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Ruth Levine Schemm
Thomas Jefferson University

Theodore Bross
Thomas Jefferson University

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Mentorship Experiences in a Group of Occupational Therapy Leaders

Ruth Levine Schemm, Theodore Bross

Objectives. *The development of occupational therapy leaders is a long-held goal of many members of the American Occupational Therapy Association and of state associations. The initiation of mentor programs is a common means to accomplish this goal. These programs take time and effort, and, although occupational therapists have described how mentorship programs work in the literature, there are few articles that describe the actual mentorship experiences of occupational therapy leaders.*

Method. *To study the experiences of elected occupational therapy leaders, a 30-item questionnaire was distributed at the annual meeting of the Committee of State Association Presidents and completed by 53 respondents. Results were analyzed, and cross tabulations were run between selected items.*

Results. *Respondents were frequently exposed to role models, were assisted by sponsors, were mentored by other occupational therapists, and served as mentors themselves. There was little evidence that the respondents were mentored by high-powered individuals who helped launch their careers.*

Conclusion. *More than half of the respondents were mentored by other occupational therapists, and only 29% of the respondents reported that they surpassed the status and position of their mentors. Plans to initiate mentorship programs should include activities that promote powerful leaders who move beyond the status and position of their mentors, so that occupational therapists can represent the interests of the profession to others.*

Ruth Levine Schemm, EdD, OTR/L, FAOTA, is Professor and Chairman, Department of Occupational Therapy, Thomas Jefferson University, College of Allied Health Sciences, 130 South 9th Street, Suite 820, Philadelphia, Pennsylvania 19107-5233.

Theodore Bross, EdD, is Manager, Academic Systems, Department of Information Services, Thomas Jefferson University, Philadelphia, Pennsylvania.

The need for effective occupational therapy leaders has become more pressing in light of federal and state plans to change the health care industry's social hierarchy and delivery methods (Grossman, 1992; Prestholdt, 1990; Smith, 1992; Robertson, 1992). Occupational therapy association presidents and executive board members have worked hard to develop leaders who remain in the profession; improve the practice and the association; and communicate occupational therapy needs to others, such as universities, school systems, competing professional groups, and reimbursement agencies. This study describes the mentoring experiences of a group of state association presidents. The experiences of these persons, elected to positions of power and authority in occupational therapy professional organizations, are compared with the experiences of other professionals and persons described in the literature of business and other health professions. The results offer an initial understanding of how a group of occupational therapy leaders perceived their experiences as role models, sponsors, mentors, and mentees. The information may stimulate a refinement of existing mentor programs initiated by the state associations and special interest sections, and

encourage some motivated occupational therapists to seek out mentors who possess the social status, power, and authority to help launch their careers.

Literature Review

Mentoring is a process in which an older, more experienced person guides and nurtures a younger one. Mentors perform five functions: teacher, sponsor, host and guide, role model, and counselor (Levinson, 1978). Smith (1992) noted that the relationship ranges from an "intense, chemistry-driven relationship to a formalized management development process" (p. 23). The mentor counsels, critiques, and teaches the mentee how to perform technical, social, and tactical techniques that make organizational survival and advancement easier. Actively engaged in the mentee's performance, the mentor is willing to devote time and thought to the sharing of ideas, while teaching the mentee how to move beyond the present. The mentor offers introductions and recommendations that smooth the mentee's career path and provides advice on career options (Kelly, 1978). The mentor makes sure that the mentee is invited to or present at events where the mentee's work can be noticed and calls attention to the mentee's accomplishments so that the work is recognized and, it is hoped, evaluated positively. The mentor observes the mentee in action and offers feedback to further improve the mentee's performance. In return, the mentee reinforces the mentor's ideas, carrying on the mentor's legacy.

Yoder (1990) conceptualized three aspects of mentoring: (a) a structural role emphasizing the development of a person in an organization, (b) an organizational phenomenon in which a formal program is designed to socialize persons to the culture of the organization or group, and (c) an intense interpersonal relationship between two persons that has parental characteristics. Research indicates that persons who were mentored enjoy more promotions, satisfaction, and compensation (Collins, 1983; Dreher & Ash, 1990; Fagenson, 1989; Robertson, 1992; Roche, 1979; Smith, 1992; Yoder, 1990).

