Survey of North Dakota Physical Therapists: Participation and Perceptions of the American Physical Therapy Association (APTA) and the North Dakota Physical Therapy Association (NDPTA)

Scott Cirks
University of North Dakota

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SURVEY OF NORTH DAKOTA PHYSICAL THERAPISTS: PARTICIPATION AND PERCEPTIONS OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION (APTA) AND THE NORTH DAKOTA PHYSICAL THERAPY ASSOCIATION (NDPTA)

by

Scott Cirks
Bachelor of Science in Physical Therapy
University of North Dakota, 2000

An Independent Study
Submitted to the Graduate Faculty of the
Department of Physical Therapy
School of Medicine
University of North Dakota
in partial fulfillment of the requirements
for the degree of
Master of Physical Therapy

Grand Forks, North Dakota
May
2001
This Independent Study, submitted by Scott Cirks in partial fulfillment of the requirements for the Degree of Master of Physical Therapy from the University of North Dakota, has been read by the Faculty Preceptor, Advisor, and Chairperson of Physical Therapy under whom the work has been done and is hereby approved.

(Faculty Preceptor)

(Graduate School Advisor)

(Chairperson, Physical Therapy)
PERMISSION

Title
Survey of North Dakota Physical Therapists: Participation and Perceptions of the American Physical Therapy Association (APTA) and the North Dakota Physical Therapy Association (NDPTA)

Department
Physical Therapy

Degree
Master of Physical Therapy

In presenting this Independent Study Report in partial fulfillment of the requirements for a graduate degree from the University of North Dakota, I agree that the Department of Physical Therapy shall make it freely available for inspection. I further agree that permission for extensive copying for scholarly purposes may be granted by the professor who supervised my work or, in his/her absence, by the Chairperson of the department. It is understood that any copying or publication or other use of this independent study or part thereof for financial gain shall not be allowed without my written permission. It is also understood that due recognition shall be given to me and the University of North Dakota in any scholarly use which may be made of any material in my independent Study Report.

Signature  Scott Loker

Date  12-14-00
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ACKNOWLEDGEMENTS

I give great thanks to all of the faculty in the Physical Therapy program. This would not have been possible without all of your guidance and support. A special thanks to my preceptor Meridee Danks, her guidance and patients with Nick Marvin and myself was outstanding and heart felt thanks to her. Renee Mabey a lifesaver at helping us with our statistical computations, we would have been lost without her. Thank you to Alyson White for your words of wisdom and mothering, your help and friendship will not be soon forgot. I give much appreciation to my sidekick and good friend Nick Marvin, thanks for the good times and hard work.
ABSTRACT

The American Physical Therapy Association (APTA) is the professional association for physical therapists. The North Dakota Physical Therapy Association (NDPTA) is its section that serves the state of North Dakota. With tougher times falling upon the profession in recent years, therapist membership levels have dropped at an alarming rate. An attempt was made through this study to determine the role the APTA and NDPTA plays in member’s and nonmember's lives and the role they would like it to play.

Surveys were sent to all of the 339 registered physical therapists in North Dakota. Each was asked to complete the two-page form containing a variety of questions regarding the therapist’s professional situation and their feelings toward the APTA and NDPTA. A database was compiled with the 201 (63%) surveys returned by the imposed deadline.

Several factors were found to increase therapist involvement in the APTA. These factors included employer encouragement, increased annual income, and employment position. Association members were identified as using more APTA resources. The members felt the cost of annual membership dues was justified. Many therapists viewed the APTA as filling their needs for a voice in Washington and providing informational publications and discounts on continuing education. The advantages of the NDPTA that were identified included communication and social issues. But, there were several areas
therapists perceive their need to be unfulfilled. A prosperous future of the APTA and NDPTA may depend on how these needs are met.
CHAPTER I

INTRODUCTION AND LITERATURE REVIEW

The definition of an association is an organization of persons having a common interest or a body of persons organized for the persecution of some purpose, having no charter from the state, but having general form and mode of procedure of a corporation.\(^1\) The role of a professional association is to preserve, develop, and assert the meaning and value structures of the profession.\(^2,3\) The association must unify its needs to establish a voice that will have power in both politics and economics.

In literature Lohman\(^4\) said, "... people will form associations at the drop of a hat." Approximately 70% of Americans are members of at least one association and 25% belong to four or more.\(^5\) In North Dakota alone, there are over 500 associations with over 73,000 total members.\(^6\) Possibly it is just human nature to find others that have a common interest or wish to share common ideas. Interest in virtually all nonprofit organizations and associations has grown very rapidly within the past couple decades.\(^4\) Research has been increasing to better understand the expanding areas in associations. The number of social science active research projects dealing with associations has gone from a few dozens to perhaps hundreds in only a few short years.

Growth in associations and organizations can be credited in large part to politics. By unifying ideas and agendas, people can better affect public policy while lobbying politicians. This has provoked large growth in various professional associations to ensure
a more solid future politically by encouraging positive change for their respective professions. With these changes, associations have drawn both negative and positive criticism throughout the years. Durkheim developed a positive view of associations stating that they provide opportunities to make social and relational ties with those in the same profession. He felt that as a group striving for a common purpose they would achieve much more than as individuals fighting for their own individual causes.

Some people have a more negative view of organizations, they see them as simply predators laying and waiting to seize a social need and turn it to their own advantage in a way to enhance their own social prestige and power. In this example, the individuals lose their voice in an association and the association begins to act for itself instead of the people it serves.

There are organizations that serve the needs of people at all levels from national organizations to organizations that serve within a school district. Some organizations serve at multiple levels of society, for example national and state levels, when this happens the organization responds to state issues in the same way as they do to national issues. If, however, the state issue is too unique to a specific state, it may not be in the best interest of the national association to pursue it. In this case the members from that state receive national association support, and information on how the issues have been handled in other states is given to that state chapter. This response gives credence to the group seeking assistance and gives more power to its position.

Physical therapists have created their own association called the American Physical Therapy Association (APTA). The APTA was originally known as the American Women’s Physical Therapeutic Association. Established in 1921 for women
only, its purpose was to unify the voice of the profession of physical therapy. Mary McMillan was named the first president of the organization upon its creation. The name of the organization was changed to the American Physiotherapy Association in 1922, and two males were admitted for the first time in 1923. The association's name was changed for a final time in 1947 to the American Physical Therapy Association. Since 1921, the APTA has respectively grown with its profession to serve as a tool for communication as well as political action on a national level. The APTA has grown from 1,000 members during its inception to more than 69,000 members today. The Association opened up to include physical therapy assistants and students as well as physical therapists in the 1970's. Membership has grown to include approximately 45,000 licensed physical therapist members, 6,300 physical therapy assistant members, and 12,800 student members (Table 1).9

Table 1. Membership Statistics

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Active</td>
<td>992</td>
<td>3,261</td>
<td>6,024</td>
<td>10,654</td>
<td>24,950</td>
<td>37,671</td>
<td>45,005</td>
</tr>
<tr>
<td>Life</td>
<td>8</td>
<td>77</td>
<td>270</td>
<td>713</td>
<td>1,274</td>
<td>1,997</td>
<td></td>
</tr>
<tr>
<td>Honorary</td>
<td>9</td>
<td>12</td>
<td>8</td>
<td>18</td>
<td>18</td>
<td>17</td>
<td>12</td>
</tr>
<tr>
<td>Student</td>
<td>346</td>
<td>840</td>
<td>2,166</td>
<td>4,669</td>
<td>7,098</td>
<td>12,806</td>
<td></td>
</tr>
<tr>
<td>Affiliate</td>
<td></td>
<td></td>
<td>1,145</td>
<td>2,233</td>
<td>6,363</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Affiliate</td>
<td></td>
<td>536</td>
<td>795</td>
<td>2,695</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Graduate Student</td>
<td></td>
<td>130</td>
<td>235</td>
<td>390</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1,001</td>
<td>3,627</td>
<td>6,949</td>
<td>13,108</td>
<td>32,161</td>
<td>49,323</td>
<td>69,268</td>
</tr>
</tbody>
</table>
The APTA has developed a mission statement for its members: "The principle purpose of the APTA is to further the profession's role in the prevention, diagnosis, and treatment of movement dysfunctions and the enhancement of the physical health and functional abilities of members of the public." The APTA has also developed standards of practice, a code of ethics, and guide for conduct of an APTA member. The Guide for Professional Conduct as well as the Code of Ethics are intended to serve the physical therapists who are members of the APTA and give them guidelines for conduct. As an association member, therapists are expected to display these qualities in their profession at all times. The APTA reserves the right to change these guidelines as the dynamics of the evolving profession progress in the future.

