


Prediction of Membership in Rehabilitation Counseling Professional Associations

Rehabilitation Counseling Bulletin
55(4) 207–218
© Hammill Institute on Disabilities 2012
Reprints and permission: <http://www.sagepub.com/journalsPermissions.nav>
DOI: 10.1177/0034355212446533
<http://rcb.sagepub.com>


Brian N. Phillips¹ and Michael J. Leahy²

Abstract

Declining membership is a concerning yet poorly understood issue affecting professional associations across disciplines (Bauman, 2008). Rehabilitation counseling association membership is in decline even while number of certified rehabilitation counselors continues to increase (Leahy, 2009). Factors influencing rehabilitation counseling professional association membership were explored and motives for membership examined using tenets of social exchange and social identity theories. A sample of 1,257 professionals was obtained from the databases of Commission on Rehabilitation Counselor Certification, American Rehabilitation Counseling Association, National Rehabilitation Counseling Association, and Rehabilitation Counselors and Educators Association. Results support tenets of exchange and identity theories for membership motives, with perceived value of membership and professional identity salience predicting current membership. Graduate programs and the workplace were also shown to play an important role in predicting membership status. Results provide multiple individual and organizational means for addressing professional association membership decline.

Keywords

professional associations, professionalization, rehabilitation counseling, professional identity

Professions provide many of the bedrock services in society (Freidson, 2001; E. Greenwood, 1957; Parsons, 1939; Volti, 2008) and are associated with greater prestige, income, and autonomy, and more dependable job tenure (Goode, 1957; Irons, 1989; Obermann, 1962). However, professions do not exist without structure or institutions to support them. Professional associations have historically been tasked with representing and carrying out the interests of a profession (Goode, 1957; Sussman, Haug, & Krupnick, 1965; Sweeney, 1995; Tarvydas, Leahy, & Zanskas, 2009). In fact, there is general consensus that formation of a professional association is an essential step for achieving and maintaining professional status (Carr-Saunders & Wilson, 1933; Heinemann, Frank, Scarpelli, & Jacobsen, 1986; Rollins, Garcia, & Thomas, 1999; Sussman, Haug, & Krupnick, 1966; VanZandt, 1990; Wilensky, 1964). This point is reflected in Brubaker's (1981) statement that "the credibility of a profession can be measured, in part, by the vitality and credibility of the field's association" (p. 5).

The importance of professional associations to professionalization can be partially explained by their many functions. Professional associations provide a source for professional definition (Bucher & Strauss, 1961; Tarvydas & Leahy, 1993; Yeager, 1981), increased public awareness (English, 1940; Goode, 1969; Patterson, 2009), and play a

critical role in securing a discipline's right to practice (Noordegraaf, 2007; Tarvydas et al., 2009). Associations typically create ethical codes of practice (Moore, 1970; Tarvydas & Cottone, 2000), facilitate skill development through training and continuing learning (Karseth & Nerland, 2007; Leahy, 2002), set standards for education and practice (Sussman et al., 1965), unify political action (Rieger & Moore, 2002), and provide a general forum for intraprofessional communication, thereby fostering the development of community based on shared interests, norms, and values (R. Greenwood, Suddaby, & Hinings, 2002; Hovekamp, 1997; Leahy, 2004; Moore, 1970; Wright, 1974). Indeed, it is difficult to picture a profession without also picturing the professional associations that represent it (Emener, 1986; Leahy, Rak, & Zanskas, 2009).

Strong professional associations are necessary for carrying out all of their functions in supporting professions. The

¹University of Wisconsin–Madison, USA

²Michigan State University, East Lansing, USA

Corresponding Author:

Brian N. Phillips, Rehabilitation Psychology and Special Education,
University of Wisconsin–Madison, 1000 Bascom Mall, Rm. 409, Madison,
WI 53706, USA

Email: bnphillips2@wisc.edu

strength of a professional association can largely be measured by its membership (Brabham, 1988; Mills, 1980; Oliverio, 1979; Patterson & Pointer, 2007; Whitten, 1961). It is not surprising, therefore, that the greatest advances in the professionalization of rehabilitation counseling parallel the periods of greatest association membership. However, in recent decades, professional associations across fields and disciplines have observed a trend of decreasing membership (Alotaibi, 2007; Bauman, 2008; Yeager, 1981, 1983; Yeager & Kline, 1983), including rehabilitation counseling (Bain, 1977; Emener, 1986; Shaw, Leahy, Chan, & Catalano, 2006). At their highest membership totals the National Rehabilitation Counseling Association (NRCA) held a membership of 9,071 in 1975, and the American Rehabilitation Counseling Association (ARCA) held a membership of 3,512 in 1979. A stark contrast to current membership totals of 750 and 634, respectively. Certainly, declines of this magnitude reflect difficulties in attracting and keeping members (Oliverio, 1980). Furthermore, the percentage of certified rehabilitation counselors (CRCs) who are currently members of professional associations is between 5% and 13%, depending on the percentage of multiple memberships. Thus, rehabilitation counseling professional association membership is a concern in terms of overall numbers and in the representativeness of CRCs.

Many have suggested potential reasons for membership losses applicable to rehabilitation counseling professional associations. These include declines resulting from expansive changes, including Commission on Rehabilitation Counselor Certification (CRCC) dropping the requirement for professional association membership for certification (Tarvydas & Leahy, 1993), policy changes regarding who can vote or participate (Whitten, 1975a), the enactment of legislation believed to strain professionalization processes (Martin, 2007a; Sales, 1986), and the break off of specialized groups to align with different parent groups or to function independently (e.g., the break off of the National Association of Disability Examiners, the Council of State Administrators of Vocational Rehabilitation, the National Council on Rehabilitation Education, and NRCA from the National Rehabilitation Association (Sales, 1986). Declining membership has also been said to result from exaggerated membership reports, duplication of membership records (in the days before computer databases), and from the practice of including dignitaries on membership roles at no cost (Sales, 1986).

Some changes have been argued to cause membership decline more subtly; these include diminishing employer support for association membership or participation (Jaques, 1967; Patterson & Pointer, 2007; Sales, 1986) and a growing complacency among members resulting from the assumption that continued effort was not necessary for maintaining levels of professionalization (Whitten, 1971).

More broadly, the decline of membership so common across professional associations is complicated by a growth in the number of professional associations representing a single profession, which has been argued to cause confusion and drive up perceived costs (Brubaker, 1981; Yeager, 1981), the aging out of baby boomers from the workforce (Flanagan, 1992; Patterson & Pointer, 2007), and a number of larger trends affecting professional association membership (e.g., the influence of the internet, a trend toward specialization, and closer political scrutiny of associations; Martin, 2007a, 2007b).

