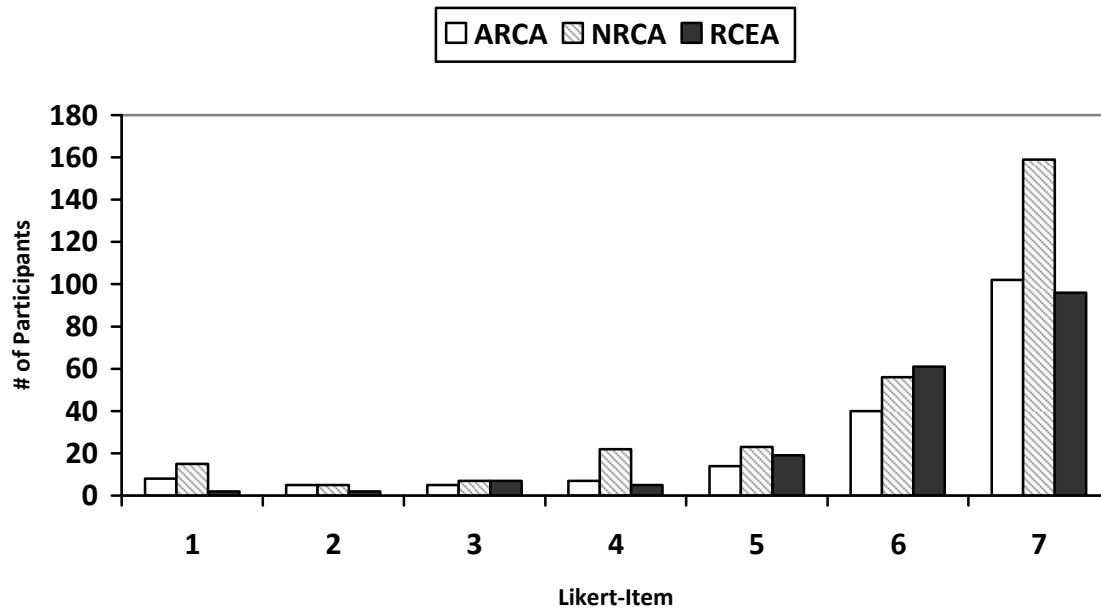


Figure 4. Member intentions to remain a member of ARCA, NRCA, and RCEA. Likert item ranged from a score of 1 (*Strongly Disagree*) to 7 (*Strongly Agree*).

**Research Question 4: Among current members, what variables predict levels of commitment to a primary rehabilitation counseling professional association(s)?**

Answering this question required consideration of commitment among current members for each of the three types of commitment separately. An analysis of affective commitment (wanting to hold membership) is reported first, followed by normative commitment (should hold membership) and continuance commitment (must hold membership). The reduction in sample size resulting from including only members in the analysis did not allow for multiple models as for previous models. The following predictors were entered simultaneously for each type of commitment: age, gender, race (White or Not White), Level of Education (Master's Degree or less vs. Doctoral Degree), service provided in a rehabilitation counseling professional association within the last 12 months (yes or no), academic, employer, and colleague support, value of membership, and professional identity.



**Affective commitment.** The overall model was significant in predicting affective commitment,  $F(12, 251) = 17.59, p < .001$ . Table 23 shows the parameters of the regression model for current members. Three predictors significantly contributed to the model; these, in order of statistical importance, were value of membership ( $p < .001$ ), professional identity ( $p < .001$ ) and service provided in the association within the last 12 months ( $p = .001$ ). Each significant predictor was positively related to affective commitment—as perceived value of membership, professional identity, and service increased so did levels of affective commitment. The interaction term between colleague support and employer support was tested in the model but produced no significant change in results, so was not retained in the final analysis.

Table 23

*Regression Analysis for Affective Commitment of Current Members*

Variables	<i>B</i>	<i>SE B</i>	$\beta$	95% CI
Age	0.01	0.01	.04	[-0.01, 0.02]
Gender	-0.19	0.15	-.06	[-0.49, 0.11]
Race	-0.08	0.15	-.02	[-0.38, 0.22]
Level of Education	-0.30	0.21	-.08	[-0.72, 0.13]
Income (\$0 - \$49,999 vs. \$50K - \$74,999)	-0.10	0.15	-.04	[-0.40, 0.20]
Income (\$0 - \$49,999 vs. \$75K or More)	-0.09	0.22	-.02	[-0.52, 0.34]
Service in Association	0.49	0.15	.18*	[0.21, 0.78]
Academic Support	0.69	0.05	.07	[-0.02, 0.16]
Employer Support	0.00	0.05	.01	[-0.08, 0.09]
Colleague Support	0.07	0.05	.08	[-0.03, 0.17]
Value Scale	0.49	0.06	.46**	[0.37, 0.61]
Professional Identity Scale	0.50	0.11	.22**	[0.27, 0.72]
Constant	-0.56	0.61		[-1.77, 0.64]

Note.  $R^2 = .46$ , Adj.  $R^2 = .43$

\* $p < .01$ , \*\* $P < .001$

**Normative Commitment.** The overall model was significant in predicted normative commitment,  $F(12, 247) = 15.41, p < .001$ . Table 24 shows the parameters of the regression

model for current members. Normative commitment measures the degree to which participants feel they should hold membership in a primary rehabilitation counseling professional association. As in the prediction of affective commitment, perceived value of membership ( $p < .001$ ), professional identity ( $p < .001$ ) and service provided in the association within the last 12 months ( $p = .001$ ) significantly contributed to the model. However, unlike for affective commitment, perceived colleague support for association membership was also significant ( $p = .003$ ). Each significant predictor was positively related to increases in normative commitment. The interaction term between employer support and colleague support was not significant when added so was not retained for the final model.

Table 24

*Regression Analysis for Normative Commitment of Current Members*

Variables	<i>B</i>	<i>SE B</i>	$\beta$	95% CI
Age	0.00	0.01	.02	[-0.01, 0.02]
Gender	0.02	0.16	.01	[-0.30, 0.34]
Race	-0.24	0.16	-.07	[-0.56, 0.08]
Level of Education	-0.03	0.23	-.01	[-0.48, 0.41]
Income (\$0 - \$49,999 vs. \$50K - \$74,999)	0.03	0.16	.01	[-0.29, 0.34]
Income (\$0 - \$49,999 vs. \$75K or More)	0.03	0.23	.01	[-0.42, 0.47]
Service in Association	0.55	0.15	.19*	[0.23, 0.84]
Academic Support	0.06	0.05	.06	[-0.04, 0.16]
Employer Support	-0.04	0.05	-.05	[-0.13, 0.05]
Colleague Support	0.16	0.05	.19*	[0.06, 0.27]
Value Scale	0.39	0.06	.37**	[0.27, 0.52]
Professional Identity Scale	0.47	0.12	.20**	[0.24, 0.71]
Constant	-0.72	0.64		[-1.98, 0.54]

Note.  $R^2 = .43$ , Adj.  $R^2 = .40$

\* $p < .01$ , \*\* $P < .001$

**Continuance Commitment.** Unlike the previous two types of commitment, the overall model for continuance commitment was not statistically significant for the prediction of

continuance commitment,  $F(12, 242) = 1.57, p = .100$ . Table 25 shows the parameters of the regression model for current members. Continuance commitment measures the degree to which participants feel they have to hold membership in a primary rehabilitation counseling professional association. Only professional identity significantly contributed to the model, professional identity being positively related to increases in continuance commitment. The interaction term between employer support and colleague support was not significant when added to the model so was not retained in the final analysis.

Table 25

*Regression Analysis for Continuance Commitment of Current Members*

Variables	<i>B</i>	<i>SE B</i>	$\beta$	95% CI
Age	-0.00	0.01	-.02	[-0.02, 0.01]
Gender	0.01	0.17	.00	[-0.33, 0.35]
Race	0.09	0.17	.04	[-0.24, 0.43]
Level of Education	-0.20	0.24	-.07	[-0.67, 0.27]
Income (\$0 - \$49,999 vs. \$50K - \$74,999)	-0.21	0.17	-.09	[-0.54, 0.13]
Income (\$0 - \$49,999 vs. \$75K or More)	-0.39	0.24	-.13	[-0.87, 0.08]
Service in Association	0.18	0.16	.07	[-0.15, 0.50]
Academic Support	-0.02	0.05	-.02	[-0.12, 0.08]
Employer Support	0.07	0.05	.10	[-0.03, 0.16]
Colleague Support	0.00	0.06	.00	[-0.12, 0.12]
Value Scale	0.01	0.07	.01	[-0.13, 0.15]
Professional Identity Scale	0.32	0.13	.16*	[0.06, 0.57]
Constant	1.90	0.68		[0.50, 3.23]

Note.  $R^2 = .07$ , Adj.  $R^2 = .03$

\* $p < .05$

## Research Hypotheses

### Based on Social Identity Theory

**Research Hypothesis 1: Participants reporting greater rehabilitation counseling professional identity salience will be more likely to hold current membership and to express positive intentions for future membership.**

It was shown in the results from Question 2 (see Table 20) that increases in professional identity salience increased the odds of current membership when using never members as the reference,  $b = 0.61$ , Wald  $\chi^2(1) = 12.55$ ,  $p < .001$ ; however, professional identity salience did not significantly increase the odds of current membership when using former members as the reference (see Table 21),  $b = 0.13$ , Wald  $\chi^2(1) = 0.53$ ,  $p = .469$ . Based on this analysis, Hypothesis 1 was supported for the comparison between current and never members but not for the comparison between current and former members.

This hypothesis can also be considered using a slightly different measurement of identification, identification with a specific professional association. By asking which association participants identify with most closely, relative group identification is considered. A collapsed version of Table 13 is shown in Table 26. There appears to be a strong relationship between identifying most closely with a rehabilitation counseling professional association and being a member of one, with 76.9% of participants who reported ARCA, NRCA, or RCEA to be the associations they identify with most closely holding current membership but only 1.3% of participants identifying with no association holding current membership. The small cell counts caused by this seemingly strong relationship between association identification and membership prohibited inclusion of this variable in the regression models; there were only 3 participants who

were current members but did not identify with any association and only 13 participants who were never members but identified with ARCA, NRCA, or RCEA. A final note regarding professional association identification: 44 participants typed CRCC in response to the association they identify most closely with, despite CRCC being a regulatory body instead of a professional association. Of these 44 participants, three (6.8%) were members, five (11.4%) former members, and 36 (81.8%) never members.

In summary, rehabilitation counseling professional identity salience and identification with a rehabilitation counseling professional association appear to predict current membership from never membership, although results from identification with a rehabilitation counseling professional association are only anecdotal. The hypothesis that current members possess greater professional identity salience than former members was not supported. Because of complications in the measurement of membership intentions, the relationship between professional identity and future membership intentions could not be tested.

