

Graduate-Assistant Athletic Trainers' Perceptions of the Supervisor's Role in Professional Socialization: Part II

Ashley B. Thrasher, EdD, ATC, CSCS*; Stacy E. Walker, PhD, ATC†; Dorice A. Hankemeier, PhD, ATC‡; Thalia Mulvihill, PhD‡

*School of Health Sciences, Western Carolina University, Cullowhee, NC; †School of Kinesiology and ‡Department of Educational Studies, Ball State University, Muncie, IN

Context: Many new athletic trainers (ATs) obtain graduate-assistant (GA) positions to gain more experience and professional development while being mentored by a veteran AT; however, GA ATs' perceptions of the supervisor's role in professional development are unknown.

Objective: To explore the supervisor's role in the professional development of GAs in the collegiate setting.

Design: Qualitative study.

Setting: Phone interviews.

Patients or Other Participants: A total of 19 collegiate GAs (15 women, 4 men; average age = 23 ± 0.15 years; National Collegiate Athletic Association Division I = 13, II = 3, III = 2; National Association of Intercollegiate Athletics = 2; postprofessional athletic training program = 5).

Data Collection and Analysis: Data were collected via phone interviews and transcribed verbatim. Interviews were conducted until data saturation occurred. Data were analyzed through phenomenologic reduction. Trustworthiness was established via member checks and peer review.

Results: Three themes emerged: (1) GAs' expectations of supervisors, (2) professional development, and (3) mentoring

and support. Participants expected their supervisors to provide mentorship, support, and feedback to help them improve their athletic training skills, but they also realized supervisors were busy with patient care responsibilities. Most participants felt their supervisors were available, but others believed their supervisors were too busy to provide support and feedback. Participants felt their supervisors provided professional development by teaching them new skills and socializing them into the profession. Furthermore, they thought their supervisors provided mentorship professionally, personally, and clinically. Supervisors supported the participants by standing behind them in clinical decisions and having open-door policies.

Conclusions: The graduate assistantship allows new ATs to gain experience while pursuing professional development, mentorship, and support from a supervisor. The extent of development is highly dependent on the supervisor, but most supervisors mentor GAs. When looking for graduate assistantships, future GAs should seek positions in which supervisors actively provide mentoring and professional development.

Key Words: mentoring, professional development, support

Key Points

- Graduate-assistant athletic trainers expected their supervisors to allow them to practice independently while still providing a “safety net” as needed.
- Supervisors professionally developed graduate-assistant athletic trainers through formal mentoring, skill development, and socialization into the athletic training profession.
- Supervisor support and mentorship were key to the success of graduate-assistant athletic trainers.

The graduate assistantship is often seen as a “rite of passage” into the collegiate athletic training setting.¹ As graduate-assistant (GA) athletic trainers (ATs) enter into their roles in the collegiate setting, they are socialized into their positions through orientation and professional development²; however, socialization in the collegiate setting can be complicated because it involves learning the particular culture and complex roles within the organization.^{1,3,4} Supervisors, preceptors, and teachers play large roles in the professional socialization and transition of new health care professionals through role modeling, helping them to develop a professional identity, and teaching knowledge, skills, and professional values.^{5,6} Supervisors of GAs in the collegiate setting provide

orientation, mentoring, support, and skill development as a means to socialize GAs into their roles.²

Mentoring and support are 2 reasons many newly credentialed ATs pursue graduate assistantships.⁷ Mentoring relationships have a profound effect on the professional development of athletic training students by developing skills, cultivating knowledge, learning values associated with their profession, and adapting to their roles.^{8–10} Mentors can also assist their protégés in planning experiences to provide exposure and enhance learning.¹¹ The importance of mentoring for new clinicians has been established in physical therapy^{12,13} and nursing.¹⁴ Mentoring enhances the transition to practice of new physical therapists by providing them with a more experienced team

member to answer questions about routines or clinical challenges; a lack of mentoring hindered learning and development.¹³ Both career-supported and psychosocial mentorships can be useful in developing new clinicians. Through career-supported mentorships, protégés can gain status to advance their careers while being challenged and coached to develop knowledge and skills.^{15,16} This mentoring makes employees more marketable and enhances their professional development. Through a psychosocial mentorship, the protégé receives emotional support, friendship, and acceptance as the mentor focuses on self-esteem, confidence, and identity development.