Despite a multitude of suggested reasons for declines in association membership, very few have been empirically tested. The absence of empirical research and the limited application of theoretical frameworks to the study of membership decline have resulted in little understanding of how best to address membership decline. The purpose of this study was to explore factors influencing rehabilitation counseling professional association membership and to test theoretical hypotheses relating to membership. The framework for the study was based primarily on tenets of social identity theories (Tajfel & Turner, 1979) and social exchange theories (Blau, 1964; Olson, 1965). A brief discussion of these theories in relation to professional association membership follows.

Theoretical Framework

It is possible that motives for professional association membership are multifaceted. As such, questions and hypotheses were addressed using a combination of theories. Exchange theory provides an explanation for association membership motivated by self-interest, and identity theory provides an alternative explanation for membership focused on group interests and the internalization of group norms and values.

Social Exchange Theory

Exchange theory has been the most commonly applied theory in empirical studies of professional associations membership (e.g., Alotaibi, 2007; Bauman, 2008; DeLeskey, 2003; Rapp & Collins, 1999; Yeager, 1981, 1983; Yeager & Kline, 1983). The foundational proposition of social exchange theory is that both giver and receiver must feel adequately compensated for an exchange to occur (Blau, 1964; Browne, 1976; Cook & Rice, 2003); benefits are always considered in relation to costs. All major social exchange theories assume individuals are, to some degree, motivated by a desire to maximize utility; actors (individuals or groups acting as a single entity) are considered "self-interested entities whose behavior is motivated by the need or desire to obtain valued benefits" (Molm, 2006, p. 26). In

the case of professional associations, membership would be likely to occur only if the perceived benefits of doing so outweigh perceived costs.

Evidence supports the importance of the exchange on membership decisions. It is evident that monetary and other costs can act as a barrier to association membership (e.g., Dalton & Dignam, 2007; Kamm, 1997; Skarlicki, Lucas, Prociuk, & Latham, 2000; Wright, 1974; Yeager & Kline, 1983). Common questions such as "What does my association do for me?" (Mills, 1981) and "What do I really get out of it if I belong?" (Feinberg, 1973) reflect natural exchange related concerns for professionals with limited resources. It seems safe to conclude that, all other things being equal, increasing the value of membership (either by increasing benefits, reducing costs, or both) would increase likelihood of professional association membership. However, as noted by Heath (1976), other things are rarely equal. It is possible that other motives beyond self-interest may also influence professional association membership. Social identity theory provides an alternative explanation for membership motives.

Social Identity Theory

Social identity is defined as "that part of an individual's self-concept which derives from his knowledge of his membership of a social group (or groups) together with the value and emotional significance attached to that membership" (Tajfel, 1981, p. 255). Identity influences our beliefs and behaviors (Deaux & Martin, 2003), individuals being motivated toward plans and actions that "reinforce, support, and confirm their identities" (Burke & Reitzes, 1981, p. 84). Group memberships provide an important context for self-definition (Ashforth & Mael, 1989; Jenkins, 2004) and foster the extension of an individual's self-concept (Hogg & Terry, 2001; Turner, 1982). Occupations, or professions in this case, provide an important context for self-definition, and the norms and values of a profession are capable of influencing the beliefs and behaviors of individuals identifying with it. Some of these norms and values relate to association membership.

Although all occupations are suspected of maintaining a set of norms and values, those occupations elevated to the status of a profession have long been argued to share a distinct set of norms and values that define professional behavior (Etzioni, 1969; Hall, 1968). It is possible that some of these professional norms and values, consciously or subconsciously, serve to regulate individual beliefs and behaviors. Two professional norms and values believed most likely to affect association membership are the direct valuing of professional association membership (Collison, 2001; Hickson, 2006; Leahy, 2004; MacPherson, Kouritzen, & Kim, 2005; Milsom & Akos, 2005; Szymanski, 1985; Vacc & Loesch, 2000) and a strongly held service ideal

(Dingwall, 2008; Goode, 1957, 1969; Hatch, 1988; Moore, 1970; Reinders, 2008; Sussman et al., 1966; Wilensky, 1964). In the case of the latter, a professional who internalizes a strong service ideal may be more motivated to seek out professional association affiliation where many service-related goals are met.

Of course, selection of a particular profession does not automatically result in the internalization of its norms and values. Individuals differ in levels of emotional significance or value they place on their occupational membership or, in other words, their level of identification with an occupation (Hogg & Terry, 2001; Tajfel & Turner, 1979). Using this framework, professional identity is conceptualized as a specific form of social identity in which a person defines himself or herself by membership in an occupation believed to approximate that of a profession. Built into this definition is the assumption that two conditions are necessary for internalization of professional norms and values. First, an individual must strongly identify with an occupation, and second, that occupation must espouse the norms and values of a profession. An increase in professional identity salience is expected, in social identity theory, to result in an increased probability of an identities enactment (Owens, 2006).

In addition to concepts stemming from exchange theory and identity theory, the influence of professional institutions, colleagues, and other factors were also considered based on a review of the literature and on personal observation. Particular emphasis was given to the long assumed relationship between professional association membership and graduate training (Borders & Benshoff, 1992; Spruill & Benshoff, 1996), and between professional association membership and the employing organization (Jaques, 1967; Sales, 1995; White & Olson, 2004). This study is the first known to consider the relationship of these institutional predictors with professional association membership. The following questions and hypotheses were addressed in this study.

Research Question and Hypotheses

Research Question

Research Question 1: What variables predict rehabilitation counseling professional association membership status as current, former, or never member?

Research Hypotheses

Based on Social Identity Theory

Hypothesis 1: Participants reporting greater rehabilitation counseling professional identity salience will be more likely to hold current membership.

Based on Social Exchange Theory

Hypothesis 2: Participants reporting greater value in rehabilitation counseling professional association membership will be more likely to hold current membership.

Method

Participants

The target population for this study included individuals identifying themselves with the discipline of rehabilitation counseling by holding a current CRC certification, current membership in one or more rehabilitation counseling professional associations, or both. Participants were identified through the database of the CRCC and the databases of three rehabilitation counseling professional associations, namely, the ARCA, the NRCA, and The Rehabilitation Counselors and Educators Association (RCEA). The population of CRCs ($n = 16,115$), ARCA members ($n = 634$), NRCA members ($n = 750$), and RCEA members ($n = 664$) in the summer of 2010 totaled 18,163 (not accounting for the number of individuals holding multiple memberships between associations, which was not known). A random sample of 4,000 CRCs was drawn for participation from the CRCC database, whereas the entire populations of the three rehabilitation counseling association were invited to participate (excluding individuals without a valid email address or individuals who requested organizations not to share their contact information). Of the 5,172 invitations for survey participation, a total of 1,438 surveys were returned. Unfinished surveys and surveys missing more than 10% of data were removed before analysis. This resulted in a final sample of 1,257 participants, a response rate of 24.3%.

