Psychosocial Factors as Predictors of Mentoring among Physicians

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Abstract:

The purpose of this paper is to examine the psychosocial factors that predict mentoring among physicians. Evaluation were concerning on self-esteem, locus of control, emotional intelligence and demographic factors with respect psychological factors of Physicians. Suggestions of the findings from this study is that counseling and industrial psychologists should let the employees know the significance of mentoring and the factors that predict it among physicians in the workplace. It is recommended that formal mentoring should be introduced into various work organizations and career counselors employed to advocate the workers on what they set to gain from developing mentoring relationships. This study is able to demonstrate that some psychosocial factors are linear predictors mildly associated with mentoring among physicians. Career counselors, personal psychologists and physicians will find the results from this study it is useful when they are considering factors that could predict mentioning relationships among physicians. Results discovered that self-esteem, locus of control, emotional intelligence, age, job status and possessions are linear predictors mildly associated to mentoring but gender is not.

Key Words: Mentoring, Self esteem, Emotional intelligence, Demographics, Physicians

1. Introduction:

A study of the career progression of physicians established that the physicians faced a variety of obstacles while progressing in their careers. At an organizational level these obstacles included role conflicts and role ambiguity; poor working conditions, frequent shift duties and transfers, lack of motivation, lack of training facilities, inadequate facilities, work overload and stress, poor salary and poor promotion prospects. Most physicians are not satisfied with their jobs and lack commitment to their career and organizations. Too little pay and too much work have often resulted in absolute discontentment, lack of self-will on the job and high turnover among the physicians. Life is precious and because it has no duplicate it should not be toyed with. For this reason, physicians who are charged with the responsibility of caring for the sick require a good deal of commitment, retraining and interpersonal relationship to help them dispense appropriate drugs, retrieve useful information from clients and arrange them logically for the physicians’ perusal which could be achieved through mentoring. Unfortunately, there is paucity of documented studies dealing with mentoring among n workers. This might be attributed to the general negative attitude toward seeking professional social-psychological help from outsiders. Fear of stigmatization and reluctance to self-disclose are some of the factors responsible for the negative attitudes of ns toward seeking professional psychological help. This is based on the assumption that self-disclosure by individuals may indicate betrayal of one’s own family and acceptance of weakness by the individual concerned. So what most ns do is to rely more on traditional methods (family, friends, religious persons, Holy Quran and Bible) for help with socio-psychological and career development problems. Probably this cultural belief is transferred to the work environment by the workers. This study examined mentoring in relation to demographic factors, self-esteem, locus of control and emotional intelligence (EI) among n physicians.

2. The Concept of Mentoring:

Mentoring has been distinct as a association between a senior (mentor) and a junior employee in which the senior employee provides a developmental functioning (i.e. kinds of support) such as coaching, counseling, advising, and sponsorship in social, psychological and career development problems (Allen, 2003). A mentor is an influential individual in one’s work environment who has advanced experience and knowledge and who is committed to providing upward mobility and support in career. Some researchers have identified some roles or functions of mentoring, namely: social support, career development and role modeling. Mentoring has a variety of benefits which includes facilitation of personal development, advancements in organization, provision of challenging assignments, guidance, counseling, exposure to top management and role modeling . Other benefits of mentoring for the mentors include deep personal satisfaction for helping other professionals in ways similar to the mentoring they have experienced in the past. Another significant benefit for mentors is the ability to build new professional relationships with colleagues. The mentor also receives an exciting mutually enriching, educational and learning experience. Mentors can create a network of former mentees and this offers them quick consultation and support as well as power and visibility in professional associations through mentee
networking. Mentors can thus expand a foundation of professional colleagues (Galbraith, 2001). The mentees develop a sense of vision about career direction. They receive personalized recognition, respect and encouragement from the mentoring relationships they had with their mentors. Mentees benefit from the mentoring process by having an opportunity to engage in activities that assist in their growth and development. Other mentee benefits include introduction to influential people in the field; honest criticism and informal feedback, leads for important professional committee assignments, support during tenure and promotion processes, and an experienced ear that listens and reacts to professional dilemmas. The organizations’ benefits from mentoring include having competent and dependable people who continue to grow by meeting new challenges and obligations. The organization also benefits from increased commitment and a lower rate of employee turnover. The outcome is dedicated, talented and educated staffs that are committed to the present and future mission of the organization. Mentorship has significant benefits for organizational effectiveness and improvement (Appelbaum et al., 1994). Appelbaum et al. (1994) believed that mentoring could be a viable leadership technique to encourage employee productivity and satisfaction through self-fulfilling prophecy. Other benefits to the organization include improved succession planning and management development, faster induction of new employees, improved communications, reduced training costs, increased productivity (Carter, 1994), socialization into the organization; reduced turnover among valued young professionals (Laband and Lentz, 1995); the transfer of knowledge and value that supports an organization’s mission. Mentoring positively impacts the development of the total organization. Mentoring has some shortcomings for the mentor, mentee and organization. Shortcomings of mentoring for the mentor include expenditure of time and energy; risk of replacement by the prote´ge’ and negative reflection from a poor prote´ge’ (Kram, 1986). For female mentors the shortcomings from mentoring include the possibility of being viewed as playing favourites, risk of being labeled “feminist troublemakers” if they have a female prote´ge’ and being put under unacceptable time constraints (Morrison and von Glinow, 1990 and Parasuraman and Greenhaus, 1993).

