# THE CHARACTERISTICS OF MENTORING ACTIVITY AND THE TYPE OF MENTORING HELP RECEIVED BY NURSE ADMINISTRATORS IN BRITISH COLUMBIA

by

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A THESIS SUBMITTED IN PARTIAL FULFILMENT OF
THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF ARTS

in

THE FACULTY OF GRADUATE STUDIES
(Department Of Administrative, Adult and Higher Education)

We accept this thesis as conforming
to the required standard

THE UNIVERSITY OF BRITISH COLUMBIA
October 1984

86

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# ABSTRACT

# THE CHARACTERISTICS OF MENTORING ACTIVITY AND THE TYPE OF MENTORING HELP RECEIVED BY NURSE ADMINISTRATORS IN BRITISH COLUMBIA

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The purpose of this descriptive study was to obtain information relevent to the characteristics of mentoring activity and mentoring help received by nurse administrators. The research questions were: (1) To what extent do nurse administrators report the incidence of mentors in their lives? (2) Are there significant differences in selected background characteristics between subjects who are mentored and those who are not? (3) What are the characteristics of the mentor, the protege, and the mentor-protege relationship (MPR) as perceived by nurse administrators who were proteges? (4) What is the type of mentoring help received by subjects who had mentors? (5) To what extent have subjects been mentors to others?

Data were obtained using a mailed self report survey questionnaire. The sample consisted of 176 top administrators belonging to the Nurse Administrator's Association of B.C. There were 119 usable questionnaires (68%). The data were analysed using frequency distributions, factor analysis, descriptive and Chi square statistics.

The data analysis provided a profile of selected background characteristics of the nurse administrators, the most influential mentor, the protege, MPR, and mentoring help received. Using an explicit definition of a mentor, 71 percent of the respondents indicated they had one or more mentors. Turning to statistically significant differences ($p<.05$) between mentored and non-mentored subjects, more mentored subjects have served as mentors (67% vs. 51%), intend to serve as mentors in the future (83% vs. 48%), and believe a mentor is helpful to a person beginning a career in nursing (96% vs. 70%). Amongst respondents who had children, mentored respondents had less children than non-mentored respondents. Further, mentored subjects indicated that they arrived at their present position through the encouragement and recommendation of another person or through taking advantage of sudden job opportunities. Non-mentored respondents indicated they arrived at their present position because they consistently worked toward this goal.

Conclusions. (1) The subjects are congruent with the population of B.C. nurse administrators and similar to the U.S. women business managers in Phillips' study of mentoring (1977). They are not similar to the U.S. nurse influentials studied by Vance (1977). (2) Proximity and career interest of the most influential mentor is strongly related to that of the protege. The majority of MPR's (86%) took place during the protege's work experience with immediate superiors, administrators, and more experienced colleagues. Seventy-five percent of the mentors were nurse administrators or leaders. Few of the MPR's occured during post-secondary education (11%) and few of the mentors were instructors or professors (7%). (3) Some of the findings are in contrast to the literature: (a) few of the proteges were novices in their first job (7%). The majority (77%) were at early and mid-work experience stages and were advancing to a higher position (68%). (b) Thirty percent did not begin a MPR until after the age of 35. (c) Many of the MPR's grew out of a mutual relationship (62%) rather than being initiated by the mentor (34%). (d) The average MPR lasted 10 years in contrast to three years reported in the literature. (4) By far the most important mentoring help received by the respondents was encouragement and confirmation, followed by inspiration to achieve high standards of performance. Next, in decreasing importance were practical training and guidance, career/educational advice and promotion, and extended personal indoctrination and direction. Proteges were less inclined to receive promotional help and sponsorship such as increased visibility, candid shrewd advice, and protection. (5) Mentors took a personal interest in their protege's career development, had a lasting positive influence on career growth, but were more inclined to influence professional values and interests than personal ones.

# TABLE OF CONTENTS

ABSTRACT ........................................ii

LIST OF TABLES ..................................vii

ACKNOWLEDGMENTS .................................ix

CHAPTER I. INTRODUCTION ..........................1

- Background of the Problem ......................1
- The Research Problem ...........................5
- Definition of Terms ............................6
- Assumptions ....................................8
- Delimitations ..................................8
- Justification for the Study ....................9

CHAPTER II. LITERATURE REVIEW ...................11

- Mentor Defined .................................11
- The Incidence of Mentoring .....................18
- Characteristics of the Mentor ..................19
- Characteristics of the Survey Subjects .........27
- Protege Characteristics ........................45
- The Mentor-Protege Relationship ................47
- Mentoring Help .................................54
- The Outcomes of Mentoring ......................67
- Re-enactment of the Mentor's Role ..............74
- Summary ........................................74

CHAPTER III. METHODOLOGY ........................79

- Design .........................................79
- Sample .........................................80
- Data Collection ................................82
- Instrument .....................................83

Data Analyses ..............................86

Summary ....................................88

CHAPTER IV. RESULTS ........................89

Background Characteristics of B.C. Nurse Administrators ..........................89

Incidence of Mentoring Received ............101

Differences Between Mentored and Non-Mentored Subjects ..........................102

Characteristics of the Mentor, the Protege, and the Mentor-Protege Relationship ........103

Type of Mentoring Help Received ............117

Mentoring Activity Towards Others ..........125

CHAPTER V. SUMMARY, CONCLUSIONS, RECOMMENDATIONS .....129

Summary ....................................129

Conclusions ................................131

Recommendations ............................151

BIBLIOGRAPHY ...............................157

APPENDICES

A. COVER LETTER ............................169

B. QUESTIONNAIRE ...........................171

C. FOLLOW-UP REMINDER LETTER ...............183

D. RELATIONSHIP BETWEEN RANKED CATEGORIES OF MENTORING HELP AND FACTOR ANALYSIS CATEGORIES OF MENTORING HELP ..........................185

# LIST OF TABLES

1. Distribution of B.C. Nurse Administrators Who Have Had Children by Number of Children .............................91

2. Distribution of B.C. Nurse Administrators by Position ..............................................................91

3. Distribution of B.C. Nurse Administrators (1984) by Highest Level of Education Compared to the Distribution of Employed B.C. Nurses (1982) by Highest Level of Education ..................................................92

4. Distribution of B.C. Nurse Administrators by Years of Employment as a Nurse ..................................93

5. Distribution of B.C. Nurse Administrators by Years at Present Institution ....................................94

6. Distribution of B.C. Nurse Administrators by Total Years Holding Current Occupational Position ....................95

7. Distribution of B.C. Nurse Administrators by Number of Employers During Nursing Career ...........................96

8. Distribution of B.C. Nurse Administrators by Reason for Absence from the Labor Force for One Year or More ........97

9. Distribution of B.C. Nurse Administrators by First Choice Selection of Factors Influential in Career Development ..............................................98

10. Responses and Distribution of B.C. Nurse Administrators to Item, "How Did You Arrive at Your Present Nursing Position?" ...........................................99

11. Rank and Mean of B.C. Nurse Administrators and Single Nurse Administrators to Item: Extent of Support and Encouragement in Career Development by Significant Others ...................................................100

12. Distribution of Mentored Nurse Administrators by Age of the Mentor at Onset of the Mentor-Protege Relationship ..104

13. Distribution of Mentored Nurse Administrators by Age Difference Between Mentor and Protege ..................105

14. Distribution of Mentored Nurse Administrators by Mentor's Relationship ....................................106

15. Distribution of Mentored Nurse Administrators by Nurse, Non-Nurse Mentor and Mentor's Sex ........................107

16. Distribution of Nurse Mentor Administrators by First Choice Selection of Predominant Career Role of Nurse Mentor ..................................................108

17. Rank and Mean of Mentored Nurse Administrator's Rating of the Occurance of Their Mentor's Behaviours: Interest, Influence, Identification, and Power .....................109

18. Distribution of Mentored Nurse Administrators by Number of Mentors ..............................................110

19. Distribution of Mentored Nurse Administrators by Age at Onset of the Mentor-Protege Relationship ................111

20. Distribution of Mentored Nurse Administrators by Developmental Stage at Onset of the Mentor-Protege Relationship .............................................112

21. Distribution of Mentored Nurse Administrators by First Choice Selection of Protege's Needs at Onset of the Mentor-Protege Relationship ..............................113

22. Distribution of Mentored Nurse Administrators by Length of the Mentor-Protege Relationship .......................115

23. Distribution of Mentored Nurse Administrators by Manner in which the Mentor-Protege Relationship Ended ..........116

24. Distribution of Mentored Nurse Administrators by First Choice Selection of Help Received from their Mentor .....118

25. Rank and Mean of Mentored Nurse Administrators's Rating of Type of Mentoring Help Received .......................120

26. Rank and Type of Mentoring Help Received ................124

27. Chi Square Analysis of Mentoring Activity to Others with Significantly Different Response Patterns for Mentored and Non-Mentored Nurse Administrators ..................127

# ACKNOWLEDGMENTS

I want to thank Drs. Tom Sork and Kjell Rubensen who gave me great latitude in exploring this topic but at the same time were able to convey a standard of excellence to which one could aspire. Tom Sork, my advisor, in spite of many demands always found time to listen, critique, and offer extremely clear and insightful suggestions. Kjell Rubensen provided thought-provoking questions and creative recommendations for which I am indebted.

My appreciation is extended to the special friends and colleagues who supported, shared their ideas with me, and assisted me in innumerable ways.

My gratitude goes to my children, Marnie, Warren, and David who have unknowingly helped me continue my career by their tolerance, sacrifices, and adaptability.

Most of all, I wish to acknowledge the exceptional support I received from my husband, Vernon. His practical help, advice, and unwavering confidence sustained me throughout many months of this study.

# CHAPTER I

# INTRODUCTION

## Background of the Problem

In recent years, the positive effect of a mentor on career success and life goal attainment has been proclaimed both in the popular and research literature. The mentoring concept is not new, it is an old and reputable way of assisting a novice into and up the ranks of a profession. Mentors act as wise, more experienced trusted guides, counselors, and role models. They introduce the protege into the occupational world and extend their guidance, encouragement, and sponsorship to the protege in the meeting of career or life goals.

The writer, who is both a nurse and an educator, became intrigued with studying the mentor concept in nursing because of the proliferation of nursing articles extolling its benefits, and because of the potential for a unique kind of education amongst adults.

The literature describing features of mentoring and the mentor-protege relationship comes from a number of sources. It is related to such varied disciplines as education, business, psychology, counselling, and sociology, and draws on concepts of social learning, adult developmental tasks, teacher and managerial effectiveness, leadership development, supportive and work relationships, role modeling, coaching, influence, and career development.

Interest in mentors and the effect on the protege was revived in the late seventies as a result of Yale psychologist, Daniel Levinson's work in relation to male developmental tasks. He pointed out that a mentor was crucial to a young man's career success but that there is some evidence that women establish fewer mentor relationships than men (Levinson, Darrow, Klein, Levinson, & McKee, 1978, p.98).

Sheehy (1977) was one of the first to write in the popular literature of women's need for mentors. The women she studied who gained recognition in their careers had a mentor at some stage of their development. She also pointed out that "career women who haven't had a mentor relationship miss it, even though they don't know what to call it" (p. 190).

Hennig and Jardim's classic work (1977) on the life and career histories of 25 top American women executives lent further credence to the study of mentors for women. All of these women spoke about the tremendous influence of mentors in their lives.

Subsequent to these early writings, the research on women and mentoring has taken place primarily in the fields of business (Bova & Phillips, 1981; Missirian, 1980; Phillips, 1977; Schrader, 1980), educational administration (Hepner & Faaborg, 1979; Schrader, 1980), higher education (Bova & Phillips, 1981; McNeer, 1981; Stein, 1981), and the professions

(Katz, 1980; Quinn, 1980).

Researchers at first studied the beneficial outcomes of mentoring (McCallum, 1980; Queralt, 1982; McNeer, 1981; Quinn, 1980; Rawles, 1980). Now they are beginning to focus on theory building (Kram, 1980; Phillips, 1977) and the inner working or dynamics of the mentor-protege relationship (Alleman, 1982; Clawson, 1979; Collins, 1983; Hobbs, 1982; Missiriam, 1980; Schrader, 1980).

One of these dynamics is the help provided by the mentor. This has been explored directly by Fagan and Fagan (1983), Phillips (1977), and Vance (1977), and indirectly by Kram (1980) and Missirian (1980). Bova and Phillips (1982) studied a related subject area when they investigated what proteges learned from their mentors and how they learned it. The very limited data on mentoring help suggest there may be differences according to the various occupational disciplines. Mentoring help provided to women executives in business (Missirian, 1980; Phillips, 1977) is not identical to mentoring help provided to nursing leaders (Vance, 1977). Vance's doctoral study (1977) of 71 American nurse influentials and a study of 87 nurses at a midwestern hospital (Fagan & Fagan, 1983) are the only two reported investigations of mentoring help in nursing.

Turning to the overall concept of mentoring in nursing, there are three North American studies that have investigated informal mentor-protege relationships (Fagan & Fagan, 1983; Larson, 1981; Vance, 1977) and three that have investigated formal or assigned relationships (Atwood, 1979; Benner & Benner, 1979; Everson, Panoc, Pratt, & King, 1981). At the same time, mentoring as a topic has become popular in the professional nursing journals. Both the novice and the experienced nurse are exhorted to get involved in a mentoring relationship as a means of promoting leadership development (Cameron, 1982; Duncan, 1980; Hamilton, 1981; Pilette, 1980; Vance, 1979), fostering scholarliness (May, Meleis, & Winstead-Fry, 1982), furthering job satisfaction and career progression (Fagan & Fagan, 1983; Larson, 1981; Vance, 1979, 1982), alleviating reality shock (Benner & Benner, 1979; Kramer, 1974; Schorr, 1978) preventing burnout (Pilette, 1980), providing counsel on juggling roles (May et al., 1982; Vance, 1982), and expediting professional socialization (Benner & Benner, 1979; Kelly, 1978; Vance, 1982).

