Senior Faculty Retrospectives on Mentoring

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ABSTRACT

This qualitative study investigates the role of mentoring over a career in health education faculty at research intensive universities. A nonrandom sample of senior faculty (N=11), whose teaching experience ranged from 20 to 33 years in the classroom, was interviewed. Inductive content analysis was used to identify important themes related to mentoring. The results indicated that the participants had several mentors, they valued long-lasting mentoring relationships, and almost all agreed mentors made a definite impact on their careers. The participants viewed their role of mentor as an obligation to fulfill professional responsibilities, their relationships with students as invigorating, and their role as "legacy creators" as awe-inspiring. In conclusion, having a guide, counselor, and/or role model to ease assimilation into a department, college, and profession was viewed as critical to optimal career development.

The idea of mentor comes from Homer's *Odyssey*. Odysseus entrusted an old friend named Mentor to care for his son, Telemachus, while Odysseus was at Troy. It took Odysseus 10 years to come home. Over this lengthy period Mentor advised, counseled, and guided Odysseus' son, even saving his life at one point (Brey & Ogletree, 1999; Conway, 1998; Merriam, 1983). From this story the concept of mentor has evolved such that a mentor is typically someone older and more experienced who serves as an advisor, guide, and supporter to someone younger and less experienced as she or he transitions through the early and mid stages of life or career (Conway, 1998). Not everyone has a mentor; however, those who do seem to have certain advantages over those who do not (Levinson, 1978).

Often, the process of mentoring is ambiguous and ill-defined. This requires mentors to "make inferences and assumptions about their responsibilities" (Gold & Roth, 1999, p.8). The ambiguous nature of mentoring is problematic because, depending on the definition, different aspects of mentoring are emphasized (e.g., emotional components or similarities and differences related to parenting.) Additionally, confusion may arise related to the changing roles of a mentor over a career (Brey & Ogletree, 1999; Gold & Roth, 1999). To prevent this guesswork, there is a need to better define the role of mentor within a department and to develop a model for interested departments to create an effective mentoring program for faculty at whatever stage of their careers within their organization.

Even though defining mentoring is difficult, we are most in accord with the conceptualization of Healy and Welchert's (1990) developmental-contextually derived definition. According to them, mentoring is:

A dynamic, reciprocal relationship in a work environment between an advanced career incumbent (mentor) and a beginner (protégé) aimed at promoting the career development of both. For the protégé, the object of mentoring is the achievement of an identity transformation, a movement from the status of understudy to that of [a] self-directing colleague. For the mentor, the relationship is a vehicle for achieving midlife "generativity" [or passing along a legacy](p.17).

Brey and Ogletree (1999) took the concept of mentoring one step further by delineating specific phases through which health education faculty and graduate students pass during their careers. They discussed and advocated Phillips-Jones' (1982) and Kram's (1983) earlier models of mentoring. In the Phillips-Jones (1982) model, five phases are described. The first phase is "mutual admiration," in which both parties present themselves as well as possible and overlook any faults of the other. The second phase, called "development," is where the roles of superior-subordinate are developed. The third phase, "disillusionment," is inevitable and each person disengages from the relationship because of disappointment and resentment. During the fourth phase, there is actual "parting" or breaking up, and independence ensues. The final phase, "transformation," can

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result in several possible outcomes including but not limited to becoming friends or remaining bitter.

Kram's (1983) model is similar to Phillips-Jones' (1982) model, although there are only four phases: initiation, cultivation, separation, and redefinition. The initiation phase lasts from 6 months to 1 year and is the beginning of the relationship between mentor and protégé. The mentor offers support and guidance while the protégé shows respect and offers assistance. Second, in the cultivation phase, which usually lasts from 2 to 5 years, opportunities arise, and by the end of this phase there is growing independence shown by the protégé while the mentor offers suggestions and feedback. The third phase is exemplified by physical and/or psychological separation of the mentor and protégé. This is an essential element in the relationship, even though it may be difficult and stormy. In the final phase, redefinition, there is an equalization and opportunity for mutual support or even friendship.

