Barriers and Determinants that Influence Membership in the American Association of Nurse

Anesthetists

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Acknowledgments

Abstract

The American Association of Nurse Anesthetists (AANA) have a significant role in providing various benefits to their members and advancing the profession. However, membership percentages have decreased within the last 10 years. A review of the literature was conducted to identify the determinants that influence decision making regarding professional association membership. It was discovered that Florida was among the states with the highest percentages of non-members. For that reason, a scholarly project was developed and implemented to examine the factors that influence decision making regarding professional association membership among Florida's licensed nurse anesthetists. An online survey was developed and sent to all Florida Certified Registered Nurse Anesthetists (CRNAs) with the help of the Florida Association of Nurse Anesthetists (FANA). The results of the survey revealed barriers to membership included dissatisfaction with the new National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) Continued Professional Certification (CPC) requirements, cost of membership, and a lack of education about the AANA. Determinants to membership identified included the benefit of CEUs and tracking, professional promotion, and the political advocacy the AANA provides. There was insufficient power to compare responses between FANA members and non-members due to a low non-member response rate. However, sufficient information was derived to suggest implications and recommendations to help improve future research efforts and better understand the issue.

Keywords: membership, nonmembers, AANA, professional association

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Membership in professional associations has a significant role in providing various

benefits to their members as well as the protection and advancement of the profession. Benefits

include advancing professional knowledge, establishing a code of ethics and standards of

practice, promoting professional growth and development, and providing networking

opportunities (Farina, Wilson, & Fitzsimmons, 2016; Ki & Wang, 2016). For these reasons,

professional associations exist in almost every field of study (Ross, 2009). In addition, members

who are affiliated with a professional organization feel a sense of belonging and build

interpersonal relationships with others involved in the group (Ki & Wang, 2016). In previous

years, joining a professional association was part of one's duty and responsibility. Over recent

years, the focus has shifted to personal interest as a primary reason for joining (Ki & Wang,

2016). Currently, there is evidence of a widespread decreases in the number of members,

member involvement, and retention within professional organizations (Farina et al., 2016; Ki &

Wang, 2016; Walton, 2017). Of these organizations, one of particular interest is the American

Association of Nurse Anesthetists (AANA).

Significance and Background of the Problem

According to AANA national data (2018), the total number of Certified Registered Nurse

Anesthetists (CRNA) has grown by 16,905, representing around a 46.3% increase from 2008 to

2018. However, the total number of CRNAs who are AANA members increased by only 34.6%

within that same 10-year period (AANA, 2018). Membership with the AANA allows the

organization to continue to provide education, guidance, and fight to maintain and further the

scope of practice for CRNAs. Therefore, it is clear that a professional organization is not only

beneficial to its members but also helps the profession to evolve.

Of special interest is the state of Florida, which is one of the states with the most CRNAs

but has one of the highest non-membership percentages (Farina et al., 2016). The national

average for non-members in 2018 was around 12% (AANA, 2018). The percentage of non-

members in Florida was 20.7% in 2016 and increased to 26% in 2018 (AANA, 2018; Farina et

al., 2016). Understanding the factors that determine member participation is crucial to ensure

satisfied members and professional growth. This can be accomplished by using a survey to help

gain insight on the elements that lead to retention and future involvement by CRNAs within their

professional organization.

PICOT Search Format Questions

Two questions were developed in PICOT format to assist in a systematic review of

literature. The first question addressed the problem question: For licensed Certified Registered

Nurse Anesthetists (CRNAs) (P), what are the barriers and determinants (I) that influence their

decision to become or remain involved (O) within their professional organization?

The second question developed addressed a possible innovation: For Florida licensed

Certified Registered Nurse Anesthetists (CRNAs) (P), what are the barriers and determinates (I)

that influence involvement for members and non-members within the American Association of

Nurse Anesthetist (AANA) (O)?

Search Strategy/Results

The search strategy included PubMed and Google Scholar databases. A total of 917

articles were screened according to the title, inclusion, and exclusion criteria. Articles were

excluded from the review if they were over 10 years old, pertained to non-professional

associations, and if the type of research was not described in the article. Of these, 10 research articles pertaining to nurses, pharmacy, dentistry, chiropractors, and occupational therapists were retained for review. Key Search Terms included: "AANA membership," AND "professional organization membership," AND "professional association membership." MeSH terms included: professional organization, nurse anesthetist, CRNA, membership, students, and professional associations. The search limits that were used: within last the 10 years and in the English language.

GRADE Criteria

Grading of recommendations, assessment, development, and evaluation (GRADE) criteria were used to rate the literature collected. GRADE was developed by the Working Group in 2000 to address the shortcomings of grading systems in healthcare. It is used internationally and considered the standard in guideline development (The GRADE Working Group, 2019). The literature reviewed primarily contained qualitative studies. However, many of the studies used quantitative measurements for their qualitative data by using number scales as a means to give partial qualitative answers. This enabled the researchers to run a statistical analysis to allow a more thorough understanding of the data. This resulted in an initial score of 3 on a scale up to 4.

However, the literature was rated down 1 point to a score of 2 after a more in-depth analysis for several reasons. An inconsistency found common in the literature was the inability to control duplicate survey responses. Also, imprecision was seen in the literature due to low survey responses, and inconsistencies of using a validated means to collect the data. Inconsistences that were noticed included not defining some of the terms used and a lack of clarity within the methods section. Publication bias was ruled out because the results collected from the studies would not have benefited the researchers or publishers. The biggest concern found in the

literature was the lack of research studies specific to nurse anesthesia professional organizations. Overall, the quality of the data collected was low, which further justified the need to conduct the scholarly project.

Literature Review and Synthesis of Evidence

A review of literature was performed to identify barriers and determinants that influence membership within the AANA. Although, the data were limited on literature specific to nurse anesthetist's professional organizations, there were common themes and results that frequently emerged throughout the literature that was important to discuss. Those common themes and results included: benefits of professional membership, methods used to collect data, reasons why professionals do or do not join their professional organization, and involvement within the professional organization. Terms frequently used in the literature were defined as followed:

- *AANA:* "A professional organization representing certified registered nurse anesthetists (CRNA) and student registered nurse anesthetists (SRNA) nationwide" (AANA, 2019).

- *Associations:* "A group of people organized for a joint purpose with common interests who come together on a platform" ("Difference Between Associations and Organizations," 2011).

- *Barrier:* "Something that separates or impedes access, progress, and passage or hinders union" ("Barrier," 2016).

- *Determinant:* "Firm in purpose; resolute" ("Determinate," 2016).

- *FANA:* "Florida Association of Nurse Anesthetists is the district level to the AANA representing certified registered nurse anesthetist (CRNA) in the state of Florida" (FANA, 2019).

- *Membership:* "A sense of belonging to a group along with feelings of personal connectedness with others in the group" (Ki & Wang, 2016).

- *Organization:* "A group of people who work together with well-defined roles and functions" ("Difference Between Associations and Organizations," 2011).

- *Professional:* "A person engaged in a manner defined and expected by that learned profession" (Ritchie & Gilmore, 2013).

- *Professional organization:* "An organization of and for professional people who seek to develop and implement a sound public policy" (Mori, Mullun, & Hill, 2007).

Benefits of Professional Membership

Throughout the literature, the benefits of being a member of one's respective professional organization were very consistent. Professional organizations assist their members in providing healthcare at the highest quality (Esmaeili et al., 2013; Farina et al., 2016; Petersen et al., 2017; Walton, 2017; Wotherspoon & McCarthy, 2016). Professional organizations also advance the development of the professional, encourage leadership, advocate for their members, influence policy, provide continuing education, provide a source of networking, and provide members a sense of belonging and identity (Esmaeili et al., 2013; Farina et al., 2016; Petersen et al., 2017; Walton, 2017; Wotherspoon & McCarthy, 2016). In general, membership is mutually beneficial for the individual as well as the profession.

Despite the abundance of benefits that professional memberships offer, the percentages of memberships are steadily decreasing (Farina et al., 2016; Petersen et al., 2017; Walton, 2017; Wotherspoon & McCarthy, 2016). There was also a common theme that emerged that is concerning for the future. In regard to nursing professional organizations, the newest members of the profession are the ones who are least likely to become members of the professional

organization (Esmaeili et al., 2013; Farina et al., 2016; Kung & Rudner Lugo, 2015; Poole et al., 2019).