In addition, the authors of these papers, borrowing from the popular press and personal anecdotes, often make recommendations on how to establish a mentoring relationship and how to help the novice. It is well and good that this popularized concept should receive attention in the nursing literature. However, in an eagerness to capitalize on the mentoring phenomenon, the danger is that without accurate knowledge some erroneous assumptions may be made. For example, it has been said that mentoring is one way to reduce burnout (Pilette, 1980). However, a study of 87 hospital nurses shows that subjects with several mentors were most likely to suffer from burnout (Fagan & Fagan, 1983, p.81). Further, the risks of mentoring are not highly publicized. In borrowing from the popular press, erroneous assumptions have been made that mentoring is an entirely positive activity.

It is not denied that there are definite benefits to mentoring or that mentors can have a profound effect upon their protege's career development. What is of concern is that the understanding of mentoring must be based on knowledge gleaned from research. It behooves researchers to learn more about the dynamics of the relationship, the kinds of help, and the benefits and the risks before the nursing population is exhorted to climb on the mentoring bandwagon. This more accurate information can then be used sensitively and effectively by nursing administrators and educators in fostering the newcomer's career development. This study of a unique sample of women in nursing administration was designed to generate data which will contribute to an existing body of knowledge about the mentoring phenomenon.

## The Research Problem

The study describes the characteristics of mentoring activity and the type of mentoring help received by nurse administrators in British Columbia. More specifically the study addressed the following questions.

1. To what extent do nurse administrators report the incidence of mentors in their lives?

2. Are there significant differences in selected background characteristics between subjects who are mentored and those who are not?

3. What are the characteristics of the mentor, the protege, and the mentor-protege relationship as perceived by nurse administrators who were proteges?

4. What is the type of mentoring help received by the subjects who had mentors?

5. To what extent have subjects been mentors to others?

## Definition of Terms

The following terms are defined according to their usage in the study.

A Mentor acts to a greater or lesser degree as a coach, teacher, guide; role model; counselor; and sponsor who enters into a sustained relationship with a less experienced person. The intention of the mentor is to serve as a trusted, wiser, more knowledgeable individual who takes an ongoing personal interest in fostering and supporting the person's career development. The protege's perception determines whether or not an individual is, or has been, a mentor.

A Protege is an individual who has received sustained personal interest in, and special assistance with, his or her career development from a person of greater rank or experience.

Mentoring is a relationship in which a person with greater rank or experience takes a personal interest in the career development of a person with lesser rank or experience and arranges special learning experiences above and beyond ordinary expectations for that role. These experiences and the relationship with the senior member of the pair have a strong influence (positive or negative) on the career development of the recipient (Modified from Alleman, 1982, p.12).

Significant others are "any persons (other than the individual himself or herself) considered by an individual to be important in or have strong influence (positive or negative) over a key portion of the individual's life" (Phillips, 1977, p. 4).

A Non-protege is an individual who has not (or feels he or she has not) had the benefit of another person's (mentor's) help in their career development (Modified from Phillips, 1977, p.4).

A Career is the "totality of work one does in his or her lifetime. This is a developmental concept beginning in the very early years and continuing well into the retirement years. Any person can have only one career" (Phillips, 1977, p. 3).

Career development is "the lifelong process of crystallizing one's identity and fulfilling one's needs through one's career. 'Development' connotes growth, which can include either career advancement (moving up the career ladder or acquiring other external symbols of success) or career satisfaction (engaging in work that is personally fulfilling), or both" (Phillips, 1977, pp. 3-4).

## Assumptions

There were three assumptions made which gave guidance to this study.

Given the definition of a mentor, the protege's perception determines whether or not an individual is defined as a protege (Alleman, 1982, p. 12; Phillips, 1977, p. 63; Vanzant, 1980, p. 18).

The best judges of mentor help and perceived impact are those who have been recipients of this help (Phillips, 1977, p. 64).

Highly likely receivers of mentoring help are those in administrative and leadership positions (Hennig & Jardim, 1977; Jennings, 1971; Kanter, 1977a; Levinson, H. 1981; Missirian, 1980; Phillips, 1977; Vance, 1977; Zaleznik, 1977).

## Delimitations

The study was limited to administrators belonging to the Nurse Administrators' Association of British Columbia who responded to the survey questionnaires.

The information obtained from the questionnaires is based on the subjects' recollections and perceptions which may have been modified by time and the desire to report postive mentoring experiences.

## Justification for the Study

Recently, mentoring has been promoted as a widely used concept in nursing particularly as a means of advancing career and leadership development. Yet, there is a dearth of research to determine whether mentor-protege relationships occur amongst nurses. Further, the nature of the relationships and the mentoring assistance received by nurses has had very limited study.

This research adds to previous studies by furnishing knowledge about the incidence and characteristics of mentor-protege relationships and the type of help received by a sample of nurse administrators. The study is important to both adult education and nursing in that it provides a basis for understanding the special assistance given to nurse administrators as they develop in their careers. In addition, it provides insights into who the mentors for nurse administrators are likely to be and in what context the relationship is likely to take place. Further,it suggests the need to educate both prospective mentors and proteges about the nature of the mentor-protege relationship as well as the mentoring behaviours that can promote leadership development and exert a positive influence upon the protege.

This thesis is organized withing five chapters. Chapter I delineated the background of the problem, the research questions, and justification for the study. In addition, the definitions, delimitations, and assumptions which underly the study were listed. Chapter II is a review of the literature pertinent to the incidence of mentoring, the characteristics of the mentor, the protege, the mentor-protege relationship, the mentoring help, and outcomes of mentoring. A description of the sample involved and study method is included in Chapter III. In Chapter IV, the results of the study are presented. A summary of the study, conclusions, and recommendations comprise Chapter V.

# CHAPTER II

# LITERATURE REVIEW

This chapter addresses concepts relevent to gaining an understanding of the overall concept of mentoring. In it the following are discussed: mentor definitions, the incidence of mentoring, and the characteristics of the mentor, the protege, and the mentor-protege relationship. Further, mentoring help and the outcomes of mentoring--both positive and negative are outlined. In addition, in order to compare the respondents of this study with other research groups, a discussion of characteristics of the survey subjects from other studies is included.

## Mentor Defined

The term "mentor" originates from Greek mythology. According to legend, before Odysseus started on his 10 year odyssey, he entrusted the education of his son, Telemachus, to the care of his faithful friend, Mentor (Homer, 1967). This education included every facet of the young man's development. Mentor filled the roles of teacher, father-figure, friend, advisor, taskmaster, and protector. The relationship was close and personal, involving disagreement as well as trust and affection.

A review of the literature reveals variations of this first relationship. Webster (1971) defines mentor as a "close, trusted, and experienced counselor, guide, or teacher"

(p. 1412). The Thesaurus of ERIC Descriptors (1982) identifies mentors as "trusted and experienced supervisors or advisors who have personal and direct interest in the development and/or education of younger or less experienced individuals usually in professional education or professional occupations" (p. 152). The Dictionary of Occupational Titles (cited in Cross, 1976, p. 204) describes mentoring as "dealing with individuals in terms of their total personality in order to advise, counsel, and/or guide them" (p. 205). It places mentoring at the highest level of interpersonal skill requirements.

In various disciplines, before the word "mentor" became popular, a "mentor-like" quality or person was referred to by certain catch words that conveyed a common meaning within that discipline.

The terms sponsor (Jennings, 1971; Zaleznik, Dalton, Barnes, 1970, p. 440), coach (Levinson, H., 1981, pp. 200-202; Strauss, 1968), and role model (Levinson, H., 1981, p. 192; Zaleznik et al., 1970, p. 253) were commonly used in business. Tutor (Rouverol, 1955) and master (Stone, 1971; Zuckerman, 1977) were favored in academia, scientific, and professional education. Patron was used in the arts.

In nursing, the widely used term is role model (Archer & Fleshman, 1981; Kramer, 1974; May et al., 1982; Schlotfeldt, 1969; Yura, Ozimek, & Walsh, 1976). When Vance (1977) profiled American nurse influentials in her doctoral study, she used the term role model but expanded its meaning. A mentor was defined as "one who serves as a person's career-role model and who actively advises, guides, and promotes one's career and training; a form of patron-protege relationship" (p. 40).

Notable authors in attempting to capture the essence of the mentor role, portray the mentor as a visionary who sees in a person the potential of which the individual is often unaware (Schorr, 1978, p. 1873); as a person of influence who praises a person's worth, speaking on their behalf to friends in positions of influence (Kanter, 1977b); as individuals who go out of their way to successfully help proteges meet their life goals (Phillips, 1977, p. 4); and as "a prestigious, established, older person ... who guides, counsels, and critiques the younger, teaching him survival and advancement in a certain field or profession" (Kelly, 1978, p. 339).

Shapiro, Haseltine, and Rowe (1978) depict the mentor as being at the top of a range of advisory/guiding persons functioning as patrons. They outline a continuum of these advisory/guiding patrons as peer pal, guide, sponsor, patron, and mentor. The categories are related to the degree of advising and support in the relationship. Mentors are portrayed as the most intense and paternalistic of the five types of patrons. These elements of support, personal interest, and intensity of the relationship are key factors in understanding the mentor concept.

Levinson has made the chief contribution to an understanding of mentoring (Levinson et al., 1978). He describes the mentor as one who:

> may act as a teacher to enhance the young man's skills and intellectual development. Serving as sponsor, he may use his influence to facilitate the young man's entry and advancement. He may be host and guide, welcoming the initiate into a new occupational and social world and acquainting him with its values, customs, resources and cast of characters. Through his own virtues, achievements and way of living, the mentor may be an exemplar that the protege can admire and seek to emulate. He may provide counsel and moral support in time of stress. (p. 98)

Phillips (1977, pp. 62-64) identifies the degree of personal interest as being crucial to mentoring. She introduces the aspect of primary and secondary mentors. Primary mentors care personally about the well-being of their proteges; they take risks and make sacrifices for the protege. The primary mentor goes out of his or her way, does more than is expected, makes sacrifices, takes risks. "They give their proteges their personal 'blessing', not just their advice or sponsorship" (Levinson, cited in Phillips, 1977, p. 63).

Secondary mentors help with career development but do this as part of their duties or to benefit themselves. There is less caring and risk taking; the relationship is more business like. They are often mistaken for primary mentors. A protege can have several secondary mentors over a lifetime or at one time fulfilling various mentor functions. The difference with the secondary mentor is that the gesture is seen to be part of a person's ordinary duties, or the element of caring is perceived as absent or less sincere. Phillips emphasizes that the difference between primary and secondary mentors is entirely a matter of the protege's perception.

Phillips makes a major contribution by identifying features that differentiate the mentor from other helping persons: depth of personal concern and belief in the protege's future make the difference.

Clawson (1980, p. 147) in his conceptualization of the mentor, encompasses both the degree of personal interest and the number of mentoring roles. He identifies two essential elements: mutual personal involvement and comprehensiveness of influence. Mutuality and comprehensiveness both must be present to have a true mentor-protege relationship. Mutuality encompasses the respect, trust, and affection that individuals have for each other. Comprehensiveness includes influence over the financial, technical, organizational, social, emotional, ethical, physical, and spiritual aspects of a protege's life. Only when a mentor plays several roles of teacher, coach, sponsor, perspective enlarger, confidant, friend, or role model does the term mentor become applicable. Clawson does not specify how many roles, or which ones must be assumed in order to become a mentor.

Like Phillips, Clawson describes mentors as life mentors or career mentors. Career mentors are classified as "quasi" mentors because the degree of mutuality and comprehensiveness is less than that of a life mentor.

The categorizing of mentors in this way creates a certain amount of confusion as one's definition of career becomes a stumbling block. Clawson does not define career, but according to Hall (1976) a career is considered to be the "sequence of attitudes and behaviours associated with work-related experiences over the span of the person's life" (p. 4): a person can have only one career. Thus a career mentor at any stage in the protege's life could be a full mentor and not a quasi mentor.

Referring back to the discussion of Phillips' primary and secondary mentors, the writer believes that one is, or is not, a mentor. Therefore the secondary mentor is not considered to be a mentor. The same thinking holds true for the concept of quasi mentors. These may be very helpful people, but either because of lack of personal interest or comprehensiveness of influence, they are not mentors.

Despite the dilemma about types of mentors, Clawson (1980) has made an important contribution by identifying two essential features: comprehensiveness of influence and mutuality or personal interest. These are essential criteria in deciding whether or not an individual is a mentor.

Upon reviewing the broad spectrum of mentor definitions, it is remarkable that the mentor is consistently defined in positive terms. Like any other relationship, there are bad mentors and negative features associated with having a mentor (Levinson et al., 1978, p. 333; Kram, 1980; Phillips, 1977; Sheehy, 1976, p. 39; Strauss, 1968). (These will be referred to later under the heading "Risks to Mentoring"). In constructing a definition of mentor, the author has attempted to allow for the negative circumstances by keeping the mentor's roles separate from the mentor's positive intentions.

The definition used in this study is derived from the work of Clawson (1980), Hall (1976), Levinson et al. (1978), and Phillips (1977). It incorporates the elements of the mentor's personal interest and greater wisdom, a variety of mentor roles, and a trusting relationship developing over a period of time for the purpose of fostering career development in a less experienced person.

The definition is stated previously, but is repeated here for ease in reading. *A mentor acts to a greater or lesser degree as a coach, teacher, guide; role model; counselor; and sponsor who enters into a sustained relationship with a less experienced person. The intention of the mentor is to serve as a trusted, wiser, more knowledgeable individual who takes an ongoing personal interest in fostering and supporting the person's career development.* The protege's perception determines whether or not an individual is, or has been, a mentor.

## The Incidence of Mentoring

It has been suggested that mentoring amongst nurses is a lost art because of the conflict that has arisen between diploma and degree educated nurses (Schorr, 1978). However this supposition is not borne out in the few studies of mentoring amongst nurses. While one must use caution in generalizing the results, it has been found that mentoring does occur amongst nurses. Fagan and Fagan (1983) surveyed 87 nurses (61 staff nurses, 25 supervisors, and one high level administrator) at a large midwestern hospital. Fifty-two percent had a definite mentor, and in all, 84 percent received various components of mentoring, but were not participants in a true mentor-protege relationship. In a study of 116 nursing leaders (head nurses, clinical and administrative supervisors, assistant and associate nursing administrators, and nursing administrators), Larson (1981) reports that mentor relationships were present for 61 percent. If a respondent had been a mentor there was over twice the likelihood that they would be a mentor to someone else in the nursing field.

Finally, in Vance's study (1977) of 71 American nurse influentials, 87 percent reported the presence of a mentor in their lives. Ninety-three percent were mentors to others.

These figures compare favorably with the mentoring rates found amongst business executives. Missirian's study (1980) of 100 top U.S. businesswomen shows that 85 percent had a mentor. Phillips (1977) reports that 61 percent of the 331 American women business managers she studied had a mentor. And Roche's investigation (1979) of 1250 top American, primarily male, executives reveals 64 percent were mentored.

In summary, mentoring does occur amongst nurses. Further, an interpretation of the results indicates that the higher an individual is in terms of rank and career achievement, the more likely one is to report the presence of a mentor.

## Characteristics of the Mentor

Sufficient data exist to develop a profile of the mentor. Following are selected characteristics of the mentor as revealed by studies completed to date.

### Age Difference

The mentor is usually older than the protege by eight to 15 years (Levinson et al., 1978; Roche, 1979). It should be noted that these two studies were done on male populations. However, Missirian (1980) arrived at similar results. She surveyed 100 top American business women and did in depth interviews with 10 respondents. Amongst the 10, she found that the age difference was 15-18 years; one protege was older than the mentor by six years, and in another situation both mentor and protege were contemporaries.

Fagan and Fagan's study (1983, p. 80) showed that the age difference amongst 87 nurses varied greatly, all the way from three mentors who were younger, to one that was 35 years older.

The mean age difference was 9.3 years while the experience difference was 9.1 years. When compared with teachers and police officers, the age-experience gap was smaller for nurses (Fagan & Walter, 1972).

The incidence of women attaching themselves to younger but more experienced and knowledgeable mentors could increase as women continue to re-enter the work force at a later age. The age at which proteges select mentors may also shift to an older age as individuals make occupational changes at later stages in life. Both career stage and the formality of the organizational setting will influence age differences between mentor and protege.

## Gender

The mentor can be of the same or opposite sex, although in business (Hennig & Jardim, 1977; Missiriam, 1980, p. 57; Phillips, 1977) and scientific (Rawles, 1980) fields, the majority of mentors for female proteges are males. In nursing, where 99 percent of the respondents were female, Vance's study (1977) showed that 21 percent of the mentors were male. One suspects that, in any field, the greater number of male mentors for females reflects the higher number of males in influential positions.

Some believe a male mentor provides a better reality base in the male dominated administrative world and can offer more promotions to the top corporate levels. Others contend that successful women who have already proven they can reach the top, are the only mentors that can be helpful in how to manage home and work life. Kram (1980, p. 294), in a biographical study of 18 mentor-protege relationships, found that cross-sex relationships made it difficult for young women to identify with their male senior managers, and role modeling generally did not occur. In a small U.S. study of 20 women with master's degrees in social work, psychology, or counseling, Quinn (1980) found that those with male mentors were more likely to be viewed as assertive, independent, and having leadership potential. At the same time, the women with male mentors experienced a greater need for a more personal friendship than those who had female mentors.

## Relationship and Occupation of the mentor

The mentor can be an immediate superior or one of higher administrative rank; a professor; teacher; friend; spouse, parent, or other family member (Hennig & Jardim, 1977; Phillips, 1977; Rawles, 1980; Roche, 1979; Vance, 1977; Vanzant, 1980).

There appears to be a correlation between the career interest of the protege and the mentor's occupation and proximity. Roche (1979, p. 20) reported that of the 1250 business executives in his study, few found career mentors in academic settings. The senior executives tended to be ambitious goal-oriented people who were more likely to seek guidance from like minded people in their field. In keeping with this finding, Missirian (1980, p. 44) reports that 80 percent of the mentor-protege relationships amongst top women executives occured on the job. Vance (1977) does not correlate occupations of proteges and mentors, but she does show that 52 percent of the mentors to U.S. nurse influentials held positions associated with education. More than 40 percent of the nurse influentials (who were proteges) were located in education related occupations.

## Developmental Stage

The mentor is often at age 40 to 60, the stage of generativity (Dalton et al., 1977; Erikson, 1950; Levinson et al., 1978, p. 29-30; 253). This is a time when there is a need to pass on information, to guide and establish the next generation. Being a mentor is viewed as being an adult developmental process (Clawson, 1979; Hall, 1976; Kram, 1980; Levinson et al, 1978; Mirriam, 1980; Phillips, 1977).

## Experience and Influence

The mentor possesses greater expertise, influence, knowledge, money, or status than the protege (Dalton et al., 1977; Kram, 1980; Levinson et al., 1978; Missiriam, 1980; Phillips, 1977).

In investigating elements which distinguish mentoring relationships from other relationships, Missirian (1980, p. 143) determined that it is the degree of power the mentor commands in terms of access to material and personal resources that make it different. Further, the behavioural characteristics of the superior are of more significance in creating an effective relationship than those of the subordinate (Clawson, 1980, p. 154).

Miller and Dollard (1941) studied the social learning aspects of role modeling and conditions which produce imitation. They found that people who are superior in any of the following ways are imitated by others: age-rank hierarchy, a hierarchy of social status, intelligence ranking system, and technical knowledge and ability. It is important to recognize that the perceived superiority and resulting influence of the mentor is a highly persistent theme in the creation and maintenance of a mentor-protege relationship.

## Mentoring Roles

Schein (1978) has made a considerable contribution to an understanding of mentors by catagorizing the assorted roles of the mentor. His "Varieties of Mentoring Roles" (p. 178) are the most versatile yet comprehensive of any yet found in the literature. They are as follows:

1. The mentor as teacher, coach, or trainer - a person about whom the younger person would say, 'That person taught me a lot about how to do things around here.'

2. The mentor as a positive role model - a person about whom the younger person would say, 'I learned a lot from watching that person in operation; that person really set a good example

of how to get things done.'

3. The mentor as a developer of talent - a person about whom the younger person would say, 'That person really gave me challenging work from which I learned a great deal; I was pushed along and forced to stretch myself'.

4. The mentor as an opener of doors - a person who makes sure that the young person is given opportunities for challenging and growth-producing assignments, who fights 'upstairs' for the young person, whether or not the younger person is aware of it.

5. The mentor as a protector (mother hen) - a person about whom the younger person would say, 'That person watched over me and protected me while I learned; I could make mistakes and learn without risking my job.'

6. The mentor as a sponsor - a person who gives visibility to his or her 'proteges', who makes sure that they have good 'press' and are given exposure to higher-level people so that they will be remembered when new opportunities come along, with or without the awareness of the younger person.

7. The mentor as a successful leader - a person whose own success ensures that her or his supporters will 'ride along on his or her coattails', who brings people along.
(Schein, 1978, p. 178)

Schein pointedly differentiates between roles that require the mentor to be in a position of power, and powerful mentoring roles that do not require high formal position or authority. The former apply to the sponsorship system in an organization which is encompassed by the mentor roles of opener of doors, protector, sponsor, and/or leader. The latter apply to the more experienced and older person who looks out for a younger individual and is encompassed by the teacher, role model, and developer mentor roles.

By contrast, Phillips-Jones (1982, pp. 79-95) describes six classifications of mentoring roles: those of "traditional mentors", "supportive bosses", "organizational sponsors", "professional career mentors", "patrons", and "invisible godparents." An important aspect is that the roles a mentor plays can change even over short periods of time. For example, a mentor may start as a supportive boss, become a full fledged traditional mentor, and later a sponsor, as the protege branches out into new positions or occupations.

While Phillips' classification is useful, Schein's categories offer a more succinct description. It has a broader application to mentoring in any field, whether it be the arts, cademia, the business world, or the professions.

## Personality Traits

The mentor's personality traits are subjectively described in a number of articles (Burke, 1982; George & Kummerow, 1981; Halatin, 1981; Randall, 1982; Shapiro et al., 1978; Thompson, 1976; Woodland's Group, 1980). However only two studies--those of Alleman (1982) and Clawson (1979)--attempt to substantiate these descriptions.

Clawson (1979) explored characteristics of superior-subordinate relationships which distinguished high learners from low learners. The effective superiors were: people oriented, shown by respect and liking for the subordinate; even tempered; had a high tolerance for ambiguity; prefered abstract conceptualization; and valued working at their company (p. 8-3).

Alleman (1982), studying 29 mentored and 21 non-mentored dyads, made the remakable discovery that there were no intrinsic personality traits differentiating mentors from non-mentors. She concluded that mentors behave differently toward proteges as compared to non-proteges. Therefore, the difference between mentors and non-mentors is a difference in behaviour not personality. The study did not describe what these behaviours were. However, mentor behaviours have been identified by five researchers engaged in exploratory studies (Kram, 1980; Levinson et al., 1978; Missirian, 1980; Phillips, 1977; Vance 1977). These behaviours will be summarized later under the heading "Mentoring Help."

In conclusion "there is no single mentoring personality profile... There are just a number of different types of people who may or may not use mentoring behaviour" (Clutterbuck, 1982, p. 19).

## Characteristics of the Survey Subjects

In the research literature, the subjects surveyed to determine whether or not they had a mentor consisted of women in administrative or leadership positions (Hennig & Jardim, 1977; Missirian, 1980; Phillips, 1977; Vance, 1977) and men and/or women in professional, administrative, or occupationally related roles (Alleman 1982; Kram 1980; Levinson et al, 1977; Queralt, 1982; Quinn, 1980; Rawles, 1980; Roche, 1979; Vanzant, 1980). In reviewing the literature, it is apparent that characteristics of the survey subjects consist of two groupings--general characteristics that may be of importance when analyzing the mentor-protege relationship, and specific protege characteristics that are known to influence the relationship. General characteristics are discussed in this section; characteristics of the protege are included under the heading "Protege Characteristics" in a following section.

### Age

Age distributions for women in leadership or administrative positions range from 22-91 (Phillips, 1977, p. 40) and 38-80 (Vance, 1977, p. 104). The mean age is in the mid 50's (Missirian, 1980, p. 53; Phillips, 1977, p. 40; Vance, 1977) or late 40's (Missirian, 1980, p. 39).

### Childhood Community

One of the variables investigated by Vance in relation to social background was the childhood community of the nurse influentials. She found that nurse influentials growing up in large cities and small towns showed equal percentages (32% respectively), and accounted for a majority of the sample (Vance, 1977, p. 107). A much smaller proportion grew up in medium cities and small towns.

### Birth Order

Some of the literature (Hennig & Jardim, 1977; Rapoport & Rapoport, 1971) suggests that women in executive positions are more likely to have been only children or first born children. Phillips' findings (1977) only partly support this belief: 46 percent were first born or only children while 51 percent were second or later born. Vance (1977) did not investigate birth order.

### Nationality, Ethnic, and Religious Background

Phillips (1977, p. 42) reported that more than 75 percent of the business women executives and their parents were born in the United States. Ninety-five percent of subjects were Caucasians; two-thirds were raised as Protestants. In Vance's study (1977), 97 percent of the nurse influentials were white. No statistics are available from Phillips or Vance comparing ethnic and religious backgrounds of mentors and proteges.

It has been said that the mentor relationship is not democratic (Shapiro et al., 1978, p. 55) and that it maintains clear social and intellectual status differences (Reohr, 1981). It is surmised that because mentoring exists as an activity prevalent in certain professions and amongst certain levels of occupational groups to socialize others into the correct behaviours, then only those with the socially acceptable credentials will be selected as proteges. On the other hand, Alleman (1982) found upon examination of the biographical details of mentors and proteges, that there were few similarities. Mentors more often described their proteges as their ideal dyad opposite rather than as a person who was similar to the mentor.

## Family Background

Hennig's notable work (cited in Vance, 1977) on the career development of 25 women executives revealed that 90 percent of the fathers were white collar workers (managerial and administrative), while 56 percent of the mothers were housewives. Comparison with Vance's study (1977) of nurse influentials reveals that 57 percent of the fathers were white collar workers. The majority (61 percent) of the mothers were housewives, while 35 percent were white collar workers. This included 12 percent of the mothers who worked as registered nurses and 10 percent as teachers.

## Marital Status

Three of the studies on women and mentors show a variation in marital status. In Vance's study (1977), 41 percent of the nurse influentials were married or widowed; 10 percent were divorced or separated; 49 percent never married. Phillips' study (1977) of women managers indicates 65 percent were married or widowed; 14 percent were divorced; 29 percent never married. Missirian (1980) studied corporate women executives and found that 45.7 percent were married. No further statistics are given.