The GAs in the collegiate setting partially attributed their success to the support and mentorship received from their supervisors¹⁷; however, their perceptions of the supervisor's role in their professional development are unknown. Establishing how GAs perceive the supervisor's role in their development can provide valuable information regarding the current perceptions and needs of newly credentialed ATs in the collegiate setting. This information could assist supervisors in helping new ATs transition into clinical practice. The data presented in this paper are part of a larger study examining the professional socialization of GAs in the collegiate setting.¹⁷ The participants provided rich insight into their feelings regarding the supervisor's role in mentoring and their professional development throughout the assistantship. Whereas part I of this series focused on how GAs experienced the socialization process, the purpose of part II is to describe their perceptions of the supervisor's role in their professional development as newly credentialed ATs. The following research question guided this investigation: how did GAs experience the mentorship process in the collegiate setting?

METHODS

The methods in this study follow the same recruitment, data collection, and data analysis as part I of this study. Refer to part I for a detailed description of the theoretical framework, participants, recruitment, data collection, data analysis, and trustworthiness.¹⁷

The GAs working clinically in the collegiate setting (ie, providing patient care to an intercollegiate athletic team) in all 10 National Athletic Trainers' Association (NATA) districts were recruited for this study via an e-mail blast sent from the NATA membership database to all members classified as "certified student." Nineteen collegiate GAs (15 women, 4 men; average age = 23 ± 0.15 years; National Collegiate Athletic Association Division I = 13, II = 3, III = 2; National Association of Intercollegiate Athletics = 2; postprofessional athletic training program = 5) participated in this study.

Data were collected via individual phone interviews that lasted approximately 45 to 60 minutes. Interviews followed a semistructured interview guide, which can be found in part I of this series. All interviews were conducted by the primary investigator (A.B.T.) and were recorded and transcribed verbatim. Interviews were conducted until data saturation occurred.¹⁸

Data were analyzed via descriptive phenomenologic reduction.¹⁹ For this section of the study, we focused on data obtained from the following semistructured interview questions: (1) What are your expectations of your

supervising AT and institution in regard to your professional development? (2) Is there a mentoring process for GAs at your institution? If so, please describe. (3) How do you view your interactions with your supervising AT?

RESULTS

Three themes emerged to describe the participants' feelings about the supervisor's role in development and support throughout the socialization process: (1) GAs' expectations of supervisors, (2) professional development, and (3) mentoring and support.

Graduate Assistants' Expectations of Supervisors

The first theme that emerged was the expectations the participants had regarding how their supervisor would help them develop professionally. Most participants had expectations for their supervisors to allow autonomous practice, to check in frequently to ensure they did not have any questions, to provide feedback, to be readily available to answer questions, and to assist in their professional development. The participants wanted their supervisors to be a "safety net" they could fall back on as needed, but they also wanted their supervisors to allow them to practice independently. Sophie commented, "I was hoping that they would allow me to make independent decisions. I was also hoping that my supervisors would be there in case I needed anything or was unsure of anything." Amanda concurred:

He [supervisor] should be there to supervise me if I have any questions or if I'm unsure about anything. He should be there to guide me, but he should give me the opportunity to do things on my own, because I am a certified athletic trainer. He does a very good job of giving me the room to be an athletic trainer on my own with proper guidance.

Although the participants wanted independent practice experience, they also wanted their supervisors to check in with them. Most of the participants reported the supervisors were always available, but many wished their supervisor would check in with them and initiate contact instead of waiting for the GA to do so. Helen stated:

I was expecting them to check in a little more because if something goes wrong with a GA, the supervisor is the one that is responsible for what is happened. They are supposed to be checking in with the GA and making sure things are running smoothly. The supervisor should check in a little more often with their GA. I understand they are staff members; they have their own team and other responsibilities that they have to deal with. But I expect them to check in just a little bit more.

Other participants wished supervisors would check in more because often the GAs did not seek help because they either did not realize they needed help or they did not want to be viewed as a failure. Emily commented:

[The supervisor should see] how you're doing things, and the occasional check in with you is always much appreciated because maybe you don't realize you're in

over your head. I do expect that my supervising athletic trainer will just see how things are going.