Although mentoring models have been presented, none have been examined specific to health education or specific to type of institution. Further, little has been written about the role of mentors for new and maturing health education faculty, or about the transition from protege to mentor. This lack of data is most interesting considering the historical emphasis placed on mentoring as an essential part of normal adult development carried on in the work setting (Levinson, 1978). The nonexistence of data is especially mystifying in the professoriate, an area that provides one of the more natural settings for mentors to exert influence over proteges. If we can better understand the various phases of mentoring and how they differ across one's academic career, perhaps we can empower faculty to lead more productive careers and develop more fulfilling work relationships. A qualitative approach is appropriate to begin studying this area, because it enables faculty to raise questions about the role of mentoring over a career. Information about mentoring across a career should help

health education faculty more effectively plan their career.

It goes without saying that senior faculty who have had successful and prolonged careers have valuable stories to tell about the importance of mentoring across their careers. We sought to discover how senior faculty in health education with 20 years or more of experience kept themselves enthused about their work (Poczwardowski, Grosshans, Trunnell, in press). Mentoring was one of several subtopics covered in the interviews. Responses to questions about mentoring were so strong, we decided to address specific questions relative to mentoring in the follow-up interviews. The purpose of this article is to qualitatively address the following issues related to mentoring: (a) What role did mentors play in your development across your career? (b) How did your mentoring roles change over time?

METHODS

Identification of Subjects

The 1999 *Eta Sigma Gamma Directory* was used to identify institutions that offered three degrees (e.g., BS, MS, and PhD) in health education. From those institutions senior faculty at the full and associate professor ranks were identified for potential participation in the study. It was assumed that most full professors would likely have at least 20 years of teaching experience, and that a high percentage of associate professors would also meet the 20-year criteria. To participate, faculty members had to be currently employed and have a minimum of 20 years cumulative full-time teaching experience. The majority of those years of teaching experiences had to be at the collegiate level. Because this was a qualitative study, we sought to obtain saturation of data, which typically occurs with 8–15 subjects (Hill, Thompson, & Williams, 1997).

We invited a nonrandom sample of 22 faculty members to participate in this study because their characteristics were considered important with respect to the research question (i.e., purposive sampling as defined by Patton [1990]). After the

interviews the collegiate level was further divided into two groups; 11 faculty were from programs that offered one or two degrees in health education, and 11 faculty were from programs that offered three degrees in health education. Although there are similarities in the two work settings, there are significant differences in teaching and research workloads, as well as in criteria for retention, promotion, and tenure. The results reported in this article are specific to the faculty in three-degree programs. Therefore, qualitative findings on mentoring are presented from the perspective of 11 senior faculty (full and associate professors) representing three degree universities in different regions of the United States.

Participant Description

The sample consisted of three women faculty members (two full professors and one associate professor) and eight men faculty members (four full professors and four associate professors). Their average age was 52, the average number of cumulative years of full-time teaching experience was 26, and the average number of years in their current faculty position was 19. Participants represented 8 different universities from 8 states. Four of the 11 participants were CHES and two were former CHES. Five of the 11 participants taught in public schools prior to their university teaching.

Data Collection–Interviews

Once participants were identified, initial contact was made via e-mail or phone to determine years of teaching experience, request permission to be interviewed, and then select the interview site. For mutual convenience, interviews were conducted at two major conventions: the 1999 APHA convention in Chicago and the 2000 AAHPERD convention in Orlando. Institutional Review Board (IRB) mandated permission forms were signed at the interview site. Interviews not conducted during conventions were arranged on an individual basis. This study used in-depth, semistructured interviews as the instrument for data collection (Patton, 1990; Spradley, 1979). Construct validity was established

first using a comprehensive literature review. Second, the study questions were pilot tested with a small group of current university faculty. Saturation of data serves as the measure of reliability in qualitative research. According to Morrow and Smith (2000), with a homogeneous population 8–10 participants typically provide saturation; however, an eleventh participant was interviewed to be sure saturation occurred.

