

# Mentoring Among Hospital Administrators

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**I**N A LARGE SCALE SURVEY OF EXECUTIVES, mentoring was defined as a relationship in which an individual takes a personal interest in another's career and guides or sponsors that person (Roche, 1979). A mentor can be more generally viewed as any individual who has a significant positive influence on another's career, whether the role be one of sponsor, coach, or counselor.

The importance of mentors and mentoring during career development has been described (Levinson, et al., 1978). One-to-one mentor relationships have been considered essential for the development of leaders in today's society (Zaleznick, 1977). Even corporate CEOs have argued that "everyone who succeeds has had a mentor or mentors" (interviews with F.J. Lunding, G.E. Clements, and D.S. Perkins, 1978, p. 100).

The purpose here is two-fold. First, we will briefly discuss what is known about the mentoring process in general and then consider the importance of mentoring to the profession of hospital administration. Second, we will present the results of a survey of mentoring relationships among hospital administrators. This survey is concerned with determining the prevalence of mentoring relationships, and with discovering correlates of involvement or interest in being a mentor among hospital administrators.

## *The nature of mentoring*

Some authors have tried to distinguish the role of mentor from that of coach or sponsor (Woodlands Group, 1980), arguing that coaches act to develop subordinates by goal setting, performance

appraisal, and career planning. Sponsors supposedly discover and foster individuals for higher placement in other parts of the organization. Mentors, on the other hand, may be involved in similar activities, but are distinguished by the depth and intimacy of the relationships with their protégés. Although these roles may seem to be distinct and separate concepts, in reality, they are confused and overlapping. In fact, other authors have included such roles as coach, trainer, role model, sponsor, protector, and leader all under the general heading of mentor (Shein, 1978). Consequently, the various roles of a mentor will not be differentiated in this study.

Protégés and mentors have been discussed in light of the various stages of career development (Dalton, et al., 1977; Grass, 1979; Schein, 1978; Thompson and Dalton, 1976). Schein (1978) suggests that becoming a mentor is a major issue in mid-career for people working in organizations. He argues that most people benefited early in their career by the help, guidance, and support of more senior members of the organization. So, as they move into mid-career, they do not only develop the need to become helpful and nurturing to others, but they find that their experience and wisdom attract the attention of younger members. Therefore, becoming a mentor is a very natural mid-career outcome and may produce considerable satisfaction.

### *Career stages*

Dalton, et al.(1977), have developed a theory of professional career development. They suggest that successful professional careers have four stages: apprentice, colleague, mentor, and sponsor. During the apprentice stage, the young professional works under the close supervision of a more experienced person. The role is one of helping, learning, and dependence. In the second career stage, the individual's attention is focused on work accomplishments and becoming a peer or colleague to other professionals.

In the third career stage, the successful individual begins to play the role of informal mentor. Dalton, et al., broaden the concept of mentor to include the need to find others who can help do the detail work and develop the mentor's initial ideas, as well as the need to guide and develop others. In this way, the individual

becomes a mentor for the people who are assisting (i.e., apprentices). In the fourth stage, the individual partly influences the direction of the organization through selecting and developing key people. The focus in this stage is on sponsoring by opening up opportunities, assessing, and providing feedback, rather than instruction. These stages of career development have also been used to describe the career progress of research and development personnel (Grass, 1979; Thompson & Dalton, 1976).

An informal social network pervades every organization (Katz and Kahn, 1978). Power comes from social alliances or connections with others, and such connections include sponsors or mentors (Kanter, 1977). Although Kanter does not fully describe what is meant by "power," she suggests that sponsors function to generate power in protégés by fighting for and promoting them, by allowing them to bypass the hierarchy and obtain inside information, and by reflected power or power by association.

Mentors may be of special importance to the career development of women (Hennig and Jardim, 1977; Kanter, 1977; Roche, 1979). Based on interviews with successful women, Hennig and Jardim (1977) concluded that father-like sponsors are a necessity for women without family connections to reach top management positions. Roche (1979) has presented survey data showing that although women constituted a small proportion of the total number of executives in the sample, all those responding had a mentor. Further, women tended to have more mentors than men. This is curious because it has often been noted that the intimacy of the mentor-protégé relationship discourages many male managers from being mentors to women (Woodlands Group, 1980).