Sophie did not want to seem needy, so she did not initially approach her supervisor as much as she felt she should have. She observed, "I'm not the kind of person who enjoys asking a lot of questions because I think it makes me seem needy." Other participants were afraid to go to their supervisors. Because of this, many participants felt their supervisors should initiate contact with GAs to make sure they were feeling comfortable in their roles and with their patient care.

In addition to being available for consultation and checking in frequently, the participants also expected their supervisors to provide feedback to improve their patient care. Natalie explained, "I expect guidance, constructive criticism, and advice. Whether it's evaluation, treatment, or rehab, I expect them to engage in my learning and in my development." Jonah also expected constant feedback from his supervisor:

Constant feedback is necessary so you know if you're doing what you should do, because I'm working independently. To have some guidance from time to time is good so you know if you're on the right track.

Participants also expected their supervisors to teach them new clinical skills and assist in their professional development. They were all in their first professional position, so they wanted to learn from their supervisors' experience. Many of the supervisors had worked in various settings and had a wealth of experience from which to draw, and the participants wanted to learn from that experience. Kirk said:

I expect my supervisor to help me grow both as a professional and as an individual. Her education and her clinical skills are greater than mine, so I expect her to continue to teach me things. When I get stuck with an athlete who's not responding to a rehab protocol or a certain modality, it's my expectation that I can ask her what haven't I thought of yet.

Whereas most participants expected the supervisor to be active in their professional development, initially, 1 participant did not think the supervisors would be involved in her growth as an AT. Before beginning her role, Helen thought she would take on her role as a clinician and not be supervised or mentored:

To be honest, I didn't think they would have much of a role helping me develop professionally. In undergrad it's your preceptor's duty to help you grow as an athletic training student. As GA, you had that nurturing in your undergrad years and now it's time for you to work. Yes, you're a GA and they're going to back you up and be your safety net. I wasn't expecting them to take time out and help me as a professional in the health care business. I didn't feel that that was their job.

Helen did not feel her supervisor would have such an active role in her development because she was a certified

AT, and she perceived the purpose of a graduate assistantship a little differently than most:

I never really understood the whole concept of a GA. You're the AT but you have an oversight that's going to help you transition into the professional world. I didn't understand that before I was a GA. I just thought the GA was just a younger version of a staff member. I never really understood the concept and that's why I expected that when I started my GAship.

Although most participants expected their supervisors to allow independent practice while providing feedback and checking in often, not all participants expected their supervisors to be actively involved in their development.

Clinical and Professional Development

The second theme that emerged was clinical and professional development. This theme referred to the supervisor's role in improving and building on the GA's athletic training skills (eg, evaluation, injury management, rehabilitation, administration) beyond the entry level and socializing the GA into the profession. This theme was divided into 2 subthemes: (1) athletic training skill development and (2) socialization into athletic training.

Athletic Training Skill Development. Participants reported semiregular monthly meetings to professionally develop the GAs by helping with job-search and interview techniques. These meetings also focused on teaching new skills, such as muscle-energy techniques, Graston (Graston Technique, Indianapolis, IN), Kinesiotaping (Kinesio USA, Albuquerque, NM), casting, the Functional Movement Screen (Functional Movement Systems, Inc, Chatham, VA), or how to treat patients with low back pain and concussions. Ella remarked, "We have classes that our full-time staff help teach to help with our professional development to help further our careers as we go and look for jobs after our graduate assistantships are over." Alison stated, "We have a monthly in-service where we learn a topic like eating disorders. Previous ones have been casting labs, techniques of manual therapies, stuff to overall make us better."

Socialization Into Athletic Training. Participants felt supervisors were also active in assisting them with their socialization into the profession of athletic training. This socialization included networking opportunities and assistance with conferences. Because the supervisors had colleagues at the state, district, and national level, participants reported they looked to them to help them make new professional connections. Andrea commented:

My supervisor gives me professional guidance because she is active in the profession and our district. I look to her for her role in the district and for professional development, as well as becoming a better clinician.

Not only did supervisors assist participants by helping them become more involved in the profession, they also introduced them to other ATs. Alison stated:

They invite us to help out with different sporting events we have. Our institution holds the conference wrestling

championships, and they encourage us to come and meet everybody. Football season is an open invitation to meet other ATs.

