

WHY DO RECREATIONAL THERAPISTS JOIN
PROFESSIONAL ASSOCIATIONS?

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WHY DO RECREATIONAL THERAPISTS JOIN
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Abstract: Professional associations are the driving force for their profession. These associations are the most successful forces for eliciting change within and for the profession. Recreational Therapy professional associations are experiencing a trend in declining memberships, however little is known about why professionals choose to join, stay, or leave their professional association. Recreational Therapy is facing a period of growing needs to effectively promote the profession. With low membership, the Recreational Therapy professional associations lack the social capital necessary to meet the needs of the association and profession. This study utilized a non-experimental correlational study design to survey Recreational Therapists level of satisfaction and commitment to their professional association. This results of this study determined aspects of professional associations that Recreational Therapists were most satisfied and least satisfied with. Participants of this study included both Recreational Therapists who were members and Recreational Therapists who were nonmembers of their professional association. Additionally, this study found that professional association commitment and professional association satisfaction of Recreational Therapists could predict membership status. This study provides a greater understanding of areas of improvement within Recreational Therapy professional associations to retain and recruit members. Additionally, this study provides a greater understanding of the complexity that is the cost-benefit relationship between members and their professionals as well as a look into how professional identity influences professionals to join or not join their professional associations.

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CHAPTER I

INTRODUCTION

Professional associations are the driving force for their profession. These associations are the most successful forces for eliciting political change within and for the profession (Cruess & Cruess, 1997). Professional associations can accomplish political change through advocating for change, such as professional licensure, which protects the consumers and profession (Pope, 2004). In addition to this function, professional associations are responsible for the creation of guiding documents such as a code of ethics for the profession (Skarlicki, Lucas, Prociuk, & Latham, 2000), disseminating specialized knowledge and practice models through the publication of professional journals and newsletters, and provision of opportunities for continuing education (Bauman, 2008). Professional associations are heavily dependent upon their ability to attract and maintain an active membership body (Skarlicki et al., 2000). Membership bodies for professional associations can create social capital, which can be a driving force for advancing the profession. Low membership numbers create a deficit (social capital deficit), which often leads to decreased association outcomes (Saitgalina, 2014), such as professional advocacy and professional development opportunities.

Recreational Therapy is facing a period of growing advocacy needs (Austin, Crawford, McCormick, & Van Puymbroeck, 2015) one of those needs is the active promotion of the

profession. The profession is struggling to gain acceptance by other occupations in the human service fields (Hawkins, Cory, McGuire, & Allen, 2012). Recreational Therapy is a small profession (Austin et al., 2015) when compared to similar occupations in similar treatment settings. Similar occupations may include Occupational Therapy, Rehabilitation Counseling, and Physical Therapy. Occupational Therapists and Rehabilitation Counselors have five times as many practicing professionals compared to Recreational Therapists, while Physical Therapists have nine times as many practicing professionals compared to Recreational Therapists (Bureau of Labor Statistics, 2015). These occupations have access to a social capital network that Recreational Therapists do not currently have. Due to this social capital deficit, when compared to similar occupations, Recreational Therapy professional associations need to invest in social capital to achieve similar policy changes. This may be one reason Recreational Therapy has yet to secure similar policy change results as other allied health professions (Hawkins et al., 2012).

Recreational Therapy professional associations have experienced low or declining membership over the past several years (American Therapeutic Recreation Association [ATRA], 2016). There is little known about why individuals choose to join, stay, or leave their professional associations (Pearce, 1993; Skarlicki et al., 2000); thus, more data is needed to determine what drives professional membership among Recreational Therapists. This study seeks to explore which aspects of the professional associations are rated as important to Recreational Therapists and if professional association commitment and satisfaction are correlated to membership.

Statement of the Problem

For the past several decades, professional associations across several occupations have seen a trend of declining membership (Alotaibi, 2007; Bauman, 2008; Yeager & Kline, 1983). Specifically, involvement within Recreational Therapy professional associations is low (ATRA, 2016). The American Therapeutic Recreation Association (ATRA), reports membership

percentages are down to roughly 16% of the profession, or 2,180 members of the 13,702 credentialed Recreational Therapists in the United States (ATRA, 2016). The Oklahoma Recreational Therapy Association has a membership percentage of approximately 41% of the local professionals, or 74 members out of the 179 currently Credentialed Recreational Therapists in the state (Therapeutic Recreation Association of Oklahoma, 2017). Additionally, several geographical regions and states have struggled to maintain their local professional association due to low membership (T. Passmore, personal communication, September 12, 2016). According to the ATRA, there are currently twelve states without an active chapter affiliate, four states that previously had an active chapter affiliate but are now inactive, and seven states in the process of starting a chapter affiliate (ATRA, 2017a). This means 46% of the states in the United States do not have an established Recreational Therapy professional association linked to the national association to promote and advocate for the profession.

Low membership has been an ongoing problem for state and nationally run Recreational Therapy professional associations for many years (ATRA, 2016). According to the ATRA's 2016 Market Share Analysis report, membership in the states vary from approximately 4% in the lowest membership state up to 44% in the highest membership area with an average membership percentage of about 17% active members per state, nearly uniform with the national average of 16% (ATRA, 2016). National Membership has been on a steady decline since 1998 when memberships peaked at 4,056 members (ATRA, 2016). In the past 19 years, the ATRA membership has declined by 46%, down to 2,180 current members in 2016 (ATRA 2016). This decline does not account for growth in the profession due to the matriculation of new graduates; thus, membership percentages are not keeping up with the growth rate of the profession (ATRA, 2016). This means that regarding the available market of Recreational Therapists, the ATRA membership is continuing to decline despite a recent membership boost of nearly 15% or 325 new members joining between 2015 and 2016 (ATRA, 2016).

More research is needed to better determine why Recreational Therapists choose to join or not to join their professional associations due to a low and continuous decline in involvement within professional associations among Recreational Therapists. Information regarding factors that Recreational Therapists rate as most important about their professional associations is needed for these associations to improve methods to retain members as well as recruit new members.

Significance of the Study

The purpose of this study is to examine which aspects Recreational Therapists rate as most important about their professional associations; outcomes, advocacy, organizational justice, convention, or professional recognition. In addition, this study will seek to determine if any correlations exist between professional commitment and involvement in Recreational Therapy professional associations through active membership. A 2011 study evaluated counselor's commitment to their professional associations and found that association commitment was highly correlated with active membership status (Phillips, 2011). This study will also examine if correlations exist between professional association membership and association satisfaction. Specifically, in a similar study completed with a Canadian psychological membership driven association, five factors are shown to be motivators for membership (Skarlicki et al., 2000). Significant differences in association satisfaction have been identified between current members and non-members of several professional associations (Bauman, 2008). This research project will provide feedback for Recreational Therapy professional associations to determine which aspects of the association have the most significant influence on the professional. The results of this study may be found useful to leadership in professional associations in addressing current membership declines throughout Recreational Therapy professional associations.

This study will contribute to the field in assisting professional associations in putting their efforts in the areas that are the most influential to the membership in order to retain

members best. Determining how to influence Recreational Therapists to join professional organizations and advocate for their profession is paramount to keeping the profession at the forefront of these issues. This study will provide data that may benefit the profession, professionals, and ultimately patients who receive Recreational Therapy services.

Research Question

This study is exploring the following research questions:

1. Which aspects of the professional association; outcomes, advocacy, organizational justice, convention, or professional recognition are rated as most important to Recreational Therapists?
2. What correlations exist between professional association commitment and professional association membership?
3. What correlations exist between professional association satisfaction and professional association membership?
4. Can professional association commitment predict professional association membership?
5. Can professional association satisfaction predict professional association membership?

Hypotheses:

1. Recreational Therapists will rate one factor; outcomes, advocacy, organizational justice, convention, or professional recognition; of professional associations higher than the others.
2. There is a correlation between professional association commitment and professional association membership.
3. There is a correlation between professional association satisfaction and professional association membership.

4. Professional association commitment scores can predict if a professional is likely to be a member of their professional association.
5. Professional association satisfaction scores can predict if a professional is likely to be a member of their professional association.

Null Hypothesis:

1. Recreational Therapists will not rate any factor; outcomes, advocacy, organizational justice, convention, or professional recognition; of professional associations higher than the others.
2. Professional commitment has no relationship to professional association satisfaction.
3. Professional commitment has no relationship to professional association membership.
4. Professional association commitment scores have no predictability on professional association membership.
5. Professional association satisfaction scores have no predictability on professional association membership.

Terms Defined

To clarify terms and acronyms used throughout this study, a list of operationally defined terms is provided below

ATRA – American Therapeutic Recreation Association is the “national membership organization representing the interests and needs of recreational therapists” (ATRA, 2017b).

Advocacy - Attempts to influence the decisions of the institutional elite on behalf of shared interest (Jenkins, 1987).

Chapter Affiliate – Professional associations associated with local divisions of the ATRA (ATRA, 2017a).

Convention – Conference or Seminar put on by the professional association to increase members' knowledge and skills (Skarlicki et al., 2000).

Organizational Justice – Employee or member perceptions of fair treatment by the organization or association, including distribution and exchanges of resources. (Kaneshiro, 2008).

Outcomes - People's perceptions of the costs and benefits provided by the professional association membership (Skarlicki et al., 2000).

Profession - A vocation in which knowledge and learning are used in the service of others. Its members are governed by codes of ethics, a professional commitment to competence, integrity, selflessness, and promotion of the public good (Cruess, Johnston, & Cruess, 2004),

Professional Association – Organizations, usually non-profit organizations that represent a profession and carry out its goals and interests (Tarvydas, Leahy, & Zanskas, 2009).

Professional Identity - A type of social identity in which a person defines himself or herself by membership to an occupation believed to be that of a profession (Phillips, 2011).

Professional Recognition - The extent to which membership in professional associations enhances one's identity as a clinician (Skarlicki et al., 2000).

Professionalism - Refers to philosophy and associated activities that can be found in many occupational groups where members aspire to attain professional status (Navar, 1979).

Professionalization - The dynamic process where occupations change specific essential characteristics towards becoming a profession (Navar, 1979).

Recreational Therapy – “Also known as therapeutic recreation, is a systematic process that utilizes recreation and other activity-based interventions to address the assessed needs of individuals with illnesses and/or disabling conditions, as a means to psychological and physical health, recovery and well-being” (ATRA, 2017b).

Recreational Therapist – Qualified practitioners to provide Recreational Therapy, credentialed through the National Council for Therapeutic Recreation Certification (ATRA, 2017b).

Social Capital- Investment in social relationships and networks with expected returns (Lin, 1999).

Assumptions

Assumptions made while completing this research include:

1. Recreational Therapy professional associations are showing long-term trends in declining membership percentages (ATRA, 2016).
2. Professional associations play an instrumental part in policy change (Balassiano & Chandler, 2010).
3. Professional associations are vital in regulation of the profession (Skarlicki et al., 2000).
4. Professional associations utilize social capital to achieve their association goals, such as professional advocacy and public policy (Dean & Gilbert, 2009).

Limitations

Limitations made while completing this research include:

1. There may be participant bias where participants rate their opinions within the factors higher or lower than it actually is.
2. There may be low participation due to:
 - a. Attaining a desirable number of participants may be difficult due to the working schedule of Recreational Therapist.
 - b. Low-interest levels in the study by potential participants.
3. Data may be skewed to show mostly views of active members due to the participation of Recreational Therapists who are current members of professional associations.
4. There may be a lack of data from Recreational Therapists who are not members of professional associations due to:
 - a. Difficulty gaining access to the survey due to distribution means of the survey.
 - b. Low levels of involvement within professional affairs from nonmembers.
5. It will be difficult to ensure consistency of rating values between participants on Likert scales (Schulz & Sun, 2001).
6. Participants may complete the survey more than one time, or from more than one device, resulting in a skewed representation of the population.
7. Participants may not respond to the self-report survey honestly and accurately to designate their personal opinions and views related to Recreational Therapy professional associations.
8. The population will be based on self-reports by participants to determine if participants fall into population parameters.

