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Barriers to Membership in the American Dental Hygienists' Association in the State of Georgia

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A thesis

presented to

the faculty of the Department of Allied Health Sciences

East Tennessee State University

In partial fulfillment

of the requirements for the degree

Master of Science in Allied Health

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by

Brandy J. Henderson

December 2013

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Dr. Deborah Dotson, Chair

Dr. Randy Byington

Dr. Ester Verhovsek

Keywords: professional association, ADHA, membership, association, roles of professional membership, dental hygiene, develop professional membership, increase professional membership

## ABSTRACT

Barriers to Membership in the American Dental Hygienists' Association in the State of Georgia

by

Brandy J. Henderson

Professional associations must have a significant level of membership to be effective. Georgia membership is increasingly low; therefore, ADHA cannot represent dental hygienists' interests. This study determined factors that caused dental hygienists to continue to forgo membership in the ADHA. Several theoretical views of professional membership were considered. The sample was acquired from an unbiased systematic sampling of 50% (3,270) of registered dental hygienists and a convenience sampling of ADHA nonmembers at 2 continuing education seminars in Georgia. Data collection procedures included an electronic cover letter, consent form, and survey via Survey Monkey or hard copies for seminars. Three hundred sixteen participated yielded a 9.6% return rate. Participants were primarily women, holding associate degrees, and graduates of programs in Georgia. Participants worked full time in private practice, were satisfied with their working hours, and did not join GDHA because membership fee is too high or not sure of benefits offered. Twenty-one percent stated that lowering membership fee would entice them to join, and participants indicated they obtained their continuing education hours at the Hinman (52%) convention and online (27%).

## DEDICATION

I would like to dedicate this thesis to my husband Jack Henderson, to my son Jackson Henderson, and to my daughter Bailey Henderson. I am so grateful to have your constant support and understanding throughout this process. Your belief in me has made me who I am today. Thank you for you all your comfort and love. I promise there will be more attention and home cooked meals in your future.

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## CHAPTER 1

### INTRODUCTION

A professional association is defined by Collins (2013) as “a body of persons engaged in the same profession, formed usually to control entry into the profession, maintain standards, and represent the profession in discussions with other bodies” (para. 1). In addition, the role of a professional association in a healthcare setting is to establish a bond with society on behalf of its individual members by reinforcing to the public the nature of the values, rights, and duties between patients and providers (Dollinger, 2000). Furthermore, Dollinger (2000) stated “professional associations also give the [healthcare] providers a forum to discuss and develop standards, share experiences, gather peer support and develop a platform from which to strengthen public confidence in the profession” (p. 29). Moreover, professional associations work to influence healthcare policy that could affect their members and patients using the efforts of those working in their legislative departments and their professional lobbyists who track issues at both the state and federal level (Dollinger, 2000). For the profession of dental hygiene, the American Dental Hygienists’ Association (ADHA) is the leading professional “...organization representing the professional interests of the more than 150,000 registered dental hygienists (RDHs) across the country” (ADHA, 2013a, para. 1).

The American Dental Hygienists’ Association was formed in 1923 to develop communication and mutual cooperation among dental hygienists (ADHA, 2013a, para.1). The mission of the ADHA is to improve the public's total health by advancing the art and science of dental hygiene (ADHA, 2013a, para.2). The American Dental Hygienists’ Association works to ensure access to quality oral health care; increase awareness of the cost-effective benefits of prevention;

promote the highest standards of dental hygiene education, licensure, practice, and research; and to represent and promote the interests of dental hygienists (ADHA, 2013a, para. 2)

The American Dental Hygienists' Association organizational structure has three basic levels:

#### Component

ADHA's 375 local dental hygiene associations are its component organizations that form the first line of involvement for individual members. The components implement community service programs and educational sessions and offer ideas and information about state and national policies.

#### Constituent

As the state dental hygiene associations, the constituent organizations serve the components in their jurisdictions by informing them of national policies and programs, monitoring legislation and providing continuing education.

#### National

The national level represents the interests of all dental hygienists across the nation and provides educational and professional development programming. It consists of 12 geographic districts, each of which represents a group of constituents. The national organization receives input from the constituent and components through elected district trustees (AHDA, 2013b).

All three organizational levels are designed to represent the interest of every registered dental hygienist. Membership dues are paid to the ADHA and the constituent and component dues are included in that membership.

## **Statement of the Problem**

Significant membership levels are extremely important for the American Dental Hygienists' Association and allow it to have a strong voice in the dental community and in the political world. However, membership is very low including only an estimated 45,000+ dental hygienists nationwide. In the state of Georgia there are 6,858 licensed dental hygienists (Georgia Secretary of State, 2013) with only approximately 319 members of the Georgia Dental Hygienists' Association (Spears, S. personal communication, July 10, 2013). In a local component, Sweetwater Dental Hygiene Society (SDHS), there are only 25 members (Spears, S., personal communication, February 7, 2013). In the state of Georgia the membership of licensed dental hygienists in the American Dental Hygienists' Association is only 4.5% compared to the estimated national average of 30%. The purpose of this study was to determine what factors influence the membership levels of the American Dental Hygienists' Association in the state of Georgia.

## **Research Question**

What factors influence the membership levels of the American Dental Hygienists' Association in the state of Georgia?

## **Significance of the Study**

For a professional association to be effective in representing any profession they must have a significant level of membership. In Georgia membership has become so low that the Georgia Dental Hygienists' Association cannot effectively represent registered dental hygienists' interests in the state. It is hopeful that this study will determine the factors that cause licensed registered dental hygienists to continue to forgo membership in the American Dental Hygienists'

Association. By revealing factors that cause low membership, the leaders of the ADHA, GDHA, and local components can work to address these factors and thus increase membership.

### **Delimitations and Limitations**

This study is geographically delimited to the state of Georgia and, therefore, its findings may not represent licensed registered dental hygienists nationwide. Further, the study is limited to 3,270 (50%) licensed registered dental hygienists in the state of Georgia who are not members of the American Dental Hygienists' Association of which 316 participated in the research and completed the membership survey.

### **Assumptions**

It is assumed that all surveys were completed by licensed registered dental hygienists in the state of Georgia and that the self-reported data were accurate.

### **Operational Definitions**

*American Dental Hygienists' Associations (ADHA):* Professional association that represents registered dental hygienists in the United States. ADHA helps dental hygienists achieve their full potential as they seek to improve the public's oral health; ensures access to quality oral health care; promotes dental hygiene education, licensure, practice, and research; and represents hygienists' legislative interests at the local, state, and federal levels (ADHA, 2013a, para. 1).

*Component:* ADHA local dental hygiene association that forms the first line of involvement for individual members (ADHA, 2013b, para. 1).

*Constituent:* An ADHA state dental hygiene association that serves the components in its jurisdiction by informing them of national policies and programs, monitoring legislation, and providing continuing education (ADHA, 2013b, para. 2).

*Conversion:* is defined as a student member who continues membership after completion of training (Watkins & Tornwall, 1999, p. 154).

*Georgia Dental Hygienists' Association (GDHA):* State constituent of the ADHA professional association that represents registered dental hygienists of the state Georgia to advance the art and science of dental hygiene and to promote the highest standards of education and practice in the profession (GDHA, 2013a, para. 2).

*Mentor:* a trusted counselor or guide (Merriam-Webster, 2013).

*Registered Dental Hygienist (RDH):* Dental hygienist is a licensed oral health professional who focuses on preventing and treating oral diseases-both to protect teeth and gingiva, and also protects patients' total health (PDHA, 2013, para. 1).

*Retention:* is the renewal of membership from year to year (Watkins & Tornwall, 1999, p. 154).

*Student American Dental Hygienists' Association (SADHA):* students currently enrolled in an accredited dental hygiene program or pursuing a complementary baccalaureate or graduate degree from an accredited college or institution of higher education has all the benefits of ADHA membership as professionals (GDHA, 2013c, para. 1).

*Sweetwater Dental Hygiene Society (SDHS):* Local component of the GDHA and ADHA professional associations that represents registered dental hygienists in west Georgia (GDHA, 2013b, para. 1).

## CHAPTER 2

### REVIEW OF LITERATURE

The purpose of this literature review is to provide a summary of the body of knowledge regarding the factors that influence the membership levels of the American Dental Hygienists' Association in Georgia. CINAHL, PubMed, Google scholar, and Google search engines were used to find relevant literature published from 1990 through 2013. Key words used in the search included professional association, ADHA, membership, association, roles of professional membership, dental hygiene, develop professional membership, increase professional membership and combinations of these terms.

#### **Theoretical Background**

The level of membership participation in professional associations has been an ongoing issue for many years. There are several theoretical views as to why professionals of various professional fields join or do not join their professional associations. These theories include Herzberg's dual-factor theory of motivation and hygiene, social exchange theory, social identity theory, and theories of socialization as it pertains to students. Olson and White (2004) discussed that Herzberg's dual-factor theory of motivation and hygiene best fit the objectives of their study because the intrinsic values of desire for achievement, advancement, and recognition are also indicative qualities that motivate professionals to become association members. The social exchange theory is based on that both the association and the professional must feel adequately rewarded for their participation (DeLeskey, 2004; Phillips & Leahy, 2012; Rapp & Collins, 1999). Phillips and Leahy (2012) also considered the social identity theory, which is when a professional's view of his or her self-identity aligns with the norms and values of a professional's association. "Only the benefits that constitute a private good and are offered to

members alone can attract new members, provided that such benefits are not available elsewhere” (Khaliq & Watson, 2012, p. 358). Nelson, Cardwell, Reasner, and Hack (1995) discussed how the theories of socialization played an important role in a student’s academic career and his or her future roles within a professional association. The theories of socialization include symbolic interactionism and reference group theories. Symbolic interactionism is when a student’s self-image as a professional is formed through mentorship from faculty and other teachers throughout his or her educational career (Nelson et al., 1995). Reference group theory is based on the format that students share the same opinions and ideas (Nelson et al., 1995). The faculty through mentorship shows students that their own goals and the goals of a professional association are in alignment with one another (Nelson et al., 1995).