The APTA has also created the Guide to Physical Therapist Practice, a resource guide to help members as well as all physical therapists enhance quality of care, improve patient and client satisfaction, promote appropriate utilization of health care services, increase efficiency and reduce unwarranted variation in the provision of services, and promote cost reduction through prevention and wellness initiatives. The Guide consists of two parts. Part One: A Description of Patient/Client Management gives a brief definition of physical therapists and what they do. Part Two: Preferred Practice Patterns is separated into four main categories: Musculoskeletal, Neuromuscular, Cardiopulmonary, and Integumentary. Included in Part II are suggested evaluation techniques, prognosis, suggested intervention, and expected outcomes. The APTA is currently striving for all therapists to include this tool in their profession to provide a framework to refine outcomes data collection and analysis and develop questions for clinical research.
When growth occurred in the APTA, chapters were formed to allow a more localized voice among regions within the United States. State physical therapy associations were later formed to address the needs of physical therapists on a local level. The North Dakota Chapter of the APTA was created in 1954 to advocate for the needs of its North Dakota members. As the chapter continued to grow, it was later renamed the North Dakota Physical Therapy Association (NDPTA), to better identify members.

Specialization has also occurred in relation to fields of study with the physical therapy profession. The APTA offers 19 specialty sections within the APTA which vary from acute care to geriatrics to women's health. This allows therapists with special interests or skills to receive information and specialty publications about their specific field of interest. These sections often come with an extra charge, but this fee varies from section to section from being free to $160.00.

APTA lobbying efforts in Washington have had a significant impact on the physical therapy profession recently. From budget cuts to increased unemployment rates, physical therapists need a political voice now more than ever. The impact of the Balanced Budget Act (BBA) of 1997 has been devastating to many individuals in the physical therapy profession. The BBA had originally budgeted for $115 billion in Medicare cutbacks over five-years, including a $1.7 billion cut in reimbursement for outpatient rehabilitation services. In early November 1999, a bill known as the Balanced Budget Refinement Act put a two-year moratorium on the $1,500 cap for Medicare reimbursement of rehabilitation services. Presently the APTA is working to get an extension on this moratorium. It also put off a scheduled 15% reduction in payments to home health agencies and increased payments in three rehabilitation categories in the
Resource Utilization Groups (RUGs) for skilled nursing facilities. Another monumental change that has affected by the APTA is the Health Care Financing Administration’s (HCFA) public statement reaffirming physical therapists’ qualifications to perform manual therapy manipulations under Medicare. This was contrary to the movements of organized chiropractic groups. Through these changes, the APTA has been at the forefront of initiating them, by creating a Governmental Affairs staff that was on Capitol Hill in Washington, D.C. everyday attending meetings, hearings and lobbying legislators.

As times have been growing increasingly difficult for physical therapists, the APTA has attempted easing the membership crunch by initiating new dues alternatives for its members. The APTA also instated a program that would allow a dues reprieve or extension for members who may find themselves out of work for up to six months. For new college graduates, the APTA has initiated a program that gradually increases their dues from reduced student rates to one-third of the full price the first year out of school, to two-thirds the full price the second year, and then full price thereafter.

Despite the positive changes created by the APTA, both politically and by creating due payment alternatives, APTA Chapter and Section memberships have been experiencing significant declines. In the first half of 1999, APTA membership declined nationally at a rate of 7% per month for a six-month period. Another source stated the APTA had declined in total membership from almost 75,000 members at the beginning of 1999 to 69,268, by the end of the year losing almost 8% of its members. The membership as of September 2000 had decreased to 45,005 of the 170,800 therapists licensed nationally. The NDPTA has not experienced as much of a decline in membership. Since April of 1999, membership has only declined from 176 members
state wide to 170 members as of September 2000 showing only a 3.4% decrease in membership rates. The NDPTA has a membership rate of 50.1% of all licensed physical therapists in North Dakota in comparison with the national membership rate of 26.3%.

Many physical therapists have been feeling the squeeze financially whether it be from the BBA, managed care, or other reimbursement issues. Because of these cuts, it is felt that many physical therapists made the decision to drop APTA memberships for financial reasons. This is upsetting, because many therapists simply do not realize that their professional association becomes even more important during these financially trying times.

The APTA has done surveys of its members in an attempt to see how it can serve its members better and improve membership. The NDPTA, however, has not performed a state survey to gain the local opinion of therapists in state regarding their feelings towards the APTA and NDPTA. This survey polled both member and non-member physical therapists who are either licensed and practicing in North Dakota or retired in North Dakota. The survey was designed to better understand how the APTA, both nationally and on a state level, can serve them better.

Purpose of the Study

This study used demographic information as well as questions of opinion in an attempt to better understand the needs of physical therapists as it relates to the APTA and NDPTA. There are the 13 main research questions that this survey will attempt to answer. Specifically, the study addresses the following questions:

1. Is there a relationship between membership status and annual income among active physical therapists?
2. Is there a relationship between marital status and APTA membership status?

3. Is there a relationship between years as a PT and APTA membership status?

4. What are the most used resources of the APTA and NDPTA by PTs: members versus nonmembers?

5. Is there a significant relationship in feelings between APTA members versus nonmembers on the annual price of APTA dues?

6. Is there a relationship between employment position (staff versus administration) and membership status?

7. Is there a relationship between employment setting and APTA membership status?

8. Is there a significant relationship with employer encouragement towards membership and therapist membership?

9. Is there a significant relationship in APTA membership between male and female therapists?

10. What are the most identified advantages of the APTA?

11. What are the most identified advantages of the NDPTA?

12. How can the APTA serve you better?

13. How can the NDPTA serve you better?

The Significance of the Study

By attempting to answer the 13 main research questions listed above, this survey may allow better understanding about what resources are being used by North Dakota physical therapists and which ones are not. Data from this survey can be used to show
relationships in membership rates among different groups of physical therapists. It will also give information about what therapists feel can be done to change the APTA and NDPTA to serve them better in the future. These data can possibly be used to formulate plans to improve and strengthen the APTA and NDPTA to ensure a brighter future for all physical therapists.
CHAPTER II

METHODOLOGY

In this study, registered physical therapists of North Dakota completed a questionnaire including several questions about the APTA and NDPTA. All aspects of this study were approved by the Institutional Review Board at the University of North Dakota, project number IRB-200008-023 (Appendix A). Informed consent was implied with return of each completed questionnaire.

Subjects

A total of 339 subjects were gathered by using the year 2000 listing of registered North Dakota physical therapists, which was acquired from the North Dakota State Examining Committee for Physical Therapists. Surveys were sent to each therapist's home address.