Table 26

*Collapsed Table Showing Professional Association Participants Identify With Most Closely*

Association	ARCA, NRCA, or RCEA Membership Status						Total
	Current		Former		Never		
	n	%	n	%	n	%	
ARCA, NRCA, or RCEA	150	76.9	32	16.4	13	6.7	195
ACA	48	51.6	25	26.9	20	21.5	93
NRA	106	40.3	73	27.8	84	31.9	263
NCRE	34	66.7	8	15.7	9	17.6	51
IARP	21	18.9	40	36.0	50	45.0	111
Other Association	16	11.6	35	25.4	87	63.0	138
More Than One	71	42.5	52	31.1	44	26.3	167
None	3	1.3	59	25.1	173	73.6	235

**Research Hypothesis 2: Among current members, professional identity salience will be positively related with both affective and normative commitment to a primary rehabilitation counseling professional association(s).**

It can be seen from the results in Question 4 (particularly Tables 23 and 24) that increases in professional identity salience were associated with increases in both levels of affective and normative commitment when controlling for other variables, with  $\beta = .21$ ,  $t(254) = 4.18$ ,  $p < .001$  for affective commitment and  $\beta = .21$ ,  $t(263) = 4.13$ ,  $p < .001$  for normative commitment. Moreover, it was found that continuance commitment also increased with increases in professional identity, although not at the same magnitude ( $\beta = .16$ ,  $t(258) = 2.49$ ,  $p = .013$ ). Hypothesis 2 was supported by the results of this analysis.

#### **Based on Social Exchange Theory**

**Research Hypothesis 3: Participants reporting greater value in rehabilitation counseling professional association membership will be more likely to hold current membership and to express positive intentions for future membership.**

Results from Question 2 show that increases in perceived value of rehabilitation counseling professional association membership increased the odds of current membership when using never member as the reference (see Table 20),  $b = 0.20$ , Wald  $\chi^2(1) = 4.21$ ,  $p = .040$ . Further increases in value of membership increased the odds of current membership when using former member as the reference (see Table 21),  $b = 0.45$ , Wald  $\chi^2(1) = 18.49$ ,  $p < .001$ . Based on this analysis, Hypothesis 3 is supported.

Another method for addressing this hypothesis is by considering the relative value of rehabilitation counseling professional association membership. This was accomplished by

asking participants which association, among all professional associations, was most capable of benefiting them in their careers at this time; Table 27 is a collapsed version of Table 16 and shows the results to this question. There appears to be a strong relationship between membership status and the most valued association, with 63.2% of participants who perceive ARCA, NRCA, or RCEA to be of greatest value also holding current membership but only 11.3% of participants who perceive no association to be of any value holding current membership. The small cell counts caused by this seemingly strong relationship between value and membership prohibited inclusion of this variable in the regression models; there were only 32 participants who were current members but did not perceive benefit from any associations and only 31 participants who were never members but identified with ARCA, NRCA, or RCEA.

Because of complications in the measurement of membership intentions, the relationship between professional identity and future membership intentions could not be tested. In summary, value of membership and relative value of membership in a rehabilitation counseling professional association appear to predict current membership, although results from identification with a rehabilitation counseling professional association are only anecdotal.

Table 27

*Collapsed Table Showing Professional Association Participants Perceive as Benefiting Them Most in Their Careers*

Association	ARCA, NRCA, or RCEA Membership Status						Total n
	Current		Former		Never		
	n	%	n	%	n	%	
ARCA, NRCA, or RCEA	110	63.2	33	19.0	31	17.8	195
ACA	51	51.5	22	22.2	26	26.3	93
NRA	85	45.7	45	24.2	56	30.1	263
NCRE	28	77.8	3	8.3	5	13.9	51
IARP	35	31.8	34	30.9	41	37.3	111
Other Association	26	20.3	35	27.3	67	52.3	138
More Than One	80	35.9	54	24.2	89	39.9	167
None	32	11.3	91	32.2	160	56.5	235

#### **Based on Olson's Theory on Collective Action**

**Research Hypothesis 4: In the consideration of both private and public benefits provided by professional associations, only private benefits will hold importance in influencing membership decisions and in the prediction of current membership status.**

An important preliminary step in addressing Hypothesis 4 was running correlations between the scales measuring private and public benefits. As shown in Table 4, there was a strong correlation between the reported importance of private and public benefits for influencing membership decisions ( $r = .79$ ). This correlation suggested that multicollinearity would prevent running both variables in a regression. In order to still address the hypothesis that only private benefits contribute to increases in professional association membership a consideration of these benefits using descriptive statistics follows.

To address the loss of data resulting from using the mean of private and public benefits, a combination of two variables were used: the mean importance of benefits (scale of 1 - 5, with 5



being most important) and the rank order of benefits (scale of 1 - 5, with 1 being most important). In the survey, only benefits that were rated as moderately important or higher could be ranked. A new variable was created by subtracting relative rank importance of benefits from overall importance of benefits in influencing membership decisions. In order to work with positive numbers, 2 points were added to each weighted rank score, resulting in a range of 0 (occurring when a benefit is rated as being moderately important (3) and ranked as the fifth most important benefit for influencing membership decisions (5),  $[3 - 5] + 2 = 0$ ) to 6 (occurring when a benefit is rated as being very important (5) and ranked as the number one most important benefit for influencing membership decisions (1),  $[5 - 1] + 2 = 6$ ). By subtracting the rank order of benefits from the mean importance for each item, the rank importance of each benefit was weighted by the importance of that benefit for influencing membership decisions. Table 28 shows the means of the resulting rank scores for all participants. Higher means suggest greater influence of the benefit on a participant's decision to join a rehabilitation counseling professional association while the frequency tells how many individuals rated each item as being (a) at least moderately important in influencing their decision to join or stay and (b), within their top five of benefits that would influence that decision. Tables 29, 30, and 31 show weighted rank scores by membership status, allowing for a rough comparison of importance of benefits between current, former, and never members.

Table 28

*Weighted Rank for Importance of Membership Benefits Ordered by Descending Mean Scores*

#	Benefits (Private or Public)	F	M	SD
4	Pro. development and education (P)	789	3.96	1.60
3	Influence legislation (U)	573	3.64	1.68
8	Access employment opportunities (P)	473	3.61	1.69
1	Access up to date information (P)	583	3.49	1.68
13	Assist in maintaining code of ethics (U)	423	3.48	1.60
2	Gain leadership experience (P)	254	3.36	1.67
6	Conduct research on discipline issues (U)	247	3.14	1.67
11	Provide quality standards (U)	408	3.13	1.62
10	Promote public awareness of discipline (U)	375	3.04	1.54
5	Networking opportunities (P)	374	2.97	1.65
12	Analyzing trends in the discipline (U)	259	2.87	1.64
15	Access to products (e.g., insurance, publications, etc.) (P)	181	2.87	1.54
9	Promote value of discipline among practitioners (U)	229	2.83	1.62
16	Support student education and entry in discipline (U)	268	2.81	1.55
7	Member discounts or group purchasing activities (P)	197	2.76	1.63
14	A reference directory of members/practitioners (P)	157	2.43	1.49

*Note.* P = Private benefit and U = public benefit

Table 29

*Current Members Weighted Rank for Importance of Membership Benefits Ordered by Descending Mean Scores*

#	Benefits (Private or Public)	F	M	SD
4	Pro. development and education (P)	282	4.01	1.71
3	Influence legislation (U)	212	3.93	1.64
8	Access employment opportunities (P)	133	3.79	1.50
1	Access up to date information (P)	216	3.65	1.66
2	Gain leadership experience (P)	93	3.48	1.58
13	Assist in maintaining code of ethics (U)	177	3.44	1.62
5	Networking opportunities (P)	139	3.30	1.71
6	Conduct research on discipline issues (U)	96	3.27	1.63
11	Provide quality standards (U)	163	3.22	1.56
10	Promote public awareness of discipline (U)	145	3.14	1.67
12	Analyzing trends in the discipline (U)	99	3.10	1.54
7	Member discounts or group purchasing activities (P)	58	3.09	1.74
16	Support student education and entry in discipline (U)	123	3.03	1.62
9	Promote value of discipline among practitioners (U)	83	3.02	1.58
15	Access to products (e.g., insurance, publications, etc.) (P)	71	2.76	1.51
14	A reference directory of members/practitioners (P)	58	2.48	1.38

*Note.* P = Private benefit and U = public benefit

Table 30

*Former Members Weighted Rank for Importance of Membership Benefits Ordered by Descending Mean Scores*

#	Benefits (Private or Public)	F	M	SD
4	Pro. development and education (P)	216	4.07	1.46
13	Assist in maintaining code of ethics (U)	106	3.61	1.62
1	Access up to date information (P)	160	3.52	1.71
8	Access employment opportunities (P)	128	3.52	1.71
3	Influence legislation (U)	163	3.44	1.72
2	Gain leadership experience (P)	52	3.38	1.71
15	Access to products (e.g., insurance, publications, etc.) (P)	48	3.19	1.54
11	Provide quality standards (U)	100	3.17	1.54
10	Promote public awareness of discipline (U)	98	3.05	1.73
6	Conduct research on discipline issues (U)	63	2.92	1.64
9	Promote value of discipline among practitioners (U)	69	2.78	1.60
12	Analyzing trends in the discipline (U)	62	2.73	1.83
16	Support student education and entry in discipline (U)	64	2.72	1.42
5	Networking opportunities (P)	99	2.69	1.65
7	Member discounts or group purchasing activities (P)	57	2.47	1.62
14	A reference directory of members/practitioners (P)	37	2.41	1.50

*Note.* P = Private benefit and U = public benefit

Table 31

*Never Members Weighted Rank for Importance of Membership Benefits Ordered by Descending Mean Scores*

#	Benefits (Private or Public)	F	M	SD
4	Pro. development and education (P)	291	3.84	1.58
8	Access employment opportunities (P)	212	3.56	1.78
3	Influence legislation (U)	198	3.48	1.65
13	Assist in maintaining code of ethics (U)	140	3.45	1.56
1	Access up to date information (P)	207	3.30	1.66
2	Gain leadership experience (P)	109	3.24	1.73
6	Conduct research on discipline issues (U)	88	3.15	1.60
11	Provide quality standards (U)	145	3.01	1.50
10	Promote public awareness of discipline (U)	132	2.93	1.59
5	Networking opportunities (P)	136	2.85	1.59
15	Access to products (e.g., insurance, publications, etc.) (P)	62	2.74	1.58
12	Analyzing trends in the discipline (U)	98	2.72	1.61
7	Member discounts or group purchasing activities (P)	82	2.72	1.53
9	Promote value of discipline among practitioners (U)	77	2.65	1.69
16	Support student education and entry in discipline (U)	81	2.54	1.51
14	A reference directory of members/practitioners (P)	62	2.40	1.59

*Note.* P = Private benefit and U = public benefit

Although anecdotal, these weighted rank scores suggest both public and private benefits are important in influencing decisions to join or stay in a rehabilitation counseling professional association. It is interesting to note that only two benefits held constant for current, former, and never members. These benefits were professional development and educational opportunities, which was number one for each grouping, and a reference directory of members/practitioners, which was last for each grouping. Both of these latter benefits were categorized as private benefits and represented the extremes in overall importance for private benefits. Considering both the high correlation between importance of private and public benefits as well as weighted rank scores, the hypothesis that private benefits alone influence membership decisions is not supported.