### **Student Membership**

The Student American Hygienists’ Association (SADHA) is for the students who are working towards their degree in dental hygiene at any educational level. Many dental hygiene programs make it a requirement to be a member of SADHA. Once these students graduate from their accredited programs, the ADHA will transition their membership from student to professional and no charge for the first year of membership. Watkins and Tornwall (1999) stated “dental hygiene programs possess the greatest concentration of potential members and should be an area of focus for membership recruitment efforts. Therefore, conversion and retention of Student American Hygienists Association (SADHA) members is important to ADHA” (p. 154).

Watkins and Tornwall (1999) conducted a study in the state Texas to “assess the [SADHA members] knowledge of the benefits of ADHA membership status and level of involvement in SADHA, and better understand the interaction between their SADHA chapter and the local component” (p. 154). The population included 287 SADHA members who were graduates in

1997 of dental hygiene programs in Texas (Watkins & Tornwall, 1999). There were 121 participants who completed the 16-item open-ended and closed-ended survey (Watkins & Tornwall, 1999). The results of this study “revealed that most of the 1997 graduates of Texas dental hygiene programs who chose not to join ADHA did so because they felt that the cost of membership outweighed the benefits received” (Watkins & Tornwall, 1999, p. 155).

Furthermore, Watkins and Tornwall (1999) concluded that the SADHA chapters in dental hygiene programs that had effective leadership and educated the students on the importance and benefits of being an ADHA member had a higher conversion rate to become professional members after graduation.

A study conducted in 2006 focused on SADHA mentoring and its effect on conversion and retention (Furgeson et al., 2008). Furgeson et al. (2008) stated “mentoring has been found to ease new graduates’ transition into the profession from student and enhances their professional development” (p. 4). Program directors at 277 accredited dental hygiene programs were contacted via Survey Monkey to participate in the study (Furgeson et al., 2008). There were 186 directors who responded and participated in the survey (Furgeson et al., 2008). The results of this study “confirmed that not all SADHA organizations in the US are being utilized as a method of developing/mentoring dental hygiene students for future roles in the profession” (Furgeson et al., 2008, p. 10). There is a lack of recognition that SADHA is an active integral part of ADHA by faculty and local/state ADHA bodies (Furgeson et al., 2008). Furthermore, Furgeson et al. (2008) concluded “for a mentoring program to be successful, both the mentor and the mentee must value such a program. [Moreover], in order for SADHA to be successful, faculty must also value the role of the professional association” (p. 11). Nelson et al. (1995) stated:

the theories of socialization show the importance of mentorship in that membership within the organization also can promote professional self-development. Significant figures, such as faculty or other prominent professionals, help socialize students into the association. If a student perceives the benefits of membership as outweighing the costs, a positive exchange is made and membership can be facilitated (p. 10).

Nelson et al. (1995) conducted a study to “determine factors during the academic process that affect student membership in the American Physical Therapy Association (APTA) and how students perceive the APTA” (p. 10).

Students in their final year of study in the Commonwealth of Pennsylvania were chosen as a sample of convenience because they had been exposed to the profession and to the APTA more than students recently matriculated into physical therapy program (Nelson et al., 1995, p. 11).

Nelson et al. (1995) found that students who transitioned into professional membership after graduation were educated on the importance and benefit of becoming a member. Furthermore, students who did not join APTA after graduation expressed that they believed APTA’s political agenda was a concern and the benefits did not outweigh the cost of membership (Nelson et al., 1995). Moreover, these students based their membership status on their perceptions of whether membership was actually a part of being a professional or not (Nelson et al., 1995).

Flemming, Phillips, Manninen-Luse, Irizarry, and Hylton (2011) conducted a research study to explore “the perceptions of current doctoral students and recent graduates from rehabilitation counseling and rehabilitation psychology programs on professional identity, professional associations, and recruitment” (p. 63). The total population of current doctoral students and doctoral graduates within the last 3 years included an estimated number between 240 and 320.

There were 78 participants in the survey study (Flemming et al., 2011). Flemming et al. (2011) “found that 62 (79.5%) belonged to at least one professional while 16 (20.5) did not” (p. 68). The participants who were not members of an association were asked to answer what was the main reason for not joining a professional association (Flemming et al., 2011). The nonmembers who responded gave the following reasons for not joining, a professional association; cost concerns, low importance, insufficient information regarding the benefits of joining, and timing not right (Flemming et al., 2011). The participants were also asked to rank the benefits of being a member of a professional association. The top three answers included gaining access to journals, networking with other professionals, and professional training (Flemming et al., 2011). Flemming et al. (2011) concluded that:

given that professional association membership rates are so much higher among doctoral students and recent graduates than among the rest of rehabilitation counselors, more work needs to be done to determine what causes this rate of membership and how those answers might be applied to rehabilitation counselors in general (p. 71).

### **Nurses**

The profession of dental hygiene has looked to the profession of nursing as a model to follow for advancement of the profession. The nursing profession has been able to break through barriers of resistance from the medical profession to expand possibilities of career choices and duties. Zuyderduin, Obuni, and McQuide (2010) indicated that a “strong nursing associations unite the largest group of health-care workers, have the power to represent the interest of the profession and influence policy at national and international levels” (p. 421). However, nursing associations too have problems with membership in their professional associations. DeLeskey (2003) found that only 10% of the two and a half million nurses in the United States belonged to

the American Nurses Association. Rapp and Collins (1999) stated that in the state of New Hampshire only 3.6% of the registered nurses were members of New Hampshire Nursing Association. White and Olson (2004) found that the Southeast Texas Chapter (SETX) of the Association of Rehabilitation Nurses (ARN) had more than 200 members in the early nineties. However, “by the end of 2001, SETX had 100 members, and only 25-30 nurses attended its monthly meetings” (White & Olson, 2004, p. 131). Finally, Alotaibi (2007) found that “only 7% of the total 530 Kuwaiti nurses belong to the KNA [Kuwait Nursing Association]” (p. 161).

There have been a few studies conducted in the nursing field to determine factors that affect nursing association memberships. Due to the decline in New Hampshire Nursing Association’s membership, Rapp and Collin (1999) decided to conduct research to determine what factors affected registered nurses’ decision to join the state’s nursing association. The Professional Association Membership Questionnaire (PAMQ) developed by Yeager and Kline (1982) was sent to 200 randomly selected registered nurses who were also members of the New Hampshire Nursing Association (Rapp & Collins, 1999). There were 73 completed responses that revealed only 41% belonged to a professional association (Rapp & Collin, 1999). Rapp and Collin (1999) found that the reasons these nurses did not join their professional associations were due to cost of membership and lack of time.

As previously stated, the Southeast Texas Chapter (SETX) of the Association of Rehabilitation Nurses (ARN) had a decline in membership. Therefore, White and Olson (2004) conducted a study to determine why membership had declined and formulated a strategy based on the research to increase membership. The methods used to obtain data from the 81 participants included telephone and email surveys of other specialty nursing organizations, other chapters of the Association of Rehabilitation Nurses (ARN), and both members and nonmembers

practicing in the community (White & Olson, 2004). White and Olson (2004) found that of those who responded there were mixed results from other associations and chapters. There were associations and chapters that had been experiencing a decline, stability, and even a slight increase in membership. Among the nurses who were members of an association, the reasons for joining included increase knowledge, professional benefits, networking, and to earn continuing education units (White & Olson, 2004). The reasons nonmember nurses gave for not joining included family responsibilities, lack of information on meetings, and the location of meetings were too far (White & Olson, 2004). The Southeast Texas Chapter (SETX) of the Association of Rehabilitation Nurses (ARN) devised and implemented a plan to increase membership including increased communication with members, implemented a mentor program, and developed a website to increase availability of association information (White & Olson, 2004).

Alotaibi (2007) conducted a study “to explore factors that influence Kuwaiti nurses’ decision to join or not join their own professional association” (p. 161). Alotaibi (2007) used the Professional Association Membership Questionnaire (PAMQ) developed by Yeager and Kline (1982) to survey 100 previous Kuwait Nursing Association members and 40 current Kuwait Nursing Association members with 104 questionnaires returned. The leading cause for nurses’ to not renew their memberships in the Kuwait Nursing Association was “because they felt that members of the Board of Directors of KNA were ‘followers’ of the Department of Nursing (DNS)” (Alotaibi, 2007, p. 162). The questionnaire results also found that one third of previous members felt the benefits offered by the Kuwait Nursing Association were minimal (Alotaibi, 2007). Ten percent of previous members mentioned inconvenient location and times for activities as a reason for not renewing their memberships (Alotaibi, 2007). Furthermore, previous members stated that they were too busy to participate and continue to be members (Alotaibi,

2007). Alotaibi (2007) found that “of the current 34 members, the vast majority (28, 82.4%) renewed because they wanted to elect the managers who were usually supported by the DNS” (p. 162).