Procedure

The mailing included a one-page cover letter describing the study, requesting participation in the study, and assuring the subjects that the information would remain confidential. Subjects were asked to return the surveys as soon as possible so it could be determined if there was a need for a second mailing. The cover page was followed by the two-page questionnaire, which consisted of 25 questions regarding background information of the therapist including type of work setting, yearly income, APTA membership status, participation in the APTA and NDPTA, marital status, degree earned,
etc. Therapists were also asked several open-ended questions about their personal opinion about the APTA and NDPTA. A self-addressed stamped envelope was included in the mailing for the survey reply. A reminder notice was placed in the fall NDPTA Newsletter encouraging participation in the survey. Questionnaires were mailed out on September 1, 2000 and returned questionnaires were accepted through October 9, 2000. Seven surveys were returned after the October 9th deadline and were not included in the study.

Survey Construction

This questionnaire was developed through the review of prior surveys conducted by the APTA on a national basis and a UND physical therapy alumni survey. Input was also given from several UND faculty members, Karen Rasmusson (NDPTA President), and Wade Burgess (NDPTA President Elect). Where other surveys have focused on the national level, the survey questions were selected to better understand specifically North Dakota physical therapist feelings regarding the APTA as well as the NDPTA. There was a fairly even distribution of open and close-ended questions through the survey. A copy of the questionnaire can be found in Appendix B.

Data Analysis

Data from 201 completed questionnaires that were returned were entered into SPSS 10.0 program to be analyzed using descriptive statistics with chi squared and Pearson Product methods. The alpha level for all statistical analysis were set at $\alpha = .05$. The information from the open-ended questions were tallied manually, categorized, reported, and discuss according to the question, the comments made, and frequency of the comments. Results will be available to all interested individuals by contacting the
Department of Physical Therapy at UND. Results will also be shared with the NDPTA with the possibility of including the studies findings in the annual edition of the *NDPTA Newsletter* that is sent to both APTA members and nonmembers.
CHAPTER III

RESULTS

There were 339 surveys mailed out initially, 20 surveys were returned due to lack of forwarding address or the person had moved out of the state. A final total of 319 surveys were considered valid contacts. A total of 201 questionnaires were returned by the due date of October 9, 2000. This translates into a return rate of 63%. Seven surveys were returned after this deadline and were not included the database.

The respondent questionnaire data included in the study consisted of 123 APTA members (61%), 75 nonmembers (37%), and three subjects (2%) which did not indicate membership status. One hundred thirty-six subjects (68%) were females and 60 subjects (30%) were males, four subjects (2%) did not indicate gender. The mean age was 37 years old, varying from 24 to 58 years old. Eight subjects did not indicate age. The income of respondents (full-time and part-time) ranged from $1,000 to $263,000 per year, with an average income of $45,552 per year. The average full-time income was $48,906 and average part-time was $27,000. Twenty subjects did not indicate income level. The physical therapists responding have been practicing one to 38 years, with a mean of 12 years.

Statistical analyses were used with questions that met statistical requirements. The following survey results are presented according to specific research questions posed in Chapter I.
1) Is there a relationship with membership status and annual income among active physical therapists? Of the 178 practicing physical therapists, 139 were full-time therapists and 39 were part-time. The average income for APTA members was $50,133 for full-time therapists and $28,722 for part-time therapists. For non-members average full-time annual income was $46,653 and part-time income $24,705. These results show a significant difference in therapist income among full-time working status members and nonmembers using the independent t test; \( t(137) = -1.995, p = .048 \) (two-tailed) which was more significant than the set alpha level of .05. Using the independent t test there was no significant difference in income among part-time members and nonmembers \( t(37) = -1.269, p = .212 \) (two-tailed). These data show that APTA members with full-time employment status are making a higher income annually than their respective nonmembers (Table 2).

Table 2. APTA Membership Income Versus Non-member Income

<table>
<thead>
<tr>
<th>PT employment status</th>
<th>Full-time</th>
<th>Part-time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>x</td>
</tr>
<tr>
<td>APTA members</td>
<td>90</td>
<td>$50,133</td>
</tr>
<tr>
<td>APTA nonmembers</td>
<td>49</td>
<td>$46,653</td>
</tr>
</tbody>
</table>

2) Is there a relationship between marital status and APTA membership status? Of the respondents, 159 were married, 35 were single, and 7 did not complete the question. When completing statistical analysis using Pearson chi-square, there was no significance in correlation between marriage and APTA membership status \( \chi^2 (1, n = 194) = 1.354, p = .245, p > .05. \)
3) Is there a relationship between years as a PT and APTA membership status? There were 196 subjects (97.5%) that completed the questions of years as a PT and APTA membership status. Using the Pearson’s r test, there was no significant difference shown in years as a physical therapist and membership status $\chi^2 (5, n = 196) = 8.631, p = .125$, which was greater than the alpha level of .05 (Table 3). When calculating these data, subject’s ages were grouped into five-year intervals up to 25 years as a PT. The last group was classified as 26 years to 35 years as a PT to reach criteria for statistical analysis. Years reported as fractions by subjects were rounded to the nearest whole number of years.

Table 3. Years as a PT Versus APTA Membership Status

<table>
<thead>
<tr>
<th>Years</th>
<th>Nonmembers</th>
<th>Members</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5 years</td>
<td>observed</td>
<td>29</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td>expected</td>
<td>23.6</td>
<td>40.4</td>
</tr>
<tr>
<td>6-10 years</td>
<td>observed</td>
<td>14</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>expected</td>
<td>11.4</td>
<td>19.6</td>
</tr>
<tr>
<td>11-15 years</td>
<td>observed</td>
<td>12</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>expected</td>
<td>10.3</td>
<td>17.7</td>
</tr>
<tr>
<td>16-20 years</td>
<td>observed</td>
<td>6</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>expected</td>
<td>10.3</td>
<td>17.7</td>
</tr>
<tr>
<td>21-25 years</td>
<td>observed</td>
<td>5</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>expected</td>
<td>8.5</td>
<td>14.5</td>
</tr>
<tr>
<td>26-35 years</td>
<td>observed</td>
<td>6</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>expected</td>
<td>7.8</td>
<td>13.2</td>
</tr>
<tr>
<td>Survey total</td>
<td></td>
<td>72</td>
<td>123</td>
</tr>
</tbody>
</table>

4) What are the most used resources of the APTA and NDPTA by PTs: members versus nonmembers? The most used resource of the APTA and NDPTA by all North Dakota physical therapists was the PT Journal, 141 therapists (70.1%). The most used resource by members is the NDPTA Newsletter, 63 therapists (51.2%). The PT Bulletin is the most used resource by nonmembers, six therapists (8%) (Table 4).
Table 4. Resource Usage of APTA Members Versus Nonmembers