Institutions also helped socialize participants into the profession by providing them financial support to travel to conferences. Although this was not direct supervisor support, supervisors made participants aware of these funding opportunities, and these benefits were often offered as part of their position benefits. Participants felt the institutional financial support offered due to their roles as GAs affected their socialization. Kirk noted:

There's funding to travel to professional conferences available through the graduate school. I could use that money to go to the NATA convention. So whether it is implicit or explicit, there are ways to help with professional development.

Ella described:

The university helped with our professional development because they paid for us to go to conferences and present research. They would pay for all our travel as well, so that helped with professional development and networking. As a GA with a very limited income, I don't think I could've afforded that on my own. But being able to go to NATA and my district meeting to present my research without having to pay for it, and still being able to network with different professionals in our profession, has really helped [my socialization].

Although most participants experienced professional development from their supervisors, a few participants felt their supervisors could have done more to enhance their development. Lydia wished her supervisors had helped her find professional development opportunities:

Help finding classes for like continuing educational credit [is needed]. Networking with more people within the profession around the area. Getting out there and getting to have more opportunities to learn and to build on what you learned in undergrad, because we don't actually get the opportunity to do in-service classes or anything. That would be something that would be nice to help build that professional repertoire.

Participants felt the preceptors had an active role in their skill development and socialization into the athletic training profession by providing in-service sessions to teach new skills, provide feedback and enhance existing skills; help them network with other athletic training professionals; and involve them in professional organizations.

Mentoring and Support

The third theme that emerged was mentoring and support. Participants reported various ways in which supervisors provided formal mentoring and support to enhance socialization into their roles. This theme is described in the following subthemes: (1) formal mentoring and (2) support.

Formal Mentoring. Formal mentoring involved planned developmental meetings between the participants and an assigned staff member or weekly meetings with the entire staff (or both). Formal mentoring includes all aspects of the graduate assistantship and does not focus solely on improving athletic training skills. The length of the formal mentoring depended on the institution or the participant (or both). Michelle explained:

We have a full-time staff member as a mentor, typically working in the facility you're at and may work at a similar sport. Your mentor will check in with you, if not on a daily basis, then a weekly basis, saying, "How are you doing? How are classes going? Are you stressed out? How's life? How's your family?" They want to make sure you as a whole person are doing well. If you need some time to take care of things, they want to make sure that you're staying afloat in all areas in life, and not just academics and your sport.

Many participants met with their supervisors to discuss patient cases and receive feedback and advice on how to improve patient care. As a part of the formal mentoring process, supervisors and participants would often set goals and work together to achieve those goals. David said, "My supervisor and I have sat down every semester and discussed what I hoped to gain out of the semester and how they would help me achieve those goals."

Whereas the mentoring process may be formalized, many participants reported also having personal relationships with their mentors. Many felt that their mentors cared for them as people and not just as GAs. Andrea described:

I can just go into her office and speak with her. I talk to her about stuff that's going on back home with my family, I talk to her about joining a professional group. I talk to her about my struggle with my academics and how I've never, ever struggled with academics before coming to grad school. I've really opened up to her on a clinical, professional, and personal level. I've gone to her office and cried before!

Like Andrea, Jack has developed a personal relationship with his supervisor: "We usually set aside a time in the mornings to talk about our personal lives, baseball season, or we just talk about random stuff, news, drink coffee, whatever. We have really good communication."

Participants also reported on how the mentorships progressed throughout their assistantships. Many times, the mentor relationship would start out in a primarily formal way, as a supervisor-GA relationship but then evolved to be more collegial and less supervisory. David stated:

At first, I viewed him as a true supervisor where I would go to him and get advice. Now it's developed into a colleague role where I can go to him if I need advice, but he respects me as a clinician.

Some participants expected to have formal mentoring relationships but did not receive mentoring due to busy schedules. Natalie felt her development as a young professional would have been enhanced by a formal mentorship throughout her assistantship:

When I got here we were told that we needed to meet with our mentors once a week to fill them in, bounce ideas off of them, and to get help and advice. That never happened. I went to my preceptor and had questions and she was good about answering them, but she didn't really have time to meet on a weekly basis. If I needed something I went to her, but it wasn't what they said it was going to be when I went into this. [A busy schedule is] part of it. I wouldn't say all of it. I can only use that as an excuse for so long. They're busy, but it's technically a part of their job to mentor.

Participants understood their supervisors were busy but still wished they received more formal mentoring, as Helen discussed:

I feel that her intentions are A+. She wants to help me out in any way that she possibly can, but I do feel like there are limitations on that. She has her own responsibilities. There's a lot on her plate. Deep in her heart she wants to do the best she can to help me, but physically she cannot do everything that she wants to do.