Methods Used to Collect Data

Several common methods were used to collect data in the literature reviewed. One method seen in the literature was performing interviews with those selected to take part in the study. The interviews were either conducted by phone or in person. While this method is very effective in understanding a person's response, it did present limitations that cannot be ignored. Interviews took a lot of time, which led to a smaller sample size. Small sample sizes can limit the ability to generalize data for a target population (Esmaeili et al., 2013; Farina et al., 2016).

The most common method seen throughout the literature was the use of a survey or questionnaire to collect the data. The most frequent delivery method was the use of an online survey, which offers the researcher a feasible option to reach a large number of people in a short period of time (Ki & Wang, 2016; Kung & Rudner Lugo, 2015; Poole et al., 2019; Petersen et al., 2017; Ross, 2009; Walton, 2017; Wotherspoon & McCarthy, 2016). Nonetheless, there were limitations that were also seen with this method of data collection. A few of the limitations were the inability to determine if the survey was completed more than once by the same individual and a low response percentage. However, it was noticed that posting the survey on the professional organization's webpage or social media account did improve response percentages (Gallivan & Tiernan, 2012; Walton, 2017; Wotherspoon & McCarthy, 2016).

Reasons Why Professional's Do or Do Not Join Their Professional Organization

Reasons for joining. There were several findings throughout the literature that explained why professionals choose to join or renew their membership. The most common findings were professional networking opportunities, support received from their organization, personal

professional development, promotion of professional identity, and a sense of belonging to an

organization. Getting free continuing education credits was also a major reason why

professionals choose to join or renew their membership (Esmaeili et al., 2013; Farina et al.,

2016; Walton, 2017; Wotherspoon & McCarthy, 2016).

Reasons for not joining. The data collected in the literature reviewed produced many

reasons why professionals choose not to join or renew their memberships. The most common

and significant reason was the cost of membership (Esmaeili et al., 2013; Farina et al., 2016;

Petersen et al., 2017; Walton, 2017; Wotherspoon & McCarthy, 2016). Other common reasons

included lack of time, lack of benefits, poor service, inconvenience, and poor value for the cost

involved (Petersen et al., 2017; Walton, 2017; Wotherspoon & McCarthy, 2016).

It is also important to note that some of the non-members that were surveyed displayed a

poor understanding of what professional organizations offer (Farina et al., 2016; Gallivan &

Tiernan, 2012; Walton, 2017; Wotherspoon & McCarthy, 2016). According to Farina (2016), an

individual's perception of value is the key determinant to decide if they will be a member of their

organization. Not understanding what the professional organization offers may lead to a poor

perception of the value of membership.

Professional Involvement Within the Professional Organization

Currently, it is a pivotal time for the nurse anesthesia profession as new laws are being

introduced that could create drastic changes for the scope of practice. It was noted throughout the

literature that membership and involvement within the professional organization has declined

(Kung & Rudner Lugo, 2015; Poole et al., 2019). Professional involvement can include

mentoring colleagues, advocating for the profession, emailing senators, attending state and

national conferences, and becoming politically active (Ki & Wang, 2016; Kung & Rudner Lugo,

2015; Poole et al., 2019). If the trend continues, there will be fewer professionals that are involved in advocating and fighting for the profession. The potential reasoning behind the declining number of professionals being involved within their professional organization or being politically active was education (Ki & Wang, 2016; Poole et al., 2019).

Plan, Do, Study, Act (PDSA) Cycle

Understanding the factors that can improve membership percentages within the AANA is crucial to reverse the downward trend. Theoretical frameworks and conceptual models help guide and organize projects to a successful completion. One model that was identified was the Plan, Do, Study, Act (PDSA) Cycle. This model provides a framework with four stages to help assist in development, testing, and implementation that lead to improvement (ACT Academy, 2019). The "Plan" stage involved identifying the problem to be improved, creation of PICOT questions, review of literature, assembling a project committee, and developing the implementation tool. The "Do" stage was the implementation phase when the online survey was deployed by FANA. The "Study" stage involved analyzing the data to identify key findings and results to meet the objectives of the scholarly project. The last stage is "Act". During this stage, the development of recommendations was made and disseminated based on the findings of the scholarly project.

Project Aims

The purpose of this scholarly project was to examine the factors that influenced decision making regarding professional association membership among Florida's licensed nurse anesthetists. The secondary aim was to delineate the barriers and determinants to licensed nurse anesthetists residing in the state of Florida to becoming or remaining members of their national and state professional organizations.

The objectives of the project are as follows:

1. Perform a qualitative evaluation to explore the influencing factors among licensed nurse anesthetists practicing within the state of Florida that impact membership and non-membership in Nurse Anesthesia professional organizations.

2. Determine the self-reported incidence of membership and non-membership in professional organizations among licensed nurse anesthetists practicing in the state of Florida.

3. Examine demographic and descriptive data to determine what factors are determinants to membership in nurse anesthesia professional organizations among licensed nurse anesthetists practicing in the state of Florida.

4. Examine demographic and descriptive data to determine what factors are barriers to membership in the Florida Association of Nurse Anesthetists among licensed nurse anesthetists practicing in the state of Florida.

5. Determine if there is a significant relationship between demographic variables and membership in the Florida Association of Nurse Anesthetists.

6. Determine if there is a significant relationship between demographic variables and non-membership in the Florida Association of Nurse Anesthetists.

7. Delineate the potential implications of the scholarly project findings to the Florida Association of Nurse Anesthetists leadership and make evidence-based recommendations for the achievement of membership goals within the Florida Association of Nurse Anesthetists.

Methods

The use of a survey was the most logical and feasible method to collect data from a large population for this scholarly project; it was also the most frequently used method found in the literature reviewed. The scholarly project design was a mixed-methods design that used descriptive statistics to describe qualitative and quantitative data. The sample methodology was a purposive sampling method directed to Florida's licensed nurse anesthetists. The project's data collection tool was a survey that used Likert scale questions to capture quantitative data. The survey also had open-ended fill in the blank options to capture qualitative data. Originally, finding a validated survey for the data collection tool was the goal. However, there was a problem finding a validated survey that was unique and specific to the topic's population. After further review and contacting the research department of the AANA and FANA, creating an online survey specific to this target population that stems from current validated surveys was deemed the best and most reliable way to achieve desired results. A survey was created and face-validated by three AdventHealth University (AHU) doctorate nurse anesthesia program (DNAP) students, one end-user CRNA, two DNAP faculty members, one AHU faculty member outside of the DNAP department, and the President of FANA (Appendix D).

The survey underwent pilot testing through SurveyMonkey ® to ensure all aspects of the survey were working. Once the Institutional Review Board (IRB) of AHU approved the scholarly project, FANA dispersed the link to the survey in a recruitment email (Appendix B). The survey was sent out on April 1st, 2020 and was open from April 1st to April 30th. There was also a two-week reminder sent out through SurveyMonkey ® on April 17th (Appendix B). Completion of the online survey would take approximately 15 minutes using a mix of Likert-type scale questions and short open-ended questions. The survey included demographic

questions to assist in identifying members versus non-members. Inclusion criteria included all CRNAs who lived in the state of Florida and had a valid email on file with the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) who were willing to agree to the terms of the survey. The original population size was 4,180 Florida CRNAs according to the most recent data received by FANA. However, FANA sent the survey out to 4,500 members and 1,700 nonmembers. Exclusion criteria included CRNAs under the age of 18, people who were not Florida licensed nurse anesthetists, and CRNAs that did not have a valid email on file.

A consent form was created and approved by the Institutional Review Board of AdventHealth University (Appendix C). The consent form outlined no personal information would be shared, all information would be de-identified, participation was completely voluntary, any participant could withdraw from the survey at any time without penalty, information on how it would benefit the profession, and there were no risks associated with participating in the survey. Participants were not compensated individually but were given the chance to win one of 10 Amazon $50 gift cards by entering their email at the end of the survey (Appendix C). The raffle was handled by the FANA business manager to protect any identifying information.

FANA released the di-identified raw data to the primary investigators with the exception of membership classification. These raw data will be stored by the co-investigators on a password protected device and after five years will be deleted. Data analysis was done using SPSS Statistics for Windows, version 21.0, IBM Corp., Armonk NY. Demographic data were summarized using frequency counts and percentages. Descriptive analysis was used to compare group summaries and trends. For open-ended responses, an iterative narrative review seeking keywords, concepts, and emergent themes was used. Originally, Chi-square tests would be used to compare distributions of responses between members and nonmembers. However, this was not

possible due to the low response rate from nonmembers. The sample size was determined at $n =$
73 with values of power at .90 and alpha at .05 level of confidence (XLSTAT v. 2017).