<table>
<thead>
<tr>
<th></th>
<th>Nonmembers</th>
<th>Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT Bulletin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequently</td>
<td>6</td>
<td>33</td>
</tr>
<tr>
<td>Occasionally</td>
<td>12</td>
<td>44</td>
</tr>
<tr>
<td>Rarely</td>
<td>5</td>
<td>15</td>
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<tr>
<td>Credit Card</td>
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<tr>
<td>Frequently</td>
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<td>4</td>
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<td>Occasionally</td>
<td>6</td>
<td>16</td>
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<td>Rarely</td>
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<td>Website</td>
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<td>Frequently</td>
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<tr>
<td>Occasionally</td>
<td>6</td>
<td>35</td>
</tr>
<tr>
<td>Rarely</td>
<td>8</td>
<td>28</td>
</tr>
<tr>
<td>Guide to PT Practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequently</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>Occasionally</td>
<td>10</td>
<td>42</td>
</tr>
<tr>
<td>Rarely</td>
<td>12</td>
<td>22</td>
</tr>
<tr>
<td>PT Journal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequently</td>
<td>3</td>
<td>34</td>
</tr>
<tr>
<td>Occasionally</td>
<td>14</td>
<td>64</td>
</tr>
<tr>
<td>Rarely</td>
<td>11</td>
<td>15</td>
</tr>
<tr>
<td>CEU Discounts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequently</td>
<td>1</td>
<td>32</td>
</tr>
<tr>
<td>Occasionally</td>
<td>8</td>
<td>34</td>
</tr>
<tr>
<td>Rarely</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>PT Magazine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequently</td>
<td>1</td>
<td>40</td>
</tr>
<tr>
<td>Occasionally</td>
<td>15</td>
<td>54</td>
</tr>
<tr>
<td>Rarely</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>APTA Service Center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequently</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Occasionally</td>
<td>1</td>
<td>14</td>
</tr>
<tr>
<td>Rarely</td>
<td>2</td>
<td>19</td>
</tr>
<tr>
<td>Insurance Use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequently</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Occasionally</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Rarely</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>NDPTA Newsletter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequently</td>
<td>4</td>
<td>63</td>
</tr>
<tr>
<td>Occasionally</td>
<td>13</td>
<td>37</td>
</tr>
<tr>
<td>Rarely</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Home Study Course</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequently</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Occasionally</td>
<td>2</td>
<td>19</td>
</tr>
<tr>
<td>Rarely</td>
<td>2</td>
<td>17</td>
</tr>
<tr>
<td>Advanced Clinical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequently</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Occasionally</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Rarely</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Total responses</td>
<td>165</td>
<td>766</td>
</tr>
<tr>
<td>Total respondents</td>
<td>75</td>
<td>123</td>
</tr>
<tr>
<td>Average/respondent</td>
<td>2.2</td>
<td>6.2</td>
</tr>
</tbody>
</table>
5) Is there a significant relationship in feelings between APTA members versus nonmembers on the annual price of APTA dues? There were 188 subjects that responded to this question of the 201 surveys returned (93.5%). Using the Pearson chi-square test, the level of significance was determined to be $\chi^2 (1, n = 188) = 33.178, p < .001$ (Table 5). This was more significant than the set alpha level of .05. These findings show a strong polarity of feelings towards APTA member dues. Nonmembers felt the dues were too high on a much more frequent basis than members.

Table 5. APTA Members Versus Nonmembers Opinions on the Price of Annual APTA Dues

<table>
<thead>
<tr>
<th></th>
<th>Price of APTA dues</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Too high</td>
<td>Too low</td>
<td>Just right</td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>Member count</td>
<td>61</td>
<td>1</td>
<td>58</td>
<td></td>
<td>120</td>
</tr>
<tr>
<td>Expected count</td>
<td>79</td>
<td>1</td>
<td>40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nonmember count</td>
<td>63</td>
<td>0</td>
<td>5</td>
<td></td>
<td>68</td>
</tr>
<tr>
<td>Expected count</td>
<td>45</td>
<td>0</td>
<td>23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Survey total</td>
<td>124</td>
<td>1</td>
<td>63</td>
<td></td>
<td>188</td>
</tr>
</tbody>
</table>

6) Is there a relationship with employment position (staff versus administration) and membership status? There were 177 subjects that held either staff or administrator positions and answered the APTA membership status question. One hundred forty-four respondents indicated they were staff therapists and 33 respondents indicated that they held administrative positions. There were 65 staff members that identified themselves as nonmembers, which was higher than the expected count of 58. Twenty-seven administrators indicated that they were members of the APTA, which was higher than the expected count of 20. To achieve statistical requirements for these data, four positions were not included in the calculations. The four positions excluded were
prosthetist, research and development specialist, educator, and self-employed therapist. These positions did not meet the minimum requirement of five expected respondents in each category. The statistical analysis was confined to the staff and administration categories. Analysis of the statistics using the Pearson chi-square test showed a significant correlation; $\chi^2 (1, n = 177) = 8.121, p = .004$. The significance of this test was greater than the set alpha level of $p < .05$. These data show that there was a significant correlation with APTA membership status and position held as a therapist (Table 6).

Table 6. Employment Position Versus APTA Membership Status

<table>
<thead>
<tr>
<th>Employment position</th>
<th>Staff</th>
<th>Administration</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member count</td>
<td>79</td>
<td>27</td>
<td>106</td>
</tr>
<tr>
<td>Expected count</td>
<td>90</td>
<td>20</td>
<td>110</td>
</tr>
<tr>
<td>Nonmember count</td>
<td>65</td>
<td>6</td>
<td>71</td>
</tr>
<tr>
<td>Expected count</td>
<td>54</td>
<td>13</td>
<td>67</td>
</tr>
<tr>
<td>Survey total</td>
<td>144</td>
<td>33</td>
<td>177</td>
</tr>
</tbody>
</table>

Is there a relationship with employment setting and APTA membership status? One hundred ninety subjects (94.5%) indicated a primary setting and APTA membership status. Due to the variation in subjects' responses, a grouping of primary job settings could not be done to reach the requirements for statistical analysis. Several employment settings did not have five subjects in each category. There was a higher than expected number of APTA members in acute, rural, home care and academic settings (Table 7). There was a lower than expected number of APTA members in neurologic/rehabilitation, outpatient, pediatrics, and long term care settings. Although these data
were not analyzed statistically, it does show variation in expected numbers of members among job settings.

Table 7. Employment Setting Versus APTA Membership Status

<table>
<thead>
<tr>
<th>Employment Setting</th>
<th>Acute</th>
<th>Rural</th>
<th>Neuro/Rehab</th>
<th>Outpatient</th>
<th>Peds</th>
<th>HC</th>
<th>LTC</th>
<th>Acad</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members count</td>
<td>22</td>
<td>14</td>
<td>5</td>
<td>41</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>15</td>
</tr>
<tr>
<td>Expected count</td>
<td>18</td>
<td>12</td>
<td>8</td>
<td>45</td>
<td>8</td>
<td>4</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>Nonmember count</td>
<td>7</td>
<td>6</td>
<td>7</td>
<td>31</td>
<td>8</td>
<td>1</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Expected count</td>
<td>11</td>
<td>8</td>
<td>5</td>
<td>27</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Survey total</td>
<td>29</td>
<td>20</td>
<td>12</td>
<td>72</td>
<td>13</td>
<td>7</td>
<td>11</td>
<td>17</td>
</tr>
</tbody>
</table>

Key: Peds = Pediatrics, HC = Home Care, LTC = Long Term Care, Acad = Academic

8) Is there a significant relationship with employer encouragement towards membership and therapist membership? One hundred ninety-one subjects (95%) reported their membership status and whether their employer encouraged membership status. The data was analyzed using the Pearson chi-square test. There was a level of significance found; \( \chi^2 \) \( (1, n = 191) = 9.654, p = .002 \), which is lower than the set alpha level of \( p < .05 \) (Table 8). When the employer encouraged membership 65 people reported they were members, greater than the expected number of 55. When the employer did not encourage membership 55 people indicated membership, lower than the expected count of 65. These data show that there was a significant correlation between employer encouragement of APTA membership and actual membership status.

9) Is there a significant relationship in APTA membership between males and females? One hundred ninety-six subjects (97.5%) answered whether they were
Table 8. Employer Encouragement and APTA Membership

<table>
<thead>
<tr>
<th></th>
<th>Nonmembers</th>
<th>Members</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer encouragement count</td>
<td>22</td>
<td>65</td>
<td>87</td>
</tr>
<tr>
<td>Expected count</td>
<td>32</td>
<td>55</td>
<td></td>
</tr>
<tr>
<td>No employer encouragement count</td>
<td>49</td>
<td>55</td>
<td>104</td>
</tr>
<tr>
<td>Expected count</td>
<td>39</td>
<td>65</td>
<td></td>
</tr>
<tr>
<td>Survey total</td>
<td>71</td>
<td>120</td>
<td>191</td>
</tr>
</tbody>
</table>

male or female and whether they were APTA members. There were 60 males and 136 females included in the calculations for this research question. Using the Pearson chi-square test there was no significance determined in correlation between sex and membership status; \( \chi^2 (1, n = 196) = .885, p=.667 \), this does not reach the set alpha level of \( p < .05 \). There was no significant correlation in membership status and sex of the therapist.

