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**PURPOSE:** Students in professional programs are influenced to participate in professional associations by faculty, which may have long-term implications for participation and membership. The purpose of this study is to describe the participation of Doctor of Physical of Therapy (DPT) students in the American Physical Therapy Association (APTA). **PROCEDURES:** Eighty randomly chosen DPT education program directors were asked to forward a survey link to their students. Twenty program directors agreed and 242 students completed the survey. **FINDINGS:** Over one-half of the respondents were required by their program to be an association member, with 43.7% holding a position and 45.7% reporting conference attendance. Students who were required to be members were equally likely to be involved. Students did not join specialty sections within the organization. **CONCLUSIONS:** Students are not taking advantage of all the benefits of membership. Requiring student membership does not influence participation in the professional association. *J Allied Health* 2015; 44(1):34–40.

**PROFESSIONAL ASSOCIATIONS** are a key element of recognition of an occupation as a profession and serve individual members by offering educational, career, and networking opportunities. Additionally, associations develop and maintain practice standards and a code of ethics, publish research, and influence public policy.<sup>1–3</sup> Some benefits, such as monetary discounts, written publications, and access to research, are more easily appreciated and tangible than others. Benefits that impact the profession as a whole include networking with colleagues, assuming a leadership position within the organization, fostering career development through specialization, advocating for the profession, and marketing to potential patients and clients.<sup>1</sup> The

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The authors declare no funding or conflict of interest related to this study.

RA1440—Received Apr 3, 2014; accepted Aug 4, 2014.

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benefits of membership for students are typically the same but may also include developing a student's professional identity and fostering professional socialization.

The American Physical Therapy Association (APTA) is the largest professional organization representing both practicing and student physical therapists and physical therapist assistants. The APTA advances the practice of physical therapy through research, education, and career development of its members. As in other health professions, the APTA has been challenged to maintain and increase its membership,<sup>4,5</sup> and they strive for membership growth by offering a wide variety of benefits to members.<sup>6</sup>

Numerous studies within the physical therapy profession and other disciplines have explored the factors that influence association membership. The cost of membership is consistently reported as a deterrent to becoming a professional association member.<sup>7–9</sup> Time commitments, work restraints, and family responsibilities are also reported as barriers to both becoming a member and maintaining membership over time.<sup>10,11</sup> Although factors influencing student membership are similar, studies specifically investigating student membership suggest that faculty members and clinic mentors strongly influence a student's decision.<sup>12–14</sup> Recent graduates of nursing programs reported class content and formal communication about the professional association were positive influences on becoming a member.<sup>14,15</sup> Further, in studies of nurses and social workers, early experiences with the professional association had a positive influence on future participation and on plans to participate.<sup>16,17</sup> In the APTA, student membership steadily increased over the past 8 years from 55% in 2007<sup>18</sup> to 71.19% in 2013.<sup>19</sup> Despite this promising membership trend, many discontinue their membership immediately after graduation or within the first 5 years of practice.<sup>6,8</sup> Overall approximately 29% of all licensed physical therapists are members of the APTA.<sup>20</sup>

While membership in a professional association is important, involvement is more important because it enables an individual to experience the culture of the profession and improves long-term membership.<sup>21</sup> Participation falls along a continuum from passive to extremely active.<sup>22,23</sup> Passive members pay dues and receive the benefits of the organization in a unidirec-

**TABLE 1.** Guiding Questions Used for Survey Creation

What are the demographics of student members?  
How do DPT students use their membership?  
Do DPT students serve on committees and boards?  
Do DPT students attend conferences?  
What member benefits do DPT students utilize?

tional exchange. In contrast, extremely active members participate and take on a variety of volunteer roles within the organization in a beneficial exchange between the individual and the organization. Through involvement in the profession, members generate new ideas, solve dilemmas, and plan for the future.<sup>10</sup> Involvement also allows members to network with colleagues, expand their knowledge, develop new skills, and promote the profession.<sup>10,13</sup> For students, involvement is an essential contributor to career development<sup>13</sup> and may be key to long-term membership.

Students are socialized into the profession as they progress through the curriculum,<sup>24,25</sup> but it is unclear if or how this is related to association membership. Previous studies suggest that educators play a role in the willingness of students to become members of their professional association.<sup>12,14,26</sup> Currently, there is limited information on student involvement in the APTA; however, positive experiences within an organization may lead to long-term membership.<sup>9</sup> The purpose of the current study was to describe the level and type of involvement of Doctor of Physical Therapy (DPT) student members of the APTA.