<div align="center">**Planning and Procedures**</div>

Planning

In May of 2019, the topic was chosen and approved by AHU faculty. A review of the
literature was done to understand all aspects of the problem, to ensure that a need for the
scholarly project existed, and to identify the most logical methodology to address the problem.
From June to July 2019, the project committee was formed, and several key stakeholders were
identified, and interviewed. The project committee is as followed: Manuel Tolosa DNAP,
CRNA, project chair; Mignon Nielson MSNA, CRNA, project mentor; and Rose Pignataro PT,
Ph.D., DPT, CWS, project reviewer. The key stakeholders that were identified were as follows:
FANA board of director Mignon Nielson, 2018-2019 FANA president Dr. Johanna Newman,
2019-2020 FANA president Dr. Jose Castillo, FANA business manager Melanie Dixon, and
statistician Dr. Roy Lukman. They were presented with the project topic and goals. They were
intrigued by the topic and wanted to help.

There were multiple interviews and meetings held with the project committee and
stakeholders throughout the planning phase. Their input and help led to the development of the
data collection tool, consent form, and methodology during the months of August through
November of 2019. The scholarly project was submitted to AHU IRB in November 2019. After
several revisions, final approval was gained in March of 2020. This was largely due to the
important roles the project committee and stakeholders filled. These roles included developing
applicable survey questions, providing expertise on the subject, assistance with data analysis,
providing a means to distribute the survey, and assistance with meeting the budget.

The cost of distribution of the survey through SurveyMonkey was covered by FANA. All other costs are the responsibility of the scholarly project team. These fees included material for poster board or online presentation, editing services, and incentives for survey participants. A grant was awarded in the amount of 1,230 dollars from the AdventHealth research department to assist with these fees (Appendix E).

Implementation

The implementation phase was the deployment of the online survey. The survey was developed during September and October of 2019. After IRB approval, the survey was emailed to the FANA business manager for deployment. All aspects with Survey Monkey and survey deployment were handled by the FANA business manager to protect any identifying information. Before the deployment, the survey underwent pilot testing by the project committee to look for any mistakes and ensure all aspects of the survey were working properly. After the pilot testing, the survey was emailed out on April 1st, 2020 with the two-week reminder sent out on April 17th.

Data Analysis

After the survey ended on April 30th, the initial de-identified data was received in June 2020. Due to a limitation that will be mentioned shortly, the final version of the data was received in August 2020. Data analysis was completed in November.

Barriers and Facilitators

Several barriers were identified throughout the scholarly project. One barrier was communicating throughout the entire process. It became very challenging keeping everyone involved and up to date over a long period of time. Scholarly Project Progress Reports were frequently sent to the project committee to ensure continued communication. COVID-19 was

also another barrier that had an unanticipated impact on the scholarly project. The facilitators of the scholarly project were the entire project committee and all the stakeholders.
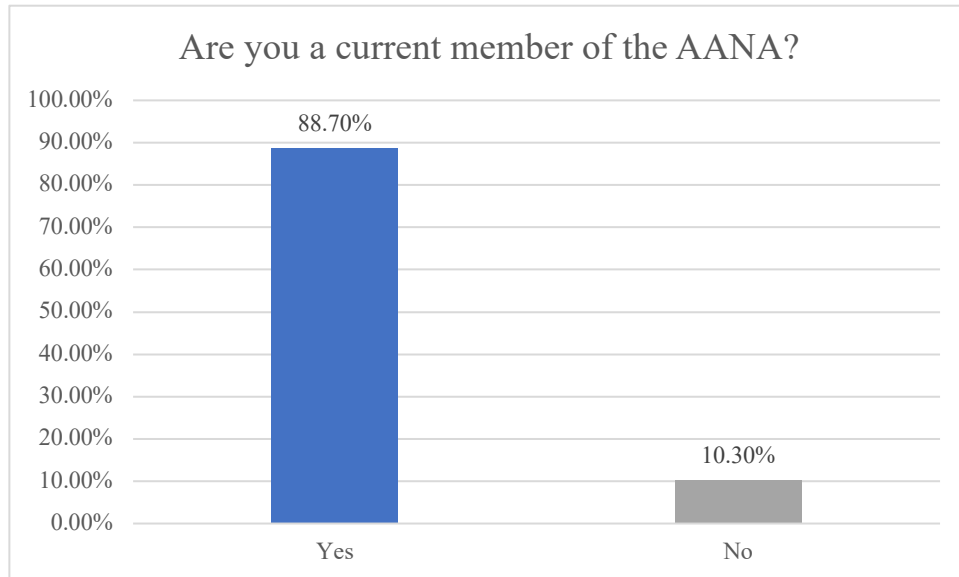
Project Timeline Variations

Several events caused the timeline to shift. IRB approval took longer than anticipated because several phases had to be revised before approval. The next event that caused a variation in the project timeline was receiving the final version of data. Other than those two events, the project timeline remained relatively unaffected (Appendix F).

Results and Findings

This section will address the results of the qualitative and quantitative data analysis. Qualitative data was collected through the use of several open-ended responses on several questions throughout the survey. An iterative narrative review was done seeking key words, concepts, and any emergent themes. The majority of the online survey collected quantitative data that were analyzed using SPSS Statistics for Windows, version 21.0.

Final Sample

FANA sent out the survey to 6,200 to recipients and a total of 237 participants submitted a survey for a response rate of 3.82%. There were 11 (4.64%) incomplete responses that were removed from the data set. An additional 13 (5.48%) responses were also removed because they were identified by FANA as a student registered nurse anesthetist (SRNA) or could not be identified. This left a final sample size of 213 responses. Out of the 213 respondents, 88.7% (n = 189) were members, 10.3% (n = 22) were nonmember, and 0.09% (n = 2) did not answer the question. This is presented in Figure 1.

Figure 1. Percentage of Florida CRNA memberships.

Demographics

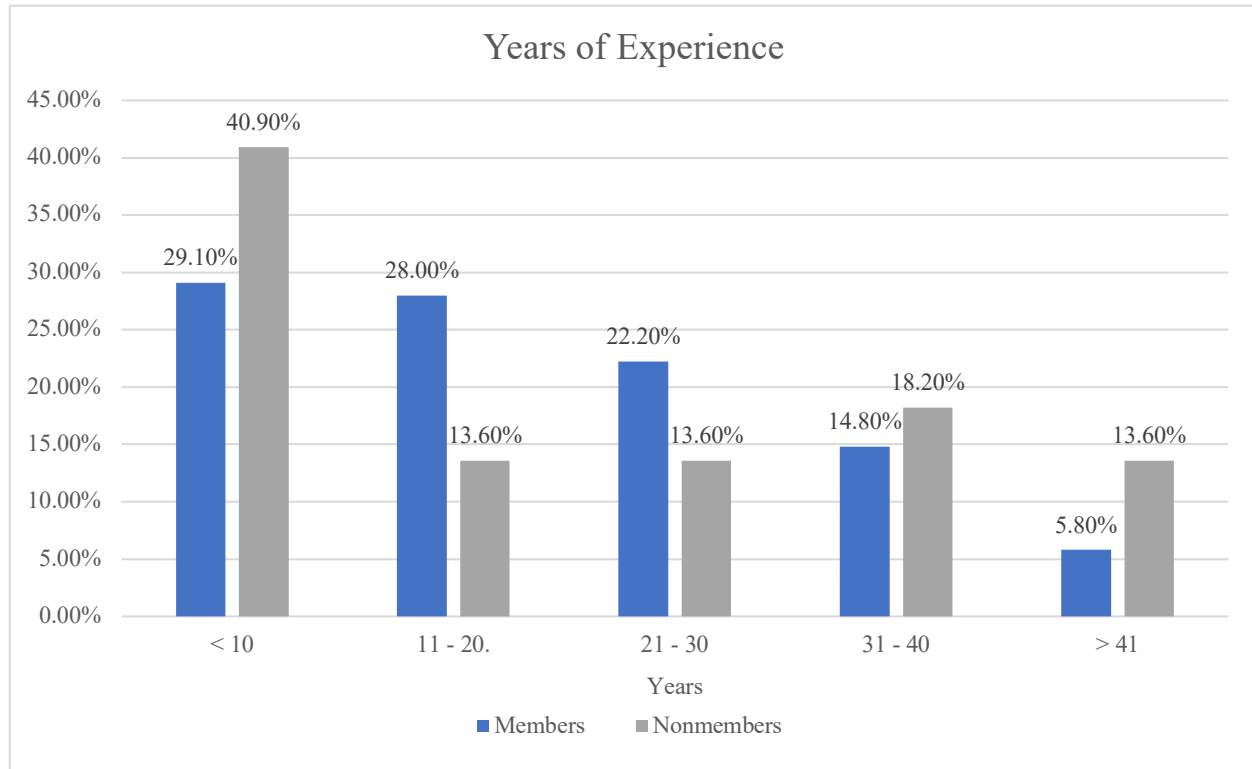Demographic data included gender, years of experience, age, education level, and the state they completed their nurse anesthesia training. There were 121 female respondents with 88.4% (n = 107) being members and 11.6% (n = 14) were nonmembers. There were a total of 88 male respondents with 90.9% (n = 80) being members and 9.1% (n = 8) were nonmembers. This is presented in Figure 2.

