

Motherhood and Work–Life Balance in the National Collegiate Athletic Association Division I Setting: Mentors and the Female Athletic Trainer

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Context: One of the greatest catalysts for turnover among female athletic trainers (ATs) is motherhood, especially if employed at the National Collegiate Athletic Association Division I level. The medical education literature regularly identifies the importance of role models in professional character formation. However, few researchers have examined the responsibility of mentorship and professional role models as it relates to female ATs' perceptions of motherhood and retention.

Objective: To evaluate perceptions of motherhood and retention in relation to mentorship and role models among female ATs currently employed in the collegiate setting.

Design: Qualitative study.

Setting: Female athletic trainers working in National Collegiate Athletic Association Division I.

Patients or Other Participants: Twenty-seven female ATs employed in the National Collegiate Athletic Association Division I setting volunteered. Average age of the participants was 35 ± 9 years. All were full-time ATs with an average of 11 ± 8 years of clinical experience.

Data Collection and Analysis: Participants responded to questions by journaling their thoughts and experiences. Multiple-analyst triangulation and peer review were included as steps to establish data credibility.

Results: Male and female role models and mentors can positively or negatively influence the career and work–life balance perceptions of female ATs working in the Division I setting. Female ATs have a desire to see more women in the profession handle the demands of motherhood and the demands of their clinical setting. Women who have had female mentors are more positive about the prospect of balancing the rigors of motherhood and job demands.

Conclusions: Role models and mentors are valuable resources for promoting perseverance in the profession in the highly demanding clinical settings. As more female ATs remain in the profession who are able to maintain work–life balance and are available to serve as role models, the attitudes of other women may start to change.

Key Words: role models, retention, quality of life

Key Points

- Role models and mentors are being identified by female athletic trainers working in the Division I setting.
- Perceptions of work–life balance can be positively affected by how role models and mentors maintain balance within their own lives. Conversely, those individuals who cannot maintain balance can negatively affect their proteges' perceptions of work–life balance.
- Female athletic trainers working in the Division I setting desire more female role models who are effectively balancing the multiple responsibilities of their personal and professional lives.

The positive and negative influences of role models and mentors have been well established in the medical literature, specifically in academic medicine.^{1–3} In a published systematic review of the literature,¹ mentorship in academic medicine was reported to enhance personal and career development, as well as research productivity, including publications and grant awards. Mentoring was described in the late 1970s by Levinson,⁴ who exposed the relationship as one of the most significant influences an individual can have in early adulthood. Mentoring has been emphasized as a critical element for personal and career advancement and career selection.^{1,2} However, mentoring is not always a positive experience. Repeated negative learning experiences may adversely affect the development of professionalism in medical students and residents.⁵ A lack of mentoring may contribute

to career success deficiencies in academic medicine, especially for women.^{1,3} Furthermore, female physicians are less likely than their male colleagues to identify role models for work–life balance (WLB).⁶

Role models and mentors differ in that *mentors* are senior members of a group who intentionally encourage and support younger colleagues in their careers.⁵ Mentoring often includes role modeling. A role model teaches predominantly by example and helps to form one's professional identity and commitment by promoting observation and comparison.⁵ Role modeling is less intentional, more informal, and more episodic than mentoring. Individuals serving as supervisors are the gatekeepers to establishing an environment that enhances a family-friendly atmosphere and ensures that their employees realize WLB. Work–life balance is attained

when an individual's right to a contented life inside and outside paid work is accepted and valued as the norm. Mazerolle et al⁷ found that head athletic trainers (ATs) informally try to encourage WLB through role modeling. Therefore, supervisors and bosses may incidentally act as role models.

Of great concern in the field of athletic training is the subject of retention among female ATs, which has recently been heavily researched.⁸⁻¹¹ The departure of female ATs from the profession has been theoretically linked to the desire to strike a balance between family obligations and personal time with work responsibilities.^{12,13} The National Collegiate Athletic Association Division I clinical setting holds unique professional challenges for ATs. Long road trips, nights away from home, pressure to win, supervision of athletic training students, infrequent days off, high athlete-to-AT ratios, athletes on scholarship, and extended competitive seasons are some of the stresses faced by an AT working in the Division I setting.¹⁴ Concerns regarding WLB and time for parenting influence decisions to persist at the collegiate level.^{12,13} Several investigators^{11,13} in athletic training have suggested that motherhood is a primary factor leading to the departure of females from the profession. Role models and mentoring have emerged as possible factors to aid in the retention of females in the collegiate setting once they become mothers.