Of the 1,257 participants, 450 (35.8%) held current membership in at least one rehabilitation counseling professional association, 324 (25.8%) formerly held membership in at least one rehabilitation counseling professional association, and 483 (38.4%) never held membership in a rehabilitation counseling professional association. Within associations, ARCA membership included 181 current, 163 former, and 881 never members; NRCA membership included 287 current, 332 former, and 621 never members; and RCEA membership included 96 current, 55 former, and 1,070 never members. Because professionals could hold multiple memberships, total membership status cannot be directly calculated from membership totals for each association. The majority of current members, 79.2%, reported holding current membership in only one of the

three associations; 15.3% reported current membership in two, and 5.5% in all three.

Table 1 shows basic participant characteristics categorized by membership status. The majority of participants were female (74.1%), White (79.7%), and between the ages of 50 and 59 years (30.5%). Because most participants held CRCs, representativeness of the sample was considered by comparing demographics of the sample with those for all CRCs (demographics reported by CRCC were used for the comparison; S. A. Stark, personal communication, May 23, 2011). Both groups were similar across comparable demographic categories. Regarding gender, CRCs were 72.2% female compared with 74.1% in this study. A comparison between White and non-White participants reveals further similarities with 80.4% of CRCs being White compared with 77.7% of the current sample. Age (not listed in Table 1) was slightly less similar between CRCs and the sample, with 5.8% compared with 10.5% younger than 30 years, 18.7% compared with 19.0% between 30 and 39, 22.3% compared with 21.4% between 40 and 49, 29.9% compared with 30.5% between 50 and 59, and 23.3% compared with 18.7% older than 60 years, respectively. In summary, representativeness of this sample to CRCs appears to be adequate; however, this does not tell us how well the data represents rehabilitation counselors more generally.

Although age for this sample was described as a categorical variable for comparison with CRCs, it was considered as continuous data for the analysis. Average age of sample participants was 47.52 years, ($SD = 12.32$). Broken down by membership status, average age was 49.07 ($SD = 12.54$) for current members, 49.61 ($SD = 11.84$) for former members, and 44.72 ($SD = 11.93$) for never members.

Variables

The predictor variables for this study included the following: (a) professional identity salience, (b) perceived value of membership exchange, (c) institutional influences (perceived academic and workplace supports, with workplace supports including employer and colleague support), (d) perceived performance of associations, and (e) demographic variables, including age, race, gender, level of education, current student status, and individual income. Participants work setting and accreditation status of graduate institution attended were also considered for the study but excluded from the analysis due to low correlations with the outcome variable and small cell counts for some combinations of variables. The outcome variable for this study was membership status in three rehabilitation counseling professional associations, namely, ARCA, NRCA, or RCEA.

Table 1. Participant Demographics

Variables	ARCA, NRCA, or RCEA membership status							
	Current		Former		Never		Total	
	<i>n</i>	%	<i>n</i>	%	<i>N</i>	%	<i>n</i>	%
Gender								
Female	320	71.3	242	75.4	363	75.8	925	74.1
Male	129	28.7	79	24.6	116	24.2	324	25.9
Race								
White	345	77.7	261	82.1	385	80.0	991	79.7
Non-White	99	22.3	57	17.9	96	20.0	252	20.3
Level of education								
Master's or less	364	81.1	297	91.7	467	96.9	1,128	89.9
Doctoral	85	18.9	27	8.3	15	3.1	127	10.1
Currently in school								
Yes	85	19.0	20	6.2	36	7.5	141	11.3
No	362	81.0	303	93.8	446	92.5	1,111	88.7
Individual income								
US\$0–US\$49,999	174	43.7	121	41.2	207	45.3	502	43.7
US\$50,000–US\$74,999	131	32.9	103	35.0	175	38.3	409	35.6
US\$75,000 or more	93	23.4	70	23.8	75	16.4	238	20.7

Note: ARCA = American Rehabilitation Counseling Association; NRCA = National Rehabilitation Counseling Association; RCEA = Rehabilitation Counselors and Educators Association.

Instrumentation

Professional identification (PID) scale. The PID scale used for this study is a modification of the organizational identification (OID) scale, originally created by Fred Mael (1988). Permission was obtained from the original author to use a modified form of the instrument to measure identification with a profession. Although more than one instrument exists for the measurement of identification with a social group, perhaps none are as grounded in social identity theory as the OID (Ashforth & Mael, 1989; Mael, 1988). The PID is a six-item instrument designed to measure identification with a designated social group. The response format for the PID is a 5-point Likert-type scale, with anchors ranging from *strongly disagree* to *strongly agree*. The reliability of the OID typically ranges from .81 to .91 (Mael, Waldman, & Mulqueen, 2001). Construct validity has been demonstrated in that measures of OID have been related to but distinguishable from measures of organizational commitment and job satisfaction, as predicted from social identity theory (Mael & Tetrick, 1992). The reliability of the PID in this survey was .77, slightly below previous reliability measures on the OID.

Professional association survey (PAS). The PAS was created and designed specifically for this study. In addition to a demographic survey, the PAS consists of scales used to measure the following: (a) perceived performance of associations

(4 items, $\alpha = .82$), (b) perceived value of professional association membership (6 items, $\alpha = .93$), and (c) perceived levels of institutional support received from both the workplace (10 items, $\alpha = .93$) and from the graduate program attended (6 items, $\alpha = .91$). Each of the scales in the PAS used a 7-point Likert-type scale, with anchors ranging from *strongly disagree* to *strongly agree*.

Procedures

A number of steps were taken in an attempt to strengthen the survey instrument prior to final dissemination. First, five individuals fitting the target population thoroughly reviewed the writing and content of instrument items. The revised instrument was then piloted by sending it to 500 members of the sample population in increments of 100, with slight changes made at each interval in item wording, the invitation to participate (e.g., personalization of email and instrument instructions), instrument format, and time and date sent. This effort led to further revisions and allowed for technological issues commonly associated with the administration of an online survey to be addressed. Data collected from pilot processes were not included in the results, and individuals from the pilot study were not invited to complete the survey a second time in the collection for analysis. Finally, the survey instrument was then sent by email to the target sample with a request for participation.

