Factors affecting the value of professional association affiliation

Stephen L. Walston
Amir A. Khaliq

Background: The resource-based view of the firm suggests that organizations must obtain valuable resources from external sources to obtain lasting benefits. Professional associations today exist in every industry and offer resources to assist their affiliates’ organizations and individual members. Today, there are more than 23,000 national and 64,000 state, local, and regional professional associations that claim to significantly benefit their affiliates. The value of these benefits and what organizational and individual factors that may affect their value have not been explored.

Purpose: This article explores the influence of organizational and individual factors on the value of resources offered by a prominent health care professional association.

Methodology/Approach: Data from a national survey of hospital CEOs were combined with American Hospital Association data for descriptive statistics and regression analyses to examine the organizational and individual characteristics influencing the value of professional association affiliation.

Findings: Our research suggests that most hospital CEOs perceived value in the resources provided by their primary professional organization. In addition, both organizational and individual factors contributed to the perceived value of professional association affiliation. Significant organizational influences included hospital ownership and system membership, which were related to less importance and value from affiliation. Positive and significant individual characteristics included certification as an association fellow and CEOs who have a high value for coaching. Interestingly, men perceived less organizational value from affiliation and older CEOs saw less individual value.

Practical Implications: Executives considering affiliating with a professional association can better understand how existing affiliates perceive and value the associations’ benefits. In addition, executives and professional associations can be more informed how professional association affiliation is significantly influenced by organizational and individual characteristics. Individuals, organizations, and professional associations should be aware of the perceptions and differences among those who do and could avail themselves of professional association resources.

Many health care organizations today expend significant efforts to establish external relationships as a means to obtain important information and critical resources. The resource-based view of the firm posits that, to be competitive and successful, firms need to continually seek valuable external resources that provide lasting organizational benefit (Barney, 1991). Access to external resources plays a central role in an organization’s

Key words: professional associations, resource-based view of the firm
The Value of Professional Association Affiliation

One important means to access external resources, used by most chief executive officers (CEOs), is affiliation with professional associations. Professional associations have been found to be an important resource and, for many, are a primary source for collaboration and critical resources (Gersick, Bartunek, & Dutton, 2000). Professional organizations allow professionals with similar interests to interact and develop their skills (Heathcote, 1990). The central functions of professional associations include providing their members with professional training, technical assistance, professional publications, conferences, networking, and policy advocacy (Klingner, 2008). They do this by advancing and disseminating specialized knowledge and information through publishing journals, newsletters, and other materials, along with opportunities for continuing education and professional development in conferences, workshops, and networking among members that allow unique interactions for executives and their organizations (Bauman, 2008).

Professional associations have grown rapidly in importance in the past century. There are now more than 23,000 national and 64,000 state, local, and regional professional associations that represent almost every industry, profession, and interest. About seven of every 10 Americans belong to at least one association (Gruen, Summers, & Acito, 2000). In health care management, the ACHE is the dominant professional association, with more than 30,000 members internationally.

Membership and certification in a professional association may also provide reputational value and imply a level of expertise and competency to the public (Pope, 2004). Greater commitment to the profession and a higher level of competency can be communicated by a professional certification and/or fellow status, administered and provided by the professional association (Rusaw, 1995). In the ACHE, about 27% of total members are fellows. The Fellow of the American College of Healthcare Executives (FACHE) or ACHE fellow status can be achieved after 5 years of health care management experience, 3 years of tenure as an ACHE member, 40 hours of continuing education in the previous 5 years, participation in community/civic activities, and an examination. Becoming a fellow signifies greater commitment to the organization and is intended to signal a higher level of administrative competency (http://www.ache.org/abt_ache/facts.cfm, accessed August 30, 2010).

The success in accessing and using external resources, such as those that professional associations offer, may vary by organizational and individual abilities and characteristics (Knott, 2009). Membership in and the value of professional associations have been shown to vary by tenure, education, and gender (Bauman, 2008; Walsh and Borkowski, 2006). We contribute to health care management research by examining health care executives’ reported value of professional associations and then exploring how the organizational and individual value of professional association varies by individual and organizational characteristics.