DeLeskey (2003) explored factors that influence nurses’ decision to join or not to join a professional association. The Professional Association Membership Questionnaire (PAMQ) developed by Yeager and Kline (1982) was mailed to 239 current and former members of the American Society of PeriAnesthesia Nurses (DeLeskey, 2003). “There were 118 surveys returned for a 53.4 percent return rate, overall. [The] return rate for members was 75 percent compared with 33 percent for former members” (DeLeskey, 2003, p. 12). DeLeskey (2003) noted that “both members and nonmembers in this study selected the same nine variables as the most important in their decision regarding membership status in their professional association” (p. 14). The results show that the major factors motivating peri-anesthesia nurses to join the American Society of PeriAnesthesia Nurses Association include “self-improvement, education, new ideas, programs, professionalism, validation of ideas, improvement of their profession, improvement of their work, and maintenance of professional standards” (DeLeskey, 2003, p. 14). On the other hand, 50% of the nonmembers listed cost as the main barrier to maintain membership (DeLeskey, 2003). “Other reasons for failure to maintain membership were the lack of participation by colleagues and the subjects were unable to attend local meetings that were inconvenient because of the location or time” (DeLeskey, 2003, p. 14). DeLeskey (2003) concluded that when nurses were unable to attend meetings and take part in activities they did not perceive the membership benefits as significant enough to overcome the cost to renew their membership.

Zuyderduin et al. (2010) conducted a study “to better understand the needs and strengths of the association and to develop policy recommendations on how to strengthen the [Uganda Association of Nurses and Midwives] UNANM to retain nurses in the health sector” (p. 419). There were 217 participants, of whom 91 were members and 126 were nonmembers (Zuyderduin et al., 2010). The members considered the most important benefits of membership “access to continuing professional development (41%), recognition as a professional (14%) and networking (13%)” (Zuyderduin et al., 2010, p. 422). The members stated UNANM did not meet the needs of members nationwide because they did not promote nursing, share current association information, and only held meetings in the capitol city of Kampala (Zuyderduin et al., 2010). The nonmembers stated they did not become members because they felt there was a lack of communication about what UNANM does for nurses, not certain if UNANM could meet the needs of members, and felt UNANM was not effective in coalition building (Zuyderduin et al., 2010). Zuyderduin et al. (2010) concluded that nurses in Uganda were open to becoming members of UNANM but UNANM needed to create more effective networking and support opportunities for these nurses.

### **Certified Rehabilitation Counselors**

Although there are an increasing number of certified rehabilitation counselors, each year the rehabilitation counselor association memberships continue to decline (Phillips & Leahy, 2012). “The purpose of this study was to explore factors influencing rehabilitation counseling professional association membership and to test theoretical hypotheses relating to membership” (Phillips & Leahy, 2012, p. 208). The professional association survey was created and designed for this study and was distributed to 1,257 participants who were either members or nonmembers and were holding a current certified rehabilitation counselor certification (Phillips & Leahy,

2012). Phillips and Leahy (2012) found that a strong relationship exists between identifying with a rehabilitation counseling association and being a member of one. Furthermore, 77% of participants who closely identified with an association were members, while 1.3% of those participants who did not identify with an association were members. The participants perceived values of being a member, graduate programs, and workplace influences directly reflected their membership status (Phillips & Leahy, 2012). Phillips and Leahy (2012) concluded “without professional associations providing a vehicle for the pursuit of shared interests, it is possible for this discipline, once termed a quickly emerging profession, to slip quietly back to that of a typical occupation” (p. 216).

### **Certified Health Education Specialists**

“It is not known what percent of health educators belong to a professional association” (Thackeray, Neiger, & Roe, 2005, p. 339). The purpose of this study was to determine current membership, involvement, employer support, reason for membership, general demographics, and job satisfaction (Thackeray et al., 2005). A random sampling of 800 specialists was taken from “the National Commission for Health Education Credentialing, Inc. (NCHEC) database of all certified health education specialists living within the United States (n=5,718)” (Thackeray et al., 2005, p. 338). There were 485 completed surveys returned, a 63.9% response rate (Thackeray et al., 2005). Thackeray et al. (2005) found that 91% of all respondents were members of a national professional association. However, they were members in one or more different professional associations, which weakened each individual association. Among the respondents who were members, the primary reasons for membership included to maintain Certified Health Education Specialist certification, to advance within their profession, and to network with other professionals (Thackeray et al., 2005). Although, membership is high among respondents,

participation in these associations is very low (Thackeray et al., 2005). The barriers to involvement given by respondents included lack of time, cost of membership and travel expense, and lack of emphasis on importance in school settings.

Additionally, the study results reveal[ed] that characteristics of those who were not members of a professional association include[d] being young and over worked. Half of non-members were under ... 34 years of age and 59% worked in the field five years or less. Half of them [were] working more than 40 hours per week” (Thackeray et al., 2005, p. 341).

Thackeray et al. (2005) determined that there is a disconnect between the purpose of a health education professional association (promote health and advance the profession by setting standards for certification) and what practicing health educators want and need. Furthermore, Thackeray et al. (2005) concluded:

it may be time for national and state or regional associations to re-think their strategies to attract members, and adopt a comprehensive, systemic, planned approach to strengthen both membership and involvement in the associations, and for professionals to re-examine their commitment to the profession (p. 342).

Thackeray et al. (2005) suggested that health educators must recommit themselves to professional involvement, involve health educators in professional associations early in their careers, reach out to health educator students, make it easier for health professionals to become involved, incorporate career development into association activities, and market the association more effectively.

### **Hospital Chief Executive Officers**

Khaliq and Watson (2012) stated “a characteristic that helps change an occupation into a legitimate profession is the presence of a professional association or society” (p. 359). Many

professions have investigated the characteristics of their professionals to determine why they are members or nonmembers. However, “this study attempts to fill the gap by examining the characteristics of hospital CEOs who attained Member and Fellow status in the American College of Healthcare Executives (ACHE)” (Khaliq & Watson, 2012, p. 359). Member status included CEOs who simply joined the professional association and Fellow status included those CEOs who joined the professional association with 3 years tenure, held master’s degree, have 5 years healthcare management experience, earned 40 hours of continuing education in the last 5 years, participated in community activities, and passed the Fellow examination (Khaliq & Watson, 2012). There were 582 returned surveys from US acute care hospital CEOs with 143 not members of ACHE, 162 were members and 272 were Fellows (Khaliq & Watson, 2012). Khaliq and Watson (2012) determined that “ personal characteristics such as gender and holding a MHA were better predictors of affiliation with ACHE than organizational factors such as geographic location, size, ownership or profit margins” (p. 366).

### **American Association for Cancer Education**

The American Association for Cancer Education (AACE) has formed a series of Executive Council initiatives to develop a better understanding of what the members’ value in their memberships and develop new recruitment strategies to and enhance the quality of AACE programs (Boston & O’Donnell, 1998).

They have included: the development of a five year strategic plan intended to explore the national and political activities of the AACE; educational support and innovation, and research and publication support related to membership; and the initiation of a task force on goals, to facilitate goal setting each year in order to meet the central tenets of the strategic plan (Boston & O’Donnell, 1998, p. 127).

Boston and O'Donnell (1998) conducted a study to "investigate and explore the perceptions and views of AACE members and to identify core messages from various constituencies about the value of AACE membership and attendance at meeting" (p. 127). The population of 475 members included physicians, nurses, social workers, psychologists, dentists, medical educators, medical oncologists, surgical oncologists, university instructors, continuing education nursing instructors, cancer education journalists, cancer researchers, and cancer educators from several different countries worldwide (Boston & O'Donnell, 1998).

The reasons participants gave for joining the AACE included wanting to become more involved in cancer education and be informed of the latest cancer issues; they had a good experience at an AACE meetings; peer influence from other AACE members; viewed as an important networking forum; the multidisciplinary nature of the association; and a way to gain access to research collaboration, grant, and funding opportunities (Boston & O'Donnell, 1998). Although membership is firmly established, attendance at meetings remains low. Participants gave the following reasons for not attending meetings: scientific sessions at meetings were too long, other national and international associations offer competing meetings, financial restraints, time, and meetings are viewed as not helpful to career advancement (Boston & O'Donnell, 1998). Boston and O'Donnell (1998) also questioned participants for suggestions to enhance the value of membership. The suggestions included strengthening liaisons with other scientific organizations and disciplines for broader knowledge exchange and educational research efforts; creating stronger communication links between meetings for multidisciplinary initiatives; lower meeting expenses for students or retired professionals; offer hotel accommodation choices for an affordable rate; and a change in the usual meeting schedule to accommodate teachers and their teaching responsibilities (Boston & O'Donnell, 1998).

## **Summary**

After reviewing the relevant research studies, it can be concluded that the importance of a professional association is strong. “Professional associations are only as strong as their leadership and membership” (Thackeray et al., 2005, p. 343). However, declining membership is affecting professional association across disciplines of allied health professions. These studies showed that the perceived need and benefit of being a member among professionals is low. This enforces the social exchange theory that is based on the premise that the professional must feel adequately rewarded for their participation. This seems to be the most common factor of whether the professionals are members or not of their professional associations. Further insight should be gained in dental hygiene to determine the wants and needs of dental hygienists and develop a plan of action to increase professional membership.

## CHAPTER 3

### DESIGN AND METHODOLOGY

#### **Overview**

The purpose of this study was to determine what factors influence the membership levels of the American Dental Hygienists' Association in the state of Georgia. In order to gain insight, registered dental hygienists in the state of Georgia were invited to participate by completing a survey. Cottrell and McKenzie (2011) indicated "survey research is an excellent way to gain information about a particular group of people; therefore, surveys are frequently used in our society. Surveys can be conducted at the local, county, state or national level" (p. 195).