In comparing the three studies, a similarity in marital status is seen between Vance's and Missirian's work. Vance's sample included the most influential leaders in American nursing. The women in Missirian's study were among the 100 top business women in the United States. One questions whether the pressures and commitment to these demanding occupations precluded many from being involved in a marital relationship. Did these women become highly achievement oriented because they did not marry, or if they had married, would marriage have been a deterrent to career achievement in these particular occupations? It must be remembered that the mean age for these women is the mid 50's. Thus the effect of society's changing values and the Women's Movement would have just begun to touch these populations.

No data exist as to whether having a mentor is more prevalent amongst single versus married nurses or women.

## Children

Vance (1977, p. 112) reports that 33 percent of the nurse influentials had children. Respondents had from one to four children, with an average of two. The majority of children were in the 13-29 year age category. Phillips (1977, p. 44) indicates that 54 percent of the women managers had from one to four children with an average of two. There is no data to indicate whether having a mentor is more or less prevalent amongst those having children or amongst those having children of certain ages.

## Education

Ninety-five percent of the nursing elites in Vance's study (1977) hold master's and doctoral degrees. Of the corporate women executives in Missirian's study (1980), 57.1 percent had achieved a graduate degree or higher. Fourty-two percent of the women managers in Phillips' study (1977) held a baccalaureate degree or higher. The average educational level was two years of college, with 69 percent having attended some college or business school.

The two year college degree can be equated with Canada's two and three year nursing diploma. All Canadian nurses have this level of preparation. In British Columbia, as of December

1982, only 12.9 percent of R.N.'s practicing in the nursing field held a baccalaureate degree or higher (Health Manpower Statistics Section, 1982). The number of British Columbia nursing administrators possessing more than a diploma level of education is unknown. But because of the advanced preparation required for their positions, one would assume the educational level is higher than that of the general nursing population. Whether a higher level of education correlates with protege activity amongst nurse administrators is unknown.

Roche's survey (1979, p. 28) of 1250 business executives showed that respondents having a mentor are better educated than those who do not have a mentor. Whether this is because the better educated attract a mentor, are more able to recognize the advantage of having a sponsor, or are encouraged by the mentor to obtain further education is unknown.

### Educational Institution

Vance's work (1977) shows that 40 percent of the nurse influentials received their highest degree from three U.S. universities: Teachers College, Columbia University; University of Chicago; and New York University. Approximately one-fourth of the 51 educators and educational administrators held positions or were retired from the six top-ranked nursing schools.

## Career Choice

Sixty-one percent of Vance's nurse influentials (1977, p. 132) indicated that nursing was their first career choice. Out of the remaining 27 subjects (39 percent), their first career choice was in: teaching (6), writing/journalism (4), law (3), medicine (3), natural behavioural sciences (3), social work/physical therapy (2), other or unspecified (6). Of the total subjects, 36 percent also indicated they had additional educational preparation and/or had been involved in careers other than nursing. These areas were: natural/behavioural sciences such as biology, chemistry, anthropology, psychology, and sociology; teaching; business; administration; and others, such as law, statistics, and dental hygiene. The wealth of additional education and careers for women who developed at a time when a career was not encouraged, would indeed make them stand out as elites.

The women in Phillips' (1977) and Missirian's (1980) studies were not asked to specify their first career choice, however, in Phillips' work (p. 48), 38 percent indicated they first decided upon a career in business management after they started working. Thirty-two percent made the decision prior to entering the labor market, and 27 percent made their decision as the result of a specific incident such as the death of a husband, or over a long period of time.

Upon reviewing the biographies of American nursing leaders (Safier, 1977), some of whom are included in Vance's study, it becomes evident that a decision to enter nursing was influenced by altruistic-humanistic feelings, the difficulty in gaining entrance to male dominated professions such as medicine and science, and economic reasons--"nursing was a poor women's way to get an education" (Safier, 1977, p. 385). Altruistic-humanistic feelings would be motivators for entering nursing today, but the other motivators are likely changed. Just as external forces influenced career choices decades ago, so will they serve as influencing factors today.

## Career Planning

Of the women managers in Phillips' study (1977, p. 48), two-thirds said that "accidental" (versus preplanned) best described the method by which they selected a management career. Phillips does not indicate the age at which the women eventually made either accidental or planned commitments regarding a management career. Nor does Vance consider this issue. Once in the career, career planning is said to correlate positively with mentoring (Roche, 1979, p. 28). Over a period of years more executives who had a mentor followed a career plan than those who did not.

Phillips and Vance do not attempt to correlate the following of a career plan with having a mentor. However both show that mentors do help proteges with the planning of career moves.

## Career Patterns

Levinson (1978) reports that when men are in their early 20's they make plans regarding their "Dream" of what they wish to become. He concluded that men do not have a need for mentors after age 40.

Work on women's development suggests that women tend to be at least 10 years behind men in occupational achievement (Baker, 1981, p. 19). Hennig and Jardim's work (1977) on the life and career of 25 women in top executive positions in nationally recognized business and industry shows that women tend to delay serious commitment to career goals until their mid-30's. For today's women, career growth and timing are contingent upon managing marriage, children, and career (Bernard, cited in Baker, 1981, p. 19). The length of any occupational interruption and its timing will have an effect on career development.

When contemplating the issue of women and the acquisition of mentors, several considerations come to mind. Women may have to work extra hard to attract a mentor, since it is observed that the mentor will usually not risk a relationship with the protege unless there is a strong indication the protege will bring credit to the mentor (Missirian, 1980, p.20). Secondly, women may have need of mentors well past the age of 40 because of the 10 year career delay. Thirdly, women who are juggling marriage, children, and career may have a primary need to find a mentor who can give advice and serve as a role model in managing these three roles.

Phillips (1977, p. 49) makes a point of allowing for women's varied career patterns by identifying four career tracks that women follow. The four designations coincide with women's patterns of continuity in the labor market over time. Career patterns are described as: Continuous (employed continuously, no combination of employment and family), Double Track (combination of employment, family, and homemaking), Interrupted (time taken off to rear children, return to uninterrupted employment), and Intermittent Reentry and Exit (frequent entering and leaving the labor market). Fourty-eight percent had Double Track career patterns (59 percent of the married women and 3 percent of the single women). A total of 35 percent had continuous employment patterns (20 percent of the married women and 96 percent of the single women). Vance did not collect data relevent to career patterns. However in reviewing the lives of 17 American Nurse leaders (Safier, 1977), it is evident the majority followed the continuous pattern.

## Career Mobility

Career mobility has been reported in at least five studies, but only one attempts to correlate mobility and mentoring. Roche (1979, p. 28) indicated that one in five had only one employer compared with one in seven of those who had no mentor.

When one views Hennig and Jardim's (1977) and Missiriam's (1980) work, it would appear that low mobility could be linked with mentoring. Of the women who had a mentor, Hennig and Jardim report that several changed jobs within two years, then all remained with their same employer for 30 years. Missirian (1980, p. 56) reports that the average stay with the company of those with mentors is 22 years, with a spread of 9 to 36 years. The average stay for all subjects (those with and without a mentor) is 15 years with a range of one to 35 years (Missirian, p. 39).

Vance (1977, p. 118) looked at the number of years in the current position, rather than the number of years with the same employer. The mean number of years for nurses holding the current position was 10.5 years. Twenty-three percent held positions for five years or less. Figures are not correlated with those having had a mentor, nor are figures given for the length of time in an organization.

A mobile pattern is indicated by the women managers in Phillips' study (1977, p. 50). She viewed career mobility in terms of the number of positions held rather than the number of years in a job. She found that 27 percent stayed with one firm; 61 percent had worked in at least three companies.

In reviewing this range of data it is apparent that studies showing a relationship between mentoring and reduced career mobility could be held suspect. One needs to ask whether lack of career mobility is related more to the accepted norm of the day and the accepted norm for a particular profession. For example, career mobility for the women in Hennig and Jardim's study would be a deterrent to advancement. These women moved into middle management during World War II and by 1970 had reached top management positions in business and industry. This is a time when the route of the "organization man" was still the rule for advancement. In 1977, when Phillips did her study, societal attitudes had changed and career mobility had become the norm.

## Salary and Position

Three studies comment on the relationship between salary and mentoring. Roche (1979, p. 38) brings to our attention the fact that salary tends to be correlated with career planning. Mentoring in itself is not the sole reason for executives earning higher salaries, but mentors do encourage career planning. Thus "it seems reasonable to assume ... that the combination of mentoring and planning accounts for the higher compensation of executives who have had a mentor" (Roche, 1979, p. 28). In addition, Roche's study indicates that executives having a mentor were two years younger than those who did not have a mentor. From this data one could infer two possibilities: executives with mentors reach higher positions earlier in their career or mentors are more inclined to adopt younger successful candidates.

The second study is relevent to the field of administration in higher education. Dickson (1983) surveyed 258 administrators in Rhode Island colleges and universities for a doctoral study. Fifty-four percent said they had mentors but they did not report significantly higher salaries than others. Gender may have been a factor influencing salaries, however, it was not reported. Thirdly, Queralt (1982) studied 287 faculty members and academic administrators. She clearly established that academics with mentors realized higher incomes from professional activities, and had assumed more leadership roles than those without mentors.

There are obviously a number of factors involved when it comes to salary level. The field of work or discipline, the academic or entrepreneurial versus bureaucratic spirit of the organization, the influence of collective bargaining agreements, gender, recessionary pressures, and the nature and rank of the position are all factors determining wage and compensation packages. Because of the interrelatedness of salary with position and career planning, it would be wise to view all three components as a unit rather than to isolate them into separate compartments.

## Career Satisfaction

The data relevent to mentoring and career satisfaction show varying results. In Roche's study (1979, p. 28), the most important difference between mentored and non-mentored groups was the very high satisfaction with career progress. Rawles (1980) studied 567 male and female scientists from the ages of 24 to 84 and found that both proteges and mentors are more self actualized than those who do not experience mentoring. Missirian's investigation (1980) of 100 top female executives confirmed her general hypothesis that mentoring has been a significant part of the career development of successful women managers. Phillips (1977, p. 50) did not directly measure satisfaction, but did ask if the respondent would "choose business or industry management as your field if you could begin your career again?" Eighty-one percent answered "yes" to the question. Queralt's (1982, p. 12) exploration of 287 faculty members and academic administrators shows not only higher levels of job and career satisfaction, but higher levels of productivity amongst those with mentors. She does not separate the results of faculty members from those of academic administrators, nor does she separate gender. As a result, there is no way of knowing whether mentoring activity is gender related or higher amongst faculty as compared to administrators.

In contrast, Dickson's (1983) study showed that there was no greater satisfaction with career progress amongst college and university administrators. The low 54 percent of administrators reporting mentors would seem to indicate that mentoring is not a high profile activity amongst these people. The reduced recognition of the importance of personalized support and sponsorship or insufficient opportunities for advancement may be some of the reasons for not reporting greater satisfaction with career progress. Another study in the field of educational administration reveals results similar to those reported by Dickson. Vanzant (1980) studied 273 women professional in non-teaching administrative and professional support positions having a master's degree or higher. She found there was no significant difference between mentor relationships and achievement motivation. While the study may indicate a lack of sponsorship awareness on the part of the women, the study may be indicative of the high degree of influence the mentor's values and attitudes have on the protege. If the mentor is socialized into a combination of factors such as sex role stereotyping and lack of awareness of the importance of sponsorship from significant others, this will unconsciously or consciously be translated to the protege.

Turning to nursing, Larson (1981) studied 181 hospital nurse administrators in the U.S. Pacific Northwest and concluded that job satisfaction was higher both for proteges and those who were mentors to others. Vance (1977, p. 172) did not attempt to measure career satisfaction but she did ask the nurse influentials what major advantages and disadvantages there were to belonging to a predominantly female profession. The fact that less than one-third indicated there were no particular advantages is seen to be related more to satisfaction with the profession rather than with job satisfaction.

Two additional factors must be considered in relation to career satisfaction and mentoring. Firstly, Queralt (1982) suggests that multiple mentorships, long mentorships, and early experience with mentors might be associated with even higher levels of career development. Secondly, Alleman (1982, p. 152) established that not only do mentors behave differently towards proteges, but proteges perceive the actions of their mentors differently than do non-proteges perceiving their supervisor's behaviour. There is a labeling effect by the proteges. They perceive greater career benefits from the relationship than do non-proteges. This labeling behaviour would appear to have the effect of a self fulfilling prophecy.

In summary, the whole issue of career satisfaction and mentoring is complex. Gender, sex role stereotyping, organizational and professional climate and context, career stages at which the mentor is acquired, and the protege's perception of the mentor's influence are only some of the known confounding issues.

## Support Systems

In addition to the mentor, Vance (1977, p. 140; 185) asked to what extent the subjects had been supported and encouraged in their profession by various persons. She reported that 75 percent found nursing colleagues to be the most supportive, followed by non-nursing colleagues. In the family, the mother was considered more supportive than the father. This finding is interesting because Hennig and Jardim (1977, p. 105) described the father as more supportive and confirming to their daughters who later became top business executives. In these situations it appears that the stronger influence of either the mother or father as a strong role model was a factor influencing the offspring to take on an occupational role encouraged by the dominant parent.

Of the 29 married nurses, 86 percent indicated the spouse was greatly supportive and encouraging. Sixty percent reported children as being highly supportive. Another 22 percent reported friends and relatives as being supportive (Vance, 1977, p. 146). For married women who work, the assistance of an understanding spouse is a key ingredient to the successful combining of marriage and a career. Of the 17 top U.S. nurse leaders interviewed by Safier (1977) nine were married and all emphasized the importance of a supportive, helping husband in successfully combining both roles (p. 386).

Vance's study shows some interesting anomalies. While 75 percent of the respondents reported nursing colleagues to be the most supportive, only 21 percent perceived supportive relationships as being an advantage to belonging to a predominantly female profession. In addition, while 83 percent had had a mentor and 93 percent of these nurses were mentors to others, when asked to rate sources of influence, the presence of a mentor was placed sixth from the bottom of a list of 24 items. It seems that these leaders view their personal experience quite separately from experience as members of the nursing profession in general. An unfortunate by-product of the male dominance and low self esteem and power of the nursing profession is the lack of support it breeds. "Instead of finding solidarity among women in the profession, nursing leaders...met with vicious competition from female colleagues" (Safier, 1977, p. 391). This behaviour is discussed at a later stage under the heading "Risks to Mentoring."

Phillips (1977, pp. 54-60) viewed support systems in terms of the influence from significant others. Significant others were identified by the respondents as parents, husbands, bosses, children, grandparents, female peers, and support groups. When asked to rank the three persons who most directly influenced their career, the women managers reported the following in order of most important to least important: male boss, husband, mother, father, male work associate, male teacher, and female teacher. The predominate theme of the male boss, work associate, and teacher as an influential person for these female managers is likely explained by the fact there are fewer female role models available in business and industry, thus a male model is the more likely selection.

The foregoing are some of the central facets that could be considered when building a profile of mentored versus non-mentored nurse administrators. Other factors that can be added are: length of work week, geographical work location, reason for entering nursing, and wish to be in another occupation or profession.

## Protege Characteristics

Specific protege characterisitics are few in number but are essential to gaining an understanding of the mentor-protege connection.

### Number of mentors

The protege may have two to three mentors on an average (Hennig & Jardim, 1977; Missiriam, 1980; Phillips, 1977; Rawles, 1980). Missirian (p. 57) found that the women executives she studied had anywhere from one to four mentors. As an individual progresses through various phases of a career, his or her needs change, and these needs may be fulfilled by one or more mentors playing a variety of roles. In a woman's climb to upper management positions, it is felt she needs a mentor for at least two stages of her career. One is during the early part when the woman first sees her work as more than a job and realizes it is an occupation in which she may be working for much of her life. The other phase is later when it is time for the final push to the top (Halcomb, 1980, p. 15).

As mentioned previously, the number of mentors seems to be significant. Queralt (1982) remarked that academics with more than one mentor did better in career development than those with one mentor. Vaillant (1977) studying male adult development in 268 males over 30 years of age stated, "men with relatively unsuccessful careers either had not discovered mentors until their early forties, or had mentors who served only during adolescence" (p. 219).

## Protege's Career Stage

The protege is often between the ages of 17 and 35 (Hennig & Jardim, 1977; Levinson et al., 1978; Missirian 1980) and is more likely to adopt a mentor during school years (Rawles, 1980) or early in one's career (Dalton et al., 1977; Missirian, 1980).

The influence of significant others such as parents, professors, teachers, employers, spouses, family members, and friends at this early crucial stage of adult development has begun to be researched (Almquist, 1971; Bell, 1970; Douvan, 1976; Roe, 1953; Speizer, 1981; Super, 1963, 1969; Zuckerman, 1977). This is a period when the novice becomes socialized into the organizational work setting, establishes his or her identity in terms of career choice, and often forms lasting friendships or becomes committed to a mate. "It is a time of searching for values and role models and testing various possible identities, a time of thinking about one's own ideology and purpose in life" (Hall, 1976, p. 49) It is not surprising then, that guidance from a wise experienced individual who believes in the novice's potential is considered to be of paramount importance at this stage (Levinson et al., 1978).

## The Mentor-Protege Relationship

Because mentoring is a highly interactive and personal transaction it is clear that it cannot be defined solely in terms of a mentor definition and description of mentor and protege characteristics. Mentoring is best understood in terms of the character of the relationship and the function it serves (Levinson et al., 1978, p. 98).

The mentor-protege relationship is complex and intense, much like that of a love relationship. It is a mixture of parent-child and peer interactions (Levinson et al., 1978, p. 100). Mentors and proteges have a high degree of trust, respect, and affection for each other (Kram, 1980; Levinson et al., 1978; Phillips, 1977). Some believe they share common values, attitudes, and goals (Missirian, 1980, p. 135), while others report that mentors and proteges see each other as their ideal dyad opposites (Alleman, 1982).

The relationship is informal and unassigned, often developing out of a mutual attraction and willingness to enter into a relationship (Hennig & Jardim, 1978; Levinson et al., 1978). The invitation to participate is usually issued by the mentor since the mentor is the one with more status and power (Missirian, 1980; Phillips, 1977). Sometimes it is initiated by a motivated protege trying to attract the attention of a prospective mentor. This is especially true of the scientific elites in Zuckerman's study (1977, pp. 107-113). Or, it can be initiated by both persons as they experience a certain chemistry and mutual attraction (Phillips, 1977). Missirian (1980) specifies that "while it is the mentor who initiates the relationship, it is the protege who signals the shift from one stage to the next" (p. 148). The progress of the relationship depends, however, upon the mentor's judgement as he or she accepts or rejects the protege's cues to move forward.

The mentor-protege relationship passes through a series of developmental phases with each phase having a characteristic set of activities and tasks. Kram (1980) delineates four phases in the development of the mentor-protege relationship: Initiation, Cultivation, Separation, and Redefinition; Missirian (1980) distinguishes three: Initiation, Development, and Termination; and Phillips (1977) identifies six phases: Initiation, Sparkle, Development, Disillusionment, Parting, and Transformation. Initiation signifies the beginning of the relationship. It is primarily started by the mentor, but it can grow out of mutual attraction. The Development phase is where most of the learning occurs. At the beginning, the interaction is one-sided with the mentor giving most of the support as he/she teaches, coaches, assigns, and recommends the protege for promotions. As the relationship progresses and the protege becomes more confident, there is more mutual exchange. The relationship may continue this way for some time with the mentor teaching on continously higher levels and delegating more and more responsiblity. As the protege achieves his or her goals, Disillusionment begins. This is a process of disengagement for both mentor and protege. If the mentor-protege relationship is to be a success in terms of adult development, the protege must break away from the mentor's dominance. This is the Parting stage of the relationship. At the Transformation stage, the relationship usually develops into that of a peer relationship, although a few end in bitterness or with individuals drifting their separate ways.

The relationship lasts on the average two to three years; 10 years at the most (Levinson et al., 1978; Missirian, 1980; Roche, 1979). Reliance of the protege on the mentor must end if the protege is to develop fully. The relationship can terminate in a number of ways: amicably, with some going on to develop lasting friendships (Kram, 1980; Missirian, 1980; Phillips, 1977; Roche, 1979); when one moves, changes jobs, or gradually becomes less involved (Levinson et al., 1978); or, with intense bad feeling and conflict (Kram, 1980; Levinson et al., 1978). When the relationship ends badly it is because the protege feels abandoned or undermined, and/or the mentor feels resentful of the younger person's greater success (Kram, 1980, p. 166).

The mentor-protege relationship is thought to be a developmental relationship (Burton, 1977; Clawson, 1980; Levinson et al., 1978; Sheehy, 1977). It occurs at key developmental stages in the life of the mentor, and protege in particular. The timing of occurance of the mentor-protege relationship is closely related to the developmental stages of ego identity and generativity as described by Erikson (1950) as well as in Levinson's work regarding the novice and midlife transition stages. It would seem the mentor-protege relationship not only fosters the adult development of the protege, but it also fosters the mentor's development. The most critical developmental responsiblity of the mentor is to support and facilitiate the protege's realization of the sense of self in the adult world, or as Levinson has expressed it "the realization of the Dream" (pp. 98-99). The mentor serves as a confirming adult in this process of individuation. It may be that the protege's perception of good or bad mentoring is related to the type and amount of support in achieving this Dream.

The influence of this confirming adult is a key ingredient of the mentor-protege relationship. Clawson (1980) studied 38 superior-subordinate relationships within a nation-wide insurance company. He likened the effective superior-subordinate relationship to that of a mentor-protege relationship and came upon a significant finding. He expected that the fit between the superior's and subordinate's characteristics would be the important feature of effective relationships. It was not. The characteristics of the superior were much more significant (p. 154). In light of the considerable evidence regarding the influence of managers (Clawson, 1980; Livingston, 1969) and teachers (Rogers, 1969; Rosenthal & Jacobson, 1968) upon their subordinates, it is clear that the quality of the relationship and the learning that occurs is largely dependent on the superior. The influence of the mentor can be explained by the belief that the gap between one's ego ideal and perception of self is a strong motivator in learning to narrow that gap (Levinson et al., 1977). The realization that another person (perhaps a first supervisor or mentor) has the skill one desires is the beginning of the motivation to become like that person.

The mentor's influence on the novice's development is notable in the biographies of successful people such as Willie Brandt (Kellerman, 1978), Emily Dickinson (1894), Sigmund Freud (Stone, 1971), Margaret Mead (1972), and many others. Zuckerman (1977) explored the effect of nobel laureate masters on their apprentices' development. These senior scientists educated, trained, and socialized their protegés into their styles of thinking and values of excellence. Biochemist Hans Krebs reflects:

> If I ask myself how it came about that one day I found myself in Stockholm [receiving the Nobel prize] I have not the slightest doubt that I owe this good fortune to the circumstance that I had an outstanding teacher at the critical stage in my scientific career. (p. 124-125)

Eleanor Lambertson, a renowned American nursing leader, speaks about the great influence of a nurse leader, R. Louise McManus, on her life:

> She was a visionary and a scholar as well as a great person... She had the capacity for developing people and providing them with the personal and professional resources required to be creative and innovative. (Safier, 1977, p. 143)
> [At one stage of my career] I became upset because I found people publishing my materials as their own.... Ms McManus said to me, ... 'I want you to write a manual on team nursing'. I'd never written, and I

> just assumed that since she said I could do it, I could do it... [In two months] it was finished and typed. She sent it to the editor of Teachers College Press and it was published without any changes. (pp. 146-147)

This belief in Ms Lambertson's ability was in no small part responsible for launching her on a distinguished career that would see her author over 150 articles and two books, conduct many research projects and studies, receive numerous awards and honors, and hold a number of elected offices and high administrative positions.

The influence of a crucial significant other is also seen in those who have ability but are turning in a mediocre performance. "The only sure way an individual can interrupt reverie-like preoccupation and self-absorption is to form a deep attachment to a great teacher or other benevolent person who understands and has the ability to communicate with the gifted individual" (Zaleznik, 1977, p. 75). An example from the life of Dwight Eisenhower characterizes the transformation of a career from average to outstanding. Under General Fox Connor Eisenhower took a "magnificent tutorial on the military" (Zaleznik, 1977, p. 76). Eisenhower (1967) writing about Connor said:

> Life with General Connor was a sort of graduate school in military affairs and the humanities, leavened by a man who was experienced in his knowledge of men and their conduct. I can never adequately express my gratitude to this one gentleman.... In a lifetime of association with great and good men, he is the one more or less invisible figure to whom I owe an incalculable debt. (p. 187)

In conclusion, there is a moving account from an anonymous nurse (Schorr, 1979) who was inspired to rise to high levels of performance:

> I would have become a nurse without her, but never would I have sought the level of professionalism, the degree of compassion, the depth of humor, the height of empathy that are set as guideposts for me by the conduct of my mentor. (p. 65)

These accounts epitomize the influence and certain mystique or magic sometimes spoken about by proteges or mentors when describing the relationship (Phillips, 1977, p. 135). Missirian (1980, p. 143-146) sheds some light on what this mystique might be when she identifies three features which distinguish the true mentoring relationship from others kinds of supportive relationships. These are:

- the power represented by the mentor in terms of access to personal and material resources,
- the degree of identification developed between the mentor and protege in terms of professional and personal values and behaviour, and
- the intensity of emotional involvement psychologically joining mentor and protege.

As the relationship progresses, feelings go beyond mutual respect and affection to unconditional love. According to Missirian (1980), "In the final stage of the relationship mentor and protege reach an exquisite level of understanding which enables them to love one another unconditionally" (p. 146). It is this unconditional love that separates mentoring from sponsorship.

According to Phillips (1977, pp. 114-119) three dimensions contribute to the success or failure of the mentor-protege relationship. The first is the mentoring relationship which includes the participants' attitudes toward themselves, each other, and the mentoring experience; their needs; their personal characteristics; the length of the relationship; the voluntary or involuntary nature of the relationship; and the protege's perception of the mentor's interest. The second dimension is the mentoring help which includes the type, appropriateness, and potential impact. The third dimension is the timing of the experience which involves when it occurs in each participant's career stages and within the external or organizational environment. This study does not encompass all of these elements, but does include facets of the three dimensions.

## Mentoring Help

Mentoring help has been delineated in several different ways. These viewpoints are expressed: as the type of help received from mentors (Fagan & Fagan, 1983; Phillips, 1977; Vance, 1977), as mentor behaviours (Missirian, 1980), as mentor functions (Kram, 1980), as skills learned by proteges from mentors (Bova & Phillips, 1982), and as the facilitating behaviours of mentors (Clawson, 1980).

The descriptions of type of help signify that mentors assist their proteges in a variety of ways. One needs to keep in mind that the categories of help can overlap, and a mentor may provide all or one type of help.

Phillips (1977, pp. 83-89) delineated 10 kinds of mentoring assistance. Encouragement and recognition of potential was deemed the most important and was most often reported. Mentors had utmost confidence in their proteges, and often were thought to have a faith in the individual's abilities that the protege herself did not have. Proteges were urged to take on things they did not realize they had the ability to do.

Instruction, training was the second most common activity. Proteges were taught skills and how to get along in the organization. Their efforts were reviewed and critiqued. Mentors urged their proteges to take additional education and courses to supplement their on-the-job training.

Mentors, by encouraging and guiding, gave their proteges opportunities and responsibilities to show what they could do. Advise and counsel was offered through the mentor listening, clarifying, helping the protege form opinions and by providing practical help.

Help with career moves was advanced in the form of actually hiring, transferring, promoting, giving raises, or facilitating these steps. In addition help with career move strategies was provided. Inspiration, role modeling was given by many mentors sometimes unbeknownst to the mentors themselves.

The mentors went out of their ways to provide visibility for their proteges. They made a point of introducing their proteges to important persons, included them in important discussions, meetings, and conferences, and allowed their proteges to share in key presentations to management.

Many mentors offered help by providing friendship. They spent long hours talking and going places together.

Mentors exposed their proteges to their own power and excitement. Being around these vibrant energized mentors inspired the proteges with renewed vigor. The mentor's vitality encouraged the protege to do more and reach for new accomplishments. These mentors provided two kinds of benefits: material gain, such as elegant offices, expense accounts, limousines; and the advantage of power by association with a powerful mentor.

Phillips concludes her portrayal of mentoring assistance by including a category of miscellaneous help. Included are kinds of aid that resemble that of parenting or friendship such as rescuing a protege from poverty and alcoholism, providing rent money and clothing, and welcoming a protege into the mentor's home for several months.

Different emphasis in importance as well as different categories are depicted by Vance (1977, pp. 136-139) in her study of nurse influentials. As in Phillips' classification, the items are arranged from the most important to the least important.

Most significant was career advice, guidance, and promotion. The mentor encouraged specific strengths and skills, prodded, nudged, facilitated, and opened professional doors for the protege.

Secondly, the mentor provided professional career role modeling by serving as an example or a standard of excellence for behaviour to be imitated. Mentors were role models for change, risk taking, scholarly ability, and political and diplomatic action.

Intellectual and scholarly stimulation was the third most common activity. Mentors taught their proteges how to think analytically, they instilled intellectual self confidence, demonstrated what scholarship was, and supported and furthered research ideas and interests.

The mentor served as a source of inspiration and idealism. Mentors displayed confidence and a belief in the protege's abilities and expected the protege to succeed. They demonstrated high expectations, courage, and integrity to their proteges.

Fifth in importance was teaching, advising, tutoring. This was provided by the mentor both in educational settings and on the job. Mentors were credited with teaching administrative techniques and financial management as well as how to write speeches, grant proposals, and pursue research work.

In addition, mentors gave emotional support and encouragement by instilling self confidence and encouraging the protege's efforts. Further, they supported various decisions taken by the protege and encouraged the protege's desire to move ahead.

Lastly, mentoring help in the miscellaneous category consisted of providing financial advice and assistance, being a friend and guide, and providing an alter-ego.

There are similarities and a few differences between Phillips' and Vance's descriptions. The differences are a reflection of the participants' different needs and values between business and nursing administration or higher nursing education. They are also a reflection of the two contexts in which influentials and women managers function.

Amongst the nursing influentials, help with career progression, scholarly attainment, and inspiration were perceived as more important than emotional support. This may be because higher education in nursing is increasingly important in the socialization of influential leaders (Vance, 1979). It is also necessary in creating research minded nurses who will add to the study of the science of nursing (Safier, 1977, p. 325). Both career promotion and higher education are perceived as very important by nurse leaders. It is not surprising they would have rated help to attain these goals as more important than emotional support.

In nursing, career role modeling is highly valued as a behaviour and is rated second. This is not the case amongst the women business managers where it is rated sixth.

The respondents in Phillips' study rated encouragement as the most frequent kind of mentoring help. Unfortunately emotional support and encouragement was found amongst only 11 percent of the nurses, and was rated second lowest. Mutual support amongst members of the profession is not necessarily a common occurance (Griffith & Bakanauskas, 1983; Safier, 1977, p. 391). Sadly enough the powerlessness that is a result of the male medical domination of the professional world of nursing leads to sexism and competition amongst the members.

Visibility and power/excitement are not identified as types of mentoring help by the nursing influentials. This may be due to the fact that these are kinds of help that are beyond the mentor's power to offer, and/or they are not perceived as appropriate for the protege to identify. Feelings of powerlessness and the high value placed on the "hand maiden" non-visible nurse could be unconscious factors influencing the suitablity of identifying these two categories. Or, it could be that the route to becoming a nursing influential was such a struggle that there was minimal perception of the mentor offering power and excitement.

In a survey of 87 hospital staff nurses and supervisors, Fagan and Fagan (1983) asked respondents to check as many items as were appropriate in rating mentor help on the job. The questionnaire items were gleaned from the literature on mentoring. The ratings of mentor help from highest percentage to lowest were as follows: help with gaining self confidence (87), listening to ideas and encouraging creativity (56), help to better understand the administration of the hospital (49), and help with how to work with people (31).

In comparing the mentor help amongst nursing influentials to that of staff nurses and supervisors, it must first be kept in mind that the data were obtained by two different methods. Vance (1977) used an open-ended survey question while Fagan and Fagan (1983) used preselected items on a questionnaire with a space for any other comments about mentor help. Even with these limitations, it seems that the two studies reflect the protege's different needs. Self confidence and help with technical skills were of primary importance to the hospital nurses. In the case of the nurse influentials, these needs had been met in the past and new kinds of mentor help were needed. It becomes evident that not only does mentor help differ between various disciplines, but it differs according to the particular needs and career stage of the protege.

Missirian (1980) did not study mentoring help per se, but she did study the mentor's behaviour as well as the protege's perceptions and feelings at each stage of the relationship. Her conceptualization broadens our understanding of mentoring help in that the behaviours of mentors are differentiated at each of the three phases of the mentor-protege relationship. These behaviours are as follows:

> Phase I Recognized protege's ability/talent.
>
> Set especially high standards of performance.
>
> Extremely demanding.
>
> Encouraged (seldom verbally).
>
> Phase II Teaches protege the 'tricks' of the trade.
>
> Gives protege all the responsibility she can handle (professional as well as personal).
>
> Thrusts protege into areas for which she has no apparent expertise or experience.
>
> Directs and shapes through critical questioning.
>
> Publicizes protege's achievements.
>
> Promotes steadily and often (or suggests that this be done usually from above).
>
> Protects.
>
> Phase III Provides opportunities to learn by osmosis, observation and association.
>
> Recommends protege to top management (usually of the parent company or to the board of directors).
>
> Lets go. (p. 99)

It is evident that there are more similarities between the themes offered by Missirian (1980) and Vance (1977) than those between Missirian and Phillips (1977). Again, this is probably due to the special contexts of the top organizational elite as compared to middle and upper class managers. Missirian's conceptualization is helpful in that it identifies some of the more intangible aspects of the mentor's help.

Moving to a different approach, Bova and Phillips (1982) studied what proteges learned from their mentors. They surveyed 247 men and women in professional jobs or attending graduate school. Participants were asked an open-ended question on a questionnaire. Responses could be grouped into four categories: risk taking behaviours, communication skills, political skills, and specific skills related to the profession. Again, the skills learned reflect the special needs of the participants. The respondents were career oriented and eager to learn more about the practical aspects of their professions. The mentor's help was unique in that it assisted the protege to meet specific career needs not available from the educational institution. As Dalton, Thompson, and Price (1977) so graphically point out: [The protege works] "closely with the mentor, learning from observation and from trial and correction the approaches, the organizational savvy, the judgement that no one has yet been able to incorporate into textbooks" (p.24).

Kram (1980) makes a major contribution to an understanding of mentoring help by identifying the characteristics of a mentoring relationship, then categorizing these features into career and psychosocial functions. The career functions can be likened to instrumental type help, while psychosocial functions promote the protege's competence and sense of self worth. Career functions include sponsorship, exposure and visibility, coaching, protection, and challenging work assignments. Mentor help in this area is possible because of the mentor's superior experience, rank, and influence in the organization.

The psychosocial functions include role modeling, acceptance and confirmation through interaction with each other, counseling, and friendship. The psychosocial functions are possible because of an interpersonal relationship that fosters trust, mutuality, and increasing intimacy.

The range of career and psychosocial help varies. Some of the relationships provide career help but not psychosocial help. "Relationships that provide both kinds of functions are characterized by greater intimacy and strength of interpersonal bond, and are generally viewed as more indispensible, more critical to development, and more unique than other relationships in the manager's life at work" (Kram, 1980, p. 70).

Applying Kram's conceptualization, it would appear that the broader the range of career and psychosocial help, the more satisfying and ego confirming the mentor-protege relationship. Career and psychosocial functions can be used to differentiate between primary and secondary mentors, or career and life mentors. Kram's conceptualization goes a long way to clearing up the difficulty surrounding degrees and classifications of mentors.

This concludes the review of the literature relevent to help that can be provided by a mentor. However an understanding of mentoring help is not complete without considering the way in which the help is given.

## Facilitating Behaviours

The work of Carl Rogers (1969, 1980) provides an understanding of qualities that create a helping relationship and facilitate learning. Rogers (1980, pp. 271-280) advocates three attitudinal qualities of the effective facilitator of learning: realness or genuiness; prizing, accepting, and trusting the learner; and empathetic understanding of the learner. When the superior's behaviours are perceived as open, clarifying, stimulating, accepting, and facilitating, the learner tends to be productive by discovering, exploring, experimenting, synthesizing, and deriving implications (Rogers, 1969, p. 5). Extensive research studies by Rogers and others (Rogers, 1980, pp. 146-151; 276-278) document the effective results of these three attitudes on achievement, self exploration, creative interest, and productivity.

Similarities to the behaviours identified by Rogers (1980) are evident in Clawson's study (1980) of superior-subordinate relationships. Amongst the five characteristics of superior-subordinate relationships that resulted in more learning among subordinates, were respect and trust. The other three were role complementarity, frequency of interactions, and getting a larger perspective. These characteristics are reviewed briefly in an endeavour to extract the factors that apply to mentoring help.

Complementarity of roles is significant to receiving help and to establishing the mentor-protege relationship. It appears that if role complementarity is lacking there is probably little need for a mentor-protege relationship. Subordinates who learned more perceived their role to be that of a learner more often that those who learned less. Clawson (1980, p. 155) makes the point that it was not clear whether this attitude existed prior to the relationship or whether it developed from the respect and trust that characterized effective relationships. Effective supervisors were actively involved in directing, instructing, and being good role models.

Respect was based on the supervisor's regard for the subordinate's intelligence and on the subordinate's respect for the superior's competence in the organization rather than on technical ability. A high level of trust based on the supervisor's consistency, informality, openness with information, and an optimal level of intimacy were prevalent in effective relationships.

Frequency of interactions was another characteristic of effective relationships. According to the proteges this was a greater indicator of the superior's interest than verbal expressions from the superior.

The last characteristic was that of setting high standards for the subordinates in order to help them gain a larger perspective. The superiors believed a disservice is done to good people if they aren't pushed to realize better results or enlarge their perspective.

It is useful to note that while both effective and ineffective supervisors expressed a high level of interest in developing their subordinates, it was the effective supervisors that actually demonstrated this behaviour. This is of significance in the selection of research tools. Tools that measure the mentor's behaviour, or at least the protege's perception of the mentor's behaviour, will provide more accurate data than those measuring the mentor's perceptions alone.

In addition to Clawson, Missiriam (1980) and Kram (1980) allude to the qualities of genuineness, prizing, and empathy. Kram, in her discussion of psychosocial functions, emphasizes acceptance and confirmation and the fostering of trust, mutuality, and increased intimacy. Missirian identifies "unconditional love" (p. 146) as the feature separating mentoring from sponsorship. Missiriam and Kram intimate that these qualities are part of the fully developed, deeply satisfying mentor-protege relationship. It seems these mentor attitudes are present in the "best" types of mentoring help. In other mentor-protege relationships they may become evident primarily as the relationship deepens, or, only some of the qualities such as prizing or empathy may be present. The range and depth to which mentors exhibit these three qualities may determine how satisfying and helpful the relationship is to the protege.

In conclusion, mentoring help has been viewed as consisting of two elements: the type of help given by the mentor, and manner in which the help is given. From the literature reviewed, it is evident that these two elements are very much intertwined and are not divided into separate areas of investigation. In the process of studying mentoring help it is not intended that these two elements be isolated. Rather, the purpose is to point out that any study of mentoring help should also include the manner in which the help was given.

## The Outcomes of Mentoring

There are both benefits and risks to mentoring.

### Benefits

From the wealth of articles in business and women's magazines, one is lead to believe that career and developmental success are beyond reach unless a mentor can be found to pave the way. Because a mentor is considered to be important to male career achievement (Levinson et al., 1978), it is touted as being even more essential for women wanting to gain upward and outward influence. Is a mentor important in leadership and administrative achievement? Are there documented benefits to having a mentor?

While the research is not extensive, and one must use caution when applying the findings, it is evident there are benefits to the protege, the mentor, and the organization. The benefits are as follows:

- Mentoring fosters career and/or personal development (Hennig & Jardim, 1977; Kanter, 1977a; Levinson et al., 1978; Missirian, 1980; Phillips, 1977; Queralt, 1982; Quinn, 1980; Roche, 1979; Vaillant, 1977; Zuckerman, 1977).

- In the business world (Missirian, 1980; Roche, 1979), higher education (Queralt, 1982), and the scientific community (Rawles, 1980), proteges earn more money sooner than non-proteges.

- Mentoring fosters leadership development (Kanter, 1977a; Vance, 1977; Zaleznik, 1977; Zuckerman, 1977).

- Mentoring leads to career and personal satisfaction for the protege and/or mentor (Kram, 1980; Larson, 1981; Missirian, 1980; Queralt, 1982; Phillips, 1977; Roche, 1979).

- Amongst scientists, mentors and proteges are more self actualized than those who have not been a mentor or protege (Rawles, 1980).

- Proteges have higher levels of learning in organizational and technical knowledge (Clawson, 1979).