The ability to access external resources is critical for organizational success. The resource-based view of the firm suggests that competitive advantage is gained by attracting and using resources that are valuable and rare, which are difficult to imitate and substitute (Barney, 1991). This view has been extended to include resources derived from external relationships and networks (Adner & Helfat, 2003). The critical role of social relationships and networks, which are created through professional associations, has been found to constitute valuable sources for many leaders to obtain critical knowledge and resources (Lao, Hong, & Rao, 2010). However, characteristics that may systematically affect the value of these resources have not been studied.

The reasons for seeking certain resources may be varied and often lie with differences in top executives. As with most industries, health care organizations are highly dependent on the efforts of their top executives to link with the external environment to obtain needed information and resources to achieve the missions of their organizations (Heimovics, Herman, & Coughlin, 1993). Because of their central organizational position and expertise, the CEO occupies a vital position for his or her organization as the connection to external resources, including the degree of participation in a professional association. Leaders also may seek for organizational benefit or exhibit self-interested behavior, which may conflict with or complement organizational goals (Jensen & Meckling, 1976). The influence of organizational and individual characteristics on human preferences and executive behavior has long been established (Greenberg & Baron, 2008; Powell, Koput, & Smith-Doerr, 1996). We predict that individual and organizational characteristics will systematically affect the perceived value of the professional association.
Motivations for Use of External Resources

As expressed by the resource-based view of the firm, the identification and use of valuable external resources are essential for any organization, and professional associations provide an array of potentially valuable resources targeted to benefit their members. However, two major motivations exist for resource acquisition. Organizational leaders may be motivated by individual and/or organizational benefits. As extensive literature has demonstrated, leaders have shown mixed goals and motivations and often may seek personal benefit that can be contrary or complementary to their organizational purposes (Loughry & Elms, 2006).

Organizational benefits. Organizations may benefit from the acquisition of critical resources from professional associations. Interaction with professional organizations may enable an executive to interface and access information and resources, not attainable through formal organizational channels, and facilitate organizational learning (Morrison, 2002). Membership in professional associations has also been suggested as a way to develop leadership skills that provide organizational benefit (Gray, 2005). Professional associations, moreover, establish ethical standards that guide professionals’ actions to assure a level of practice competency and may take action against members when these are broken.

Individual benefits. An individual may also gain personal benefit from professional associations. Individual benefits can include personal career development, educational training, the creation of a network of colleagues, and professional certification (Brass, Galaskiewicz, Greve, & Tsai, 2004; Higgins & Kram, 2001).

Hypotheses

We hypothesize that organizational and individual characteristics will influence the perceived CEO value of resources obtained from professional associations. Individual and organizational characteristics have been shown to influence the perceived value of and search for external resources (Suazo & Tumley, 2010).

Organizational Factors

We examined the relationship of the value of professional association affiliation with three organizational characteristics: ownership type, organizational size, and health care system membership. Ownership in health care is distinguished by not-for-profit and for-profit organizations. Many differences have been identified between the operations of these ownership types (Horwitz & Nichols, 2009). For-profit hospitals tend to focus on costs and efficiencies, seeking profit maximization (Hikmet, Bhattacherjee, Menachemi, Kayhan, & Brooks, 2008) and, thus, may seek more concrete returns than those offered by professional associations.

Hypothesis 1: For-profit ownership will have a negative relationship with the value of professional association affiliation.

Size has long been identified as an important organizational characteristic that influences managerial and organizational behavior (Kimberly, 1976). Larger organizations may have already accumulated and stored more organizational resources. Smaller organizations may have a greater need for the external resources of a professional association and perceive greater benefit.

Hypothesis 2: Smaller organizations will have a positive relationship with the value of professional association affiliation.

System affiliation has also been suggested to influence the behavior and actions of organizations (Alexander, Young, Weiner, & Hearld, 2009) and affect executives’ approach to organizational initiatives (Ford & Short, 2008). Health care systems may often have stores of internal resources that may discourage the search for and use of additional resources, such as those offered by professional associations.

Hypothesis 3: Membership in a health care system will have a negative relationship with the value of professional association affiliation.