Figure 2. Percentage of male and female memberships in the state of Florida.

The data for years of experience for members are as follows: 29.1% (n = 55) have 10 years or less of experience, 28% (n = 53) have 11 to 20 years of experience, 22.2% (n = 42) have 21 to 30 years of experience, 14.8% (n = 28) have 31 to 40 years of experience, and 5.8% (n = 11) have 41 or more years of experience. This is shown in Figure 3.

The data for years of experience for nonmembers are as follows: 40.9% (n = 9) have 10 years or less of experience, 13.6% (n = 3) have 11 to 20 years of experience, 13.6% (n = 3) have 21 to 30 years of experience, 18.2% (n = 4) have 31 to 40 years of experience, and 13.6% (n = 3) have 41 or more years of experience. This is presented in Figure 3.

Figure 3. Percentage of Florida CRNA members and nonmembers by years of experience.

There was a total of 42 respondents that obtained a doctoral degree, of those 92.9% (n = 39) are members and 7.1% (n = 3) are nonmembers. 137 of the respondents obtained a master's degree, of those 89.8% (n = 123) are members and 10.2% (n = 14) are nonmembers. 21 of the respondents have a bachelor's degree, 85.7% (n = 18) are members and 14.3% (n = 3) are nonmembers. There were 11 total respondents that obtained a certificate degree, 81.8% (n = 9) were members and 18.2% (n = 2) are nonmembers. This is presented in Figure 4.

Figure 4. Level of education completed by Florida CRNAs.

Quantitative Data

Due to the great discrepancy between the member and nonmember group sizes, statistical

test comparing the two groups were not plausible. The quantitative data received was used for

descriptive analysis to compare group summaries and trends among members and nonmembers.

There were several results found in the data to highlight influential factors associated with

membership within AANA.

Each participant was asked to choose the top three factors out of 10 choices that would

influence their decision to join the AANA. The most frequent choices were the promotion of the

profession (n = 128), getting continuing education units (n = 80), and personal professional

development (n = 71). Presented in Figure 5.

What factors influence your decision to join the AANA?

Legend:
- Promotion of the profession
- Getting continuing education units
- Personal professional development
- Sense of belonging to an organization
- Support recieved from organization
- Professional networking opportunities
- Other

Values: 120, 80, 71, 61, 56, 54, 26
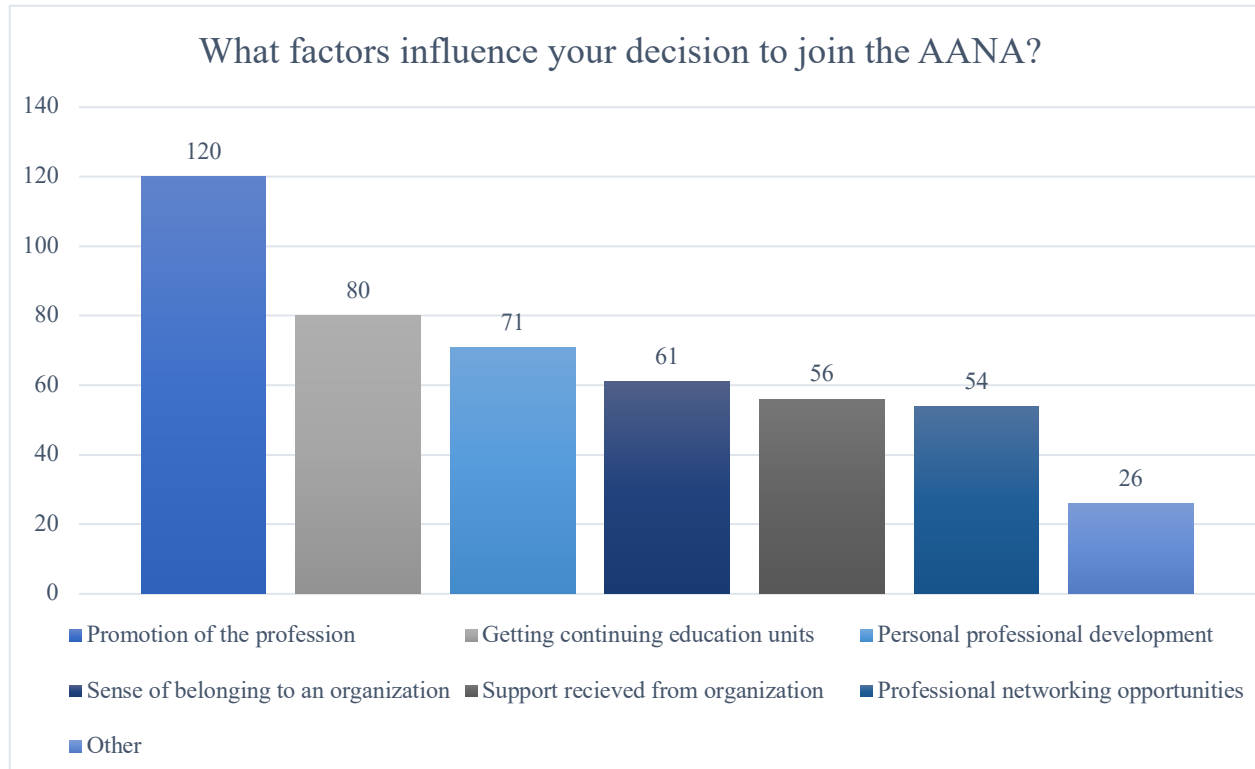
Figure 5. Factors that influenced Florida CRNAs decision to join the AANA.

Nonmembers were asked about their top three factors that influenced their decision not to join. The most frequently chosen answers were the cost of membership (n = 14), poor value for the cost of membership (n = 11) and disagreement with AANA policies and positions (n = 8). This is shown in Figure 6.

Figure 6. Factors that influence Florida CRNAs NOT to join the AANA.

The data also showed 12.2% (n = 26) of members were not aware that being a member of the AANA made them a member of FANA. For the participants that were aware, the data did not show any outliers for potential barriers or determinants that influence membership.

Participants were also given the opportunity the choose the main source of where they received information and education about the AANA. The most frequent choices were AANA Journal/articles with 39.3% (n = 83) and social media platforms with 31.8% (n = 67). This is presented in Figure 7.

I learn the majority of information about the AANA from

Source	Percentage
Anesthesia school	6.10%
AANA conference/meetings	13.10%
AANA journal/articles	39%
Peers/ colleagues/ workplace	9.40%
Social media platforms	31.50%

Figure 7. Source of information regarding the AANA.

Each member (n = 189) was asked to rate how satisfied they were with their AANA membership on a 4-point Likert Scale (4 = strongly agree, 1 = strongly disagree). The results yielded an average of 3.09. This is displayed in figure 8. When asked if they were planning to renew their membership, 89.2% (n= 165) selected yes, 2.2% (n = 4) selected no, and 8.6% (n = 16) selected undecided.

Figure 8. Florida CRNAs Membership satisfaction.

Qualitative analysis

There was a total of five open-ended questions throughout the survey that allowed for an iterative narrative review to be conducted. These questions allowed the participants to choose the answers listed or to fill in additional answers to the questions given. The themes that were identified included benefits that members are dissatisfied with, additional factors that influence Florida CRNAs to join the AANA, and factors that influence Florida CRNAs to not join the AANA.

