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Additional note: Lesley Cullen has subsequently changed her name to Lesley Powell.

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Mentoring in the context of a training programme for young unemployed adults with physical disability

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Keywords: career development, mentoring, physical disability

Introduction

In an organizational context, formal mentoring comprises two individuals: the mentor and the mentee. The mentor brings to the mentorship a wealth of relevant knowledge and experience to guide and advise in career planning; to enhance work performance; to contribute to personal development and to aid career progression of the mentee. The role of mentor incorporates many activities: listening, questioning, challenging, advising and counselling that serve as career enhancement (e.g. coaching and facilitation) and psychosocial functions (e.g. role modelling and friendship) (Kram and Isabella, 1985). Counselling can feature as a distinct aspect of mentoring and is traditionally defined as the process of encouraging personal growth and development (Tehrani, 1998). Listening and providing emotional support are key components of counselling. A mentorship is a structured and formalized process where the mentor takes on a directive and a guidance role, whereas counselling assumes a more reflective, non-directive format.

The purpose of this study was to explore the realities of mentoring set within the context of an innovative training programme, designed to meet the needs of one disadvantaged group: young, unemployed adults with the physical disability of arthritis. The Into-Work Personal Development Programme (IWPDP) was designed by Young Arthritis Care; is delivered over a period of 18 months and comprises residential components, mentoring and a work experience or vocational training placement.

Methods

The sample ($n = 36$), mainly female with a mean age of 37 years (range 16-46), comprised trainees on the IWPDP programme. Since there are no standard measures for evaluating mentoring, a qualitative approach was adopted, which had the advantage of enabling young adults to freely express their views. Data were collected from three sources: self-administered questionnaires, telephone interviews and group feedback sessions. Self-administered questionnaires were distributed to all trainees prior to the mentoring experience. Open questions were used to explore trainees' understanding, and experience of the mentor's role. Telephone interviews and group feedback sessions were used to examine the realities of the mentoring experience. A content analysis of the data was conducted.

Members of Young Arthritis Care volunteered and were selected and appointed on a part-time basis (21 hours per week) to take on a dual role of Training Assistant and Mentor to a designated group of up to 15 trainees. These volunteers had arthritis themselves and were unemployed prior to the IWPDP programme. Contact between trainee and mentor was usually by telephone, although one-to-one meetings could be arranged when deemed necessary. This operating format was inevitable due to the geographical distance between mentor and mentee.

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Results

Prior to the mentoring intervention, trainees' expectations regarding the role of a mentor centred on the provision of support, help, advice and guidance in response to each individual's needs. Following the mentoring intervention, trainees' expectations appeared to be met and the mentor was viewed as a vital source of support. However, a number of concerns associated with the mentoring process were revealed. Firstly, mentees expressed that they did not wish to always burden the mentor with their own problems. They were aware that the mentor had arthritis too, and hence may be experiencing similar problems to themselves. For example:

'I found myself questioning whether I should ring (the mentor) or not?'

Associated issues were the number of mentees allocated to one mentor, the time allocated for this role by programme organizers, and the effects of combining the roles of training assistant and mentor.

'Sometimes, I felt there was not enough time. (The mentor) had a lot of us and therefore it was difficult for her to meet all our needs, and sometimes it was difficult to get hold of the mentor. Therefore the relationship was not ideal.'

This may have increased the use of the telephone as the main communication channel between the mentor and the mentee. For a few participants, talking to the mentor on the telephone was prohibitive. For example:

'Talking on the phone, I just found it difficult'

'I had great problems. I didn't want to phone. I don't want to burden people. I wasn't happy. I felt guilty. Then the mentor phoned me and I didn't like it. This has nothing to do with the course or mentor. I don't like using the phone, I'm better at writing letters.'

Discussion

The mentor played an important part in helping to meet individual mentees' needs in terms of developing employment potential and self-development. One paradoxical issue to emerge revolved around the degree of commonality between the mentor and mentee (i.e. the presence of arthritis). Matching mentor and mentee on the basis of physical disability should ensure understanding of difficulties encountered. In practice, this commonality served to inhibit mentees' use of the mentor and therefore may have influenced ensuing benefits.

Within the context of a group intervention designed to enhance personal growth as well as the career potential of unemployed people with a physical disability, counselling may assume greater importance. This group of people are likely to experience considerable changes in personal development as a result of training but often return to a home and social environment that has not changed with them. For example, this study suggests that the mentor played a crucial role in sustaining mentees' links with the programme, in maintaining mentees' motivation and providing emotional support as required. This suggests that in some circumstances the addition of a counsellor as an adjunct to the mentor role would enhance outcomes and more fully meet the needs of mentees. Moreover, mentors would be free to concentrate on career relevant issues. Tehrani (1998) suggested multiple relationships can be a source of conflict between the competing demands. This appeared to be the case in the present study where the roles of training assistant and mentor were combined.

A number of limitations to the study are noted. The confidential nature of a mentorship, and the absence of adequate measuring tools to determine if the desired outcome of the mentor's role is achieved (Incomes Data Services, 1996), makes any evaluation problematic. Nonetheless, this study has illustrated the realities of mentoring in the context of a physical disability and suggests that ascertaining the views of mentees may be a useful means of refining the design and implementation of future mentoring schemes, particularly when set in novel contexts or with hitherto neglected groups.

Conclusion

Although the specific purpose of each mentoring scheme determines the precise nature of the scheme utilized, contextual factors need to be considered at the design and implementation stages. As illustrated in this paper, the realities of mentoring in the context of a physical disability raise a number of challenges that need to be addressed in future practice, especially where the mentorship is set outside of a work environment. The ratio of mentor to mentee and degree of commonality need to be considered. Further research is required to fully examine the role of a mentor in helping unemployed people with a physical disability get back 'into work'. Physical disability should not prove to be an insurmountable barrier preventing equality access to the labour market.

The words of one participant encapsulate the hopes and expectations of young, unemployed adults with arthritis enrolling on an innovative training programme where mentoring forms a key feature:

'To turn what is classed as my disability into a vital ability for my future career.'

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