Rogers (1982) maintained that the essence of mentorship lies in a more experienced person accepting responsibility for helping a less experienced person develop and be successful in a profession. The relationship is developmental, and the mentee progresses through stages of growth, beginning with dependence and moving toward independence and individualization (Collins, 1983; Galbraith, Brueggemeyer, & Manweiler, 1988; Kram, 1983; Roche, 1979; Smith, 1992; Vance, 1982). These developmental stages parallel those of a child gaining independence from parental authority (Collins, 1983; Johnsrud, 1990; Kram, 1983; Pilette, 1980; Yoder, 1990). Because the mentor is frequently motivated by a desire to shape the next generation and assume responsibility for the future, the relationship has paternalistic characteristics that are hierarchical and generative. Slowly, the power in the relationship shifts as the mentee gains more status and skills. The relationship is mutually beneficial, accelerating the successful trajectory of the mentee's career and offering the mentor the opportunity to establish a legacy of ideas.

Although the term *mentoring* began with a business relationship that resembled a parental dyad (Levinson, 1978), it is used more loosely to describe a range of work-related relationships. Two other types of relationships that are often called mentorships but are not as intense are role model–novice and sponsor–protégé. Role modeling requires identification with the present, "fostering imitation, not self-development" (Smith, 1992, p. 24). A role model does not have a strong investment in the novice and may not even be aware of the importance that the novice attributes to his or her role. Learning from the role model's example rather than from any structured learning experience, the novice frequently interprets the role model's behavior without the opportunity to discuss his or her impressions and ideas.

The second type of relationship confused with that of mentor–mentee is that of sponsor–protégé. With a structured relationship initiated by an employer or professional organization, sponsors facilitate entry and advances in the workplace and take responsibility for the protégé's learning. The relationship is designed to promote the goals of the organization so that a newcomer starts off on the right path. Although sponsors perform part of the mentor role, they do not believe they are responsible for launching the careers of their protégés (Rogers, 1982). Because many sponsors are assigned their roles and do not chose their protégés, the close ties present in the mentor–mentee relationship do not develop. Furthermore, in the workplace social hierarchy, sponsors are usually one level above that of their protégés and may not have the power to launch the protégés' careers.

Sponsors fulfill an important function by guiding transitions such as those from nonprofessional to professional, generalist to specialist, and clinician to academician, teaching their charges how to negotiate the power and politics of an organization (Rogers, 1982, 1986). Sponsors are effective role models, counselors, guides, and opportunity finders within the confines of their organizational roles (Cox & Nkomo, 1991; Whitely, Dougherty, & Dreher, 1992). Many clinical educators and senior therapists serve as sponsors to fieldwork students or staff member novices. In this period of downsizing and stressful working conditions, sponsorships can prevent turnover, burnout, and ineffective treatments (Freda, 1992)

Like other health professionals, occupational therapists seem comfortable with the concepts of role modeling and sponsorship, and skillfully use many aspects of the mentor role. But congruent with findings from other health professions, evidence suggests that few persons have had a mentor in the real sense of the word (Whitely

et al., 1992). Reasons for the limited number of occupational therapists who have had high-powered mentors might include issues such as the amount of time needed to foster a mentor relationship, limited exposure and opportunities to meet potential mentors, lack of knowledge about how to obtain a mentor, and discomfort in seeking out another person.

Reluctance to seek out a male mentor might be attributed to gender differences for some therapists because 94% of occupational therapists are women. The relationship issue between male mentors and female mentees is not unique to occupational therapists (Cox & Nkomo, 1991; Ragins, 1989; Ragins & Cotton, 1991). Ragins (1989) described the organizational and interpersonal barriers that thwart a woman's attempt to develop a mentor relationship and noted the effects of gender on the relationship. Women may fail to recognize the importance of having mentors, lack time to devote to the relationship, fear that their requests may be misconstrued as sexual advances, experience fewer opportunities to obtain mentors, or be uncomfortable with pursuing a mentor in an assertive manner. The effects of gender were also noted by Hennig and Jardim (1977), who reported less prevalence of mentor relationships among professional women, citing distrust, competitiveness, lack of understanding, and political naivete as possible reasons for differences between men and women. Vance (1982) discussed more positive orientation to mentoring after studying nursing leaders, 83% of whom reported having one or more mentors and 93% of whom reported mentoring others.

Ragins and Cotton (1991) found that women perceived more barriers than men did in finding mentors, but women did not differ from men in their reported fears about taking an assertive role in initiating mentor relationships or in their views about who is responsible for making the first move. Experienced mentees, however, reported fewer barriers to obtaining a mentor, so it is likely that once skills are developed, mentees pursue future mentor relationships with greater ease. Ragins (1989) discussed the shortage of female mentors among managers and the complications that gender adds to mentor relationships.

The current occupational therapy mentoring literature is descriptive, offering ideas on how to establish mentorships and develop leaders but leaving questions about the nature of therapists' experiences and mentoring habits (Dunn & Huss, 1992; Robertson, 1992; Smith 1992). The findings of the present study offer insight into occupational therapy sponsors, mentors, and mentees.

Method

A 30-item questionnaire based on the work of both Collins (1983) and Ballou (1991) was adapted for occupational therapy leaders and distributed at the annual meeting

Table 1
Frequencies and Percentages of Respondents' Highest Level of Education Completed

Level	Frequency	Percentage
Entry-level occupational therapist	25	47
Basic master's degree occupational therapist	7	13
Advanced master's degree	17	32
Doctoral degree	1	2
Other	3	6

Note. N = 53

of the Committee of State Association Presidents (CSAP) in April 1990. Questions regarding age; economic background; marital status; and sponsor, mentor, and mentee experiences were presented. Persons were asked to share details about their mentors such as age and profession. In addition, they were asked to list the characteristics they would look for in a potential mentee. Respondents were also asked whether a state association mechanism to foster networking existed. All persons present were asked to fill out the questionnaire, and results were tabulated with Statistical Analysis System (SAS) version 6.07.

Results

A total of 53 state association presidents and CSAP officers completed the survey. The ages of respondents ranged from 25 to 55 years, with an average age of approximately 39 years. Forty-seven percent held bachelor's degrees in occupational therapy, and 13.2% graduated from basic master's degree programs in occupational therapy. Twenty-eight percent were presently enrolled in advanced degree programs (see Table 1). A majority of the respondents (72%) had at least 11 years of professional experience in the field, including 10 persons (19%) who had more than 20 years of experience (see Table 2). The average number of years spent in active participation in state associations was 10, although 21% of the respondents indicated that they had been active for at least 16 years (see Table 3). Almost all of the respondents (96%) were women, and 59% indicated that they were married. The same number (59%) had children. Sixty-two percent reported having a higher economic background than their parents.

Table 2
Frequencies and Percentages of Respondents' Number of Years in Occupational Therapy Practice

Years	Frequency	Percentage
0–4	1	2
5–10	11	21
11–15	21	40
16–20	10	19
21–25	7	13
>25	3	5

Note. N = 53

Table 3
Frequencies and Percentages of Respondents' Years Active in State Associations

Years	Frequency	Percentage
0–3	4	–
4–7	17	32
8–11	12	23
12–15	9	17
>15	11	21

Note. $N = 53$

Table 5
Frequencies and Percentages of Mentor's Age

Age	Frequency	Percentage
Younger than respondent	4	10
Same age or less than 5 years older than respondent	–	18
5–10 years older than respondent	13	32
11–15 years older than respondent	8	20
>15 years older than respondent	8	20

Note. $N = 40$

Most of the respondents (76%) said they had been mentored; 53% indicated that the mentoring was done by someone in their state association. Mentors were typically other occupational therapists (65%) or administrators who were not occupational therapists (12.5%). A general category of "other" was cited by 20% of the respondents, who listed education administrator, physician, parent, teacher, or occupational therapy instructor as the occupation of their mentors (see Table 4). Mentors were usually women (70%) and were older than the respondents. Only 5% of the group indicated that they had a younger mentor, whereas 37.5% reported having a mentor who was at least 16 years older (see Table 5). All respondents who had been mentored indicated that they had been sponsored on at least one occasion. Many had been sponsored more than once, and 33% reported having been sponsored at least five times.

Forty percent of the respondents said that they sought out their mentors, and 62.5% indicated that they were still in contact with their mentors. Of those who were no longer in contact, none reported that the mentor had ended the relationship, although the specific reasons for the current lack of involvement ($n = 17$) varied. Reasons included change of location ($n = 5$); mentor left organization ($n = 2$), job ($n = 5$), or position ($n = 5$); death of mentor ($n = 4$); and developmental issues ($n = 5$) which were reflected in responses such as "it was time," "no longer met my needs," and "we remain friends, but I have moved on, beyond my mentor." Some respondents listed more than one reason because they had had more than one mentor.

Regardless of current involvement, 37.5% indicated that their relationships lasted for at least 8 years, and 33% indicated that their relationships lasted 3 years or less (see Table 6). Twenty-nine percent of the group believed

they had surpassed both the status and position of their mentors, 55% indicated they had not, and 16% believed their status was equal to that of their mentors.

The types of assistance offered by the mentor that were most often identified by the respondents were support (95%), feedback (90%), knowledge (85%), advice (83%), and introductions (47%). Almost all respondents selected combinations, with 92% citing three, four, or five of these types of assistance. The group was equally divided when asked whether their mentors had helped them learn to balance their professional and personal roles. Eighty-one percent believed that mentor relationships help to socialize new occupational therapists into the professional network.

Regardless of whether they had been mentored themselves, 72% of the respondents reported that they had served as mentors; 79% of that group indicated that they had served at least twice. Respondents were asked to identify the characteristics they would look for in potential mentees. Eagerness to learn was cited most often (87%) followed by an ability to learn from feedback (83%), a willingness to share excitement about practice (74%), and the ability to work hard (70%) (see Table 7). In addition, respondents were asked to identify the optimal circumstances under which they would serve as mentors. Having an interested mentee (85%) and time (77%) were chosen most often, followed by resources (36%) and organizational support (13%).

One respondent expressed a desire to mentor someone who "shows positive potential beyond the norm that would benefit society and/or the profession." Another respondent wanted a mentee to "exhibit creativity, honesty, and the ability to think independently and grow from experience—will 'take off' eventually." Several men-

Table 4
Frequencies and Percentages of Mentor's Occupation

Occupation	Frequency	Percentage
Occupational therapist	26	65
Physical therapist	1	2
Administrator	5	13
Other	8	20

Note. $N = 40$

Table 6
Frequencies and Percentages of Length of Time Spent with Mentor

Length of Time (Years)	Frequency	Percentage
1	2	5
2–3	11	28
4–5	9	22
6–7	3	–
>7	15	38

Note. $N = 40$

Table 7
Frequencies and Percentages of Characteristics Sought in a Potential Mentee

Characteristic	Frequency	Percentage
Eager to learn	46	87
Able to learn from feedback	44	83
Shares excitement about practice	39	74
Will do things for you	37	70
Willing to teach knowledge and skills	27	51
Intelligent	27	51
Expresses gratitude	19	36
Gives positive feedback	17	32
Willing to carry ideas to new areas	11	21
Works hard	3	6

Note: Respondents were allowed to choose multiple characteristics. $N = 53$

tioned that the mentee should be willing to take risks.

Finally, 47% of the respondents reported that a mechanism existed in their state association to foster networking and 45% answered that one did not. Eight percent stated that such a mechanism was being developed.