Benefits that members are dissatisfied with. The first theme that emerged frequently was issues surrounding the National Board of Certification & Recertification for Nurse Anesthetists (NBCRNA). Participants were given the option to type in additional benefits they were

dissatisfied with. The most frequent response was that most members were not dissatisfied with

any of the benefits. Other responses included continuing education units

(CEU) tracking, and insurance. A subtheme that emerged quite frequently was issues with the

NBCRNA. While it is not a benefit, several of the members identified dissatisfaction with the

NBCRNA Continued Professional Certification (CPC) program for continued certification. Some

of the quotes included "recertification changes," "having to retake boards," "allowing NBCRNA

to take over certification," "CPC exam," and "keeping informed about retaking boards & re-

education to prepare." Some responses showed dissatisfaction with support from AANA about

the NBCRNA. This was identified by comments such as "disagree with NBCRNA. No support

by AANA" and "the AANA/FANA has not stood up for CRNAs against the draconian

NBCRNA CPC requirements."

Additional factors that influence Florida CRNAs to join the AANA. Several responses

emerged frequently by members. The most frequent was continuing education units (CEUs). The

theme of political advocacy was identified as a re-occurring response by members. Some of the

comments included "political advocacy," "to support our voice as CRNAs," and "most

importantly by far, I'm a contributing donor to the AANA & FANA PAC." It is also very

intriguing to see this answer typed in several times considering the other option that members

were given to choose from. For example, members had the options to choose personal

professional development and promotion of the profession. These were two of the top three

answers chosen and could be associated with political advocacy. However, members purposely

decided to take the time to type in those additional responses.

Factors that influence Florida CRNAs to not join the AANA. Out of the 22 nonmember

participants, five typed in additional responses. Three of those responses addressed

dissatisfaction with support from AANA and/or with the NBCRNA. This was identified with

comments such as "disagree with NBCRNA. No support by AANA" and "the AANA/FANA has

not stood up for CRNAs against the draconian NBCRNA CPC requirements." One nonmember

wrote, "Not standing up for membership, delving into politics, ignoring opinions of

membership." The other responses were issues related to retirement and CEUs.

Discussion and Implications

The AANA is the largest professional organization for the nurse anesthesia profession

that provides many benefits to its members and is very influential in the growth of the profession

by providing a collective voice for CRNAs. The AANA national data showed that membership

percentages within the AANA have decreased over the last ten years (AANA, 2018). This is very

concerning because membership within the AANA is what helps sustain the professional

organization. Of special interest was Florida, which happens to be one of the states with the

highest nonmember percentages. The purpose of the scholarly project was to examine the factors

that influence decision making regarding membership within the AANA among Florida's

licensed nurse anesthetists. Seven objectives were developed to aid in meeting the purpose of the

scholarly project.

Key Findings

Several key findings were discovered during the process of meeting the objectives. The

first objective was to perform a qualitative evaluation to explore the influencing factors among

licensed nurse anesthetists practicing within the state of Florida that impact membership and

non-membership in Nurse Anesthesia professional organizations. Performing the qualitative

evaluation revealed several important factors that impact membership decision making. The first

factor was issues that revolved around the NBCRNA. Several participants indicated they were

displeased with the support the AANA provides to NBCRNA and their new CPC requirements. Those findings are even more powerful if it is considered that both members and nonmembers made it a point to show their dissatisfaction by taking the extra time to type in additional responses to communicate those concerns. CEUs were also another important factor that emerged in this study, as participants had varying views regarding CEUs. Some participants listed CEUs as a benefit they were dissatisfied with. On the other hand, many participants listed it as a factor that influenced their decision to join the AANA/FANA.

The second objective was to determine the self-reported incidence of membership and non-membership among the participants. Among respondents, 88.7% were members and only 10.3% were nonmembers. When comparing these numbers to the actual population of CRNAs, it is a very large difference that created a statement in itself. It gives the impression that the nonmembers do not want to even engage with a subject related to the AANA/FANA. In addition, due to the low response rate by the nonmembers, objectives five and six of determining if any significant relationship existed between the two groups was not possible, which further highlighted the impression of nonmember disengagement.

The third objective was to examine demographic and descriptive data regarding to determine what factors are determinants to membership among licensed nurse anesthetists practicing in the state of Florida. The fourth objective was examining demographic and descriptive data to determine which factors are barriers. These two objectives revealed several factors that are important to discuss. Two of the demographic variables showed a trend that could lead to a significant relationship with more nonmember participants. The trend suggested that Florida CRNAs with less than 10 years of experience were least likely to be members. The other demographic variable that displayed a trend was education level. The data suggested that as

education level increases, membership percentages increase, and non-membership percentages decrease.

Another key finding was observed during examination of the data about where the participants learned the majority of information about the AANA. AANA journals/articles (39%) and social media platforms (31.5%) were the most frequently selected answers. The key finding was that anesthesia school was the least frequent answer with only 6.1% of participants selecting that option. Social media platforms are not the most reliable source of education, and it is concerning that this option dominated such a higher number of responses compared to anesthesia school. The fact that 12.2% of the Florida CRNAs participants did not know that being a member of the AANA made them an automatic member of FANA, a very basic concept, suggests that education about the AANA/FANA may be a major influencing factor that affects decision making.

The other key finding that was observed correlated with what was discovered during the literature review. The data revealed the "Promotion of the Profession" was the most frequent choice selected by members as a factor that influenced their decision to join the AANA. For nonmembers, the most frequent answer selected for not joining the AANA was "Cost of Membership."

Implications to Practice, Education, Policy, and Research

Due to the nature of the scholarly project, identifying implications for practice standards or policy change was not the purpose. The implications that were identified relate to education and research.

Research implications. The scholarly project revealed that declining membership within the AANA is an important matter that needs to be researched and understood. Due to the low

response rate seen from nonmembers, it is hard to gain a complete understanding of the entire issue. Replicating the study with additional efforts of recruiting a larger number of nonmembers participants is highly recommended. Incorporating phone interviews and social media recruitment strategies as part of the methodology could increase the number of nonmembers' responses to make the results more conclusive.

Educational implications. Even though a low response rate from nonmembers hindered the ability to make statistically significant statements, there was still a lot of information gained that can address the declining membership percentages within the AANA for Florida CRNAs. Dissatisfaction with the new NBCRNA CPC recertification requirements, cost of membership, and education were identified as barriers to membership. Further research on the benefits of CPC recertification and its contribution to professional growth and promotion is highly encouraged. The data also suggest that lack of education about the AANA is contributing to not only dissatisfaction about membership but could also be leading to higher nonmember percentages. The results showed that anesthesia schools provided the least amount of education regarding the AANA when compared to other avenues, including social media. In addition, the higher nonmember percentage of CRNAs that have less than 10 years of experience further justifies an idea that social media could be having a negative impact on education. A recommendation to increase AANA education and participation in schools is suggested. A recommendation to FANA leadership is to develop some type of education module or program and work with anesthesia programs to identify a good time and way to incorporate that education early on throughout an SRNAs educational journey. Considering SRNAs in the state of Florida are required to be members, this would allow them to better understand where their money is going and gain an education about the AANA from a reputable source.

Limitations

There were several limitations discovered throughout the project. It was anticipated that a low response rate would be a potential limitation and several methods were developed to increase response rates. However, after the data were collected, it was discovered that a low response rate from specifically the nonmembers was a limitation. This prevented statistical comparisons of the two groups. There was also the risk for response bias because the type of recruitment strategy used was an email. Only Florida CRNAs with an active email on file with the NBCRNA would have received the recruitment email. Another limitation was discovered after the delivery of the survey. The survey was intended for CRNAs only. However, student registered nurse anesthetists (SRNAs) also received the link to the survey with the ability to submit a response. Several efforts were taken to mitigate this limitation. First, the business manager for FANA attempted to isolate and exclude responses submitted by SRNAs. Secondly, the project committee used the question that assessed years of CRNA experience to isolate SRNAs that counted years of schooling as experience. All respondents that had three or less years of experience were individually identified and verified by the business manager to ensure they were CRNAs.

The COVID-19 pandemic was also an unexpected limitation. The survey was released in April, which was very early during the pandemic when there was so much uncertainty and fear circulating about the virus. One noticeable effect it had was that it slowed down communication between everyone involved with the project. However, it is almost impossible to understand how this may have truly impacted the scholarly project.

Conclusion

The AANA provides a crucial role within the CRNA profession and understanding why membership percentages are declining is important. The outcome of this scholarly project revealed several important key findings of influencing factors related to membership within the AANA. The major determinants that influence membership that were identified include benefits of CEUs, political advocacy, and professional development. The major barriers to membership that were identified include the cost of membership, issues surrounding NBCRNA CPC requirements, and overall lack of education about the AANA. This scholarly project also identified limitations that researchers can learn from and avoid for future efforts. Although future research is needed, the results of this scholarly project can be very impactful for anyone invested in the profession.