### **Additional Analyses**

Two questions naturally follow from the results: What factors predict value of membership and what factors predict rehabilitation counseling professional identity? Each of these questions is considered briefly.

#### **Value of Membership**

Value of membership was tested using the same model as was used in the analysis of commitment, with the addition of a scale measuring perceptions of rehabilitation counseling professional association performance. Table 32 shows the included predictors and parameters of the regression model for value of membership. The overall model significantly predicted value of association membership,  $F(12, 672) = 33.45, p < .001$  and captured 36% of the total variance (Adjusted  $R^2 = .36$ ). Significant predictors, in descending order, were colleague support, ( $p < .001$ ), performance of associations ( $p < .001$ ), academic support ( $p < .001$ ), service provided in the association within the last 12 months ( $p < .001$ ), employer support ( $p = .020$ ), and professional identity ( $p = .045$ ). Each significant predictor was positively related to increases in value of membership. The interaction term between employer support and colleague support was not significant so was not retained for the final model.

Table 32

*Regression Analysis for Perceived Value of Membership*

Variables	<i>B</i>	<i>SE B</i>	$\beta$	95% CI
Age	0.00	0.0	-.00	[-0.01, 0.01]
Gender	-0.8	0.09	-.03	[-0.26, 0.10]
Race	0.07	0.10	0.02	[-0.12, 0.26]
Level of Education	0.07	0.14	0.02	[-0.21, 0.35]
Income (\$0 - \$49,999 vs. \$50K - \$74,999)	0.08	0.09	.03	[-0.09, 0.25]
Income (\$0 - \$49,999 vs. \$75K or More)	0.09	0.12	.03	[-0.14, 0.32]
Service in Association	0.37	0.11	.12***	[0.17, 0.58]
Academic Support	0.12	0.03	.15***	[0.07, 0.17]
Employer Support	0.07	0.03	.10*	[0.01, 0.13]
Colleague Support	0.23	0.03	.31***	[0.17, 0.29]
Professional Identity	0.14	0.07	.06*	[0.00, 0.27]
Association Performance	0.28	0.04	.26***	[0.21, 0.35]
Constant	0.82	0.36		[0.11, 1.53]

Note.  $R^2 = .37$ , Adj.  $R^2 = .36$

\* $p < .05$ . \*\* $P < .001$

**Professional Identity Salience**

Professional identity salience was also tested using the same model as was used in the analysis of commitment, with the addition of a scale measuring perceptions of rehabilitation counseling professional association performance. The overall model significantly predicted value of association membership,  $F(12, 672) = 4.55, p < .001$ ; however, the model only captured 6% of the total variance (Adjusted  $R^2 = .06$ ). Table 33 shows the parameters of the regression model for rehabilitation counseling professional identity. Significant predictors, in descending order, were service provided in the association within the last 12 months ( $p < .001$ ), colleague support, ( $p = .034$ ), and perceived value of membership ( $p = .045$ ). Each of the significant predictors were positively related to increases in professional identity salience. The interaction

term between employer support and colleague support was not significant so was not retained for the final model.

Table 33

*Regression Analysis for Rehabilitation Counseling Professional Identity Salience*

Variables	<i>B</i>	<i>SE B</i>	$\beta$	95% CI
Age	0.00	0.0	.06	[-0.00, 0.01]
Gender	0.03	0.05	.02	[-0.07, 0.13]
Race	-0.00	0.06	-0.00	[-0.11, 0.11]
Level of Education	0.04	0.08	0.02	[-0.12, 0.20]
Income (\$0 - \$49,999 vs. \$50K - \$74,999)	-0.07	0.05	-.06	[-0.17, 0.03]
Income (\$0 - \$49,999 vs. \$75K or More)	-0.01	0.07	-.01	[-0.14, 0.12]
Service in Association	0.21	0.06	.15***	[0.09, 0.33]
Academic Support	0.01	0.02	.02	[-0.02, 0.04]
Employer Support	-0.02	0.02	-.04	[-0.05, 0.02]
Colleague Support	0.04	0.02	.11*	[0.00, 0.08]
Value of Membership	0.05	0.02	.09*	[0.00, 0.09]
Association Performance	-0.03	0.02	-.07	[-0.07, 0.01]
Constant	3.49	0.16		[3.17, 3.80]

*Note.*  $R^2 = .08$ , Adj.  $R^2 = .06$

\* $p < .05$ . \*\* $P < .001$



## **Chapter 5**

### **Discussion**

Following the analysis of results in Chapter 4, the purpose of this chapter is to summarize results and provide implications based on the findings. Before discussing results, a brief overview of the study and its intended purposes are reviewed.

#### **Overview of the Study**

Membership decline is a concerning, yet poorly understood issue affecting professional associations across many disciplines (Bauman, 2008). Rehabilitation counseling represents one of many disciplines experiencing this decline, however, for the discipline of rehabilitation counseling this trend is even more concerning because of the magnitude of the decline and because this decline is happening even as the number of certified rehabilitation counselors continues to increase (Leahy, 2009). Little has been done to study professional association membership. Of existing studies, few are based on a theoretical framework. The purpose of this study was to explore factors that might influence professional association membership in rehabilitation counseling professional associations and to test theoretical hypotheses about membership; pursuit of this purpose was guided primarily by tenets of social exchange and social identity theories.

Social exchange theory is the theory most commonly associated with professional association membership. The primary emphasis in using this theory for membership research has been to measure the cost-benefit of membership. From research on membership (e.g., Yeager, 1983) to newsletters from association leaders (e.g., Lane, 2010), increasing benefits or decreasing costs is commonly the central focus for addressing membership concerns. However, challenges in the application of exchange theory to influence membership decisions are many

during periods of declining membership. Efforts to increase overall value can become strained by the loss of revenue resulting from a reduction in membership dollars. Social identity theory is offered, in addition to social exchange theory, as an explanation for membership decisions. In social identity theory, the influence of group membership on self-identity becomes primary (Tajfel, 1981). In line with social identity theory, professional identity was defined for this study as a special form of social identity in which a person defines him or herself by membership in an occupation believed to approximate that of a profession.

A sample of 1,257 professionals closely connected to the discipline of rehabilitation counseling was obtained for this study from the databases of CRCC, ARCA, NRCA, and RCEA. This sample included 450 participants who currently held membership in at least one rehabilitation counseling professional association, 324 participants who formerly held membership in at least one rehabilitation counseling professional association, and 483 participants who had never held membership in a rehabilitation counseling professional association. This sample allowed for the comparison between current, former, and never members regarding questions and hypotheses relating to rehabilitation counseling membership and membership intentions. With an overview of the study provided, the results from Chapter 4 are summarized, limitations of the study noted, and then implications of the results provided.

## **Summary of Findings**

### **Membership Status**

Primary focus of this study was on the prediction of membership status between current, former, and never members in a rehabilitation counseling professional association; the purpose being to determine what variables predict rehabilitation counseling professional association membership status as current, former, or never member. Beyond this research question, three

hypotheses were tested in relation to membership status. It was hypothesized that likelihood of current membership status would increase with increases in professional identity salience, with increases in perceived value of membership, and with increases in the perceived importance of private benefits offered by professional associations. For the discussion of findings, results are separated by level of predictors as follows: (a) demographic variables, (b) institutional and colleague variables, (c) variables related to social exchange theory, and (d) variables related to social identity theory. Unless specified otherwise, the results used for this discussion are found in Tables 20, 21, and 22.

**Demographics.** For prediction of membership status, few demographics contributed significantly to the model. Gender, race/ethnicity, current school status, CORE accreditation of graduate program, stage of career, and income did not significantly contribute to the model for any of the three comparisons between current, former, and never members (only gender, race/ethnicity, and income were retained for the final model). Odds of both current and former membership (with never member as the reference) increased with increases in both age and level of education. Based on this sample, it appears that younger professionals possessing a master's degree or less are less likely to be former or current members than older professionals with a doctoral degree. Level of education being predictive of membership status corroborates with previous findings (e.g., White & Olson, 2004; Yeager & Kline, 1983; Yeager et al., 1985). That few other demographics predicted membership status is also consistent with previous research.

**Institutional Factors.** Academic, employer, and colleague support, as well as the interaction of employer and colleague support, were predictive of membership status. A broad, although somewhat simplified, interpretation of results suggests that institutional supports can be dichotomized into pre-service (i.e., academic support) and post-training (employer and colleague

support) support. From this perspective, both current and former members perceived more pre-service support than never members. However, former members perceive less post-training support than never members. No differences were found between current and never members in post-training support. Finally, current members perceived less support than former members in pre-service, but more support in post-training, specifically from colleagues. It appears that current membership is most likely when both pre-service and post-training institutional supports are in place.

These results for institutional supports are consistent with beliefs expressed in previous literature and research. The influence of academic support on membership status is in line with previously stated beliefs regarding the importance of helping students develop a professional orientation, including joining an association (Borders & Benshoff, 1992; Hatem, 2003; Spruill & Benshoff, 1996). The influence of employer support on membership status is also in line with many arguments (Jaques, 1967; Patterson & Pointer, 2007; Sales, 1986, 1995; White & Olson, 2004) and with some previous findings (Kamm, 1997; Ross, 2009). Finally, the influence of colleague support on membership status in this study aligns with previous findings (Bauman, 2008; DeLesky, 2003).

**Professional Identity.** Tenets of social identity theory suggest current membership in a rehabilitation counseling professional association would be more likely as identification with the discipline of rehabilitation counseling increased. As hypothesized, odds of current membership increased with increases in professional identity salience with never members as reference. Odds of former membership also increased with increases in professional identity with never members as a reference. However, no differences were found between current and former members in levels of professional identity. The relationship between professional identity salience and

membership status may be the result of (a) an increased concern for the group resulting from depersonalization, (b) the internalization of norms and values related to professional association membership, or (c) internalization of a service ideal that may encourage association membership as a mechanism for furthering the profession and improving services. It is not possible in a cross-sectional design to test whether increases in professional identity lead professionals to join an association, joining an association leads to increases in professional identity, or both.

Another measure of identification, although not included in inferential models, was found to relate with association membership. Participants most closely identifying with ARCA, NRCA, or RCEA were current members in 76.9% of cases and current or former members in 93.3% of cases. In contrast, professionals identifying with no professional associations were never members of a rehabilitation counseling professional association in 73.6% of cases and never or former member in 98.7% of cases. In combination, this data supports propositions of social identity theory.

**Value of Membership.** Based on social exchange theory, it was hypothesized that increases in the perceived value of membership would lead to increases in the likelihood of current membership. Indeed, increases in perceived value of membership increased the odds of current membership when using both never members and former members as the reference. Results from the comparison between former and never members showed that the odds of former membership decreased with increases in perceived value. Additionally, because cost-benefit decisions are made in relation to other options, the relative value of rehabilitation counseling professional association membership was also considered, although not using inferential statistics. Professionals have a multitude of professional associations to choose from. Therefore, the finding that relative value of professional association membership was also closely related

with membership status takes on added importance. Participants viewing the greatest benefit coming from ARCA, NRCA, or RCEA were current members in 63.2% of cases and current or former members in 82.2% of cases. In contrast, participants reporting that no association was capable of benefiting them in their careers were never members in 56.5% of cases, and never or former members in 88.7% of cases. These exchange related results suggest overall value and relative value both may play an important role in membership decisions. It is again not possible in study to test whether increases in perceived value lead professionals to join an association, joining an association leads to increases in perceived value, or both.