10) **What are the most identified advantages of the APTA?** The responses for the following four open-ended questions were tallied manually and organized into manageable groups for analytical and discussion purposes. The most identified advantages of the APTA are listed in order from most identified to least identified advantage. There were 21 total varied responses that could not be grouped into another category. The 13 other responses were not reported in this study due to their low count among respondents (Table 9).

11) **What are the most identified advantages of the NDPTA?** There were seven groups of advantages identified (Table 10). The most identified advantage of the NDPTA was discounts on Continuing Education Units (CEU's).
Table 9. Most Identified Advantages of the APTA

<table>
<thead>
<tr>
<th>Rank</th>
<th>Identified advantage</th>
<th>Number of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>APTA lobbying efforts</td>
<td>55</td>
</tr>
<tr>
<td>2</td>
<td>Discounts on CEUs</td>
<td>49</td>
</tr>
<tr>
<td>3</td>
<td>Keeping current on professional issues</td>
<td>36</td>
</tr>
<tr>
<td>4</td>
<td>Multiple resources available</td>
<td>25</td>
</tr>
<tr>
<td>5²</td>
<td>Updated literature, Empowerment of profession, Current research</td>
<td></td>
</tr>
</tbody>
</table>

² = denotes a tie between three identified advantages in fifth place

Table 10. The Most Identified Advantages of the NDPTA

<table>
<thead>
<tr>
<th>Rank</th>
<th>Identified advantage</th>
<th>Number of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CEU discounts</td>
<td>45</td>
</tr>
<tr>
<td>2</td>
<td>Keep current on local and professional issues</td>
<td>32</td>
</tr>
<tr>
<td>3</td>
<td>Communication and networking</td>
<td>23</td>
</tr>
<tr>
<td>4</td>
<td>Lobbying efforts</td>
<td>13</td>
</tr>
<tr>
<td>5²</td>
<td>Developing friendships, Keeping current on reimbursement issues, Empowerment of the profession</td>
<td></td>
</tr>
</tbody>
</table>

² = denotes a tie between three identified advantages in fifth place

12) **How can the APTA serve you better?** The most identified ways the APTA can serve therapists better are listed in order from most frequently identified to least identified followed by number of respondents (Table 11). There were nine other responses that were only identified one time and could not be grouped in other categories
therefore they were not reported. There was a total of 14 different ways that the NDPTA could serve members better, identified by respondents.

Table 11. How the APTA Can Serve You Better

<table>
<thead>
<tr>
<th>Rank</th>
<th>Identified ways the APTA can serve PTs better</th>
<th>Number of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Decrease annual dues</td>
<td>18</td>
</tr>
<tr>
<td>2</td>
<td>Increase lobbying</td>
<td>7</td>
</tr>
<tr>
<td>3</td>
<td>Increase clinical research</td>
<td>6</td>
</tr>
</tbody>
</table>
| 4a   | Increase national advertising/public relations  
Decrease annual dues  
Increase communication | 5                     |

*a* = denotes a tie between two identified ways the APTA can serve PTs better in fourth place

13) **How can the NDPTA serve you better?** The four most frequently identified ways the NDPTA can better serve therapists better are listed in order from most frequent to least frequent followed by number of respondents (Table 12). Six other responses were only identified one time by respondents and were not reported, for a total of ten categories identified.

Table 12. Ways the NDPTA Can Better Serve PTs

<table>
<thead>
<tr>
<th>Rank</th>
<th>Identified ways the NDPTA can better serve PTs</th>
<th>Number of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>More continuing education courses offered locally</td>
<td>7</td>
</tr>
<tr>
<td>2</td>
<td>More communication within the NDPTA</td>
<td>6</td>
</tr>
<tr>
<td>3</td>
<td>Improve advertising and public relations</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Open a NDPTA website</td>
<td>2</td>
</tr>
</tbody>
</table>
CHAPTER IV
DISCUSSION

The following chapter will discuss the survey return rate and each research question in the order it was proposed in Chapter I. The limitations of this study will be discussed along with recommendations for future studies in this area.

The survey had a final return rate of 63%. The return of the surveys was enhanced by a reminder notice that was placed in the fall NDPTA Newsletter encouraging participation in the survey. Return of the surveys may have been improved even further with the addition of postcard reminders sent to nonmembers that do not receive the NDPTA Newsletter.

1) Is there a relationship with membership status and annual income among active physical therapists? Results show a significant difference in annual income for full-time therapists ($50,133) that are members than annual income of non-members ($46,653) (Table 1). There was no significant difference in the income of APTA members and nonmembers among part-time therapist. These results can be influenced by several factors. 1) The greater income among members that are full-time may be due to the fact that they hold administrative positions and may be required to be members. 2) Therapists with a higher annual income may also find dues to be more affordable than those with a lower annual income. 3) Therapists that are members may be more involved with the profession and thus are more appealing to employers and are justified in
demanding higher pay. No matter what the reasons for these differences, being an APTA member reflects a higher annual income among full-time therapists. Although there was a variation in average income among part-time members ($28,772) and nonmembers ($24,705) there was not a statistically significant difference. This may be due to the large variation in annual income among part-time respondents causing large standard deviations (9,299; 10,369).

2) Is there a relationship between marital status and APTA membership status? There was no significant difference in the rate of APTA membership among married and single therapists. This simply shows that this data did not show any tendency for marital status to affect membership status.

3) Is there a relationship between years as a PT and APTA membership status? There was no significant relationship in years as a PT and membership status. This finding shows an interesting statistic that, not only are younger therapists dropping their membership, but therapists that have been practicing for more years are also discontinuing membership. Although there were slight variations in the actual frequency of membership among age groups from expected numbers, there was not enough variation to indicate statistical significance (Table 2). Therapists that have been practicing more than 15 years exceeded their expected membership frequency. Therapists that have been practicing for 15 years or less fell short of their expected membership frequency. This shows that there is a mild, although not statistically significant, trend in declining membership among younger therapists. This information is important in the focusing of recruitment to younger therapists. This data may possibly suggest that even improving student membership and encouraging continued membership
during the students education may result in increased membership for the APTA and NDPTA.

4) What are the most used resources of the APTA and NDPTA by PTs: members versus nonmembers? The most used resources of respondents were divided into member and nonmember categories (Table 3). Nonmembers had 165 total hits for identified resources used among 75 respondents. This shows that some therapists who are not paying membership dues they are still taking advantage of the resources the APTA and NDPTA provide. Members had 766 total hits for identified resources among 123 respondents. These data show that members are often using multiple resources of the APTA and NDPTA on a frequent basis. The most used resource of the APTA and NDPTA by all North Dakota physical therapists is the PT Journal, 141 therapists (70.1%). The most frequently used resource is NDPTA Newsletter by members, 63 therapists (51.2%). The PT Bulletin is the most frequently used resource by nonmembers, six therapists (8%). These trends simply show, which resources were used most frequently by respondents. Although most publications of the APTA are sent exclusively to members, nonmembers often reported use of these materials on a frequent basis. The PT Bulletin is available to everyone on the APTA website, which may explain its high frequency in reported use among nonmembers. This data was difficult to analyze further due to the format of questioning used in the survey and large range of uses reported.

5) Is there a significant relationship in feelings between APTA members versus nonmembers on the annual price of APTA dues? There was a significant difference in feelings between APTA members and nonmembers on the annual price of
APTA dues (Table 4). These data show that nonmembers felt that dues were too high on a more frequent basis than expected. Members felt that dues were just right on a more frequent basis than expected. These results can be due to several factors. 1) Therapists that feel that annual dues are reasonable are more likely to pay the dues. 2) Therapists that feel dues are too high would more likely choose not to pay the dues. 3) Members may realize the benefits they receive better than nonmembers, since they receive all the publications, discounts and other benefits included with APTA and NDPTA membership. It is important to note that 61 members felt that dues were too high which is more than the 58 members that felt dues were just right. These data show that a large percentage of therapist feel annual dues are too high and this feeling is significantly more prevalent among nonmembers.