In most cases the interview setting was a quiet room or a campus office, but a few took place in far corners of large convention centers. The interviews typically averaged between 60 and 90 minutes, with some lasting longer. Each interview was transcribed into a hard copy document and reviewed by members of the research team to identify additional questions or clarifying questions to be asked in a follow-up interview. The majority of follow-up interviews also occurred at national conventions (2001 AAHPERD in Cincinnati and 2001 APHA in Boston). The software program ATLAS.ti was used to analyze the qualitative data.

Data Analysis

The content of verbatim transcripts from the audiotaped interviews was analyzed. The first step of the analysis included reading the transcripts several times to become familiar with the data and get a brief overview of the participants' stories. From each transcript's raw data, the most representative statements that directly described the participants' perceptions of the experiences within mentoring relationships were extracted. Inductive content analysis was used to analyze the quotations (Lincoln & Guba, 1985). This process allowed the themes to emerge from the data. In the comparing and contrasting procedure of the inductive analysis, higher levels of abstraction (i.e., meaning units, lower-order and higher-order themes) were identified until the potential for reduction was exhausted. First, meaning units emerged from the raw data, then lower-order meanings emerged from the meaning units, and lastly, higher-order themes emerged from the lower-order meanings.

For ease of data interpretation in the Results section, higher-order themes are bolded, lower-order themes are italicized, and meaning units are surrounded by quotation marks. Figure 1 provides a summary of the higher- and lower-order themes and meaning units discovered.

RESULTS

Inductive Content Analysis

When the inductive content analysis was completed, 243 raw coded data points (quotes) emerged in response to the major research questions. From this database, meaning units emerged that were further grouped into 3 lower-order themes. Lastly, two higher-order themes emerged from the lower-order themes as major mentoring strategies. A complete summary of the meaning units and lower- and higher-order themes is presented in the following paragraphs.

Mentoring

The majority of the participants revealed that they had several mentors, with far ranging influence. Only two could not remember having a "formal" mentor. One participant recalled as an undergraduate student being influenced to become a health educator by the instructor of a personal health class. No other connection was made with that teacher, so this role model, as opposed to a mentor, was totally unaware that she or he had been influential in a major way.

When asked how critical mentors had been early in their careers, the majority of senior faculty responded immediately, identifying by name, specifying the impact, and even remembering exact words of advice delivered many years ago. The influence of some mentors was so great that career paths were changed, perceptions of the field broadened, rapid involvement in professional organizations facilitated, or entry into the profession was eased by sage advice.

A positive mentoring experience was one of the strongest themes in the participants' responses (9 of 10 accounts). The eleventh participant reported not having any memorable mentors.

Interestingly, there were two higher-order themes related to mentoring that were clearly expressed during the interviews: *continuing a legacy* (e.g., mentoring received; becoming a part of and/or continuing someone else's legacy) and *leaving a legacy* (e.g., mentoring provided). Metaphorically, the interviewed faculty members were bridging the generations of professionals in health education.

Continuing a Legacy

The higher-order theme of *continuing a legacy* was related to a lower-order theme titled *mentors added to my teaching and career*. Six meaning units emerged. These included: "mentors admired," "mentors as friends/colleagues," "mentors essential," "mentors helped my career," and "mentors influenced my teaching."

When the study participants talked about their own mentors, most naturally they saw themselves as a part of their professors' legacies. They were proud to be continuing thoughts and values so persuasively espoused by their mentors. The following quotation eloquently captures the essence of the importance of the mentoring relationship to the group of our study participants: "I'm a hero worshiper. And so, mentors mean everything to me. [If they are] the people I can't visit with, I read what they do." (Participant 10)

The influence of mentors on our participants and their professional lives went far beyond adding to one's energy level and enthusiasm. They reported that long-lasting relationships with former "masters" ("mentoring as relationship" as a meaning unit) made a deep impact on their philosophy. Additionally, they learned skills in teaching, research, service and mentoring from their mentors.

"Mentors Admired"

Accounts of four participants supported the meaning unit labeled "mentors admired." The participants respected their mentors for knowledge; efficiency in work; confidence; the ability to stay passionate about their job for decades; the variety of teaching methods used; interesting topics selected for the courses they taught; their

effectiveness in playing the political game in academia; and their active involvement in the field. An exemplary quote follows (Participant 7): "He and I would sit down together. And he would just make me crazy because he was talking about 10 years in the future. And he still [is] that way." These feelings of admiration, if circumstances permitted, transformed over time into feelings of collegiality and friendship.