**Olson's exchange theory.** Beyond social exchange theory, special consideration was given to Olson's theory of collective action due to the high proportion of articles on association membership that refer to this theory or articles based on Yeager's (1981, 1983) research design that was developed from Olson's theory. In this economically driven theory, it is posited that, between private and public benefits, only private benefits (those requiring membership for consumption), would influence a rational person to join. The results used for this section of the discussion can be found in Hypothesis 4 and particularly in Tables 28 - 31.

First, mean scores for the importance of private and public benefits in influencing membership decisions were similar, both being moderately important to important. Due to the high correlation between importance of public and private benefits and the accompanying risk of multicollinearity the variables were not run together in a regression. Nonetheless, the high correlation suggests significant overlap between perceptions of the importance of public and private benefits for joining a professional association. Weighted rank scores for each individual benefit revealed both private and public benefits influenced membership decisions for current, former, and never members. These anecdotal results suggest that, at a minimum, both private

and public benefits influence membership decisions. These results support the notion that self-interest is not the only motivation in membership decisions.

**Summary of membership status findings.** Predictors of membership status included age, level of education, time since graduation, institutional supports, professional identity and value of membership. Although many of the findings can be understood in isolation, others must be considered in combination with other predictors to provide a thorough understanding of results. For a consideration of current members vs. never members, it is clear that professional identity, perceived value of membership, and academic support contribute to the membership decision. An interesting depiction of former members is also provided; professional identity did not contribute to the categorization between former and current members but value of membership was negatively related to former membership in comparing the two. Further, perceived value was even negatively related to former membership when using never members as the reference. The odds of being a former member was also negatively related to perceived colleague support using both current and never members as reference. It appears likely that low perceived value of membership or a lack of perceived colleague support help provide an explanation for former members dropping their membership when others choose to stay.

### **Membership Intentions**

Membership intentions could not be tested using inferential statistics as originally planned due to failure to meet model assumptions. Descriptive data analysis suggests, however, that current members largely intend to remain members and nonmembers to remain nonmembers. Although formal statistical testing of membership intentions was not possible, any member who indicated intentions to drop membership was provided with a qualitative question asking what influenced his or her intentions to drop membership, and any nonmember who

indicated intentions to join or rejoin was provided with a qualitative question asking influenced his or her intentions to join. Responses were organized by theme and could be categorized into more than one theme. Although responses to this question were few, some understanding of change in intentions can be gleaned from this additional qualitative data.

**Current member intentions to drop membership.** Only 34 current members who indicated they were slightly or more likely to drop membership provided qualitative responses. Of these respondents, 22 spoke of high costs or of insufficient benefits in membership. “I don't get much benefit for the price I pay” represented many of the comments categorized as an issue of cost-benefit. No other theme had more than three total responses. A lack of relevance to the type of work respondents performed was mentioned by three participants as well as inadequate or insufficient information for continuing membership. An example of the latter follows: “From my understanding, ARCA is a student organization, and I will no longer be a student as of May, 2011.”

**Former member intentions to rejoin.** Although 31 former members responded to the request for additional information about intentions to rejoin a rehabilitation counseling professional association, only 17 of those comments actually reflected intentions to rejoin. The other 14 tended to note something positive and then explain why they still would not join. Of the 17 comments, eight reflected an appreciation for the benefits of membership, the reasonableness of costs, or an increase in salary. No other themes had more than two responses.

**Never member intentions to join.** Although 171 participants who had never held membership responded to the qualitative question asking for additional information about intentions to join a rehabilitation counseling professional association, only 123 of those comments actually reflected intentions to join. Of the remaining comments, the majority



referred to benefits they felt would support them in their careers. The greatest frequency of participants spoke of the desire for current information about the discipline ( $n = 33$ ); others spoke of the desire to network or relate with others in the discipline ( $n = 24$ ); and others stated an interest in professional development and training ( $n = 18$ ). Other comments were spread between a number of motives such as encouragement from professors ( $n = 9$ ) and the desire to help move the discipline forward ( $n = 10$ ).

### **Membership Commitment**

As important as membership is for the health of professional associations, all members were not alike in their levels of association commitment. The measure of commitment is important because it relates to future involvement and activity (Hall, Smith, & Langfield-Smith, 2005). Two types of commitment held primary interest for this study: affective commitment, which measures the degree to which members want to remain in an association, and normative commitment, which measures the degree to which members feel they should remain in an association. A third type of commitment, continuance commitment, or the degree to which members feel they have to remain in an association, was also measured and results are discussed below. Results from the discussion on commitment can be seen in Tables 23, 24, and 25.

As hypothesized, greater rehabilitation counseling professional identity salience predicted greater affective and normative commitment. Less expected, greater rehabilitation counseling professional identity salience also predicted greater continuance commitment. A positive perception of the cost-benefit, or value, of association membership was also positively related with affective and normative commitment, with increases in perceived value being associated with increases in participants both wanting and feeling they should maintain membership. Whether current members had served a rehabilitation counseling professional association in any

capacity in the past 12 months was also predictive of affective and normative commitment; those providing service at least once in the past 12 months being more likely to have higher levels of both types of commitment. Finally, colleague support positively predicted normative commitment among members but did not predict affective commitment.

### **Qualitative Findings**

At completion of the survey, participants were asked to provide any additional comments regarding professional association membership or professional associations generally. 509 participants elected to respond. Responses were categorized by theme and could be categorized into more than one theme. Although brief and somewhat informal, consideration of these responses provides some additional understanding of participant's thoughts and feelings about professional associations. The theme with the highest frequency of comments ( $n = 101$ ) focused on a perceived need to unify rehabilitation counseling professional associations. Another common theme ( $n = 82$ ) included comments reflecting a lack of information or understanding about rehabilitation counseling professional associations. In this theme many participants stated they were either not familiar with ARCA, NRCA, or RCEA or that they felt the need to gain a better understanding of the differences between rehabilitation counseling professional associations so they could make an informed membership decision. Due to noted differences in responses about costs and benefits of membership, concerns that expressed an inability to pay for membership were noted separately from comments that reflected costs of membership outweighing benefits. Although not mutually exclusive, 82 comments reflected an inability to pay membership dues while 47 comments reflected costs outweighing benefits of membership; 46 responses reflected benefits outweighing costs of membership. Finally, other less common themes included perceptions that rehabilitation counseling professional associations were not

performing adequately (n = 43), perceptions of low employer support for membership (n = 36), and comments suggesting membership in other professional associations precluded rehabilitation counseling professional association membership (n = 32).

### **Limitations**

Although this study has a number of strengths, some limitations must be noted before discussing implications. First, limitations in the extent to which results might be generalized result from the sample selected for this study. A single discipline, rehabilitation counseling, was measured. Although the design and theoretical framework could be expected to apply across many disciplines, additional studies would be needed to test this assumption. Selecting participants from the CRC database and the databases of ARCA, NRCA, and RCEA also leaves questions about the appropriateness of generalizing results to individuals who identify with the occupational title of rehabilitation counselor but do not choose to certify or to hold membership in a rehabilitation counseling professional association. Again, further studies would be needed in order to answer this question. It is possible that individuals who self-identify as rehabilitation counselors but choose not to certify as a CRC or join a professional association have different views that are not captured in this study and that inclusion of these individuals would have altered the results. Finally, some would consider the definition of rehabilitation counseling professional associations too narrow by opting not to include other professional associations related to rehabilitation counseling (e.g., International Association of Rehabilitation Professionals [IARP]).

The response rate of 24.3% creates another limitation for the generalization of findings; this less than ideal rate occurred despite sending two reminder notifications and providing an incentive of one CRCC continuing education credit for completing the survey. Although a

comparison of demographic information between the sample and CRCs suggests individuals choosing to participate did not greatly differ from the population of interest, it is still highly possible that responders differed from non-responders in ways that were not measured and compared.

Another limitation in the measurement of professional associations results from the complexity of professional association membership decisions. A number of variables not measured or controlled for in this study may influence individual differences in professional association membership and membership intentions. These confounding variables could include geographic constraints to membership and participation, special offers on membership rates that altered the cost-benefit analysis, career changes, etc. Results from qualitative data reflect other reasons for membership decisions than were included in empirical analysis even though the most common qualitative responses were addressed.

Potential multicollinearity between variables may have also acted as a limitation in this study by reducing significance of demographics and other variables of interest. While variance inflation factor scores (VIFs), the inflation of standard error, and correlations between variables were carefully observed, and no problems with multicollinearity were identified, it is still possible that the relationship between variables influenced results in a manner that masked significance of certain variables.

The fact that a cross sectional research design was used for this study does not allow for the consideration of causality. This is a limitation of the study because multiple explanations exist for related variables. It is impossible to know from the data collected whether predictor variables influence outcome variables or vice versa. Further, in the relationship of professional

identity and professional association membership a causal loop might be expected, causing some of the results to be misleading if interpreted as unidirectional.

A previously discussed limitation in instrument design resulted from using a single Likert-item to measure intentions for future membership; this limitation prevented analysis using multiple regression as was initially planned. Additional qualitative data addressing change in membership intentions was collected in an effort to partially address this limitation. Another limitation of the instrument resulted from the measure of income. Income did not play a significant role in the measurement of any outcome variable for this study. However, the combination of other empirical and qualitative data suggests membership is perceived as a financial hardship for many professionals desiring to join. It is possible that the failure to detect significance for the measure of income resulted from use of a categorical variable rather than a continuous measure of income, thus reducing power. The original intent of using a categorical variable to measure income was to increase response to what is typically a sensitive survey item; however, given the expected importance of this variable to association membership research, more may have been lost than gained by using a discrete variable.

### **Implications**

Membership in rehabilitation counseling professional associations is at an all-time low (Leahy, 2009). If the percentage of professionals holding multiple memberships in this study is representative of all members, then combined membership approximates 1,800 individuals. This approximation equates to 11.3% of all CRCs belonging to a rehabilitation counseling professional association. As was shown in Figure 1, current membership numbers are far below membership that once exceeded 10,000 members in ARCA and NRCA alone. Even among members it was found that the highest frequency were between the ages of 50 and 59, suggesting

the possibility of further declines resulting from professionals aging out of the discipline. This concern of aging out is a shared for CRCs generally, with the majority of CRCs also being between the ages of 50 - 59. Concerns for the aging out of leadership in the discipline have been noted previously (e.g., Patterson & Pointer, 2007). The total length of membership for participants was five years or less for 68% of ARCA members and 58.1% of NRCA members. Given the average age of members, a length of membership less than five years suggests keeping members has proven difficult for rehabilitation counseling professional associations.