Participants felt formal mentorships greatly influenced their development and socialization as ATs. Most participants believed their mentors were always available and cared about all aspects of their development, not only their clinical skills. Other participants perceived that busy schedules limited formal mentoring experiences.

Support. The second subtheme was support, which described the participants' perceived feelings of support they received from their supervisors to enhance their professional development. Mentoring involved the relationship with the supervisor, which included supervisors actively planning meetings and organizing professional development opportunities. In contrast, support was not planned but occurred when the participants felt their supervisors were there for them and could be approached as needed. Most participants felt they received a great deal of support from their supervisors, clinically, professionally, and personally. Participants thought their supervisors were supportive if they were approachable, accessible, willing to provide feedback and advice, and willing to stand behind the participants, no matter what decision they made. In regard to availability, David noted that his supervisor was always available and willing to help:

I am always able to call him whenever I need anything. He is available via phone or text. If a situation came up that I was unfamiliar with or uncomfortable with, I could call him and he would guide me or tell me things he would have done differently and how he would've handled it.

Many participants felt their supervisors would support them in whatever decision they made. Sophie said, "I know my supervisors have my back in any decisions I do make, so they're willing to defend me no matter what my decision is, which is nice to know."

Not only did supervisors support the participants emotionally and mentally, but they also provided clinical support if the participants were overwhelmed with school

or research. Jack commented, "If I have a paper due, they say take some time today. My boss will say 'I know you have a paper due; don't worry about this guy who needs to do rehab, I'll do it for you.'"

Many participants experienced a great deal of support from their supervisors; however, some did not receive the same level of support. Some participants had support if they sought it out but felt it could be improved. Natalie observed, "They're approachable. The support's there if you need it, but they don't go out of their way necessarily to help. I think there could be more support from all of the full-time staff." Similarly, participants felt that the staff members and professors told the GAs they were always available, but the supervisors did not always follow through. Mindy expressed, "[Professors and staff members] all say, 'We're here for you.' or 'If you need anything let us know.' But their actions don't go with their message." Other GAs did not feel they had the support of their supervisors or other staff members. Lydia remarked:

I wish there was more support. [I do not have as much of a safety net] as I did when I was in my undergrad, where you could easily go and talk to the athletic trainer and pick their brain. It's not the same here.

In some instances, the lack of support went further than just being absent; the unsupportive environment was actually hostile for some participants. Kara described:

If you do anything on your own without asking [my supervisors] first and you're successful, they're very prideful and they're quick to question you just because it wasn't their idea. Sometimes they can tear you down instead of build you up if you're progressing in any way.

In Kara's situation, the lack of support was a continual barrier to her development:

I have a very temperamental boss and actions you may not have done will still upset him and he tends to lash out at whoever walks in the door. If I get out of a meeting with my boss and he just yelled at me, I can't just go into the [athletic] training room and do a treatment and hide that. You just take someone that is newly certified, they're excited, and you treat them like dirt and as a workhorse. Instead of keeping them excited about the profession, if they're constantly worked and they don't see any rewards, it can put a sour taste in someone's mouth about the profession.

Participants who felt support from their supervisors reported that they had better interactions with their supervisors than those who did not feel supported. In addition, participants believed supervisors could have shown support by approaching them to ensure they were able to fulfill their roles.

DISCUSSION

The purpose of this article was to describe GAs' perceptions of the supervisor's role in their professional development as newly credentialed ATs. Our findings revealed that supervisors assisted and supported the

participants through professional development, formal and informal mentoring, answering questions, providing feedback and advice, and standing behind them in any decision. Being a GA can be very stressful because GAs are adapting to their roles as new independent clinicians and maintaining a full academic course load; some are also conducting research.²⁰ Many supervisors understand this is a stressful time and, therefore, try to provide professional development and support to the GA during the assistantship.² Graduate nurse clinicians were able to apply their academic knowledge to clinical practice when they received support and encouragement from their supervisors and tended to have trouble with autonomy and leadership when supervisors did not offer support.²¹ Similarly, GAs who felt they had greater levels of support from their supervisor believed they could be more successful in their roles.¹⁷

Graduate-Assistant ATs' Expectations of Supervisors

Many participants had expectations of the professional development and support they would receive from their supervisors. Most anticipated the supervisors would allow them to practice independently to gain experience but also provide assistance as needed. This expectation is common, given that graduating students seeking an assistantship felt it would be a buffer zone in which new ATs would gain experience while still having the safety net of a mentor.⁷ Graduating students obtaining assistantships view them as an opportunity to gain more education, guidance, clinical experience, and professional development.

