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The Role of the Student Professional Association in Mentoring Dental Hygiene Students for the Future

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The purpose of this study was to determine the role of the Student American Dental Hygienists' Association (SADHA) in mentoring/developing dental hygiene students for the future. This project also assessed attitudes and practices of SADHA advisors towards the utilization of SADHA as a mechanism for mentoring dental hygiene students' professional development to meet the oral health needs of the public, and the goals of the ADHA. These goals include promotion of education beyond the baccalaureate level to develop qualified faculty, encouraging dental hygiene research, and promoting leadership. The study also evaluated if geographic region and academic setting impacted the utilization of SADHA.

After IRB exemption, a pilot-tested questionnaire was administered using Survey Monkey, an online survey website, to 277 individual contacts at Commission on Dental Accreditation (CODA) accredited dental hygiene programs. A response rate of 68% was achieved with 186 individual responses. Eighty percent of respondents indicated offering no mentoring opportunities outside of the curriculum, while incongruously, 58.3% felt they actively mentor through SADHA. When asked what the main focus of SADHA should be, SADHA advisors ranked community service/philanthropy as number one. SADHA chapters at institutions that offer a Bachelor of Science in Dental Hygiene (BSDH) degree completion program offer more mentoring opportunities ($p < .001$). Programs offering the BSDH offer a wider variety of topics from guest speakers ($p = .038$). SADHA chapters in Western states have a higher graduate membership conversion rate than other regions ($p = .018$).

SADHA advisors do not agree on how SADHA should be utilized. The majority of SADHA chapters are not offering mentoring opportunities outside of the traditional curriculum for leadership and career development. What is clear is that both students and advisors desire more interaction with the local ADHA components and constituents. In order to address these issues, efforts should be made to provide networking support among SADHA advisors and increase faculty perception of the importance of the professional association and the role of students in its future. The ADHA should consider developing a mentoring program that builds strong partnerships among all state constituent and components and SADHA.

Keywords: student organization, student development, mentoring, American Dental Hygienists' Association

Introduction

Professional associations can be defined as an organization or body of practitioners representing a particular profession. Foremost, the professional association sets forth criteria that must be met for a person to be considered a member of that specific profession embodied in the mission statement of the profession. The association provides support and guidance to all members. Associations serve as a unifying point for the profession by defining its role in the public, what is acceptable conduct, the values of the profession, and the present and future direction the profession wishes to take. The professional association also focuses on the individual by offering professional development of the member throughout his/her career from entry point to retirement.

Professional organizations initially take on this role by instituting formal student professional associations. Many allied health professions find themselves in the midst of radical changes and realize the importance of investing in their students while the professional organization has the students' undivided attention. Studies have been conducted to investigate the positive effect of mentoring on students' career choices.¹⁻⁹ Professional development of students is a long-term venture for the future of any profession. Instilling professional values and familiarizing the student with current professional issues through mentoring and active participation prepares students to continue participation upon graduation.

The largest national organization advocating on behalf of the dental hygienist is the American Dental Hygienists' Association (ADHA). The ADHA's stated aim is to advance dental hygiene by setting the benchmark for dental hygiene education, licensure, practice, research, and other professional issues on behalf of dental hygienists. The Student American Dental Hygienists' Association (SADHA) was created to initiate students into the profession by offering all the experiences and benefits of an active member. The purpose of this project was to determine whether SADHA is being utilized to mentor future leaders in the dental hygiene profession.

Review of the Literature

The profession of dental hygiene is currently in a unique position to take the lead in addressing the access to oral health care crisis.¹⁰ Concurrently, the dental hygiene profession is experiencing a shortage of dental hygienists with graduate education, an explosion in the number of associate and certificate programs, and subsequently, a shortage in qualified dental hygiene educators.^{11,12} This may be happening for many reasons ranging from lack of perceived opportunities to the differences in income potential between academicians and those in private dental practice. These issues are vital to the progression of the profession because if there are not sufficient numbers of dental hygienists active in the professional association and filling these needed roles, the public will turn to others who are more accessible, but do not have the expertise and education requirements that dental hygienists possess.¹³ The student professional association offers a vehicle to develop students' potential to take on these roles by exposing them to leadership and alternative career opportunities through mentoring.

In order to address these and other issues facing the profession, the ADHA in the paper report, "Dental Hygiene, Focus on Advancing the Profession" states, "The profession itself must embrace change, focus on growth and development, and plan for its future as well as the future oral health needs of the public."¹⁴ Several of the recommendations discussed in the report suggest that the educational setting is essential in accomplishing this professional growth and development. Among the recommendations, the report specifically suggests that dental hygienists pursue graduate degrees at the master's and doctoral level. Additionally, it is recommended that dental hygienists pursue research, actively recruit for leadership within the profession, and be active in legislative issues concerning dental hygiene.¹⁴ Yet, the report makes no mention of the resource of the dental hygiene students, nor the Student American Dental Hygienists' Association (SADHA), or the role of SADHA as a mechanism to influence the professional development of dental hygiene students in pursuing these career choices.