#### **Research Question**

The following question guided this research: What factors influence the membership levels of the American Dental Hygienists' Association in the state of Georgia?

#### **Research Design**

A cross sectional quantitative research design was used in this study to determine what factors contributed to low membership levels of the American Dental Hygienists' Association in the state of Georgia. Cross sectional studies "... can be used to determine the current attitudes, opinions, beliefs, values, behaviors, or characteristics of a given population" (Cottrell & McKenzie, 2011. p. 196). The research design allowed for confidentiality. "Confidentiality exists when there is a link between personal information and the research participant's identity but that information is protected from others" (Cottrell & McKenzie, 2011, p.111). Confidentiality was achieved by assigning each participant's survey a confidential number. All survey data were stored on a password protected laptop that remained in the researcher's possession at all times. Using these techniques protects the privacy of the research participants

(Cottrell & McKenzie, 2011). Demographic data were collected to determine if differences among various population demographics existed.

### **Population & Sampling**

In order to obtain survey results that represented all licensed registered dental hygienists in the state of Georgia an unbiased systematic sampling approach was used to select participants from the population of licensed registered dental hygienists in Georgia (Cottrell & McKenzie, 2011). This sample was derived from the population of licensed registered dental hygienists in the state of Georgia who were not members of American Dental Hygienists' Association. The American Dental Hygienists' Association membership office was contacted to request a master list of all licensed registered dental hygienists in the state of Georgia. The Georgia Dental Hygienists' Association membership chair was contacted to request a master list of the licensed registered dental hygienists who are members. These two lists were compared and the ADHA members were removed to be excluded from the study. The master list was arranged to group licensed registered hygienists by their area of residence. Then each licensed registered dental hygienist was assigned a consecutive number and systematic sampling of 50% (3,357) was taken from the total licensed registered dental hygienists who were nonmembers. Furthermore, to increase the number of participants, nonmember hygienists who were attending symposiums in northwest Georgia were asked to participate in the study.

### **Informed Consent Consideration**

“Valid informed consent requires: (1) Disclosure of relevant information to prospective subjects about the research; (2) their comprehension of the information, and (3) their voluntary agreement, free from coercion and undue influence, to research participation” (Cottrell & McKenzie, 2011, p. 106). Each participant was invited to participate in the study either by email

or US Postal Service first class mail. Each participant was given pertinent information about the study, the contact information of the researcher so they might ask questions about aspects of the study that were not clear, and the informed consent disclosure was provided on the introductory screen for the study's Survey Monkey site [Appendix A]. Consent for this study met all the above criteria and was approved by the Institutional Review Board of East Tennessee State University. The IRB approval number for the study is c0813.27e.

### **Survey Instrument Development**

The survey instrument was developed to gather information concerning factors that might influence licensed registered dental hygienists decision to not join their professional membership. Based on Thackeray et al. (2005) study of certified health education specialists, demographic questions were developed to determine if there was a connection between education level, age, gender, where they lived, where they worked, employment status, employment setting, in what state they obtained their education, and why they were not members of their professional association. The demographic questions allowed the researcher to group answers into various categories to determine what is important to different age groups, education levels, different areas of the state, etc. Thackeray et al. (2005) revealed that demographic characteristics of those who were not members of a professional association included being young and over worked. Data to answer the study's research question were obtained by asking why they are not members and finally what would entice them to become members.

### **Instrument Validity**

To ensure the survey instrument was reliable, valid, and accurate a pilot study was conducted. Cottrell and McKenzie (2011) stated pilot studies "are designed on a small scale with the intent to determine if there are any positive results that would justify further study" (p. 185). It is

important for an instrument to produce results that are nearly the same each time to strengthen the study's validity. "Validity is concerned with whether the instrument 'actually does measure the underlying attribute or not'" (Cottrell & McKenzie, 2011, p. 149). First a pilot study was conducted on September 1, 2013, via Survey Monkey of a study group of 20 hygienists in the northwest Georgia area to test the validity and reliability of the survey instrument [appendix B]. The participants of the pilot study were randomly chosen from an email list of registered dental hygienists in northwest Georgia. The email list was obtained from the Sweetwater Dental Hygienists' Society and permission was obtained to use these emails for the purpose of the pilot study. There were 50 emails sent out requesting participation in the pilot study and 20 registered dental hygienists who were not members of the ADHA completed the pilot study. The pilot study revealed that question 11 on did not allow for the choice (other) to be checked and then information to be added under (other). This issue was corrected for the research study. The remaining results from the pilot study showed the survey instrument to be a valid method to measure contributing factors of low membership.

### **Data Collection Procedures**

Cottrell and McKenzie (2011) specified that "with modern technology, the strategies, options, and techniques used to conduct surveys have changed greatly over the past few years, adding new complexities for the researcher to consider" (p. 207). The Sweetwater Dental Hygienists' Society was contacted to obtain a list of nonmembers to participate in the pilot study. A study group of 50 licensed registered dental hygienists were presented with a cover letter [Appendix D], consent form [Appendix A], and survey [Appendix B] via Survey Monkey. The American Dental Hygienists' Association membership office was contacted to request a master list of all licensed registered dental hygienists in the state of Georgia. The Georgia Dental

Hygienists' Association membership chair was contacted to request a master list of the licensed registered dental hygienists who are members. These two lists were compared and the ADHA members were removed to be excluded from the study. "Survey response rates tend to increase with the use of multiple modes of data collection" (Cottrell & McKenzie, 2011, p. 208). With this information in mind, the data collection procedures included a combination of electronic cover letter [Appendix C], consent form [Appendix A], and survey [Appendix B] on Survey Monkey or distributed cover letter [Appendix C], consent form [Appendix A], and survey [Appendix B] at continuing education meetings in northwest Georgia. The cover letter [Appendix C], consent form [Appendix A], and survey [Appendix B] were generated on Survey Monkey and an email of invitation to participate was emailed to the licensed registered dental hygienists who were not members of the ADHA on the master list on September 22, 2013. A postcard of invitation to participate in the survey via Survey Monkey was mailed by the US Postal Service to all licensed registered dental hygienists who were not members of the ADHA on the master list and who did not provide email addresses on September 23, 2013. A second email and postal mail were sent to all licensed registered dental hygienists who were not members of the ADHA who did not respond to the first mailing on October 3, 2013. A week deadline to complete the survey [Appendix B] via Survey Monkey was given at the first and second mailings. Participants were asked to complete the survey [Appendix B] via Survey Monkey by Friday October 11, 2013.

Additionally, licensed registered dental hygienists were contacted directly at continuing education meetings sponsored by various local Georgia dental hygiene societies on Friday September 20 and Saturday, September 28, 2013. The licensed registered dental hygienists who

were not ADHA members were given the cover letter [Appendix C], consent form [Appendix A], and survey [Appendix B] to participate.

### **Data Analysis Procedures**

The data analysis procedures included descriptive statistics. “Descriptive statistics are used to organize and describe the characteristics of a collection of data” (Salkind, 2011, p.8). Descriptive statistics was used to get the data in order to make sense of the sheer volume of information. Furthermore, descriptive statistics were used to provide summaries about the sample of participants and their reasons for not joining their professional association. The surveys [Appendix B] were numbered for confidentiality. Then the data were entered into Survey Monkey software for analysis. The data were analyzed by demographic categories including age, gender, location, education level, employment level, and setting to compare the reasons for nonmembership.

### **Results of Pilot Study**

The pilot study was completed by 19 females and 1 male registered dental hygienists who were not members of the ADHA and live in the northwest Georgia area. These respondents indicated that they graduated from dental hygiene school during the time period from 1975 to 2012. There were 75% ( $n=15$ ) of the respondent who have associate degrees in dental hygiene, 20% ( $n=4$ ) who have bachelor degrees in dental hygiene, and 5% ( $n=1$ ) who have a bachelor degree in an other area. The ages of the participants included 5% ( $n=1$ ) were 18 to 24 years old, 25% ( $n=5$ ) were 25 to 34 years old, 40% ( $n=8$ ) were 35 to 44 years old, 10% ( $n=2$ ) were 45 to 54 years old, 15% ( $n=3$ ) were 55 to 64 years old, and 5% ( $n=1$ ) were 65 to 74 years old. Seventy-five percent ( $n=15$ ) of the participants obtained their dental hygiene licensed in the state of Georgia. Furthermore, the participants all have active dental hygiene licenses in the state of Georgia,

while 20% ( $n=4$ ) have licenses in other states as well. The work status of the participants included 55% ( $n=11$ ) were employed part time (less than 32 hours a week) and 45% ( $n=9$ ) were employed full time (more than 32 hours) a week. Seventy-five percent ( $n=15$ ) were satisfied with their employment status, while 25% ( $n=5$ ) wanted more hours a week. The respondents indicated that 80% ( $n=16$ ) worked in private solo practices, 15% ( $n=3$ ) worked in private group practices, and 5% ( $n=1$ ) worked both in private group practice and in an academic setting.

The participants were asked to indicate why they chose not to be members of the GDHA. For these responses the participants were allowed to choose more than one answer. The results were that 10% ( $n=2$ ) said they were not familiar with the GDHA, 50% ( $n=10$ ) said membership fee is too high, 5% ( $n=1$ ) said they were not interested in the member benefits, programs, and services the GDHA has to offer, 30% ( $n=6$ ) said they were not familiar with the member benefits, programs, and services the GDHA has to offer, 30% ( $n=6$ ) indicated their continuing education needs are being met elsewhere, 40% ( $n=8$ ) said they were not reimbursed for membership dues, 5% ( $n=1$ ) said they don't have the funds to attend the annual symposium, and 35% ( $n=7$ ) stated that they do not have the time to be a member. Participants were asked if they were obtaining CE's from other places than through the GDHA where were they getting them. Fifty-five percent ( $n=11$ ) indicated the Hinman meeting in Atlanta, 45% ( $n=9$ ) indicated local study clubs or online.