## Methods

An electronic survey was developed specifically for the current study using guidelines established by Portney and Watkins<sup>27</sup> and the electronic tool SurveyMonkey® (SurveyMonkey, Inc., Palo Alto, CA). The survey was designed to determine the current level and type of involvement of physical therapy students in the APTA. Five guiding questions served as the framework for the survey items (Table 1).

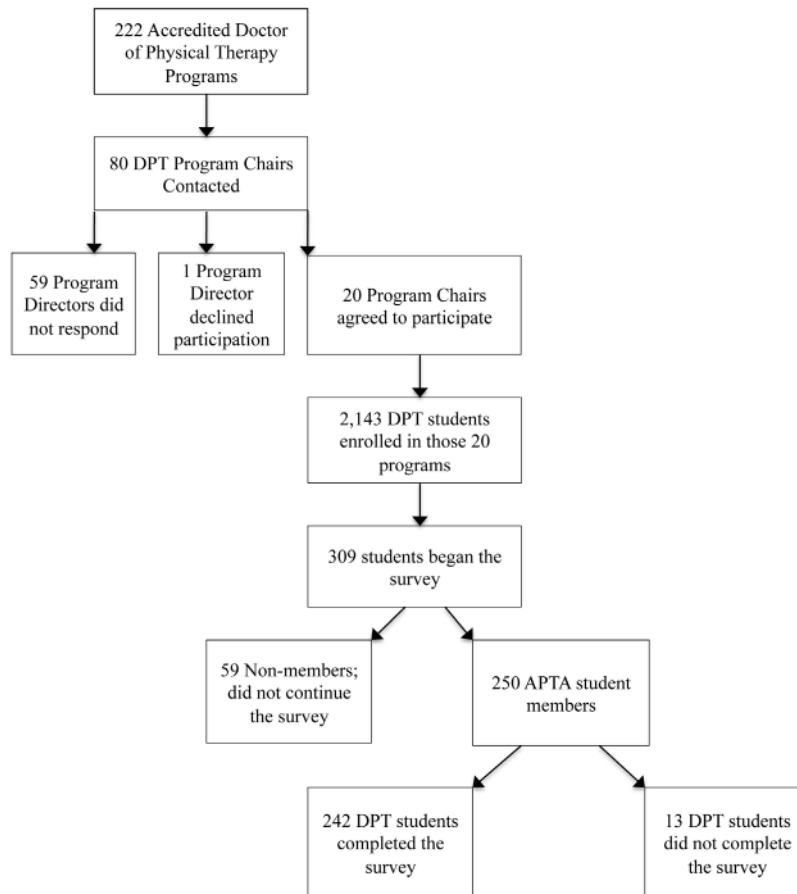
The preliminary draft of the survey included questions related to the demographic information of the student respondents and to their level and type of involvement in the APTA. The demographic section included questions about student's year in school, section membership, if their program required membership, age, gender, race/ethnicity, and geographic location. Demographic questions were designed to have a neutral "other" response if participants were uncomfortable responding. For the current study, section membership was defined as membership in groups related to specific practice areas of physical therapy. Level was defined as local, state or national involvement, where local

included school and district involvement, state included chapter involvement, and national included nationwide involvement. Type of involvement was defined as activities with which students were involved and included any student participation beyond paying membership dues. Therefore, the survey included questions about positions held in the organization; conferences attended; educational resources used, such as taking continuing education courses or reading the association's journals; advocacy activities; and use of other benefits, such as social media and networking tools. Although, previous authors considered conference attendance to be passive involvement,<sup>10</sup> we considered it active involvement because conferences are an entry point into the profession and may encourage students to become engaged and more active in the future. While not formally a part of the APTA, student associations support and promote participation in APTA activities. Additionally, participation in student physical therapy associations may be an entry point for students, and therefore, we considered this participation as involvement.

To gain a wide perspective on the survey, the preliminary draft was distributed to A.T. Still University's DPT program faculty and clinical adjunct faculty with experience in research, survey writing, clinical work, and APTA involvement. Based on feedback, questions were revised, deleted, or re-sequenced. A.T. Still University DPT students from three current cohorts received the survey and gave feedback about unclear or misleading questions.