Limited research on mentoring exists in the context of athletic training. Two studies^{15,16} have examined the effects of professional socialization among high school and collegiate ATs. Similar to mentoring, *professional socialization* is a process by which individuals learn the knowledge, skills, values, roles, and attitudes associated with their professional responsibilities.¹⁷ The mentoring roles of ATs evolve over their careers. Initially, ATs make network connections in order to learn, but as they become more experienced, they take on more of a mentoring role. This occurs as a result of being contacted by less experienced colleagues for advice on how to deal with problems in their clinical settings.¹⁶ Additionally, a recent study¹⁸ examined female athletic training students' perceptions on motherhood in the athletic training profession; the students felt strongly that a female mentor who had children would greatly benefit them personally as well as professionally. Though the students named mentorship as an important retention factor, they had very limited direct mentorship from a female AT with children employed in the collegiate setting. This finding mirrors research in the medical literature⁶ highlighting a lack of role models or mentors being identified by females in various professions. Although Pitney¹⁶ highlighted the presence of mentors in the athletic training profession, a scarcity of information exists regarding the part mentors and role models play for female ATs specifically and in their influence on WLB views. The purpose of our study, therefore, was to examine the effect of role models and mentors on perceptions of career and motherhood among female ATs working in the Division I setting. This study will be the first to assess perceptions of mentors and role models among female ATs throughout the life experience spectrum (single, married, married with children). The following central research question guided this study: how do role models and mentors within athletic training influence female ATs employed in the Division I setting?

METHODS

In this exploratory study, our purpose was to gain a better understanding of WLB, motherhood, and mentors from female ATs' perspectives, specifically, if the presence of women balancing roles of motherhood and athletic training affected the career goals of female ATs currently employed in the Division I clinical setting. We used a qualitative lens to address the exploratory purpose and research questions as it provided the most flexibility and the opportunity to explore the experiences of female ATs as they relate to motherhood and athletic training, a phenomenon with limited understanding but significant personal meaning.¹⁹ Our study was approved by the University of Connecticut's Institutional Review Board before data collection was initiated.

Participants

We used a criterion sampling strategy²⁰: all participants were female and employed full-time within the Division I collegiate clinical setting, and they self-identified their marital and motherhood status. Sampling was purposeful, as our overall aim was to gain a holistic picture of the concerns facing female ATs employed in the collegiate setting regarding WLB. Data saturation guided recruitment of participants.²⁰

A total of 27 female ATs (single = 14, married = 6, married with children = 7) employed in the Division I setting volunteered for our study. Average age of the participants was 35 ± 9 years. They were employed full time and were certified by the Board of Certification, with an average of 11 ± 8 years of clinical experience. Means and standard deviations were rounded to whole numbers. Individual data based upon marital status (single, married, married with children) using participant pseudonyms are presented in Table 1.

Procedures and Data Collection

We recruited participants using both convenience and snowball sampling procedures. We e-mailed potential participants requesting they volunteer for the study. Initially, we capitalized on existing relationships with female ATs who fit the aforementioned criteria as well as other contacts in the collegiate clinical setting who were able to connect us with additional participants. The e-mail contained the study description, including the purpose, data-collection procedures, a timeline for completion of the study, and the link to the interview questions.

This study was part of a larger study^{21,22} designed to gain insight into female-specific challenges and concerns within the athletic training profession and included questions relating to role models and mentorship. Participants responded to a series of questions by journaling their thoughts and experiences via QuestionPro (QuestionPro Survey Software, Seattle, WA). The posted questions were based upon the research questions and purpose and borrowed from previous research^{9,12,13} examining WLB and retention in athletic training. The interview guide (Appendix A) was reviewed by 2 female ATs employed within the Division I setting for clarity, content, and flow. Both women were employed full time, were working clinically at the time of the review, and had more than 5