#### *Mentoring's importance to hospital administrators*

Some research suggests that mentoring relationships may be especially important in the field of hospital administration. For example, in Burmeister's (1973) study of why hospital administrators select their professions, it was found that a practicing hospital administrator was the most influential person affecting career choice among one-third of those queried, and a practicing hospital administrator exerted at least some influence among another one-third of the respondents. Apparently, hospital administrators play

a prominent role in recruiting and guiding new members into their profession, and this would seem to encourage the development of mentoring relationships.

Another line of research suggests that administrative employees (e.g. assistant and associate department heads and program coordinators) tend to have jobs higher in role ambiguity than other hospital employees such as nurses and service workers (Szilagyi, et al., 1977). This role ambiguity—which results from somewhat unclear job requirements, responsibilities, and authority—encourages these employees to seek the advice, guidance, and direction of higher level administrative employees such as the hospital administrator. This heightened dependence of lower on higher level administrators could easily encourage the formation of mentoring relationships.

From another perspective, some training residency programs for hospital administrators require that the graduate work as an assistant to an experienced hospital administrator. In Foreman's (1969) discussion of such programs, he describes this relationship as one of "preceptor-student" (p. 20), which could be considered as a component of a mentoring relationship.

The importance of mentoring to the development of health administration professionals has been directly addressed by McCool (1979). She describes four phases of professional development: (1) formal education, (2) job experience, (3) continuing education, and (4) professional educational activities. One of the activities in the last phase is involvement in mentoring roles with younger members of the profession. McCool also urges the development of a new model for producing competent health administrators, involving a professional doctorate program and an extended period of residency spent working alongside a chief executive officer in the health field. This could be an ideal arrangement for the formation of mentor-protégé relationships.

### *Should mentoring be encouraged?*

Given the importance of mentors and mentoring to career development, should it be left up to chance or random occurrence? Perhaps the mentoring process should be encouraged by policy or training. The Woodlands Group (1980) has suggested that the various mentoring skills can be taught, but, most likely, the roles should

not be assigned. Gellerman (1968) agrees that coaching seldom occurs as a result of a deliberate corporate policy encouraging it. Others believe this may be changing (Roche, 1979), and that artificial sponsorship may be possible and beneficial, especially for women (Kanter, 1977). The Jewel Corporation, a large food store conglomerate, tries to encourage the process by assigning a formal mentor to each new employee (interviews with F.J. Lunding, G.E. Clements, and D.S. Perkins, 1978).

If the mentoring process is to be encouraged, more needs to be known about the type of manager or administrator who is interested in being a mentor for younger executives. Although there exists no published literature addressing this issue specifically, there has been some previous research and theory that will provide guidance in the identification of predictors or moderators of interest in mentoring.

#### *Potential correlates of mentoring*

On a research level, Roche's (1979) survey of 1,250 executives provides insight into some possible predictors of interest in mentoring. Roche found that executives who have had mentors were, in turn, more likely to sponsor protégés than those executives who have not had a mentor. Further, Schein (1978) speculated that those who benefited early in their careers from the help of older organizational members tend to, in turn, subsequently want to help younger members.

Concerning characteristics of the mentors themselves, Roche found that the most important attribute for a mentor to have was a "willingness to share knowledge and understanding." Perhaps this tendency by an administrator would lead him or her into more active involvement in mentoring. Roche also found that career planning correlated with mentoring. Potentially, managers who believe in a planned approach to career development are more likely to take an active role in planning the careers of younger organizational members via mentoring. Finally, Roche found that more female than male executives had protégés, which agrees with the increased importance of mentors for females as noted by other authors (Hennig and Jardim, 1977; Kanter, 1977). This may result

in female managers being more interested in mentoring than their male counterparts.

As indicated previously, theorists in the area of career development have also addressed the mentoring role. Schein (1978) suggested that satisfying mentoring needs is an issue in mid-career. Another concern that may affect interest in mentoring is the decision of whether to continue in one's specialty or to generalize in career focus. Dalton, et al. (1977), asserted that the successful professional begins to generalize during his or her mentor stage. This generalization of interests and responsibilities may increase the need for specialized assistants (e.g. apprentices, protégés). From this, it might be predicted that the manager who begins to generalize in mid-career will be more interested in mentoring than those who remain narrowly specialized. This does not mean that those in highly specialized occupations will not be involved in a similar trend. As noted, Grass (1979) and Thompson and Dalton (1976) have identified the same patterns in highly technical and R & D careers. Highly specialized professionals also go through a mentoring stage where they develop a broader range of technical skills and begin to guide and develop junior members of the organization. Consequently, although it is predicted that becoming more generalized will be positively associated with interest in mentoring, it must be recognized that this is highly speculative.

Schein (1978), Dalton, et al. (1977), and Thompson and Dalton (1976) all seem to suggest that proper progress through career stages depends, in part, on the success of the individual. Success in dealing with mid-career problems may influence the individual's career satisfaction and, consequently, his or her interest in mentoring. This logic tends to agree with Roche's (1979) finding that executives who had mentors tended to be more satisfied with their careers and were also more interested in mentoring.

A final implication from the literature on career stages is that mentoring is something that occurs later as opposed to earlier in one's career. Therefore, age and career tenure might be expected to positively relate to interest in mentoring.

To gain more insight into the mentoring process among hospital administrators, a survey was conducted. This survey was con-

cerned with two issues: the extent of mentor-protégé relationships among hospital administrators, and correlates of interest or involvement in being a mentor among hospital administrators. With regard to the latter, the literature suggested that the following variables would be positively related to interest or active involvement in mentoring:

1. Having had a mentor.
2. Having benefited from a mentor.
3. Willingness to share knowledge and understanding with younger members of the organization.
4. Belief in career planning for younger organizational members.
5. Being female.
6. Being or becoming more generalized, as opposed to becoming more specialized.
7. Higher levels of career satisfaction.
8. Being older and/or having longer career tenure.

#### *Method*

*Sample:* The survey consisted of 93 hospital administrators from the Eastern United States. The sample was 90.3 percent male and 9.7 percent female, and the mean age was 46.7 years ( $SD = 9.6$ ). All were in upper management positions.

*Measures:* All information was collected via written questionnaires. Two questions dealt with the respondent's experience with mentors. The first question assessed whether the respondent had ever had a mentor. The definition of a mentor that was used was similar to, although slightly broadened from, the version used by Roche (1979). The question was worded as follows:

During your career, has there ever been an individual who has taken a personal interest in you and who has guided, sponsored, or otherwise had a positive and significant influence on your professional career development? In other words, have you *ever had a mentor*?

Respondents were also asked how many mentors they had if more than one, and whether they had a *mentor* at the *present time*. The second question asked for a rating of the *amount of benefit or positive influence* the mentor(s) had on his/her professional develop-

ment. A six-point rating scale was used which ranged from (0) none to (5) an extraordinary degree of influence. Each point on the scale was anchored with an appropriate adjective for evaluating degree as suggested by Bass, Cascio, and O'Connor (1974).

Three questions were included to assess attitudes. The first asked the respondent to rate the frequency with which he or she *willingly shared knowledge and understanding with younger members* of the organization for the primary purpose of their professional development. The scale ranged from (0) never to (5) always.

The second asked for a rating of how important *detailed career planning was for younger members* of the organization. This scale ranged from (0) not important to (5) absolutely essential. Again, each anchor point was described with an adjective for evaluating frequency or amount from Bass, et al. (1974).

The third attitudinal question asked the respondent to rate *overall career satisfaction* at the present time. Ratings were made on a five-point scale ranging from (1) very dissatisfied to (5) very satisfied.

In order to assess whether the respondent believed that his or her career was becoming more specialized versus more generalized (or neither), the respondent was asked to rate the general *direction* in which *his or her career was heading* on a five-point scale ranging from (1) becoming more specialized in interests and responsibilities to (5) becoming more generalized in interests and responsibilities.