6) Is there a relationship with employment position (staff versus administration) and membership status? There was a significant difference in membership frequency between staff and administration among respondents (Table 5). Therapists that hold administrative positions were more likely to be APTA members than staff therapists. Several factors may account for this:

1. Administrators have a higher annual income on average making membership more affordable.

2. It may be mandatory for administration to be APTA members at the facility they are employed.

3. The facility may reimburse one therapist in a department for APTA membership dues and this may be most often the administrators.
4. Administrators may feel they need to set an example for other therapists to support their professional organization. These are possible factors that may influence membership status. There were no other obvious trends that could account for this difference among staff and administrators.

7) **Is there a relationship with employment setting and APTA membership status?** Due to the large variation in primary employment setting among respondents statistical analysis of membership status and employment setting could not be done. Although statistical analysis was not run on this research question some deviations did developed in relation to expected frequency (Table 6). The deviations from expected numbers were small and did not show any trends that would further explain these variations. In future surveys, statistical criteria may be achieved by grouping employment settings together into larger categories to diminish the amount of variation in responses.

8) **Is there a significant relationship with employer encouragement towards membership and therapist membership?** There was a significant relationship with employer encouragement towards APTA membership and frequency of membership. This was found to be a positive relationship at a significance level of p=.002. These data show that when employers encourage APTA membership therapists are more likely to become members. This may help direct future recruiting efforts of the APTA, by directing efforts towards employers and departmental managers. This was felt to be one of the more significant findings in the survey. By changing focus from grass root recruiting and focusing on each employer and/or administrator the APTA can concentrate efforts and possibly be more effective in their efforts.
9) Is there a significant relationship in APTA membership between males and females? There was no significant difference in APTA membership between male and female therapists. Distribution of membership frequency did not vary much from the expected frequencies among males and females. These data show equal representation of both genders in the APTA. However, 86 females reported they were members and only 36 males reported they were members, but this correlates with the overall gender of respondents with 68% being female and 30% being male. These data suggest that recruiting efforts need to be focused towards both genders equally.

The open-ended questions were placed at the end of the survey and were not filled out as frequently as the rest of the questions. Correlations of this data with other questions could not be performed because the data was tallied manually, not with SPSS 10.0. Because of this the four open-ended questions will be each discuss briefly and will include some quotations of respondents that were felt to be significant and well stated.

10) What are the most identified advantages of the APTA? The most identified advantage of the APTA among all respondents was the lobbying efforts of the APTA (55 respondents). This shows that respondents are aware of these efforts. However, lobbying efforts not only are advantageous to members, but to nonmembers as well. Discounts on continuing education units was the second most identified advantage of the APTA (49 respondents). These data suggest that members are taking advantage of the discounts given to APTA members on a frequent basis. Keeping current on professional issues was identified as an advantage of the APTA (36 respondents). Comments to answer this question were left in an open format so it was difficult to relate questions to membership tendencies.
11) What are the most identified advantages of the NDPTA? Discounts on CEUs was identified as an NDPTA advantage most frequently by respondents (45 respondents). These data suggest that members are using this benefit frequently to attend CEUs at reduced prices. Keeping current on local issues was identified frequently as an advantage (32 respondents), along with communication and networking (23 respondents). These data state that the NDPTA is being used as a tool to communicate with other therapists throughout the state and keeping therapists informed on local issues.

The final two questions on how the APTA and NDPTA can serve you better did not have as many responses as the first two open-ended questions. The decrease in responses may be attributed to respondents not having suggestions on improvements, the respondent had time restrictions, or simply the subject just got tired of writing.

12) How can the APTA serve you better? The most identified way that the APTA can serve therapists better is to lower dues (18 respondents). This was expected due to the high number of responses that APTA dues were too high. The APTA may possibly look into the benefit of slightly lowering dues in an attempt to increase membership, and whether the increase in membership would cover the cost of decreasing dues. With an increase in membership the APTA would not only reach more therapists, but it would hold more power in lobbying efforts politically. Increasing lobbying efforts (7 respondents) and clinical research (6 respondents) were also identified ways that the APTA could serve members better. This shows that although respondents felt that these were advantages of the Association, they also feel that it needs to do more.

13) How can the NDPTA serve you better? The most identified way the NDPTA can serve members better is by offering more CEUs locally (7 respondents).
Although discounts on CEUs was highly identified as an advantage, some respondents feel the need for more of them offered locally. More communication within the NDPTA was also a suggested change to serve members better (6 respondents). Again, communication was identified as an advantage of the NDPTA, but several respondents would like to see even more communication within the Association.

The APTA and NDPTA may possibly use these data to understand what resources and advantages are important to therapists and make changes in the Association accordingly. Likewise, they can look at the final two research questions to identify areas that therapists would like to see improvements in. By listening to therapists and adapting to member's needs the APTA and NDPTA may improve membership rates and serve their members better.

Quotes

The following quotes were selected to be included in this chapter because of their extreme view, well stated point, or unique suggestion. These are just a few of the many different comments received on the four open ended questions (10-13) of our survey.

10) Please list any advantages of being an APTA member:

- "Membership provides excellent access to current research/trends and helps promote continuing education opportunities."
- "None."
- "I can access info via the internet or phone. They do well with reimbursement issues."
- "The APTA makes our profession stronger and fights for us."
11) Please list any advantages of being an NDPTA member:

- "It helps keep therapists in close contact with each other on issues that face us in this changing healthcare climate."
- "The North Dakota chapter does an excellent job of representing us."
- "They work with Blue Cross Blue Shield and Workers compensation on reimbursement issues."

12) How could the APTA serve you better?

- "The APTA only brags about changing something rather than preventing it from happening."
- "Help fix healthcare"
- "It Can't"
- "Make monthly payments an option, one payment is just too much."
- "I think dues should be lowered and membership be made mandatory."
- "More home study interaction - what's the rest of the country doing?"
- "Be more concerned with job shortage than making PT programs DPT level. Why get a DPT if you won't have a job when you get out of school?"

13) How could the NDPTA serve you better?

- "Stand up to defend us against insurance companies."
- "More continuing education in-state with big name instructors!"
- "I'm concerned of the trend of retired PTs dropping their license because of the cost of continuing educational courses."
Limitations

Reflecting back on this study there are several factors that may have played a role in limiting conclusions. Open-ended questions, although insightful, were left uncompleted more often than other questions causing a decrease in the reporting of subjects feelings. Data was subject to possible input errors when transferring data from the surveys to SPSS 10.0. Survey construction may have altered therapists response by limiting choices on closed-ended questions. Data that compared primary setting and membership status could not be analyzed statistically due to a large variation in settings and a low number of responses in several categories. Data such as patient load and participation in sections of the APTA were collected and not used in this study.

Recommendations

In hindsight there are a few possible changes that could have improved the effectiveness of the study. Ideas for future surveys in this area are as follows:

1. Analyze years as a PT and membership status in two categories such as less than 15 years and greater than 15 years as a PT instead of 5 year increments.
2. Do further statistical analysis of resources used or simplify the format of the question to allow statistical analysis.
3. Make survey limited to one page to ensure better completion rate.
4. Limit open-ended questions to one or two. Respondents did not usually take the time to fill out all four open ended questions in the survey
5. Assess nonmember use of APTA publications and materials.
6. Ask nonmembers: If dues were lowered would you become a member? How low would they have to be?
CHAPTER V
CONCLUSION

This study attempted to better understand the perceptions of North Dakota physical therapists towards their professional association. The study also compared data such as gender, annual income, feelings towards dues, and years as a therapist to membership frequency. These comparisons were used to better understand trends in membership and to propose future ideas for change in the APTA and NDPTA. After computing results, it is seems justifiable to make the following conclusions:

1. Among full time working status therapists, members make a significantly higher annual income than nonmembers.
2. Non-members feel that APTA dues are too high at a much more frequent rate than members.
3. Therapists that hold administrative positions are members on a much more frequent basis than staff therapists.
4. When employers encouraged membership, therapists reported being members on a much more frequent basis.
5. Contrary to some beliefs, all ages of therapists are evenly dropping membership, not just younger therapists.