Dissemination Plan

The scholarly project was disseminated to AHU as a module through an asynchronous course on Canvas. The Canvas module included a voiceover PowerPoint presentation, scholarly project poster, tools used during project, and a completed reference list. All AHU faculty and students was granted access to the module to view and ask questions within a chat specific to the scholarly project group. In addition, an executive summary that presents the scholarly project's critical aspects was be sent to the project site director and FANA stakeholders. Lastly, with the help of an editing service the final scholarly project paper was edited to meet the criteria to submit for publication.

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Appendix A: Matrix Tables

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Purpose	**Variables**	**Setting/Subjects**	**Measurement and Instruments**	**Results**	**Evidence Quality**
Study One: Aim to identify the factors impacting membership and non-membership of nurses in nursing associations in Iran. **Study Two**: Aim to develop new strategies to increase and sustain CRNA membership in AANA.	**Study One**: *Independent variables:* The participants of the study & 3 key interview questions. *Dependent Variable:* The results of the data analysis **Study Two**: *Independent variables:* 10 directors of CRNA programs were selected and asked 6 questions.	**Study One**: *Setting*: Interviews were conducted in the nurses' wards of teaching hospitals in an urban area in Iran. *Subjects*: Using a purposive sampling procedure, 14 (10 female & 4 male) working RN with bachelor or master's degrees selected from different wards.	**Study One**: Data was performed using a face to face interview, duration varied b/w 30-50 mins. **Study Two**: Program directors were selected based on percentage (high & low) of graduates who were AANA members as of 2014. 6 questions were asked about student socialization.	**Study One**: The results of the data led to the identification of 3 categories: defending nurses right, professional obligations and organizational power. **Study Two**: Younger professional associations did not join b/c they did not value association membership, never told of association & did not know their employers provided funds to cover cost dues.	**Study One**: Methodological flaws: None Inconsistency: Uneven members to non-members ratio. Indirectness: None Imprecision: small sample size of 14 nurses Publication bias: None **Study Two**: Methodological flaws: Lack of literature regarding CRNA influence in professional organization. Inconsistency: None Indirectness: None Imprecision: None Publication bias: None
Design				**Implications**	
Study One: A qualitative design using a content analysis approach. **Study Two**: A translational research project	*Dependent Variable:* The answers to the questions being asked.	**Study Two**: *Setting*: Telephone interview to discuss how SRNAs learned about AANA & encouraged to join after program completion. *Subjects*: 10 directors of US graduate CRNA programs.		**Study One**: Recognizing mutual expectations of professional associations and their members play an important role in expanding cooperation & increasing professional strength. **Study Two**:(1) payment option for CRNAs & SRNAs, (2) positive peer influences, (3) financial support for SRNA to attain meetings.	

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Ki, E., & Wang, Y. (2016). Membership benefits matter. *Nonprofit Management and Leadership, 27*(2), 199-217. http://dx.doi.org/10.1002/nml.21230

Purpose	Variables	Setting/Subjects	Measurement and Instruments	Results	Evidence Quality
Study One: Aim to examine Irish dental association (IDA) members' views, & to identify changes that might enhance member engagement. **Study Two**: To assess meaningful answers pertaining to their decisions to join and/or renew their memberships in their respective organization.	**Study One**: *Independent variables:* Number of emailed survey & survey questions *Dependent Variable:* Survey responses **Study Two**: *Independent variables:* The members of 18 different organizations.	**Study One**: *Setting*: An electronic survey was sent by email survey. Focus group carried out at IDA house. *Subjects*: 240 survey participants. 128 male, 79 female, & 33 did not report gender.	**Study One**: Researchers created a web link using "survey monkey" Survey analyzed using SPSS software. PCA, Pearson's r correlations, a one-way non-repeated ANOVS, and a series of independent t-test were carried out. **Study Two**: Evaluate a Dataset from ASAE collected from October to December 2011 to determine organizations	**Study One**: Key barriers included communication, family commitments, & time spent is unproductive. **Study Two**: Members' perceptions of personal and professional benefit were the most important factors to remain/renew/join.	**Study One**: Methodological flaws: None Inconsistency: None Indirectness: Did not include actual survey & number of questions used for study. Imprecision: None Publication bias: None
Design **Study One**: A self-report questionnaire following an analysis of interviews and a focus group with members. **Study Two**: Correlational cross-sectional analysis	*Dependent Variable:* Professional benefit, personal benefit, membership satisfaction, and members behavioral intention from the members of 18 different organizations	**Study Two**: *Settings:* ASAE database composed of existing members of 18 different organizations. *Subjects:* A total of 120,540 were invited to complete a survey, 13,299 responded.	that would allow information about their members to send surveys to	**Implications** **Study One**: Loyal & satisfied members were more positive. IDA should address communication barriers to increase member engagement. **Study Two**: Understand factors influencing members behavior toward professional organizations	**Study Two**: Methodological flaws: No blinding Inconsistency: Did not analyze negative behavioral intentions Indirectness: None Imprecision: None Publication bias: None

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Purpose	Variables	Setting/Subjects	Measurement and Instruments	Results	Evidence Quality
Study One: To assess the barriers of APRNs with political advocacy, organizational barriers, barriers to practice through the use of survey **Study Two**: Aim of the study was to determine motivators & deterrents impacting a student pharmacist's decision to join professional organization.	**Study One**: *Independent variables:* Florida APRNs, which include NPs, CRNAs, Nurse Midwives, Clinical nurse specialists *Dependent Variable:* Florida's APRNs perceptions on coalition, practice needs, legislative issues, and political activism. **Study Two**: *Independent variables:* 18 schools chosen to participant. Electronic survey used and 9 questions were asked. *Dependent Variable:* Number of students who completed the survey & results.	**Study One**: *Settings:* This study sent out online surveys to all Florida APRNS with valid email address and posted links on nursing organization pages and *Subjects:* 884 APRNs respondents **Study Two**: *Setting*: 18 pharmacy schools in states of Illinois, Indiana, Kentucky, Ohio, Michigan, and Wisconsin. *Subjects*: 856 students completed survey.	**Study One**: Online Zoomerang survey sent out via emails and posted on multiple nursing organization websites. Surveys were analyzed using SPSS statistics 19 **Study Two**: Students received a link to an electronic survey. Herzberg motivation-hygiene theory using a Likert-type scale was used for survey. Used chi-square test for statistical analysis.	**Study One**: 23% said they were politically active to address barriers to practice. APRNS were likely to be older than 50 years old with a doctorate. Inability to prescribe controlled substances was number 1 barrier. **Study Two**: Professional development & networking were top endorsed motivational factors significant by 88% & 87.5%. Time required & cost were hindering factors with 78% & 76%.	**Study One**: Methodological flaws: The survey was not tested for validity or reliability Inconsistency: Participants were limited to those with an email address Indirectness: None Imprecision: Survey was anonymous, the survey could have completed more than once by same person. **Study Two**: Methodological flaws: None Inconsistency: None Indirectness: None Imprecision: None Publication bias: None
Design **Study One**: Qualitative analysis survey **Study Two**: A qualitative study			**Implications** **Study One**: High educational levels and involvement in professional organizations are associated **Study Two**: Active members find greater significance in networking involvement opportunities. Non-members found scholarships more motivating.		

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Purpose	Variables	Setting/Subjects	Measurement and Instruments	Results	Evidence Quality
Study One: Aim of the study was to determine the impact of CRNA advocacy education & students' professional involvement. **Study Two**: Factors that affect occupational therapists' decisions to join, renew, withdraw from, or never join their state association.	**Study One**: *Independent variables:* Two surveys: One for students & one for administrators sent to 12 Pennsylvania CRNA programs. *Dependent Variable:* Survey response **Study Two**: *Independent variables:* 497 Occupational therapists in Michigan *Dependent Variable:* survey responses from the Occupational therapists.	**Study One**: *Setting*: 12 schools in Pennsylvania *Subjects*: 94 senior SRNAs who completed 1 year of school & 6 program administrators **Study Two**: *Setting*: Mail Survey sent *Subjects:* Survey was sent to 1,908 occupational therapists in Michigan and 497 (26%) were returned and usable	**Study One**: A 7-step process by the Association for Medical Education in Europe (AMEE) for survey design. Pearson r calculations were conducted to look for correlations between survey response. **Study Two**: Survey was sent to individual therapists at their place of residence or employment depending on contact information. Participants were asked to complete a 29-item questionnaire that entered the results into a SPSS version 14.0 and analyzed quantitatively.	**Study One**: Results show a strong positive correlation between advocacy education in CRNA programs & student involvement (r=0.481, P=0.001). **Study Two**: The researcher found national association membership to be the greatest predictor of state association membership in the current study. **Implications** **Study One**: Advocacy education and professional development activities are incorporated in Nurse Anesthesia programs. Recently revised my COA. **Study Two**: Allows for examination of factors that affect occupational therapists' decisions to join a professional organization.	**Study One**: Methodological flaws: Did not use a previous validated survey Inconsistency: none Indirectness: small sample of program administrators' responses. Imprecision: Publication bias: none **Study Two**: Methodological flaws: Did not discuss limitations of study Inconsistency: None Indirectness: None Imprecision: None Publication bias: None
Design					
Study One: A qualitative study **Study Two**: Mixed methods design consisting of a survey that included quantitative questions and a qualitative question. Cross-sectional exploratory survey.					

