NATIONALLY SPEAKING

Mentoring for Career Achievement and Advancement

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It is likely that at some stage of your occupational therapy career you have encountered someone who had a significant impact on your professional development or advancement. Furthermore, chances are good that among the individuals who played that role was a teacher—a major professor, a field work supervisor, or a thesis advisor. This is indicative of the formative influence of educators on professional socialization.

There are two general types of career helpers (1). Role models are passive. Mentors, on the other hand, assume active responsibility for shaping an individual’s career. While both types of helpers have a formative influence, they foster different outcomes.

A role model demonstrates how to do something. The “something” may be as simple as the placement of a goniometer or as complex as explaining occupational therapy to a physician, interpreting the results of a sensory test, or juggling family and career responsibilities. The student selects as a role model a person who possesses the skills or qualities that he or she lacks yet admires and desires to emulate. By observing the role model’s performance and its consequences, the student develops a concrete image of the task and then imitates the behaviors needed for task accomplishment. To allow for the expression of individuality, the imitation is often only approximate. Learning is appraised by comparing one’s performance with the standard set by the role model. The processes of identifying, observing, imitating, and comparing can all take place without a direct exchange between the student and the role model. In fact, role models may be totally unaware of their influence on students.

In contrast to the role model, the mentor takes a personal interest in the student and leads, guides, and advises the student in matters concerning his or her career. The nurturing influence is a conscious one, and it is implemented through an array of role modeling, information-giving, and “door-opening” functions. The mentor fulfills the following major functions (2):

Teacher—develops the young person’s intellectual and technical skills;

Sponsor—eases the neophyte’s entry into and advancement in the work organization and situation;

Host and guide—welcomes the neophyte into the professional community;

Exemplar—models a way of life and professional achievement; and

Counselor—provides advice, constructive criticism, moral support, and affirmation of the neophyte’s aspirations.

The essence of mentorship lies in a more experienced person accepting responsibility for developing a less experienced person. The mentor possesses both professional expertise and political know-how and makes these available to the student. Mentors teach what textbooks cannot. The informal curriculum ranges from discussing with the student the usefulness of a clinical protocol with a particular patient to giving advice to the student on whom to tell and whom not to tell about one’s problems and failures.

A salient characteristic of mentorship is its exclusionary, or as some prefer, discriminatory nature. While it is technically possible for a teacher to be a role model for every student, it is not
feasible for a teacher to mentor every student taught, tutored, counseled, or supervised. The intensity of the relationship precludes this. In fact, the more students a teacher is willing to mentor, the more the mentoring functions are diluted. To mitigate the elitist aspect of mentoring and to enable more individuals to profit from some, if not all, the benefits of having a mentor, multiple alternatives to mentorship have been advanced. These include ties with peers and subordinates as well as seniors, and they involve more reciprocal assistance and less personal involvement (1).

Popular interest in mentorship stems from evidence suggesting that career success depends on having a good mentor. In a key study, Roche (3) found that compared with their nonmentored coworkers, mentored workers earned more money at an earlier age, were better educated, and were more likely to follow a career plan. Furthermore, they reported being happier with their careers and deriving more pleasure from their work. Others have ascertained that mentoring increases productivity (4), performance ratings (5), and promotability (6).

Most of what is known about mentorship stems from business studies. Since education assumes responsibility for the intellectual and personal development of students, the paucity of mentorship research in education, and perhaps even of mentorship itself, is perplexing (7). To heighten awareness of the instructional power of modeling and mentoring for achievement in occupational therapy, these concepts are briefly discussed here in regard to three career transitions.

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Nonprofessional to Professional

Basic professional education converts a nonprofessional into a professional person. Regardless of whether this occurs at the baccalaureate or postbaccalaureate level, the academic milieu is essentially "undergraduate." Conversion is accomplished by successful passage through an established sequence of courses given to a large audience of students. Under such circumstances, modeling and selected mentoring techniques can be more readily applied than mentoring in the classical sense of an intense, paternalistic relationship. The undergraduates studied by Erkut and Mokros (8) claimed that observing their model helped them to formulate their thoughts better, set priorities, interact with others more effectively, and organize their time more efficiently. In terms of mentoring techniques, students claimed that their "special teacher" provided encouragement and individualized instruction. They felt free to go to their teacher for moral support and sensed that he or she took an interest in their personal growth. Although the students surveyed were enrolled in a liberal arts curriculum rather than a professional program, the findings furnish an idea of the kinds of modeling and mentoring effects that can result from the "natural" undergraduate situation, where faculty-student interactions are largely confined to the classroom.

Planned systematic use of modeling is likely to yield better results than incidental use. Occupational therapy students frequently complain that they have difficulty identifying with their classroom instructors because they rarely observe their instructors applying the theory and techniques that they teach as the solution of real patient problems. Typically, faculty members model expository presentations, tutorial guidance, and practice under simulated and often ideal conditions. It is no mystery that clinicians are selected over faculty members as role models. The abstract image of occupational therapy is made concrete by observing the work of the practicing therapist.