"Mentors As Friends/Colleagues"

The significant impact of mentors was possible due to long-lasting productive relationships reported by five participants. Participant 9 said: "[She] just retired and I spoke at her retirement party this fall. She lives in New York now. ... But I've known [her] for thirty years." Similarly, Participant 8 commented on the length of the mentor-mentee relationships: "all of these key people [i.e., multiple mentors] that I have remained in contact with all these years." Some of these relationships have not survived the entire career span, but still most were long and influential enough to surface in the interviews as significant factors in one's career. For example, Participant 5 said: "And for some reason he and I developed a close relationship. He certainly was a mentor. Even after I graduated with my master's, I went back and talked to him from time to time about graduate schools and what he thought. So we remained in contact probably four or five or six years even after I graduated with my master's."

Clearly, these relationships, although initiated in graduate programs, continued for many years and were therefore an ongoing source of inspiration for professional growth. The mentors' impact encompassed a number of areas in professional development such as classroom behavior, research topics, investigative skills, mentoring style, and professional activity within the field of health education. The respondents embraced this influence because of the respect they had for their mentors' knowledge and accomplishments.

Interestingly, in most cases, mentoring relationships initially involved a considerable difference in the amount of power

and authority. For example, a mentor could be a research project supervisor or a department chairperson. For a number of participants these relationships evolved into colleague-to-colleague relations as described by Participant 7: "Every conference we'd meet. And we'd developed this good friendship."

In one instance a colleague of the same rank became a mentor and provided information about improving teaching as indicated in the following account: "[she] was an outstanding colleague in the field of health education who was just a phenomenal teacher. And she was very friendly. And it made you feel secure in being able to divulge things that were your own weaknesses in relation to teaching. And this person, through example, more than by telling me, gave me other added insights that permitted me to polish certain elements of my teaching to make it better." (Participant 1)

"Mentors Essential"

Mentors played an indispensable role in the professional life of seven respondents. Beginning at the undergraduate level, through the master's and doctoral programs, mentors continued to define the

field for their mentees. They also provided necessary support, created a number of opportunities, assisted in developing research skills, and guided them through the toughest years in "the real job." The following voices of two study participants speak most persuasively about these findings: "the real reason, why I decided to pursue this [teaching], I met several critical people over the years who were quite influential. I was thinking about this recently because I think mentors are absolutely critical in people's lives… but its probably in large part due to several individuals, who at critical points in my development, made a difference in giving me confidence to pursue this, or even suggesting that I could pursue [teaching]. …I had some professors that took an interest in me and worked with me on getting me into different projects. And I liked that." (Participant 4)

When I got my first real job after getting my doctorate, I'd have to say [he] was a mentor and provided me the opportunity to do some things that I may not have otherwise been able to do as a professional. (Participant 5)

Figure 1. Reinvestment Strategies: Higher-Order and *Lower-order Themes*, and "Meaning Units" with Mentoring

Relationships with Professionals Invigorating
"Invigorating: Mentors" –7, 10 [25, raw data points] "Invigorating: Professional Relationships"– 1, 3, 4, 7, 8, 9, 10, 11 [26] "Mentoring As Relationship" – 1, 3, 5, 7, 9 [9]

Continuing Legacy

Mentors Added to My Teaching and Career
"Mentors Admired" - 3, 4, 7, 11 [12] "Mentors as Friends/Colleagues" – 1, 7, 10, 11 [5] "Mentors Essential" - 4, 5, 7, 8, 9, 10, 11 [30] "Mentors Helped My Career" – 1, 3, 5, 7, 8, 9, 10, 11 [22] "Mentors Influenced My Teaching" – 1, 3, 7, 8, 9, 10 [18]

Leaving a Legacy

Relationships with Students Invigorating
"Invigorating: Relationships with Students" – 3, 4, 7, 8, 9, 10, 11 [31!] "Invigorating: Students" – 1, 3, 4, 5, 6, 7, 8, 9, 10, 11 [26] "Invigorating: Student Success" – 1, 6, 8, 10, 11 [8] "Reveal Personal Content in Teaching" – 3, 4, 5, 6, 7, 8, 9, 10, 11 [25] "With Years Students More Important" – 4, 8, 9 [6]

The unprecedented value of the experiences that nine participants had with their mentors was succinctly captured by Participant 8 who said: "I would say I've been very blessed to be at the right place at the right time with some really great mentors, all the way through my whole life."