The APTA and NDPTA not only fight for the rights of its members, but for the rights of all therapists. Hopefully this study can help create ideas for change that will
increase membership in the APTA and NDPTA to strengthen the Physical Therapy profession and ensure a brighter future for all therapists and their patients as well.
APPENDIX A
EXPEDITED REVIEW REQUESTED UNDER ITEM ______ (NUMBER[S]) OF HHS REGULATIONS

x EXEMPT REVIEW REQUESTED UNDER ITEM 2 (NUMBER[S]) OF HHS REGULATIONS

UNIVERSITY OF NORTH DAKOTA HUMAN SUBJECTS REVIEW FORM
FOR NEW PROJECTS OR PROCEDURAL REVISIONS TO APPROVED
PROJECTS INVOLVING HUMAN SUBJECTS

Please include ALL information and check ALL blanks that apply.

PRINCIPAL INVESTIGATOR: Nick Marvin and Scott Cirks

TELEPHONE: 701-777-2831
DATE: 4-12-00

ADDRESS TO WHICH NOTICE OF APPROVAL SHOULD BE SENT: UND Dept of Physical Therapy PO Box 9037

PROPOSED

SCHOOL/COLLEGE: UND/ Medicine
DEPARTMENT: Physical Therapy
PROJECT DATES: 8/1/00-11/31/00

(E.g., A&S, Medicine, EHD, etc.)

PROJECT TITLE: Survey of North Dakota Physical Therapists: Participation in the APTA/NDPTA

PROJECT DATES: (Month/Day/Year)

FUNDING AGENCIES (IF APPLICABLE): N/A

TYPE OF PROJECT (Check ALL that apply):
NEW
x PROJECT
CONTINUATION
RENEWAL
DISSERTATION OR
THESIS RESEARCH
x STUDENT RESEARCH PROJECT

__ CHANGE IN PROCEDURE FOR A PREVIOUSLY APPROVED PROJECT

DISSERTATION/THESIS ADVISER, OR STUDENT ADVISER: Meridee Danks

PROPOSED PROJECT: ___ INVOLVES NEW DRUGS (IND) ___ INVOLVES NON-APPROVED USE OF DRUG ___ INVOLVES A COOPERATING INSTITUTION

IF ANY OF YOUR SUBJECTS FALL IN ANY OF THE FOLLOWING CLASSIFICATION, PLEASE INDICATE THE CLASSIFICATION(S):

☐ MINORS (<18 YEARS) ☐ PREGNANT WOMEN ☐ MENTALLY DISABLED ☐ FETUSES ☐ PERSONS WITH MENTAL RETARDATION

☐ PRISONERS ☐ ABORTUSES ☐ UND STUDENTS (>18 YEARS)

IF YOUR PROJECT INVOLVES ANY HUMAN TISSUE, BODY FLUIDS, PATHOLOGICAL SPECIMENS, DONATED ORGANS, FETAL MATERIAL, OR PLACENTAL MATERIALS, CHECK HERE ___

IF YOUR PROJECT HAS BEEN/WILL BE SUBMITTED TO ANOTHER INSTITUTIONAL REVIEW BOARD(S), PLEASE LIST NAME OF BOARD(S):

Status: ___ Submitted; Date _________ ___ Approved; Date _________ ___ Pending

1. ABSTRACT: (LIMIT TO 200 WORDS OR LESS AND INCLUDE JUSTIFICATION OR NECESSITY FOR USING HUMAN SUBJECTS.)

The American Physical Therapy Association (APTA) is the professional association of physical therapists in the United States. The North Dakota Physical Therapy Association (NDPTA) is a component of the APTA. Since its inception, the APTA has strived to insure a strong future for the profession by addressing practice, reimbursement and other pertinent issues. In the last few years, APTA membership and participation has been declining which could limit its overall effectiveness. The purpose of this study is to determine the significance of the APTA and NDPTA to the physical therapists they serve and to identify how the APTA can serve them better.

A questionnaire will be sent to all licensed therapists in North Dakota. This questionnaire includes a cover letter explaining the survey followed by a two-page survey that requests information relative to the APTA and NDPTA.
PLEASE NOTE: Only information pertinent to your request to utilize human subjects in your project or activity should be included on this form. Where appropriate attach sections from your proposal (if seeking outside funding).

2. PROTOCOL: (Describe procedures to which humans will be subjected. Use additional pages if necessary. Attach any surveys, tests, questionnaires, interview questions, examples of interview questions (if qualitative research), etc., the subjects will be asked to complete.)

Subjects: All licensed physical therapists in North Dakota will be sent a questionnaire. Subject’s home addresses will be obtained via the North Dakota State Examining Committee for Physical Therapists.

Instrument: The survey will include a cover letter and a two-page questionnaire, which are enclosed. The first portion of the survey contains several demographic questions. The second part of the survey contains questions regarding income, employment status, type of facility where employed, and degrees/certifications completed. It also includes membership status, utilization of resources, and level of participation in the APTA/NDPTA.

Procedure: Questionnaires will be distributed by mail beginning in August 2000. The questionnaire and cover letter will be sent to individuals along with a pre-addressed business envelope.

Data Analysis: Descriptive and analytical statistics with an alpha level of .05 will be used to compile the data.

Data Reporting: Results from the questionnaire will be reported in the independent study, which will be placed in the University of North Dakota School of Medicine and Health Sciences Library upon completion. Any subjects interested in the results will also be encouraged to contact the UND Department of Physical Therapy at their convenience.

3. BENEFITS: (Describe the benefits to the individual or society.)

The results of the North Dakota physical therapists survey will be compared to the APTA nationwide survey. This may result in a better understanding of how North Dakota therapists utilize the APTA as compared to physical therapists at a national level. Therapists may gain better understanding of why other therapists are currently tapping into the APTA. It may also assist the North Dakota chapter of the APTA in better understanding of how to better serve and recruit members. Additionally, the ability to increase the number of members in the APTA/NDPTA could help improve overall efficiency of physical therapists in health care which, in turn, could benefit consumers.

4. RISKS: (Describe the risks to the subject and precautions that will be taken to minimize them. The concept of risk goes beyond physical risk and includes risks to the subject's dignity and self-respect, as well as psychological, emotional or behavioral risk. If data are collected which could prove harmful or embarrassing to the subject if associated with him or her, then describe the methods to be used to protect the confidentiality of data obtained, debriefing procedures, storage of data, how long date will be stored (must be a minimum of three years), final disposition of data, etc.)

The greatest risk to our subjects is confidentiality. However, all questionnaires will be completed anonymously and all data will be reported in aggregate. Data will be kept in a confidential file, in a locked room, at the University of North Dakota Department of Physical Therapy for three years following completion of the study.
5. **CONSENT FORM:** Attach a copy of the **CONSENT FORM** to be signed by the subject (if applicable) and/or any statement to be read to the subject should be attached to this form. If no **CONSENT FORM** is to be used, document the procedures to be used to assure that infringement upon the subject's rights will not occur.

Describe where signed consent forms will be kept and for how long (must be a minimum of 3 years), including plans for final disposition or destruction.