Professional Experiences Outside of the Curriculum

Past President of the American Dental Hygienists' Association (ADHA) Mary Alice Gaston asked key questions as to how students fit into addressing the issues of a dearth of dental hygienists in other aspects of the profession such as research and education. In a 2004 editorial, she raised several questions that are vital to our profession including: are programs simply funneling graduates into the entry-level dental hygiene role; are dental hygiene faculty good role models for students; and most importantly, how do we influence talented dental hygiene students to consider leadership roles and career choices beyond clinical practice?¹⁵ The importance of Gaston's questions are reflected in a national membership census survey conducted by the ADHA in 2001. This census revealed that 83% of members were employed in private clinical practice, 6% were educators, 3% were employed in corporate settings, and 1% worked in a government position.¹⁶

Students should have the chance to explore career opportunities outside of the traditional curriculum and private practice. Career opportunities such as teaching and research are often perceived as abstract concepts, making it hard for the student to picture themselves in that role. Perhaps the problem lies in student perceptions of the dental hygiene profession. Cook et al reported that understanding of students' perception of their profession is useful in developing experiences that mold students' professional identity and influence future career choices.¹⁷ Specialty tracks are an excellent example of how extracurricular experiences can shape future career choices of dental hygiene students. In 2000, Jevack reported the critical importance of positive, highly educated role models to stimulate student interest in studies beyond undergraduate level.¹⁸

Student Professional Associations

Student professional organizations can be used to lay the groundwork for future career choices and activism in the profession. Often, the value of belonging to a national professional association is not tangible, or is not conveyed to the student, making it difficult for the student to see how or why the organization is important to their career. Students must have a clear understanding of how the professional association affects their everyday lives by advocating on their behalf to prevent legislators and other decision makers from making decisions contrary to the best interest of both practitioners and their patients.¹⁹⁻²¹ Byrd et al suggested that the use of active learning experiences that signify the value of the professional association to the dental hygiene students are the most beneficial types of programs.¹⁹

Other allied health professions, such as physical therapy (PT), are currently experiencing challenges to advancing their profession as well. The transitioning of PT entry-level education to the doctoral degree can be easily compared to the development of the Advanced Dental Hygiene Practitioner (ADHP). In the quest to advance their profession, PT has recognized the importance of introducing the profession to students through the professional association. PT has experienced a, "...diminished enthusiasm and commitment among our peers for cultivating and encouraging the next generation of PTs..."²² This diminished enthusiasm had become glaringly obvious to PT students, who in response, drafted a position paper. In June of 2003, the Student Assembly of the American Physical Therapy Association (APTA) sponsored a bill in the APTA House of Delegates to, "plead for mentors inside academic and clinical settings to stress the importance of professionalism, where part of being a professional is being a member of your professional organization."²³

This brings to light the recognition that, while involved in their student professional association, students desire more than service experiences. Service is important, however, a more effective approach would be service projects that directly address guided professional development.²⁴ Opportunities for students to explore the profession outside of the standard curriculum are crucial to their professional development and future involvement. This can easily be achieved by active mentoring in the professional organization. "Participation as a student will help one make informed decisions about future educational career opportunities and provide insight into critical issues influencing the practice act and job market."²⁵ Students are able to recognize that the future of their respective profession depends upon being active in the professional association, but they are not likely to become active on their own.

Each dental hygiene program in the United States US has a professional association chapter called the Student American Dental Hygienists' Association (SADHA). SADHA could be a structured mechanism for developing dental hygiene students

for professional roles. However, the role of SADHA in each school varies widely. Therefore, the need to understand the impact the professional association is having in steering students towards advanced degrees in dental hygiene, meeting access to oral health needs, and mentoring/developing future leaders in the profession is critical.

Mentoring

Mentoring is most often referred to as a professional responsibility and as a prerequisite for recruitment and job satisfaction/retention.^{6,9,26-29} Therefore, the subject of how mentoring is meeting the challenges just discussed should be questioned. Schrubbe defines mentors as "people who can see more in you than you see in yourself."⁶ Rose et al describe mentors as those who "...pass on the traditions of the past to future generations with wisdom and justice without taking sides."²⁶ Barnes discusses the role of the mentor as someone who acts as a beacon for direction.²⁸ In general, mentoring is seen as a person or action that has such influence as to direct another's choices and affect their perspectives. How then, could a student organization serve a mentoring role?

Mentoring and its Effect on Career Selection

Few studies have been conducted to evaluate the role of mentoring in impacting students' career selection within a profession, yet the message is clear. The studies consistently show a correlation between mentoring and students choosing a career in dentistry/dental hygiene and dental education.^{1,3,5-9,27} Unfortunately, the vast majority of these studies are conducted in dental schools, not dental hygiene programs. In 2003, DeAngelis et al surveyed 142 prospective dental hygiene students as well as 80 enrolled students on their career choice and perceptions of dental hygiene. The results indicated that encouragement from dental hygienists and dentists provided the most influence on career choice.³ Similarly, Cromley and Haisch surveyed 336 matriculated dental and dental hygiene students at the Oregon Health & Science University School of Dentistry and found 52% identified that mentoring by a dentist or dental hygienist as "the most influential activity" affecting their career choice.²⁷

In 2001, Shepherd et al conducted a study of dental hygiene faculty retention. This study surveyed new, full-time dental educators of all dental schools in the US, Puerto Rico, and Canada and found: 1) mentoring is important for the retention of new faculty; and 2) without a formal mentoring program in place, a threat to successful retention of faculty will exist.⁸ Schrubbe investigated the significance and benefits of a mentoring relationship in her study and inferred that those academic institutions that are thriving have institutionalized mentoring as an integral part of their educational process by conveying the values and tenets of the profession to the mentee.⁶

These findings can be extrapolated to the bigger picture that mentoring within dental hygiene programs can be used to mold perceptions of opportunities within the dental hygiene profession and motivate students. All indications are that mentoring should be an integral part of any dental hygiene education program. What is not clear is how, or even if, SADHA is employed to mentor dental hygiene students into professional careers and association activities/leadership beyond traditional clinical practice.

Mentoring and the Student Professional Organization

No studies have been conducted on the mentoring influence of professional associations on students, but there is information on its importance. For example, the nursing profession has long recognized the importance of mentoring as a key to their professional success.^{30,19} Mentoring has been found to ease new graduates' transition into the profession from student and enhances their professional development.³¹

Finding alternative avenues to deliver mentoring is therefore imperative, as student mentorship has been shown to not only enhance personal and professional growth, but also to increase job satisfaction and retention.^{1,2, 5-9, 22, 26-28, 30,31} Nursing is well acquainted with the particular benefit of student activism, as they have realized it prepares students "...to become politically active professionals who participate in organizations that not only assist them professionally but which affect the health and well-being of the communities in which they live and serve."¹⁹ Nursing programs teach students about evidence-based research, political activism, and the role of the professional association in legislative agendas because they know these things are imperative to success in promoting their profession.^{20,29,32} These were the essential ingredients in procuring the status of nurse practitioners and assignment as Medicaid providers, as well as autonomy. This approach, particularly utilization of the professional association, has been so successful that it has become the gold standard for other allied health professions in achieving the same status. Considering these successes, the purpose of this study was to determine how SADHA is being utilized to mentor students to be future leaders, researchers, educators, or take on other roles in the dental hygiene profession.

Methods

A thirty-seven question survey (Appendix A) was designed with six domains: 1) personal demographics; 2) institutional demographics; 3) SADHA fundraising; 4) SADHA as a tool for mentoring leadership; 5) SADHA as a tool for mentoring future career development; and 6) attitudes and perceptions of SADHA Advisors. The attitudes and perceptions section offered some open-ended questions as well as Likert-scale questions.

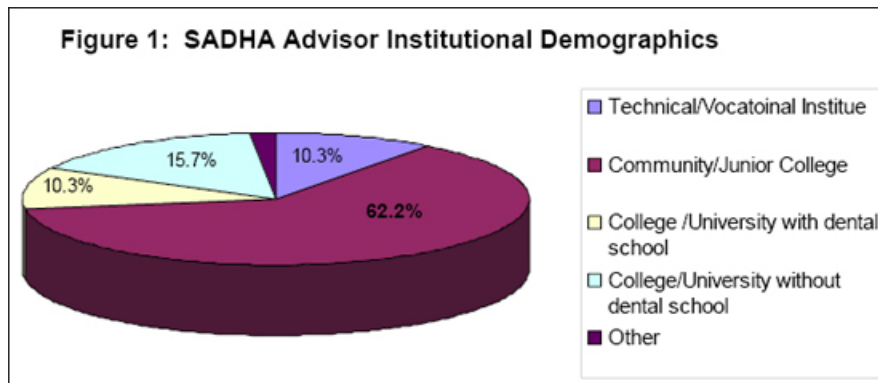
Upon IRB exemption of the study, the survey was pilot tested via an email sent to 8 dental hygiene program directors at various institutions across the US in order to enhance reliability and validity. The email contained a letter explaining the purpose of the study and requested that they forward the survey to their SADHA advisors. The email contained a link to an electronic survey engine, *Survey Monkey*, where participants could complete the survey and provide feedback. Survey participation was anonymous. Recommendations for improvement were incorporated into the survey prior to distribution.

Following the pilot, the survey was reviewed by a statistician within the Department of Statistics at the University of North Carolina Chapel Hill. Adjustments to the survey questions were made based on the pilot feedback and the statistical consultation. Program directors at 277 CODA-accredited DH programs were then contacted explaining the study and requesting the email address of their respective SADHA Advisor. The finalized survey was posted on Survey Monkey, an online survey engine, and was emailed to 277 individual contacts at CODA-accredited DH programs.

In October 2006, the survey was distributed through Survey Monkey. The survey contained a letter of consent and information relaying the importance of the survey. Participants had to select whether they voluntarily consented to participate in the survey. If a participant chose "no," they were unable to complete the survey, instead being directed to the "thank you" page. Follow-up mailings were sent twice to nonrespondents in order to ensure maximum participation in the study. A response rate of 68% (n=186) was achieved.

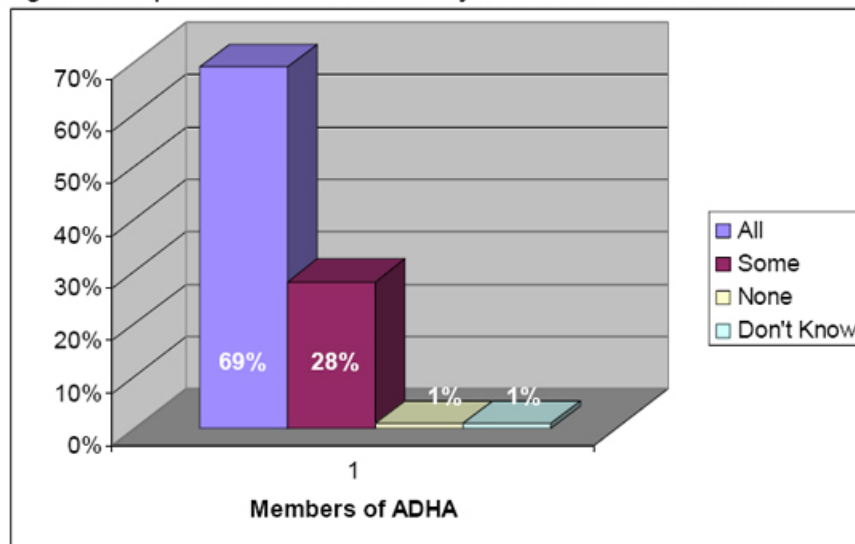
Results

A total of 186 (n=277) SADHA advisors responded to the online survey with 2 reminder emails ultimately achieving a response rate of 68%. No dental hygiene programs were excluded from participating in the survey. Figure 1 exhibits the distribution of respondents' institutional setting. Eighty-three percent offered an associates degree, while only 13.7% offered the BSDH. Sixty-two percent of respondents held a master's degree, 27% held a baccalaureate degree, 2.7% held a doctoral degree, 2.7% held an associate degree, and 5.4% held other degrees.



When asked about SADHA and membership in the professional association, 69.4% of respondents reported that all full-time faculty members at their institution are members of ADHA, while 28.4% reported only a portion of full-time faculty were ADHA members. Figure 2 presents the proportion of full-time faculty members who are members of ADHA as reported by SADHA advisors. Seventy-one point one percent of respondents indicated they were the SADHA advisor because they volunteered. Fifty-eight percent reported that SADHA membership was mandatory at their institution. DH students decided the SADHA agenda only 5.6% of the time, while a combination of the SADHA advisor and officers decided the agenda 81.6% of the time. Respondents indicated that 58.3% of SADHA chapters meet monthly, while 5.6% meet once per semester.

Figure 2: Proportion of Full-Time Faculty that are Members of ADHA



When asked about SADHA as a tool for mentoring future ADHA leadership, 13.4% indicated their SADHA chapter does not participate in any local constituent or component ADHA activities, while another 12% indicated that the local ADHA constituent and components did not participate in any SADHA activities. Figure 3 presents all ADHA constituent and component activities that respondents' SADHA chapters participate in, with a majority (64.2%) participating in community activities hosted by their local ADHA constituent or component. Figure 4 presents the local ADHA interaction with SADHA. Respondents indicated that hosting continuing education for SADHA was the primary way local ADHA contributed to SADHA activities. Forty-eight point three percent of respondents indicated their SADHA chapter participates in state dental hygiene practice legislation, while 41.4% reported that their SADHA chapter does not participate in any dental hygiene or dental health legislation.

Figure 3: SADHA Participation in ADHA Component Activities

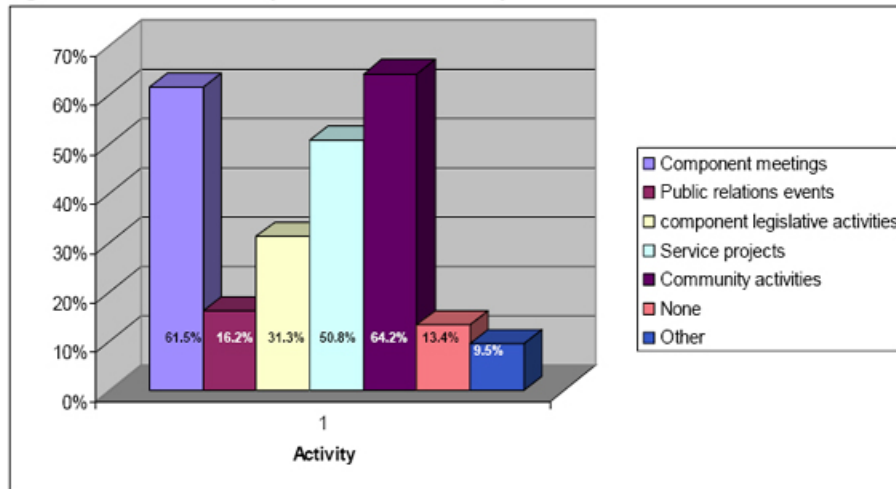
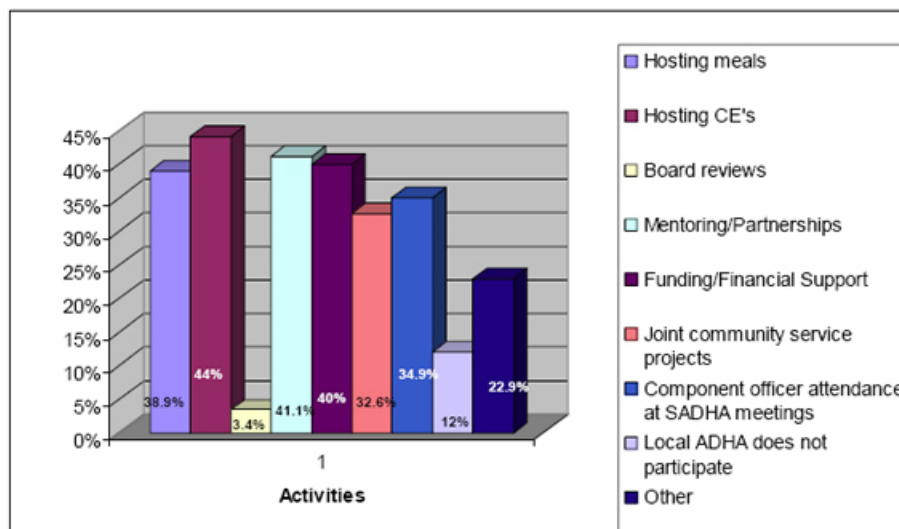
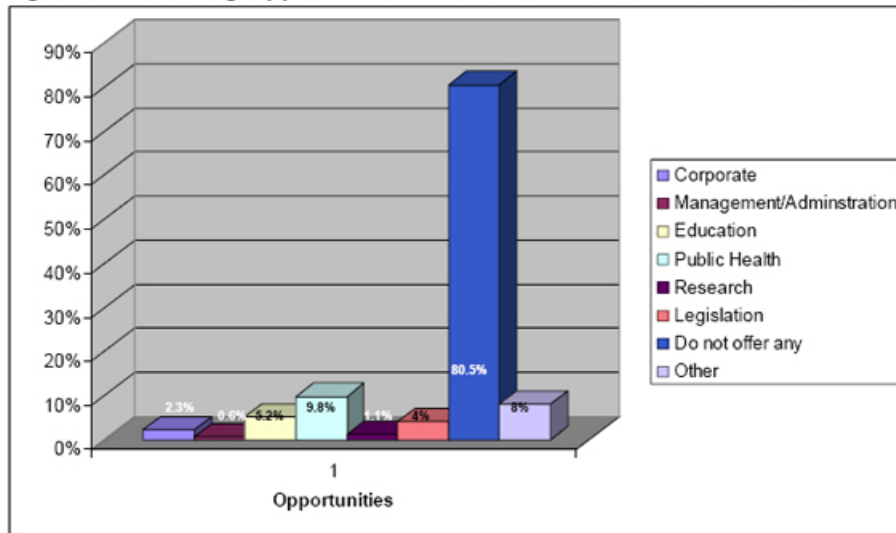


Figure 4: SADHA Advisor Reporting of ADHA Component Participation in SADHA Activities



Participants were asked to discuss the use of SADHA as a tool to mentor DH students' future career development. Sixty-five percent have guest speakers make presentations to SADHA, with 17.4% offering career fairs or shadowing, and only 2.8% offering research days. Of the guest speakers, 69% present product information, 11.9% offer presentations on graduate dental hygiene education, 22.6% degree-completion opportunities, 16.7% corporate dental hygiene opportunities, 20.8% on ADHP, and 7.7% offer presentations on research opportunities. Advisors were asked if their SADHA offered mentorship opportunities outside of the dental hygiene curriculum (Figure 5). Eighty-one percent of SADHA advisors said they offered nothing outside of their curriculum. Of those whose SADHA did offer mentorship opportunities outside of the DH curriculum, 2.3% offered corporate dental hygiene opportunities, 0.6% management/administration, 5.2% education, 9.8% public health, 1.1% research, and 8% offered other opportunities outside of those listed.

