The Prevalence of Mentoring Programs in the Transition from Student to Practitioner Among U.S. Dental Hygiene Programs


Abstract: Mentoring of students to assist them in the transition to clinical practice has been utilized in a number of health professions but has only been recently introduced in dental and dental hygiene education. A survey was sent to all U.S. dental hygiene program directors to determine the prevalence of mentoring programs in the dental hygiene curriculum that utilize practicing dental hygienists as mentors to facilitate the transition from student to practitioner. Results showed that less than 30 percent of dental hygiene programs are using this type of student mentoring. Dental hygiene program directors reported that the main benefit mentoring provided was “real world” experiences to their students. Lack of formal structure to the mentoring program was the most frequently cited weakness of existing programs. Programs not utilizing mentoring programs listed inadequate time in the existing dental hygiene curriculum as the main obstacle for not implementing a mentoring program. Student mentorship in other health professions has been shown to not only enhance personal and professional growth, but also to increase job satisfaction and retention. Further research, however, is needed on student mentoring programs in the dental and allied dental fields.

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Formal education programs provide students with the didactic information and clinical skills necessary to successfully enter the workforce. However, recent graduates sometimes experience difficulty in making the transition from student to practitioner when they experience the demands and pressures of the actual working environment. A mentor can be an invaluable resource for advice and guidance to ease this transition after graduation. Mentorship is an educational strategy that has been utilized in the health professions to enhance career satisfaction and professional growth by using experienced practitioners as mentors for students or recent graduates. The strength of mentoring results from sharing clinical experience and knowledge, while supporting and nurturing the student, rather than focusing on clinical competency evaluations and formal instruction. Students are able to explore opportunities for professional growth, examine different career paths, and experience professional socialization as they are transitioning from student to novice practitioner. An effective mentor can facilitate the development of independence, self-confidence, job satisfaction, and critical thinking skills in the student. A positive mentor relationship also decreases anxiety and improves confidence in clinical practice. Feedback from these types of student mentoring programs has been positive from the perspective of both mentor and protégé.

Despite the fact that mentoring programs have been widely used in other allied health training programs, a review of the published dental literature failed to find any previous studies on the use of student mentoring in dental hygiene programs. The purpose of this pilot study was to determine the prevalence of mentoring programs designed to facilitate the transition from student to practicing dental hygienist among accredited dental hygiene programs in the United States. Additionally, dental hygiene program directors who included mentoring programs in their curricula were asked to provide feedback on the strengths and weaknesses of their particular programs. Finally, obstacles that would hinder or prevent the incorporation of a mentoring program into the dental hygiene curriculum were identified.
Materials and Methods

An electronic questionnaire was developed and distributed via email to all dental hygiene program directors in the United States. Program director names and email addresses were obtained from the American Dental Hygienists' Association. The questionnaire sought the following information:

1) Did the dental hygiene program currently have an existing mentoring program in place designed to ease the transition from student to practitioner?
2) If so, how long has the mentoring program been a part of the curriculum?
3) Were there any formal evaluations of existing mentoring programs?
4) What were the strengths and weaknesses of existing programs?
5) If no mentoring program exists, would consideration be given to adding a mentoring program to the curriculum?
6) What would be the main reason(s) one would not institute a mentoring program in the dental hygiene curriculum?

Questionnaire recipients were unaware of the names or email addresses of any other program director receiving the questionnaire other than themselves. Recipients were asked to respond and return their answers electronically. A second identical questionnaire was sent to all dental hygiene program directors who did not respond within two weeks of sending the initial survey. Efforts were made to check email addresses and resend any surveys that were returned as undeliverable. Data from returned questionnaires were tabulated and reported using descriptive statistics. This study was reviewed and approved by the Indiana University-Purdue University Indianapolis Institutional Review Committee.

Results

A total of 266 surveys were sent electronically; of these, twenty-three (8.6 percent) were determined to be undeliverable. The majority of these undeliverable surveys resulted because the recipient’s email server would not accept unsolicited electronic mail despite repeated attempts to resend the messages. Of the 243 surveys that reached their recipients, 139 (57 percent) of the surveys were completed and returned by the dental hygiene program directors or their proxies.

Of those returning the survey, thirty-six of the program directors (25.9 percent) stated that a formal mentoring program was part of their curriculum. The majority of these programs did conduct an evaluation of the mentoring experience, but this was done largely through informal methods such as exit interviews and surveys of the students. The average mentoring program had been in existence for 7.5 years, and responses for length of program duration ranged from six months to more than twenty years.

All of the respondents whose programs included student mentoring stated that the mentoring programs were a positive experience. Student feedback from exit interviews indicated the students believed the mentoring experience with dental hygienists outside of the academic environment would have a positive influence on their transition from student to practicing hygienist. The most consistently listed strength for inclusion of student mentoring in the dental hygiene curriculum was that it provided “real world” experiences for the student hygienist. Other strengths listed for existing mentoring programs included: improved time management skills, networking with practicing dental hygienists outside of academic settings, reinforcement of the dental hygiene curriculum, improved employment contacts, emotional support and encouragement, and improved ties with local professional societies. The frequency and list of responses for mentoring strengths appear in Table 1.

Despite the positive feedback from programs that included mentoring, most program directors listed areas where these programs could be strengthened. Several weaknesses of mentoring programs were mentioned repeatedly by various program directors. These included lack of formal structure and evaluation of the mentoring experience, variable mentor quality, lack of resources for program administration, and inadequate support from either the faculty or the local dental hygiene community. Reported weaknesses of existing mentoring programs appear in Table 2.

The majority of the respondents (74.1 percent) indicated their curriculum did not include any type of mentoring designed to facilitate student transition into clinical practice or other career fields. Numerous obstacles were listed as reasons for not including a mentoring program in the curriculum; these appear in Table 3. The majority of obstacles include inadequate time in the existing curriculum to add a program (65.7 percent), lack of faculty to adminis-
ter the program (30 percent), lack of mentor volunteers (20 percent), and no perceived need for a mentoring program (14.3 percent). Some respondents stated that mentoring programs had been tried in the past but discontinued for various reasons (8.6 percent), and there were also concerns about mentor quality (4.3 percent).

Dental hygiene programs that did not have formal mentoring programs were asked if they would consider adding a student mentoring program to the curriculum (Table 4). Forty-three program directors stated that they would consider adding a mentoring program, and thirty-six of the respondents indicated they have no plans to add student mentoring to the existing curriculum. The remaining twenty respondents said they might consider adding a mentoring program in the future, and four gave no response to this question.

Discussion

The mentoring of protégés by experienced professionals has been a widely used tool in business, industry, and the health professions. Many nursing programs have utilized mentoring programs in the final year of study to facilitate the transition from student to registered nurse.2,7,10 Despite a rigorous academic curriculum, many nursing students have consistently reported they did not feel prepared for clinical practice following graduation.2 Effective mentoring programs have been developed to fill the discrepancy that often exists between educational theory and the application of that knowledge in clinical practice.

The interaction between mentor and student can be beneficial for both individuals. While the student gains professional insight and confidence as well as support and networking experiences, the mentor can gain insight into the concerns and fears of a new graduate. Mentorship allows for professional growth and confidence building for mentors and can reinvigorate their own enthusiasm for their profession.2

Fifty-seven percent of the surveys were completed and returned, a percentage that appeared consistent with return rate data from previous studies utilizing email surveys.11,12 A recent study on mentoring experiences and career satisfaction among dental hygiene program directors utilizing email surveys, for example, reported a 51 percent response rate.11 The use of electronic surveys can be both a time- and cost-effective means of gathering data compared to traditional mail surveys. However, the data from this study needs to be interpreted with some caution given the fact that 43 percent of the dental hygiene program directors did not respond.
The results of this pilot study indicate relatively few dental hygiene programs are incorporating this type of student mentorship into the existing curriculum. Student mentorship as discussed in this article is a relatively new concept in dental education. Mentorship of dental students or recent dental graduates designed to ease the transition of the student into the workforce is still in its infancy; however, an electronic literature search using Medline and PubMed showed no published articles on the use of similar student mentoring programs in dental hygiene education. The majority of existing mentoring publications related to dentistry focused on mentoring of dental and dental hygiene faculty for development of academic careers or for dental research. The data from analysis of mentoring programs incorporated into nursing education have shown increased job satisfaction, camaraderie among colleagues, and job retention when mentoring programs have been used for student nurses. If similar mentorship of dental hygiene students yielded similar favorable results, increased student mentorship in dental hygiene programs might help to reduce the reported shortages of practicing dental hygienists. Further research is needed to test this hypothesis.

Inclusion of a mentoring course in a dental hygiene curriculum is not a panacea. Most curricula are already extremely full, and 65.7 percent of the responding program directors reported they could not incorporate such a program due to time constraints. Nearly 20 percent of the hygiene program directors with mentoring programs also felt that a lack of time was a weakness with their mentoring programs. These directors reported that the beneficial effect of mentorship could be improved by lengthening the mentoring experience; however, finding time in a two-year curriculum made this difficult to accomplish. It requires a dedicated faculty to find and organize interested mentors for such a program, and numerous respondents reported that the faculty already had too many teaching and administrative responsibilities. Nearly 14 percent of respondents with no existing student mentor-protégé relationships indicated they saw no perceived need for implementation of such a program, and several directors with existing mentoring programs noted that faculty members were sometimes not supportive of these programs. Some directors also expressed concerns that some mentors could be a negative influence on recent graduates, especially when their clinical procedures and protocols do not support those taught in the hygiene program. To be effective, mentors need to not only be positive role models, but also to have patience, knowledge, and enthusiasm for their chosen profession. Several hygiene program directors commented that the mentors reinforced the practices taught in the hygiene curriculum when competent, conscientious, and committed mentors were found. The interpersonal chemistry between the mentor and student is crucial for effective mentoring to occur; and unfortunately, it is not always possible to match the right student with the right mentor when student-mentor assignments are made. Mentors must also be willing to devote sufficient time and effort to develop positive mentoring relationships with their protégés. The implementation of a successful student-mentor program requires interest and cooperation from both the dental hygiene program administration and local dental hygiene and dental associations.

Numerous strengths were listed when student mentorship was included in the curriculum. Although academic faculty can serve as mentors, the mentoring relationship is more focused on supporting and nurturing rather than on teaching and assessment. Responses from some program directors for this survey support this statement, as students felt mentors provided support and encouragement outside of the academic environment. Networking with an experienced dental hygienist on a more informal level helped some students establish personal relationships with their mentor. Some students were introduced to the local component of their professional organization, and professional responsibilities and lifelong learning behaviors were reinforced by some mentors.

Conclusions

This is the first study to report on the prevalence of student mentorship among existing dental hygiene programs. No conclusions can be drawn on the prevalence of mentoring programs for the 127 programs that did not respond to the survey. Since less than 26 percent of dental hygiene program directors responding to the survey indicated that a mentoring program was a part of the curriculum, it appears mentoring of hygiene students could be increased. However, no data exist on the success of these programs in regards to job satisfaction, career development, and job retention for mentored dental hygienists as has been reported among other health professions.
More research into existing dental hygiene mentoring programs is needed to evaluate if they are as effective as mentoring programs in other health professions.4,7,31

REFERENCES