

## The value of membership: The CHLA / ABSC 2008 membership survey

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**Abstract:** In January 2008, the Canadian Health Libraries Association / Association des bibliothèques de la santé du Canada (CHLA / ABSC) Board of Directors sent a survey to its membership seeking answers to these key questions: What do members value? Why do members join CHLA? The response rate was 42% or 124 of the Association's personal members. Key results are reported here. The full results, including the comments, are on the Association's Web site at <http://www.chla-absc.ca/>.

### Background and objectives

There have been significant changes in our health information environments since the last national survey was conducted in 2002 [1]. While always important, the question of what to do to encourage membership has become an even more strategic one for the Canadian Health Libraries Association / Association des bibliothèques de la santé du Canada (CHLA / ABSC) Board of Directors since the Association's journal became an open-access publication. One of the most concrete advantages of membership in the past was the print journal. With open access, the Board needed to gain a sense of who the members are and what they want from their association. The Board wanted to understand the value of the Association as it is perceived by its members, and it believes that to keep an association relevant and valuable, members need to be surveyed every 2–3 years. To inform the Board's strategic planning process at its February 2008 Winter Meeting, a survey was sent to members in January 2008. The Board was seeking answers to the following key questions: What do members value? Why do members join CHLA?

### Survey instrument

The focus of the survey was on current members and the value of membership. A subsequent survey would cover continuing education (CE) more specifically. The survey was created using Survey Monkey. For ease of analysis, one bilingual survey was created and links to it were distributed through the CANMEDLIB and CHLA / ABSC chapter listservs. Nonmember responses could be filtered out.

The survey was divided into five parts:

- (1) Demographics – The Board wanted to know who its members are and whether the Association is attracting new health sciences librarians.
- (2) Services of the Association – The Board wanted to draw attention to the services that are offered by providing a list instead of posing an open question. Members were asked to assign a numerical value for each service on a scale of 1–4 with 4 being the highest score.
- (3) Communication – An association can fulfil its role by providing information and networking opportunities in a variety of ways. Members were asked to rate methods currently employed by the Board. Members should feel both that they have a say in the Association and that they are consumers of its services. Direct questions were posed to assess this.
- (4) Membership model – The Board felt this was an opportunity to open a discussion on whether the current model should be changed.
- (5) Comments – The last two questions allowed members to add any comments and to suggest questions for future surveys.

### Results

Full results will be posted on the CHLA / ABSC Web site at <http://www.chla-absc.ca/>. The key results are summarized here.

#### Demographics

There were 140 surveys returned; 124 of the Association's 334 personal members (as of the beginning of January 2008) returned surveys for a response rate of 42%. The analysis fo-

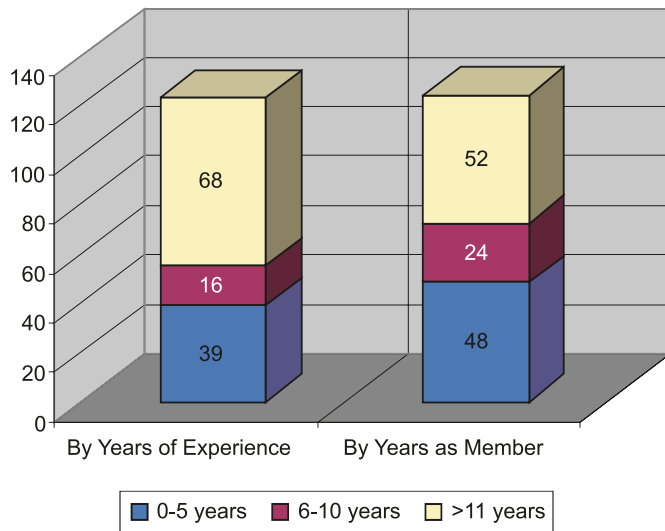
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**Fig. 1.** Demographics of CHLA / ABSC members.



cused on these 124 surveys returned by current members. There were 16 respondents who were not members of CHLA, 8 of whom reported being members of a chapter. The total number who reported being members of both the national association and a chapter was 98.