Figure 5: Mentoring Opportunities Offered Outside DH Curriculum



Advisors were also asked about their SADHA chapters' participation in national SADHA events that encourage professional development and leadership experience such as those hosted at ADHA's Annual Session. Fifty-seven percent of respondents indicated that their students sometimes apply to be student delegates, while 16.3% never have students apply. Sixty-four percent of advisors indicated that their SADHA chapter never has students participate in the student table clinics or poster session at ADHA Annual Session. Table 1 presents the frequency of SADHA participation in national SADHA events. Furthermore, when queried if they were doing any professional development/mentoring activities with their SADHA chapter that could be recommended as successful strategies to other SADHA advisors, 67.8% said no, while 32.2% offered recommendations. Almost 70% indicated they had no suggestions as to how ADHA and SADHA could be more effective in offering professional development/mentoring to the students, while 30.3% indicated they did have some suggestions.

Table 1. SADHA chapter participation in national SADHA events

Question	% Respondents			
	A	O	S	N
Do your students apply to be SADHA student delegates?	14%	12.9%	56.7%	16.3%
Does your SADHA chapter participate in the table clinics hosted at ADHA Annual Sessions?	10.7%	2.8%	22%	64.4%

A=Agree; O=Often; S=Sometimes; N=Never

The attitudes and perception portion of the survey attempted to gauge SADHA advisors' needs in their role, as well as their views on the importance of SADHA, and its role in the advancement of the profession (Table 2 and Table 3). Figure 6 presents the primary focus of SADHA as perceived by SADHA advisors. When SADHA advisors were asked to rank order what the primary focus of the student professional association should be, the number one response was community service/philanthropy. SADHA advisors were asked to indicate in rank order the population ADHA should focus on developing and nurturing professional relationships with, the number one answer was dental hygienists who are not currently members of ADHA; fostering a strong relationships with SADHA was ranked second.

Figure 6: Primary Focus of SADHA as Perceived by DH Faculty Advisors

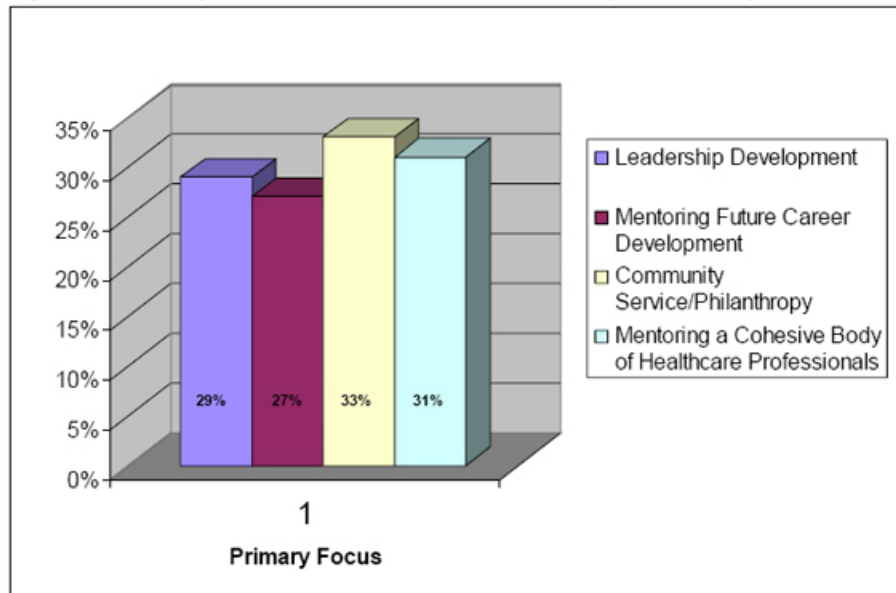


Table 2. Attitudes and Perceptions of SADHA Advisors

Likert Scale Statement	% Respondents				
	SA	A	N	D	SD
Your SADHA chapter actively mentors students' future leadership and career development.	12%	58.3%	24.6%	4.6%	0.6%
Your SADHA promotes the ADHA professional agenda.	32.8%	55.2%	9.8%	2.3%	0%
You actively consult ADHA or your constituent/component for guidance with SADHA.	8.5%	28.4%	37.5%	24.4%	1.1%
ADHA resources for SADHA are helpful.	18.1%	51.4%	21.5%	6.8%	2.3%
Methods to promote SADHA Advisor interaction and networking would be helpful.	33.1%	50.9%	13.7%	2.3%	0%

SA=Strongly agree; A=Agree; N=Neutral; D=Disagree; SD=Strongly disagree

Table 3. SADHA Advisor opinions regarding the importance of SADHA

"Students need to understand the professional nature of their chosen career if it is to become anything other than a "job".
"Foster career development-students seem to have great ideas on what direction hygiene should take."
"The future of DH is in the hands of our students."
"It is important for the students to see firsthand what it means to be a professional and how a professional association works."
"Growing future caretakers of the profession on behalf of our patients and to promote ADHA as a resource for assistance with life as a RDH."
"Cohesive professional organization, strength of professional alliance."