Table 1. Female Athletic Trainers' Demographic Information by Participant

Participant Pseudonym	Life Stage ^a	Age, y	Years of Experience as an Athletic Trainer	Years in Current Position	Highest Degree Earned
Annie	3	35	13	4	Master's
Beth	2	49	4	4	Master's
Caitlin	1	29	7	5	Master's
Carol	3	27	3	2	Master's
Claire	2	30	7	5	Master's
Danielle	2	46	25	24	Master's
Hailey	2	34	11	7	Master's
Hannah	3	28	7	2	Master's
Jamie	3	32	10	4	Master's
Jane	3	27	5	2	Master's
Jess	3	29	6	3	Master's
Julie	1	33	12	1	Master's
Katie	3	31	9	6	Master's
Kristen	1	26	4	2	Master's
Laura	3	48	26	20	Master's
Mary	3	32	9	9	Master's
Molly	3	30	8	5	Master's
Nancy	1	30	8	5	Master's
Paula	2	41	19	9	Master's
Samantha	1	31	10	4	Master's
Sarah	3	30	8	6	Master's
Shelly	2	54	31	29	Doctorate
Susan	3	28	6	2	Bachelor's
Tammy	1	57	35	30	Master's
Tara	3	35	13	3	Master's
Yuri	3	31	8	6	Master's
Yvonne	2	33	6	3	Master's

^a Life stage: 1 = married, no children; 2 = married, with children; 3 = single, no children.

years of experience. Changes resulting from this review included grammatical edits, rewording of a few questions, and the addition of a question. Before data collection, we piloted the study with 3 female ATs who represented the marital and motherhood categories of single, married, and married with children. No changes were made to the interview guide upon completion of pilot testing.

Data-Analysis and Data-Credibility Procedures

Analysis procedures followed the general inductive process, a common method used in health and social science research as described by Thomas²³ and Creswell.¹⁹ We selected this method of analysis to help uncover the most dominant themes from the data as they related to the specific aims of the study. Data analysis was guided by the following steps: (1) responses were read in their entirety to gain a sense of the data and the participants' holistic experiences; (2) scanning of the data continued multiple times, and during the third and fourth read-throughs, we used the ocular-scan method described by Bernard²⁴ (ie, pawing through texts and marking key phrases); (3) characterizing and coding significant phrases (meaning units) from each transcript; and (4) positioning meaning units into clusters and themes. For us to establish a theme, meaning units had to be presented by at least 50% of the study's participants, a strategy similar to that used by authors²⁵ of other qualitative studies.

Multiple-analyst triangulation and peer review were included to establish data credibility. The first (C.M.E.) and second (S.M.M.) authors independently followed the

specific steps of the general inductive process. Once each author completed the analysis process, they met to discuss their findings. During this meeting, the authors discussed the emergent themes, which included the label assigned and the data supporting the emergent theme. Authors were in complete agreement with the analysis process before moving to the peer-review process. Our peer (A.G.) has more than 10 years of clinical experience, as well as a strong background in qualitative methodology, analysis, and content related to WLB and retention. The peer review was used to confirm the findings from the multiple-analyst process. The peer was supplied with the transcripts, schematics related to the analysis, and an initial draft of the Results section. Draft of the Results section was based on participants' significant phrases, which we used to develop themes, thereby preventing researcher bias. Bracketing, consistent with the phenomenologic method, was used.^{26,27} We identified our own personal beliefs and experiences regarding WLB and mentorship and articulated these in writing to determine if biases entered into data analysis. It was important to identify our own beliefs to ensure that we were not interpreting the findings in a prejudiced manner. Once we identified these beliefs, we could determine if any biases entered into the analysis of data. Bracketing was helpful in producing credible results, as we are confident no biases were present in the final analysis.

RESULTS

From the general inductive-analysis process, 2 themes emerged that explained participants' perceptions and

experiences with maintaining WLB as well as the influence of role models and mentors. The emergent themes were (1) the influence of role models and mentors and (2) the desire for female role models and mentors. Each of these themes is explained and reinforced with participants' quotes. Pseudonyms were used to protect the identities of the participants.

Influence of Role Models and Mentors

The female ATs described specific role models and mentors and the effect those role models and mentors had on perceptions of WLB and professionalism. Speaking of her role model, Yuri, a single female AT, stated: "Yes [I have had a role model early in my career]. [My role model] showed me how to be professional in everything that I do and to take time and enjoy the personal time that we do get." Two subthemes emerged from the data: (1) Career role models or mentors who have the ability to shape a female AT's views of professional commitment and (2) WLB role models or mentors who have positively or negatively shaped female ATs' perceptions about balancing family and professional roles. The first subtheme speaks to the influence role models and mentors have on participants' careers, and the second subtheme highlights the influence role models and mentors have had on the participants' perceptions of sustaining their careers as mothers. Nancy, a married, 30-year-old AT working in the Division I setting for 5 years said, "Many ATs have been role models for me in regards to their commitments, knowledge, and advice." Yuri and Nancy were not alone. Twenty female ATs discussed the importance of role models and mentors on their professional development.