Finally, participants were asked to give suggestions that would possibly influence them to become members. Their responses included: a local component would sway me to become member so I could attend meetings easier, free membership, none, not sure, free courses and samples, not sure of the current benefits, nothing specific, don't know, N/A, N/a, unknown, lower fees, I will reconsider joining, (too many hygiene schools; greatly reduced employment

opportunities; reduced salaries; sympathetic for current graduates: not prepared for real world and no jobs; corporate mills taking advantage and much more), since I am not familiar with what is already offered, I cannot suggest additional benefits, reduced fee, closer meetings, hotel discounts, more benefits.

From these responses, a respondent replied via email to let me know that there was a problem with question # 10. Question #10 stated “Which description best describes your primary work setting?”. The answers did not allow you to give other responses without having to choose another answer too. So, made the necessary change in Survey Monkey to allow question # 10 to have the option to choose the response “other” and this allowed the text box to open for the respondents to elaborate.

### **Strengths and Limitations**

To improve the substance of this research, a larger response rate is needed. In addition to distributing the surveys via email, postal mail, and the study group, the researcher could ask for colleagues to distribute at other study groups. The researcher could also conduct telephone surveys.

### **Summary**

To determine what factors influence low membership levels of the American Dental Hygienists’ Association in the state of Georgia a cross sectional quantitative research design was executed. The population included licensed registered dental hygienists in the state of Georgia who were not members of the American Dental Hygienists’ Association. Invitations to participate in the survey were distributed by email, postal mail and in person at continuing education meetings. The survey was completed on Survey Monkey or at continuing education

meetings. Data were collected and analyzed for descriptive statistics using Survey Monkey software.

## CHAPTER 4

### DATA ANALYSIS

#### **Overview**

The purpose of this study was to determine what factors influence the membership levels of the American Dental Hygienists' Association in the state of Georgia. In order to gain insight registered dental hygienists in the state of Georgia were invited to participate by completing a survey. The data analysis for this study was completed using descriptive statistics. Cottrell and McKenzie (2011) stated "descriptive statistics are used to summarize data about a given population or variable so they can be easily comprehended" (p. 256).

#### **Analysis**

In order to obtain survey results that represented all licensed registered dental hygienists in the state of Georgia an unbiased systematic sampling approach was used to select participants from the population of licensed registered dental hygienists in Georgia (Cottrell & McKenzie, 2011). This sample was derived from the population of licensed registered dental hygienists in the state of Georgia who were not members of American Dental Hygienists' Association. The American Dental Hygienists' Association membership office was contacted to request a master list of all licensed registered dental hygienists in the state of Georgia. The Georgia Dental Hygienists' Association membership chair was contacted to request a master list of the licensed registered dental hygienists who were members. These two lists were compared and the ADHA members were removed from the study. The master list was arranged to group licensed registered hygienists by their area of residence (zip codes). Then each licensed registered dental hygienist was assigned a consecutive number and systematic sampling of 50% (3,270) was taken from the total licensed registered dental hygienists who were nonmembers. Furthermore, to

increase the number of participants, nonmember hygienists who were attending symposiums in northwest Georgia were asked to participate in the study. The data collection procedures included a combination of electronic cover letter [Appendix C], consent form [Appendix A], and survey [Appendix B] on Survey Monkey or distributed cover letter [Appendix C], consent form [Appendix A], and survey [Appendix B] at continuing education meetings in northwest Georgia. The cover letter [Appendix C], consent form [Appendix A], and survey [Appendix B] were generated on Survey Monkey and an email of invitation to participate was emailed to 2,523 licensed registered dental hygienists who were not members of the ADHA on the master list on September 22, 2013. However, 456 emails were no longer valid and they bounced. Additionally, 13 licensed dental hygienists opted out of the survey. A postcard of invitation to participate in the survey via Survey Monkey was mailed by the US Postal Service to 747 licensed registered dental hygienists who were not members of the ADHA on the master list and who did not provide email addresses on September 23, 2013. Of those 747 postcards mailed 88 were returned undeliverable. A second email and postal mail were sent to all licensed registered dental hygienists who were not members of the ADHA who did not respond to the first mailing on October 3, 2013, which included 2,006 licensed dental hygienists via Survey Monkey and 659 postcards mailed via US Postal Service. A week deadline to complete the survey [Appendix B] via Survey Monkey was given at the first and second mailings. Participants were asked to complete the survey [Appendix B] via Survey Monkey by Friday October 11, 2013. Furthermore, licensed registered dental hygienists were contacted directly at continuing education meetings sponsored by two local Georgia dental hygiene societies on Friday September 20 and Saturday September 28, 2013. The licensed registered dental hygienists who were not ADHA members were given the cover letter [Appendix C], consent form [Appendix

A], and survey [Appendix B] to participate. There were 54 surveys completed at the continuing education symposiums and 301 complete online via Survey Monkey. There were 39 participants removed from results. Three were removed due to incomplete surveys and 36 were removed due to being members of the ADHA or no longer living in Georgia. There were 316 participants, which yielded a 9.6% return rate.

## Results

The participants who fully completed the survey and were not members of the ADHA included 98.10% ( $n=310$ ) females and 1.9% ( $n=6$ ) males. Figure 1 shows there were 3.80% ( $n=12$ ) 18 to 24 years old, 42.09% ( $n=133$ ) 25 to 34 years old, 24.37% ( $n=77$ ) 35 to 44 years old, 13.61% ( $n=43$ ) 45 to 54 years old, 13.29% ( $n=42$ ) 55 to 64 years old, and 2.85% ( $n=9$ ) 65 to 74 years old.

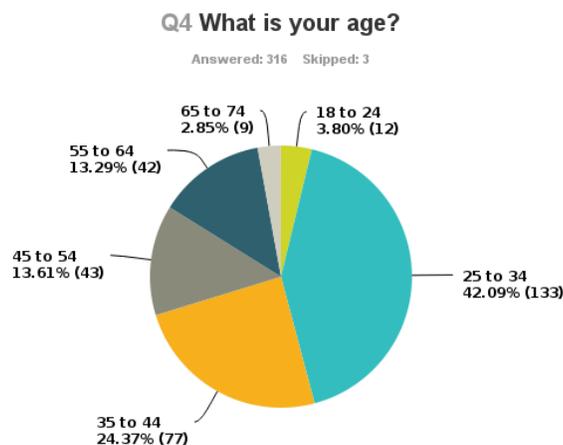


Figure 1. What is Your Age?

Note. Generated by [www.surveymonkey.com](http://www.surveymonkey.com)

Participants graduated from a dental hygiene program from 1964 to 2013 with 64.14% ( $n=203$ ) having an associate's degree in dental hygiene, .32% ( $n=1$ ) having a certificate in dental hygiene, 17.09% ( $n=54$ ) having a bachelor's degree in dental hygiene, 13.61% ( $n=43$ ) having a bachelor's degree in another area, .32% ( $n=1$ ) having a master's degree in dental hygiene, 4.11%

( $n=13$ ) having a master's degree in another area, and .32% ( $n=1$ ) having a doctoral degree as their highest degree. These results are displayed below in Figure 2.

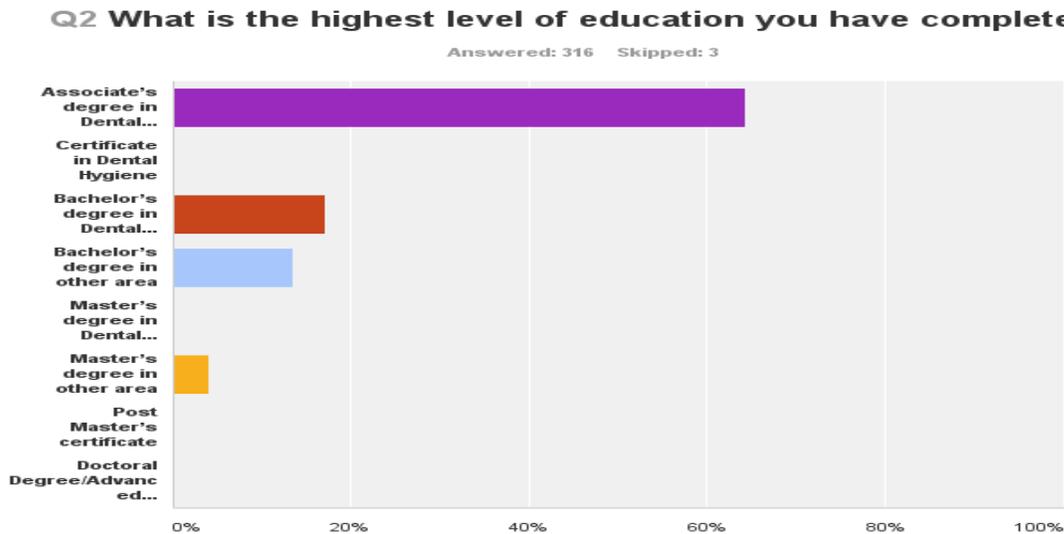


Figure 2. Highest Level of Education  
 Note. Generated by www.surveymonkey.com

The participants graduated with their dental hygiene licenses in 29 different states. Georgia had the most participants having graduated in the state with 79.11% ( $n=250$ ). Florida had 3.15% ( $n=10$ ); Tennessee had 2.21% ( $n=7$ ); South Carolina, New Jersey, and Michigan had 1.26% ( $n=4$ ); Texas, Louisiana, and Kentucky had .95% ( $n=3$ ); Alabama, California, Connecticut, Pennsylvania, North Carolina, Missouri, Illinois, and Iowa had .63% ( $n=2$ ); and finally Washington, West Virginia, Vermont, Colorado, Delaware, Oklahoma, Ohio, Nebraska, Maryland, Maine, Massachusetts, and Indiana had .32% ( $n=1$ ). All of the respondents hold a dental hygiene license in Georgia. However, 76.58% ( $n=242$ ) have a dental hygiene license in Georgia only, while 15.18% ( $n=48$ ) hold a dental hygiene license in two states, 2.84% ( $n=9$ ) hold a dental hygiene license in three states, .95% ( $n=3$ ) hold a dental hygiene license in four states, 2.53% ( $n=8$ ) hold a dental hygiene license in five states, .32% ( $n=1$ ) hold a dental hygiene

license in eight states, .32% ( $n=1$ ) hold a dental hygiene license in 32 states, and 1.26% ( $n=4$ ) have inactive dental hygiene licenses in Georgia because they are retired.