Individual Factors

Individual characteristics may also influence the perceived value of professional association affiliation. Factors may include affiliation status, gender, age, effort toward continuing education, and perception toward coaching. The value of professional association affiliation may be higher for those having obtained fellow status. Affiliates can choose to remain members or increase their level of commitment by becoming a fellow in their professional association (Gruen et al., 2000). Many professional associations have established educational and competency criteria that, if achieved, award a certificate and/or the status of fellow on the affiliate. Becoming a fellow constitutes greater commitment and dedication to the professional organization, and, as a result, fellows may perceive greater value in the professional association affiliation.

Hypothesis 4: There will be a positive relationship between fellows of professional associations and the value of professional association affiliation.
Gender may also influence the value of professional affiliation. Research has demonstrated that health care administration has been male dominated and that women now are entering in greater numbers but still remain underrepresented (Arndt, 2010). Gender appears to affect access to networks and relationships (Marvel, Bailey, Pfaffly, Gunn, & Beckman, 2003). Women may find greater value in the external relationships and networks available in professional association affiliation that might provide them with important networks and contacts otherwise not available.

**Hypothesis 5:** There will be a positive relationship between female executives and the value of professional association affiliation.

Age may also have an effect on the value of professional association affiliation. Different age groups may display generational, work-related differences that can affect their need for and value of socialization and networking (Bright, 2010). As has occurred with the American Medical Association, younger professionals may be less likely to see value in joining and committing to their professional associations (Arnold, 2005). We predict that older executives will perceive more value in professional association affiliation.

**Hypothesis 6:** There will be a positive relationship between older executives and the value of professional association affiliation.

The efforts of CEOs toward continuing education have been found to vary greatly (Walston & Khaliq, 2010). We predict that CEOs who are more interested in continuing education and annually spend more time in this endeavor may have a more positive attitude toward the benefits of professional affiliation.

**Hypothesis 7:** There will be a positive relationship between annual hours of continuing education and the value of professional association affiliation.

Coaching has also been identified as a critical function for progressive leaders (Anderson, Frankovelgia, & Hemez-Broome, 2009). Some have called for a greater emphasis on coaching and mentoring for health care professionals (Kavanaugh, Duffy, & Lilly, 2006). Although it is deemed important by many, CEOs vary greatly in their personal beliefs regarding coaching (Walston & Khaliq, 2010). Coaching involves assisting others in discovering their talents and improving their skills. Activities with professional associations often encourage this behavior. For example, the ACHE’s “Career Services” offers significant mentoring and coaching. We predict that executives with a greater predilection toward coaching will also perceive greater value in professional association affiliation.

**Hypothesis 8:** There will be a positive relationship between an executive’s value of coaching and the value of professional association affiliation.

### Control Variables

Four other variables were used to control for systematic variation. These included hospital regional location, membership in ACHE or another professional association, and a higher educational level. Different regions in the United States may vary by their opinions, preferences, and practices. Some regions have been found to adopt new organizational forms and change more rapidly than others (Begun & Luke, 2001). Research also suggests that there will be a difference in the perceived value of the professional organization between members and nonmembers (Yeager, 1981). We controlled for both membership in ACHE and other professional associations. Lastly, the level of formal education may also systematically influence the perceived value of a professional organization. Health care administrators have continuously increased the level of their education over the past century. The master of health administration degree (MHA) has now become the most common degree for health care executives; however, many executives hold additional and higher degrees (Walston & Khaliq, 2010).

### Methods

#### Data Collection

This study is based on a survey supported by a contract from the Foundation of the ACHE. The survey was sent to a random sample of 2,001 hospital CEOs across the United States in December 2008 and a follow-up in January 2009. Two waves of surveys obtained 583 responses (response rate = 29%). The survey instrument included 30 questions in five sections. This study focuses only on one of the survey’s findings, the value of professional association membership. The survey data were then combined with organizational characteristics derived from the 2008 American Hospital Association (AHA) Annual Survey. A copy of the survey may be obtained from the corresponding author.

#### Dependent Variables

Two dependent variables were examined: the organizational and the individual benefits of affiliation. The questions used to construct these variables are included in Table 1.

**Organizational value of affiliation.** The mean of three survey questions create the organizational benefits of professional affiliation variable. The questions were
on a Likert scale from 1 (very unimportant) to 5 (very important). These included the importance of professional association membership to ensure adherence to ethical standards, to establish professional relationships that benefit the CEO’s organization, and ability to apply information learned at professional association seminars to their organization.