There will be no consent form for this study. Each subject will receive a cover letter with the questionnaire which will introduce them to the study and invite them to participate. Return of the questionnaire will be viewed as implied consent.

6. For FULL IRB REVIEW forward a signed original and fifteen (15) copies of this completed form, including fifteen (15) copies of the proposed consent form, questionnaires, examples of interview questions, etc. and any supporting documentation to the address below. An original and 19 copies are required for clinical medical projects. In cases where the proposed work is part of a proposal to a potential funding source, one copy of the completed proposal to the funding agency (agreement/contract if there is no proposal) must be attached to the completed Human Subjects Review Form if the proposal is non-clinical; 7 copies if the proposal is clinical medical. If the proposed work is being conducted for a pharmaceutical company, 7 copies of the company’s protocol must be provided.

Office of Research & Program Development
University of North Dakota
Grand Forks, North Dakota 58202-7134

On campus, mail to: Office of Research & Program Development, Box 7134, or drop it off at Room 105 Twamley Hall.

For EXEMPT or EXPEDITED REVIEW forward a signed original, including a copy of the consent form, questionnaires, examples of interview questions, etc. and any supporting documentation to one of the addresses above. In cases where the proposed work is part of a proposal to a potential funding source, one copy of the completed proposal to the funding agency (agreement/contract if there is no proposal) must be attached to the completed Human Subjects Review Form.

The policies and procedures on Use of Human Subjects of the University of North Dakota apply to all activities involving use of Human Subjects performed by personnel conducting such activities under the auspices of the University. No activities are to be initiated without prior review and approval as prescribed by the University's policies and procedures governing the use of human subjects.

**SIGNATURES:**

Principal Investigator 

Project Director or Student Adviser 

Training or Center Grant Director 

(Revised 2/2000)
REPORT OF ACTION: EXEMPT/EXPEDITED REVIEW
University of North Dakota Institutional Review Board

Date: August 11, 2000
Project Number: IRB-200008-023

Name: Nick Marvin; Scott Cirks
Department/College: Physical Therapy

Project Title: Survey of North Dakota Physical Therapists: Participation in the APTA/NDPTA

The above referenced project was reviewed by a designated member for the University's Institutional Review Board on Aug. 11, 2000 and the following action was taken:

☐ Project approved. EXPEDITED REVIEW Category No. ______________
Next scheduled review is on: ______________

☐ Project approved. EXEMPT REVIEW Category No. # 2
☑ This approval is valid until March 2001 as long as approved procedures are followed. No periodic review scheduled unless so stated in the Remarks Section.

☐ Project approved PENDING receipt of corrections/additions. These corrections/additions should be submitted to ORPD for review and approval. This study may not be started UNTIL final IRB approval has been received. (See Remarks Section for further information.)

☐ Project approval deferred. This study may not be started until final IRB approval has been received. (See Remarks Section for further information.)

☐ Project denied. (See Remarks Section for further information.)

REMARKS: Any changes in protocol or adverse occurrences in the course of the research project must be reported immediately to the IRB Chairperson or ORPD.

PLEASE NOTE: Requested revisions for student proposals MUST include adviser's signature.

cc: Meridee Danks, Adviser
Dean, School of Medicine

Signature of Designated IRB Member
UND's Institutional Review Board

8/14/00

If the proposed project (clinical medical) is to be part of a research activity funded by a Federal Agency, a special assurance statement or a completed 310 Form may be required. Contact ORPD to obtain the required documents.

(6/2000)
APPENDIX B
September 1, 2000

Dear Physical Therapist,

Our names are Scott Cirks and Nick Marvin and we are working on our Master's degrees in Physical Therapy at the University of North Dakota. In partial fulfillment of the requirements for that degree, we are doing an independent study and are asking for your participation.

The purpose of the study is to determine the significance of the APTA and NDPTA to the physical therapists they serve. A survey is being sent to every licensed physical therapist in North Dakota. We would appreciate your participation in this study so we can gain further knowledge about how the APTA and NDPTA can better serve you. The questionnaire will take approximately 10 minutes to complete. You can be assured that your responses will remain confidential, as no personal identification is included on the questionnaire. We would appreciate this survey being returned as soon as possible. A pre-addressed business envelope has been enclosed for your reply.

Thank you for your time! If you have any questions, need more information, or are interested in knowing the results of this study, please feel free to call Scott, Nick, or Meridee Danks (Advisor) at (701) 777-2831 at any time. We will return your call as soon as possible.

Sincerely,

Scott Cirks, Physical Therapy Student
Nick Marvin, Physical Therapy Student
**SURVEY**

1. **Gender:**
   - [ ] Male
   - [ ] Female
   - Age: ___

2. **Marital Status:**
   - [ ] Married
   - [ ] Single
   - Number of Children: ___

3. **Physical Therapy Employment Status:**
   - [ ] Full time
   - [ ] Part time
   - [ ] Retired
   - [ ] Employed other than in PT
   - [ ] Unemployed looking for PT work
   - [ ] Unemployed not looking for PT work

4. **Current PT Position:**
   - [ ] Staff
   - [ ] Administration
   - [ ] ________

5. **Annual Income (To nearest $1,000):**
   - ___

6. **Physical Therapy Employment Setting: (circle primary, [X] all that apply):**
   - [ ] Acute
   - [ ] Outpatient
   - [ ] Long Term Care
   - [ ] Rural
   - [ ] Pediatrics
   - [ ] Academic Institution
   - [ ] Neuro/Rehab
   - [ ] Home Care
   - [ ] Private PT Practice
   - [ ] Other

7. **Approximate population of area served:**
   - ___

8. **Average individual PT patient load per day:**
   - ___

9. **Degree(s) Completed:**
   - [ ] BSPT
   - [ ] MPT
   - [ ] DPT
   - [ ] Other
   - __________

10. **How many years have you been a PT?**
    - ___

11. **APTA Member:**
    - [ ] Yes
    - [ ] No
    - If yes, for how many years?
    - If no, have you ever been a member?
    - [ ] Yes
    - [ ] No
    - Give dates:
    - If no, please give specific reasons why not:

12. **Do you feel APTA membership dues are:**
    - [ ] Too high
    - [ ] Too low
    - [ ] Just right
    - If you feel APTA dues are too high, what would be reasonable?

13. **Are you active in any APTA sections?**
    - [ ] Yes
    - [ ] No
    - If yes, which one(s)?
    - If no, have you ever been?

14. **Do you feel that APTA section dues are:**
    - [ ] Too high
    - [ ] Too low
    - [ ] Just right
    - If you feel section dues are too high, what would be reasonable?
15. Does your employer encourage professional membership?  □ Yes □ No

16. Does your employer reimburse for APTA membership dues?  □ Yes □ No
   ♦ If yes, what percentage? __________________

17. Have you ever been active in recruiting members for the APTA (example: the present "Extend Your Reach" campaign)?  □ Yes □ No

18. Please list any advanced certifications you possess: __________________

19. Please list any other involvement with the APTA: __________________

20. Please list any other involvement with the NDPTA: __________________

21. Rank the following resources offered by the APTA that you utilize?
   (1= used frequently; 2= used occasionally; 3= used rarely; blank= if not utilized)
   ___ PT Bulletin   ___ PT Journal   ___ Insurance
   ___ Credit Cards   ___ Discounts on CEUs   ___ NDPTA newsletter
   ___ Website   ___ PT Magazine   ___ Home study course
   ___ Guide to PT Practice   ___ APTA service center   ___ Adv. clinical cert.
   ♦ Are there any other APTA resources you utilize frequently? __________

22. Please list any advantages of being an APTA member: __________________

23. Please list any advantages of being an NDPTA member: __________________

24. How could the APTA serve you better? __________________

25. How could the NDPTA serve you better? __________________

😊 Thank you for completing our survey!!!

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REFERENCES


8. Mallon FJ. CEO's Report. Available at:


