

## Short Report

# Factors Influencing Dental Hygienists' Membership in Professional Associations

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### ABSTRACT

Membership with professional organizations, including the American Dental Hygienists' Association (ADHA), plays an important role in supporting dental hygienists through continuing education, networking, advocacy, and professional identity development. Despite these established benefits, membership rates in professional associations remain low. The purpose of this pilot study was to examine the trends influencing membership decisions among licensed dental hygienists to inform the design of a larger, more representative national investigation. A cross-sectional electronic survey was pilot tested for content validity and distributed to dental hygienists in four states using convenience sampling. Participants provided demographic information, current membership status in any professional organizations (including the ADHA), and perceptions of benefits and barriers to engagement. Descriptive statistics and one-way ANOVA were used to analyze initial trends. Among the respondents ( $n=250$ ), 25% reported current ADHA membership; most identified advocacy (82%), access to continuing education (76%), and networking (61%) as meaningful benefits of belonging to a professional organization. In contrast, non-members cited high costs of membership (52%), lack of employer reimbursement (38%), and time constraints (12%) as primary barriers. Non-members were significantly younger ( $p<0.001$ ) and graduated more recently ( $p<0.001$ ) than members. Individuals with higher educational attainment were more likely to maintain membership in a professional organization ( $p<0.001$ ). Open-ended responses revealed varied perceptions of organizational relevance, accessibility, and visibility. These preliminary findings highlight key factors that may shape engagement with professional organizations, including the ADHA. The results underscore the need for expanded sampling, strengthened early-career exposure, and further qualitative exploration. Findings from this pilot will guide the development of a larger national study aimed at understanding and improving professional organization membership among dental hygienists.

**Keywords** professional development, team building, dental hygiene workforce models, continuing education, advocacy

NDHRA priority area, **Professional development: Regulation** (emerging workforce models).

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## INTRODUCTION

Professional organizations play a critical role in the development and sustainability of a wide range of health care professions. They provide continuing education, advance evidence-based practice, offer leadership and networking opportunities, and serve as the collective voice of the profession in legislative and regulatory arenas.<sup>1-2</sup> Participation in these organizations is strongly associated with enhanced professional identity, career satisfaction, and long-term engagement in the field.<sup>1,3</sup> Despite these well-documented benefits, membership in professional organizations across health care has been steadily declining in recent years.<sup>4-5</sup> Multiple factors contribute to this trend, such as increased membership costs, competing demands on clinicians' time, the availability of free online resources, and shifting generational preferences toward more informal digital communities.<sup>4-5</sup> This decline poses significant risks for professional groups, as reduced membership can weaken advocacy efforts, limit organizational resources, and diminish the collective influence needed to protect licensure standards, scope of practice, and patient safety.

Within dental hygiene, the American Dental Hygienists' Association (ADHA) serves as the largest national organization dedicated to elevating and protecting the profession. Since its founding in 1923, the ADHA has advanced dental hygiene through advocacy, education, and research.<sup>6</sup> Key milestones include developing the first standardized curriculum in 1930, supporting preventive care expansion, securing licensure requirements in all 50 states, and promoting the growth of bachelor's degree dental hygiene programs in the 1960s. The ADHA has also advocated for expanded scope of practice, established a national research agenda in the 1990s, launched National Dental Hygiene Month, and influenced the 2018 revision of the Standard Occupational Classification to recognize dental hygienists as "Healthcare Diagnosing or Treating Practitioners," the same classification as dentists.

In addition to its historical accomplishments, the ADHA continues to address emerging legislative challenges

that threaten dental hygiene education, licensure, and scope of practice. Current advocacy efforts focus on protecting the profession from proposals such as the Dental Access Model Act.<sup>7</sup> The organization also advocates for stronger self-regulation, promoting dental hygienists' autonomy over their own educational and licensure standards. Through these efforts, the ADHA aims to ensure that workforce solutions remain evidence-based, prioritize patient safety, and uphold the integrity of the dental hygiene profession.

Despite the ADHA's longstanding contributions and ongoing advocacy efforts, national membership remains low, with an estimated 10–15% of dental hygienists in the United States (US) belonging to the organization.<sup>8</sup> Understanding the factors influencing membership in professional organizations—including the ADHA—is critical for strengthening professional identity, improving organizational engagement, informing membership strategies and advocating on behalf of the profession. The purpose of this short report is to describe a pilot study that was conducted on a convenience sample of dental hygienists that provided preliminary insights into trends that may influence membership decisions among licensed dental hygienists, offering early findings to guide a larger, more representative national investigation.

## METHODS

This pilot study was deemed exempt from Institutional Review Board oversight by the Indiana University IRB (#20116). A 24-item survey instrument was developed to assess factors influencing dental hygienists' membership in professional organizations. To ensure content validity, the survey was tested by ten licensed dental hygienists and the Indiana University Center for Survey Research provided additional review. Minor revisions were made to improve clarity and relevance prior to distribution.

A convenience sampling approach was used to distribute the electronic survey (Qualtrics, Provo, UT, USA) to dental hygienists in Maine, Kentucky, Washington, and Florida. These states were selected

because they publicly provide access to dental hygiene licensure email lists at no cost, enabling efficient outreach for pilot testing. The email invitation included a study overview, informed consent information, and a link to the anonymous web-based survey. Participants were informed that they could exit the survey at any time.

The survey collected demographic data, membership status in ADHA, perceived benefits and barriers to professional membership, and factors that might influence future engagement. Five items used Likert-scale or multiple-choice formats, and five items were open-ended. Responses to open-ended questions were optional.

Data were analyzed using statistical software (R; R Foundation, Vienna, AUT). Descriptive statistics including frequencies, means, and standard deviations, were used to characterize the sample. One-way analysis of variance (ANOVA) was conducted to compare demographic variables between members and non-members, with statistical significance set at  $p \leq 0.05$ . A priori power analysis indicated that a minimum of 194 participants would be sufficient to detect meaningful trends with 80% power. Although the number of completed surveys met this minimum threshold, the response represents only a small fraction of licensed dental hygienists in the US, and therefore the findings should be interpreted as preliminary.

## RESULTS

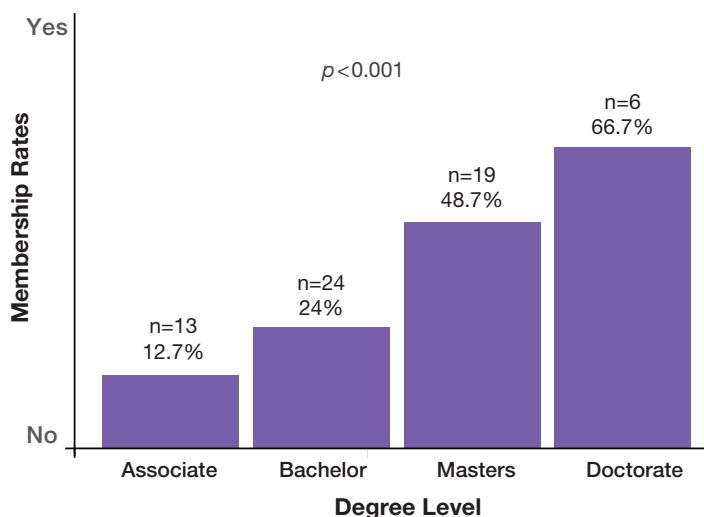
A total of 19,457 survey invitations were distributed, of which 4,633 were undeliverable, resulting in 14,824 potential recipients. Of the 623 surveys initiated, 250 were fully completed and included in the final analysis. Participants ranged in age from 24 to 75 years (mean = 49.64), and most identified as female (94.4%). Educational attainment included associate degrees (40%), bachelor's degrees (40%), master's degrees (16%), and doctoral degrees (4%). Sixty-two participants (25%) reported current ADHA membership, while 188 (75%) were not members (Table I).

Significant demographic differences were observed between members and non-members. Non-members

**Table I. Demographics (N=248)**

	n (%)
Female	236 (94.4)
Male	8 (3.2)
No gender identified	6 (2.4)
Associate degree	102 (40.0)
Baccalaureate degree	100 (40.0)
Master's degree	39 (16.0)
Doctorate degree	9 (4.0)
Current member of ADHA	62 (25.0)

**Figure 1. Membership trends across different degree levels**



were, on average, younger than members (mean difference = 4.84 years,  $p < 0.001$ ) and graduated more recently (mean difference = 5.31 years,  $p < 0.001$ ). Higher educational attainment was strongly associated with ADHA membership, with those holding master's or doctoral degrees being the most likely to maintain membership ( $p < 0.001$ ) (Figure 1).

Among non-members, the most frequently reported barriers to joining the ADHA included high cost of membership (52%), the ability to obtain continuing education through alternative sources (40%), lack of employer reimbursement (38%), and time constraints

**Table II. Reasons for Declining ADHA Membership (n=188)**

	n (%)
Membership fee is too high	117 (62.0)
My continuing education needs are being met elsewhere	90 (48.0)
I am not reimbursed for membership dues	71 (38.0)
The ADHA is not relevant to me	19 (10.0)
I do not have time to be a member	22 (12.0)
Other unspecified reasons	43 (23.0)

(12%). An additional 23% selected “Other,” citing limited perceived benefits, misalignment with clinical practice needs, or concerns about organizational impact. When asked about the likelihood of joining in the future, 13% indicated they would consider obtaining membership, while 18% were uncertain, and 14% reported no interest in joining a professional organization (Table II).

Among the 62 current ADHA member participants, the majority (92%, n=57) reported that they were likely to renew and maintain their membership. Members most frequently identified advocacy for the profession (82%), access to continuing education (76%), and networking opportunities (61%) as key benefits. Additional motivations included leadership or committee involvement (35%) and employer encouragement (11%) (Table III). Members reported an overall satisfaction score of  $3.2 \pm 0.5$  on a 4-point scale.

Open-ended responses from members highlighted appreciation for legislative advocacy, the sense of professional community, and opportunities for involvement at the local, state, or national levels. Others noted challenges such as inconsistent activity within local components, limited communication about available resources, and a desire for more clinically focused continuing education. Across the full sample, the majority (88%) had attended at least one ADHA-hosted event, most commonly for continuing education, staying current with industry developments, and networking.

**Table III. Key Motivation for ADHA Membership (n=62)**

	n (%)
Advocacy for the profession and representation of professional interests	51 (82.0)
Access to continuing education and professional development resources	47 (76.0)
Networking opportunities with peers and industry professionals	38 (61.0)
Opportunity to contribute to the profession through committees or leadership roles	22 (35.0)
Membership required or highly encouraged by employer	7 (11.0)
Other unspecified reasons	6 (10.0)

## DISCUSSION

Consistent with research conducted in other health care fields, cost, lack of employer reimbursement, and time constraints were the most frequently cited barriers to professional membership in a professional organization.<sup>4,5,9</sup> Non-members also commonly reported obtaining continuing education through alternative sources—often at lower cost or greater convenience—which may reduce the perceived need for formal organizational membership. Open-ended responses offered additional nuance, including concerns about limited return on investment, variable local component activity, and uncertainty about the ADHA's relevance to routine clinical practice. These themes highlight the importance of clarifying tangible benefits and better communicating the organization's value to practicing clinicians.<sup>10</sup>

Demographic differences between members and non-members also provide important insight. Higher educational attainment was strongly associated with ADHA membership, supporting prior research indicating that advanced academic preparation may strengthen professional identity and organizational engagement.<sup>11</sup> Younger clinicians and more recent graduates were significantly less likely to

be members, reflecting generational trends observed in other health professions and emphasizing the need for targeted early-career outreach.<sup>12</sup> Several open-ended responses also suggested limited awareness of how to get involved in ADHA activities, underscoring the potential benefit of enhanced onboarding, mentorship, and communication.<sup>10</sup>

Despite these concerns, current ADHA members demonstrated strong commitment to continued engagement, with the vast majority (92%) reporting they were likely to renew. Members most frequently cited advocacy, continuing education, and networking as meaningful benefits; all elements that are aligned with ADHA's mission and long-standing contributions to the profession. This contrast between member satisfaction and non-member perceptions suggests opportunities to improve communication about the organization's activities and impact.

As the ADHA continues to address emerging legislative challenges, particularly those affecting licensure standards and scope of practice, understanding membership trends becomes increasingly important. This is especially true given the legislation being proposed to grant dental hygiene licensure to internationally trained dentists in a number of states across the country. All dental hygienists, regardless of their membership status, need to understand the importance of organized, concentrated efforts to combat these challenges to the profession and the power of organizations to be centralized voice for dental hygiene. Strengthening early-career engagement, enhancing awareness of advocacy work, and clarifying the value of membership may help align organizational efforts with the needs of the profession.

### **Limitations and Recommendations**

This pilot study has several limitations. Although the sample met the minimum threshold identified in the power analysis, it represents only a very small proportion of licensed dental hygienists in the US, limiting its generalizability. The convenience sampling approach, based on states with publicly available email lists, may have introduced geographic and structural bias, as ADHA engagement varies across

states and component models. Self-selection and self-reporting biases are possible, as individuals with stronger professional interests may have been more likely to participate. Additionally, the open-ended responses were optional and varied in detail, limiting the depth of qualitative interpretation.

Future research should use a more representative national sampling strategy and consider employing a mixed methods approach to explore membership motivations and barriers in greater depth. Particular attention should be given to early-career professionals and students, who demonstrated lower engagement in this pilot. Longitudinal studies may also help track how membership behaviors evolve in response to advocacy efforts and workforce changes. These steps will support the development of more robust evidence to guide strategies for strengthening professional engagement within dental hygiene.

### **CONCLUSION**

This pilot study provides preliminary insight into factors influencing dental hygienists' decisions to join or decline membership in professional organizations such as the ADHA. Current members emphasized advocacy, continuing education, and networking as key benefits, while non-members most frequently cited cost, lack of employer reimbursement, and limited perceived relevance as barriers. Younger clinicians and those with lower educational attainment were significantly less likely to be members, highlighting the need for targeted engagement strategies for early-career professionals. These findings point to important opportunities for strengthening professional membership. Improving communication about the power of organizations, particularly when scope of practice is being threatened, enhancing the visibility of advocacy efforts, and increasing support for career stage specific needs may help align ADHA resources with the expectations of today's dental hygienists. Further research with a larger, more representative national sample is needed to better understand membership trends and to inform strategies that support long-term engagement and retention within the profession.

## IMPLICATIONS FOR DENTAL HYGIENE PRACTICE

- Dental hygienists should consider how membership in professional organizations contributes to advocacy, protection of professional standards, and the long-term resilience of the dental hygiene workforce.
- Broad engagement in professional organizations, across all career stages and roles, strengthens the profession's collective influence, reduces isolation, and promotes shared responsibility during periods of workforce strain and policy change.
- Employers and practice leaders can foster a culture of professional engagement by supporting membership reimbursement, encouraging advocacy and interprofessional collaboration, and empowering dental hygienists to function as leaders within their practices and communities.

## DISCLOSURES

The authors have no conflicts of interest to disclose. The authors are members of the ADHA and the Michigan Dental Hygienists' Association.

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