CHAPTER II

LITERATURE REVIEW

This chapter represents a foundation for analysis of professional association membership using social identity and social exchange theory. There has been declining memberships in many professional associations across numerous professions over the past decade (Bauman, 2008); Recreational Therapy professional associations have followed suit (ATRA, 2016). Despite the downturn in memberships across professional associations, there continues to be little empirical research done to determine why this might be (Pearce, 1993; Skarlicki et al., 2000; Phillips, 2012).

Foundational Framework

Social Identity Theory. Social Identity Theory, formulated by Tajfel and Turner (1979), highlights the possible impact of group identification on membership decisions. Social identity theory focuses on depersonalization of the individual and transfer of personal identity to characteristics found within group identity (Stets & Burke, 2000). Depersonalization and the inclination to take on the values of the group we identify with, likely provide explanations for how professional identities impact behaviors related to group membership (Stets & Burke, 2000; Tajfel, 1981). Identity is an integral part of who we are and how we relate to others (Jenkins, 2004). Identity impacts our beliefs and behaviors (Deaux & Martin, 2003). From this identification, we can gather that in social identity theory membership to groups has the potential

to provide significant background for defining one's self (Jenkins, 2004).

When identifying with a group, individuals tend to see themselves in terms of the attributes found within the group (Hogg, 2006). The process of identifying with a group is part of the depersonalization process in which ideal group characteristics are adopted, and individual identity components become less important (Hogg & Terry, 2001). Through this process, members of the group become more concerned for all members of the group and the group's interests, and less concerned about individual interests (Hogg & Terry, 2001). Through the process of depersonalization, it is possible that in professional associations, members become interested in the interests of others, thus increasing the possibility of supporting group goals (Phillips, 2011).

Two norms thought most likely to impact professional association membership are the existence of valuing of professional association membership and the presence of a strong service model (Phillips, 2011). Since professional associations play a critical role in maintaining the profession, one of the values held by professions is to maintain an active membership within the professional association (Leahy, 2004). When a professional identifies with a profession, the internalization of the group norms may directly influence membership behaviors (Phillips, 2011). A professional who adopts a strong service model may be more driven to seek out professional association membership, believing that it is through the association that many service-oriented goals can be met (Phillips, 2011). This theory speculates that a minimum of three identification processes explains causes for professional association membership; (1) depersonalization, which results in a more significant concern for group goals, (2) adopting norms of the association membership, (3) and an adopted norm of service (Phillips, 2011).

Social Exchange Theory. Thibaut and Kelley (1959) developed social Exchange Theory, highlighting potential cost-benefit associated with deciding to join a professional association

(Blau, 1964) and are rooted in economics (Phillips, 2011). In this theory, an exchange is most likely to occur when a perceived benefit or resource of obtaining a service outweighs the costs (Phillips, 2011). Resources exchanged in this theory can include many different properties (Phillips, 2011) from symbolic resources, including status and appreciation, to material resources (Blau, 1964).

Regarding professional association membership, the assumption is that the professionals will join the association if the benefits outweigh the costs of the membership (Phillips, 2011). Olson (1965) proposed that private benefits, or non-collective benefits, motivate people to join or stay in groups. Moe (1981) suggested that individuals join large groups to gain individual benefits as opposed to pursuing association goals. Costs of membership have been noted to act as a barrier to joining these associations (Yeager & Kline, 1983); however, cost reduction without benefit reduction, and benefit expansion without cost expansion, can put a burden on professional associations (Mills, 1980). This paradox makes solutions based on exchange theory sometimes difficult to apply (Phillips, 2011).

Olson (1965) claimed that it would be illogical to pay membership dues for benefits that one does not require a membership to benefit from. Consequently, benefits such as advocacy, standards of practice, and promoting public awareness would not entice professionals to join associations because these actions benefit all professionals, members, or not (Olson, 1965).

Professions and Professionalism

The term profession, first defined in 1915, has six characteristics identified as criteria for differentiating an occupation from a profession (Kordick, 2002). Flexner (1915) described these six principles of a profession as (a) involving intellectual processes; which carry great personal responsibility; (b) learned in nature; (c) aims are practical rather than instead of theoretical; (d) its techniques are teachable; (e) it has strong internal organization; and (f) it is selfless in nature

(Kordick 2002). Greenwood (1957) identified the attributes of a profession as (a) involving a systematic theory; (b) having authority; (c) having community endorsement; (d) having a code of ethics; and (e) having a culture of behavioral norms (Kordick 2002). Professions have acquired a prominent status in society, as opposed to occupations (VanZandt, 1990). Professions have higher prestige, more authority, higher incomes, and more dependable job security (Irons, 1989; Phillips 2011); thus, many occupations seek professional status (Randall & Kindiak, 2008).

When occupational groups act in a more professional manner, society frequently rewards the profession with increased autonomy and the privilege of self-regulation, thus often granting it professional status (Phillips, 2011). Hall (1968) defined professionalism as (a) formal education for entry-level work requirements; (b) a sense of calling; (c) the way the practitioner views their work; (d) the use or formation of the professional association to serve as a reference; (e) service to the public; (f) belief in self-regulation; (g) a sense of calling to the field; and (h) autonomy. Others experts have described professionalism as an evolving process (Kordick, 2002). Wilensky (1964) characterized professionalism as (a) a full-time occupation; (b) a training school; (c) belonging to a professional association; and (d) contributing to a code of ethics (Kordick 2002). Other researchers have broadly defined professionalism as acting professional and adhering to the expectations and standards of practice of the profession (Dagenais & Meleis, 1982).

Professionalization is a spectrum or continuum that occupational groups move along as they acquire professional attributes (Greenwood, 1984). Styles (1982) identified essential standards of “professionhood” as: (a) a sense of social significance regarding the profession; (b) a commitment to ultimate performance and to doing one’s best work; and (c) the values of being involved in a collective (Kordick, 2002). Additionally, Styles (1983) identifies five primary functions for the development of a profession or professionalization. These items include (a) defining the profession, regulating the profession through standards for education and acquiring a standards of practice; (b) continual expansion of knowledge base; (c) transmission of standards

and knowledge to new professionals; (d) open communication within the profession; and (e) care for the welfare of the profession through the professional association (Kordick, 2002). Many experts express a need for a code of ethics and the need for self-regulation with professional associations (Greenwood, 1957; Hall, 1968; Wilensky 1964).

Professional Associations

Professional associations are organizations, usually non-profit, that represent a profession and carry out association goals and interests (Tarvydas et al., 2009). These associations provide a home for individuals with similar professional interests and identities who are committed to refining the profession (Leahy, 2004). Professional associations create a foundation for defining the profession (Yeager, 1981), help the discipline acquire a right to practice (Tarvydas et al., 2009), serve as a principal influence in the process to professionalize the occupation (Heinemann, Frank, Scarpelli, & Jacobsen, 1986), and create standards of practice and ethical guidelines (Tarvydas & Cottone, 2000). Occupations that are seeking a professional status must typically form a professional association in the process (Neal & Morgan, 2000).

Professional associations are a tool used by association members to meet the goals of the profession (Miller & Chorn, 1969). These associations help the profession in setting standards of practice (Sussman, Haug, & Krupnick, 1965) and working as a whole to seek political change (Rieger & Moore, 2002). Additionally, professional associations also foster skill growth within the members of the profession (Leahy, 2002) and create an opportunity for community development (Leahy, 2004).

Professionalization of Recreational Therapy

In the development of Recreational Therapy as a profession (Austin et al., 2015), practitioners came from various occupations after WWI and WWII (Navar 1979). Since the establishment of Recreational Therapy (Austin et al., 2015), available positions throughout the United States have significantly increased (Navar, 1979). Numerous studies conducted in the

early years of the profession identify the presence of Recreational Therapy positions in the United States and determined if the positions held additional job responsibilities took these jobs outside the scope of practice of the Recreational Therapist (Navar, 1979).

Many Recreational Therapy professional associations have existed through the years; however, two primary associations contributed to the professionalization of Recreational Therapy (Austin et al., 2015) include The National Alliance of Recreational Therapists (NART) and the Hospital Recreation Section of the American Recreation Society (HRS/ARS) (Austin, 2007). NART mainly consisted of Recreational Therapists that worked with individuals with mental disabilities and mental retardation who thought Recreational Therapy was a tool to treat individuals with disabilities while HRS/ARS thought recreation should be a tool for everyone. These two associations formed the National Therapeutic Recreation Society (NTRS) in the mid-1960s, a branch of the National Parks and Recreation Association (NRPA). Though officially merged, these two associations continued to have philosophical differences about the provision of Recreational Therapy. Many leading Recreational Therapists at the time did not believe that one association, NRPA, should lead the interests of both Recreational Therapists and Recreation providers. At this same time, there were also communication breakdowns between NTRS and their parent association NRPA. This ultimately led to the formation of the current national Recreational Therapy association, the American Therapeutic Recreation Association (ATRA) in the mid-1980s. ATRA gave Recreational Therapists an ability to establish an association that would embrace issues in healthcare and exercise control over an autonomous association. Through the years, ATRA has begun to assist in the regulation of the profession through the production of Standards of Practice Manual (Austin, 2007).

Another organization instrumental in the professionalization of Recreational Therapy is the National Council for Therapeutic Recreation Certification® (NCTRC®), though not a professional association. NCTRC is the credentialing organization for Recreation Therapy

(National Council for Therapeutic Recreation [NCTRC], 2016). NCTRC[®], a nonprofit established in 1981, protects the consumers of Recreational Therapy through certification. NCTRC[®] certifies qualified professionals who meet stringent educational and professional requirements. NCTRC is a charter member of the Institute of Credentialing Excellence, accredited by the National Commission for Certifying Agencies, and maintains recognition by the Joint Commission and the Commission for Accreditation of Rehabilitation Facilities. Additionally, NCTRC[®] provides credentialing verification services to employers and health care agencies to monitor personnel adherence to the standards of the Certified Therapeutic Recreation Specialist[®] (NCTRC, 2016).

Additionally, the Committee on Accreditation of Recreational Therapy on Education (CARTE) has aided in the professionalization of Recreational Therapy. CARTE, established in 2010, was created to develop minimum quality standards for education programs and offers accreditation to Recreational Therapy university programs (Committee for Accreditation of Recreational Therapy Education [CARTE], 2010). CARTE identifies the association's mission as promoting the highest level of competence for Recreational Therapists through three ideals; (a) develop and promote professional preparation standards, (b) encourage excellence in educational programming development, and (c) accredit Recreational Therapy university programs (CARTE, 2010).

Importance of Professional Associations to the Profession

Professional associations have many vital roles within the profession. As discussed in the previous section, associations create an environment for professionals to work together (Leahy, 2004), develop standards of practice for the profession (Sussman et al., 1965), and create a foundation for the definition of the profession (Yeager, 1981). Public Policy development, promotion, and lobbying by the professional are crucial for the advancement of the profession (Passmore, De Vries, Kavanaugh, & Fedesco, 2016).

Professional associations are crucial when it comes to advocating on behalf of the profession (Balassiano & Chandler, 2010). Schmid, Bar, and Nirel (2008) found that there is a significant positive correlation between advocacy and political activity in nonprofit organizations, concluding that increased political activity has perceived positive influence on policy setting.

Nonprofit Associations provide resources to members related to policy advocacy, information for navigating the ever-changing legislative issues, and act as a source for increasing capacity for the promotion of policies that benefit the consumer as well as the profession (Balassiano & Chandler, 2010). There is a vast difference between what one individual can accomplish on their own versus what one can achieve when part of a group working toward similar goals; thus, exhibiting greater political influence (Schmid et al., 2008). Membership numbers impact the ability of an organization to have greater political power (Schmid et al., 2008). Lin (1999) attributes the success of political influence to the social capital of individuals engaging in interactions and networking in order to produce shared outcomes, including improved advocacy efforts. In order for a professional organization to be the leading force, professionals must first join the organization and become involved in the efforts of the association (Gallemore & Li, 1997).