In order to assess interest and involvement in mentoring, two additional questions were asked. The first question asked if the respondent *presently has a protégé* and was worded as follows:

Are you currently involved in the development and/or sponsorship of a younger professional within your organization for the purpose of preparing him/her for a key future role? In other words, *are you a mentor* for a younger professional (a protégé) *at the present time*?

Respondents were also asked whether they have *ever had* a protégé in the past and how many protégés they have had, if more than one. A second question asked the respondent to rate his or her overall *interest in being or becoming a mentor*. The scale here ranged from (0) not interested to (5) extremely interested, and all points were anchored with adjectives for amount derived from Bass, et al. (1974).



The following biographic and career information was also collected: sex, age, educational level (years past high school), job tenure, tenure in present organization, and career tenure.

*Procedure:* Questionnaires were mailed to all 168 members of an Eastern professional association of hospital administrators. A cover letter was included to explain the purpose of the survey, and to assure complete anonymity for the respondents. Collection of the questionnaires was accomplished via prestamped envelopes that were addressed directly to the investigators. The 93 questionnaires returned represented a 55.4 percent return rate, which is very good for mail surveys (Warwich and Lininger, 1975).

### *Results*

Considering first the prevalence of mentor-protégé relations, 67 (72.0 percent) of the 93 hospital administrators indicated having had a mentor at some point in their career. The average number of mentors the administrators had is 1.90 (SD = 1.23). Approximately 24 percent of the administrators indicated that they have a mentor at the present time.

Of the 90 administrators who responded to the questions on protégés, 46 (51.1 percent) reported having a protégé at the present time, and 64 (71.1 percent) reported having had a protégé at some time in the past. The average number of protégés is 3.78 (SD = 5.33). Apparently, most hospital administrators have considerable experience in mentor-protégé relationships.

The other variables measured in this study are multilevel, and it is informative to examine the frequencies of the various responses in terms of the scale anchors. Of the 67 administrators who had mentors, the average one benefited a considerable amount ( $M = 3.27$ ,  $SD = .91$ ) from the relationship(s). However, 31 percent benefited a great amount, and 8 percent benefited an extraordinary amount. Administrators are willing to share knowledge and understanding with younger members of the organization very often on the average ( $M = 3.13$ ,  $SD = 1.06$ ), but 36 percent share knowledge continuously, and 7 percent always share knowledge. The average administrator thinks career planning for younger organizational members is very important ( $M = 3.07$ ,  $SD = 1.09$ ), and 11 percent believe it is absolutely essential.

Job satisfaction is high among hospital administrators ( $M = 4.33$ ,  $SD = .89$ ); 45 percent are fairly satisfied and 48 percent are very satisfied. In terms of career direction, only 10 percent of the administrators felt that they were staying the same ( $M = 3.26$ ,  $SD = 1.56$ ). About 38 percent said they were becoming at least slightly more specialized in interests and responsibilities, and 52 percent said they were becoming more generalized. Finally, the average administrator is fairly interested ( $M = 3.09$ ,  $SD = 1.38$ ) in being or becoming a mentor, while 32 percent are very interested and 13 percent are extremely interested.

In terms of the biographical variables, 91 percent of the responding hospital administrators are male. They range in age from 28 to 66, with an average of 47 years ( $SD = 9.63$ ). Average educational levels approach the Master's level ( $M = 5.34$  years past high school,  $SD = 1.51$ ), while 7 percent reported the equivalent of a Ph.D. (i.e., 8 years). The average career tenure is 18 years ( $SD = 10.21$ ); the average organizational tenure is 11 years ( $SD = 9.04$ ); and the average job tenure is 9 years ( $SD = 7.21$ ).

Before examining the correlates of interest and involvement in mentoring, two modifications of the original variables were made. The two variables having to do with exposure to mentors (i.e., having had a mentor and presently having a mentor) were summed into a composite index called "Experience with mentors." Likewise, the two variables assessing exposure to protégés (i.e., presently having a protégé and having had a protégé) were summed into a composite index called "Experience with protégés." This modification was performed to simplify the presentation of the results.