Although most participants expected that their supervisors would provide support, many felt their supervisors would proactively do so through guidance and direct feedback, actively teaching new clinical skills, and initiating contact with them. However, our participants most often reached out to their supervisors for support (eg, open-door policy, supervisor would answer questions if the GA sought them out). Although supervisors reported that they were always willing to help if the GAs sought them out,² our participants wished the supervisors would take a more active role. In some situations, participants did not want to seek help from the supervisor for fear of being viewed as weak or incompetent. This perception is consistent with the nursing literature,²² which reported that new nurses would not seek help from preceptors or other nurses because they were afraid to look weak or did not want others to know they were struggling.

We found it interesting that a few participants did not expect their supervisor to provide professional development throughout their assistantship. Before assuming their roles, some participants believed that supervisors would have their own patient care responsibilities and would not have time to mentor and aid in their development. Unfortunately, a few GA supervisors reported not having time for mentoring or professional development,² and some GAs felt they were not receiving adequate mentorship and support. The amount of development that occurs is highly dependent on the institution and the mentality of the supervisors at that institution. Some GAs are seen as "a workforce" or "picking up the slack" due to the regular staff already being overworked, and there is very little planned organized support and mentorship.² Before accepting a position as a GA, athletic training students should

inquire as to the purpose of the graduate-assistantship position to determine whether professional development opportunities, support and mentorship, and learning outcomes for the GA are available.

Professional Development

Participants described their professional development, which included the supervisor's role in further professional development of the participants while they were being socialized into athletic training. Our participants reported many ways in which they received professional development, such as obtaining feedback on patient care, in-services, and socialization into the profession. The GAs felt these developmental activities were important to their socialization into athletic training, and because they were new to the profession, they wanted to benefit from their supervisor's experience and professional network. Interviews with GAs' supervisors indicated they felt professional development helped make the GAs more marketable upon graduation.² The nursing literature²³⁻²⁷ shows that professional development for new nurses increases job satisfaction and retention; however, not all nurses were aware of professional development opportunities.

Professional development is one reason many graduating seniors seek graduate assistantships, given that they would like to gain more experience while still being mentored by an experienced AT to enhance their skills.⁷ Interviews with recently credentialed ATs showed that new ATs who were GAs reported having supervisors who invested in their professional development much more than newly credentialed ATs in high school settings who were not GAs.²⁸ In addition, GAs in secondary school settings did not experience as much development, especially in the clinical arena, as GAs in the collegiate setting. Prior research² demonstrated that many supervisors actively develop their GAs; however, not all supervisors were providing professional development. The importance of professional development should not be overlooked in the assistantship, and supervisors should be providing support to GAs.²⁹ To facilitate a better transition to practice for ATs during their time as GAs, supervisors can supply deliberate professional development experiences and mentoring to facilitate autonomous practice. Many supervisors already facilitate professional development experiences, such as through in-services.² Examples of in-service and professional developmental activities that participants reported were courses on concussions, low back, Graston technique, Kinesiotaping, Functional Movement Screen, and core strengthening. Although these are some ways in which supervisors currently develop GAs, further research is needed to examine the specific professional development needs of GAs and newly credentialed ATs to enhance their transition to practice.

Mentoring and Support

Mentoring. Mentoring involves planned or unplanned interactions between the GA and supervisor to enhance the GA's skills and professional growth as he or she progresses through the assistantship.² Our participants reported that supervisors provided both career-support and psychosocial mentoring. Supervisors offered career-support mentoring by giving feedback on skills, teaching new skills, and

providing networking opportunities. Many participants stated that they received psychosocial mentoring from their supervisors in the form of emotional encouragement during their mentoring interactions, which helped the participants manage the stress associated with being a graduate student and clinician. Participants also felt their supervisors cared for them on a personal level, and they developed friendships with their supervisors. This is consistent with the type of mentoring that supervisors felt they offered to GAs.²