Political Change. Nursing professional associations have been successful at reaching goals in many ways (DeLeon, Loftis, Ball, & Sullivan, 2006). One key component of the nursing profession is advocacy, seen as advocacy for patients as well as advocacy for the profession through legislative efforts. A driving force of the nursing profession is the social capital available to the organizations for initiatives. The nursing professional associations are a model of success (DeLeon et al., 2006).

The evaluation process in professional associations as related to advocacy efforts is a crucial predictor of the ability to elicit political change (Gallemore & Li, 1997).

Effective professional **organizations have the ability to** examine the capability to fulfill the purposes and revise those purposes to be appropriate and stay relevant to membership (Gallemore

& Li, 1997). The most effective strategy found for political activity is applying pressure on legislative bodies and decision makers at both the national and local levels (Schmid et al., 2008).

Importance of Membership to the Professional Association

Professional associations are dependent upon their ability to attract and maintain a membership body (Skarlicki et al., 2000), and thus cannot survive without a thriving and active membership (Allan, 1963). The number of professionals the association attracts and chooses to join and participate in organizational goals measures the association's success (Patterson & Pointer, 2007). Associations with higher membership rates have a higher potential to meet organizational goals (Schmid et al., 2008).

Professional associations with large memberships seem to have generated more value to members (Phillips, 2011). The primary goal of professional associations should not be to gain a large mass of members, but instead to achieve "completeness" (Merton, 1958). Achieving completeness; however, has been a continued struggle for professional associations over the past decades due to an inability to retain members or attract new members (Bauman, 2008). Through completeness, professional associations are better able to represent the needs of the profession (Moore, 1970).

Influences on Joining Professional Associations

Many factors influence decisions of individuals to join professional organizations. Clark and Kemp (2008) identified six principles that significantly influence an individual's willingness to join a professional organization. These principles are (1) reciprocity defined as the policy of exchanging favors which is in the best interest of society; (2) commitment and consistency defined as people standing by previous statements or actions to exhibit stability; (3) social proof defined as people looking to others to determine how to what to think or how to act; (4) liking defined as people being more likely to say yes to those they admire and like; (5) authority defined as people are more likely to say yes to authority due to society's teachings; and (6) scarcity defined as people assigning more value to things that are less available.

Clark and Kemp (2008) found reciprocity to be the primary reason why professionals do not join professional organizations; that is they do not fully understand what the organization will do for them or the profession. This lack of understanding is a consistent problem across professions (Clark & Kemp, 2008). If members are unaware of the purpose, vision, or actions of their professional association, they are less willing to stay professionally involved (Clark & Kemp, 2008). Additionally, members are often discouraged when they feel associations do not place adequate value on each member (Gallicano, 2009). Clark and Kemp (2008) found similarities to Gallicano stating organizational insight into the importance of building positive relationships between members and organization leaders has a significant impact on a professional's willingness to join or stay with their association. Gallicano (2009) found that organizations, which invest in task sharing, building local relationships, peer linking, and direct engagement with members have higher member recruitment and retention rates resulting in stronger organizations. Associations with more members and higher social capital were found to have higher member commitment, or willingness to carry out organizational goals (Gallicano, 2009).

Institutional training is another predictor of an individual's willingness to join his or her professional association. Professionals base their involvement in professional associations upon whether or not their college program emphasized professional involvement (Bauman, 2008). For many professionals, colleges serve to introduce the pre-professional to the norms and values of the discipline. This introduction makes acquiring an orientation to the profession an important component of academic training (Borders & Benshoff, 1992). It is possible that collegiate programs offering monetary support, such as paying membership dues, including professional affiliation as part of a scholarship, providing resources for work missed due to professional association conference attendance, etc..., may have a long-term impact on the pre-professional's beliefs about maintaining professional association membership (Phillips, 2011). Another support

that may sway the pre-professional towards professional association membership is increased recognition to individuals who participate in professional conferences (Phillips, 2011).

A lack of administrative and peer support are barriers found to influence an individual's willingness to join their professional organization (Gallemore & Li, 1997). The pessimistic perception of inactive or previous members significantly impacted membership percentages in professional associations as well (Gallemore & Li, 1997). Additionally, professionals have shown an interest in the social ties of the association. Professionals are more likely to join a professional association if they have colleagues that are members (Bauman, 2008). The employer of the professional may also influence professional association membership (Patterson & Pointer, 2007). These influences may be in the form of monetary and emotional support from the employer (Ross, 2009). Additionally, job satisfaction, work setting, higher income, and full-time work have shown correlational ties with professional association membership (Yeager & Kline, 1983).

Numerous other factors have a continuing influence on professional association membership. Bauman (2008) found that professionals are more likely to join associations if the professional believes the professional association advances the field and if they believe that being a professional means being involved in a professional association. Gallemore and Li (1997) identified the two perceived barriers preventing professional membership in an association are atmosphere and information. Atmosphere refers to the disposition or mood of the association and information refers to the knowledge base the professional has on the association. Additionally, perceived available time and physical location of the conferences or meetings influence the professional's decision to join or not join their association (Clark & Kemp, 2008). Lastly, higher levels of education and current enrollment in an academic program leads to improved membership outcomes (Yeager et al., 1983).

Instruments

Two instruments will be used; the Professional Association Commitment Scale (PACS) and the Professional Association Survey (PAS).

Professional Association Commitment Scale. The professional association commitment scale (PACS) utilized in this study is adapted from Meyer, Allen, and Smith's 1993 Organizational Commitment Scale (OCS), modified by Phillips (2011) to determine professional association commitment among rehabilitation counselors. The PACS is an 18 item scale that measures commitment to the professional organization. This scale utilizes six items to measure each type of commitment; affective commitment, continuance commitment, and normative commitment. The response arrangement for the PACS is a seven-point Likert scale, with options ranging from Strongly Disagree to Strongly Agree. Affective commitment refers to an emotional commitment to the association, continuance commitment refers to an internal need to be committed, and normative commitment is defined a perceived obligation to the specific profession (Meyer & Allen, 1991; Phillips 2011). The OCS, utilized in a variety of settings, is one of the primary measures for organizational commitment and designed for use across numerous types of organizations (Phillips, 2011).

Professional Association Satisfaction Survey. The Professional Association Satisfaction Survey (PASS) used in this study is the Five Factor Analysis of Professional Satisfaction developed by Skarlicki and colleagues in 2000 for use in the Canadian Psychological Association professional association to track membership satisfaction. This survey measures satisfaction of professional association by members across five aspects or factors. These factors are outcomes, advocacy, organizational justice, convention, and professional recognition (Skarlicki et al., 2000). Outcomes are an individual's perceptions of the costs and benefits provided by the professional association. Advocacy refers to promotion efforts within the

association. Organization justice refers to membership perceptions of how well the association represents its members. Convention refers to annual conferences help by the association. Lastly, professional recognition refers to the extent to which the professional association enhances the individual's identity as a professional (Skarlicki et al., 2000).

CHAPTER III

METHODS

Introduction

The focus of this study was to examine which factors of Recreational Therapy associations; outcomes, advocacy, organizational justice, convention, or professional recognition, are rated as most important to Recreational Therapists, as well as determine the relationship between professional association commitment and professional association satisfaction with professional association membership status. Items rated as most important to Recreational Therapists are thought to be the most beneficial and significant in attracting new members and maintaining current members. Social Identity Theory and Social Exchange Theory support the framework for professional association membership influences (Phillips, 2011).

This study evaluated which professional association factors of outcomes, advocacy, organization justice, convention, or professional recognition Recreational Therapist rate highest. This study also assessed if professional association commitment scores and professional association satisfaction scores could predict professional association membership. It was the goal of this research study to identify which professional association factors will assist in the recruitment of new members and retaining current members.

Evaluation took place to determine if professional association commitment and satisfaction scores correlated to membership status. This research project provided feedback for Recreational Therapy professional associations to determine which aspects of the organization have the greatest influence on the profession. The results of this study may prove useful to leadership in professional associations in addressing current membership declines throughout the Recreational Therapy professional associations.

This study addressed:

1. Which aspects of professional association membership; outcomes, advocacy, organizational justice, convention, or professional recognition are rated as most important to Recreational Therapists.
2. If professional association commitment and professional association membership are correlated.
3. If professional association satisfaction and professional association membership are correlated.
4. If professional association commitment can predict professional association membership.
5. If professional association satisfaction can predict professional association membership.

Participants

Population. The population for this study was Recreational Therapists. Recreational Therapists are (a) individuals who have passed the national certification exam and credentialed as a Certified Therapeutic Recreation Specialist[®] (CTRS[®]) through the NCTRC[®]; (b) individuals who are eligible to sit for the national certification exam; or (c) individuals licensed in their state to practice Recreational Therapy but not a CTRS[®]. The population excluded Recreational

Therapists who have lapsed certifications without a current license or who identify as Recreational Therapists but do not have the CTRS® credential. Participants who report as not currently credentialed were not included for data analysis. Participants self-reported on the status of their credential and/or licensure status to monitor the population.

Sample. The sample for this study included Recreational Therapists who are members of the national listserv RecreationalTherapynet, Oklahoma listserv TRAOnet, American Therapeutic Recreation Association's Facebook page, Oklahoma Recreational Therapy Association's Facebook page, Therapeutic Recreation's Facebook page, Therapeutic Recreation Directory on Facebook's Facebook page, and/or Therapeutic Recreation/Activity Professionals –RAP's Facebook page. Individuals who did not meet the population criteria were not included in the sample.

Research Design

This study employed a non-experimental correlation survey design. Data collection utilized a convenience sample of professionals to obtain a minimum of 30 potential participants. After IRB approval (Appendix A), data collection occurred as participants completed the survey. Participants were invited to complete the study through listserv email requests and Facebook posts. An email reminder was not required due to an adequate number of participants upon initial invitation to participate. The participants were provided with an informed consent form (Appendix B) to determine their willingness to participate in the study. After completing the informed consent form, for those who agreed to participate, participants completed a demographic questionnaire (Appendix C) to determine background characteristics that may influence data. The Professional Association Satisfaction Survey (PASS) (Appendix D) was used to assess professional satisfaction with the professional organization, and the Professional Association Commitment Scale (PACS) (Appendix E) was administered to evaluate commitment levels to the professional organization.

Data analysis utilized in this study was Spearman Rho to determine correlations between commitment and satisfaction of professionals to professional association membership. Pearson R was not utilized due to data not meeting the assumption for level of measurement. Ordinal regression was used to determine if professional commitment and/or professional association satisfaction could predict professional association membership. Linear regression as not utilized due to data not meeting the assumption for level of measurement. Lastly, descriptive statistics were utilized to analyze aspects of professional association satisfaction scores to determine which aspects of the professional associations were most highly rated among Recreational Therapists.

Data Collection. Data collection took place utilizing Qualtrics, an online questionnaire software package, through the College of Education, Health, and Aviation at Oklahoma State University. Qualtrics prevented users from taking a survey more than once with the feature “Prevent Ballot Box Stuffing”. This feature places cookies into the user’s browser, thus preventing the same user from responding more than once to the surveys from the same computer, assuming cookies are not cleared from the computer. The questionnaire was dispersed to participants through email invites on RecreationalTherapynet and TRAOnet professional listservs as well as made available through the Facebook pages of the American Therapeutic Recreation Association , Oklahoma Recreational Therapy Association, Therapeutic Recreation Facebook page, Therapeutic Recreation Directory on Facebook Facebook page and/or Therapeutic Recreation/Activity Professionals -RAP Facebook page. Participants gained access through a provided link and had an opportunity to read through general information over the study, as well as read and agree to an informed consent form. The surveys were expected to take less than 30 minutes and were made available over a three week period. Participants were required to complete the entirety of the survey in a single sitting.

Instruments

Two instruments were used; the Professional Association Commitment Scale (PACS) and the Professional Association Satisfaction Survey (PASS).