- Those who are mentors are more productive to the organization (Dalton et al, 1977).

From personal anecdotes, comes the evidence that the protege's desire to please the mentor fosters the necessary motivation and perseverence in the face of difficulties that otherwise may cause the novice to quit (Zaleznik, 1977).

For the organization or profession, mentors can help socialize the novice into its norms and standards (Becker & Strauss, 1956; Benner & Benner, 1979), grant entree into inner circles (Kanter, 1977a; Collins & Scott, 1978), and provide continuity and quality of leadership by moulding and sponsoring those with leadership ability (Vance, 1979; Zaleznik, 1977; Zuckerman, 1977).

## Risks to Mentoring

As in any close interpersonal relationship, there can be tensions and negative outcomes. Mentors can be overly protective, exploitive, egocentric, and have any of the qualities of a poor parent (Kram, 1980; Levinson et al., 1978; Phillips, 1977). The protege can be envied and resented by unchosen peers (Phillips, 1977). There can be hierarchial tensions if the mentor is more senior to the protege's superior (Klauss, 1981). Lines of communication may be by-passed or the protege may receive conflicting pieces of advice. The mentor can lose influence or a position in the organization taking the protege with him/her (Halcomb, 1980).

Mentors can become preoccupied with problems in their own careers. In this instance they may give insufficient time to their proteges or abandon them suddenly when the protege is most in need of help (Phillips, 1977). The termination can be painful and disillusioning to both mentor and protege (Kram, 1980; Levinson et al, 1978; Phillips, 1977).

In cross sex mentoring, sexual tensions may interfere (Kram, 1980; Missirian, 1980), or sexual attraction may be perceived by outsiders to be a predominant factor when in fact it is not (Sheehy, 1976).

There are two potential risks to mentoring that are peculiar to nursing. Nursing is plagued with powerlessness due to its dominance by the primarily male medical profession (Ashley, 1976; Glass, 1983, p. 14; Safier, 1977, p. 391; Vance 1979). This domination has led to feelings of low self esteem and devaluation of the nurse's work and talents (Vance, 1979). In response to this, there is a concomitant competetiveness and lack of mutual support amongst members of the profession (Cameron, 1982). Kanter (1977a) remarks that the lack of opportunity structure greatly influences an individual's behaviour--one becomes resentful and withdrawn. These negative elements will influence how a manager (or nurse administrator) will behave if and when she assumes the role of sponsoring younger people. The potential negative consequences may be borne out in two ways.

Firstly, in this context, use of role models that are unwilling or unable to take risks may actually inhibit women's advancement because they influence the novice to adopt the powerless, token, low paying jobs of the role model (Haseltine, 1977). Behaviors that keep people at the bottom of the ladder are modeled rather than those that promote the appropriate recognition, advancement, remuneration, and leadership qualities nursing so desperately requires.

Even the modeling of the traditional female nursing role may not be in the best interests of the nursing profession. In their study of 87 hospital nurses (61 of whom were staff nurses, 25 were supervisors, and one an administrator) Fagan and Fagan (1983) found that nurses identified more intensely with their mentors than did teachers and police officers. This should be a good omen. However the traits frequently "picked up" by the proteges from their mentors were: a penchant for discipline and hard work, dedication to the job, independence, honesty, persistence, and tactfulness (p. 80). These are all highly valuable qualities in maintaining professional standards. But they are not behaviours that conjure up an image of a creative, risk taking, politically astute leader. Nor are they qualities that will help the nurse deal with the problems that plague nurses: powerlessness, attrition, economic inequalities, burnouts, gaps in consumer services, and inability to deliver services directly to the public (Glass, 1983, p. 14). Sadly, they are behaviours that maintain the status quo. In Fagan and Fagan's study it is disappointing that certain behaviours such as shrewdness, becoming politically sophisticated, and learning to be frank and outspoken were traits that were reported to be modeled infrequently by the mentor. This is one of the unfortunate aspects of identifying with well meaning, hard working, non-risk taking models.

A second negative consequence is the possible presence of the "Queen Bee." This is the talented individual who having secured a leadership position, displays antifeminist behaviours and thwarts the upward career mobility of other nurses. The Queen Bee identifies with those in positions above her and aligns herself with the established way of doing things. She works independently of others, avoiding group work or group solutions (Halsey, 1978). If she offers a mentoring relationship to other women, the relationship frustrates and stifles the protege. In a study of 140 Massachusetts' nurse administrators, Halsey (1978) found that not only did the Queen Bee syndrome exist amongst 28 percent, but that it became more prevalent in progressively higher levels of nursing management. Both Kanter (1977a, p. 230) and Yoder (1982) suggest that the Queen Bee syndrome is not so much the result of conscious dislike of other women, rather it is the result of situational constraints such as being in a token role. Despite the fact the nurse administrator belongs to a primarily female profession, she is considered to be a token amongst the male health care management team. Halsey (1978) postulates that the Queen Bee syndrome is a self protective mechanism of coping with conflicting role expectations and obligations. The nurse administrator must cope with the dual expectations and norms that she behave as the nurturing woman and at the same time be assertive, decisive, and outspoken. In order to manage the traditional woman's role, not appear threatening to her superiors who are often men, and still be successful, she adopts the characteristics of the Queen Bee (Halsey, 1978, p. 238). Despite the fact the Queen Bee can be productive, eventually the organization and the profession suffer. The Queen Bee's reluctance to foster risk taking behaviours and train her subordinates inhibits the development of leaders and prevents nurses from learning the skills necessary for advancement.

These two elements--role modeling of non-assertive behaviours and reluctance to foster the development of subordinates--are behaviours found amongst groups suffering from powerlessness (Kanter, 1977a). Any investigation of the mentor-protege relationship should take into account the setting in which the relationship occurs as it is evident the context will have an influence on the effectiveness of the relationship.

## Re-enactment of the Mentor's Role

When one considers the positive effects of mentoring and the extraordinary kinds of learning that occur, it would be useful to know whether this special kind of education is passed on to others. Do former proteges become mentors?

Eighty percent of the women executives in Missirian's study (1980) became mentors. Vance (1977) reports that 93 percent of the nurse influentials became mentors to others. Phillips (1977) did not gather statistics but she did identify the repaying of past favors as one of the motivations to becoming a mentor. "Because of the help I had, I wish to share my knowledge and concern for others.... I can never repay except by trying to help others.... We rarely have the opportunity to help those who helped us. So we help others" (p. 79-80).

The incidence of mentoring would appear to be extremely high amongst those who have been mentored. What is not known is the number of proteges sponsored by former proteges who become mentors.

## Summary

This review of the literature has focused on mentor definitions, demographic and career characteristics of survey subjects, characteristics of the mentor, the protege, and mentor-protege relationship, type of mentoring help received, and outcomes of mentoring. To summarize, the major findings from the research literature relevent to the mentor, protege, mentor-protege relationship, and type of mentoring help are itemized in the following statements to facilitate identification of the salient points.

The characteristics of the mentor include the following:

- older than the protege by eight to 15 years or even 15 to 18 years
- of the same or opposite sex than the protege
- often at the age of 40 to 60--the stage of generativity
- often an immediate superior or a person of higher status or rank
- possesses greater power than the protege in terms of expertise, knowledge, influence, or status
- does not have intrinsic personality characteristics but does behave differently towards the protege as compared to the non-protege
- carries out a variety of mentoring roles, the most important of which is to serve as a confirming adult to the protege

The characteristics of the protege are as follows:

- often between the ages of 17 and 35
- more likely to adopt a mentor during school years or early in one's work
- may have anywhere from one to four mentors, with two to three on an average throughout the various stages of a career
- more likely to be a mentor to others

Characteristics of the mentor-protege relationship include the following:

- informal and unassigned
- the mentor usually initiates the relationship although it can grow out of mutual attraction and agreement or be initiated by the protege
- passes through a series of developmental phases
- lasts on the average two to three years; 10 years at the most

- must end as a mentor-protege type of relationship if the protege is to develop fully

- often develops into a peer relationship, but it can end by moving, changing jobs, drifting apart, or in bitterness and conflict

- the quality of the relationship and the learning that occur are largely dependent on the mentor

- often proximity and career interest of the mentor correlate with that of the protege

- Features which distinguish true mentor-protege relationships from other supportive relationships are:

    - the power presented by the mentor in accessing resources

    - the degree of personal and professional identification between mentor and protege

    - the intensity of emotional involvement joining mentor and protege.

There are various types of mentoring help that can be categorized as follows:

- encouragement, acceptance, confirmation
- instruction, training, coaching
- challenge, inspiration, responsibility
- counselling, advice, and guidance
- career advice
- role modeling
- promotion and sponsorship
- friendship

In conclusion, a search of the literature reveals that there are certain characteristics that can be assigned to both mentors and proteges when they assume these roles in the mentor-protege relationship. In addition, there are characteristics that can be attributed to the relationship and categories that can be specified as mentoring help. Both positive and negative outcomes can be identified. Considerably less is known about the characteristics of the mentor, protege, mentor-protege relationship and type of mentoring help, as it applies to nursing administrators.

The next chapter presents a description of the study method. Included is an explanation of the design, sample involved, procedures for data collection, instrument used, and data analyses selected.

# CHAPTER III

# METHODOLOGY

The purpose of this study was to investigate the extent to which nurse administrators had been recipients of mentoring activity. In addition, it determined the significant differences in background characteristics between mentored and non-mentored administrators; explored the characteristics of the mentor, protege, mentor-protege relationship; and described the type of mentoring help received. Finally it determined whether nurse administrators have been mentors to others.

## Design

Because so little is known about the phenomenon of mentoring for nurse administrators, this research is descriptive in nature. A cross sectional survey study of nurse administrators using a mail questionnaire was implemented in order to obtain detailed factual information and make some comparisons (Borg & Gall, 1979).

The literature provided background for selection of the variables. Variables included:

- demographic and career characteristics of nurse administrators such as age, sex, marital status, children, position, education, years employed as a nurse, career mobility, career influences and planning, employment pattern, job satisfaction, and career support from significant others.

- presence or absence of a mentor.
- incidence of serving as a mentor to others.
- characteristics of the nurse administrators' mentor such as sex, age, relationship and role, influence, power, and presence or absence of a nursing role.
- characteristics of the protege such as age, needs, number of mentors, and career stage at which the relationship began.
- characteristics of the mentor-protege relationship such as age difference, environmental setting, length, initiation and termination, and personal and professional identification.
- the most helpful mentoring behaviors and frequency with which they were provided by the mentor.

## Sample

The study was focused on a group of nurses who were likely to have been recipients of mentoring--top level nursing administrators. In British Columbia there already existed a preselected province-wide group of these people: The Nurse Administrators' Association of British Columbia (NAABC). In May, 1984, this group of 176 was composed of active and retired top level administrators from hospitals, long term care facilities, community health agencies, and schools of nursing; faculty who were engaged in teaching administration in university schools of nursing; and consultants who were self employed or consulting in nursing service administration.

Out of the total mailing of 176 questionnaires, there were 122 responses (69.3% of the survey sample). In order to ensure the research subjects met the criteria of being a present or past administrator, positions of the respondents were reviewed. All respondents met this criteria except for the three who classified themselves as educators. They were deleted from the study as it was not known whether they had been administrators at one time. The two respondents classifying themselves as self employed consultants were retained because it was known that all the consultants had at one time been administrators. Subtracting the educators from the sample left 119 usable questionnaires or an adjusted response rate of 67.6%.

Distribution of the administrative positions of the respondents is similar to the positions of the 331 B.C. nurses in top administrative positions described in the 1982 Health Manpower Statistics for Canada. This is one of the ways in which the survey sample of 119 is considerd to be representative of top nurse administrators in British Columbia. Other similarities exist in age, sex, and marital status. These data are presented more fully in Chapter IV.

## Data Collection

A mail survey was used as it would serve as a simple screening device to distinguish between those who had mentors and those who had not. In addition, it was most useful in obtaining quantitative data that would provide the basis for comparisons of demographic and career characteristics of mentored and non-mentored nurse administrators.

The mail questionnaire was known to be more useful in obtaining quantitative data rather than the rich qualitative data about mentoring relationships that would be available from this population. In studies of this type, a combination of the administration of a questionnaire and interview method are often used (Borg & Gall, 1979). However a mail questionnaire format was selected as the appropriate method because it could produce a large amount of data efficiently and relatively inexpensively. This background data can in turn assist in defining the groundwork for further studies. Some qualitative data was obtained from the open-ended questions in the instrument.

The questionnaire was mailed to the 176 members of the NAABC after obtaining permission and the mailing list from their Nursing Council. The questionnaire was distributed with a cover letter and stamped return envelope (see Appendices A and B for copies of the cover letter and questionnaire respectively).

Survey subjects were given five weeks to reply. A follow-up reminder letter (Appendix C) was sent out to be received by the subjects three weeks into the five week deadline. In order to facilitate a higher response rate, questionnaire reponses were anonymous.

The questionnaires were coded to indicate the date received and the location from which they were mailed. Location was recorded to ensure there was a relatively even population distribution amongst the questionnaires received. After receipt, location was removed to preserve anonymity.

## Instrument

No instrument was found to measure relevent demographic and career characteristics, mentoring characteristics, and type of mentoring help. For this reason, the instrument was developed by the researcher. The instrument is a self report questionnaire (see Appendix B). To aid in construction, suggestions from the literature were used and instruments developed by other investigators (Alleman, 1982; Bova & Phillips, 1982; Collins, 1983; Fagan & Walter, 1982; Ferriero, 1982; Missirian, 1980; Phillips, 1977; Vance, 1977; Vanzant, 1980) were expanded and/or modified.