The use of electronic surveys has been determined to elicit higher and faster response rates.<sup>28,29</sup> However, the APTA does not provide email addresses of its members to outside groups. Purchasing mailing addresses was prohibited by cost. Therefore, we chose to access students through their DPT program chairs. A list of all the 222 accredited DPT education programs was obtained from the Commission on Accreditation in Physical Therapy Education (CAPTE)<sup>30</sup> and randomized using the SPSS 20.0 Statistical Package (IBM SPSS Statistics, Chicago, IL). The first 20 program directors on the randomized list were contacted via e-mail and asked to include their students in the current study. If the program director responded favorably, a second e-mail was sent that included an approved informed consent letter and instructions to forward the survey link to all entry-level students within that DPT program. Every 2 weeks, an additional 20 program directors were contacted until we reached a sample size of 300 respondents. Sample size was determined by reviewing similar studies of student membership in the APTA.<sup>8,12</sup>

Each survey remained open for 6 weeks to allow students adequate time to respond. Because complete surveys were necessary for a thorough picture of student involvement, a response to each question was required to progress through the survey. Students who indicated they were not



**FIGURE 1.** Recruitment and data collection flow.

members of the APTA were excluded from further participation in the study. Figure 1 shows the recruitment and data collection flow. All questions were closed-ended and had either a dichotomous response or a range of responses. The current study was approved by the Institutional Review Board at A.T. Still University in Mesa, AZ (#2011-39). Summary statistics were used to evaluate student responses. Additionally, cross-tabulations between year in school and type of involvement and required membership and type of involvement were made.

## Results

### Demographics

Between November 2011 and January 2012, 80 DPT program chairs were contacted about the current study. Of those, 20 (25%) agreed to send the survey to their students. Three hundred nine students started the survey. Based upon the CAPTE-reported enrollment for each program during the study period,<sup>30</sup> 2,143 students were surveyed, resulting in a 14.4% response rate.

Of the initial 309 student respondents, 250 (80.9%) were APTA members. Fifty-nine respondents (19.1%)

were not APTA members and therefore not eligible for further participation. Over the course of the survey, a total of 13 respondents chose not to complete the survey, resulting in 242 completed surveys. Additional demographic information on respondents is in Table 2.

Of the respondents, 131 (54.1%) indicated that their DPT program required them to be APTA members. Forty-six respondents (19%) were also required by their DPT program to attend conferences. DPT programs paid the cost of student APTA membership for 12 respondents (5%). One hundred seventy-five respondents (72.3%) reported they were not members of any APTA sections. Of those 67 respondents who were section members, the most frequently reported membership was in the research (23, 9.5%), sports (19, 7.9%) and orthopedic (17, 7.0%) sections.

### Student Involvement

**Positions:** One hundred seven respondents (43.7%) reported holding a position within their DPT program. The top three positions held were committee member (26, 10.6%) class representative (28, 11.4%), or other (32, 13.1%), which included fundraising chair, social chair,

**TABLE 2.** Demographic Characteristics of Student Respondents (n=242)

Characteristic	Response, n (%)
Age, yrs*	24.5 (21–42)
Gender	
Female	178 (73.6)
Male	64 (26.4)
Year in school	
First year	88 (36.4)
Second year	95 (39.3)
Third year	59 (24.4)
Race and ethnicity	
White	216 (89.3)
Hispanic/Latino	18 (7.4)
Asian	13 (6.2)
Other/unknown	4 (1.7)
American Indian	2 (0.8)
African American	1 (0.4)
Geographic region	
East North Central	74 (30.6)
East South Central	53 (21.9)
West North Central	30 (12.4)
Mountain	24 (9.9)
Pacific	20 (8.3)
West South Central	19 (7.8)
New England	11 (4.5)
South Atlantic	11 (4.5)
Mid-Atlantic	0 (0)
APTA membership required by program	
Yes	131 (54.1)
No	111 (45.9)
Membership paid by program	12 (5.0)
Required to attend conferences by program	
Yes	46 (19.0)
No	196 (81.0)
APTA section membership	
Yes	67 (27.7)
No	175 (72.3)
Research section	23 (9.5)
Sports section	19 (7.9)
Orthopedic section	17 (7.0)

\*Data for age are reported as mean (range).

community service chair, and historian. Fifteen respondents (6.1%) reported holding a state or national position within the association; 9 reported serving in positions at both levels.