The current trend toward faculty practice holds promise for developing more productive faculty-student relationships at the entry level. If these practice centers are conceptualized as model fieldwork laboratories, they can provide a setting where modeling and mentoring principles can be applied. Since the gap between classroom instruction and clinical practice can be eliminated, or minimally justified, the ingredients needed for a strong identification of students with faculty members are present. Such identification can prompt social change in both the life-style and the technical components of the professional role. For most women, pursuing a career means adopting an occupational role in addition to the wife-
ships, to get the students they want. The apprenticeship is con­solidated when the student is dubbed “Professor so-and-so’s protégé.” A sequence of courses and tasks is tailored by the mentor to gradually increase the student’s strengths and weed out weaknesses. The mentor believes in the student’s ability to accomplish career objectives and prods, praises, and criticizes as the education plan is enacted. In the context of this relationship, the student acquires skills and sensitivities and assimilates them into a workable collection of occupational competencies. As autonomy is achieved, a collegial relationship often emerges.

In return for the investment of time and energy, the professor expects academic achievement. Every paper published by a protégé, every speech delivered, and every honor received testifies to the mentor’s competence. In addition to the personal satisfaction derived from helping another succeed, the mentor accrues other benefits. The intellectual stimulation and technical assistance given by the student enables the mentor to stay at the forefront of knowledge. By developing a cadre of past protégés, the mentor’s influence is extended, and power and authority are gained.

At its roots mentorship is a personal transaction. Little is known about the negative effects of mentorship that might occur when the relationship is not consolidated, goes awry, ends prematurely, or is prolonged beyond the normal time. The bonding is undemocratic: The professor holds power and resources, and these are relinquished or dispensed as he or she desires.

While the structure of graduate education allows for mentorship, new programming may be needed to create a climate conducive to faculty-student pairing. Informally, faculty members may be charged to develop talent and students may be charged to find a patron. Mentoring techniques may also be incorporated into existing student advisement arrangements. Time is critical for initiating and pursuing relationships.

Thus, in implementing any relationship-building program, it should be recognized that being a part-time graduate student is as detrimental to the process as being a faculty member hired only to “teach a course.”

Clinician to Academician

For occupational therapists, obtaining an academic position is not a problem. Survival in academe often is. The move from the clinic to the classroom is generally motivated by a desire to teach. It is assumed that if teaching is done well, it will be rewarded by regular salary increases, timely promotion, and job security. Academic mentoring provides a vehicle for putting these perceptions in the context of a) a professional value system; b) the teaching, research, and service missions of higher education; and c) personal career aspirations.

Faculty socialization involves a subtle reorientation of the work-related values learned during years of employment in clinical settings (10). In academe, power operates primarily through collegiality instead of the line and staff hierarchy prevalent in health care organizations. Consultation and collaboration replace commands and directives as the tools of authority. Work standards are largely determined by unwritten rules handed down informally rather than by detailed written policies and procedures. Work evaluation is accomplished through a peer judgment process that extends beyond the employing institution to the entire professional community. Rewards are based on professional expertise and productivity rather than length of service, punctuality, loyalty, and hard work. It is the con-

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trol exerted through informal mechanisms that expects, but often fails to reward, good teaching and that can accept or exclude the novice from the peer network that governs academic advancement. A mentor can be invaluable in distinguishing the formal from the informal criteria for tenure and in providing guidance on how to save time for research, negotiate coauthorship, and build a respectable curriculum vitae.

There are no intact mechanisms that can be used for the mentoring of new faculty members; however, it might be possible to give this responsibility to senior faculty members. In response to social pressure, many institutions have developed formal programs to promote mentoring opportunities for women and other minorities (11). For occupational therapists, liaisons with non-occupational therapy faculty members within the employing institution and with occupational faculty members outside that institution warrant exploration to provide the novice with a more comprehensive perspective of the academic career.

Conclusion
Each of the three career transitions discussed involves the adoption of professional behaviors that are not particularly prevalent in the occupational therapy community today. The goal at the basic professional level is to produce a therapist who understands the social relevance of occupational therapy and is as committed to advancing the profession as to earning a living from it. At the graduate level, the mandate is to turn out a clinical specialist or scholar who is skilled in critiquing, developing, applying, testing, and refining professional knowledge. The academician must accomplish balanced productivity in teaching, service, and research in a manner that facilitates the attainment of career rewards now and in the long term.

In situations involving role change and innovation, supportive relationships are particularly important to nurture risk taking and protect against failure. In times of transition, career helpers must be selected carefully, lest the person seeking help be socialized to a role that is outdated or find him- or herself inside a peer network while wanting to be outside! Mentors are required to have an extraordinary vision of the future to prepare professional leaders for tomorrow's challenges. The only way that we can acquire committed therapists, scholarly practitioners, and esteemed academicians is to create them through helping relationships focused on professional achievement. Fostering mentorship is the responsibility of prospective mentors, prospective protégés, and those who are in a position to join the two.

Note
In this article, the term protégé refers to both males and females.

REFERENCES