The female ATs spoke often of the professional development aspect of their mentors' influence, articulating the effect mentors had in helping them become better professionals. Jamie commented, "I have had many mentors who have helped me decide on where I want to go, how to deal with different types of athletes [and] coaches." Beth noted, "My boss is my mentor. I have learned a great deal from him; how to work better with athletes and coaches, new treatment techniques, travel tidbits, etc." Though Beth spoke fondly of her mentor, she did not mention WLB modeling.

Like Beth, 10 other female ATs spoke exclusively about role models' and mentors' effects on their views of professionalism and athletic training competence. Of the 11 female ATs who talked singularly of professional modeling, only Annie had the long-term goal of remaining in the Division I clinical setting. Four participants who spoke singularly of career role models had a desire to stay in athletic training but were considering a change in clinical setting or only had a short-term goal to remain in the Division I clinical setting.

The effect role models and mentors had on perceptions of WLB were discussed by 9 participants. Female ATs who mentioned WLB insights gained from role models or mentors had either positive or negative views based on the mentors' ability to handle the challenges. Female ATs specifically mentioned the positive influence role models or mentors had on their perceptions of WLB. Female ATs exposed to women balancing personal lives and athletic training had more positive views about their own abilities to

remain in the profession. Danielle, a mother with 24 years in her current position, explained that her role model told her "to make sure I took time for my family. Don't miss opportunities with them." Danielle believed that remaining an assistant AT at the Division I level was possible. Susan, a single AT with 6 years of experience who spoke of the WLB influence her mentor had would like to remain in her current setting but would consider changing settings if she has children in the future. Of her mentor, she stated:

I have been lucky to have a few mentors that have helped me grow through the years. They have helped me see that not all institutions are exactly alike, that I need to take pride in what I do for me and not for anyone else, that there is a time when it is appropriate to "always" be at work but when you don't need to [be there], GO HOME. Never lose focus of the athlete and their health as your primary work concern, and it is possible to be an athletic trainer AND a good parent.

Four female ATs reported witnessing a role model's or mentor's inability to maintain WLB. Samantha described the positive career influence her role models had on her but she also observed their struggles:

I had 2 strong female role models. They have really taught me how to deal with difficult coaches, players, situations, and supervisors. I also watched them struggle for personal time and family time. I saw very early in my career how difficult it was going to be if I ever got married and wanted to have a family.

A similar comment was made by Hannah:

There are 2 females that come to mind that have worked to get to a higher level of athletic training. They were mentors when I was first starting out and showed that being at a higher level is possible for females. The problem that I realize now that I'm older is I believe both have sacrificed a lot personally to get there, which I am not willing to do.

The theme of influence of role models and mentors highlights the fact that female ATs are indeed identifying individuals in the athletic training profession who can affect their perceptions of WLB and professional development. These role models and mentors were men or women and had the ability to positively or negatively shape the perceptions of our female ATs. The subsequent theme of desire for female role models and mentors illustrates how female ATs currently employed in the Division I setting wish to see more women balancing the roles of motherhood and AT.

Desire for Female Role Models and Mentors

The second theme, desire for female role models and mentors, speaks to the participants' desire to see more women in the profession manage the demands of motherhood and the stresses of the collegiate clinical setting. Participants were directly asked if they thought having more female role models or mentors who remain in the profession after becoming mothers could influence

Table 2. Demographic Frequencies of Responses, 2nd Theme

Theme Responses Broken by Demographics	No. (%)
Desire for female role models/mentors	
Yes	16 (64) ^a
Maybe	4 (16) ^a
No	5 (20) ^a
Female ATs planning on staying in Division I	
Yes	3 (100) ^b
Maybe	0 (0) ^b
No	0 (0) ^b
Female ATs who have desire to stay in AT, but change setting	
Yes	7 (67) ^c
Maybe	3 (27) ^c
No	1 (9) ^c
Female ATs who express desire to leave AT profession entirely	
Yes	6 (55) ^d
Maybe	1 (9) ^d
No	4 (36) ^d
Mothers	
Yes	5 (83) ^e
Maybe	1 (17) ^e
No	0 (0) ^e
Married	
Yes	3 (50) ^f
Maybe	1 (17) ^f
No	2 (33) ^f
Single	
Yes	8 (62) ^g
Maybe	2 (15) ^g
No	3 (23) ^g

Abbreviation: AT, athletic trainer.