Professional Association Commitment Scale. The Professional Association Commitment Scale (PACS) utilized during this study is a modified version of the Organizational Commitment Scale (OCS) (Meyer et al., 1993). The OCS has been used in a variety of settings and is known as one of the primary measures of organizational commitment (Phillips, 2011). The OCS was designed to be used across many different types of organizations and professions (Phillips, 2011). The original author of the modified version of the scale utilized in this study made qualified changes to the verbiage of the OCS to measure commitment at the level of the profession (Phillips, 2011). The PACS was obtained, with permission, for use in this study from the original author (Appendix F). The PACS is an 18 item scale that measures commitment to the organization. The scale employs six items for each type of commitment; affective, continuance, and normative commitment. Affective commitment is a desire to feel a sense of "belonging" or "emotionally attached" to the association, continuance commitment is a motivation to stay with the association, and normative commitment is a perceived obligation to remain with the association (Meyer & Allen, 1991; Phillips, 2011).

The response layout for the PACS is a seven-point Likert scale with anchors ranging from Strongly Disagree (1) to Strongly Agree (7). Scores are collected across each of the three commitment scales allowing reflection on how each of the commitment forms relates to other variables. Additionally, an overall commitment score is calculated. Reliability and consistency ratings for this survey are offered in the form of Cronbach's alpha for each specific level of commitment. Alpha values are as follows; Affective Commitment: $\alpha = .87$, Normative Commitment: $\alpha = .87$, and Continuance Commitment: $\alpha = .78$ (Phillips, 2011). Construct validity has been demonstrated, in that all three components of the PACS have been related to variables

considered to be antecedents or consequence of commitment in unique but significant ways (Phillips, 2011).

Professional Association Satisfaction Survey. The Professional Association Satisfaction Survey (PASS) utilized during this study was the Five Factor Analysis of Professional Satisfaction developed by Skarlicki et al. for use in the Canadian Psychological Association professional association to track membership satisfaction (Skarlicki et al., 2000). This survey measures satisfaction of professional association by members across five aspects or factors. These factors are outcomes, advocacy, organizational justice, convention, and professional recognition (Skarlicki et al., 2000). Outcomes are measured as individual's perceptions of the costs and benefits provided by the professional association. Advocacy refers to advocacy efforts within the association. Organization justice refers to membership perceptions of how well the association represents its members. Convention refers to annual conferences help by the association. Professional recognition refers to the extent to which the professional association enhances the individual's identity as a professional (Skarlicki et al., 2000). The response format for the PASS is five-point Likert Scale ranging from Strongly Disagree (1) to Strongly Agree (5). Scores are collected across each of the five factors allowing reflection on how each of the factors relates to other variables. Additionally, and overall satisfaction score is calculated. Reliability and consistency ratings for this survey were offered in the form of Cronbach's alpha for each specific Factor alpha values are as follows; Outcomes: $\alpha = .84$, Advocacy: $\alpha = .84$, Organizational Justice: $\alpha = .78$, Convention: $\alpha = .79$, and Professional Recognition: $\alpha = .66$. Permission was granted from the original authors for use in this study with minor modifications to allow for a change from psychology specific organizations to professional associations as a whole.

Data Analysis

Data from the surveys was input into SPSS 24.0 for windows. Spearman Rho was conducted to determine if professional association commitment is correlated to professional association membership as well as to determine if professional association satisfaction is correlated to professional association membership for Recreational Therapists. Data met Spearman Rho assumptions of level of measurement and relationship between variables. The researcher ran a Spearman Rho Correlation Coefficient to measure the strength of the relationship between commitment and membership status as well as satisfaction and membership status. Correlation coefficients measure the strength of relationships, and Spearman Rho measures monotonic relationships.

Ordinal regression was conducted to determine if professional association commitment and/or professional association satisfaction can predict professional association membership. Linear regression was not used due to the data not meeting the assumption for level of measurement for the dependent variable. The level of measurement, proportional odds, and multicollinearity assumptions has been met for ordinal regression. Regression models can test if one variable can predict another variable. Through this regression model, the variation in professional association membership can be explained by the professional commitment and/or professional association satisfaction, and how well professional association commitment and/or professional association satisfaction can predict professional association membership.

Descriptive statistics were utilized to obtain analysis of satisfaction and commitment scores of Recreational Therapists. Analysis took place to determine which aspects of professional associations, outcomes, advocacy, organizational justice, convention, or professional recognition; are rated as most important to the membership. Scores were analyzed to determine the type of

commitment; normative, continuance, and/ or affective commitment; members have for their professional associations. Scores are reported on individual items as well as categorical means.

Using SPSS, the researcher conducted bivariate correlation analysis of commitment and satisfaction scores to professional association membership. A predetermined alpha level of $p < .05$ was utilized in this study.

CHAPTER IV

RESULTS

Introduction

The purpose of this study was to examine which aspects of professional associations Recreational Therapists rate as most important. Additionally, this study looked at satisfaction and commitment associated with Recreational Therapy professional associations. The surveys utilized in this study were the Professional Association Satisfaction Survey (PASS) by Skarlicki et al. (2000) and the Professional Association Commitment Survey (PACS) by Phillips (2011) to determine satisfaction and commitment scores. Scores determined if a correlation exists between professional association membership and professional association commitment or satisfaction. Additionally, professional association satisfaction and commitment scores will determine if these variables can predict professional association membership. Hypotheses for this study were:

1. Recreational Therapists will rate one factor; outcomes, advocacy, organizational justice, convention, or professional recognition; of professional associations higher than the others.
2. There is a correlation between professional association commitment and professional association membership.
3. There is a correlation between professional association satisfaction and professional association membership.

4. Professional association commitment scores can predict if a professional is likely to be a member of their professional association.
5. Professional association satisfaction scores can predict if a professional is likely to be a member of their professional association.

All analysis for this study was conducted utilizing the Statistical Package for the Social Sciences (SPSS) 24 for windows.

Participants

As stated in chapter three, the target population for this study was Recreational Therapists. This population criterion was identified by the following; (a) individuals who have passed the national certification exam and credentialed as a Certified Therapeutic Recreation Specialist[®] (CTRS[®]) through the NCTRC[®]; (b) individuals who are eligible to sit for the national certification exam; or (c) individuals licensed in their state to practice Recreational Therapy but not a CTRS[®]. Prior to data analysis, a screening of the participants was completed to confirm population inclusion. Participants self-reported their status within the population parameters. Missing data was not included in data analysis.

A total of 123 responses were recorded. Of the 123 submissions, four individuals did not meet population criteria. With the removal of these responses, a total of 119 submissions were recorded within the population criteria.

A key objective of the data collection process was to obtain a sample of participants that included non-members of a Recreational Therapy professional association, in addition to current members. Table 1 shows participants' membership status for a Recreational Therapy professional association. Current members were the largest category, accounting for 101 (84.9%) submissions, followed non- members who accounted for 18 (15.1%) submissions (Table 1).

Table1:

Membership Status

Membership Status	n	%
Current Member	101	84.9
Non Member	18	15.1

Of the 119 participants included in the data analysis, 111 respondents identified as a current CTRS, eight identified as eligible to sit for the CTRS exam, and no one identified as licensed in their state without current certification (Table 2). A majority of respondents, 68, had been a CTRS for 10+ years, 24 respondents had been a CTRS for 5-10 years, 17 respondents had been a CTRS for 1-5 years, 2 respondents had been a CTRS for less than 1 year, and 8 respondents did not respond to the question (Table 2). Practitioners were the largest category with 54 respondents identifying as a practitioner, followed by 38 respondents identifying as academia, 20 respondents identified as management, six respondents identified as not currently working in the field, and one respondent did not specify their work type (Table 2). Education levels were spread more evenly among two categories with 48 respondents identified having bachelor's degree, 42 respondents identified having a master's degree, 28 respondents identified having a doctorate degree, and one respondent who identified having less than a bachelor's degree (Table 2). The majority of respondents were female with 100 female respondents and 19 male respondents (Table 2). Perceived closeness to a Recreational Therapy professional associations were identified with 57 respondents reporting they most closely identified with state/local professional associations, followed closely with 49 respondents reporting they most closely identify with the national professional association, 5 respondents reported they most closely identify with their regional association, and 8 respondents did not respond (Table 2). Inclusion within the population was self-reported, and results may not be indicative of the Recreational Therapy profession.

Table 2:

Participant Characteristics

Variables	Current Member		Non-Member		Total	
	n	%	n	%	n	%
Status						
CTRS	95	94.1	16	88.9	111	93.3
Eligible for exam	6	5.9	2	11.1	8	6.7
Length of Practice						
<1 year	2	2.0	0	0.0	2	1.7
1-5 years	14	13.7	3	16.7	17	14.3
5-10 years	19	18.8	5	27.8	24	20.2
10+ years	60	59.4	8	44.4	68	57.1
No Data	6	5.9	2	11.1	8	6.7
Work Classification						
Practitioner	44	43.6	10	55.6	54	45.4
Academia	37	36.6	1	5.6	38	31.9
Management	16	15.8	4	22.2	20	16.8
Not in field	3	3.0	3	16.7	6	5.0
No Data	1	1.0	0	0.0	1	0.8
Education						
< Bachelors	1	1.0	0	0.0	1	0.8
Bachelors	37	36.6	11	61.1	48	40.3
Masters	36	35.6	6	33.3	42	35.3
Doctorate	27	26.7	1	5.6	28	23.5

Variables	Current Member		Non-Member		Total	
	n	%	n	%	n	%
Gender						
Male	17	16.8	2	11.1	19	15.2
Female	84	83.2	16	88.9	100	84.8
Identification						
State/Local	51	50.5	6	33.3	57	48.0
Regional	4	4.0	1	5.6	5	4.2
National	46	45.5	3	16.7	49	41.2
No Data	0	0.0	8	44	8	6.7

Note. Percentages were rounded and sums may not equal 100 percent.

Scales

Information regarding utilized scales is provided in Table 3. All scales had an acceptable level of reliability based on Cronbach's Alpha, with the lowest $\alpha = .732$ (Table 3). The range of possible scores and means are provided as well (Table 3). Higher mean scores translate into higher positive responses for the scale where a mean score of 4.90 reflects greater affective commitment than a score of 3.90. Several items were reverse coded to allow for responses to be oriented with higher values equating to more positive views. Among the commitment scales, continuance commitment had a much lower mean score than both affective commitment and normative commitment (Table 3). Mean scores among the satisfaction scales had a closer range than that of the commitment scales. Among the satisfaction scales, professional recognition had the highest mean score (Table 3).

Table 3

Descriptive and Reliability Statistics for Scales

Scale	n	items	M	SD	Range	α
Affective Commitment	114	6	4.90	1.56	1-7	.876
Continuance Commitment	111	6	3.67	1.32	1-7	.732
Normative Commitment	106	6	4.80	1.69	1-7	.907
Outcomes Satisfaction	107	8	3.69	0.85	1-5	.923
Advocacy Satisfaction	113	5	3.39	0.96	1-5	.939
Organization Justice Satisfaction	113	4	3.48	0.95	1-5	.907
Convention Satisfaction	113	5	3.56	0.93	1-5	.871
Professional Recognition Satisfaction	113	3	3.87	0.77	1-5	.792

Table 4 shows correlations between each of the utilized scales. High correlations among the scales include the correlation between affective commitment and outcomes satisfaction, $r = .744, p < .01$ (Table 4). Additionally, high correlations exist between organizational justice satisfaction and outcomes satisfaction, $r = .714, p < .01$ and outcomes satisfaction and normative commitment, $r = .711, p < .01$ (Table 4). Continuance commitment has weak correlations with all other scales except normative commitment and outcomes satisfaction where only a moderate correlation exists (Table 4). Additionally, Continuance commitment was the only scale that did not have significant correlations with other scales (Table 4).