Figure 3 illustrates that participant were asked to provide their employment status; 49.05% ( $n=155$ ) are working full time in dental hygiene or related field (at least 32 hours a week), 31.01% ( $n=98$ ) are working part time in dental hygiene or related field (less than 32 hours per week), 3.16% ( $n=10$ ) are currently not employed and seeking employment in dental hygiene or related area, .95% ( $n=3$ ) are not employed and seeking employment outside of dental hygiene, 3.16% ( $n=10$ ) are temporarily not working and not looking for a job, 2.85% ( $n=9$ ) are retired, 4.11% ( $n=13$ ) are employed in another field, and 5.70% ( $n=18$ ) responded other as their work status.

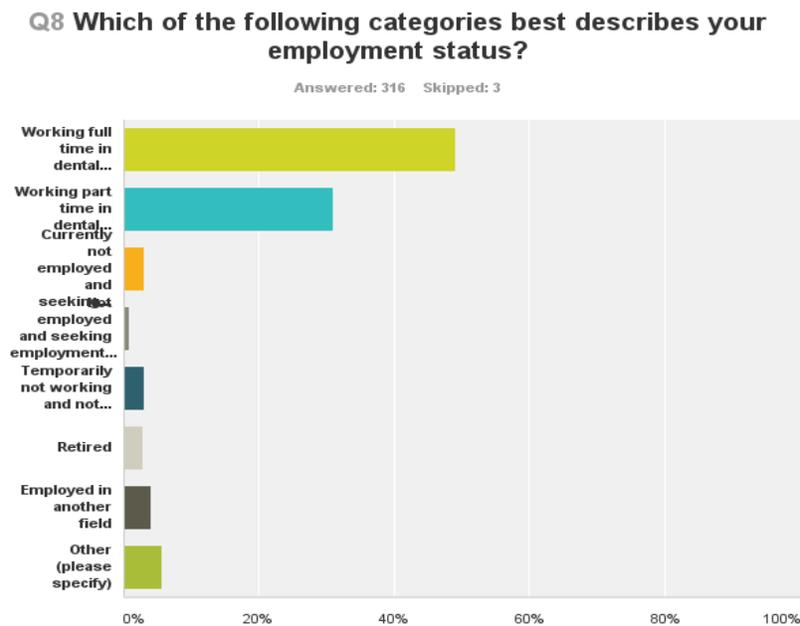


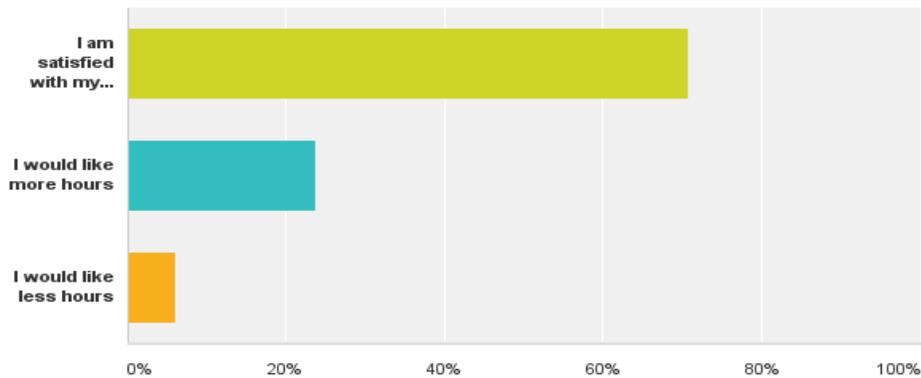
Figure 3. Employment Status  
 Note. Generated by www.surveymonkey.com

Participants were then asked what best describes their satisfaction level with the number of hours they practiced dental hygiene. Figure 4 discloses their responses of 70.57% ( $n=223$ ) were

satisfied with their hours, 23.73% ( $n=75$ ) would like more hours, and 6.01% ( $n=19$ ) would like fewer hours.

**Q9 Which answer best describes your satisfaction with the number of hours you practice dental hygiene?**

Answered: 316 Skipped: 3

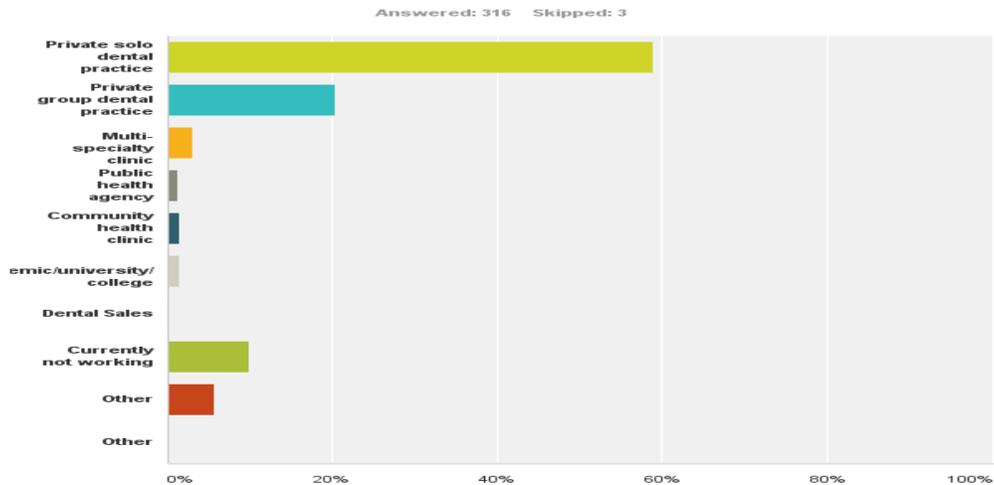


*Figure 4. Satisfaction of Hours of Practice*

Note. Generated by [www.surveymonkey.com](http://www.surveymonkey.com)

Figure 5 displays that the primary work setting for the participants included 58.86% ( $n=186$ ) in a private solo dental practice, 20.25% ( $n=64$ ) in a private group dental practice, 3.16% ( $n=10$ ) in a multi-specialty clinic, 1.27% ( $n=4$ ) in a public health agency, 1.58% ( $n=5$ ) in a community health clinic, 1.58% ( $n=5$ ) in an academic/university/college setting, .32% ( $n=1$ ) in a dental sales setting, 9.81% ( $n=31$ ) are currently not working, and 5.70% ( $n=18$ ) stated other.

**Q10 Which description best describes your primary work setting?**



*Figure 5. Primary Work Setting*

Note. Generated by [www.surveymonkey.com](http://www.surveymonkey.com)

Participants were asked why they have not joined the GDHA. For this question the participants were allowed to give more than one answer. Figure 6 illustrates their responses included 6.01% ( $n=19$ ) not familiar with the GDHA; 58.86% ( $n=186$ ) membership fee is too high; 12.66% ( $n=40$ ) not interested in the member benefits, programs, services; 23.10% ( $n=73$ ) not familiar with the member benefits, programs, and services the GDHA has to offer; 4.43% ( $n=14$ ) GDHA is not relevant to me; 29.43% ( $n=93$ ) continuing education needs are being met elsewhere; 31.96% ( $n=101$ ) not reimbursed for membership dues; 4.43% ( $n=14$ ) individuals that I want to network with are not members; 12.97% ( $n=41$ ) don't have the funds to attend the annual symposium; 17.72% ( $n=56$ ) do not have the time to be a member; and 13.92% ( $n=44$ ) selected other.