While the membership is aging, we appear to be seeing the arrival of new librarians and new members. The result is a polarization at the two ends of the age/experience spectrum (see Fig. 1). There is an almost equal number of members who have held membership for 5 years or less (38.7%) and those who have been members for more than 10 years (41.9%). In between are members (19.4%) who have held memberships for 6–10 years. In terms of work experience in health-related libraries or as information professionals in the health fields, 31.7% of members have 5 years of experience or less, 55.3% have more than 10 years of experience, while only 13.0% have between 6–10 years of work experience.

The largest proportion of responding members has (or is completing) a master’s level degree (107), followed by 12 with a college diploma, 2 with a bachelor’s degree, 1 with a Ph.D., 1 with a certificate, and 1 without these designations.

**Services of the CHLA / ABSC**

The Board was interested in knowing how strongly members felt that the CHLA / ABSC should be involved in various activities and what priority should be given to existing and new services. Continuing education, provision of networking opportunities, and the annual conference were ranked by the majority of members as “very important”. These are indicated by an asterisk in Table 1. The ranking in Table 1 is based on combining the “very important” and “important” responses for each service. All other services that were listed in the survey were ranked by the majority as “important”. When points were assigned depending on the rating (0, –2, +3, +4), the top seven and bottom three services remained the same.

Although a majority of members ranked the following as “important”, the services *least* valued were also considered “not important” by the next largest majority of members: grants and scholarships (29.3%) and awards (28.7%).

Figure 2 provides the levels of importance of each service as they correlate with members’ years of experience. Regardless of years of experience, the conference, CE, networking, *Journal of the Canadian Health Libraries Association* (JCHLA) support, and communication outside the Association (collaboration, advocacy) are the most highly valued. Younger members are less likely to value the Membership Directory and the Association Web site. Younger members are more likely to value job notices. Awards and grants are rated as least valuable by all member categories.

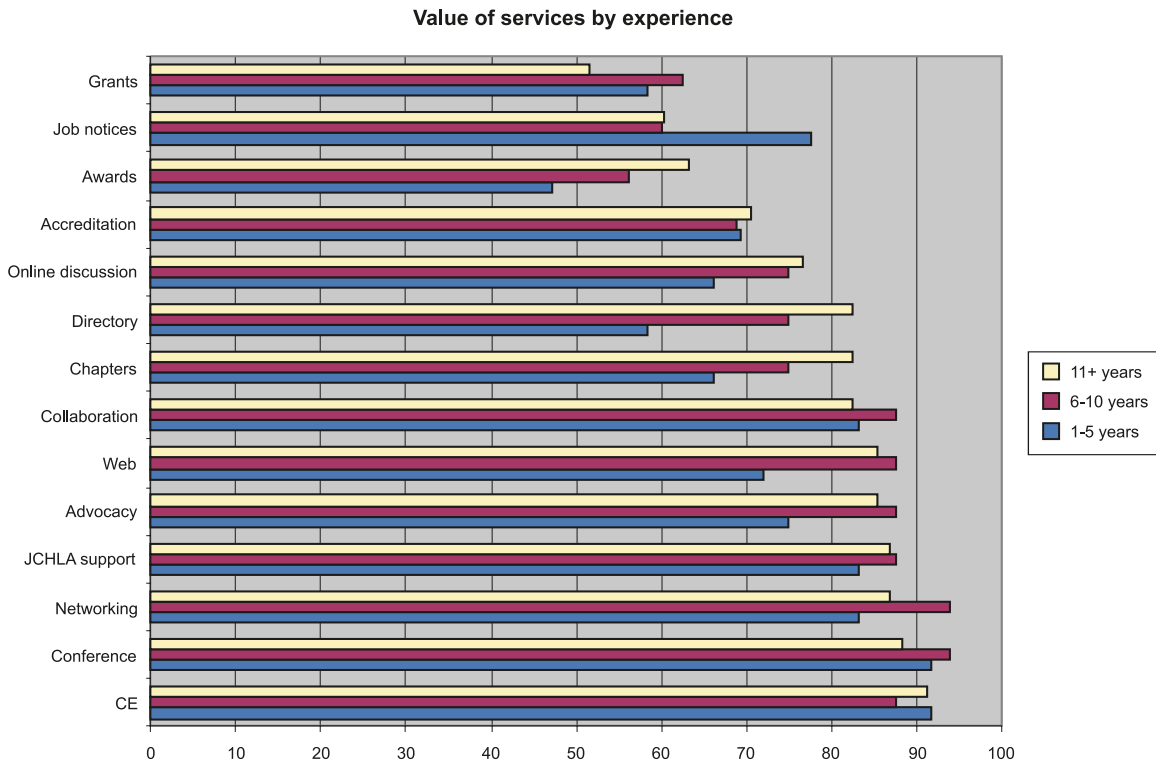
In their comments related to services, members indicated that they want online services that are efficient and the development of guidelines on the following topics: standards of practice, a staffing toolkit with job descriptions, space planning, quality control related to technology trends, re-