Table 4

Correlation Matrix of Scales

Variables	1	2	3	4	5	6	7	8
1 Affective	--							
2 Continuance	.139	--						
3 Normative	.674*	.472*	--					
4 Outcomes	.744*	.352*	.711*	--				
5 Advocacy	.411*	.247*	.399*	.566*	--			
6 Organizational Justice	.659*	.181	.575*	.714*	.402*	--		
7 Convention	.589*	.103	.581*	.659*	.309*	.624*	--	
8 Professional Recognition	.540*	.275*	.623*	.688*	.499*	.551*	.496*	--

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

Findings

Research Question #1 asks which aspects of the professional association; outcomes, advocacy, organizational justice, convention, or professional recognition are rated as most important to Recreational Therapists. Table 5 provides an overview of the five factor satisfaction survey. Average means are recorded for both the factor category as well as individual item scores. Only convention satisfaction scores were reverse coded for data analysis. Table 5 provides original scores for individual convention satisfaction items, as well as for categorical means. Table 6 provides convention satisfaction scores with reverse coded individual item means as well as categorical means. The individual item rated as most important to Recreational Therapists was Recreational Therapy professional associations (RTPA) providing networking opportunities for professionals in the field, $M = 4.13$ (Table 5). Additionally, Recreational Therapists wanting their RTPA on their vita/ resume scored high as well, $M = 4.04$ (Table 5). Professional Recognition

was the highest scoring categorical factor in the survey ($M = 3.87$), followed by Outcomes ($M = 3.69$), Convention ($M = 3.56$), Organizational Justice ($M = 3.48$), and lastly Advocacy ($M = 3.39$) (Table 5).

Table 5
Satisfaction Survey Scores

Scales	n	M	SD
Factor 1: Outcomes ($M = 3.69$)			
1. RTPA membership provides good value for my money.	114	3.68	1.11
2. RTPA has a critical mass of members with interests similar to mine.	114	3.69	0.99
3. RTPA provides an opportunity to network with other professionals in the field.	113	4.13	0.90
4. RTPA is a way to find new jobs/post-doc ads.	113	3.52	1.07
5. RTPA provides me with a sense of professional identity.	112	3.70	1.23
6. RTPA helps keep me up-to-date on issues relevant to me.	111	3.86	1.07
7. RTPA helps keep me current in my field.	112	3.94	1.03
8. The RTPA meets my needs as a researcher/scientist.	112	2.99	0.96
Factor 2: Advocacy ($M = 3.39$)			
1. RTPA helps us get the governments' attention.	114	3.44	1.08
2. RTPA is an effective lobby group for the interests of the profession.	114	3.32	1.15
3. RTPA is an effective advocate for my interests.	113	3.42	1.04
4. RTPA does an effective job in lobbying for ethical issues.	113	3.39	0.98
5. RTPA does an effective job in lobbying for RT issues.	113	3.42	1.08

Scales	n	M	SD
Factor 3: Organizational Justice (M = 3.48)			
1. I feel that I have an influence on RTPA.	114	3.37	1.21
2. I feel that I get adequate recognition for participating on the RTPA committees.	114	3.46	1.06
3. My interests are well represented by the RTPA.	114	3.61	0.99
4. I feel my views are taken into consideration by RTPA.	113	3.47	1.05
Factor 4: Convention (M = 2.87) (M = 3.56*)			
1. The RTPA convention costs more than the benefit I receive.	114	2.61	1.16
2. The annual conference has limited appeal to me.	113	2.46	1.22
3. Not many people who share my interests come to the RTPA annual convention.	114	2.21	1.03
4. The conference is worth attending.	114	4.06	1.04
5. It costs too much to attend the annual convention.	114	2.99	1.24
Factor 5: Professional Recognition (M = 3.87)			
1. Active involvement in the RTPA is looked upon favorably by tenure committees.	114	3.71	.86
2. I want to have the RTPA on my vita/ resume.	113	4.04	.91
3. RTPA lends face validity to what I do.	114	3.87	.94

Note. Reverse scores not included in table.

* Reverse coded categorical mean.

Table 6

Convention Satisfaction Reverse Coding

Factor 4: Convention (M = 3.56)	n	M	SD
1. The RTPA convention costs more than the benefit I receive.	114	3.39	1.16
2. The annual conference has limited appeal to me.	113	3.54	1.22
3. Not many people who share my interests come to the RTPA annual convention.	114	3.79	1.03
4. The conference is worth attending.	114	4.06	1.04
5. It costs too much to attend the annual convention.	114	3.01	1.24

Table 7 shows the differences in categorical mean scores between Recreational Therapists who are members of a professional association and those who are non-members of a professional association. Non-member Recreational Therapists rated organizational justice, convention, and professional recognition satisfaction one full point lower than current member Recreational Therapists did (Table 7). Outcomes and advocacy satisfaction were rated one-half point lower by non-member Recreational Therapists than by member Recreational Therapists (Table 7). Member Recreational Therapists rated professional recognition (M = 4.02) satisfaction highest and advocacy (M = 3.40) satisfaction lowest of all categories (Table 7). Non-member Recreational Therapists rated outcomes (M = 3.25) satisfaction highest and organizational justice (M = 2.56) satisfaction lowest of all categories (Table 7).

Table 7

Factor Means for Current and Non-members

Factors	n	M	SD
Outcomes			
Current Member	96	3.85	0.74
Non-member	18	3.25	0.86
Advocacy			
Current Member	96	3.40	0.94
Non-member	18	2.86	0.89
Organizational Justice			
Current Member	96	3.65	0.88
Non-member	18	2.56	0.84
Convention			
Current Member	96	3.80	0.83
Non-member	18	2.62	0.88
Professional Recognition			
Current Member	96	4.02	0.66
Non-member	18	3.02	0.75
Overall Satisfaction			
Current Member	96	3.75	0.60
Non-member	18	2.77	0.72

Table 8 provides an overview of categorical factor means for Recreational Therapist who work as practitioners, academia, or management. Recreational Therapists in management scored outcomes satisfaction ($M = 3.88$) and advocacy ($M = 3.81$) satisfaction higher than those in other

work classifications did (Table 8). Recreational Therapists who work in academics scored convention ($M = 3.84$), professional recognition ($M = 3.99$), and organizational justice ($M = 3.50$) satisfaction higher than those in other work classification types did (Table 8). Practitioners were not the leading scorer in any category but rated professional recognition ($M = 3.81$) highest of all the categories (Table 8). Managers rated advocacy outcomes ($M = 3.81$) satisfaction higher than all other categories (Table 8). Lastly, Academia rated professional recognition ($M = 3.99$) satisfaction higher than all other categories (Table 8).

Table 8

Factor Means for Work Type

Factors	n	M	SD
Outcomes			
Practitioner	51	3.60	0.93
Academia	37	3.72	0.79
Management	19	3.88	0.63
Advocacy			
Practitioner	51	3.38	1.00
Academia	37	3.19	0.97
Management	19	3.81	0.75
Organizational Justice			
Practitioner	51	3.41	0.98
Academia	37	3.50	0.96
Management	19	3.49	0.89

Factors	n	M	SD
Convention			
Practitioner	51	3.39	1.03
Academia	37	3.84	0.77
Management	19	3.60	0.83
Professional Recognition			
Practitioner	51	3.81	0.73
Academia	37	3.99	0.83
Management	19	3.79	0.63
Overall Satisfaction			
Practitioner	51	3.52	0.79
Academia	37	3.65	0.66
Management	19	3.72	0.57

Table 9 provides an overview of categorical means based upon Recreational Therapists perceived closeness to their professional association. Recreational Therapists who completed the survey for their regional professional association (n = 4) were few, they rated outcomes (M = 3.94), convention (M = 4.19), and professional recognition (M = 4.00) satisfaction high (Table 9). Recreational Therapists who completed the survey for their national professional association rated professional recognition (M = 3.99) satisfaction highest (Table 9). Additionally, the national RTPA was rated highest for advocacy (M = 3.51) satisfaction (Table 9). Recreational Therapists who completed the survey for the state/local RTPA rated organizational justice (M = 3.59) satisfaction highest (Table 9).

Table 9

Factor Means for Professional Association Type

Factors	n	M	SD
Outcomes			
National	48	3.72	0.72
State/Local	54	3.83	0.83
Regional	4	3.94	0.60
Advocacy			
National	48	3.51	0.97
State/Local	54	3.42	0.96
Regional	4	3.00	0.49
Organizational Justice			
National	48	3.52	0.97
State/Local	54	3.59	0.90
Regional	4	3.56	0.77
Convention			
National	48	3.55	0.89
State/Local	54	3.68	0.87
Regional	4	4.19	0.99
Professional Recognition			
National	48	3.99	0.79
State/Local	54	3.91	0.70
Regional	4	4.00	0.89

Factors	n	M	SD
Overall Satisfaction			
National	48	3.66	0.64
State/Local	54	3.69	0.68
Regional	4	3.74	0.61

Table 10 provides an overview of categorical means based upon the length of time in the field by Recreational Therapists. Professional recognition satisfaction was the category rated highest by all experience levels of Recreational Therapists (Table 10). Recreational Therapists with 1-5 years of experience had a rating of (M = 3.80), 5-10 years of experience had a rating of (M = 3.19), and 10+ years of experience had a rating of (M = 3.87) for professional recognition satisfaction (Table 10). Recreational Therapists with <1 year of experience completed the survey (n = 2) were few, they rated professional recognition (M = 4.33), outcomes (M = 3.75), and convention (M = 3.70) satisfaction high (Table 10). Recreational Therapists with 10+ years of experience rated higher satisfaction scores in all categories except advocacy and professional recognition satisfaction where Recreational Therapists with 5-10 years of experience and <1 year of experience rated each category higher, respectively (Table 10).

Table 10

Factor Means for Length in Field

Factors	n	M	SD
Outcomes			
< 1 year	2	3.75	0.18
1-5 years	17	3.43	1.07
5-10 years	24	3.55	0.93
10+ years	65	3.76	0.76
Advocacy			
< 1 year	2	3.10	0.42
1-5 years	17	3.19	0.99
5-10 years	24	3.58	1.05
10+ years	65	3.36	0.95
Organizational Justice			
< 1 year	2	3.25	1.41
1-5 years	17	3.38	0.89
5-10 years	24	3.28	1.18
10+ years	65	3.56	0.90
Convention			
< 1 year	2	3.70	0.71
1-5 years	517	3.22	0.94
5-10 years	24	3.36	0.98
10+ years	65	3.72	0.88

Factors	n	M	SD
Professional Recognition			
< 1 year	2	4.33	0.47
1-5 years	17	3.80	0.75
5-10 years	24	3.79	0.80
10+ years	65	3.87	0.78
Overall Satisfaction			
< 1 year	2	3.63	0.28
1-5 years	17	3.40	0.82
5-10 years	24	3.51	0.84
10+ years	65	3.65	0.64

Table 11 provides an overview of categorical means based on the gender of Recreational Therapists. Male Recreational Therapists rated all categories higher than female Recreational Therapists except for advocacy (Table 11). Both male and female Recreational Therapists rated professional recognition satisfaction higher than all other categories with satisfaction scores of (M = 4.02) and (M = 3.84) respectively (Table 11). Both male and female Recreational Therapists rated advocacy satisfaction lower than all other categories with satisfaction scores of (M = 3.27) and (M = 3.40) respectively (Table 11).

Table 11

Factor Means for Gender

Factors	n	M	SD
Outcomes			
Male	17	3.77	0.55
Female	97	3.67	0.89
Advocacy			
Male	17	3.27	0.83
Female	97	3.40	0.98
Organizational Justice			
Male	17	3.49	0.93
Female	97	3.47	0.96
Convention			
Male	17	3.69	0.71
Female	97	3.53	0.96
Professional Recognition			
Male	17	4.02	0.64
Female	97	3.84	0.79
Overall Satisfaction			
Male	17	3.65	0.56
Female	97	3.59	0.74

Based on the descriptive statistics analyzed for the data set, Recreational Therapists rated professional recognition (M = 4.02) highest of all categories for professional association satisfaction (Table 11).