^a The total number of responses was 24.

^b The total number of responses was 3.

^c The total number of responses was 11.

^d The total number of responses was 11.

^e The total number of responses was 6.

^f The total number of responses was 6.

^g The total number of responses was 13.

retention rates for other female ATs. Sarah, a single AT with aspirations of working at the Olympic level commented: “Yes! I think more young women need to see examples of successful, powerful [women] that are making substantial career gains while also enjoying a good healthy family life.” The majority (16 of 24) of our female ATs responded in the affirmative regarding the importance of mother role models and mentors. The demographics of responses to the specific question regarding female ATs’ desire for female role models and mentors and their own career intentions are depicted in Table 2.

All female ATs with children spoke of their desire to see more women balancing motherhood with athletic training. Yvonne, a mother who did not answer with a definitive “yes,” stated, “Maybe, because I don’t know any female athletic trainers who have family or kids and work in the college setting.” This reflects their personal struggles and desire for guidance in navigating them. Three of the 4 female ATs who did not believe additional female role models or mentors would help with retention were single. The consensus was that the workplace setting is more indicative of WLB than are role models or mentors: “. . . changing the role of ATs, the pay scale, the hours, etc,

would lead to more retention.” The remaining 4 female ATs stated that they weren’t sure if more females serving as role models or mentors maintaining WLB would affect the retention of female ATs in general. Susan spoke of her uncertainty as to whether or not that would make a difference:

Yes and no. It depends on the female role model. I have seen women stay in the profession and do very well balancing home and work environments, but I have also seen women who stay in the profession [who] do not fulfill their job responsibilities, and thus the care of the athlete is diminished. I do not believe the second type of women should remain in the profession as it gives others a “bad name” and fits into a stereotype that women with families can’t survive in athletics.

Female ATs talked of their wish for more female role models and mentors, regardless of their own career goals. Kristen, who was married, did not envision a lifelong career in athletic training, yet she noted her desire to see more mothers stay in the profession: “Yes! Most of the people I know who have kids have started to walk away from the profession because they can’t maintain a work–life balance and choose their family.” Of the 16 female ATs who wanted to see more mothers in the profession to enhance retention, 3 stated their intentions to remain working in the Division I setting, 7 spoke of plans to change clinical setting, and 6 did not envision a lifelong career in athletic training. Annie, one of the female ATs whose career goal was to remain in the Division I setting, stated, “Yes, I think many females get out of college athletics before even trying to see if they can make it work.” Laura, whose career goal was to “retire before I burn out” and who could not envision a career in athletic training, described her desire to see more mothers remain in the profession:

Yes. The majority of athletic training students are women who will never go far in the field because they leave very quickly once they get a real job [and] have to work more than 20 hours a week, including nights and weekends.

Female ATs who did not have a female role model or mentor yet wanted more female ATs with children to serve as role models and mentors were apprehensive about their longevity in the field of athletic training because of motherhood. Beth, a mother of 3 who had expressed her own negative views of achieving WLB in the Division I setting and identified her male mentor as affecting her career, thought female role models were important to the profession. When asked if having more female role models or mentors with children in the profession could influence retention rates for other female ATs, she expressed, “Absolutely! Women who are moms know how to manage time and expectations.” Julie, who had plans to eventually leave athletic training and had expressed the negative effect her male role model had on her perceptions of WLB, stated: “I believe that, if there was a model I could follow that could help me establish more of a life balance, I would be more likely to continue on in this profession.”

Female ATs who conveyed a desire to remain in athletic training regardless of their family situation shared similar

thoughts on this theme. Both Claire and Danielle were mothers whose role models positively influenced their beliefs regarding WLB. Danielle explained that it is important to have more female role models because “. . . bouncing issues off another person does help [you] get through the tough times. [You] also realize that it can be done because, for so long, the idea was that it couldn't.” Claire explained her beliefs by saying

Knowing that more and more people can do this will help people to see anything is possible. It's just a matter of surrounding yourself with people who can help you do it.

Another female AT who was considering leaving athletic training spoke of the lack of female role models and her desire to see more of them maintaining WLB:

They seem to all leave the profession by this point in time or aren't the type of role models I'm looking for. In other words, they're still single without a family. I want the model of a successful woman that has it professionally and personally.