Both literature review and results of this study suggest that addressing current membership trends is most likely to be effective if a concerted effort is made by more than just leadership of professional associations. Implications from the results of this study are organized according to each of the major institutions and individuals making up the discipline of rehabilitation counseling. Implications for professional associations are provided first, followed by implications for graduate programs, for employers, and for professional rehabilitation counselors. Finally, implications for research and suggestions for future research are provided.

### **Implications for Rehabilitation Counseling Professional Associations**

Implications for rehabilitation counseling professional associations are provided first since it is expected the associations will likely need to lead in efforts to reverse current membership declines. Perhaps the most important findings for the associations are that membership is about more than cost-benefit, and that cost-benefit is about more than products and prices. Findings suggest cost-benefit being much more complicated than previously believed. Even if this was already known by some in the associations, it is not well represented in previous research on associations. First, consistent with previous research, results suggest

increasing perceived favorability of the membership exchange by increasing benefit or decreasing cost increases the probability of current membership and levels of membership commitment. Yet, qualitative responses suggest that a single measure of cost-benefit, as used for this study, fails to capture what may be important differences for associations to recognize. Some responses among nonmembers suggested discretionary income was available for membership but benefits were not valued while others suggested benefits were valued but discretionary income was not available. Each concern relates to value of membership but must be approached differently. For professionals who would experience undue financial hardship from membership dues, the possibility of creating a nominal fee for membership, similar to the model used by the American Association of Retired Persons (AARP), that would entice many more members might be revisited (Couch, 1982). However, when perceived value of benefits rather than finances is the primary barrier to membership, it may be best to view cost-benefit in the full complexity shown in the results of this study.

The finding that increased professional identity salience, institutional supports, and colleague support predicts a more favorable cost-benefit analysis provides alternatives for increasing direct benefits of association membership. Implications for each predictor in relation to cost-benefit and in direct relation to membership are now addressed. First, increases in professional identity predicted a more favorable cost-benefit analysis as well as current membership status and levels of membership commitment. The finding that professional identity salience is related to current membership supports the theoretical proposition that professional identity influences our beliefs and behaviors (Deaux & Martin, 2003). According to social identity theory, professionals possessing a strong professional identity that rightfully includes valuing association membership might be recruited to join and stay in associations through

appeals to professionalism and the great benefit of membership to the discipline. Further, in local and national association meetings, professionals could be reminded that their attendance and activity communicates professionalism and that such efforts contribute greatly to the discipline. Such efforts are important, according to social identity theory, because they help to confirm, support, and reinforce a rehabilitation counseling professional identity (Burke & Reitzes, 1981).

Knowing that institutional supports and colleague support predict a more favorable perception of the membership exchange and current membership status directly also provides important implications for associations. The relationship between institutional supports and value of membership could be argued, using social exchange theory, as increasing the indirect benefits of association membership, and, using social identity theory, as increasing the perceived group value for association membership. Either way, results suggest professional associations would do well to view academic institutions and employers of rehabilitation counselors as prime customers. Increases in the marketing of services, educating on the importance of professional associations for the future of rehabilitation counseling institutions, and perhaps even altering services to meet needs at these institutional levels in order to increase support for membership may offer a more cost-effective approach to recruitment than efforts focused at the individual level. In addition to predicting favorable perceptions of cost-benefit, colleague support was positively related with current membership, and levels of commitment. The importance of colleague support is put in perspective by reports that nearly 25% of professionals learned about their primary rehabilitation counseling professional association through a colleague. An implication for professional associations, particularly knowing the general willingness of current members to recommend membership, is to encourage and support this type of effort among



membership. Giving public recognition for recruitment efforts or discounted membership renewal for referrals are two possible solutions for encouraging members to join in the recruitment of membership.

Another implication for professional associations relates to active membership. Among current members any level of activity in associations was related to both affective and normative commitment to the associations. Findings provide additional support for encouraging active membership, not just membership, in order to increase association commitment among members.

Qualitative findings provided some additional implications not yet mentioned. As mentioned in the results, a number of CRCs ( $n = 82$ ) stated that they either had never heard of ARCA, NRCA, or RCEA or that they were confused about which one provided the best fit. Somewhat related, 101 participants suggested the need to unify rehabilitation counseling associations. Although these responses represent the majority of qualitative data it must be remembered that they only represent a small portion of the overall sample. Nevertheless, rehabilitation counseling professional associations might see a need to increase the marketing of associations to CRCs. In addition, the comments of participant's suggest that if unification is not the goal, then part of the marketing to CRCs should include an explanation of what the associations feel are the substantial differences between rehabilitation counseling professional associations. This information would provide professionals confused by multiple associations representing the discipline with a better understand which of the associations provides the best fit. That 82 respondents commented on an inability to pay for even one membership suggests rehabilitation counseling professional associations cannot allow any real differences between associations to be minimized under the expectation that professionals will join all or none. One suggestion, repeated by several respondents was to provide information about the associations

through CRCC; ensuring that individuals identifying as rehabilitation counselors through certification have access to basic information about rehabilitation counseling professional associations and their role in the discipline of rehabilitation counseling. The fact that 44 individuals typed in CRCC when asked for the professional association they identify with most closely adds further support to the need for rehabilitation counseling professional associations to inform CRCs about the ideally unique role of associations compared to regulatory bodies and other professional organizations.

### **Implications for Rehabilitation Education**

Findings indicate that graduate programs in rehabilitation counseling may have a deep and lasting influence on professional association membership decisions. It was found that current and former members of a rehabilitation counseling professional association joined primarily as master's students; this is true for over 62% of ARCA members and 55.3% of NRCA members. Predictably from this data, over 50% of participants first learned about their primary rehabilitation counseling professional associations while in graduate training. Perhaps, given this information, it should not be surprising that participants who never held membership in a rehabilitation counseling professional association were much less likely to have received support for membership in their graduate training than current and former members. From a social exchange perspective, the relationship between academic support and current membership status can be explained by alterations in the cost-benefit analysis due to increased benefit derived from emotional or monetary support. From a social identity perspective, academic institutions can be viewed as first opportunity for many graduate students to learn the norms and values held by professionals in a particular discipline. Borders and Benshoff (1992) refer to this latter process

as the acquisition of a professional orientation. It appears to be likely that both perspectives help explain motives for membership resulting from academic support. Regardless of how academic support relates to membership, faculty and staff must recognize the great responsibility they have, as an initial reference point for students regarding what it means to be a professional rehabilitation counselor. As such, associations are likely to be strengthened when faculty and staff go beyond sharing information about the discipline to, as stated by MacPherson (2005), help students experience a transformation of identity into the “ethos of the profession.”

One method for helping students develop an adequate professional orientation is for faculty and staff to encourage and recognize active participation in student chapters, local associations, and national associations. In line with results on cost-benefit of membership, faculty who communicate the purpose of professional associations in strengthening and maintaining the discipline equip their students with the proper scales for weighing benefits vs. costs. Findings suggest that faculty emphasize public benefits membership provides as well as private benefits as reasons for joining. Finally, knowing the importance of graduate programs for the future of rehabilitation counseling professional associations, graduate programs might think about ideas for collaboration that would benefit both parties. For example, perhaps a local leader of a professional association could be invited into a classroom on professional issues to discuss the latest local and national political efforts or concerns and how the representing professional association is attempting to support such efforts.

### **Implications for Practice Setting Employers**

Sales (1995) stated one reason for declining professional association membership in rehabilitation counseling was a reduction in employer support. Findings indicate that employers

do have an important relationship with membership status, particularly on whether professionals maintain membership. Perceived employer support was lower among former members than either current or never members, however, academic support was higher among former members than either current or never members. Although not conclusive, data suggests that even strong academic support may not be sufficient for retaining membership if professionals do not experience an adequate level of support from their employers. From a social exchange perspective, the relationship between employer support and former membership can be explained by decreases in the indirect benefits resulting from a lack of emotional or monetary support that alter a cost benefit analysis. From a social identity perspective, the relationship between employer support and former membership can be explained by the norms and values of the employing organization reshaping professional identity and what professionalism entails. In the latter case, it can be recognized that employers may have the potential to at least partially redefine the norms and values of a discipline such that a strong professional identity may no longer include membership in an association. If possible, professional identity salience would no longer be related to current membership; the similarity between current and former member in professional identity offers some initial support for this possibility.

Knowing the importance of employer support for rehabilitation counseling professional association membership, employers might seek opportunities to collaborate in a manner that benefits both parties. For example, employers might look to professional associations as the primary mechanism for seeking better working conditions, more adequate compensation, and for solidifying the future of the discipline. In this manner, employers become partners with professional associations, helping to ensure a positive future for the discipline. Professionals generally do not perceive employers to be supportive of association membership. Employers

must consider ways to increase perceived support among professionals; this need not be limited to monetary support. Recognition of a conference presentation or advocacy efforts may go a long way in altering perceptions about association membership. Finally, another potential area for collaboration between employers and professional associations exists in the shared effort to maintain qualified personnel. Whether the goal of continuing education is to meet minimal standards such as being eligible to sit for the CRC exam or to maintain a certification or the goal is simply to continually increase the qualifications of rehabilitation counselors, support of professional association membership and activity could serve as the means for meeting many of these training needs.

### **Implications for Rehabilitation Counseling Professionals**

When asked which association is capable of providing the greatest benefit, 22.8% of participants reported no professional association was capable of benefiting their careers; nearly all of these were nonmembers. Qualitative research also suggested many did not see any value in rehabilitation counseling professional association membership. The irony in nonmember professionals using a lack of value as the primary reason for not joining a professional association is that associations rely on the coproduction of professionals to create value. Thus, failure to join due to a lack of value can become a self-fulfilling prophecy when a majority of professionals take such a stance. In an age of consumerism, it is difficult for this group oriented perspective on professional association membership to be maintained. However, the working definition of professions used in this study provides a critical insight for professionals for how the sequence of professionalization must be ordered. In the working definition provided by Cruess, Johnston, & Cruess (2004), it states,

Its [the profession's] members are governed by codes of ethics and profess a commitment to competence, integrity and morality, altruism, and the promotion of the public good within their domain. These commitments form the basis of a social contract between a profession and a society, which *in turn* grants the profession a monopoly over the use of its knowledge base, the right to considerable autonomy in practice and the privilege of self regulation.

It is important to recognize from this selection from the working definition of a profession which elements come first in the social contract between profession and society. A consumer mentality suggests rehabilitation counselors join their associations only after value reaches an adequate level and the privileges associated with professionalization are secured. However, it clear from the working definition that such privileges are only granted after professional characteristics, norms and values have been displayed. Although such characteristics are certainly on display in offices and places of employment on a daily basis as rehabilitation counselors serve largely marginalized members of society, without the sort of organized effort provided by associations, individual efforts may continue to go unnoticed by society and governing bodies. For rehabilitation counseling professionals it is time to show the level of professionalism fitting a true profession, a major component of professionalism including current membership in professional associations.

### **Implications for Future Research**

As a one of the first studies empirical studies on rehabilitation counselor professional association membership, there are many possible directions for future research. One implication of this study (in line with at least one other study on professional association membership;

Skarlicki, 2000), is that former and never members are different in their approaches to professional association membership. As a result, it appears future research on association will be most meaningful if former and never members are considered separately rather than together when possible.