Research Question #2 asks what correlations exist between professional association commitment and professional association membership. Table 12 shows correlations between RTPA overall commitment and categorical commitment with RTPA membership status. A Spearman's rank-order correlation was run to determine the relationship between RTPA commitment and RTPA membership status. Pearson R was not utilized in this correlation analysis because the level of measurement assumption was not met. There was a moderate, positive correlation between overall commitment scores and membership status, which was statistically significant ($r_s(115) = .470, p = .000$) (Table 12). Overall commitment was the strongest correlation with membership status of all commitment categories (Table 10). Both affective commitment ($r_s(115) = .411, p = .000$) and normative commitment ($r_s(114) = .446, p = .000$) were found to have moderate, positive correlations with membership status, which were also statistically significant (Table 12). Continuance commitment was the only commitment type to have a weak correlation, with a weak, positive correlation with membership status, which was statistically significant ($r_s(114) = .271, p = .003$) (Table 12).

Table 12
Correlations of Commitment with Membership Status

Commitment Type	Correlation Coefficient	Sig. (2-tailed)	n
Overall Commitment	.470*	.000	117
Affective Commitment	.411*	.000	117
Continuance Commitment	.271*	.003	116
Normative Commitment	.446*	.000	116

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

Based on the Spearman Rho correlation test, the professional association commitment data showed positive correlations to professional association membership with weak to moderate strength (Table 12). These results indicate that there is a correlation between professional association commitment and professional association membership.

Research Question #3 asks what correlations exist between professional association satisfaction and professional association membership. Table 13 shows correlations between RTPA overall satisfaction and categorical satisfaction with RTPA membership status. A Spearman's rank-order correlation was run to determine the relationship between RTPA satisfaction and RTPA membership status. Pearson R was not utilized in this correlation analysis because the level of measurement assumption was not met. There was a moderate, positive correlation between overall satisfaction scores and membership status, which was statistically significant ($r_s(112) = .493, p = .000$) (Table 13). Overall Satisfaction had the strongest correlation of all satisfaction categories with membership status (Table 13). All categorical satisfaction correlation of outcomes ($r_s(112) = .480, p = .001$), advocacy ($r_s(112) = .306, p = .000$), organizational justice ($r_s(112) = .427, p = .000$), convention ($r_s(112) = .427, p = .000$), and professional recognition ($r_s(112) = .457, p = .000$) all had moderate, positive correlations with membership status and were statistically significant (Table 13). Advocacy satisfaction had the weakest correlation to membership status (Table 13).

Table 13

Correlations of Satisfaction with Membership Status

Satisfaction Type	Correlation Coefficient	Sig. (2-tailed)	n
Overall Satisfaction	.493*	.000	114
Outcomes Satisfaction	.480*	.001	114
Advocacy Satisfaction	.306*	.000	114
Organizational Justice Satisfaction	.427*	.000	114
Convention Satisfaction	.427*	.000	114
Professional Recognition Satisfaction	.457*	.000	114

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

Based on the Spearman Rho correlation test, the professional association satisfaction data showed positive correlations to professional association membership with moderate strength (Table 13). These results indicate that there is a correlation between professional association satisfaction and professional association membership.

Research question #4 asks if professional association commitment can predict professional association membership. Table 14 shows significance values with confidence intervals for professional association commitment ability to predict professional association membership. Table 15 shows the regression's model ability to predict membership status. $R = 0.470$, indicating a positive moderate correlation between professional association commitment and professional association membership (Table 14). Ordinal regression was utilized in the calculation of this data because the level of measurement assumption was not met for linear regression. Pseudo R Square = 0.305, indicating 30.5% of the variation in professional association membership scores can be explained by professional association commitment (Table 14). Based on the model fitting information output and the goodness of fit output, p -values were p

= 0.00 and $p = 1.00$ respectively, and this regression model has statistically significant predictability (Table 15). Based on the outputs, the p -value of professional association commitment is < 0.05 ($p = 0.00$); thus the predictor variable is statistically significant (Table 14). Through the ordinal regression analysis performed, it is concluded that professional association commitment can predict professional association membership.

Table 14

Ordinal Regression of RTPA Commitment to PRTA membership

Location	Sig.	95% CI LB	95% CI UB	Pseudo R Sq	R Value
RTPA Commitment	0.000	0.615	1.493	0.305	0.470

Table 15

Predictability of Commitment Regression Model

Model	Sig.
Model Fitting	0.00
Goodness of Fit- Pearson	1.00
Goodness of Fit- Deviance	1.00

Research Question #5 asks professional association satisfaction can predict professional association membership. Table 16 shows significance values with confidence intervals for professional association satisfaction ability to predict professional association membership. Table 17 shows the regressions model ability to predict membership status. Ordinal regression was utilized in the calculation of this data because the level of measurement assumption was not met for linear regression. $R = 0.493$, indicating a positive moderate

correlation between professional association commitment and professional association membership (Table 16). Pseudo R Square = 0.321, indicating 32.1% of the variation in professional association membership scores can be explained by professional association commitment (Table 16). Based on the model fitting information output and the goodness of fit output, p -values were $p = 0.00$, $p = 0.48$, and $p = 1.00$ respectively, thus, this regression model has statistically significant predictability (Table 17).

Table 16

Ordinal Regression of RTPA Satisfaction to PRTA membership

Location	Sig.	95% CI LB	95% CI UB	Pseudo R Sq	R Value
RTPA Satisfaction	0.000	1.136	2.677	0.321	0.493

Table 17

Predictability of Satisfaction Regression Model

Model	Sig.
Model Fitting	0.00
Goodness of Fit- Pearson	0.48
Goodness of Fit- Deviance	1.00

Based on the outputs, the p -value of professional association commitment is < 0.05 ($p = 0.00$); thus the predictor variable is statistically significant (Table 16). Through the ordinal regression analysis performed, it is concluded that professional association satisfaction can predict professional association membership.

Hypotheses:

Five hypotheses were addressed in this study.

1. Recreational Therapists will rate one factor; outcomes, advocacy, organizational justice, convention, or professional recognition; of professional associations higher than the others.
2. There is a correlation between professional association commitment and professional association membership.
3. There is a correlation between professional association satisfaction and professional association membership.
4. Professional association commitment scores can predict if a professional is likely to be a member of their professional association.
5. Professional association satisfaction scores can predict if a professional is likely to be a member of their professional association.

Null Hypotheses for this study were:

1. Recreational Therapists will not rate any factor; outcomes, advocacy, organizational justice, convention, or professional recognition; of professional associations higher than the others.
2. Professional commitment has no relationship to professional association satisfaction.
3. Professional commitment has no relationship to professional association membership.
4. Professional association commitment scores have no predictability on professional association membership.
5. Professional association satisfaction scores have no predictability on professional association membership.

Based on the data analysis, Recreational therapist rated one factor, professional recognition, higher than the other factors; thus the null hypothesis is rejected. Spearman Rho correlations determined that a positive moderate correlation exists between professional association commitment and professional association membership; thus the null hypothesis is rejected. Based on Spearman Rho analysis, a positive moderate correlation exists between professional association satisfaction and professional association membership; thus the null hypothesis is rejected. Ordinal Correlation analysis determined that profession association commitment was a valid predictor of professional association status, thus the null hypothesis is rejected. Lastly, based on ordinal regression analysis, professional association satisfaction was determined to be a valid predictor of professional association membership status; thus the null hypothesis is rejected.

CHAPTER V

DISCUSSION

Overview

Declining professional association membership is a barrier to many professions (Bauman, 2008). Recreational Therapists represent one profession, of many, experiencing this decline (ATRA, 2016). Of particular interest is the growing gap between the declining Recreational Therapy professional association memberships and the rising number of certified Recreational Therapists. Little research has been done on professional association memberships, and even less on research has been conducted on Recreational Therapy professional association membership. Of the studies completed on professional association membership, few were based on the theoretical framework. The purpose of this study was to explore and examine the factors that influence Recreational Therapy professional association membership status. This study was primarily guided by Social Identify Theory and Social Exchange Theory.

Social Exchange Theory is the most widely used theory for professional association membership. Social exchange theory primarily focuses on the relationship between costs and benefits. Professionals gauge if the benefit they receive from the professional association outweighs the costs of being a member of the association. Specifically, members look for benefits to be increased and costs to be decreased (Phillips, 2011). There are, however, challenges inherent

within social exchange theory for associations attempting to increase membership numbers during times of declining membership status. Professional associations may have difficulty during these times due to reduced revenue from membership loss (Phillips, 2011). Social Identity Theory offers an alternative explanation for membership decision. In this theory, group membership becomes the need of the individual (Tajfel, 1981).

A sample of 119 Recreational Therapists was obtained for this study through professional listservs and social media groups. In this sample, 101 Recreational Therapists held current membership with a professional association and 18 were former or never members of a professional association. Comparisons were made between professional association satisfaction based on several different demographics, in addition to membership status. Additionally, correlations were determined, and predictor variables were analyzed.

Summary of Findings

The primary focus of this study was to examine which aspects of professional associations are rated as most important to Recreational Therapists. The purpose was to identify and isolate specific factors that Recreational Therapists valued most within their professional association. Further hypotheses were tested concerning membership status. It was hypothesized that professional association satisfaction and commitment are correlated with and can predict professional association membership.

Recreational Therapists are most satisfied with professional recognition of their professional associations. Specifically, Recreational Therapists valued the ability to add their professional association membership to their resume/ vita as well as the added advantage of face validity that the professional association brings to the profession. When looking at individual items rated as most important, Recreational Therapists most valued the networking opportunities that professional associations provide its members. Recreational Therapist value the annual

conference held by professional associations and most agree that it is worth attending and one of the biggest values a professional association has to offer its members. Recreational Therapists appreciate the value of the professional associations when adding it to their resume/ vita, as this was a highly scored item. Additionally, most Recreational Therapists agreed that the professional association helps them stay up to date on current standards and applications in the field.

Recreational Therapists are least satisfied with the advocacy efforts of their professional associations. Advocacy showed results for the lowest overall satisfaction scores among all categories, however; lower individual scores are present in other categories. Specifically, Recreational Therapists do not believe that their professional associations help them meet their needs as a researcher. Secondly, Recreational Therapists report that the annual conference costs are too high. Specific to advocacy, Recreational Therapists report that their professional association is ineffective at lobbying for the needs of the profession.

Recreational Therapists who hold current membership with a professional association are more satisfied with their professional associations across all subcategories of satisfaction than Recreational Therapists who are former or never members of a professional association. Nonmembers were most satisfied with the outcomes of professional associations and least satisfied with the organizational justice as well as convention.

Recreational Therapists who work in management were most satisfied with their professional associations while practitioners were least satisfied with their professional associations. Members of management were most satisfied with outcomes and advocacy and least satisfied with organization justice. Academics were most satisfied with professional recognition and least satisfied with advocacy. Practitioners were most satisfied with professional recognition as least satisfied with advocacy.

Regional professional association outscored national and state/ local professional associations in overall satisfaction, but also has the lowest number of respondents. Both national and state/local professional association rated professional recognition highest; however, regional association rated convention highest. Advocacy has the lowest satisfaction scores across all these subgroups.

Recreational Therapists who have been working the longest (10+) years were more satisfied with the professional associations than Recreational Therapists who had been working fewer years. Recreational Therapists with the longest tenure were most satisfied with convention, professional recognition, and outcomes while being least satisfied with advocacy. Recreational Therapists with 5-10 years' experience were most satisfied with professional recognition and least satisfied with organizational justice. Lastly, Recreational Therapists with the shortest tenure, less than five years, were most satisfied with professional recognition and least satisfied with advocacy.

Males found more satisfaction across all categories of satisfaction than females except advocacy. Male Recreational Therapists were most satisfied with professional recognition and least satisfied with advocacy efforts of their professional associations. Female Recreational Therapists were most satisfied with professional recognition and least satisfied with advocacy efforts as well.

There is a moderate positive correlation between professional association satisfaction and professional association membership as well as a moderate positive correlation between professional association commitment and professional association membership. Professional association satisfaction and commitment are statistically significant predictors of professional association membership status, able to predict membership status at moderate strength.