Results

Scales

Means (with standard deviations in parentheses) for measures of professional identity, academic support, workplace support, value of membership, and association performance were 3.79 (0.62), 4.71 (1.58), 3.46 (1.52), 4.19 (1.29), and 3.96 (1.19), respectively.

Research Question 1: What variables predict rehabilitation counseling professional association membership status as current, former, or never member?

To address prediction of membership status, all variables were entered into the model simultaneously. This model included the basic participant demographics of age, race (White or non-White), gender, level of education (master's or less vs. doctoral), current student (yes or no), and income (US\$0–US\$49,999, US\$50,000–US\$74,999, or US\$75,000 or more). Measures of perceived association performance, perceived institutional support for association membership, perceived value of membership, and a measure of professional identity salience were also included. The model log likelihood ratio tests showed significant prediction of membership status, $\chi^2(24) = 219.42, p < .001$, with the following variables significantly contributing to the prediction of membership status: age ($p = .002$), level of education ($p = .001$), current student status ($p = .009$), performance of association ($p = .002$), academic support ($p < .001$), workplace support ($p < .001$), value of associations ($p < .001$), and professional identity ($p = .002$), whereas race, gender, and income did not significantly add to the model ($p = .515, p = .218$, and $p = .670$, respectively).

Using multinomial logistic regression to predict categorization of participant membership status required three pairs of comparisons: current to never member, current to former member, and former to never member. Table 2 shows parameter estimates for current members using never members as the reference. Seven variables predicted group categorization. Odds ratios (ORs) above 1 indicate a positive relationship with the prediction of current membership, whereas odds ratios below 1 indicate a negative relationship with the prediction of current membership. The significant predictors, in order of effect size, were level of education (OR = 5.07), current student status (OR = 2.25), professional identity (OR = 1.83), academic support (OR = 1.46), perceived performance of associations (OR = 0.71), value of membership (OR = 1.34), and age (OR = 1.03). Gender, race, income, and workplace support did not add significantly to the prediction of current membership in comparison with never holding membership.

Table 3 shows parameter estimates for current members using former members as the reference. Four variables significantly predicted group membership. These variables were current student status (OR = 2.63), value of membership (OR = 1.67), workplace support (OR = 1.43), and

academic support (OR = 0.78). Age, gender, race, income, level of education, perceived performance of associations, and professional identity did not significantly add to the prediction of current versus former membership.

Table 4 shows parameter estimates for former members using never members as the reference. Five predictors significantly contributed to the model; these were level of education (OR = 3.60), academic support (OR = 1.87), professional identity (OR = 1.57), workplace support (0.81), and age (OR = 1.03). Gender, race, income, current student status, perceived performance of associations, and value of membership were not significant.

Research Hypothesis 1: Participants reporting greater rehabilitation counseling professional identity salience will be more likely to hold current membership.

It was shown in the results for Question 1 (see Table 2) that increases in professional identity salience increased the odds of current membership using never members as the reference, $b = 0.61$, Wald $\chi^2(1) = 11.01, p = .001$; however, not when using former members as the reference (see Table 3), $b = 0.18$, Wald $\chi^2(1) = 0.83, p = .364$. Based on this analysis, Hypothesis 1 was partially supported.

This hypothesis can also be considered using a slightly different, more direct measurement of identification, identification with a specific professional association. By asking participants which association they identify with most closely, relative association identifications and membership status could be considered. A strong relationship appears to exist between identifying most closely with a rehabilitation counseling professional association and being a member of one. Of the 195 participants who reported ARCA, NRCA, or RCEA to be the associations they most closely identify, 150 (76.9%) held current membership. Of the 235 participants reporting they identify with no associations, only 3 (1.3%) held current membership. A final note regarding professional association identification is 44 participants typed in CRCC as the association they identify most closely with, despite CRCC being a regulatory body rather than a professional association. Of these 44 participants, 3 (6.8%) were members, 5 (11.4%) former members, and 36 (81.8%) never members.

Research Hypothesis 2: Participants reporting greater value in rehabilitation counseling professional association membership will be more likely to hold current membership.

Results from Question 1 show that increases in perceived value of rehabilitation counseling professional association membership increased the odds of current membership when using never member and former member as the reference (see Tables 2 and 3), $b = 0.29$, Wald $\chi^2(1) = 7.45, p = .006$ and $b = 0.51$, Wald $\chi^2(1) = 19.71, p < .001$, respectively. Thus, Hypothesis 2 is fully supported.

Another method for addressing this hypothesis is by considering the relative value of rehabilitation counseling professional association membership in relation to membership

Table 2. Results of Multinomial Logistic Regression for Current Members Using Never Members as the Reference

Variable	Current		
	B (SE)	OR	95% CI
Age	0.03 (0.01)**	1.03	[1.01, 1.05]
Gender (ref = male)	0.31 (0.24)	1.37	[0.86, 2.18]
Race (ref = non-White)	-0.30 (0.26)	0.74	[0.45, 1.23]
Level of education (ref = master's)	1.62 (0.47)**	5.07	[2.01, 12.77]
Current student status (ref = no)	0.81 (0.33)**	2.25	[1.18, 4.29]
Income (ref = US\$0–US\$49,999)			
US\$50,000–US\$74,999	0.02 (0.23)	1.02	[0.65, 1.60]
US\$75,000 or more	-0.18 (0.32)	0.84	[0.45, 1.58]
Perceived performance of associations	-0.35 (0.10)**	0.71	[0.58, 0.86]
Academic support	0.38 (0.08)***	1.46	[1.26, 1.69]
Workplace support	0.15 (0.08)	1.16	[1.00, 1.35]
Value scale	0.29 (0.11)**	1.34	[1.09, 1.65]
Professional identity scale	0.61 (0.18)**	1.83	[1.28, 2.62]
Constant	-5.98 (1.03)		

Note: OR = odds ratio; CI = confidence interval. $R^2 = .28$ (Cox & Snell), .31 (Nagelkerke), .15 (McFadden).