Mentorships can be complex relationships that change over time. Kram³⁰ developed a foundational model of mentorship that describes 4 distinct phases: initiation, cultivation, separation, and redefinition. The initiation phase begins at the initial contact, in which the mentor and protégé decide to form a relationship and the protégé begins to respect the mentor's experience and competence. During the cultivation phase, the mentor and protégé begin to learn about each other and mentorship functions (eg, career and psychosocial support) are maximized. As the protégé gains more independence, the mentor may decrease some of the mentorship functions during the separation stage. In the redefinition phase, the mentorship is either terminated because the protégé is autonomous or the mentor-protégé relationship evolves into a peer friendship and mutual respect. This progression was evident in the GA-supervisor relationship. Initially, the mentorship was primarily mentor-protégé, and as the assistantship progressed, it was more collegial and the participants felt their mentors viewed them as peers. New physical therapists displayed the same trend in mentoring relationships.³¹ Many first-year physical therapists frequently contacted their mentor for advice; whereas in the second year, they sought advice less often and instead collaborated with peers and mentors to solve clinical problems.

Prior research⁹ showed that mentors should be approachable and accessible. Whereas some participants felt they could go to their supervisor for anything, others thought their supervisors were not accessible and some were afraid to approach the supervisor. Supervisors may interpret this fear as unwillingness to learn or indifference, given that some reported ceasing mentoring relationships because the GA did not ask questions or make supervisors aware of problems.² Both supervisors and GAs have the responsibility to invest in the mentoring relationship. For mentoring to work, mentors need to be accessible and approachable and protégés need to take the initiative to develop mentoring relationships.⁹ During orientation, the mentoring relationship should be discussed so that both parties understand their responsibilities. We recommend the supervisor and GA meet to discuss their mentoring relationship, including expectations, meeting times, and outcomes.

Support. A great deal of stress is associated with transitioning from being a student to being an independent clinician; therefore, support is necessary during this time.³² This support differs from the mentoring relationship in being spontaneous and often not planned, reflecting what participants felt regarding their supervisor's role in their development and the sense that the supervisor would always be there for them. Supervisors play an important role in the transition and socialization of new clinicians,³³ and an

important quality in a supervisor is the ability to provide support.^{34,35} Participants in this study felt supported when their supervisor was approachable, available, and willing to provide feedback. Similarly, new nurses felt supported when supervisors or preceptors answered questions and offered encouragement and feedback.^{6,36} In addition, transition to practice for nurses was enhanced when preceptors proactively supplied support by reaching out to the new clinician to provide encouragement, answer questions, and ensure the new nurse never felt isolated.³⁰ New nurses thrived in supportive environments that encouraged questions, inclusion, and positive feedback. New physical therapists who had access to a supportive mentor were better able to understand their role as a physical therapist.¹³

As new clinicians transition into their roles, the clinical environment can affect socialization, either positively or negatively.^{13,37} Whereas most participants felt their supervisors provided excellent support, a few mentioned how unsupportive environments hindered their learning and ability to provide patient care. Participants thought that supervisors were unsupportive if they provided punitive feedback in front of patients or if they were hostile while providing feedback. Many new nurses experienced similar behavior from preceptors during the transition process.⁶ This lack of support or even hostility in some cases is considered horizontal violence, or workplace bullying. Horizontal violence can include behaviors such as verbal abuse, threats, intimidation, withholding information, being condescending, requiring unrealistic or unmanageable workloads and hours, taking credit for another person's work, criticizing, or denying access to opportunity.³⁸⁻⁴² A few participants reported a lack of support from their supervisors, and one described open hostility. New health care providers are challenged throughout their transition and socialization as they develop proficiency and gain experience.⁴³ Support from supervisors is critical to development during the transition from student to novice clinician; yet some supervisors do not provide this support and instead can be detrimental to the development of new clinicians.² Because the graduate assistantship is an educational experience, supervisors have the ethical duty to provide support and mentorship²⁹ and should ensure that horizontal violence does not occur.

To further develop GAs, mentoring and support should be supplied throughout the assistantship. Supervisors should offer formal mentoring and schedule frequent meetings to provide feedback and teach new skills. Supervisors should also check in with the GAs regularly to ensure they are not overwhelmed with their responsibilities. Open-door policies should supplement formal mentorships to allow GAs to ask questions and receive feedback as needed. Supervisors should be approachable and accessible so that GAs feel comfortable asking questions.