Limitations

This study has many strengths; however, limitations will be addressed before discussing implications. Results may be generalized due to the sampling utilized in this study; a single discipline was measured in this study; thus, additional studies may be needed to test the design of this study across disciplines. Sampling techniques targeted Recreational Therapists who were more actively involved in their profession or professional associations. Response rates would be considered quite low when accounting for the number of Recreational Therapists who had access to the survey. Exact response rates are not available due to sampling methods and utilization of social media groups. It is likely that Recreational Therapists who are less involved in both their profession and professional associations have differing opinions than the ones collected in this study. This study had low participation by Recreational Therapists who were nonmembers of a professional association. This skews data in a way that addresses mostly the views of Recreational Therapists who are members of their professional associations.

It is possible that additional variables will impact professional association membership decisions. These variables might include special offers on membership rates that change the cost-benefit analysis for Recreational Therapists, attitudes in the workplace influencing self-attitudes about the profession, limitations to membership and participation, etc. These variables were not controlled for within the design of this study.

Additional demographics may have served useful in determining more data on why professionals do not join their professional association. Specifically, age, salary, length of membership, and membership as a student may have provided additional insight into membership attitudes.

Additionally, potential multicollinearity between variables may be possible. While multicollinearity was observed for through variance inflation factors scores (VIF) and

correlations between variables, it remains possible that the relationship between the variables influenced the results. No multicollinearity was observed in this study.

Lastly, this study included professional associations across the nation, regional, and state/local levels. This provided an overgeneralized opinion of satisfaction and commitment. It is unclear if respondents recorded results for the professional association they most closely identified with or multiple professional associations and switched back and forth between them based on the question asked. It is hard to get a consistent view on Recreational Therapists opinion on their professional association when it is unclear which association is the subject of each question.

Implications

Membership in Recreational Therapy professional organizations continues to decline from years in the past (ATRA, 2016). The national Recreational Therapy association membership has dropped by 50% over the past decades, and this does not account for the increasing number of available professionals. Approximately 16% of Recreational Therapists belong to their national professional association (ATRA, 2016). Approximately 46% of states do not have an active professional association to represent their needs specifically and must utilize regional or the national professional association (ATRA, 2016).

The literature review and results of this study suggest that addressing current membership trends is the best method to retain and recruit members effectively. Specifically, concentrated effort of the professional association leadership in conjunction with members may be the most effective tool in retaining and recruiting members.

Implications for the results of this study will be organized according to groups.

Implications for Recreational Therapy Professional Associations

Implications for Recreational Therapy professional associations (RTPA) are provided first, with the assumption that RTPA's must lead the effort to reverse declining membership trends. The cost-benefit relationship is one that proves more diverse and influential than initially perceived, being more than a relationship between products and prices. This idea is rooted in Social Exchange Theory where professionals weigh whether or not to join the association based on this cost-benefit relationship. This relationship is not well documented in the literature on professional associations; however, may be well known within professional associations. Increasing the perceived value of professional association membership by increasing the benefit or decreasing cost may increase the likeliness of current membership status, satisfaction, and commitment of professional associations. A single measure of cost-benefit may fail to capture the essential differences in benefits. When looking at finances as the leading barrier to membership, discretionary income is noted as being one significant influence on professional association memberships (Phillips, 2011). Phillips (2011) suggests creating a nominal fee for membership, as used by the American Association of Retired Persons (AARP) to entice more members, and members suffering from financial hardship. However, if perceived benefits prove to be the primary barrier to membership, a look into the results of this study may assist in the complexity of the cost-benefit relationship.

The results of this study found that professional association commitment might predict better membership status, which may assist in isolating specific cost-benefit items. The professional commitment survey incorporated professional association identity items into the assessment. The results show that the professional identity items predict a more promising cost-benefit relationship as well as membership status. Additionally, this survey assessed commitment to the professional association, with results showing that higher commitment levels also predict a more promising cost-benefit relationship with membership status. This finding may imply that

professionals assign a higher value to the benefits from professionals associations when they have a higher level of commitment. This finding supports the theoretical suggestion the professional identify influences beliefs and behaviors (Deaux & Martin, 2003). Social Identity Theory teaches us that professionals who have a strong professional identity, which includes valuing professional association memberships, may be more willing to join and stay in professional associations. This can be due to the appeal of professional associations contributing to a feeling of professionalism as well as the greater perceived benefit of membership to the discipline. Additionally, these individuals may view their attendance and involvement in professional associations as contributing to the profession. These views can help support and reinforce a professional identify (Phillips, 2011).

Seeking active involvement from the membership is another area of implications for professional associations. Involvement in professional associations is characterized as affective and normative commitment. The results show that support for encouraging active membership, not just membership, may increase association commitment among members.

Lastly, this research identifies areas that professional associations may focus their efforts to improve membership rates. Continuance commitment, advocacy satisfaction, and organization justice satisfaction were the areas that rated the lowest. As was discussed earlier, continuance commitment refers to an internal need for the professional to be committed to the professional association over a time span. Social Identity Theory suggests that professionals who identify the needs of the association as their own are more likely to take on the needs of the association, making for a more highly committed membership. Advocacy was the lowest scored category within the satisfaction survey. Skarlicki et al. (2000) define advocacy as the effort of the professional association to promote the field. Interestingly, over the past few years, the ATRA has made efforts to make changes to the Social Security Act in order to transition Recreational Therapy back into the 'Three hour Rule' for inpatient rehabilitation facilities by creating

legislation through the US House of Representatives (R Williams, personal communication, September 12, 2016). Movement on this topic has been slow going and has not yet seen much success, despite multiple cosponsors of the bill. Several email blasts, marketing with chapter affiliates, and social media posts have been made on the topic. Despite these efforts, involvement from RTPA membership remains low. Members of RTPA may need to define what their advocacy expectations are for the association to satisfy that expectation and recruit actively involved members. Organization justice refers to how well the membership perceives the professional association represents its membership. This item directly relates to Social Identity Theory, where professional associations can make more profound impacts when they have an identity that aligns with the membership. Again, defining membership expectations may provide useful in promoting effective organizational justice. Ultimately, it may be left up to the RTPA to find innovative ways to engage members to become active.

Implications for Recreational Therapists

Declining memberships may cause professional associations to close or struggle financially. This has several negative repercussions for Recreational Therapists. The first of these repercussions is declining continuing education units (CEU) opportunities. Many, if not most, Recreational Therapists seek CEUs from their professional associations. When asked if Recreational Therapists believe the annual conference is worth attending, only 24.6% (n = 29) did not agree. Results show this item was rated as the second highest individual satisfaction score across the survey. When professional associations are no longer available to offer CEUs, Recreational Therapists will be forced to find alternatives for their CEU needs through other organizations or travel further for RTPA conferences. Additionally, social capital deficits within RTPA will result in decreased advocacy efforts. This may directly impact the Recreational Therapist due to the promotion of jobs when advocating. Furthermore, the item rated highest among all satisfaction scores was networking. With conference and professional associations

decreasing, networking opportunities will become harder to find. Lastly, another repercussion for Recreational therapists will be a potential lack of professional support. Professional support may assist Recreational Therapists with workplace, accrediting bodies, and regulatory support to save and promote job security among other tasks.

Recreational Therapists who want to see change within the profession and professional association should consider making that change happen themselves, instead of relying on other professionals. If Recreational Therapists do not feel that professional, associations are meeting their needs, the responsibility falls not only on the RTPA but also on professionals themselves to create and implement change.

Implications for the Recreational Therapy Profession

When asked if the professional association was a good value for the money, 35.3% (n = 42) of respondents did not believe RTPA was worth the cost of the benefits received. Of these 42 professionals, 35.7% (n = 15) were nonmembers of any RTPA. When lack of value is the primary reason for not joining a RTPA, it creates a problem, because professional associations rely on the coproduction of professionals to create value. Failure to join a professional association due to a lack of perceived value creates a self-fulfilling prophecy when an increasing number of professionals take a similar stance (Phillips, 2011). With the growing consumer-oriented economy, consumerism suggests that Recreational Therapists join their professional association when the value of joining reaches an acceptable level and benefits associated with professionalism are reached. However, through the definition of professionalism used in this study, it is apparent that the benefits of professionalism are obtained only after professional norms and values have been achieved. This leads to the questions, is Recreational Therapy a profession without professionalism? Wilensky (1964) characterized professionalism as specifically belonging to a professional association. Professions have more prestige, authority,

higher incomes, and dependable job security (Irons, 1989; Phillips, 2011). When occupational groups act in a more professional manner, in this case acting professionally implies professionals joining a professional association, society frequently rewards the profession with increased autonomy and the privilege of self-regulation (Phillips, 2011). It is time for Recreational Therapists to show a level of professionalism that fits within the definition of a profession, specifically through membership within professional associations.

Secondly, with membership rates continuing to decline across professional associations in all occupations, and in Recreational Therapy specifically, several adverse outcomes may have direct and negative impacts on the profession. The professional association is a crucial component in advocating on behalf of the profession (Balassiano & Chandler, 2010). Schmid, Bar, and Nirel (2008) found that there is a significant positive correlation between professional association advocacy and political activity/ policy setting. As professional associations rely on social capital to meet association goals, a lack of social capital will cost the profession in potentially irreversible ways. Advocacy efforts, which increase employment opportunities for the profession as well as keep the profession relevant in the ever-changing world of healthcare, may take a backseat when the social capital is not available to effectively promote the profession. A lack of social capital may create a leadership deficit within the profession. Professionals look to professional associations for leadership within the profession. A lack of social capital can create a split leadership where limited resources are forced in different directions as well as a shortage of professionals representing the profession in the public capacity. Lastly, when more professionals are members of their professional association, more new ideas are available for finding innovative ways to solve problems. Declining memberships potentially create a profession that struggles to develop and share new and innovative ideas.

Recommendations for Future Research

This study is one of the first empirical studies on Recreational Therapist professional association membership; this leaves many possible directions for future study. Skarlicki et al. (2000) report that current and former/never members differ in their approaches to professional association membership. Studying former/never members separately from current members in future research may be beneficial in understanding what causes a professional to join, stay, or leave their professional associations. Fewer response options may be beneficial for the accuracy of results, potentially including the response options of dichotomous choices. Additionally, measuring responses across time, using a longitudinal study, could provide insight into professional association membership behavior versus intentions that was measured in this study. Following participants from collegiate involvement in professional associations through the first several years of employment would provide a greater understanding of attitudes and directionality of the membership.

A mixed methods approach may be valuable in gaining insight into specific areas of the study that require more understanding. Offering a qualitative component provides the participant a chance to explain individual areas of the professional association fully. Specifically, future research may look to focus on strengths and weaknesses of the professional association. Even though this study was limited to satisfaction, there was limited understanding of what expectations existed for the membership. Additionally, a goals component may be useful for RTPA to understand the direction the membership wants to go. Furthermore, understanding a cost and benefits relationship will assist in further understanding this component of Social Exchange Theory as it relates to RTPA membership.

Increasing demographic information would improve understanding of membership trends. This study did not address income, age, and collegiate involvement; three areas of great

significance found in professional association studies (Phillips, 2011). Income of respondents provides insight into understanding if financial reasons act as barriers to RTPA membership. Understanding age trends in professional association memberships can assist RTPA in determining marketing strategies as well as understanding if select generations have more of a commitment to joining professional associations. Knowledge of educational programs influence on students joining professional associations may be a key predictor of membership attitudes in professionals. Educational programs shape not only knowledge obtained but also attitudes present in professionals.

The perceived value of professional association membership and membership influences in perceived value would be another area for future research. This concept could make insights into former/never members lower perception of professional associations than current members. Additionally, understanding the influences on professional identity and the extent to which professional identify influences membership, as well as how membership influences professional identity would be useful.

Additionally, comparison studies with similar occupations may be useful in understanding professional association membership trends across all occupations. The results of this study offer an adequate understanding of the sample. It does not provide understanding for how Recreational Therapists not included in the sample view professional associations as well as professionals in other occupations. The results of this study may be replicated when used for other occupations.