In future research, consideration of membership intentions might use a dichotomous (yes or no) response to intentions for staying, joining, or rejoining. Of course, far superior would be measurement using two or more time points, thus providing an actual measure of behavior over time rather than the less reliable measure of membership intentions. The potential insights that could be gained from using a longitudinal design to measure professional association membership extend beyond replacement of questions about membership intentions. First, as previously mentioned, more than one explanation can be made for the relationships between variables. A longitudinal study that is initiated with participants in graduate training or shortly thereafter and then follows them through the initial months or years of employment would provide increased understanding regarding the directionality of related variables. Of particular interest is the extent to which professional identity influences membership decisions and membership influences professional identity. Similarly, it would be interesting to understand the extent to which perceived value influences membership and membership influences perceived value. The latter is a particularly interesting question knowing that former members have a lower perception of association value than never members; yet, current member perceptions of value are greater than former or never members. A longitudinal design might help explain more of the differences between current and former members and how membership may have influenced perceptions of value. Further, such a longitudinal design would likely provide more

understanding about the development of key variables such as professional identity and perceived membership value.

Another recommendation for future research relates to the measurement of cost-benefit ratios, or value. As stated previously, findings suggest no simple treatment can be given to measuring the value of association membership, and no simple interpretation can currently be made from differences in perceived value. Measurement and interpretation of cost-benefit is complicated in professional association research by differences in the perceived benefit of public benefits and by a multitude of indirect predictors of value (i.e., academic, employer, and colleague support, professional identity, association performance, and serving in the association). Informal observation of the data, particularly some qualitative comments, suggests one method for refining measure of perceived value; it is possible that perceived cost benefit reflects four broad categories based on the combination of whether membership creates a hardship and/or whether products and services of associations are perceived as real benefits. Thus a participant could (a) afford membership but perceive low value (b) afford membership and perceive high value (c) not afford membership and perceive low value, or (d) not afford membership but perceive high value. Measurement allowing for an analysis of these different categories may provide a more complete consideration of how cost-benefit relates to professional association membership.

Suggestions for future research include the need for comparison studies both in and outside of the discipline of rehabilitation counseling. This study was conducted with rehabilitation counselors who were either CRCs or who were current members of a rehabilitation counseling professional association. Although the findings provide interesting knowledge about membership and commitment in professional associations, it is not known how well results may



apply to rehabilitation counselors not included in this study or to professionals in other disciplines. Thus, another suggestion for future research is to conduct comparison studies with these other target populations. It is expected (based on the design founded on a theoretical framework not specific to rehabilitation counseling and based on assumptions about shared characteristics of a profession) that many of the results from this study could be replicated when used with professionals from other disciplines.

Finally, there are several variables that significantly predicted membership and commitment that are only partially understood. This is the case for academic, employer, and colleague support. Although it has been shown that these institutions and relationships play a significant role on membership, there is much more to be understood about how this is so. For example, what type of academic, employer or colleague supports are most important for influencing membership decisions? And what type of employer behaviors influence former members to perceive such a lack of support? Further, the strong correlation between employer and colleague support begs the question of how exactly these two forms of support relate. It was found that for predicting categorization between former and never members the effect of employer support on membership status differed depending on the level of colleague support; this interaction provides further questions about the relationship between employer and colleague support that might be addressed in future research. An additional construct requiring further study is the influence of association commitment on association beliefs and behaviors. Future research might be conducted to determine how each type of commitment influences observed membership behavior.

Perhaps the variable of this study suggesting the greatest need for future research is that of professional identity. A new definition of professional identity based on social identity theory

was provided and a significant relationship with both membership and association commitment were shown. As explained in Chapter 2, two processes in social identity theory, depersonalization and the internalization of group norms and values, provide possible explanations for the connection of professional identity with professional association membership. Future research might be conducted to better understand which, if any, of these processes can be detected in influencing membership. The consideration of group norms and their influence on individual professionals may be suited well for social network analysis where the influence of norms held by colleagues and direct supervisors regarding professional association membership could be measured.

### **Conclusions**

The findings of this research expanded the work of previous research in the area of professional association membership and membership commitment. Results show, as hypothesized, that professional identity salience significantly predicted current membership status and levels of affective and normative commitment. Also as hypothesized, perceived value of membership predicted current membership status. In contrast, the hypothesis that private benefits would act as the only type of benefits predicting current membership was not supported (although the close relationship between public and private benefits prevented parametric analysis). Graduate programs and employing organizations were also shown to play an important role in encouraging membership. Although much understanding has been gained about membership in professional associations as a result of this study, many questions remain. One question of interest is how variables such as professional identity, perceived value of the membership exchange, and even perception of institutional supports develop in relation to each other and in relation to professional association membership. Many alternatives can be identified

from the current study. For example, a strong professional identity and a positive perception of the membership exchange could be precursors to professional association membership, an outcome of membership, or both? In relation to institutional supports, it appears that membership results from high levels of academic, employer, and colleague support; however, it is also possible that some of the relationship between institutional support and association membership could be explained by individuals with a proclivity to join a professional association self selecting supportive institutions. From a sociological perspective, data might be interpreted to suggest institutional supports have the greatest influence on developing a strong professional identity and positive perceptions of the membership exchange. An individual perspective suggests that other more stable characteristics in the individual are largely responsible for formation of professional identity and perceptions of the membership exchange. Longitudinal analysis could help to address these and other questions about the nature and development of these variables.

Membership data for the three rehabilitation counseling professional associations suggest the urgent need for drastic changes in their strategies for recruiting and maintaining members. This study provides many suggested strategies, many of which involve more than leaders of professional associations. In the review of literature, it was emphasized that professions are not stand alone entities. Whitten (1971) voiced concerns that a growing complacency among professionals seemed to result from an assumptions that continued effort was not necessary for maintaining current levels of professionalization; this is not so. Without professional associations providing a vehicle for the pursuit of shared interests, it is possible for this discipline, once termed a quickly emerging profession, to slip quietly back to the form of a typical occupation. Further deprofessionalization would leave professionals with fewer rights to

autonomously practice their full range of knowledge and skills, thus limiting their ability to do what matters most, provide quality service to persons with disabilities. It is hoped that the discipline will collectively act to restore rehabilitation counseling professional associations so that the many issues and challenges faced by the discipline can be adequately addressed.

## **APPENDICES**

# APPENDIX A: MODELING FOR MULTINOMIAL LOGISTIC REGRESSION FOR EACH OF THREE COMPARISONS

Table 34

*Results for Each Step of Multinomial Logistic Regression Modeling for Current Members Using Never Members as the Reference*

Variable	Current Member				
	Baseline <i>B</i>	Model I <i>B</i>	Model IIa <i>B</i>	Model IIb <i>B</i>	Model III <i>B</i>
Age	0.03	0.02	0.03**	0.03**	0.03**
Gender (ref = Male)	-0.01	-0.07	0.18	0.19	0.10
Race (ref = Not-White)	-0.12	0.06	0.08	0.09	-0.05
Level of Ed (ref = Master's)	1.95***	2.14***	1.81***	1.79***	1.75***
Income (ref = \$0 - \$49,999)					
\$50,000 - \$74,999	-0.45**	-0.57**	-0.48*	-0.49*	-0.34
\$75,000 or More	-0.31	-0.47	-0.62	-0.62	-0.37
Time Since Grad (ref = 0 - 5 years)					
6 - 10 Years		0.31	0.29	0.30	0.24
11 Year or More		0.63*	0.67*	0.68*	0.45
Stage of Career (ref = Entry Level)					
Mid Level		-0.20	--	--	--
Senior Level/CEO		-0.32	--	--	--
In School (ref = Not in School)		0.66*	0.44	0.43	--
CORE Program (ref = No)		0.34	-0.03	-0.04	--
Academic Support			0.40***	0.41***	0.34***
Employer Support			0.04	-0.14	-0.08
Colleague Support			0.27**	0.14	0.18
Employer X Colleague Interaction				0.04	0.01
Value Scale					0.20*
Professional Identity Scale					0.61***
Constant	-1.26	-1.26	-5.02***	-4.68***	-7.08***

Table 35

*Results for Each Step of Multinomial Logistic Regression Modeling for Current Members Using Former Members as the Reference*

Variable	Current Member				
	Baseline <i>B</i>	Model I <i>B</i>	Model IIa <i>B</i>	Model IIb <i>B</i>	Model III <i>B</i>
Age	-0.01	0.00	0.01	0.01	0.01
Gender (ref = Male)	-0.28	-0.33	-0.34	-0.34	-0.27
Race (ref = Not-White)	-0.12	0.26	0.32	0.30	0.05
Level of Ed (ref = Master's)	0.97***	0.88**	0.31	0.33	0.33
Income (ref = \$0 - \$49,999)					
\$50,000 - \$74,999	-0.20	-0.18	-0.19	-0.19	-0.05
\$75,000 or More	-0.37	-0.36	-0.49	-0.48	-0.32
Time Since Grad (ref = 0 - 5 years)					
6 - 10 Years		-0.36	-0.34	-0.35	-0.37
11 Year or More		-0.58*	-0.58	-0.60	-0.68*
Stage of Career (ref = Entry Level)					
Mid Level		-0.05	--	--	--
Senior Level/CEO		0.14	--	--	--
In School (ref = Not in School)		0.52	0.37	0.36	--
CORE Program (ref = No)		-0.68	-0.42	-0.43	--
Academic Support			-0.17	-0.17	-0.31***
Employer Support			0.09	0.24	0.35
Colleague Support			0.42***	0.53***	0.53***
Employer X Colleague Interaction				-0.04	-0.07
Value Scale					0.45***
Professional Identity Scale					0.13
Constant	0.92	1.01	-0.42	-0.74	-2.52*

Table 36

*Results for Each Step of Multinomial Logistic Regression Modeling for Former Members Using Never Members as the Reference*

Variable	Current Member				
	Baseline <i>B</i>	Model I <i>B</i>	Model IIa <i>B</i>	Model IIb <i>B</i>	Model III <i>B</i>
Age	0.03***	0.01	0.02*	0.02*	0.02*
Gender (ref = Male)	0.28	0.25	0.51	0.53	0.36
Race (ref = Not-White)	0.01	-0.21	-0.24	-0.21	-0.09
Level of Ed (ref = Master's)	0.98**	1.26**	1.50**	1.46**	1.42**
Income (ref = \$0 - \$49,999)					
\$50,000 - \$74,999	-0.25	-0.39	-0.29	-0.30	-0.28
\$75,000 or More	0.06	-0.11	-0.13	-0.14	-0.06
Time Since Grad (ref = 0 - 5 years)					
6 - 10 Years		0.67*	0.63*	0.64*	0.61*
11 Year or More		1.20***	1.25***	1.27***	1.13***
Stage of Career (ref = Entry Level)					
Mid Level		-0.28	--	--	--
Senior Level/CEO		-0.34	--	--	--
In School (ref = Not in School)		0.14	0.07	0.07	--
CORE Program (ref = No)		1.02**	0.39	0.38	--
Academic Support			0.56***	0.59***	0.65***
Employer Support			-0.05	-0.38*	-0.43*
Colleague Support			-0.15	-0.39*	-0.35*
Employer X Colleague Interaction				0.08*	0.08*
Value Scale					-0.25*
Professional Identity Scale					0.47**
Constant	-2.18	-2.26	-4.60***	-3.94***	-4.56***



## **APPENDIX B: FULL INSTRUMENT AS ADMINISTERED**

Directions: Please indicate your level of agreement with each of the following statements in relation to the discipline of rehabilitation counseling.