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Purpose	Variables	Setting/Subjects	Measurement and Instruments	Results	Evidence Quality
Study One: This study was to understand the barriers in membership and identify positive changes that will increase membership and retain members	**Study One**: *Independent variables:* 150 advanced practice registered nurses. *Dependent Variable:* Responses to the questionnaire from the APRNs	**Study One**: *Settings:* The PAMQ was administered online *Subjects:* 150 advanced practice registered nurses who are nonmembers or past members of a professional organization.	**Study One**: Statistical analysis included mean scores for each of the PAMQ's 34 questions with groupings by benefits and barriers using a 7-point Likert- type scale	**Study One**: 71% participants ranked continuing education as the most important benefit when considering joining a professional organization	**Study One**: Methodological flaws: Limited sample size Inconsistency: Some questions were not answered Indirectness: None
Study Two: This research study aimed to identify some of the factors and motivations in Welsh Institute of Chiropractic (WIOC) Alumni regarding their decision to join (or not) a UK chiropractic professional association	**Study Two**: *Independent variables:* Welsh Institute of Chiropractic (WIOC) Alumni *Dependent Variable:* Responses to the questions sent to the alumni.	**Study Two**: *Settings:* An online survey instrument on the WIOC Alumni Facebook group. *Subjects:* 148 chiropractic professional organization member respondents.	**Study Two**: The survey instrument was developed by the authors using previously implemented instruments and published literature. The survey was Comprised of 23 question, 2 were optional. x Results were downloaded from BOS directly into SPSS (version 22, IBM) for statistical analysis.	**Study Two**: Some of the reasons for not renewing/joining organizations were cost, perceived benefit, dis-agreed with aspects of promotion of the profession, identity, lack of support.	Imprecision: Survey could have been completed multiple times by same person. Publication bias: None **Study Two**: Methodological flaws: Survey Instrument was not validated. Inconsistency: None Indirectness: None
Design				**Implications**	Imprecision: Some members of the Facebook page were not alumni
Study One: A quantitative descriptive design **Study Two**: Qualitative analysis survey				**Study One**: Assess the barriers to APRNs participating in a specific professional organization. **Study Two**: Knowledge of motivations for membership can help UK chiropractic associations engage more efficiently.	Publication bias: None

Appendix B: Recruitment Email

SRNA Doctoral Scholarly Project

Dear Certified Registered Nurse Anesthetists,

Our names are David and Jissel Samons and we are Graduate level Student Registered Nurse Anesthetists (SRNAs) at AdventHealth University (AHU). We need your help as part of our doctoral scholarly project!

The purpose of the doctoral scholarly project is to examine the factors that influence decision making regarding professional association membership among Florida's licensed Nurse Anesthetists. A secondary aim is to delineate the barriers and determinants to licensed Nurse Anesthetists residing in the state of Florida to becoming or remaining members of their national and state professional organizations.

We've developed a short survey that takes approximately 15 minutes to complete. Upon completion of the survey, you will be entered into a raffle for a chance to win a $50 Amazon gift card. There will be a total of ten gift cards in the drawing!

To participate in the survey, please click here

A very special thanks for your time and feedback!

If you have any questions about the doctoral scholarly project, please feel free to contact the primary investigator:

Principal Investigator, Manuel Tolosa, DNAP, CRNA
Manuel.tolosa@ahu.edu
(407) 303-9331

AdventHealth University
Research Office
671 Winyah Drive
Orlando, FL 32803
AHU.Research.Office@ahu.edu

Two-Week Reminder Email

AdventHealth UNIVERSITY

FANA
Florida Association of Nurse Anesthetists

SRNA Doctoral Scholarly Project

Dear Certified Registered Nurse Anesthetists,

This is a courtesy reminder to complete our online survey. There is only 2 weeks left!

Our names are David and Jissel Samons and we are Graduate level Student Registered Nurse Anesthetists (SRNAs) at AdventHealth University (AHU). We need your help as part of our doctoral scholarly project!

The purpose of our doctoral scholarly project is to examine the factors that influence decision making regarding professional association membership among Florida's licensed nurse anesthetists. A secondary aim will be to delineate the barriers and determinants to licensed nurse anesthetists residing in the state of Florida to becoming or remaining members of their national and state professional organizations.

We've developed a short survey that takes approximately 15 minutes to complete. Complete the survey and you will be entered in a raffle for a chance to win a $50 Amazon gift cards. 10 gift cards will be raffled out in total!

To participate in the survey, please [click here](#).

A very special thanks for your time and feedback!

If you have any questions about our doctoral scholarly project, please feel free to contact the primary investigator.

Principal Investigator, Manuel Tolosa, DNAP, CRNA
Manuel.tolosa@ahu.edu
(407) 303-9331

AdventHealth UNIVERSITY

AdventHealth University
Research Office
671 Winyah Drive
Orlando, FL 32803
AHU.Research.Office@ahu.edu

Appendix C: Informed Consent

Study Title: Barriers and Determinants that Influence Membership in the American Association of Nurse Anesthetists

Principal Investigator (PI):

Manuel Tolosa DNAP, CRNA

Co-investigator(s) (Co-Is):

David Samons RN, BSN, DNAP Candidate

Jissel Samons RN, BSN, DNAP Candidate

Dear CRNAs:
You are invited to participate in a scholarly project titled "Barriers and Determinants that Influence Professional Association Membership". This scholarly project is being conducted by David Samons and Jissel Samons and their research committee from the Nurse Anesthesia Department at AdventHealth University.

Purpose of the Study
The purpose of this scholarly project will be to examine the factors that influence decision making regarding professional association membership among Florida's licensed nurse anesthetists. A secondary aim will be to delineate the barriers and determinants to licensed nurse anesthetists residing in the state of Florida to becoming or remaining members of their national and state professional organizations.

Procedures
In this scholarly project, you will be asked to complete an electronic survey. The survey should take approximately 15 minutes to complete.

Confidentiality
The survey collects no identifying information of any respondent. All of the responses in the survey will be recorded anonymously.

Sharing the Results

No information that you shared with us will be presented with your name or any other identifying information. All information when presented is de-identified without any links to you and presented as group data.

Voluntary Participation
Your participation in this scholarly project is voluntary and you are free to withdraw your participation from this scholarly project at any time. There is no penalty should you choose not to participate or withdraw.

Possible Risks and Discomforts
This scholarly project has been approved by the Institutional Review Board of AdventHealth University. There are no risks associated with participating in this scholarly project. None of the researchers have any pertinent conflicts of interest to disclose. The survey collects no identifying information of any respondent. All of the responses in the survey will be recorded anonymously.

Information collected in this scholarly project may benefit the profession of anesthesia in the future by better understanding what factors influence membership participation in the American Association of Nurse Anesthetists.

The knowledge that we obtain from your participation will be used to create a research poster to share with nurse anesthesia students, shared at an academic or medical conference, or in publication. No information that you shared with us will be presented with your name or any other identifying information.

Compensation
As a small token of appreciation for your participation, you can choose to participate in a raffle to win one of ten $50 Amazon gift cards by entering your email address at the end of the survey.

Contact Information
If you have questions, concerns, or complaints regarding this study you may contact the Principal Investigator, Manuel Tolosa at (407) 303-9331. You may also email him/her at: Manuel.Tolosa@ahu.edu. You may also contact AHU research office at (407) 407-609-1388 or AHU.Research.Office@ahu.edu or the IRB Office at (407) 303-5619.