The cost-benefit relationship would be a valuable tool for understanding membership trends as well. As previously mentioned, the relationship between cost-benefit is diverse, and thus cannot be interpreted simply. Greater understanding of perceived benefits as well as predictors on perceived benefits, such as academic programs, employer, professional identity, etc., would be

helpful as well. When looking at cost-benefit response outcomes, a participant could identify as (a) affording membership and perceive high value, (b) affording membership but perceive low value, (c) not affording membership but perceive high value, and (d) not affording membership and perceive low value. Analyses of the categories may assist in providing a complete understanding of how cost-benefit influences professional association membership.

Having further understanding of variables that may predict membership status would be useful in understanding membership trends as well. Specifically, employer, colleague, and academic support have been found relevant in previous studies on professional association membership (Phillips, 2011). It is crucial to understand behaviors, attitudes, and philosophies of the predictor variables as well as correlations between them. Additionally, studying age may assist in understanding intergenerational differences between professionals who choose to join, stay, or leave professional associations. Intergenerational differences may account for different commitment and satisfaction levels between professionals, and understanding these differences in commitment and satisfaction may lead to a greater understanding of the directionality of professional association membership over time.

Concluding Comments

The results of this study expanded on previous research completed in the area of professional association membership, professional association satisfaction, and professional association commitment. Results show factors of RTPA that are rated as most important to Recreational Therapists, that professional association commitment and satisfaction are correlated with professional association membership status, and potentially most important that professional association commitment and satisfaction can predict professional association membership status.

Current membership data implies a radical change in member recruitment as well as professional association's ability to retain members. This study provides approaches to

membership recruitment and management. Several of these approaches require members as well as leaders to jumpstart the membership drive. Professions are not meant to stand alone, instead support from professional associations assists to grow the profession, and a lack of involvement within professional associations is considered unprofessional and complacent by some (Whitten, 1971; Wilensky, 1964). As occupations are defined as less prestigious than professions, without a professional association or professional association involvement, Recreational Therapy has the potential to deprofessionalize, resulting in a loss of the benefits afforded to professions. It is hoped that RTPA will gain insights into Recreational Therapy attitudes, beliefs, and behaviors concerning membership status, and create change that will positively impact membership trends.

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APPENDICES

Appendix A

Oklahoma State University Institutional Review Board

Date: Monday, November 27, 2017
IRB Application No ED17132
Proposal Title: Why Do Recreational Therapists Join Professional Associations
Reviewed and Processed as: Exempt

Status Recommended by Reviewer(s): Approved Protocol Expires: 11/26/2020

Principal Investigator(s):

Kelley McCubbin	Tim Passmore
	186 Colvin Center
Stillwater, OK 74078	Stillwater, OK 74078

The IRB application referenced above has been approved. It is the judgment of the reviewers that the rights and welfare of individuals who may be asked to participate in this study will be respected, and that the research will be conducted in a manner consistent with the IRB requirements as outlined in section 45 CFR 46.

The final versions of any printed recruitment, consent and assent documents bearing the IRB approval stamp are attached to this letter. These are the versions that must be used during the study.

As Principal Investigator, it is your responsibility to do the following:

1. Conduct this study exactly as it has been approved. Any modifications to the research protocol must be submitted with the appropriate signatures for IRB approval. Protocol modifications requiring approval may include changes to the title, PI advisor, funding status or sponsor, subject population composition or size, recruitment, inclusion/exclusion criteria, research site, research procedures and consent/assent process or forms.
2. Submit a request for continuation if the study extends beyond the approval period. This continuation must receive IRB review and approval before the research can continue.
3. Report any adverse events to the IRB Chair promptly. Adverse events are those which are unanticipated and impact the subjects during the course of the research; and
4. Notify the IRB office in writing when your research project is complete.

Please note that approved protocols are subject to monitoring by the IRB and that the IRB office has the authority to inspect research records associated with this protocol at any time. If you have questions about the IRB procedures or need any assistance from the Board, please contact Dawnett Watkins 219 Scott Hall (phone: 405-744-5700, dawnett.watkins@okstate.edu).

Sincerely,

Hugh Crethar, Chair
Institutional Review Board

PARTICIPANT INFORMATION
OKLAHOMA STATE UNIVERSITY

Title: WHY DO RECREATIONAL THERAPISTS JOIN PROFESSIONAL ASSOCIATIONS?

Investigator(s): KELLEY MCCUBBIN, CTRS/L Bachelor of Science

Purpose: The purpose of the research study is to determine which factors Recreational Therapists rate as most important and determine if professional association commitment and satisfaction are correlated with or can predict association membership.

What to Expect: This research study is administered online. Participation in this research will involve completion of two questionnaires. The first questionnaire will ask about your professional association commitment, the second questionnaire will be about your professional association satisfaction. You may skip any questions that you do not wish to answer. You will be expected to complete the questionnaire once. It should take you about 20 minutes to complete.

Risks: There are no risks associated with this project which are greater than those ordinarily encountered in daily life.

Benefits: There are no direct benefits to you. However, you may gain an appreciation and understanding of how research is conducted.

Compensation: There is no compensation for completing the following surveys.

Your Rights and Confidentiality: Your participation in this research is voluntary. There is no penalty for refusal to participate, and you are free to withdraw your consent and participation in this project at any time.

Confidentiality: No identifying information will be collected during this study. A short demographic survey will be provided, which you are not required to complete. The records of this study will be kept private. Research records will be stored on a password protected computer in a locked office and only researchers and individuals responsible for research oversight will have access to the records.

Contacts: You may contact the researcher at the following address should you desire to discuss your participation in the study and/or request information about the results of the study: **Kelley McCubbin, CTRS/L, Kelley.mccubbin@okstate.edu**. If you have questions about your rights as a research volunteer, you may contact the IRB Office at 223 Scott Hall, Stillwater, OK 74078, 405-744-3377 or irb@okstate.edu

If you choose to participate: Please, click NEXT if you choose to participate. By clicking NEXT, you are indicating that you freely and voluntarily and agree to participate in this study and you also acknowledge that you are at least 18 years of age.

Appendix C

Demographic Survey

Which best describes your current situation?

CTRS

Eligible to sit for certification exam

Licensed in my state to practice Recreational Therapy, but no longer certified through
NCTRC

None of the above

How long have you been a CTRS?

Less than 1 year

1-5 years

5-10 years

10+ years

Not applicable

How do you classify your work type?

Academia

Practitioner

Management

Do not work in field

What is your education level?

Less than Bachelors

Bachelors

Masters

Doctorate

Which best describes your current membership status with a Recreational Therapy professional association?

Active Member of professional association

Inactive Member of professional association

Former member of professional association

Never member of professional association

Which professional Recreational Therapy association do most closely identify?

National

Local/ State

Regional

Neither

Which Professional Recreational Therapy association(s) do you hold current membership with?

<fill in the blank>

What state, district, or country do you live in?
<fill in the blank>

What is your gender?
Male
Female
Other
Prefer not to answer

Appendix D

Professional Association Satisfaction Survey

Directions: Please choose answer that best represents your level of satisfaction with the professional association you mostly closely identify with.

Choice Options:

- 1= Strongly Disagree
- 2= Disagree
- 3= Neither Disagree nor Agree
- 4= Agree
- 5= Strongly Agree

Factor 1: Outcomes

- 1. The professional association membership provides good value for my money
- 2. The professional association has a critical mass of members with interests similar to mine
- 3. The professional association provides an opportunity to network with other professionals in the field
- 4. The professional association is a way to find new jobs/post-doc ads
- 5. The professional association provides me with a sense of professional identity
- 6. The professional association helps keep me up-to-date on issues relevant to me
- 7. The professional association helps keep me current in my field
- 8. The professional association meets my needs as a researcher/scientist

Factor 2: Advocacy

- 1. The professional association helps us get the governments' attention
- 2. The professional association is an effective lobby group for the interests of the profession.
- 3. The professional association is an effective advocate for my interests
- 4. The professional association does an effective job in lobbying for ethical issues
- 5. The professional association does an effective job in lobbying for Recreational Therapy issues

Factor 3: Organizational Justice

- 1. I feel that I have an influence on the professional association
- 2. I feel that I get adequate recognition for participating on the professional association committees
- 3. My interests are well represented by the professional association
- 4. I feel my views are taken into consideration by the professional association

Factor 4: Conventional [conference]

- 1. The professional association convention costs more than the benefit I receive
- 2. The annual conference has limited appeal to me
- 3. Not many people who share my interests come to the professional association annual convention
- 4. The conference is worth attending

5. It costs too much to attend the annual convention

Factor 5: Professional Recognition

1. Active involvement in the professional association is looked upon favorably by tenure committees
2. I want to have the professional association on my vita/ resume
3. The professional association lends face validity to what I do

Appendix E

Professional Association Commitment Scale

Directions: For the primary Recreational Therapy professional association(s) you hold current membership in, 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.

Appendix F

Permission to use Professional Association Commitment Scale

Request to use Instrument

Inbox x



Kelley McCubbin <kelley.mccubbin@gmail.com>

Apr 2 ☆



to bnphillips2 ▾

Dr. Phillips

My name is Kelley McCubbin and I am in the process of completing my masters at Oklahoma State University. I am completing my thesis over professional commitment. In my research I came across your dissertation. I became very interested in the instrument that you modified from Meyer, Allen, & Smith for your research and think it could be a great asset to my research.

I am emailing you to request your permission to use this instrument for my thesis.

Thank you for this consideration,
Kelley McCubbin



Brian Phillips <bnphillips2@wisc.edu>

Apr 3 ☆



to me ▾

Hi Kelley,

You have my permission.

It is wonderful to learn that you are interested in professional commitment, and I hope that the instrument will be of help to you.

Sincerely,

Brian

Appendix G

Permission to use Professional Association Satisfaction Survey

Request to use Instrument  Inbox x  

 **Kelley McCubbin** <kelley.mccubbin@gmail.com> Mar 31   

to skarlicki 

Dr. [Skarlicki](#),

My name is Kelley McCubbin and I am in the process of completing my masters at Oklahoma State University. I am completing my thesis over aspects that affect professional's decision to join or not join professional associations. In my research I came across your journal article from Feb. 2000 about factors explaining why people join or leave scholarly society. I became very interested in the instrument constructed for your research, and think it could be a great asset to my research.

I am emailing you to see if the instrument used in that study was constructed to have the term "CPA" switched out with the phrase "professional association" and retain its validity and reliability. I am also emailing to request your permission to use this instrument, and slightly modify it as to allow for the term "professional association".

Thank you for this consideration,
Kelley McCubbin

 **Skarlicki, Daniel** <skarlicki@sauder.ubc.ca> Mar 31   

to me 

Hi Kelley

Thank you for the note. Yes this is fine. Do you have the instrument we used? I forget if it is in the paper.

Sincerely

Daniel

VITA

KELLEY MCCUBBIN

Candidate for the Degree of

Master of Science

Thesis: WHY DO RECREATIONAL THERAPISTS JOIN THEIR PROFESSIONAL ASSOCIATIONS?

Major Field: Leisure Studies

Biographical:

Education:

Completed the requirements for the Master of Science in Leisure Studies at Oklahoma State University, Stillwater, Oklahoma in December, 2017.

Completed the requirements for the Bachelor of Science in Leisure Studies at Oklahoma State University, Stillwater, Oklahoma in 2009.

Experience:

Recreational Therapist at INTEGRIS Mental Health May 2009 – present

Recreational Therapist at INTEGRIS Jim Thorpe Sep 2009- May 2009

Recreational Therapy Senior Intern Oklahoma City VA May 2009- Aug 2009

Recreational Therapy Junior Intern Parkside Psychiatric Hospital May 2008- July 2008

Professional Memberships:

Oklahoma Recreational Therapy Association

President 2014-present

President Elect 2013-2014

Member at Large 2012-2013

American Therapeutic Recreational Association