Choice Options:

- 1 = Strongly Disagree
- 2 = Disagree
- 3 = Neutral
- 4 = Agree
- 5 = Strongly Agree

### **Professional Identification Scale**

- 1. When someone criticizes rehabilitation counseling, it feels like a personal insult.
- 2. I am very interested in what others think about rehabilitation counseling.
- 3. When I talk about rehabilitation counseling, I usually say "we" rather than "they".
- 4. The successes of rehabilitation counseling are my successes.
- 5. When someone praises rehabilitation counseling, it feels like a personal compliment.
- 6. If a story in the media criticized rehabilitation counseling, I would feel embarrassed.

I most closely identify with the occupational title of \_\_\_\_\_.

- 1. Rehabilitation Counselor
- 2. Rehabilitation Counselor Educator
- 3. Rehabilitation Consultant
- 4. Case Manager
- 5. Mental Health Counselor
- 6. General Counselor
- 7. Psychologist
- 8. Social Worker
- 9. Therapist
- 10. Vocational Evaluator
- 11. Other (Please Specify) \_\_\_\_\_

Which professional association do you most closely identify with?

1. ACA
2. ARCA
3. NRA
4. NRCA
5. RCEA
6. APA
7. APA Division 22
8. IARP
9. NCRE
10. Other (Please Specify) \_\_\_\_\_
11. I do not identify with any professional association
12. I identify equally with more than one professional association

Of the three rehabilitation counseling professional associations, which one do you most closely identify with?

1. ARCA
2. NRCA
3. RCEA
4. I do not identify with any rehabilitation counseling professional associations
5. I identify equally with more than one rehabilitation counseling professional association

How did you first learn about the rehabilitation counseling professional association you most closely identify with?

1. Advertisement in a journal or magazine
2. A workshop, conference or meeting
3. Booth at a trade show
4. Browsing on the Internet
5. Colleague or co-worker
6. Direct contact from the association by postal mail
7. Direct contact from the association by telephone
8. Direct contact from the association electronically
9. Direct contact from the association in person
10. News story
11. Professor or instructor
12. Telephone or email inquiry
13. University or college program
14. Some other way
15. Do not recall

Directions: Please indicate your membership status for the following rehabilitation counseling professional associations.

Choice Options:

- 1 = Never a Member
- 2 = Previous Member
- 3 = Current Member

1. ARCA
2. NRCA
3. RCEA

Please indicate who pays the membership fees for ARCA.

- 16. Myself (1)
- 17. My Employer (2)
- 18. I Share Cost with Employer (3)
- 19. Other (4) \_\_\_\_\_

Please indicate who pays the membership fees for NRCA.

- 20. Myself (1)
- 21. My Employer (2)
- 22. I Share Cost with Employer (3)
- 23. Other (4) \_\_\_\_\_

Please indicate who pays the membership fees for RCEA.

- 24. Myself (1)
- 25. My Employer (2)
- 26. I Share Cost with Employer (3)
- 27. Other (4) \_\_\_\_\_

Directions: Please indicate your membership status for these additional professional associations and up to three others you have held membership in.

Choice Options:

- 1 = Never a Member
- 2 = Previous Member
- 3 = Current Member

- 1. ACA
- 2. NRA
- 3. APA
- 4. APA Division 22
- 5. IARP
- 6. NCRE
- 7. Other Association Not Listed
- 8. Other Association Not Listed
- 9. Other Association Not Listed

Directions: Then indicate who pays the membership fees for each association you currently hold membership in.

Choice Options:

- 1 = Myself
- 2 = My Employer
- 3 = I Share Cost with Employer
- 4 = Other
- 5 = Not Applicable

- 1. ACA
- 2. NRA
- 3. APA
- 4. APA Division 22
- 5. IARP
- 6. NCRE
- 7. Other Association Not Listed
- 8. Other Association Not Listed
- 9. Other Association Not Listed

In the last 12 months, have you volunteered for ARCA, NRCA or RCEA in any of the following ways?

1. Spoke or presented a paper at a convention, regional meeting, or other educational event
2. Served on a committee for a local chapter or section
3. Reviewed a paper for publication
4. Submitted a paper for publication
5. Served on the Board for a local chapter or section
6. Served on a committee for the parent organization
7. Served on a technical committee or special interest group
8. Participated in expert panel or report
9. Prepared background for regulators, the press, or others
10. Served on the Board for the parent organization
11. Other \_\_\_\_\_

The following six questions were asked for ARCA, NRCA, and RCEA separately

When did you first join [professional association]?

1. As a Master's level student
2. As a Doctoral level student
3. Within 1st year of professional work post-graduation
4. Between 2nd and 5th years of professional work post-graduation
5. After more than five years of professional work post-graduation
6. Other \_\_\_\_\_

How long have you held membership in [professional association] (Please indicate total years of membership even if lapses in membership exist)?

1. Less than 1 Year
2. 1-2 Years
3. 3-5 Years
4. 6-10 Years
5. 11 Years or more

My [professional association] membership history has included

1. No lapses in membership
2. Lapses in membership not exceeding 1 year
3. Lapses in membership that exceed 1 year

Indicate your level of agreement with the following statement. I intend to continue membership in [professional association] at the next renewal cycle.

1. Strongly Disagree
2. Moderately Disagree
3. Slightly Disagree
4. Neutral
5. Slightly Agree
6. Moderately Agree
7. Strongly Agree

Indicate your level of agreement with the following statement. I intend to join/rejoin [professional association] within a year from this time.

1. Strongly Disagree
2. Moderately Disagree
3. Slightly Disagree
4. Neutral
5. Slightly Agree
6. Moderately Agree
7. Strongly Agree

How likely is it that you would recommend [professional association] membership to a friend or colleague?

1. Very Unlikely
2. 1
3. 2
4. 3
5. 4
6. Neutral
7. 6
8. 7
9. 8
10. 9
11. Very Likely

Please select any of the following reasons that played a role in your decision to drop membership in ARCA, NRCA, and/or RCEA.

1. Association was ineffective in representing the discipline of rehabilitation counseling generally
2. Association was ineffective in influencing licensure laws
3. Change of career focus
4. Change of job
5. Change of local chapter relationship with association
6. Change of professional interest
7. Change of residence
8. Did not feel welcomed in the group
9. Did not receive the expected value to justify the costs of dues
10. Disagreed with association's political/advocacy positions
11. Dissatisfied with association performance
12. Dissatisfied with local chapter
13. Employer stopped paying membership dues
14. Not enough local professional activities or programming
15. The group was not the right one for me



What is your gender?

1. Male
2. Female

What year were you born?

What is your race or ethnic origin?

1. Asian/Pacific Islander
2. Black/African-American
3. Caucasian
4. Hispanic or Latino
5. Native American/Alaskan Native
6. Multi-Racial (Having parents of more than one race)
7. Member of race not listed above (Please Specify) \_\_\_\_\_

Are you a Certified Rehabilitation Counselor (CRC)?

1. Yes
2. No

Directions: For the primary rehabilitation counseling professional association(s) you hold current membership in (that is, ARCA, NRCA, and/or RCEA), please indicate your level of agreement with the following statements.

Choice Options:

- 1 = Strongly Disagree
- 2 = Moderately Disagree
- 3 = Slightly Disagree
- 4 = Neutral
- 5 = Slightly Agree
- 6 = Moderately Agree
- 7 = Strongly Agree
- 8 = Not Applicable

### **Affective Commitment Scale**

- 1. I would be very happy to spend the rest of my career with this professional association.
- 2. I really feel as if this professional association's problems are my own.
- 3. I do not feel a strong sense of "belonging" to my professional association.
- 4. I do not feel "emotionally attached" to this professional association.
- 5. I do not feel like "part of the family" in my professional association.
- 6. This professional association has a great deal of personal meaning for me.

### **Continuance Commitment Scale**

- 1. Right now, staying with my professional association is a matter of necessity as much as desire.
- 2. It would be very hard for me to leave my professional association right now, even if I wanted to.
- 3. Too much of my life would be disrupted if I decided I wanted to leave my professional association now.
- 4. I feel that I have too few options to consider leaving this professional association.
- 5. If I had not already put so much of myself into this professional association, I might consider membership elsewhere.
- 6. One of the few negative consequences of leaving this professional association would be the scarcity of available alternatives.

## **Normative Commitment Scale**

1. I do not feel any obligation to remain with my professional association.
2. Even if it were to my advantage, I do not feel it would be right to leave my professional association now.
3. I would feel guilty if I left my professional association now.
4. This professional association deserves my loyalty.
5. I would not leave my professional association right now because I have a sense of obligation to the people in it.
6. I owe a great deal to my professional association.

Directions: Please indicate your level of agreement with the following statements in relation to ARCA, NRCA and/or RCEA.

Choice Options:

- 1 = Strongly Disagree
- 2 = Moderately Disagree
- 3 = Slightly Disagree
- 4 = Neutral
- 5 = Slightly Agree
- 6 = Moderately Agree
- 7 = Strongly Agree
- 8 = Not Applicable

1. I want to join at least one association even though one or more factors prevented current membership.
2. I feel that I should join at least one association even though one or more factors prevented current membership.
3. I feel that I must join at least one association even though one or more factors prevented current membership.

What is your current employment status?

1. Self-employed
2. Part-time employee (working 1-35 hours per week)
3. Full-time employee (working 36 or more hours a week)
4. Unemployed/looking for work
5. Unemployed/not looking for work

What is your current work setting?

1. Academia/Educational Institution
2. State-Federal Rehabilitation Counseling
3. Insurance Rehabilitation
4. Community Rehabilitation
5. Mental Health setting
6. Substance Abuse setting
7. Health care setting
8. Other \_\_\_\_\_

Which best describes your current career situation?

1. Entry level
2. Mid level
3. Senior level but not chief executive
4. Chief executive

What is your individual income?

1. Less Than \$25,000
2. \$25,000 to \$34,999
3. \$35,000 to \$49,999
4. \$50,000 to \$74,999
5. \$75,000 to \$99,999
6. \$100,000 to \$124,999
7. \$125,000 to \$149,999
8. \$150,000 or more

Directions: Please indicate your level of agreement with the following statements in relation to your workplace and membership in ARCA, NRCA, and/or RCEA.