**Conferences:** One hundred twelve respondents (45.7%) reported attending a conference or meeting at the local level. Sixty-eight respondents (27.8%) reported attendance at state conferences. At the national level, 34 (13.9%) reported attendance at the APTA National Student Conclave, 44 (18%) at the APTA Combined Sections Meeting, and 14 (5.7%) at the Annual APTA Conference. Two hundred twenty-one (90.2%) reported considering attendance at a conference in the next year, and 36 (14.7%) reported plans for presenting research at a conference in the next year.

**TABLE 3.** Social Media and Networking Benefits Used by Students

	% Reporting Use
Facebook	37.90%
APTA Blog	10.70%
Membership Directory	14%

**TABLE 4.** Student Involvement by Year in School

Year in School	Students Holding a Position, n	Students Attending a Conference, n
1	33	30
2	43	73
3	32	47

**Educational Resources:** Fifty-five respondents (22.5%) reported taking APTA-sponsored continuing education courses, most commonly ethics and professionalism modules. Respondents reported using research tools provided by the APTA including Hooked on Evidence (153, 62.7%) and Open Door (61, 25%). One hundred seventy respondents (69.7%) reported reading journals.

**Advocacy:** Respondents who reported participation in advocacy activities most commonly reported contacting congress members (116, 47.7%) or participating in a state political action day (29, 11.9%). Half of respondents (119, 49%) reported no participation in advocacy activities on any level.

**Other Benefits:** Social media and networking benefits were used by half of the respondents (125, 51.9%). Table 3 identifies the social media and networking benefits used.

## Comparisons

Student involvement, through holding positions in the association or attendance at conference, was highest during the second year. Table 4 identifies student involvement by year. Over one-half of respondents who reported holding a position at the local, state, or national level were also required to be APTA members by their DPT program (57, 52.8%). Similarly, 76 respondents (50.7%) who reported attending a conference were required to be APTA members.

## Discussion

### Response Rate

In accordance with the APTA policy, it was not possible to obtain email addresses directly from the APTA, and therefore, we chose to solicit program directors. Only 26% of the program directors contacted responded to our initial inquiry. Program directors may not have responded to our inquiry because of time constraints or a disinterest in our topic. The program directors who

agreed to participate all responded within the first week. Based on previous literature, the majority of survey responses are obtained within the first 2 weeks after a solicitation,<sup>27</sup> and therefore we believed a nonresponse was a declination to participate. We believe this may have biased our sample to programs where association membership and participation are valued. However, given this potential bias, there was still only a small number of students involved in the association. While our sample represents only 1% of students enrolled in DPT programs, the randomization strategy for soliciting programs allowed us to achieve a sample of students from different programs and regions of the country.

## Sample

During the 2011–2012 academic year, 68% of students enrolled in doctoral entry-level DPT programs were APTA members.<sup>19</sup> In comparison, 80.9% of the respondents of the current study reported they were members. This membership rate may be artificially high as a result of program directors who value student membership and involvement agreeing to participate. If students had been contacted directly, our results might have been more representative of actual student membership rates.

For half of the students surveyed, their DPT program required APTA membership. When comparing the involvement of students who were required to be members with those who were not, there was no difference in conference attendance or in positions held, which suggests that requiring student membership does not influence involvement in association activities in contrast with previous studies.<sup>8,9</sup>

Participant distribution in some ways mirrored the overall student population and in other ways did not. For example, gender and ethnicity were similar when compared to the general student physical therapist population, while regional distribution was not.<sup>31</sup> The mid-Atlantic and south Atlantic regions of the United States represent the largest percentage of student physical therapists in the nation,<sup>31</sup> yet had the lowest number of student participants in this study. Notably, there was not a single student response from the mid-Atlantic region despite requesting participation from 14 program chairs in this region. Therefore, extrapolation of our results to students in this region is not possible.

## Section Involvement

APTA sections provide many benefits for students in a specialized area of interest, including networking with professionals who share similar interests and the ability to explore career paths.<sup>32</sup> Our findings suggest that students are not taking advantage of section membership. The research section had the highest reported membership in the current study and is the only sec-

tion free to students. Previous studies cite cost as prohibitive to APTA membership<sup>12</sup> and this may also influence section membership. While section membership ranged from zero to \$50,<sup>33</sup> this cost could be significant for students.