**Q11 Why have you chosen not to join GDHA? (Check all that apply)**

Answered: 316 Skipped: 3

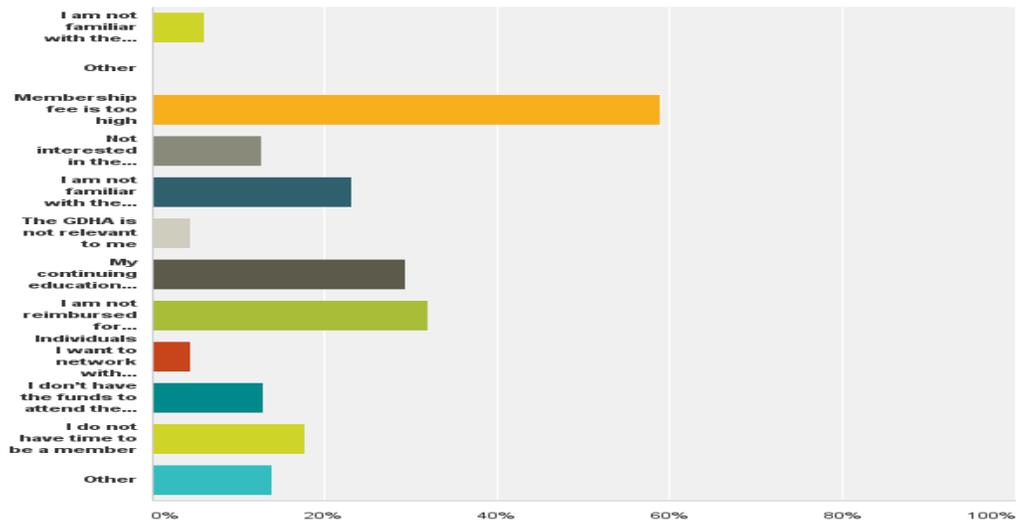


Figure 6. Reasons for Not Joining GDHA  
 Note. Generated by www.surveymonkey.com

Participants were asked where they obtained their continuing education units for licensure. They wrote in their responses and could write multiple sources. Their responses included 52.53% (n=166) were obtained at the Hinman dental convention in Atlanta, Georgia, 11.07% (n=35) were obtained at a local meeting, 1.27% (n=4) were obtained through lunch and learns, 12.34% (n=39) stated that none were obtained, 27.22% (n=86) were obtained online, 4.75% (n=15) were obtained through dental hygiene societies, 6.96% (n=22) were obtained through wherever their dentist paid for, and 5.06% (n=16) were from other sources.

Finally, participants were asked to share additional member benefits and services that could be offered to encourage GDHA membership. Their responses included 1.27% (n=4) better leadership, 3.48% (n=11) better locations for meetings, 2.22% (n=7) user friendly website, .32% (n=1) more communication, .63% (n=2) ability to pay dues in installments, 5.70% (n=18) provide insurance benefits, 4.43% (n=14) provide job placement benefits, 21.52% (n=68) lower fees, 7.28% (n=23) provide more GDHA benefit information, 3.80% (n=12) provide more

continuing education opportunities, .95% ( $n=3$ ) have no interest at all, 1.90% ( $n=6$ ) have no time for membership, 37.34% ( $n=118$ ) gave none as their response, 3.16% ( $n=10$ ) had other responses, 2.53% ( $n=8$ ) change politics, .63% ( $n=2$ ) are too busy, 6.01% ( $n=19$ ) are unsure, and .63% stated volunteerism as an encouragement to join.

### **Discussion**

This study was conducted in September 2013 and October 2013. Respondents were from all over the state of Georgia. However, the majority of them were located in the northern half of the state of Georgia. The participants were 98% women, 42% between the ages of 25 to 34, 64% have associated degrees in dental hygiene as their highest degree, and 79% graduated with the dental hygiene degrees in Georgia. Forty-nine percent are working full time as dental hygienists, with 58% in private solo dental practice and 70% are satisfied with their working hours. The primary reason given for not joining the GDHA at 58% was membership fee is too high. However, only 21% stated that lowering the membership fee would entice them to join the GDHA. The participants were also asked where they obtained their continuing education hours and 52% stated at the Hinman dental convention in Atlanta, Georgia and 27% stated online.

## CHAPTER 5

### CONCLUSION

#### **Overview**

The role of a professional association in a healthcare setting is to establish a bond with society on behalf of its individual members by reinforcing to the public the nature of the values, rights and duties between patients and providers (Dollinger, 2000). Furthermore, Dollinger (2000) stated “professional associations also give the [healthcare] providers a forum to discuss and develop standards, share experiences, gather peer support and develop a platform from which to strengthen public confidence in the profession” (p. 29). Moreover, professional associations work to influence healthcare policy that could affect their members and patients using the efforts of those working in their legislative departments and their professional lobbyists who track issues at both the state and federal level (Dollinger, 2000).

Through the literature review, it was found that there are several theoretical views as to why professionals of various professional fields join or do not join their professional associations. These theories include Herzberg’s dual-factor theory of motivation and hygiene, social exchange theory, social identity theory, and theories of socialization as it pertains to students. Olson and White (2004) discussed that Herzberg’s dual-factor theory of motivation and hygiene best fit the objectives of their study because the intrinsic values of desire for achievement, advancement, and recognition are also indicative qualities that motivate professionals to become association members.

The social exchange theory is based on that both the association and the professional must feel adequately rewarded for their participation (DeLeskey, 2004; Phillips & Leahy, 2012; Rapp & Collins, 1999). Phillips and Leahy (2012) also considered the social identity theory of when

professionals' view of their own self-identity aligns with the norms and values of a professional association. "Only the benefits that constitute a private good and are offered to members alone can attract new members, provided that such benefits are not available elsewhere (Yeager, 1981)" (Khaliq & Watson, 2012, p. 358). Nelson et al. (1995) discussed how the theories of socialization played an important role in students' academic career and their future roles within a professional association. The theories of socialization include symbolic interactionism and reference group theories. Symbolic interactionism is when a students' self-image as a professional is formed through mentorship from faculty and other teachers throughout their educational career (Nelson et al., 1995). Reference group theory is based on the format that students share the same opinions and ideas (Nelson et al., 1995). The faculty through mentorship shows students that their own goals and the goals of a professional association are in alignment with one another (Nelson et al., 1995).

In order for a professional association to be effective in representing any profession it must have a significant level of membership. For the profession of dental hygiene, the American Dental Hygienists' Association (ADHA) is the leading professional "...organization representing the professional interests of the more than 150,000 registered dental hygienists (RDHs) across the country" (ADHA, 2013b, para. 1). In Georgia membership has become so low that the Georgia Dental Hygienists' Association cannot effectively represent registered dental hygienists' interests in the state. This study was designed to determine the factors that cause licensed registered dental hygienists to continue to forgo membership in the American Dental Hygienists' Association. By revealing factors that cause low membership, the leaders of the ADHA, GDHA, and local components can work to address these factors and thus increase membership.

## **Conclusion**

In conclusion, dental hygienists in the state of Georgia are primarily women who were educated in Georgia and hold associate's degrees in dental hygiene. These hygienists work either part time or full time in a private practice setting and are satisfied with their employment arrangements. Hygienists in Georgia are not aware of the benefits of the ADHA. Therefore, they do not find value in the association and they feel that the membership fee is too high. Furthermore, there are other continuing education opportunities that the dental hygienists in Georgia find more appealing and convenient.

## **Discussion**

There were a few dominating reasons given for not joining the ADHA. Fifty-eight percent stated membership fee is too high, 31% stated they are not reimbursed for membership dues, 29% stated their continuing education needs are being met elsewhere, and 23% stated that they are not familiar with the benefits. However, 37% had no suggestions for benefits or services that could be offered to encourage them to become members, and 21% stated that lowering the membership fee would entice them to join the ADHA. Furthermore, the participants were asked where they obtained their continuing education hours and 52% stated at the Hinman dental convention in Atlanta, Georgia and 27% stated online.

Based on the findings, the dental hygienists in Georgia do not find value in their professional association; do not know what benefits their association offers; or do not need the association for their continuing education requirements. This is in alignment with the social exchange theory that states both the association and the professional must feel adequately rewarded for their participation (DeLeskey, 2004; Phillips & Leahy, 2012; Rapp & Collins, 1999).

Dental hygienists in Georgia are not informed on the benefits that the ADHA offers and, therefore, do not find the value of the association or the membership fee. Moreover, one of the main benefits of membership is continuing education classes at no cost. However, the Hinman dental convention is held in Georgia every year, where hygienists can receive up to 20 hours of continuing educational credits in one weekend with many of their employers reimbursing the cost. Also, dental hygienists can obtain free continuing education classes online. This combination of dental hygienists not knowing what the benefits of being members and the convenience of getting continuing education classes in other areas demonstrates that there is not a viable social exchange present for the dental hygienists. This study is in agreement with DeLeskey's (2003) study that concluded when nurses were unable to attend meetings and take part in activities, they did not perceive the membership benefits as significant enough to overcome the cost to renew their membership.

### **Recommendations**

Increasing the knowledge of benefits would not only help to increase the membership of the GDHA but also the ADHA as a whole. The leadership of the ADHA and the GDHA could implement a strategic plan of action to inform dental hygienists throughout the state of Georgia of the benefits of ADHA membership and of continuing education meetings that are held in the dental hygienists' local areas. This strategic plan of action could include an email or postal blast outlining all the benefits of being a member, reaching out to make one on one connections from members to nonmembers and asking them to join or invite them to a meeting, and reaching out to students through a mentoring program to encourage them through school and into the profession.

## **Recommendations for Future Research**

Based on the findings of question #2 “what is the highest level of education you have completed”, a future study could determine if there is a relationship with membership, the level of education, and the professional development curriculum in associate degree programs and bachelor degree programs. A future study could be conducted to determine if there is a connection with low membership and the Hinman dental meeting being held in Georgia. In contrast, a study could be conducted to investigate why members of the association have chosen to be members, if there is an association to any theoretical reasoning or do they simply want the opportunity for free continuing education classes. Moreover, future studies could inquire to what direction the dental hygienists in Georgia would like to see their profession more towards legislatively and for future job opportunities. Finally, a study could be conducted to investigate if any other states have conducted similar studies. If similar studies have been conducted, compare the findings of this study to the studies of other states. In any future study the principal investigator should attempt to increase the sample size and the return rate with increased mailings via email/ US postal services and to incorporate more continuing education meeting throughout the state.