"Mentors Helped My Career."

Examples of how mentors helped our respondents advance their careers included advising and guiding them through the academic world of getting tenure, attending and presenting during professional conferences, and effective coaching for job interviews. For example, Participant 10 noted: "And [she] was, one of the true movers and shakers and thinkers and scholars in our profession … she coached me on how to interview for this job. There were 65 applicants. …She had given [me] such good direction on how to prepare for this. [And I got that job]."

The progress in professional advancement in some cases happened due to mentors who stimulated thoughts resulting in discoveries and publications as reported by Participant 7: And he said, "You just have to think wild and crazy about things." He says, "Now for example, I … love to go into a teaching methods class and throw out an old shoe, and I have my class make a teaching method out of it." And for some reason, that just stripped the gears in my brain in terms of, okay, here we have to do the lecture, yadda, yadda, yadda … how do you make a teaching method out of an old shoe? And that was a springboard."

In short, a mentor is a person who has been "this other force, kind of moving things along" (Participant 8) and has been often perceived as "an enabler… a facilitator. He always tried to do whatever he could to move me forward professionally." (Participant 11)

"Mentors Influenced My Teaching"

Five participants stated that their mentors helped them develop a number of effective teaching skills and methods as in the following example: "Particularly [with] graduate students, I really don't care too much about what facts they know. I care

about how they think. And to challenge their thinking … and [my mentor] used to say, "So what?" I mean that was his classic line, "So what?" I hate that term, but [I] still [use] the same kind of a concept. And so, [I ask my students] how do you apply this stuff?" (Participant 7)

One respondent noted that she uses her mentors as examples to support content of her teaching as well as to clarify the values represented in health education: "Oh, those are the models that I hang on to, absolutely. And I talk about them [my mentors] all the time. And so, people, I think, learn my values and perceptions and my vision of the field. I always feel like I'm kind of straddling that. We were talking …trying to give people a sense of what those experiences were like. And all I can do is tell a story. But they definitely have been the models that I use." (Participant 8)

This ongoing influence on how teaching was delivered, in case of Participant 1, continued over 12 years of teaching: "I have a person I work with who … has won the University Outstanding Teacher Award and has a lot of great techniques… And that person has probably been one of my most important mentors in relation to teaching techniques and methodology related issues [for the past] ten to 12 years."

Also, the participants' teaching benefited from the opportunity to learn from mistakes that mentors encouraged in a supportive try-and-learn atmosphere and from specific suggestions and examples provided while designing course syllabi. Very likely, the experiences within the mentor–mentee relationship had a more meaningful impact on their teaching than formal courses and instruction that they had received during their professional education and training.

In addition to the findings captured by *mentors added to my teaching and career* as a lower-order theme, two participants talked about mentors as a major invigorating force in their careers, and four participants talked about good teachers who inspired them to pursue their own careers in teaching. Even though these teachers had never become their mentors in the field of

health education, this initial positive experience with a teacher helped our participants make decisions about entering teaching as a profession. This first positive experience in teacher–student relationships sensitized them to the importance of interpersonal relationships in the process of learning and teaching. The following quote supports this idea: "And they [my parents] just weren't very encouraging or supporting at all. And my major professor took the time to write a letter, probably about a six page letter, talking about the profession and talking about it as an occupation and profession and, I guess persuaded or encouraged my parents to be more supportive." (Participant 5)

In short, the presence of mentors in this group of respondents was absolutely critical to optimal career development. This impact was evident in the way the participants evolved as teachers, researchers, and active contributors to the field of health education.