Bivariate analyses were performed using the chi-square and t-test to compare SADHA advisors' reported graduate conversion rates with geographic regions of the country. SADHA chapters in the Western region of the US were shown to have a higher graduate conversion rate than the rest of the country (p-value=.018).

Linear regression was used to determine potential covariates influencing SADHA professional development/mentoring activities. SADHA chapters at institutions that offer a bachelor's in dental hygiene (BSDH) degree completion program offer more mentoring opportunities (p-value=<.001). SADHA chapters housed in an institution offering the BSDH offer a wider variety of topics on career opportunities from guest speakers (p-value=.038).

Discussion

Although a response rate of 68% was achieved for this survey, there are some inherent limitations to this study that should be considered. Although no names, institutions, or other identifiers were collected or used in order to ensure anonymity of participants, it is possible that some were concerned about the confidentiality of their responses; the consequential effect being deficient acquisition of data from respondents. There is also potential for nonresponse bias. SADHA advisors who responded may be more engaged, confident, or supportive in overseeing their SADHA organization than nonrespondents. Additionally, the survey did not specifically ask about mentoring opportunities within the curriculum as the focus was on opportunities through the student organization. Therefore, although the data might accurately represent opportunities offered through SADHA, it may not accurately reflect the mentoring opportunities for leadership and career development within the offered curriculum.

This study confirmed that not all SADHA organizations in the US are being utilized as a method of developing/mentoring dental hygiene students for future roles in the profession. The reasons for this are not entirely clear, but some conclusions may be drawn. Eighty-one percent of SADHA advisors reported not offering any mentorship opportunities outside of the dental hygiene curriculum. This is similar to Blanchard's 2006 study, which reported 74.1% of dental hygiene programs stated they offered no mentoring to assist students' transition into clinical practice or other career options.³⁰ This is contradictory to the mentoring literature that consistently reports the impact, necessity, and importance of mentoring students.^{1-2,5-9,22,26-28,30,31,33}

Seventy-two percent of SADHA advisors are serving in that role because they volunteered, with 30.2% reporting that they use personal time after regular work hours at home to plan for SADHA. Utilization of the student professional organization could theoretically reduce some of the pressure from time constraints off of faculty, by offering mentoring outside of the curriculum through local members of the professional association. Respondents seem to reinforce this with statements such as: "I could use outside support to encourage students to be active participants."; "ADHA members should try to be more involved with the students/faculty."; "Foster development of the SADHA Advisor, but in a manner that allows us to participate on our own time schedule."; and "Communicate to Components the need for mentoring." These suggestions would address 2 weaknesses stated by program directors in Blanchard's study: lack of time in the dental hygiene curriculum

and inadequate support from the local dental hygiene community, and address the ADHA's charge that there must be greater networking among dental hygienists.^{14,30} These statements and the findings by Blanchard are contradictory to the 41.1% of respondents who reported their local ADHA component participates in mentoring/partnerships with their SADHA chapter. Perhaps it is a question of the type and quality of mentoring/partnerships.

The opportunities that are being offered to SADHA members are generally not activities that promote professional development or provide exposure to alternative career choices in dental hygiene. The majority of SADHA advisors reported the main option offered to SADHA members was guest speakers, but 69% of these speakers discussed product information, as opposed to other topics such as opportunities in the professional association, research opportunities, or graduate dental hygiene education. This is in direct conflict with the fact that 58.3% of respondents agreed that their SADHA chapter actively mentors students' future leadership and career development. According to the Blanchard study, "...students felt mentors provided support and encouragement outside of the academic environment."³⁰

These disparities are also quite contradictory to the recommendations put forward by the ADHA's report, "Dental Hygiene: Focus on Advancing the Profession", and show an apparent lack of recognition of SADHA as an active, integral part of the ADHA by some faculty and the ADHA state and local bodies. This paper specifically charges dental hygiene programs to promote research, advanced education, and public health/access to care among their students.¹⁴ While product knowledge is certainly important to competent, high-quality dental hygiene care, it does little to address the dental hygiene educator shortage, access to care crisis, or lack of dental hygienists with advanced degrees. This is further exemplified by the reported lack of involvement in SADHA opportunities such as participating in the student table clinics and poster sessions offered at ADHA's Annual Session. Additionally, the revelations of disparities in development/mentoring opportunities through SADHA based on the degree offered are causes for concern. All dental hygiene students, regardless of the level of degree, should receive the same benefits of SADHA opportunities.