Table 1 contains the correlations between the measures of interest and involvement in mentoring and the variables hypothesized to relate to them. As predicted, experience with mentors, willingness to share knowledge and understanding, and belief in career planning correlate positively with both experience with protégés and interest in being/becoming a mentor. Further, having benefited from mentors and career satisfaction correlate positively with interest in being/becoming a mentor. Contrary to predictions, sex, increased generalization, age, and career tenure did not relate significantly with interest or involvement in mentoring.

**Table 1 Correlations with Interest/Involvement in Mentoring and Correlations with Canonical Variates**

Predictor variable	Experience with protégé(s)	Interest in being/becoming a mentor	Correlations with canonical variate
Experience with mentor(s)	.26** (88)	.43*** (86)	.60*** (86)
Benefited from mentor(s)	.01 (65)	.25* (64)	(a)
Willingness to share knowledge and understanding	.44*** (89)	.50*** (87)	.77*** (86)
Belief in career planning	.18* (89)	.17* (87)	.23* (86)
Sex (b)	.01 (89)	-.02 (87)	-.01 (86)
Becoming more generalized	.11 (87)	.08 (86)	.17 (86)
Career satisfaction	.13 (88)	.17* (87)	.26** (86)
Age	.10 (88)	-.09 (86)	-.06 (86)
Career tenure	.05 (89)	-.04 (87)	-.01 (86)
Correlations with canonical variate	.76*** (86)	.96*** (86)	(c)

**Note:** Numbers in parentheses indicate sample sizes.

(a) This variable not included in the canonical analysis due to reduced sample size.

(b) Female scored positive.

(c) Canonical correlation = .69\*\*\*

\* p < .05

\*\* p < .01

\*\*\* p < .001

Because this study is concerned with examining the relationship between two sets of variables, a canonical correlation analysis was conducted (Darlington, et al., 1973; Harris, 1975) to assess the overall degree of relationship between the set of predictor variables and the measures of interest/involvement in mentoring. The goal is to derive a linear combination of each set in such a way that the correlation between the two (i.e., the canonical correlation) is maximized. As many pairs of linear combinations (i.e., variates) can be derived as there are variables in the smaller set. The canonical correlations between the pairs of variates reflect links or patterns of interdependency between the sets of variables.

Three types of information are usually provided from a complete canonical correlation analysis. The first is the number and magnitude of the canonical correlations between the sets of variables. Analysis of the present data resulted in a single significant canonical correlation that is large in magnitude (.69) and highly significant ( $\chi^2 = 54.9$ ,  $df = 16$ ,  $p < .001$ ). This indicates that there is a strong overall association between the predictor variables and the measures of interest/involvement in mentoring, and that one common trait or link best explains this association. In other words, the predictor variables do help explain interest/involvement in this sample to a strong degree.

The second type of information results from an examination of which variables are most important to the variate within each set. This tells us about the nature of the link between the two sets of variables by indicating which variables contribute most to the link. Examination of the correlations between the individual variables and the canonical variates is usually recommended for this purpose (Cooley and Lohnes, 1971; Darlington, et al., 1973; Levine, 1977; Meredith, 1964).

Table 1 contains these correlations for both sets of variables. As can be seen, experience with mentors and willingness to share knowledge and understanding exhibit the highest correlations with the canonical variate in the independent variable set, and thus are most important in explaining the relationship between the predictors and the measures of interest/involvement in mentoring. Further, belief in career planning and career satisfaction also corre-

late positively with that canonical variate. Examination of these correlations within the dependent variable set reveals that both experience with protégés and interest in being/becoming a mentor are highly important in explaining the link with the predictors.

The third type of information resulting from a canonical analysis is a determination of the amount of variance that is common between the two sets. To accomplish this, one must calculate a redundancy index (Cooley and Lohnes, 1971; Stewart and Love, 1968). When this analysis is conducted with the present data, it is found that 36 percent of the variance in interest/involvement in mentoring can be explained by the predictor variables.