Interestingly, with time, mentoring "received," although still important, gave way to mentoring "provided" to the participants' own students. Consequently, leaving one's own legacy started to play a major role as a career reinvestment strategy. Clearly, the participants were bridging the generations of professionals in health education. For some, transitioning between being mentored and mentoring their own students was, at the beginning, fairly surprising as portrayed by Participant 5: "He was a mentor and provided me the opportunity to do some things that I may not have otherwise been able to do as a professional… I guess since then … maybe I have been a mentor to some students." When examining the shift from being mentored to becoming a mentor, *leaving a legacy* emerged as a higher-order theme and "*relationships with students invigorating*" emerged as a lower-order theme.

Leaving a Legacy

The study participants benefited from mentoring on many levels of their professional and personal lives. Consequently, they felt an obligation to serve their students

in a similar way. The point made by Participant 3 is most representative of this observation: "I made sure … the [office] door was open and they [my students] could always [come in]. I might give them too much information about the college, (laughing) how things work around here. But it's mostly just, "Here I am if you come across something you don't understand."

The role of a mentor was a source of professional identity and helped shaped the dynamics of the classes our participants taught. In this way they had an even more intense feeling of leaving a legacy through their own students. This thought was very effectively delivered by Participant 4 who said: "I am a mentor. I try to give them my philosophy about teaching that I want them to be a good teacher and that they have an opportunity to impact a lot of kids and kids' healthy behaviors. So I really stress that if they do a good job that they can really have an impact on kids. And so, I really taught them, preach that philosophy and that they need to do a good professional job and be a good teacher."

Some features of our participants' style echoed the actions of their unforgettable mentors. The legacy that they received, they were passing down to a new generation of professionals. For example, based on her successful experience of being coached for an interview, Participant 10 prepared her students in exactly the same way. She said: "But [she] coached me so well on how to prepare that, I even tell my students how to prepare for jobs now." A similar chain of passing down the lessons learned is well described in the following account:

I had a principal, when I was a health teacher [whom] I considered a mentor. He called me in one time and he sat me down. And he said, "I want you to make mistakes." I said, "What?" He said, "You're trying too hard not to make a mistake and you're holding back. I want you to make a mistake. But only one time." …It was like the most freeing kind of fatherly advise … that's called experience." In fact, to this day I define experience for my students as having made a lot of mistakes.

But you don't make the same one over and over again. That was pretty good mentoring. (Participant 10)

In addition to *leaving a legacy*, the influence that our participants have exerted on their students found its analytical expression in "*relationships with students invigorating*" as another lower- order theme. This lower-order theme found support in narratives of 10 of 11 respondents and comprised five meaning units: (a) "invigorating: relationships with students," (b) "invigorating: student success," (c) "invigorating: students," (d) "reveal personal content in teaching," and (e) "with more years students more important."

The participants' responses regarding their roles as professors and mentors included experiences related to both a large body of students they taught and a smaller group of their advisees. Therefore, the presentation of the findings reflects this narration style used by the participants.

Most of our respondents (N=10) gained a substantial amount of professional vigor and self-worth that originated from their interaction with the brightest students. In addition, successes that were accomplished by their students were a source of particularly deep satisfaction to five of them. For example, Participant 11 stated: "[S]o my students have been successful and you know that makes me feel good, makes me feel like I am doing something right." The following quotes provide further support for these two findings.

"I mean I enjoy teaching undergrads … but at least as far as the research part, I really get a kick out of mentoring the grad students research, and I think I am pretty good at it." (Participant 11)

"I have been able to draw in my best doctoral students and some of my best masters students to work with me on projects… And that has really been very exciting to me, and they'll be able to produce publications that are increasingly … student mentor collaborations, which I enjoy. It's good for me and its good for them." (Participant 9)

"[I] bring back my best students as guest speakers and enjoy them … and take notes

when they speak." (Participant 6)

Four participants pointed out a developmental process that they had undergone, namely with increased years of experience in the profession, the importance of students as the major focus in their work had also increased. Participant 8 spoke about it in the following way:

I'd say the early years, they showed up, I showed up. I downloaded my information. And we all went our separate ways. And there'd be 2 or 3 people who hung out or would ask questions. But I didn't see it as an expectation of success that I had interaction with the students, informally as well as in the classroom. Now, it's just the opposite… I'm disappointed if I have a class that somebody doesn't come talk to me afterward... The least satisfying teaching experience is when I lecture, which is what I did all those years. I know I have to do it now and then… I can entertain better with it. But it's not as satisfying to me 'cause it's just me going that way. And it's not coming back. So, I want a relationship.