For a mentoring program to be successful, both the mentor and the mentee must value such a program. In order for SADHA to be successful, faculty must also value the role of the professional association. Less than 70% of respondents reported all full-time dental hygiene program faculty to be members of ADHA. One SADHA advisor suggested that to effectively reach the students, the faculty must first realize the benefits of the professional association, and therefore the importance of SADHA. It appears that all SADHA advisors may not realize the value of SADHA or the role of a student professional organization. The majority of SADHA advisors believe the focus of SADHA should be community service/philanthropy. Furthermore, the majority report that dental hygienists who are not members of ADHA should be the focus population to promote the future of dental hygiene, not SADHA members. Efforts should be made to help SADHA advisors understand the true value of the student professional association and how it impacts the future of the dental hygiene profession. A mentoring program for SADHA advisors and more opportunities for them to network, perhaps through an online forum, would be helpful tools.

The onus for creating professional development and mentorship opportunities should not completely fall on the SADHA advisor, however. SADHA, as part of ADHA should have more interaction with ADHA state and local entities. Forty-one point one percent of SADHA advisors reported their local ADHA members actively sought to promote mentoring partnerships with their SADHA, yet analysis revealed these interactions seem to be more available to baccalaureate level students. Table 4 displays SADHA advisor suggestions as to how ADHA, through SADHA, could be more effective in developing/mentoring the DH student. Blanchard's study revealed that students believed that mentorship outside of the curriculum would have a positive influence as they started their careers by providing such things as concrete, rather than abstract, experiences, networking, and improved ties with the local association.³⁰ Students want to know what licensed practice will really be like, what issues they may encounter, how to handle those issues, and guidance on finding the right employment for them. The state and local components are full of potential mentors regarding these and other professional issues that students will be faced with as they make their first steps into licensed practice. Positive interaction with SADHA at the local and state level beyond component and CE courses, that offered concrete, real-life experiences, could but more value to the association for the student.

Table 4. SADHA Advisor suggestions regarding ADHA/SADHA mentoring of students

"Promote the dental hygiene profession as a team effort providing optimal care to all populations as the primary goal."
"ADHA must reach the faculty to effectively reach the students. The faculty must buy into the benefits of SADHA."
"Learn what their academic challenges are...Many are non-traditional and trying to manage studies, families, jobs, etc."
"More tools from ADHA for individual SADHA chapters; a stronger message from ADHA regarding importance of student involvement."
"More state and local dental hygiene involvement with the students...they need to come to the students, not just expect the students to come to them."
"More contact with the state and national level."

It is clear that for SADHA to recognize its full potential, several things must happen in the future. SADHA is not a separate entity from ADHA, but an active, integral component of it. It is incumbent upon ADHA constituent and local components to embrace these members and play an active role in their mentoring and professional development beyond continuing education. The students, the advisors, and the local members all have so much to offer through their different experiences and perspectives that a bright and promising future can be realized through a partnership. ADHA has recognized the importance of its role in mentoring students. Since this study was conducted, ADHA has put its plan to reach students into action by allocating monies to establish a Manager of SADHA Relations. The primary role of this position will be to assist SADHA advisors with their programs and be a contact and face of ADHA for the students and advisors.

Conclusion

The changing landscape of health care and the profession of dental hygiene's role in these changes is currently being discussed at the national level. Dental hygiene students are, and should be, viewed as the future of the profession. Many other allied health professions have long recognized the value of the student population and have directed attention and resources to foster student professional development and mentoring. Even students, such as those enrolled in physical therapy programs, have recognized the importance of mentoring to their future careers and have demanded it, not from their educational institutions, but from their professional association. In turn, these associations have recognized the future potential of mentoring through the student associations and have set up nationwide programs. These programs also boast strong membership numbers. The APTA (American Physical Therapy Association) currently has over 66 000 members and offers "Career Starter Dues" to new graduates and the "Members Mentor Members" program. The National Student Nurses Association alone boasts over 45 000 members and offers meaningful professional mentoring opportunities through programs such as "Leadership U," which offers such things as: mentoring forums where students and nursing leaders meet online, student leadership forums, a leadership library, and a faculty forum.

What is clear is that while SADHA chapters are offering opportunities to their students, the majority appear not to be leadership and career development mentoring activities outside of the traditional curriculum. Students need experience in what dental hygiene will be like for them outside of the educational setting. With lack of consensus among SADHA advisors as to how SADHA should be utilized, the development of a Best Practices in achieving student dental hygienist conversion and leadership out of school could also serve to guide SADHA activities and interactions.

No other studies have been located in the literature that address SADHA and its role in mentoring dental hygiene students, student perceptions of the professional association, or the professional association's perception of their student organization.

Therefore, further research should be done on student perceptions of the role of SADHA and the professional association in their future. Additionally, research into ADHA constituent and component attitudes and perceptions regarding SADHA should be done to get a panoramic perspective. With a full perspective, the profession of dental hygiene will better be served in its focus and direction.

Notes

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