3. Outcome of Effective Mentoring:

For the prote´ge’, shortcoming of mentoring include difficulties where the mentor adopts the role of a sage dispensing advice instead of facilitating self-development (Meggison and Clutterbuck, 1995); and the possibility of a destructive relationship, particularly when the mentor does not advance as rapidly as the prote´ge’ (Kram, 1986). Informal mentoring arrangements are most likely to exist in most work organizations. There are no research evidences to support the existence of formal mentoring schemes in hospital settings. Some researchers have related mentoring to psychosocial or career development (Burke et al., 1994), organization socialization, organizational commitment, promotion opportunities, job satisfaction, self-esteem, perception of procedural justice, salary and turnover (Anifos, 2002; Higgins, 2000; Hill and Bahniuk, 2000; Lankau and Scandura, 2002; Ragins et al., 2000). While much has been written about mentoring in the developed countries especially the USA and Europe, there is paucity of research work on mentoring among workers. Thus gaps are created in the literature as regards mentoring. Although several studies had been conducted on mentoring, a number of questions remained unanswered. The first unanswered question concerns the quantitative rather than qualitative research methods adopted. Much of what had been done by earlier researchers were based on limited definitions of mentoring, questionable assumptions about causal links or anecdotal accounts of mentoring programs leading to one-dimensional perspectives that lack validating evidence from other sources (Willcoxson and Anifos, 2002). For example, most of the definitions of mentoring given by previous researchers focused mainly on career development, an aspect of mentoring (Burke et al., 1994; Chao et al., 1992; Lankau and Scandura, 2002; Ragins and Cotton, 1999). Such definitions of mentoring form the basis for the data collected by researchers, thus the understanding we have of the antecedents and outcomes of mentoring has been shaped by definitions that represented a limited range of motivations for and outcomes of mentoring. Other aspects of mentoring such as psychosocial and role modeling factors were usually left out or treated separately (Koberg et al., 1998). Second, some of the previous studies adopted quantitative research methods that used instruments that measured career commitment, job satisfaction and promotion opportunities and made implicit assumptions that there was a causal link between the identified presence or absence of mentoring and outcomes such as career commitment and job satisfaction. This perspective on mentoring was based entirely on that of individual mentor or mentee that attempted to match his/her experience to the researcher-defined set of choices. Ragins et al. (2000) obtained data regarding satisfaction or dissatisfaction with mentoring, but they did not examine the experiences of mentoring of each of the participants in their mentoring relationship. Third, some previous studies used inadequate samples (Ragins et al., 2000). Samples that did not experience mentoring relationships were asked questions on mentoring behaviors. The present study went beyond previous studies by defining mentoring in terms of social support, career development and role modeling. An instrument that taps the three factors on functions of mentoring was used in this study to measure mentoring behavior experienced by the prote´ge’ s. Adequate samples were involved in this study because those who had got some mentoring experiences were involved in this study. Fourth, some previous studies were done in western societies believing that findings from such studies could be applied to some countries with diverse economical situations and social-cultural considerations such as. The poor state of the n economy exerts negative pressures on the labor market environment. The consequences are high unemployment rate that stood at 11.00 per cent in 2005 in (National Bureau of Statistics, 2006). Data for 2007 may not be markedly different. This situation might affect the attitude of employees and employers toward mentoring. Also in the socio-cultural realm, most ns may not want to disclose personal, social or career development problems to people outside the family circles for fear of stigmatization or
victimization. To do that may be regarded as a sign of weakness (Salami, 1998). To overcome the scarcity of studies on mentoring in a developing country with diverse social-cultural considerations this study was conducted to fill the gap in our knowledge on mentoring in a developing country with high socio-cultural contexts.

Fifth, most studies focused on the features of the organization and of the work groups (Kram, 1986), but few empirical studies examined the characteristics of the protégé’s and the mentors. According to Galbraith and Maslin-Ostrowski (2000), mentoring depends on the ability of the mentor to develop and maintain a relevant interpersonal relationship with the mentee. The above statement supports the theoretical model of mentoring provided by Hunt and Michael (1983) and later adapted by Koberg et al. (1994). They characterized the mentoring process as a product of an exchange relationship among a protégé, a mentor and an organization. This relationship is affected by the characteristics of the protégé’s, mentors and of the organization or work context. The present study adopted the model of mentoring by Hunt and Michael (1983) and Koberg et al. (1994) and investigated the influence of the characteristics of the protégé the demographic factors (gender, age, job tenure and job rank) and psychological factors (self-esteem, locus of control and EI) on the mentoring relationship experienced by the physicians.