Limitations and Future Directions

Our results extend the literature and describe the GAs' perceptions of the supervisor's role in professional development throughout the graduate assistantship; however, there were some limitations to this study. We interviewed GAs in the collegiate setting only; therefore, the results are not generalizable to other settings. The supervisor's role in the professional development of novice

ATs in the secondary school or clinic setting is unknown. Researchers should explore the perceptions of newly credentialed ATs who are employed outside of the collegiate setting on professional development, mentorship, and support. It is unknown how newly credentialed ATs are socialized into their roles or whether mentorship and support are provided to these ATs, especially those who are the sole health care providers in their setting. Investigators could examine the socialization and transition-to-practice needs of new ATs as they progress from student to independent clinician.

Another limitation of this study was that it was not longitudinal. Participants were interviewed at one point in time and not throughout the entire assistantship; however, both first-year and second-year GAs were interviewed. Interviewing participants multiple times throughout the assistantship would likely show how mentorship and support evolve over time.

In addition, we analyzed the data as a whole and did not compare demographic characteristics (eg, sex, enrollment in a postprofessional program, clinical assignment). Some differences in the support and development provided could exist depending on the personality and management style of the supervisor, type of institution (eg, National Collegiate Athletic Association Division I versus III) or clinical assignments. In this study, most participants were women; however, a prior study² exploring the supervisors' perceptions of professional socialization primarily included male participants. Sex differences may affect perceived mentorship and stress, and we did not know the gender of the supervisors. Future researchers could examine the gender differences of both the mentor and protégé in regard to mentoring.

Our study focused primarily on the supervisor's role in professional development and the practices that were already in place; we did not examine the specific mentoring needs of GAs in the collegiate setting. Future investigators can explore the best practices for mentoring and developing novice ATs by examining how the mentoring relationship develops during socialization and how it affects transition to practice.

Potentially the largest limitation is that our purpose was to examine GAs in the collegiate setting only, because many newly credentialed ATs seek graduate assistantships to gain independent experience postcertification. Due to the transition from the baccalaureate to the postbaccalaureate level of education, these results may be limited. However, we feel they add to the knowledge base by showing the development and support currently provided to newly credentialed ATs through their graduate assistantships. Some ATs believe the transition to the master's level program will negatively affect the profession because graduate assistantships will no longer be an option for new ATs to gain independent experience while being supported.⁴⁴ Our results show how our participants experienced the development, support, and mentorship provided by their supervisors and the valuable role of the supervisor in their development as new ATs. This development and support should not cease solely because graduate assistantships no longer exist. Supervisors and employers of newly credentialed ATs should still offer development and support throughout their transition to practice. Our results offer a

basis for future researchers to examine the support provided to all newly credentialed ATs and develop a model for supporting them through their transition to practice.

CONCLUSIONS

Many new ATs seek graduate assistantships after their professional preparation as a way to bridge the gap between professional education and independent clinical practice.⁷ The assistantship offers them a chance to practice independently while still having a supervisor to provide mentorship and act as a safety net. Although many supervisors provide development, mentoring, and support to GAs, these are highly dependent on the supervisor. We recommend that supervisors supply mentorship by assigning a formal mentor to each newly credentialed AT; however, supervisors should also act as informal mentors with open-door policies to all newly credentialed ATs at their institution. Deliberately assigning a mentor identifies a specific person they can approach with questions. We also recommend formal meetings to review patient cases and to provide feedback and other supportive behaviors. Mentors should also reach out to newly credentialed ATs regularly to ensure they feel comfortable in their roles and to answer their questions.

When applying for graduate-assistant positions, we recommend ATs look for positions in which supervisors actively provide development, mentorship, and support. The assistantship should be viewed as an educational experience and should supply opportunities to enhance knowledge and skills. Before interviewing at an institution, future GAs should outline their expectations and how they hope to develop throughout the graduate assistantship (eg, develop clinical skills, increase knowledge, become involved in the profession, have opportunities to present research) and determine whether these expectations will be met through the assistantships they are considering.

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Address correspondence to Ashley B. Thrasher, EdD, ATC, CSCS, School of Health Sciences, Western Carolina University, 3971 Little Savannah Road, Cullowhee, NC 28723. Address e-mail to ashleybthrasher@gmail.com.