Consequently, the amount of satisfaction the respondents derive from the interaction with students and their learning has increased. Participant 3 gave a most illustrative account of this:

[T]here was a whole group of people in that class that were struggling with different problems… And for some reason they all had a real need for each other. And that class was … one of the highlights of my whole teaching career. I still remember the interaction that went on, the tears, the hugging, the sharing. I think everyone in that class absolutely came out of there a totally different person than when they went into the course. That's been the happiest moment I can remember.

Clearly, mentorship is a process in which the participants take on alternating roles; that is, students become teachers (mentors) who produce the next generation of professionals, and so on. The legacy continues

without interruption although shaped by each individual and by each generation of health educators. It is the people who create this great flow of knowledge, skills, values, and ideals that each field has to offer to society. A powerful summary to the discussion of the subjective value of mentoring (both received and provided) in this process of perpetuation can be seen in Participant 9's response to a question asking what part of the professional experience will be missed on retirement: "The day-to-day interactions with talented, bright, young, and older people. Both people who are my students as well as the faculty. I love coming here because it's vibrant, and I think, that's going to be a problem."

DISCUSSION

Of the 11 senior faculty participants in this study, 10 readily acknowledged the critical importance of mentors in their careers. The lone dissenter could not think of anyone to whom he had looked as a mentor. Generally, our respondents had more than one mentor, with one occurring as early as elementary school. However, the typical mentor experience occurred as a graduate student or a junior faculty member. Interestingly, even though it may have been quite a few years since our participants last talked with some of their mentors, their influence lingered on. As one senior faculty said, "I talk about them [mentors] all the time."

There were numerous answers to the first research question, "What role did mentors play in your development across your career?" One commonly reported experience was that many of our respondents were aware of carrying on their mentors' legacies. Second, most of our respondents maintained long-lasting relationships with their mentors, and this association continued to impact their teaching, research, service and their own styles of mentoring. Third, the narratives of our participants revealed over and over again the important role that mentors played in the development of teaching skills.

These findings correspond with Pierce's (1998) finding that the role of mentor as master teacher was critical in one's own maturation as a teacher. In recent years the role of mentor has been broadened to include terms such as role model, coach, counselor, or guide. More emphasis, however, was given by our respondents to a mentor being a mentor in the traditional sense, versus a mentor being a coach (Flaherty, 1999), or a counselor (MacLennan, 1995). In fact, none of our respondents specifically referred to their mentors as guides or counselors, regardless of phases or definitions. Perhaps it was the era in which they were being mentored, when counseling was more likely to be viewed as a personal interaction, and guide was not a term typically associated with an academic setting. One participant did say "[my mentor] coached me how to interview for this job." It was, however, the more traditional version of mentoring, that of someone older and wiser advising, guiding, and counseling, someone younger, which was the most dominant of the mentoring experiences of our participants. Regardless of the role, either mentor or protégé, the traditional view of mentoring was described most frequently by our respondents. Not surprisingly, our participants credited their mentors as being critical to optimal career development.

The second research question examined the change in mentoring roles over time, based on our participants' career-long teaching experiences. *Leaving a legacy* was the higher-order theme for this question. Our participants were aware of the passing down of lessons learned to the next generation. Many of our respondents felt an obligation to serve their students in ways similar to those in which they were served by their own mentors. In fact, one participant repeated almost the same type of lesson for his students that he had received from one of his mentors.

Our respondents were also aware that interacting with their students was a major source of professional identity. It was the area where they gained a substantial amount of professional vigor and enhanced their feelings of self-worth. The retrospective view of 20 or more years in the classroom enabled our participants to experience increased personal satisfaction as they became more skilled and comfortable with their teaching. They also fully experienced the mentoring process.