4. The influence of Age Factor:

Age was selected in this study because it affects the mentoring relationship in the sense that mentors were usually older and of higher status, experience and education professionally while the protégé were usually younger and of lower, education, experience and status. Empirical studies support this claim (Galbraith, 2001; Kram, 1986). On the link between age and mentoring there are empirical evidences to support a strong relationship (Galbraith, 2001). For example, Finkelstein et al. (2003) reported that younger workers were more involved in mentoring relationship than older workers. According to them, this was because the prototypical protégé was younger and the prototypical mentor was older and more experienced, the older newcomers may either avoid seeking out a traditional mentor or may be passed over by potential mentors.

5. The Influence of Gender Factor:

Gender was included in this study because mentoring relationship has been shown by previous researchers to be influenced by the gender of each of the participants in the mentoring relationship. For example, the type of mentoring relationship experienced by the protégé and the mentor depends on whether the pairs are of same gender or of cross gender. Literatures support this (Fowler et al., 2007; Ragins, 1999; Ragins and Cotton, 1991; Ragin and McFarlin, 1990). There is empirical evidence to support the claim that gender has significant relationship with mentoring behaviour. However, some researchers did not find any significant difference between men and women in reporting use of alternative sources of support through mentoring (Allen, 2003; Barker et al., 1997; Scandura and Viator, 1994). Thus, there is inconsistency in the findings of previous researchers on the influence of gender on mentoring. Inclusion of job tenure and job status in this study was based on the fact that these factors help to establish and maintain mentoring relationship since the protégé is expected to be of lower status and lower experience on the job while the mentor is of higher experience and of higher job status to be able to guide the protégé. This is supported by empirical evidence (Barker et al., 1997; Galbraith, 2001). Although there are scarce empirical studies that addressed the relationship between mentoring and job rank and tenure (Barker et al., 1997; Finkelstein et al., 2003; Galbraith, 2001) it can be assumed that younger protégé’s will also be of lower job ranks and newcomers in most organizations. Therefore, significant differences are expected between the mentoring activities of junior and senior workers and between newly employed and more experienced workers. Thus, it is expected that job rank and tenure will be significantly related to mentoring of the physicians.

Gender did not predict mentoring relationship experienced by the physicians. Neither did it moderate the relationship between the psychological factors and mentoring. The results support the findings from previous researchers who reported that gender in the organisation had no significant effect on the mentoring relationship experienced by protégé’s (Allen, 2003; Barker et al., 1997; Scandura and Viator, 1994). The results, however, contradict the findings of Ragins (1999) who found significant difference between the mentoring relationship experienced by male and female protégé’s. The reasons for this finding might be that the protégé’s involved in this study had similar informal mentoring experiences regardless of their gender. Probably they all got similar social support from their friends, families and other sources apart from formal mentoring arising from the precarious nature of n economy. This might be attributed to the socio-cultural considerations, particularly, the general negative attitude of toward seeking professional socio-psychological help outside the family (Salami, 1998). Fear of stigmatization and reluctance to self-disclose are probably responsible for this. It is assumed that self-disclosure indicated betrayal of one’s family and acceptance of weakness.

6. The Psychological Factors:

The psychological factors – self-esteem, locus of control and EI – were included in this study because they are characteristics of the protégé and mentors that can influence the mentoring relationships as they affect the interpersonal relationship that is the basis of mentoring relationship. There are empirical evidences to support the choice of these psychological factors in this study. Individuals who are higher on self-esteem, locus of control (internal) and EI will likely develop and maintain higher mentoring relationship. For example, individual with higher self-esteem will be more confident in establishing and maintaining mentoring relationship (Koberg et al., 1998).
7. Self Esteem Factors:

Self-esteem is the generally significant that one places on oneself as a person. It is the perception of how others view us. It is fundamentally rooted in reality as opposed to illusion (Judge et al., 1998). Several studies have linked self-esteem to job satisfaction (Judge et al., 1998; Nwagwu and Salami, 1999); and job performance (Adebayo, 1999). Few empirical studies have linked self-esteem to mentoring (Koberg et al., 1998; Lankau and Scandura, 2002; Ragins and Cotton, 1999) and attitude toward seeking professional help (Nadler et al., 1984). It is expected that physicians with high self-esteem will indicate higher mentoring relationship experience. That self-esteem predicted mentoring relationship experienced by the protege’s involved in this study supported the work of Lankau and Scandura (2002) and Ragins and Cotton (1999) who found that self-esteem was significantly related to mentoring. An explanation for this result is that the protege’s with high self-esteem might have believed and had self-confidence that they could benefit maximally from the mentors in terms of solving their psychosocial and career development problems. The results also show that locus of control predicted mentoring relationship experience. This result is due to the fact that protege’s who had external locus of control also had more mentoring relationship experience as they believed that the mentors were capable of assisting them in solving their psychosocial and career development problems.