**Table 1.** CHLA / ABSC services as rated by survey respondents.

Services rated as either very important or important (from highest to lowest)	Total (%)	Services	Total points
Continuing education*	95.8	Continuing education	395
Networking*	93.9	Conference	388
Conference*	93.2	Networking	376
JCHLA support	89.8	JCHLA	348
Trends data	89.0	Trends	437
Collaboration with other organizations	87.9	Advocacy	333
Advocacy	87.2	Collaboration	324
Web*	86.3	Web	328
Chapter support	82.6	Directory	286
Directory	81.8	Chapter support	279
Accreditation, standards	75.9	Online discussion	259
Online discussion	75.4	Accreditation, standards	254
Job notices	69.9	Job notices	185
Awards	61.2	Awards	171
Grants and scholarships	61.2	Grants	158

\*Services rated by most respondents as “very important”.

**Fig. 2.** Importance of services correlated with members’ years of experience.



source acquisition and e-resource management, benchmarking, Web 2.0 social networking tool implementation, and mentoring.

**Communication and influence**

Members rated E-News, Fact Sheets, and Guidelines as most useful. Only somewhat useful are blogs, meeting reports, chapter news, and the directory.

Members should feel they are both valued customers of their Association and participants who are able to influence the direction of their Association. Table 2 outlines responses from the 111 members to questions concerning how much influence they felt they had in the Association and whether the Association was responsive.

**Value**

Members were asked, “What level of value do you receive compared to what you pay to be a member?” There were 113 members who answered; 44.2% rated the value as good, 32.7% as very good, 16.8% were neutral or had no opinion. Seven (6.2%) members rated the value as poor, citing the duplication of conference/CE topics with other venues, the national association’s lack of relevance on a day-to-day basis, problems with the Web site and registration processes, and the lack of content, including not offering a professional standing for members.

**Trends**

To help the Board do a little crystal ball gazing, members were asked about trends. We received 65 comments. This information is useful in planning for membership growth. To determine what is happening in the profession can help the

**Table 2.** Responsiveness of the CHLA / ABSC as indicated by the survey respondents.

Are you able to influence the Association’s policies and directions?	
Response	% of respondents
No	10.8 (12)
A little	27.0 (30)
Some	53.2 (59)
Greatly	9.0 (10)
Do you believe the Association is responsive to your concerns?	
Response	% of respondents
No	4.5 (5)
Somewhat	34.2 (38)
Responsive	48.6 (54)
Very	12.6 (14)

**Note:** Values in parentheses indicate the number of respondents.

Association plan for the kinds of areas and services that will attract membership. Additionally, this information will be passed on to those planning CE or conference programming or other content (e.g., articles for JCHLA) that provide value to members. Some of the comments included the following:

- “Virtual environment, library partnerships and distance education.”
- “Moving toward provincial licensing of electronic databases.”