Choice Options:

- 1 = Strongly Disagree
- 2 = Moderately Disagree
- 3 = Slightly Disagree
- 4 = Neutral
- 5 = Slightly Agree
- 6 = Moderately Agree
- 7 = Strongly Agree
- 8 = Not Applicable

### **Employer Support Scale**

- 1. Membership is encouraged in the organization where I am employed.
- 2. Holding membership increases chances of promotion in my employing organization.
- 3. Behavior of leadership/supervisors in my employing organization suggests that membership is important.
- 4. Professional association membership is generally viewed very favorably by my employing organization.
- 5. Membership is rewarded in my employing organization.
- 6. Strengthening rehabilitation counseling's professional associations is a focus of my employing organization.

Directions: Please indicate your level of agreement for the following statements in relation to your work colleagues and professional association membership.

### **Colleague Support Scale**

- 1. Most of the professionals I work with strongly value professional association membership.
- 2. In general, membership in a rehabilitation counseling professional association would positively influence relationships with my colleagues.
- 3. My closest friends at work are members of at least one professional association.
- 4. I would feel at least slightly embarrassed to tell my colleagues if I was not a member of any professional associations.

Are you currently attending school either full or part-time?

1. Yes
2. No

What level of degree are you currently going to school for?

1. Master's degree
2. Doctoral degree
3. Other \_\_\_\_\_

What is your current program of study?

1. Rehabilitation Counseling
2. Rehabilitation Counseling Education
3. Rehabilitation Psychology
4. Rehabilitation Science
5. Vocational Evaluation
6. General Counseling
7. Social Work
8. Other \_\_\_\_\_

How long until you expect to graduate from your current program of study?

1. Less than 1 year
2. 1-2 years
3. More than 2 years

What is your highest degree earned?

1. Less than a bachelor's degree
2. Bachelor's degree
3. Master's degree
4. Doctoral degree

What was your program of study in your [highest degree]?

1. Rehabilitation Counseling
2. Rehabilitation Counseling Education
3. Rehabilitation Psychology
4. Rehabilitation Science
5. Vocational Evaluation
6. General Counseling
7. Social Work
8. Other \_\_\_\_\_

What was your program of study in your Master's degree [only asked if doctoral degree held]?

1. Rehabilitation Counseling
2. Rehabilitation Counseling Education
3. Rehabilitation Psychology
4. Rehabilitation Science
5. Vocational Evaluation
6. General Counseling
7. Social Work
8. Other \_\_\_\_\_

How long has it been since completing your [highest degree]?

1. Less than 1 Year
2. 1-2 Years
3. 3-5 Years
4. 6-10 Years
5. 11 Years or More

Directions: Please indicate your level of agreement with the following statements in relation to your Master's level training and membership in ARCA, NRCA, and/or RCEA.

Choice Options:

- 1 = Strongly Disagree
- 2 = Moderately Disagree
- 3 = Slightly Disagree
- 4 = Neutral
- 5 = Slightly Agree
- 6 = Moderately Agree
- 7 = Strongly Agree
- 8 = Not Applicable

### **Academic Support Scale**

- 1. Membership was/is encouraged in my master's program.
- 2. Membership did/will increase job prospects upon graduation.
- 3. Membership was/is rewarded in my master's program.
- 4. The behavior of faculty in my master's program suggested that membership is important.
- 5. Student membership was/is viewed very favorably in my master's program.
- 6. Strengthening rehabilitation counseling professional associations was/is a focus of my master's program.

Was the program where you completed or are completing your master's degree accredited by CORE?

- 1. Yes
- 2. No
- 3. Unsure

Was the program where you completed or are completing your master's degree accredited by CACREP?

- 1. Yes
- 2. No
- 3. Unsure



Which professional association is capable of providing the greatest benefit to you in your career at this time?

1. ACA
2. ARCA
3. NRA
4. NRCA
5. RCEA
6. APA
7. APA Division 22
8. IARP
9. NCRE
10. Other \_\_\_\_\_
11. No professional association is capable of benefiting me in my career at this time
12. More than one professional association is capable of providing equal benefit to me in my career at this time.

Of the three rehabilitation counseling professional associations, which is capable of providing the greatest benefit to you in your career at this time?

1. ARCA
2. NRCA
3. RCEA
4. No rehabilitation counseling professional association is capable of benefiting me in my career at this time
5. More than one professional association is capable of providing equal benefit to me in my career at this time

Obtaining a year's membership in a rehabilitation counseling professional association as a non-student professional costs between \$70.00 - \$177.00, depending on the association. If you were able to determine a fair value membership fee that is not free, what would you charge (in dollars)? \_\_\_\_\_

Directions: For the rehabilitation counseling professional association(s) most capable of benefiting you in your career at this time (that is, ARCA, NRCA and/or RCEA), please indicate your level of agreement with the following statements.

OR in the case of participants stating no rehabilitation counseling professional association capable of benefiting career

Directions: Please indicate your level of agreement with the following statements in relation to ARCA, NRCA and RCEA.

Choice Options:

- 1 = Strongly Disagree
- 2 = Moderately Disagree
- 3 = Slightly Disagree
- 4 = Neutral
- 5 = Slightly Agree
- 6 = Moderately Agree
- 7 = Strongly Agree

### **Value of Membership Scale**

1. Membership dues in this professional association are fair considering the benefits it provides.
2. Membership in this professional association is a waste of money.
3. After weighing the costs and benefits, joining this professional association makes a lot of sense.
4. This professional association provides a high value service.
5. Membership in this professional association is a good financial decision.
6. Benefits received from joining this professional association more than outweigh the costs.

Directions: Please indicate how important or unimportant each of the following benefits were/would be in influencing your decision to join ARCA, NRCA, and/or RCEA.

Choice Options:

- 1 = Not Important
- 2 = Slightly Important
- 3 = Moderately Important
- 4 = Important
- 5 = Very Important

**Benefits Importance Scales with Both Private and Public Items Randomly Ordered**

1. Access to the most up to date information available in your discipline
2. Opportunities to gain leadership experience
3. Influencing legislation and regulations that affect the discipline
4. Professional development or educational program offerings
5. Opportunities for you to network with other professionals in your discipline
6. Conducting research on significant issues affecting the discipline
7. Member discounts or group purchasing activities
8. Access to career information and employment opportunities
9. Promoting a great appreciation of the role and value of the discipline among practitioners
10. Promoting greater public awareness of contributions in the discipline
11. Providing standards or guidelines that support quality
12. Gathering, analyzing, and publishing data on trends in the discipline
13. Maintaining or providing input for a code of ethics for practice
14. A reference directory of members/practitioners
15. Access to products, services, and suppliers (e.g., insurance, publications, etc.)
16. Supporting student education and entry into the discipline

Directions: Among benefits that were/would be at least moderately influential in your decision to join ARCA, NRCA, and/or RCEA, please rank as many as five by order of importance (1 = Most important; 5 = Less Important).

If my employer or someone else was willing to pay my membership dues for ARCA, NRCA, and/or RCEA, I would join today.

1. Strongly Disagree
2. Moderately Disagree
3. Slightly Disagree
4. Neutral
5. Slightly Agree
6. Moderately Agree
7. Strongly Agree

Directions: Please indicate your level of agreement with the following statements relating to rehabilitation counseling and its professional associations, ARCA, NRCA, and RCEA.

Choice Options:

- 1 = Strongly Disagree
- 2 = Moderately Disagree
- 3 = Slightly Disagree
- 4 = Neutral
- 5 = Slightly Agree
- 6 = Moderately Agree
- 7 = Strongly Agree
- 8 = No Opinion

### **Association Performance Scale**

1. The discipline of rehabilitation counseling has the right amount of professional associations.
2. Rehabilitation counseling professional associations have done a good job of working together in meeting shared goals.
3. The discipline of rehabilitation counseling benefits from having multiple professional associations.
4. There is too much duplication between rehabilitation counseling's professional associations.
5. I would be more likely to join or stay in a rehabilitation counseling professional association if there were only one professional association representing the discipline.
6. Rehabilitation counseling professional associations are organized for the future.

### Open-ended Questions

What influences motivated your response that suggests you are at least somewhat unlikely to renew your [rehabilitation counseling professional association] membership?

What influences motivated your response that suggests you are at least somewhat likely to join [rehabilitation counseling professional association] for the first time?

What influences motivated your response that suggest you are at least somewhat likely to rejoin [rehabilitation counseling professional association]?

Please provide any additional comments that might be important for the researchers or professional associations to understand regarding membership in any or all of the rehabilitation counseling professional associations.

## **APPENDIX C: RESEARCH INFORMATION AND CONSENT FORM**

Dear Professional,

You are being asked to participate in a research study on professional association membership and membership decisions. We need to hear from both members and nonmembers in order to understand the need of professionals in the discipline of rehabilitation counseling.

By completing the survey you will earn one free clock hour of continuing education credit from CRCC.

You have been selected as a possible participant in this study because you are either a Certified Rehabilitation Counselor, a member of a rehabilitation counseling professional association, or both. Your name was selected from a database of one of these organizations. References to professional associations made in this survey do not include regulatory organizations (i.e., CRCC & CORE).

1. **WHAT YOU WILL DO:** Your participation in this study will take about 10-30 minutes. You are able to complete this survey in increments if it is more convenient. Please only complete this survey one time.

2. **POTENTIAL RISKS & BENEFITS:** Your participation in this study may provide valuable understanding of how rehabilitation counseling professional associations can better meet the needs of the professionals they represent. There are no foreseeable risks associated with participation in this study.

3. **PRIVACY AND CONFIDENTIALITY:** The data from this project will be reported with complete anonymity; no identifying information will be collected. The results of this study may be published or presented at professional meetings, but the identities of all research participants will remain anonymous.

4. **YOUR RIGHTS TO PARTICIPATE, SAY NO, OR WITHDRAW:** Participation in this research project is completely voluntary. You have the right to say no. You may change your mind at any time and withdraw. You have the right to skip any question(s) you do not want to answer. However, advancing to the survey and answering more than half of the items will provide implicit acknowledgment of your consent.

5. **COSTS AND COMPENSATION FOR BEING IN THE STUDY:** There are no perceived costs of participating, beyond the 10-30 minutes needed to complete the survey. As mentioned previously, you will be able to receive one free continuing education credit from CRCC for participating in this study.

6. **CONTACT INFORMATION FOR QUESTIONS AND CONCERNS:** If you have concerns or questions about this study, such as scientific issues, how to do any part of it, or to report an injury, please contact the researchers:

Michael Leahy (517) 432-0605; leahym@msu.edu; 463 Erickson Hall, Michigan State University, East Lansing, MI 48824 Brian Phillips (517)-648-7594; phill523@msu.edu; 455 Erickson Hall, Michigan State University, East Lansing, MI 48824

If you have questions or concerns about your role and rights as a research participant, would like to obtain information or offer input, or would like to register a complaint about this study, you may contact, anonymously if you wish, the Michigan State University's Human Research Protection Program at 517-355-2180, Fax 517-432-4503, or e-mail [irb@msu.edu](mailto:irb@msu.edu) or regular mail at 207 Olds Hall, MSU, East Lansing, MI 48824.

Thank you for taking the time to complete this survey. Your opinions are very important to us!

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## REFERENCES

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