8. Factors on Locus of Control:

Locus of control is the extent to which people believe that they are in control of events in their lives (internal locus of control) and the belief that forces external to them are responsible for their plights (Rotter, 1966). Thus, people are partitioned into two groups – internal and external locus of control. People who have internal locus of control believe that positive or negative events are consequences of their own actions and that the events are under their control. People with external locus of control have the belief that positive or negative events are not related to their own actions in most situations and are therefore beyond their personal control. Locus of control has been linked to job satisfaction (Judge et al. 1998), and career commitment (Adeyemo, 2006). Also individuals with higher internal locus of control will have higher confidence in his/her capability in establishing, maintaining and benefiting from the mentoring relationship (Noe, 1988). Furthermore, individuals who are higher in EI will be aware of his/her own feelings or emotions and those of others and be able to appraise and use the emotions to establish and maintain a beneficial mentoring relationship (Reich, 1985). However, hardly any empirical study-related locus of control with mentoring is expected that people with external locus of control will be more involved in mentoring relationships. They are more likely than people with internal locus of control to believe that someone higher in rank and with more experience will be able to solve their psychosocial and career development problems. Mayer and Salovey (1997) defined EI as a set of interrelated skills that can be classified within four dimensions, namely: the ability to perceive accurately, appraise and express emotion; the ability to access and/or generate feelings when they facilitate thought; the ability to understand emotion and emotional knowledge; and the ability to regulate emotions to promote emotional and intellectual growth. Individuals with high EI experience continuous positive moods and feelings that generate higher levels of satisfaction, interpersonal relationships, cooperativeness and wellbeing. EI has been linked to job satisfaction (Carmeli, 2003). Hardy had any empirical study linked EI to mentoring. It is expected that EI will be related to mentoring because a person with high EI will be able to establish and maintain good interpersonal relationship that is the core of mentoring relationship. Given the paucity of research in the area of mentoring, the immense benefits of mentoring for the individuals and the organizations in terms of its potency for improving employee productivity and satisfaction, and the methodological flaws in the studies, conducted by earlier researchers on mentoring, there is need to fill the gaps by researching into the mentoring phenomenon among the physicians. The purpose of this study was to investigate the demographic factors (age, gender, job status, and tenure), self-esteem, locus of control, and EI predicting mentoring among n physicians. This study also examined the moderating role of gender in the relationship between each of the psychological factors (self-esteem, locus of control and EI) and mentoring among the physicians. Findings from this study may help counseling and organizational psychologists in developing mentoring programs designed to meet the needs and expectations of the physicians.

9. Conclusion:

The results, for the most part, indicated that social/demographic factors (age, gender, job status and tenure) are linearly correlated with mentoring although in a light measure. Of the four demographic factors only gender did not predict mentoring among the physicians. That age, job status and tenure predicted mentoring is consistent with findings of previous researchers who found that prototypical protege’ was younger and prototypical mentor was older, more experienced and of higher job status. This finding is due to the fact that younger protege’s who were lower in job status and experience needed more tutelage and nurturing to acquire necessary skills from the older, more experienced higher status workers. EI was also found to predict mentoring in this study. This result might be due to the fact that the protege’s had high EI and as such they were able to establish and maintain good interpersonal relationship which is the core of mentoring relationship. Results from this research revealed that social/demographic factors (age, job status, and tenure) and the psychological factors (self-esteem, locus of control, and EI) predicted mentoring. The implication of these findings is that the investigated factors should be considered when promoting mentoring among the physicians. Protege’s who are looking for mentors should know that the identified factors have great roles to play in strengthening their mentoring relationships. The findings have implications for career counseling practice. Counseling and industrial psychologists should let the employees know that relationship building and learning through mentoring are critical for success in today’s workplace. Some employees might not be conscious
that their career development and psychosocial needs could be satisfied by means of mentoring relationship. In this regard, it is suggested that formal mentoring programs ought to be introduced into the a range of work organizations and career counselors employed to counsel the workers on what they stand to gain from developing mentoring relationships. As a rider to this, counselors should address workers’ fear of self-disclosure and stigmatization and therefore counseling programs should focus on educating them about mentoring expectations, goals and benefits. In conclusion, this study has shown that self-esteem, locus of control, EI, age, job status, and tenure are linear predictors mildly associated to mentoring among the physicians but gender was not.

References

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