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APPENDICES  
Appendix A  
Informed Consent Form

- I understand that my participation is voluntary; I may withdraw at any time, for any reason, without negative consequences. Should I withdraw, my information will be eliminated from the study and destroyed.
- I understand that I will not be identified by name in the final report (thesis).
- I am aware that all information collected will be coded such that my name will not be known.
- All records will be kept confidential and secure by the researcher.
- I understand that there is no financial remuneration for participating in this study.
- I understand that results of this study may be used in subsequent journal articles, professional or academic work, books, websites, workshops, or presentations. If I would like a copy of the complete final paper of the study, I will contact, Brandy Henderson, with the email address to which I would like the paper directed.
- I acknowledge that the contact information of the researcher and her advisors have been made available to me.

**I have read the information in this consent form.**

**I have had a chance to ask questions about this study, and those questions have been answered to my satisfaction.**

**I am at least 18 years of age and I agree to participate in this research project.**

**I understand that by completing the survey I am giving consent to be a participant in the study.**

**Researcher:** Brandy Henderson 404-425-8481 [hendersonbj@goldmail.etsu.edu](mailto:hendersonbj@goldmail.etsu.edu)  
**Committee Chair:** Dr. Debrorah Dotson, [dotsond@etsu.edu](mailto:dotsond@etsu.edu)  
423-439-7888 (Office)

Appendix B  
ADHA Membership Survey

1. What year did you graduate from Dental Hygiene school? \_\_\_\_\_
2. Please indicate your highest level of education:

Associate's degree in Dental Hygiene	<input type="checkbox"/>
Certificate in Dental Hygiene	<input type="checkbox"/>
Bachelor's degree in Dental Hygiene	<input type="checkbox"/>
Bachelor's degree in other area	<input type="checkbox"/>
Master's degree in Dental Hygiene	<input type="checkbox"/>
Master's degree in other area	<input type="checkbox"/>
Post Master's certificate	<input type="checkbox"/>
Doctoral Degree/Advanced Professional Degree/DDS	<input type="checkbox"/>

3. Gender : Female \_\_\_\_\_ Male \_\_\_\_\_
4. What is your age? \_\_\_\_\_
5. What is your current zip code? \_\_\_\_\_
6. Please list the state(s) you are currently licensed to practice dental hygiene:  
\_\_\_\_\_
7. In which state did you receive your dental hygiene education? \_\_\_\_\_
8. What is your current employment status?

Working full time in dental hygiene or related field (at least 32 hours a week)	<input type="checkbox"/>
Working part time in dental hygiene or related field (less than 32	<input type="checkbox"/>

hours per week)	
Currently not employed and seeking employment in dental hygiene or related area	<input type="checkbox"/>
Not employed and seeking employment outside of dental hygiene	<input type="checkbox"/>
Temporarily not working and not looking for a job	<input type="checkbox"/>
Retired	<input type="checkbox"/>
Employed in another field	<input type="checkbox"/>
Other:  If other, please elaborate: _____	<input type="checkbox"/>

9. Which answer best describes your satisfaction with the number of hours you practice dental hygiene?

I am satisfied with my hours	<input type="checkbox"/>
I would like more hours	<input type="checkbox"/>
I would like less hours	<input type="checkbox"/>

10. Which description best describes your primary work setting?

Private solo dental practice	<input type="checkbox"/>
Private group dental practice	<input type="checkbox"/>
Multi-specialty clinic	<input type="checkbox"/>
Public health agency	<input type="checkbox"/>
Community health clinic	<input type="checkbox"/>

Academic/university/ college	<input type="checkbox"/>
Dental Sales	<input type="checkbox"/>
Currently not working	<input type="checkbox"/>
Other	<input type="checkbox"/>
If other, please elaborate:_____	

11. Why have you chosen not to join GDHA? (Check all that apply)

I am not familiar with the GDHA	<input type="checkbox"/>
Membership fee is too high	<input type="checkbox"/>
Not interested in the member benefits, programs, services	<input type="checkbox"/>
I am not familiar with the member benefits, programs and services the GDHA has to offer	<input type="checkbox"/>
The GDHA is not relevant to me	<input type="checkbox"/>
My continuing education needs are being met elsewhere	<input type="checkbox"/>
I am not reimbursed for membership dues	<input type="checkbox"/>
Individuals I want to network with are not members	<input type="checkbox"/>
I don't have the funds to attend the Annual Symposium	<input type="checkbox"/>
I do not have time to be a member	<input type="checkbox"/>
Other:	<input type="checkbox"/>
If other, please elaborate:_____	

12. If your continuing education needs are being met elsewhere. Where are you obtaining these CE's? \_\_\_\_\_

13. What additional member benefits and services could be offered to encourage you to become a member of GDHA?

\_\_\_\_\_

Thank you for your participation!  
Brandy Henderson, RDH, BSDH

## Appendix C Study Cover Letter

You are invited to participate in a research study being conducted by Brandy Henderson, a graduate student in the Masters of Allied Health at East Tennessee State University a doctoral research university and academic health sciences center located in Johnson City, Tennessee. The research seeks to determine what factors cause the membership levels of the American Dental Hygienists' Association in the state of Georgia to remain low.

In this study, you will be asked to complete an electronic survey. Your participation in this study is voluntary and you are free to withdraw your participation from this study at any time. The survey should take only 5 minutes to complete.

This survey has been approved by the Institutional Review Board of East Tennessee State University. There are no risks associated with participating in this study. The survey collects no identifying information of any respondent. All of the response in the survey will be recorded anonymously.

While you will not experience any direct benefits from participation, information collected in this study may benefit the profession of dental hygiene in the future by better understanding of what influences hygienists from not becoming members of their professional association.

If you have any questions regarding the survey or this research project in general, please contact Brandy Henderson ([hendersonbj@goldmail.etsu.edu](mailto:hendersonbj@goldmail.etsu.edu), 404-425-8481) or Dr. Dotson ([dotsond@etsu.edu](mailto:dotsond@etsu.edu), 423-439-7888 (Office). If you have any questions concerning your rights as a research participant, please contact the IRB of East Tennessee State University at ([richardf@etsu.edu](mailto:richardf@etsu.edu) or (423) 439-6054).

**You will complete this survey online at Surveymonkey.com.  
Your participation is appreciated.**

**Please complete the survey no later than Friday, October 11, 2013.**

Brandy Henderson, RDH, BSDH, Masters Candidate, East Tennessee State University  
Dr. Debbie Dotson, Department of Allied Health, East Tennessee State University

Appendix D  
Pilot Study Cover Letter

You are invited to participate in a pilot research study being conducted by Brandy Henderson, a graduate student in the Masters of Allied Health at East Tennessee State University a doctoral research university and academic health sciences center located in Johnson City, Tennessee. The research seeks to determine what factors influence the membership levels of the American Dental Hygienists' Association in the state of Georgia.

In this study, you will be asked to complete a brief survey. Your participation in this study is voluntary and you are free to withdraw your participation from this study at any time. The survey should take only 10 minutes to complete.

This survey has been approved by the Institutional Review Board of East Tennessee State University. There are no known risks associated with participating in this study. The survey collects no identifying information of any respondent. All of the response in the survey will be recorded anonymously.

While you will not experience any direct benefits from participation, information collected in this study may benefit the profession of dental hygiene in the future by better understanding of what influences hygienists from not becoming members of their professional association.

If you have any questions regarding the survey or this research project in general, please contact Brandy Henderson ([hendersonbj@goldmail.etsu.edu](mailto:hendersonbj@goldmail.etsu.edu), 404-425-8481) or Dr. Dotson ([dotsond@etsu.edu](mailto:dotsond@etsu.edu), 423-439-7888 (Office)). If you have any questions concerning your rights as a research participant, please contact the IRB of East Tennessee State University at (423-439-6053 or [jeffersj@etsu.edu](mailto:jeffersj@etsu.edu)).

**Your participation is appreciated.**

Brandy Henderson, RDH, BSDH, Masters Candidate, East Tennessee State University  
Dr. Debbie Dotson, Department of Allied Health, East Tennessee State University

Appendix E  
Post Card

You are invited to participate in a research study being conducted by Brandy Henderson, a graduate student in the Masters of Allied Health at East Tennessee State University.

The research seeks to determine what factors influence the membership levels of the American Dental Hygienists' Association in the state of Georgia.

**Your participation is appreciated.**

*For more information or to participate in this study go to the following link:*

***<https://www.surveymonkey.com/paticpantscoded#>***

Appendix F  
Written Permission for Figures

Hi Brandy,

Thanks for touching base!

You are more than welcome to use our Graphs in your thesis as long as you cite SurveyMonkey in your bibliography.

When referencing us in your thesis please include the following information:

- Company: SurveyMonkey Inc.
- Location: Palo Alto, California, USA
- Main website: [www.surveymonkey.com](http://www.surveymonkey.com)

For an example of this citation you can check out this article:

[http://help.surveymonkey.com/articles/en\\_US/kb/May-I-reference-SurveyMonkey-in-a-paper-or-thesis](http://help.surveymonkey.com/articles/en_US/kb/May-I-reference-SurveyMonkey-in-a-paper-or-thesis)

Best of luck on your thesis and congrats on your upcoming graduation!

Please let me know if there is anything else i can help you with today!

Best,  
Amanda  
SurveyMonkey Customer Support

VITA

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