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

Table 3. Results of Multinomial Logistic Regression for Current Members Using Former Members as the Reference

Variable	Current		
	B (SE)	OR	95% CI
Age	-0.00 (0.01)	1.00	[0.97, 1.02]
Gender (ref = male)	-0.12 (0.27)	0.89	[0.52, 1.50]
Race (ref = non-White)	-0.13 (0.28)	0.88	[0.51, 1.52]
Level of education (ref = master's)	0.34 (0.37)	1.41	[0.68, 2.93]
Current student status (ref = no)	0.97 (0.39)*	2.63	[1.21, 5.69]
Income (ref = US\$0–US\$49,999)			
US\$50,000–US\$74,999	0.14 (0.25)	1.15	[0.70, 1.88]
US\$75,000 or more	-0.35 (0.33)	0.71	[0.37, 1.33]
Perceived performance of associations	-0.13 (0.11)	0.88	[0.71, 1.09]
Academic support	-0.25 (0.09)**	0.78	[0.66, 0.92]
Workplace support	0.36 (0.09)***	1.43	[1.21, 1.69]
Value scale	0.51 (0.12)***	1.67	[1.33, 2.09]
Professional identity scale	0.18 (0.20)	1.19	[0.82, 1.75]
Constant	-1.71 (1.12)		

Note: OR = odds ratio; CI = confidence interval. $R^2 = .28$ (Cox & Snell), .31 (Nagelkerke), .15 (McFadden).

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

status. This was accomplished by asking participants which among all professional associations was most capable of benefiting them in their careers at this time. Data suggested a strong relationship between membership status and the association perceived most valuable. Of the 195 participants who reported ARCA, NRCA, or RCEA to be of greatest value, 110 (63.2%) held current membership. Of the 32 participants who reported no association to be of any value, only 32 (11.3%) held current membership.

Limitations

The first limitation concerns the extent to which results might be generalized result from the sampling and methodology in this study. Selecting participants from the CRC database and the databases of ARCA, NRCA, and RCEA leaves questions about the appropriateness of generalizing results to the many individuals who identify with the occupational title of rehabilitation counselor but who do not

Table 4. Results of Multinomial Logistic Regression for Former Members Using Never Members as the Reference

Variable	Former		
	B (SE)	OR	95% CI
Age	0.03 (0.01)**	1.03	[1.01, 1.05]
Gender (ref = male)	0.43 (0.27)	1.54	[0.91, 2.61]
Race (ref = non-White)	-0.17 (0.29)	0.85	[0.48, 1.48]
Level of education (ref = master's)	1.28 (0.52)*	3.60	[1.31, 9.87]
Current student status (ref = no)	-0.15 (0.43)	0.86	[0.37, 2.01]
Income (ref = US\$0-US\$49,999)			
US\$50,000-US\$74,999	-0.12 (0.25)	0.89	[0.55, 1.43]
US\$75,000 or more	0.17 (0.32)	1.19	[0.64, 2.22]
Perceived performance of associations	-0.22 (0.12)	0.80	[0.64, 1.01]
Academic support	0.63 (0.09)***	1.87	[1.58, 2.22]
Workplace support	-0.21 (0.09)*	0.81	[0.68, 0.96]
Value scale	-0.22 (0.12)	0.80	[0.64, 1.01]
Professional identity scale	0.43 (0.19)*	1.54	[1.06, 2.23]
Constant	-4.27 (1.08)		

Note: OR = odds ratio; CI = confidence interval. $R^2 = .28$ (Cox & Snell), $.31$ (Nagelkerke), $.15$ (McFadden).

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

align with any of these professional organizations. The response rate of 24.3% creates another limitation for the generalization of findings. It is possible that responders differed from nonresponders in ways not measured or compared. Another limitation results from the complexity of professional association membership decisions. A number of unmeasured variables may influence professional association membership, including geographic constraints to membership and participation, special offers on membership rates that altered the cost-benefit analysis, and career changes. The implementation of a cross sectional research design also does not allow for a consideration of causality between variables. In the relationship of professional identity and professional association membership, for example, a causal loop might be expected, causing some of the results to be misleading if interpreted as unidirectional. Another limitation of the instrument resulted from the categorical measure of income. Although income did not play a significant role in the categorical measurement of membership status, it is possible that outcomes would be different if income was included as a continuous variable.

Discussion and Implications

The focus of this study was on the prediction of membership status between current, former, and never members in rehabilitation counseling professional associations. Many factors associated were determined to predict professional association membership status, and both hypotheses received at least partial support. The combination of results provides a broad understanding of factors influencing

professional association membership decisions. Although theoretical implications exist from exchange and identity theories, greater emphasis will be given to the latter in this discussion for two primary reasons. First, despite exchange theory providing what is often regarded as being the most tangible solution for increasing membership, means for increasing benefits or decreasing costs are often illusive and not prescribed by the theory. Second, enhancing the value of association membership becomes even more difficult in times of membership decline. This problem results from the close tie between association membership and association resources; membership declines equate to a loss of membership fees and a reduction of financial capital (Mills, 1980; Whitten, 1975b).

The significance of professional identity salience in predicting membership status is compatible with the theoretical proposition that professional identity influences our beliefs and behaviors (Deaux & Martin, 2003). Given that professional identity salience was the strongest alterable factor in predicting current membership from never holding membership, associations, regulatory bodies, graduate programs, and employers must consider their influence on the development of rehabilitation counselor professional identity. Strategies for recruiting and retaining members suggested by identity theory include regularly reminding current members of the strength they add to the profession and that their active membership communicates a high level of professionalism. Outreach to nonmembers possessing high professional identity salience might include messages directed at professional duty in addition to the more typical self-interested incentives for joining. Professional identity,

however, goes beyond viewing oneself as a rehabilitation counselor or even viewing rehabilitation counselor status as a primary source of self-identification. As defined in this study, a true professional identity includes an internalization of particular professional characteristics. Each rehabilitation counseling organization must consider whether hallmark characteristics of a profession, including a strongly held service ideal and membership in rehabilitation counseling professional associations are being taught, supported, and reinforced in their institutions to the same extent as maintaining a code of ethics and a high level of expert knowledge. As important as it is for professional associations to continually appeal to, educate, and encourage professionals in their professional duties, the associations' opportunity to directly influence the development of professional identity is relatively minor compared with graduate programs and the workplace, especially with nonmembers. It is important that all rehabilitation counseling entities help to confirm, support, and reinforce an accurate rehabilitation counseling professional identity.

In relation to exchange theory, despite the noted difficulty for associations to significantly alter costs or benefits, determination of value is a highly subjective process. One implication then is to recognize the potential for all rehabilitation counseling organizations to also influence perceived value through means other than monetary support. For example, publicly recognizing employees/students for their participation in a rehabilitation counseling association or even announcing association conference dates may serve to increase the perceived benefit of membership. Associations would do well to view the institutions as critical partners in increasing the perceived value of professional association membership.

Regarding institutional supports, current and former members reported greater academic support than participants who never held membership. In fact, former members reported higher levels of academic support than current members. However, former members reported a lower level of workplace support than either current or never members. Long-term membership appears most likely when professionals receive support for membership in graduate study and in their work post graduation. Given the important role of these institutions, some additional focus must be given to each.

