Managing Motherhood in the NCAA Division I setting: The role of mentorship and female athletic trainers

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Context: One of the greatest stimuli for turnover in the profession among women is motherhood, especially if employed at the Division I collegiate level. We know that the medical education literature regularly identifies the importance of role models in value, attitude, and professional character formation. However, there is very limited research examining the role of mentorship and professional role models as it relates to female athletic trainers’ (FATs) perceptions of motherhood and retention. Objective: To evaluate perceptions of motherhood and retention in relation to mentorship and role models amongst FATs currently employed in the collegiate setting. Design: Structured, online asynchronous interviews. Setting: Female BOC certified ATCs working at the Division I setting. Patients or Other Participants: 25 FATs (single=14; married=5; married with children=6) employed in the NCAA Division I setting volunteered. Average age of the participants was 34 ± 8. All were full-time BOC certified with an average 11 ± 7 years of clinical experience. Data Collection and Analysis: Participants responded to a series of questions by journaling their thoughts and experiences via QuestionPro™. Multiple analyst triangulation and peer review were included as steps to establish data credibility. The data was analyzed borrowing from the principles of general inductive approach. Results: The first theme, impact of role models/mentors, highlights the capacity of a female role model balancing roles of mother and AT to positively affect the perceptions of women to remain working in the Division I setting. The second theme desire for female role models/mentors, speaks to the participant’s desire to see more women in the profession handle the demands of motherhood and the demands of a taxing clinical setting. Women who have had female mentors are more positive on the prospect of balancing the rigors of motherhood and the demands of their jobs. Our FATs who did not have a female mentor, yet wanted one were apprehensive about their longevity in the field of athletic training, because of motherhood. Conclusions: Similar to previous research it appears as though the prospect of raising a family and balancing the demands of Division I seem daunting for most women. However, mentorship/role models are a valuable tool for perseverance in the profession and at the highly demanding clinical settings. Our results coincide with research in other medical professions, identifying the importance of role models on females. As more FATs remain in the profession who are able to maintain work-life balance and are available to serve as role models, it is conceivable that the attitudes of other women may start to change. Future inquiry should examine the impact of role models at clinical settings outside of Division I and ways to increase role model exposure to female athletic trainers. Count: 446