By completing and submitting this survey, you are indicating:
- Your consent to participate in the study.
- That you understand participation is voluntary and all data collected will be limited to the use disclosed above
- That your name and personal information are not being collected
- That you may withdraw from the study at any time without penalty

Your participation is appreciated.

Appendix D: Final Survey

Barriers and Determinants that Influence Professional Association Membership

Part 1: Demographics

1. Are you over the age of 18?

o Yes

o No

<mark>**(If respondent answers NO then survey will end)**</mark>

2. What is your gender?

o Female/Woman

o Male/Man

o Non-binary/third gender

 o Prefer not to respond

o Prefer to self-define (with a box to enter what they want) 3. How long have you been a CRNA?
_____ (in years)

4. What is your age (in years)? _____ (in years)

5. What is your highest level of education completed?

o Doctorates

o Masters

o Bachelors

o Certificate

o Other (specify): _____

6. In what state did you complete your Nurse Anesthesia Education? Fill in the blank:
_____ (ex: Florida)

Part 2:

7. Please review each statement and indicate your opinion using the scale provided.

	Strongly Disagree	Disagree	Agree	Strongly Agree
I am aware of what the AANA does for Nurse Anesthesia profession.	o	o	o	o
The AANA is dedicated to my professional development as a CRNA.	o	o	o	o
I am satisfied with the educational opportunities provided by the AANA	o	o	o	o
I am satisfied with how the AANA advocates at the federal level for the nurse anesthesia profession	o	o	o	o

8. My nurse anesthesia educational program educated me on the function, role, purpose and benefits of being a member of the AANA.

o Strongly Disagree
o Disagree
o Agree
o Strongly Agree

9. The cost of AANA dues for membership is worth the investment.
o Strongly Disagree
o Disagree
o Agree
o Strongly Agree

10. Were you aware that being a member of the AANA means you are automatically a member of Florida Association of Nurse Anesthetists (FANA)?
o Yes o No
<mark>Skip Logic question, If the answer to question #10 is NO, then skip to question 12</mark>

11. Please review each statement and indicate your opinion using the scale provided.

	Strongly Disagree	Disagree	Agree	Strongly Agree
I am aware of the role FANA plays in the nurse anesthesia profession at the state level.	o	o	o	o
The FANA is dedicated to my professional development as a CRNA.	o	o	o	o
I am satisfied with the educational opportunities provided by the FANA	o	o	o	o
I am satisfied with how the FANA advocates for the nurse anesthesia profession.	o	o	o	o

12. I learn the majority of information about the AANA from:
A. Social media platforms
B. Peers/colleagues/Workplace C. AANA journal/articles
C. AANA journal/articles
D. AANA conference/meetings
E. Anesthesia School

13. Does your employer provide compensation or reimbursement for AANA membership dues?
o Yes
o No
o Unsure

14. I feel valued by my professional organization (AANA).
o Strongly Disagree

o Disagree
o Agree
o Strongly Agree

15. I am aware of how my AANA membership dues are divided.
o Strongly Disagree
o Disagree
o Agree
o Strongly Agree

16. Are you a current member of the AANA?
o Yes
o No

INSERT SKIP LOGIC – If respondent answers NO to question 16, skip to question 22

17. Overall, I am satisfied with my AANA membership.
o Strongly Disagree
o Disagree
o Agree
o Strongly Agree

18. The following benefits are included with AANA membership. Please choose the top 3 that you are most satisfied with.
o Professional Advocacy
o Professional Practice Support
o Public Relations
o Publications and Resources
o Continuing Education
o Support for Nurse Anesthesia Education o Quality and Patient Safety
o Research
o Member Advantage Program
o AANA Insurance Services

19. The following benefits are included with AANA membership. Please choose the top 3 that you are most dissatisfied with.
o Professional Advocacy
o Professional Practice Support
o Public Relations
o Publications and Resources
o Continuing Education
o Support for Nurse Anesthesia Education
o Quality and Patient Safety
o Research
o Member Advantage Program

o AANA Insurance Services
o Others not mentioned (please specify) _____ (Fill in)

20. Are you planning to remain a member of the AANA in the upcoming year?
o Yes
o No
o Undecided

21. What factors influence your decision to join the AANA?
o Professional networking opportunities
o Support received from organization
o Personal professional development
o Promotion of the profession
o Sense of belonging to an organization
o Getting continuing education units (CEUs) o Other (please specify) _____ (Fill in)

<mark>Insert Skip Logic- Survey Ends for respondents that said YES to question 17</mark>

22. What factors influence your decision to not join the AANA? (Select all that apply)
o Cost of membership
o Lack of time
o Lack of Benefits
o Poor value for the cost of membership
o Poor service
o Disagree with AANA polices and positions o No reimbursement from employer
o Forgot to renew membership
o Other (please specify) _____ (Fill in)

Appendix E: Budget

Budget heading	Total budget allocated
	USD
Incentives for survey participants	$500
Publication Support Services	$855
Total	$1,355
Grant	-$1,230
Reminding total balance	= $125

Date March 10, 2020

Manuel Tolosa, DNAP
Department of Nurse Anesthesia

Dear Dr. Tolosa,

Congratulations! Your application for the Graduate Student Research Grant for your research entitled "Barriers and Determinants that Influence Membership in the American Association of Nurse Anesthetists," tracking number NAP14819, has been approved.

Your award will be available immediately in the amount of $1,230.00 for the gift cards and supplies listed in your budget. University policy stipulates that gift cards should only be purchased as needed and the investigators will need to substantiate the number purchased with the number given away. This documentation may be a list of gift card recipients with their initialed or signed first names (for anonymity) and date indicating gift card receipt.

Grants Management will provide tracking for this grant. All related purchases should be completed and signed according to the new iSynergy procedures. Any related expense reports must be brought to Ms. Mildred Prado in the Grants, Alumni, and Philanthropy Department for processing. For Amazon purchases, please forward your Amazon confirmation to Mildred Prado since these are made outside of the Hub. For any questions regarding the use of grant funds, please contact Mildred Prado.

Your grant will expire on 03/09/2021. Any unspent funds at that time will revert to the research fund unless a renewal application has been submitted (and subsequently approved) at least one month prior to your grant end date. Renewal applications must be submitted via the AHU Research website. A report on the research should be submitted to the Research Office within 15 months of grant funding.

We look forward to your successful completion of this exciting research and the subsequent dissemination and scholarly deliverables.

Sincerely,

Sandra Dunbar-Smalley

Sandra Dunbar-Smalley DPA, OTR/L, FAOTA
Provost

cc: Jissel Samons, Student Co-investigator
        David Samons, Student Co-investigator
        Leana Araujo, Ph.D., Research Officer
        Carol Bradfield, Ph.D., Director of Grants, Alumni, Philanthropy
        Mildred Prado, BA, Grants Manager

Appendix F: Timeline

Date of Completion	Planning	Pre-implementation	Implementation	Evaluation
5/17/19	Identify area of focus & developed PICO questions			
5/20/19	Discuss & refine idea with DNAP faculty			
5/24/19	Research articles & evaluate feasibility			
5/25/19	Developed Matric tables			
6/14/19	Interview key players			
6/15/19	Interview key players			
6/19/19	Phone meeting with key players			
6/29/19	Began writing literature review			
7/9/19	Updated key players			
7/31/19	Assigned committee members & project chair			
9/13/19		Began developing survey		
9/22/19		Fidelity outcome measures		
9/25/19	Meeting with project reviewer			
10/3/19		Work on instrumentation/survey		
10/6/19		Make revision to survey & informed consent		
10/6/19		Final draft of literature review & implementation		
10/10/19	Final proposal paper			

10/11/19	Meeting with project chair			
11/1/19	Meeting with statistician			
11/20/19	completed working document for IRB submission			
11/25/19		IRB submission		
1/23/20	Meeting with project chair			
1/24/20	Meeting with project mentor			
2/10/20		Create a data dictionary		
3/2/20		Make revision to methodology per IRB recommendation		
3/2/20		Resubmitted to IRB		
3/6/20		Received IRB approval		
3/30/20		Meeting with committee to execute survey launch		
4/1/20			Data collection: FANA launched online survey	
4/17/20			Data collection: FANA released 2-week reminder email to complete survey	
5/24/20			Initial Survey Results received from FANA	
6/8/20			Meeting with statistician for data analysis	

08/05/20			Final Survey Results received from FANA	
10/20				Begin final paper
11/20			Completed data analysis	
11/20				Work on final paper & poster board presentation
12/20				Project committee review final paper
3/2021				Project dissemination