**Individual value of affiliation.** The individual CEO’s value for belonging to a professional association is the mean of the three questions. These also were a 1-to-5 Likert scale for the organizational value of affiliation. These questions included the importance of relationships from professional association membership in the CEO’s career, the value of developing a network of colleagues to be called upon for advice, and the importance of professional association membership to assist in career development.

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### Table 1

<table>
<thead>
<tr>
<th>CEO perceptions of the value of professional association affiliation (sample size = 583)</th>
<th>Very unimportant or unimportant</th>
<th>Indifferent</th>
<th>Important or very important</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Value of professional associations to provide a network of colleagues</td>
<td>12.9%</td>
<td>21.5%</td>
<td>67.3%</td>
</tr>
<tr>
<td>2. Value of professional associations to assist career development</td>
<td>17.1%</td>
<td>29.4%</td>
<td>62.8%</td>
</tr>
<tr>
<td>3. Value of professional associations to set ethical standards</td>
<td>25.1%</td>
<td>31.3%</td>
<td>43.0%</td>
</tr>
<tr>
<td>4. I apply information I learn from outside educational seminars effectively to use in my organization.</td>
<td>2.1%</td>
<td>11%</td>
<td>86.9%</td>
</tr>
<tr>
<td>5. Professional association membership is important to assist in career development.</td>
<td>12.2%</td>
<td>24.9%</td>
<td>62.9%</td>
</tr>
<tr>
<td>6. Professional relationships I have formed through my professional association membership have been important in my career.</td>
<td>15.4%</td>
<td>24.9%</td>
<td>59.7%</td>
</tr>
<tr>
<td>7. The professional relationships I have formed through my professional association memberships have been important for my organization.</td>
<td>13.5%</td>
<td>28.9%</td>
<td>57.7%</td>
</tr>
</tbody>
</table>

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System affiliation was also obtained from AHA data and is expressed as a dummy variable.

**Individual characteristics.** Individual characteristics examined include fellow status, gender, age, effort toward continuing education, and value of coaching. Fellowship status and gender were created by dummy variables (male = 1). Age and effort toward continuing education are continuous variables obtained from our survey. The value of coaching variable was created from a Likert scale question from the survey (1 = much less important to 5 = much more important) that asked the CEO the importance of coaching when compared with 5 years before (2003).

**Control variables.** Control variables included the geographic location of the organization, membership in AHA and other professional associations, and higher education. The geographic areas were obtained from AHA data and segmented using the AHA classification. The omitted variable was the Southern Region. Membership in AHA (those who are not fellows) and primary membership in another professional association were obtained from the survey and are dummy variables. A dummy variable was also used to indicate a greater level of education if the executive held two or more master degrees and/or a doctoral degree.

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### Analyses

The demographic characteristics of the variables are presented in Table 2. We examined within-group differences
with a chi-square test, which suggest significant differences in responses by size (p < .02), gender (p < .0001), and education (p < .0001). Multiple regression analyses were then used to identify factors that influence the perceived organizational and individual benefits of professional affiliation, and results are presented in Table 3. Organizational and individual benefits were modeled as a function of organizational (ownership, size, and system) and individual characteristics (professional certification, gender, age, annual hours of continuing education, and value of coaching). Models 1 and 2 look at the value of organizational and individual benefits of professional association affiliation, respectively.

### Findings

Our findings suggest that a majority of affiliated CEOs found value in professional associations’ individual and organizational resources. Table 1 shows that the greatest perceived benefits for CEOs were the networks of colleagues (67% important or very important) and the assistance for career development (63% important or very important). Furthermore, educational seminars effectively benefit their organizations (87% agree or strongly agree). Almost the same percentage of CEOs stated that relationships from professional association membership have been important to their career development (63%), their career (60%), and their organization (58%).

The regression analyses in Table 3 suggest that the value that CEOs perceive from professional association affiliation varied by organizational and individual characteristics. Of the independent variables studied, all but size and continuing education were significant in at least one of the models. Hypothesis 1, suggesting that for-profit ownership will have a negative relationship with the value of professional association affiliation, was supported in Model 2, which suggests that CEOs in for-profit hospitals feel that professional association affiliation provides less individual value (−.28, p < .05).