The preceding quotes exemplify the relationship between the role models' influence and the participants' desire for more female role models in athletic training.

DISCUSSION

Mentorship is a critical element in helping health care professionals learn the responsibilities and expectations of their professions, and its importance has been well documented in the academic medical research.¹⁻³ The purpose of our study was to explore how role models and mentors within athletic training influence female ATs employed in the Division I setting. Our motivation was a combination of factors, including limited research regarding role models and mentors in the context of athletic training and the effect those role models and mentors may have on the retention of female ATs. Organizational research^{28,29} suggests that employees, regardless of marital status, will encounter conflicts between their personal and professional lives. This is also the case for those ATs working in the Division I clinical setting.¹³ Kahanov and Eberman¹¹ indicated that women are leaving the profession after age 28 to start families, and comparable research¹² regarding female AT attrition is concerning. Our results suggest that not only do female ATs wish to see more female ATs balancing the roles of motherhood and AT but female ATs are also identifying role models and mentors who can shape their ideals of professionalism or affect their perceptions of WLB; in some cases, role models and mentors have the ability to do both.

We viewed WLB as including parenthood because we did not ask the participants directly about parenthood. Work-life balance requires us to find the equilibrium among the roles we assume in our lives, which may include parent, spouse, employee, and individual. Because not all of our participants were parents, we did not believe it was appropriate to label WLB as parenthood alone.

The female ATs in our study identified both male and female role models and mentors within the athletic

training context. The identification of both male and female role models and mentors is an important factor for female ATs balancing workplace concerns such as sex discrimination.³⁰ Role models and mentors shaped the female ATs' views of professionalism by providing tips on clinical skills, professional interactions, and traveling. Consistent with the literature from other health care fields,^{1,2} the value of role models and mentors in career development and advancement is evident among female ATs. Those female ATs who did not identify a mentor or role model, yet wanted one, were apprehensive about longevity in the field of athletic training because of motherhood.

Unfortunately, the influence of role models and mentors is not always positive. Repeated negative learning experiences presented by role models and mentors may adversely affect a learner's development of professionalism, referred to as “learning how to be.”⁵ Residents have indicated that it is not unusual for clinician-teachers to utter negative and contemptuous comments about medicine, leaving them feeling unenthusiastic and pessimistic about the profession they chose.⁵ The female ATs in our study whose role models and mentors were not able to maintain a balance between their personal and professional responsibilities were more pessimistic regarding their own longevity in the field of athletic training. They referred specifically to role models and mentors who achieved career success at the expense of their personal lives, and the female ATs in our study did not want to make the same sacrifices for their careers. The general perception appears to be that, in order to be successful as an AT at the Division I level, one needs to sacrifice his or her personal life. The negative influence of role models and mentors observed in other medical professions seems to extend to ATs.

The majority of female ATs in our study expressed their desire to see more women balancing the roles of motherhood and athletic training to serve as role models and mentors, regardless of their own career aspirations. Women want to see peers achieving success in WLB. Our participants believed that these kinds of role models and mentors may affect the retention of other female ATs. As mentioned by the participants, as more women who are effectively managing motherhood remain in the profession, the more likely they are to mentor others to do the same and, at the very least, impart an awareness of the skills required to be successful in both roles. These sentiments were echoed in the thoughts of female athletic training students who felt strongly that female mentors with children would greatly benefit both the athletic training profession and themselves personally.^{18,31} It appears as though a number of single female ATs in our study had already decided that the profession is not conducive to WLB due to a variety of factors and are choosing to make a change before obtaining any first-hand knowledge. A sad finding is that female ATs want more mentors but do not want to fill the role themselves, highlighting the conundrum. Women in our study with role models or mentors who were able to maintain WLB had more positive views of remaining in the profession.