Before leaving this section, one last analysis should be mentioned. Although not part of the hypotheses, the information on education, job tenure, and organization tenure was also analyzed. Only one significant correlation was found and that was between education and interest in being/becoming a mentor ( $r = .28$ ,  $n = 87$ ,  $p < .01$ ).

#### *A discussion*

To briefly summarize the results of this study, more than two-thirds of the hospital administrators surveyed reported having a mentor at some point in their careers. Further, more than two-thirds of the administrators reported having a protégé at some point in their careers. In terms of correlates of interest/involvement in mentoring, previous experience with mentors and a willingness to share knowledge and understanding showed the highest positive relationships. Having benefited from a mentor, belief in career planning, career satisfaction, and education were also positively related to mentoring interest/involvement, but to a lesser degree. These findings are in agreement with findings from previous research on mentoring (e.g. Roche, 1979) and with predictions made from career development theories (e.g. Schein, 1978).

The other four hypothesized predictors did not relate to interest or involvement in mentoring: sex, becoming more generalized, age, and career tenure. The fact that sex did not correlate probably can best be explained by the lack of variability in the sex composition of the sample. Only eight of the sample members are female. Perhaps a relationship would have emerged in a more evenly distributed sample. The fact that becoming more generalized in career

orientation showed no relationship is also not surprising, because relationships with apprentices and assistants are also common among specialists (Dalton, et al., 1977). The lack of positive relationships with the age and career tenure variables are more difficult to understand. It may be that the relationships are curvilinear in that, up to some point, age and tenure are related to interest in mentoring, but beyond that point interest declines as retirement approaches. Or else, it may simply be that mentoring relationships are equally common across all ages.

It appears that the mentor-protégé relationship is a very familiar one to most of the hospital administrators in our sample. In fact, this level of involvement in mentoring is similar to the findings from studies of executives in other fields (e.g. Roche, 1979). This is not surprising since, as discussed previously, hospital administrators frequently play a role in recruiting young talent into their profession (Burmeister, 1973), and some training programs for hospital administrators require the graduate to work for a time with an experienced administrator (Foreman, 1969). As noted by McCool (1979), involvement in mentoring is important to the professional development of health administrators.

In a broader sense, the question remains: should a more conscious effort be made to encourage the mentoring process within organizations? Although mentoring relationships seem to be very common among hospital administrators, there are significant numbers that are not involved in this mode of career development. In our sample, 49 percent of the administrators do not have a protégé at the present time, and 28 percent never had a mentor themselves. It has been argued that current models for training health administrators need to be re-examined (McCool, 1979). Certainly, formal and continuing educational experiences play a vital role, but it may also be that the mentoring process is a major, if largely unexamined, factor in the career development of many administrators.

Unfortunately, this survey raises more questions than it answers. However, this survey does suggest how to identify administrators who might have an interest in mentoring. This information might be valuable to the planner trying to set up a pro-

gram on mentoring, and to the young administrator (or aspirant) who is looking for a mentor. This study would suggest that you look for someone who has had previous experience with mentors, especially if it was a beneficial experience. Another important characteristic to look for is a general willingness to share knowledge and understanding with younger organizational members. Further, a belief in career planning for younger members of the organization, and high career satisfaction may also help identify those administrators most likely to be interested in being mentors.

Future research should directly address the question of whether mentoring should be encouraged. Another question concerns the form the encouragement should take, if it is to be encouraged. Should it take the form of policy or training? If training is to be used, what would be its essential content (e.g. coaching skills, counseling skills)? At an even more basic level, more research is needed on the nature of the mentoring process itself.

We know little about how these relationships are formed, or what actually transpires within them. For example, biographical and attitudinal similarity can be a potent determinant of interpersonal evaluations (e.g. Rand and Wexley, 1975). Possibly, it also influences which mentoring relationships are formed. From a different slant, more needs to be known about the benefits and costs of mentoring, both to the individuals and to the organization. Finally, more insight is needed on what distinguishes effective from ineffective mentors in today's hospitals and other organizations.

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