Our participants' mentoring experiences closely aligned with the four to five phases identified in the Phillips-Jones (1982) and Kram (1983) models. Although the first phase, "mutual admiration" or "initiation" was not specifically addressed by our respondents, the majority indicated either directly or indirectly that mentor and mentee were drawn together by mutual interests and positive mutual feelings existed. The second phase, known as "the development of a superior–subordinate dynamic" or "cultivation," was evident with all 10 of our participants who acknowledged having a mentor. Every individual related stories of learning about teaching, research, or service from their mentor. Only one participant specifically mentioned experiencing "disillusionment," (the third phase of the Phillips-Jones model) and that occurred as a young junior faculty member, due in large part to lack of wisdom in separating personal and professional issues. The fourth phase of "parting and ensuing independence" or "separation" occurred with 10 participants, due, of course, to the fact that all of our respondents have at least 20 years of teaching experience. The final phase of transformation, "becoming friends or remaining bitter" or "redefinition" was experienced by 9 of our respondents. The remaining participants eventually transformed from student into friend with at least one of their mentors. Once again, due to the longevity of our respondents' careers, friendships were maintained until mentors died, or mentors retired and no longer attended conventions, where the most frequent contact would occur. Clearly, the results of our qualitative study provide data-based support for the phases of mentoring as delineated by Phillips-Jones (1982) and Kram (1983). The unique and interesting aspect of this study is that phases of mentoring are examined across one's career and the transition from

mentee to mentor (or junior faculty to midcareer or senior faculty) is examined.

Limitations

Although several important findings were identified in this study, there are some limitations to consider. First, the findings were based on the recall of 11 senior health educators employed at institutions that offer three degrees in health education. This interpretation does not consider mentoring from a junior faculty perspective or from the perspective of a faculty member from a one- or two-degree institution. Second, these 11 participants loved their work, so faculty who were unhappy, discontented, or took the drastic move of leaving the profession were not interviewed. Third, the primary focus of the study was on reinvestment in teaching and not research; thus, the findings are limited to classroom experiences. Fourth, as the interviewer gained experience with each participant, subtle changes were made to the interviewing format. Fifth, our data reflect the responses of faculty from programs that offer three separate degrees in health education. All participants were full-time faculty actively involved in teaching and mentoring at each of their institutions at the time of their interviews. Despite the limitations of this study, we feel this information is appropriate to initiate discussion about mentoring within our discipline and to stimulate future research in these areas.

Future Research Directions

Clearly, there are many unanswered research questions related to mentoring. First, do the experiences of faculty in three-degree institutions differ from those in one- or two-degree institutions? Knowing about these differences may help faculty succeed in their chosen institution. Second, how exactly does the mentoring experience change as one matures in his or her career? It is assumed that most mentoring is passed along from senior faculty to junior faculty. Is it possible for junior faculty to mentor senior faculty in areas such as technology, statistics, or new laboratory research techniques? Third, how does the mentoring experience differ for someone who has a negative experience? Undoubtedly, we could learn from the experiences of individuals who have not had positive mentoring experiences. Additionally, no one has examined the "cost-to-benefit ratio" of mentoring. In other words, is the effort put forth to mentor someone worth the cost of time and effort? In most cases we would expect the answer to be "yes"; however, it would be interesting to talk with faculty having a different perspective. Fourth, is it possible that male and female faculty have different experiences with mentoring? What are these gender differences, and how can we accommodate or minimize them? Lastly, most past research (as summarized in our introduction) has focused on the "phases" of mentoring rather than the characteristics of effective mentoring. There is a need to examine and classify the characteristics of effective mentoring as they may differ for men and women, for individuals at different types of institutions, and for individuals at different stages of their careers.

CONCLUSION

The purpose of this study was to qualitatively examine the process of mentoring from the perspective of senior health education faculty with over 20 years of experience in the academy. After completing the study, we have learned that our findings provide support for the mentoring models proposed by Phillips-Jones (1982) and Kram (1983). Additionally, much rich information is provided regarding the transition from mentee to mentor (and changes in mentoring across a career); the specifics of mentoring at a research-intensive university; and the potential relationship between mentoring and effective teaching, research, and service. Clearly, the more we know about mentoring and how that changes across a career, the more productive and fruitful we can be as the next generation of health education scholars.

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