Faculty and staff in graduate programs must recognize the great responsibility they have, as an initial point of reference, for helping students to understand and establish an accurate professional identity as well as the value of professional association membership. Academic goals must go beyond sharing information about the discipline to, as stated by MacPherson et al. (2005), helping students experience a transformation of identity into the "ethos of the profession." To ensure that the enactment of a salient professional identity is based on correct knowledge, it may also be necessary

to help students distinguish between regulatory bodies (i.e., Council on Rehabilitation Education and CRCC) and professional associations (e.g., ARCA, NRCA, and RCEA), each playing an important and unique role for the discipline. This knowledge helping them to see how maintaining the CRC in lieu of association membership may serve to weaken the discipline.

Employers also play a significant role. Whereas academic support is important because of it being the first exposure, employer support is important because of its ongoing influence throughout a professional's career. However, mean scores of workplace support ($M = 3.46$) suggest professionals typically do not perceive employers to be supportive of association membership. By regularly communicating the importance of professional associations membership and maintenance of a strong service ideal as parts of professionalism, employers may foster a strong professional identity and increase perceived value of membership.

At least one implication also exists at the individual professional level. When asked which association is capable of providing the greatest benefit, 22.8% of participants reported no professional association was capable of benefiting their careers; nearly all of these were nonmembers. This and other data suggest that some professionals opt not to join their associations due to a lack of value. The irony in nonmember professionals using a lack of value as the primary reason for not joining a professional association is that associations rely on individual membership and coproduction to create the value being sought. Thus, failure to join due to a lack of value can act to ensure that value does not increase. In an age of consumerism, it may be more difficult than ever to maintain professionalism regarding professional association membership. A consumer mentality suggests rehabilitation counselors join their associations only when value to self reaches an adequate level. However, it is clear that this mentality, widely shared, does not allow for strong associations.

Conclusions

Membership in rehabilitation counseling professional associations is at an all-time low (Leahy, 2009). If the percentage of professionals holding multiple memberships in this study is representative of all members, then combined membership approximates 1,800 individuals. This approximation equates to 11.3% of all CRCs belonging to a rehabilitation counseling professional association. As discussed, these numbers reflect a precipitous decline from the more than 10,000 members once in ARCA and NRCA alone. Furthermore, with the highest frequency of current member being between the ages of 50 and 59, the possibility of greater declines resulting from professionals aging out of the discipline is a concern.

The findings of this research expanded the work of previous research in the area of professional association membership. Results show, as hypothesized, that professional identity salience significantly predicted current membership status. Also as hypothesized, perceived value of membership predicted current membership status. Graduate programs and the workplace were also shown to play an important role in predicting membership. Implications were provided for association leadership and other professional organizations. Whitten (1971) voiced concerns that a growing complacency among professionals seemed to result from the assumption that continued effort was not necessary for maintaining current levels of professionalization; this is not so. Without professional associations providing a vehicle for the pursuit of shared interests, it is possible for this discipline, once termed a quickly emerging profession, to slip quietly back to that of a typical occupation. Further deprofessionalization would leave professionals with fewer rights to autonomously practice their full range of knowledge and skills, thus limiting their ability to do what is most important, providing quality service to persons with disabilities. It is hoped that the discipline will collectively act to restore rehabilitation counseling professional associations so the many issues and challenges faced by the discipline can be adequately addressed. For rehabilitation counseling institutions, it is time to place greater emphasis on supporting and encouraging values characterizing a profession, including membership in a rehabilitation counseling professional association. For rehabilitation counseling professionals, it is time to join a rehabilitation counseling professional association regardless of the immediate returns they receive and regardless of whether institutions add their support. By collectively recommitting to our professional associations, rehabilitation counselors and clients will experience the long-term benefits that result from maintaining strong profession associations.

Authors' Note

This research was completed as part of a dissertation submitted to Michigan State University. The Commission on Rehabilitation Counselor Certification also provided support by allowing access to certificants and by offering continuing education credits to participants for survey completion. Additional support was provided by the American Rehabilitation Counseling Association, the National Rehabilitation Counseling Association, and the Rehabilitation Counselors and Educators Association by providing access to their membership.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This

research was supported in part by a dissertation completion fellowship from Michigan State University.

References

- Alotaibi, M. (2007). Factors affecting nurses' decisions to join their professional association. *International Nursing Review, 54*, 160–165.
- Ashforth, B. E., & Mael, F. (1989). Social identity theory and the organization. *Academy of Management Review, 14*, 20–39.
- Bain, B. (1977). What I learned while camping in Yellowstone this summer. *Journal of Rehabilitation, 43*(4), 2.
- Bauman, S. (2008). To join or not to join: School counselors as a case study in professional membership. *Journal of Counseling & Development, 86*, 164–177.
- Blau, P. M. (1964). *Exchange and power in social life*. New York, NY: John Wiley.
- Borders, L. D., & Benshoff, J. M. (1992). The mini-conference: Teaching professionalism through student involvement. *Journal of Counseling & Development, 71*, 39–40.
- Brabham, B. (1988). Editorial: Rehabilitation and hunting quail. *Journal of Rehabilitation, 54*(1), 5–6.
- Browne, W. P. (1976). Benefits and membership: A reappraisal of interest group activity. *Political Research Quarterly, 29*, 258–273. doi:10.1177/106591297602900211
- Brubaker, D. R. (1981). Identity and organizational problems in professional rehabilitation. *Journal of Rehabilitation, 47*(1), 54–58.
- Bucher, R., & Strauss, A. (1961). Professions in process. *American Journal of Sociology, 66*, 325–334.
- Burke, P. J., & Reitzes, D. C. (1981). The link between identity and role performance. *Social Psychology Quarterly, 44*, 83–92.
- Carr-Saunders, A. M., & Wilson, P. A. (1933). *The professions*. Oxford, UK: Oxford University Press.
- Collison, B. B. (2001). Professional associations, standards, and credentials in counseling. In D. C. Locke, J. E. Myers, & E. L. Herr (Eds.), *The handbook of counseling* (pp. 55–68). Thousand Oaks, CA: SAGE.
- Cook, K. S., & Rice, E. (2003). Social exchange theory. In J. Delamater (Eds.), *Handbook of social psychology* (pp. 53–76). New York, NY: Kluwer Academic/Plenum Publishers.
- Dalton, J., & Dignam, M. (2007). *The decision to join*. Washington, DC: ASAE & The Center for Association Leadership.
- Deaux, K., & Martin, D. (2003). Interpersonal networks and social categories: Specifying level of context in identity processes. *Social Psychology Quarterly, 66*, 101–117.
- DeLeskey, K. (2003). Factors affecting nurses' decisions to join and maintain membership in professional associations. *Journal of PeriAnesthesia Nursing, 18*, 8–17.
- Dingwall, R. (2008). *Essays on professions*. Burlington, VT: Ashgate.
- Emener, W. G. (1986). Futuristic perspectives and recommendations for the National Rehabilitation Association. *Journal of Rehabilitation, 52*(3), 65–69.
- English, H. B. (1940). The value of a professional profession. *Journal of Consulting Psychology, 4*, 111–113. doi:10.1037/h0050355