![Table 2](https://example.com/table2.png)

**Table 2**

Demographic characteristics of the survey respondents

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>ACHE member (%)</th>
<th>ACHE fellow (%)</th>
<th>Other member (%)</th>
<th>Not member (%)</th>
<th>χ²/p</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ownership</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>For-profit owned</td>
<td>47</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>10.22/.12</td>
</tr>
<tr>
<td>NFP owned</td>
<td>319</td>
<td>13</td>
<td>28</td>
<td>8</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Government owned</td>
<td>202</td>
<td>10</td>
<td>13</td>
<td>6</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Total ownership</td>
<td>568</td>
<td>26</td>
<td>45</td>
<td>15</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td><strong>Size</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>&lt;250 beds</td>
<td>449</td>
<td>23</td>
<td>33</td>
<td>13</td>
<td>11</td>
<td>27.9/.01</td>
</tr>
<tr>
<td>250 to 500 beds</td>
<td>83</td>
<td>3</td>
<td>9</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>&gt;500 beds</td>
<td>37</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Total size</td>
<td>569</td>
<td>27</td>
<td>45</td>
<td>15</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td><strong>System</strong></td>
<td></td>
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<td></td>
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<tr>
<td>System member</td>
<td>308</td>
<td>14</td>
<td>23</td>
<td>10</td>
<td>7</td>
<td>4.70/.2</td>
</tr>
<tr>
<td>Non system member</td>
<td>261</td>
<td>12</td>
<td>22</td>
<td>5</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>569</td>
<td>26</td>
<td>45</td>
<td>15</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td><strong>Gender</strong></td>
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<td></td>
<td></td>
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<tr>
<td>Male</td>
<td>462</td>
<td>22</td>
<td>39</td>
<td>10</td>
<td>10</td>
<td>22.1/.0001</td>
</tr>
<tr>
<td>Female</td>
<td>106</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>568</td>
<td>27</td>
<td>44</td>
<td>15</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>&lt;45 years</td>
<td>105</td>
<td>6</td>
<td>8</td>
<td>2</td>
<td>2</td>
<td>9.6/.14</td>
</tr>
<tr>
<td>45 to 55 years</td>
<td>235</td>
<td>11</td>
<td>18</td>
<td>7</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>&gt;55 years</td>
<td>235</td>
<td>9</td>
<td>19</td>
<td>7</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Total age</td>
<td>595</td>
<td>26</td>
<td>45</td>
<td>16</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Bachelor’s degree</td>
<td>24</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>66.3/.0001</td>
</tr>
<tr>
<td>Master’s degree</td>
<td>350</td>
<td>16</td>
<td>36</td>
<td>6</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Two master’s degrees</td>
<td>180</td>
<td>9</td>
<td>9</td>
<td>7</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Total education</td>
<td>454</td>
<td>26</td>
<td>46</td>
<td>14</td>
<td>13</td>
<td></td>
</tr>
</tbody>
</table>

Note. ACHE = American College of Healthcare Executives; NFP = not-for-profit.
Hypothesis 3, which proposed a negative relationship between system membership and the value of professional association affiliation, was also supported in Models 1 and 2. Those CEOs whose hospitals were members of a hospital system saw less value for organizational (−.17, p < .01) and individual (−.17, p < .05) benefits.

Hypothesis 4, predicting a positive relationship between being a fellow of a professional association and the value of affiliation, was also supported. In both models, being a fellow had a positive and highly significant relationship with organizational (.48, p < .001) and individual (.53, p < .001) value. Hypothesis 5, which suggests that there will be a positive relationship between being female and the value of professional association affiliation, was also supported in Model 1. Men found significantly less organizational value in the professional association than did women (−.21, p < .01).

Hypothesis 6, proposing a positive relationship between age and value, was furthermore supported. In Model 2, increasing age had a negative effect (−.01, p < .01) on the individual value of professional association affiliation.

Hypothesis 8, which proposed a positive relationship between value of professional association affiliation and a CEO’s value for coaching, was additionally supported in both models. A positive and significant result was discovered between the relationship of the value of professional association affiliation and organizational value (.24, p < .001) and individual value (.23, p < .001).