- “The influence of American Health Librarians seeking accreditation. Should Canadian Health Librarians begin exploring a similar path?”
- “Need to make more effort to integrate with health informatics/health records professions and their associations.”
- “The increased dependence by consumers/patients/general public on the Internet (and Google) to find health information will continue to have a heavy impact on health librarians and information specialists. We will need to keep up with the changing information retrieval issues, the changing technologies and the shifting public support (or not) for librarians expertise and services.”
- “Many of the newest members of the health sciences library profession in Canada have little or no appropriate educational background and no health sciences library work experience...MLA really promotes mentoring opportunities; I think CHLA has been really slow to recognize the need for this sort of thing and do anything about it.”
- “I don’t work in a library environment; I need more affiliation with people who are integrated into other portfolios...We specialize not just in subject matter, but understanding information behaviors and learning styles so we can provide knowledge-based services (not just products) that are useful. I need an organization that can support that discussion.”
- “I think librarians have got to get outside of the library and find out how to present information to stakeholders in other ways—summaries, regular updates. Social networking and 2.0 are becoming expectations and we are not ready for them. I find my users are looking elsewhere for information; they want it synthesized and not the raw data.”

### Membership models

Members were asked to indicate their preference among different membership models for CHLA / ABSC and its chapters. Some 31 respondents provided comments. While there is an interest in simplifying the process to one membership that encompasses both national and chapter levels, most feel that with a higher single membership fee, those who will not join now will be discouraged from doing so in future. There was a suggestion to charge chapters a yearly fee to allow members to be able to apply for events and CE at membership prices. The breakdown of the 107 responses to this question is as follows:

- (i) Status quo – Members may join CHLA / ABSC or a chapter or both, 49.5% (53)
- (ii) Members pay a single fee and join both CHLA / ABSC and a local chapter, 36.4% (39)

- (iii) Members must join CHLA / ABSC to join a chapter and pay dues to each, 6.5% (7)
- (iv) No opinion, 7.5% (8)

### Conclusion

The CHLA /ABSC 2008 membership survey indicated that members want the following:

- (1) More CE that is online, affordable, and offered throughout the year.
- (2) Greater advocacy for open access, the National Network of Libraries for Health (NNLH), the role of librarians, and standards of practice.
- (3) Trends information and notices, especially new JCHLA issues, which need to be pushed to members.
- (4) More partnerships with other organizations in order to get benefits for CHLA / ABSC members.
- (5) CHLA / ABSC to be the national voice of the profession and relevant to its members on a day-to-day basis.
- (6) To belong to both a national and a local health library association. Those who have both CHLA / ABSC and chapter memberships are doing so because (i) they feel a sense of obligation or are encouraged to do so at work and (ii) the cost of national membership is low. However, a sense of obligation will not be enough to attract and retain new members.
- (7) Accreditation of the profession: CHLA / ABSC offers no professional standing. This theme was echoed in answers to several different questions, and it ties into the theme of standards, competencies, and to the role of librarians in health care organizations.

The CHLA / ABSC Board of Directors received many excellent suggestions and ideas from the 2008 survey and learned many valuable things. One of our Association’s strengths is its size. CHLA / ABSC has a small membership that is committed to both the Association and the profession. However, some members do not feel a connection to the national body on a day-to-day basis. Now that the demographics are changing, new members need to be attracted and kept by services that are valued and by an Association that has a strong national voice. The results of the survey will be used to revise the Board’s strategic plan and in turn its communication, action plans, and timelines.

### Reference

1. Ellis P, Scott L, Tripp T. Taking the measure of ourselves. Part II: CHLA/ABSC Survey of Canadian Health Information Professionals. *BMC*. 2002 Winter;24(2):87–92.

**This article has been cited by:**

1. O. Dingwall, M. Dorgan, R. Raworth, M. Ticoll. 2011. Taking the pulse of Canadian health information professionals: Canadian Health Libraries Association / Association des bibliothèques de la santé du Canada (CHLA / ABSC) 2010 survey. *Journal of the Canadian Health Libraries Association* **32**:1, 11-15. [[Abstract](#)] [[PDF](#)] [[PDF Plus](#)]
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