To provide more detail on key questions, cross tabulations were run between selected items on the instrument. Eighty-eight percent of the occupational therapist mentors were women, whereas 57% of the mentors who were identified as either administrators or other were men. A chi-square analysis revealed a statistically significant gender difference on this item ($\chi^2 = 12.17, p < .005$). Sixty-two percent of the mentors who had been sought out by the respondents were women, and 74% of the mentors who had not been sought were women, a difference of no statistical significance ($\chi^2 = .57$). Respondents were more likely to still be in contact with their mentors if the mentors had been sought out (75%) than if the mentors had not been sought out (52%). The chi-square for this comparison was 2.07, significant at the .15 level. When the gender of the mentor was compared to whether the respondent had surpassed the mentor's status and position, 32% of the respondents who had female mentors indicated that they had surpassed their mentors; 27% of the respondents who had male mentors answered the same way. The chi-square for this comparison was 1.286, not statistically significant at any meaningful level.

Frequency distributions were calculated between whether respondents had been mentored and the respondents' level of formal education. Of the 17 respondents who had earned an advanced master's degree in occupational therapy, 16 (94%) had been mentored. Sixty-four percent of respondents who held an entry-level occupational therapy degree and 57% who held a basic master's degree in occupational therapy had been mentored ($\chi^2 = .54, p < .11$). Finally, of the 38 respondents who indicated that they were not currently enrolled in an advanced degree program, 47% held an entry-level degree, 11% held a basic master's degree, 32% held an advanced master's degree in occupational therapy, and 10% had an advanced degree in another field.

Discussion

The purpose of this study was to explore some of the mentoring experiences of occupational therapy leaders and provide some empirical data from which to draw ideas about leadership development in the profession. It is not surprising that almost all of the respondents who had been mentored were women, because the profession as a whole, as well as this particular sample, is dominated by women. Nor is it surprising that 70% of all mentors themselves were women. What is of interest among these successful occupational therapy leaders is the lack of mentors drawn from outside the profession. Although many sought out their mentors, they were usually other occupational therapists, and few leaders sought out mentors who could further promote their future development.

The finding that most respondents had not surpassed the status and position of their mentors suggests that few were launched in their careers by high-powered persons. What these data do not show is whether the lack of potential mentors was due to a shortage of female mentors within and outside of the profession or whether the shortage was based on therapists' tendency to seek out readily available persons, which led them to therapists who act more like sponsors than mentors.

The findings, combined with respondents' identification of mentoring as an effective means to socializing new therapists into the profession, suggest that aspects of the mentor role are firmly entrenched in the profession but work is needed to promote the career launching and promoting aspects of the mentor role. As one respondent said, "to date whatever happened (in my career) has simply evolved, much is done through role modeling."

It is surprising that a minority of respondents thought that they had either equaled or surpassed the status and position of their mentors, regardless of the mentor's gender. To some extent this finding may signal a warning about the potency of our present leaders' roles as they work to position occupational therapy in the health care delivery system. The mentored group was mature in both age and experience, and as such, could be expected to have advanced further than their responses suggest. One explanation is that some occupational therapists refer to a sponsor or role model as a mentor despite the clear distinctions made between the two roles on the survey instrument. One respondent commented, "I've had several short-term sponsors that have influenced me and opened doors. I'd love a mentor. How do I find one?" Underscoring this point is the finding that fewer than half of the state associations had formal mechanisms to foster networking, a necessary prerequi-

site to the mentoring process. Furthermore, few state associations encourage networking opportunities with members of other groups or offer leadership training programs for members with more than 10 years of experience.

In addition to adding a formal mentoring system to state associations and special interest groups, state associations could establish a hierarchy of relationships to customize the match between individuals and peer pals (persons with the same rank and status who offer mutual support), sponsors, or mentors. Definitions of each role should be discussed before the relationship is formalized so each person understands the needs and expectations of the other person.

Because the sample used for this study represents a group of persons who were elected to office, these findings cannot be generalized to the profession as a whole. The results do suggest, however, that if state association presidents had difficulty differentiating between a sponsor and a mentor and few used the knowledge and skills of high-powered mentors to launch their own careers, then the potential of mentoring might remain untapped for many therapists who are not active in association activities as well. ▲

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