Another reason for not becoming a section member may be that entry-level students have not identified an area of interest and are less inclined to commit to a specific area. Because section membership can foster interest, enabling students to explore APTA sections should be of great interest to the organization. Physical therapist educators can reaffirm that joining a section is a door to exploring specialties rather than an early commitment to a single area of clinical practice.

## Positions

Students in the current study were more involved at the local level in committee or liaison positions. These findings align with those of Hart and colleagues<sup>34</sup> who found that only 12% of practicing physical therapists commit to elected positions. A previous study suggested it may be easier to become involved at the committee level because most districts and chapters have openings in these areas.<sup>8</sup> Additionally, these positions may be less intimidating and less time consuming to undertake, making them more feasible for individuals new to the profession.

## Conferences

Student involvement is encouraged at conferences and meetings through reduced registration rates and breakout sessions tailored to students. In particular, local meetings are relatively easy to attend because the location is convenient and the cost is negligible.<sup>8</sup> However, even at the local level, less than half of the students surveyed attended a conference. This is consistent with the findings of Pariser and colleagues,<sup>8</sup> where 36.1% of students reported attending a state conference and 19.6% a national conference. The cost and location may not influence student involvement as much as previously thought.<sup>7</sup> Perhaps students do not understand the value of conference attendance, they have not been encouraged to attend, or school obligations overwhelm the practicalities of attendance. A study of nursing association membership by DeLeskey<sup>9</sup> reported that lack of participation and inability to attend local meetings was the primary reason for failure to maintain membership. Thus, encouraging students to attend conferences may promote long-term membership.

## Advocacy

Half of the students surveyed did not participate in advocacy activities on any level. Those who did con-

tacted politicians or participated in state or national political action days. In a study of nurses, political representation or lobbying by the association had a positive impact on maintenance of professional membership.<sup>35</sup> Students may not feel the need to advocate because they perceive the membership dues pay for association staff to accomplish political lobbying. However, there are instances when advocacy by the members can further influence politicians' decisions and mentors must convey this information to students to encourage their participation.

## Educational Resources

The use of literature search engines, continuing education courses, and publications are tangible benefits available to student members and may be considered as participation in a professional association. In the current study, coursework required by DPT programs influenced use of APTA research tools and continuing education courses. Similarly, students used journals to complete class assignments. These data are similar to previous findings that approximately 63% of students read *Physical Therapy* more than three times a year.<sup>8</sup> Over half the students used educational resources when they were required to do so, suggesting educators can influence student involvement.

Carter and Stoecker<sup>36</sup> found the most widely read publications by practicing physical therapists were the non-peer-reviewed publications, similar to the respondents in the current study who reported reading *PT in Motion*. Perhaps the broad topic areas in this publication appeal to students who are still learning about the field of physical therapy and have not identified a specific area of interest.

The most frequently used social media and networking tools were Facebook, APTA Blog: Moving Forward, and APTA Membership Directory. Twitter, LinkedIn, and APTA Communities were rarely used based on the findings. A comparison of self-reported use of social media with association analytics would be beneficial.

## Conclusion

The purpose of the current study was to describe the level and type of involvement of DPT students who are members of the APTA. Students indicated higher participation levels in areas where they were required by their DPT program to be involved, for example, taking a course on ethics or reading APTA-sponsored journals. Requiring students to be members of the APTA did not appear to influence their involvement, re-emphasizing the difference between membership and participation.

Several limitations should be considered. Regional representation of the DPT student population of the

United States was not achieved, and the response rates were low. By soliciting program chairs rather than students directly, some selection bias does exist. Program chairs may have chosen to participate in this study because of the value they place on APTA membership and involvement or may have selectively chosen specific students to participate rather than including all students. Finally, the reasons behind student involvement or lack of involvement were not investigated, and only the activities in which students participated have been described.

Future studies should explore the factors that contribute to student involvement, membership, and retention. For instance, the values, extrinsic and intrinsic motivators, and life situations of students could be examined, including how they relate to student involvement. Additionally, future studies should explore the role of faculty and clinical mentorship on a student's decision to join their professional association. More importantly, exploration of strategies to encourage student participation, such as credit for conference attendance, may create a culture of participation that carries over into students' professional careers.

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