We also found that among the control variables, geographic location (Western region) was negative and significant for organizational value, membership in ACHE was positive and significant for all models, and membership in other professional associations was also positive and significant for organizational value.

### Discussion

Chief executive officers have great influence on their organizations and are key players to identify critical information and resources necessary for success. As the resource-based view suggests, the proper identification and access of valuable external resources are critical for organizational success (Barney, 1991; Wernerfelt, 1984). Our research shows that most CEOs feel that affiliation with a professional association has important value for themselves and their organizations. Although our research does not contain any direct evidence of the benefits of professional association affiliation, like actual increased profitability or career advancement, the perceptions given by the CEOs in our survey visibly demonstrate their beliefs regarding the value of professional association affiliation. In their opinion, affiliation provides useful educational seminars, an important network of colleagues, and other resources that benefit both the executive and their organization.

However, we also demonstrate that the perceived benefits of these external resources are influenced by organizational and individual CEO characteristics. Chief executive officers who are employed by organizations that are for-profit and who are members of a health care system appear to be less positive about the value of professional organizations. For-profit companies are more “bottom-line” oriented and may be reluctant to pay the costs for professional association affiliation. Because of financial pressures, many for-profit CEOs tend to have more short-term objectives and may restrict contributions for external seminars and professional association affiliation, which may have longer-term effects. Our findings suggest that ownership matters in the perceptions of the importance of the resources offered by professional affiliation. Leaders...
who work for hospitals that reward their leaders more on the bottom-line of their businesses may see less personal value in professional association affiliation.

Likewise, CEOs belonging to hospital systems appear to find less organizational and individual value in professional association affiliation than do executives employed by hospitals not associated with a system. Chief executive officers in systems often have access to intracompany networks, education, and mentoring, which may supplant the networking benefits and services of professional associations. Services that could be provided by professional associations may be more efficiently provided by a health care system. Executives may be able to form networks within their system, establish career paths, and obtain systemsponsored education that may obviate the need for professional association affiliation, thus reducing the value and need for professional association affiliation among health care system CEOs.

Our study also shows that those who become fellows in a professional association perceive greater importance and value in affiliation. As predicted, fellows consistently feel strongly about the value of affiliation. This may not be surprising, as the CEOs who are fellows have invested much more time and effort in their association and may have greater experience in utilizing association resources.

Interestingly, male CEOs significantly believe that fewer organizational benefits come with professional association affiliation. Although women comprise only 18% of hospital CEOs (Walston & Khaliq, 2010), they perceive greater benefits for their organizations from belonging to their professional association than do their male counterparts. Women may now be more engaged in advancement and, having experienced past discrimination, may better use professional affiliation to benefit their organizations and/or they may be better able to select and implement resources that are available to their organizations.

Another finding is that older CEOs perceive less individual value in professional association affiliation than do younger CEOs. As Table 1 shows, many of the valued services focused on improving personal skills to foster career advancement. However, older CEOs may have already attained their career goals and have less motivation for advancement. Likewise, more mature CEOs will have already developed many of the individual skills that younger CEOs are seeking. Therefore, older CEOs perceive less individual value from professional affiliation.

Moreover, CEOs who believe that coaching is important consistently feel that professional affiliation has more organizational and individual value. Coaching has been promoted as critical function of leaders that may be facilitated by professional associations (Walsh & Borkowski, 2006). Coaching and its partner, mentoring, open doors through socialization and networking, which complement the role of professional associations (Rusaw, 1995). Those CEOs who feel that coaching is important tend to be those who also believe that greater value comes from professional association affiliation.

### Practical Implications

Health care executives are under tremendous pressure to contain costs and, concurrently, to institute major technological, process, and cultural changes in their organizations. Chief executive officers must determine how to best link with the external environment to acquire the knowledge and resources needed to prosper in a very difficult environment. Affiliation with professional associations has been a very popular form of external contact, yet little has been known of its actual value to executives and how this value may differ by organizational and individual characteristics.

Executives considering to join a professional association or thinking to encourage their subordinates to join may be informed by our research that most who affiliate with professional associations feel that the resources obtained are valuable for both their organization and for themselves. Chief executive officers indicate that professional association affiliation adds value by creating collegial networks and professional relationships and providing useful educational seminars that help their organizations be more successful and enhance their personal career development. Therefore, our research assists in validating the professional associations’ claimed benefits of affiliation (Gersick et al., 2000) and may encourage nonaffiliates to consider joining.