- Etzioni, A. (1969). Preface. In A. Etzioni (Eds.), *The semi-professions and their organization* (pp. v–xviii). New York, NY: Free Press.
- Feinberg, L. B. (1973). Rehabilitation counseling: Beyond the crossroads. *Rehabilitation Counseling Bulletin*, 16, 194–197.
- Flanagan, M. P. (1992). What's in it for me? *ARMA Records Management Quarterly*, 26, 26–34.
- Freidson, E. (2001). *Professionalism: The third logic*. Chicago, IL: The University of Chicago Press.
- Goode, W. J. (1957). Community within a community: The professions. *American Sociological Review*, 22, 194–200.
- Goode, W. J. (1969). The theoretical limits of professionalization. In A. Etzioni (Eds.), *The semi-professions and their organization* (pp. 266–313). New York, NY: Free Press.
- Greenwood, E. (1957). Attributes of a profession. *Journal of the Social Work*, 2, 45–55.
- Greenwood, R., Suddaby, R., & Hinings, C. R. (2002). Theorizing change: The role of professional associations in the transformation of professional fields. *Academy of Management Journal*, 45, 58–80.
- Hall, R. H. (1968). Professionalization and bureaucratization. *American Sociological Review*, 33, 92–104.
- Hatch, N. O. (1988). Introduction: The professions in a democratic culture. In N. O. Hatch (Eds.), *The professions in American history* (pp. 1–13). Notre Dame, IN: University of Notre Dame Press.
- Heath, A. (1976). *Rational choice & social exchange: A critique of exchange theory*. London, England: Cambridge University Press.
- Heinemann, A. W., Frank, S., Scarpelli, J., & Jacobsen, R. (1986). Predictors of desire for involvement in a state rehabilitation association. *Rehabilitation Counseling Bulletin*, 30, 13–24.
- Hickson, M., III. (2006). Raising the question #4: Why bother attending conferences? *Communication Education*, 55, 464–468.
- Hogg, M. A., & Terry, D. J. (2001). Social identity theory and organizational processes. In M. A. Hogg & D. J. Terry (Eds.), *Social identity processes in organizational contexts* (pp. 1–12). Philadelphia, PA: Psychology Press.
- Hovekamp, T. M. (1997). Professional associations or unions? A comparative look. *Library Trends*, 46, 232–244.
- Irons, T. R. (1989). Professional fragmentation in rehabilitation counseling. *Journal of Rehabilitation*, 55, 41–45.
- Jaques, M. E. (1967). President's message. *Rehabilitation Counseling Bulletin*, 11, 85–86.
- Jenkins, R. (2004). *Social identity*. London, England: Routledge.
- Kamm, S. (1997). To join or not to join: How librarians make membership decisions about their associations. *Library Trends*, 46, 295–306.
- Karseth, B., & Nerland, M. (2007). Building professionalism in a knowledge society: Examining discourses of knowledge in four professional associations. *Journal of Education and Work*, 20, 335–355.
- Leahy, M. J. (2002). Professionalism in rehabilitation counseling: A retrospective review. *Journal of Rehabilitation Administration*, 26, 99–109.
- Leahy, M. J. (2004). Qualified providers. In T. F. Riggall & D. R. Maki (Eds.), *Handbook of Rehabilitation Counseling* (pp. 142–158). New York, NY: Springer.
- Leahy, M. J. (2009). Rehabilitation counseling credentialing: Research, practice, and the future of the profession. *Rehabilitation Counseling Bulletin*, 52, 67–68.
- Leahy, M. J., Rak, E., & Zanskas, S. A. (2009). A brief history of counseling and specialty areas of practice. In I. Marini & M. A. Stebnicki (Eds.), *The professional counselor's desk reference* (pp. 3–13). New York, NY: Springer.
- MacPherson, S., Kouritzen, S., & Kim, S. (2005). Profits or professionalism: Issues facing the professionalization of TESL in Canada. *College Quarterly*, 8, Retrieved from http://www.collegequarterly.ca/2005-vol08-num02-spring/macpherson_kouritzin_kim.html
- Mael, F. A. (1988). Organizational identification: Construct redefinition and a field application with organizational alumni (Unpublished doctoral dissertation). Detroit, MI: Wayne State University
- Mael, F. A., & Tetrick, L. E. (1992). Identifying organizational identification. *Educational and Psychological Measurement*, 52, 813–824.
- Mael, F. A., Waldman, D. A., & Mulqueen, C. (2001). From scientific work to organizational leadership: Predictors of management aspiration among technical personnel. *Journal of Vocational Behavior*, 59, 132–148.
- Martin, B. (2007a). A closer look at three association super-trends. *Journal of Association Leadership*, Retrieved from <http://www.asacenter.org/PublicationsResources/JALArticleDetail.cfm?itemnumber=25246>
- Martin, B. (2007b). Further discussion of five super-trends. *Journal of Association Leadership*, Retrieved from <http://www.asacenter.org/PublicationsResources/JALArticleDetail.cfm?itemnumber=30367>
- Mills, D. (1980). The first year. *Journal of Rehabilitation*, 46(3), 9.
- Mills, D. (1981). NRA's purposes. *Journal of Rehabilitation*, 47(2), 2, 72.
- Milsom, A., & Akos, P. (2005). CACREP's relevance to professionalism for school counselor educators. *Counselor Education and Supervision*, 45, 147–158.
- Molm, L. D. (2006). The social exchange framework. In P. J. Burke (Eds.), *Contemporary Social Psychological Theories* (pp. 25–45). Stanford, CA: Stanford University Press.
- Moore, W. E. (1970). *The professions roles and rules*. New York, NY: Russell Sage.
- Noordegraaf, M. (2007). From “pure” to “hybrid” professionalism: Present day professionalism in ambiguous public domains. *Administration & Society*, 39, 761–785.
- Obermann, C. E. (1962). The rehabilitation counselor as a professional person. *Journal of Rehabilitation*, 28(1), 37–38.
- Oliverio, M. A. (1979). Editorial. *Journal of Rehabilitation*, 45(4), 3.
- Oliverio, M. A. (1980). President's corner: 80s look bright for NRA. *Journal of Rehabilitation*, 46(1), 7.
- Olson, M. (1965). *The logic of collective action: Public goods and the theory of groups*. Cambridge, MA: Harvard University Press.

- Owens, T. J. (2006). Self and identity. In J. Delamater (Eds.), *Handbook of social psychology* (pp. 205–232). New York, NY: Kluwer Academic/Plenum.
- Parsons, T. (1939). The professions and social structure. *Social Forces*, 17, 457–467.
- Patterson, J. B. (2009). Professional identity and the future of rehabilitation counseling. *Rehabilitation Counseling Bulletin*, 52, 129–132.
- Patterson, J. B., & Pointer, M. P. (2007). A model for preparing leaders and promoting leadership skills within professional associations. *Journal of Rehabilitation Administration*, 31, 101–112.
- Rapp, L. A., & Collins, P. A. (1999). Reasons why nurses do or do not join their professional organization: A research study done in New Hampshire. *Nursing News*, 49(5), 1–8.
- Reinders, H. (2008). The transformation of human services. *Journal of Intellectual Disability Research*, 52, 564–572. doi:10.1111/j.1365-2788.2008.01079.x
- Rieger, P. T., & Moore, P. (2002). Professional organizations and their role in advocacy. *Seminars in Oncology Nursing*, 18, 276–289.
- Rollins, C. W., Garcia, J., & Thomas, M. (1999). Professional counseling: Evolution, current status, and beyond. In C. G. Dixon & W. G. Emener (Eds.) *Professional counseling: Transitioning into the next millennium* (pp. 3–33). Springfield, IL: Charles C. Thomas.
- Sales, A. (1986). The National Rehabilitation Association. *Journal of Rehabilitation*, 52(3), 7–12.
- Sales, A. (1995). The National Rehabilitation Association. *Journal of Rehabilitation*, 61(3), 8–13.
- Shaw, L. R., Leahy, M. J., Chan, F., & Catalano, D. (2006). Contemporary issues facing rehabilitation counseling: A Delphi study of the perspectives of leaders of the discipline. *Rehabilitation Education*, 20, 163–178.
- Skarlicki, D. P., Lucas, C., Prociuk, T., & Latham, G. P. (2000). Factors explaining why people join, remain in, or leave a scholarly society: The Canadian Psychological Association. *Canadian Psychology*, 41, 69–74.
- Spruill, D. A., & Benshoff, J. M. (1996). The future is now: Promoting professionalism among counselors-in-training. *Journal of Counseling & Development*, 74, 468–471.
- Sussman, M. B., Haug, M. R., & Krupnick, G. A. (1965). *Professional associations and membership in rehabilitation counseling* (Working paper No. 2). Cleveland, OH: Western Reserve University.
- Sussman, M. B., Haug, M. R., & Krupnick, G. A. (1966). Professional association membership in rehabilitation counseling. *Rehabilitation Literature*, 27, 354–359.
- Sweeney, T. J. (1995). Accreditation, credentialing, professionalization: The role of specialties. *Journal of Counseling & Development*, 74, 117–125.
- Szymanski, E. M. (1985). Rehabilitation counseling: A profession with a vision, an identity, and a future. *Rehabilitation Counseling Bulletin*, 29, 2–5.
- Tajfel, H. (1981). *Human groups and social categories: Studies in social psychology*. Cambridge, UK: Cambridge University Press.
- Tajfel, H., & Turner, J. (1979). An integrative theory of intergroup conflict. In W. G. Austin & S. Worchel (Eds.), *Social Psychology of Intergroup Relations* (pp. 33–47). Monterey, CA: Brooks/Cole.
- Tarvydas, V. M., & Cottone, R. R. (2000). The code of ethics for professional rehabilitation counselors: What we have and what we need. *Rehabilitation Counseling Bulletin*, 43, 188–196.
- Tarvydas, V. M., & Leahy, M. J. (1993). Licensure in rehabilitation counseling: A critical incident in professionalization. *Journal of Applied Rehabilitation Counseling*, 24(4), 16–23.
- Tarvydas, V. M., Leahy, M. J., & Zanskas, S. A. (2009). Judgment deferred: Reappraisal of rehabilitation counseling movement toward licensure parity. *Rehabilitation Counseling Bulletin*, 52, 85–94.
- Turner, J. C. (1982). Towards a cognitive redefinition of the social group. In H. Tajfel (Eds.), *Social identity and intergroup relations* (pp. 15–40). Cambridge, UK: Cambridge University Press.
- Vacc, N. A., & Loesch, L. C. (2000). *Professional orientation to counseling*. Philadelphia, PA: Brunner-Routledge.
- VanZandt, C. E. (1990). Professionalism: A matter of personal initiative. *Journal of Counseling & Development*, 68, 243–245.
- Volti, R. (2008). *An introduction to the sociology of work and occupations*. Los Angeles, CA: Pine Forge Press.
- White, M. J., & Olson, R. S. (2004). Factors affecting membership in specialty nursing organizations. *Rehabilitation Nursing*, 29, 131–137.
- Whitten, E. B. (1961). Membership. *Journal of Rehabilitation*, 27(1), 2.
- Whitten, E. B. (1971). Handicapped people and the administration. *Journal of Rehabilitation*, 37(1), 2.
- Whitten, E. B. (1975a). Association development: Two themes traced. *Journal of Rehabilitation*, 41(4), 28–29, 51.
- Whitten, E. B. (1975b). NRA future: A dual role? *Journal of Rehabilitation*, 40(6), 2.
- Wilensky, H. L. (1964). The professionalization of everyone? *The American Journal of Sociology*, 70, 137–158.
- Wright, G. N. (1974). . . . from the president. *Rehabilitation Counseling Bulletin*, 18, 68–69.
- Yeager, S. J. (1981). Fostering the development of professionalism: An exchange theory perspective of the decision to join a professional association. *Southern Review of Public Administration*, 5, 314–338.
- Yeager, S. J. (1983). Motives for joining professional associations: A test of Olson's exchange theory. *Journal of Health and Human Resources Administration*, 5, 334–350.
- Yeager, S. J., & Kline, M. (1983). Professional association membership of nurses: Factors affecting membership and the decision to join an association. *Research in Nursing & Health*, 6, 45–52.