Of the 4 female ATs who believed that more female role models and mentors would not affect retention, 3 were single. Their thoughts were based on feelings that women

were leaving the profession due to fatigue, salary discrepancies, and an overall dissatisfaction with the professional culture, factors that a role model or mentor would not be able to change. These thoughts mirror the findings of Kahanov and Eberman,¹¹ who reported potential causes for the exodus of women from the athletic training profession. Long hours and challenging demands associated with athlete care have been described as factors affecting WLB for ATs.^{8,13} Inadequate time for family and parenting has been identified as a reason that many athletic training students abandon their undergraduate studies in athletic training to pursue more family-friendly careers.^{32,33}

Once a female AT starts a family, she may choose to leave the collegiate clinical setting or the athletic training profession entirely.³⁴ Interestingly, all female ATs in our study who were married with children responded in the affirmative regarding the effect of role models and mentors on the retention of other female ATs. This indicates that mothers in our study were looking for a support system to help them navigate the struggles of balancing their personal and professional responsibilities. A strong support system of coworkers has been mentioned as indispensable to promoting WLB in athletic training, particularly for female ATs.¹⁰ Previous research⁹ suggested that teamwork was particularly important for ATs in sustaining a balanced life: ATs were able to achieve WLB because of the teamwork culture within their employment setting. Athletic trainers working in the clinical rehabilitation environment have stated that a teamwork environment endorsed by coworkers was crucial to balancing their personal and professional lives.³⁵ Additionally, like-mindedness between supervisors and employees may enhance WLB because supervisors respected family time and were more willing to allow scheduling flexibility and time off.³⁵ The desire to have more female role models and mentors with strong WLB may enable women to enhance their coworker support systems and optimize their own WLB.

The dichotomy between some of the single female ATs and those with children speaks to the different life stages the 2 groups are navigating. The priorities of our single female ATs were different than those of the mothers in the group. Single women emphasized salaries and role expectations; although these factors were certainly important to the mothers in the group, their priorities seem to lie in making their current situations better by changing the landscape of the profession and increasing the support systems at their current jobs. Most of the mothers indicated a desire to stay in the athletic training profession, albeit consider a change in clinical setting, but none of the single female ATs who did not believe an increase in mothers serving as role models and mentors would affect retention intended to remain in the profession. Single women have the flexibility to leave the profession because they are not subject to the same challenges and responsibilities as female ATs who are mothers. The female ATs with children seemed less inclined to undergo major professional changes that could potentially disrupt their family lives.

Even though female ATs desired to see more mothers serving as role models and mentors, many of our participants are choosing to leave their current clinical

roles or profession entirely, essentially denying their own requests to have more role models.

Limitations and Future Directions for Research

One limitation of our study was the use of the terms *role models* and *mentors*. The terms can share similar contexts, yet they are distinct concepts. In our study, however, the participants did not differentiate between the terms, nor did we ask them to. We analyzed the data using the definitions of role models and mentors that helped us differentiate between the terms. A second limitation involves our inability to follow up on responses of the individual participants due to the online nature of the study. Future authors seeking information on the influence of professional role models and mentors among females within athletic training should explore other potential strategies to increase exposure to female role models and mentors who are effectively managing the responsibilities of motherhood and athletic training. Additionally, due to the potential for role models and mentors to affect perceptions of career longevity due to motherhood, it is important to seek the perspectives of senior administrators regarding their views of ATs' WLB to determine if those play a role in the decision of some female ATs to leave the profession before having children. Future investigators should examine the influence of role models in clinical settings outside Division I and ways to increase role model exposure for female ATs.

CONCLUSIONS AND IMPLICATIONS

Role models and mentors are being identified by female ATs and can affect professional development and, both positively and negatively, perceptions of WLB. Perceptions of WLB are influenced by the ability of a role model or mentor to maintain his or her own personal and professional balance. Women who were currently employed as ATs, particularly those with children, believed that as more women effectively maintain WLB and remain in the profession, they will serve as role models and mentors and positively influence the retention of other female ATs with children.

Several implications can be drawn from this study. Role models and mentors in the athletic training profession are essential to career development. Additionally, as seen in other health care professions, role models and mentors can negatively affect their mentorees. This is especially evident in relation to perceptions of WLB. However, the positive influence of role models and mentors within athletic training cannot be overlooked.

Female ATs are still leaving the profession, and perhaps a way to hinder this exodus is to expose young female ATs to more role models and mentors. Although it is possible that participant responses regarding career intentions were influenced by management, we should remember that supervisors and bosses incidentally serve as role models. We need to show our athletic training students that working in the Division I setting (or any clinical setting for that matter) can be a feasible and sustainable option for women at all life stages. The question of course becomes, "How do we do that?" To keep more mothers in the profession, it is imperative to educate coaches, administrators, and ATs on the importance of WLB issues and to slowly start changing

the organizational culture of the athletic training profession as a whole.

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