Our research also demonstrates that CEOs differ in their perceptions of the value of affiliation based on their individual and organizational characteristics. Professional associations and affiliated CEOs may be informed and seek for better understanding why some see less value in their professional organizations and may seek to adjust to meet these needs.

### Limitations

As with all research, this study has inherent limitations. The survey upon which this article is based is from one industry that is unique. Not-for-profit hospitals comprise a large portion of this industry segment. However, hospitals have been subject to forces that have made them more similar to other industries with increased competition and pressures for more efficiency (Alexander, Fennell, & Halpern, 1993). These changes have created an industry more responsive to fiduciary responsibilities and narrowed the differences between the for-profit and not-for-profit segments.

We also recognize that potential survey bias may have occurred. Even though we oversampled non-ACHE members, a higher proportion of our responses were from members and fellows of ACHE, smaller hospitals (fewer than 250 beds),
members of hospital systems, men, and those holding one master's degree (Table 2). We have sought to minimize this potential selection bias by incorporating these variables into our regressions and oversampled non-ACHE members in our survey. Likewise, issues of causal effects must be cautiously interpreted. Given the relatively low numbers in our study, the variability of regional and affiliation type response, and that there may be other untested factors that may influence membership and perceptions of value, we suggest care in speculating beyond our actual results.

Our research also raises questions that relate to the changing health care environment. For example, as more hospitals join health care systems, what effect will this have on the needs and value of professional association affiliation? If national health reform motivates greater system affiliation, will this have an effect on the professional associations? Will they need to adapt also? Another question may be why men see less organizational value in affiliation. With the growing numbers of female executives, professional associations should understand and be prepared to meet the different gender-related needs. Likewise, how does coaching relate to professional association affiliation? Chief executive officers who indicate a greater importance of coaching also perceived greater value in affiliation. Are there specific coaching activities that are more meaningful and are these interorganizational or intraorganizational? Our research helps to raise these and other questions.

## Conclusion

Many professional associations exist today and are present in all industries. These associations have been an important external source of resources. Although the resource-based view suggests the importance and definition of valuable resources, it does not distinguish among factors that may affect the preferences and value of resources. There is little research that identifies these factors. Our research examines the value that members of professional associations attribute to the resources offered by associations and how organizational and individual factors influence the perceived benefits. Our study suggests that a majority of affiliates find value in the services and resources they obtain from their professional association. We also identify organizational and individual characteristics that affect the beliefs regarding the importance and value of professional association affiliation. Organizationally, CEOs in companies whose mission is focused more on profits and those that have established corporate structures tend to see less value in professional association affiliation. Health care reform may encourage the continued consolidation of hospitals into health care systems and greater cost consciousness. If so, will this change the role and value of professional organizations? Will professional organizations need to adapt to these changing structures to keep their relevance?

Our findings also suggest that there is variability in perceived value of professional association based upon individual characteristics. Those achieving fellow status with professional associations increasingly recognize greater benefits. Likewise, those CEOs who feel that coaching is more important also perceive greater value from professional affiliation. As well, female CEOs tend to find greater organizational value from their affiliation than men do. Although the percentage of female CEOs remains small, women seem to be accessing and appreciating the value of professional affiliation more than men do. This may be because of the past exclusion of women from existing male-dominated networks, which may now encourage them to use professional association resources more effectively.

Our research is an exploratory examination and may be expanded to encompass the type and frequency of involvement of professional association resources. An interesting extension of our work would be to examine if the perceptions of senior managers, who are not CEOs, of their professional associations differ from those of their CEOs. It would also be useful to conduct studies in other industries to ascertain cross-industry comparisons.

We hope that this article allows the reader to more fully understand the value of professional association affiliation and the influence of organizational and individual characteristics. Professional association affiliation is important today, evidenced by the very large numbers who take advantage of its membership. Given the high investment of time and dues, leaders should be aware of what affects its value and benefits. Likewise, professional associations should recognize the different perceptions of those who may avail themselves of their resources.

## References


The Value of Professional Association Affiliation