The questionnaire consists of 95 items grouped into four categories; (A) demographic and career characteristics; (B) characteristics of the mentor, protege, and mentor-protege relationship; (C) type of mentoring help received, and (D) mentoring activity towards others. Categories A and D apply to all subjects while categories B and C apply only to mentored respondents.

Items relevent to demographic and career characteristics were selected according to the criterion that they convey a profile of the subjects in details considered to be relevent to the mentor-protege relationship. Topics selected in Part A--such as marital status; education; job satisfaction; support systems; and career mobility, planning, patterns, and influences--were derived from other questionnaires and suggestions in the literature.

Items relevent to the mentor, protege, and mentor-protege relationship were selected from the literature according to the criterion that they convey a profile of mentoring activity received by the subjects. This section of the questionnaire (Part B) contains a description of what is meant by a mentor. According to this definition, subjects indicate whether or not they have had a mentor. In subsequent questions, if mentored subjects have had more than one mentor, directions are given to respond to the items in terms of the most influential mentor.

In relation to the type of mentoring help received, eight categories of help were derived from suggestions in the literature. (These categories are listed later in this section). Two types of questions were designed to elicit information about the help given by a mentor. One is a multiple response question, where respondents were given a list of eight categories of mentoring help, and were asked to rate the three most helpful behaviours of their mentor. The second type of question consists of 44 statements that describe various facets of mentoring help (Part C). Using an ordinal rating scale of one to five, subjects indicate the frequency with which the different kinds of mentoring help were received. Unknown to the respondents the 44 statements relate to the eight categories of mentoring help. These are: career advice (questions 48 to 51), encouragement, acceptance, confirmation (questions 52 to 57); instruction; coaching (questions 58 to 65); challenge, inspiration, responsibility (questions 66 to 73); role modeling (questions 74 to 80); counseling (questions 81 to 83); promotion, sponsorship (questions 84 to 88); and friendship (questions 89 to 92).

Mentoring activity towards others is measured by three multiple choice questions (Part D). Mentored and non-mentored subjects indicated whether or not they had been mentors to others, the number of proteges sponsored, and whether they thought having a mentor was helpful to a person beginning a career in nursing.

The questionnaire consists of closed, multiple choice, and multiple response questions as well as Likert-like and ordinal rating scales. In addition, two open-ended questions are included to elicit qualitative data regarding the mentor's influence upon the protege's career development and possible negative aspects of the relationship.

Initially the questionnaire consisted of 134 items, however, the sections on background characteristics (Part A) and type of mentoring help (Part C) were reduced to a smaller number of essential items in order to decrease the length and thus increase the likelihood of a higher response rate. The instrument was pilot tested twice with nurses from nursing service administration and nursing education. This resulted in revisions of several questions to clarify them before the final version of the questionnaire was prepared. Estimated time for completion is 35 minutes.

Validity for the instrument used in this study is based on the pilot testing and face validity evident in reading the literature and comparing it with characteristics and/or traits attributed to proteges, mentors, the mentor-protege relationship, and type of mentoring help.

## Data Analyses

The data analysis focused on the research questions posed in Chapter I.

In constructing the profile of nurse administrators, mentors, proteges, the mentor-protege relationship, and type of mentoring help received, descriptive statistics and absolute and relative frequency distributions were used. For the multiple response questions, as well as calculating frequencies on the first, second, and third choice items, aggregate frequencies were calculated. However, the first choice responses were selected for reporting purposes as they were more representative of the respondents' most important choice.

The 44 questions that were rated according to type of mentoring help received were ranked from high to low according to the mean of each question. Then the high and low ranking items were analyzed to determine themes or categories of mentoring help. Before establishing these categories, factor analysis was carried out in order to give validity to the grouping and naming of the categories.

Chi square analysis was carried out to determine if there were significant differences in characteristics of mentored and non-mentored nurse administrators. The significance level was set at .05.

The Statistical Package for the Social Sciences (SPSS) computer program was used to generate frequency distributions, descriptive statistics, cross tabulations, and factor analysis. In reporting the findings, tables are used to illustrate the statistical profile of nurse administrators, mentoring characteristics, and type of mentoring help received.

Qualitative data were used to identify themes relevent to the negative aspects of mentoring. It was also used to provide enrichment data about the influence of the mentor in the protege's career development.

## Summary

In this chapter a descriptive survey study is described that was designed to investigate the research questions delineated in Chapter I regarding mentoring activity, characteristics, and type of mentoring help received by nurse administrators. The sample population consisted of the membership of the Nurse Administrators' Association of B.C.

Because no available instruments were found to measure relevent demographic and career characteristics, mentoring characteristics, and type of mentoring help, the instrument was constructed by the researcher. To aid in construction, suggestions from the literature were used and instruments developed by other researchers were expanded or modified. The instrument was pilot tested twice by nurses from nursing service administration and nursing education. Validity is based on the pilot testing and face validity. The data analysis made use of descriptive statistics, Chi square and factor analysis.

In the next chapter, a detailed description of the findings will be presented in order to answer the research questions raised in Chapter I.

# CHAPTER IV

# RESULTS

A description of the survey results are outlined in this chapter to answer the research questions constructed in Chapter I. Results are presented in six sections: background characteristics of B.C. nurse administrators; incidence of mentoring received; differences in background characteristics of mentored and non-mentored subjects, characteristics of the mentor, the protege, and the mentor-protege relationship; type of mentoring help received; and mentoring activity towards others.

## Background Characteristics of B.C. Nurse Administrators

### Age

The nurse administrators studied range in age from 26 to 69 years. The mean age is 47 years. This is comparable to the mean age of 47 for B.C. nursing administrators in 1982 (Health Manpower Statistics Section, 1982).

### Gender

Of the 119 nurse administrators studied, 96.6 percent are female and 3.4 percent are male. This is almost comparable to the 93.3 percent of B.C. nursing administrators who were female and the 6.6 percent of administrators who were male in 1982

(Health Manpower Statistics Section, 1982).

## Marital Status

The majority (64.7%) of the nurse administrators are married or widowed, 9.2 are separated or divorced, and 25.4 percent have remained single. The smaller number that are single compares with the 1982 statistics showing 23.8 percent of nurse administrators are single while 64.6 percent are married. This is also similar to statistics for the total nurse population in British Columbia: 26.5 percent are single and 66.6 percent are married (Health Manpower Statistics Section, 1982).

## Children

The greatest number of nurse administrators (61.3%) have had at least one child. Of these, 78 percent have had three children or less (see Table 1). The mean number of children for nurse administrators who have been parents is 2.6 children. No data are available regarding number of children among nurse administrators or B.C. nurses in general.

## Current Position

The current positions held by nurse administrators range from director/assistant director of nursing service, director of nursing education, facility administrator/director, director of patient care, consultant (who has been an administrator), and retired director of nursing service. By far the greatest number

Table 1

Distribution of B.C. Nurse Administrators Who Have Had Children by Number of Children

| Number of Children | Frequency | Relative Frequency (%) |
|---|---|---|
| 1 Child | 11 | 15.1 |
| 2 Children | 31 | 42.5 |
| 3 Children | 15 | 20.5 |
| 4 Children | 9 | 12.3 |
| 5 Children | 4 | 5.5 |
| More than 5 | 3 | 4.1 |
| Total | 73 | 100.0 |

of nursing administrators are directors or assistant directors of nursing service (see Table 2). The distribution of nursing administrative positions is similar to the positions according to place of employment for RNABC members in 1980 (Kasanjian & Wong, 1982).

Table 2

Distribution of B.C. Nurse Administrators by Position

| Position | Frequency | Relative Frequency (%) |
|---|---|---|
| Director or Assistant, Nursing Service | 92 | 77.3 |
| Director, Nursing Education | 3 | 2.5 |
| Facility Administrator, Director | 11 | 9.2 |
| Director Patient Care | 8 | 6.8 |
| Consultant | 2 | 1.7 |
| Retired Nursing Director | 3 | 2.5 |
| Total | 119 | 100.0 |

## Education

The nursing administrators are divided almost evenly between those that have a baccalaureate degree or higher (50.4%) and those that have a nursing diploma or diploma plus additional courses (49.6%). This is in sharp contrast to the 1982 B.C. nursing population in general where only 12.1 percent of practicing nurses held a BA degree or higher and 43 percent had no more than a nursing diploma (see Table 3). No data are available on educational level of nurse administrators in B.C. or Canada.

Table 3

Distribution of B.C. Nurse Administrators (1984) by Highest Level of Education Compared to the Distribution of Employed B.C. Nurses (1982) by Highest Level of Education

| Highest Level of Education | Nurse Administrators (1984) | | Nursing Population (1982)[1] | |
|---|---|---|---|---|
| | Freq | (%) | Freq | (%) |
| Nursing Diploma | 5 | 4.2 | 7573 | 43.0 |
| Nursing Diploma plus courses | 54 | 45.4 | 7496 | 42.5 |
| Baccalaureate degree | 32 | 26.9 | 2132 | 12.1 |
| Master's degree or higher | 28 | 23.5 | 157 | .9 |
| No response | 0 | 0.0 | 263 | 1.5 |
| Total | 119 | 100.0 | 17,621 | 100.0 |

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[1] Compiled from Statistics Canada: Health Manpower Statistics Section, Health Division. Revised Registered Nurses Data Series. Ottawa: Statistics Canada, 1982.

## Years Employed as a Nurse

The mean number of years for length of nursing employment is 23.5 years. The range is nine to 43 years. It is notable that 73.1 percent of the respondents have 20 or more years of employment as a nurse (see Table 4). No recent statistics for years of employment in the general population are available. However, a 1979 survey of 1029 B.C. nurses showed that only 26 percent had 15 or more years of employment in nursing positions and the majority, 51 percent, had worked seven or less years in nursing (RNABC Employment Questionnaire, 1979).

Table 4

Distribution of B.C. Nurse Administrators by Years of Employment as a Nurse

| Years of Nursing Employment | Frequency | Relative Frequency (%) | Adjusted Frequency (%) |
|---|---|---|---|
| 1 - 9 | 2 | 1.7 | 1.7 |
| 10 - 19 | 29 | 24.4 | 25.2 |
| 20 - 29 | 55 | 46.2 | 47.9 |
| 30 or over | 29 | 24.4 | 25.2 |
| No response | 4 | 3.3 | -- |
| Total | 119 | 100.0 | 100.0 |

## Career Mobility

Years at present institution. The subjects reported a stay at their present institution ranging from less than a year to 35 years. The mean number of years is 9.3. It is of interest that 34.2 percent of nurse administrators as compared to 10.8 percent of 1980 B.C. general nursing population (Kazanjian and Wong, 1982) have been employed at their present institution for more than 10 years (see Table 5).

Table 5

Distribution of B.C. Nurse Administrators by Years at Present Institution

| Years at Present Institution | | Frequency | Relative Frequency (%) |
|---|---|---|---|
| Less than 6 | | 46 | 39.3 |
| 6 - 10 | | 31 | 26.5 |
| 11 - 15 | | 20 | 17.1 |
| 16 - 20 | | 12 | 10.3 |
| 21 or over | | 8 | 6.8 |
| | Total | 117[1] | 100.0 |

[1] The two consultants were deleted because the number of years at their last institution as a nurse administrator is unknown.

Years holding present position. Thirty-nine subjects (32.7%) reported having held a position similar to that of their current position at other institutions. The total years for nurse administrators holding their current occupational positions ranges from less than one to 26 years with a mean of

7.4 years. No B.C. data regarding length of time in current position are available. However comparison with Vance's study (1977) of top U.S. nurse influentials captures differences in length of service. B.C. nurse administrators holding their current occupational position less than 10 years are in the majority at 67.8 percent of the total compared to 57 percent of the U.S. nurse influentials. The B.C. subjects holding their current position for 10 years or more amount to 32.2 percent of the respondents in comparison to 40.6 percent of the influentials (see Table 6).

Table 6

Distribution of B.C. Nurse Administrators by Total Years Holding Current Occupational Position

| Years in Current Position | Frequency | Relative Frequency (%) | Adjusted Frequency (%) |
|---|---|---|---|
| Less than 5 | 50 | 42.0 | 43.5 |
| 5 - 9 | 28 | 23.6 | 24.3 |
| 10 - 14 | 23 | 19.3 | 20.0 |
| 15 - 19 | 6 | 5.0 | 5.2 |
| 20 or over | 8 | 6.7 | 7.0 |
| No response | 4 | 3.4 | --- |
| Total | 119 | 100.0 | 100.0 |

Number of employers during nursing career. The number of employers ranges from one to 13 with a mean of 5.3 employers. The majority (52.9%) of nurse administrators indicated they had between three to five employers while 38.7 percent have worked with six to more than nine employers (see Table 7). No data are available on number of employers for nurse administrators or B.C. nurses in general.

Table 7

Distribution of B.C. Nurse Administrators by Number of Employers During Nursing Career

| Number of Emloyers | | Frequency | Relative Frequency (%) |
|---|---|---|---|
| 1 - 2 | | 9 | 7.6 |
| 3 - 5 | | 63 | 52.9 |
| 6 - 8 | | 31 | 26.1 |
| 9 or more | | 15 | 12.6 |
| No response | | 1 | 0.8 |
| | Total | 119 | 100.0 |

Employment Pattern

After becoming employed as a nurse, 76.5 percent reported having taken one year or more away from the labor force while a minority, 23.5 percent have not been absent for this period of time. A variety of reasons were given for the absence from the work force. By far the most common reasons were education (32.9%) and raising children (32.2%), (see Table 8). Of interest are the subjects' perceptions of their employment pattern. Most (83.2%) describe their pattern as full time employment on a regular basis while only 16 percent indicated they were employed full or part time with interruptions.

Table 8

Distribution of B.C. Nurse Administrators by Reason for Absence from the Labor Force for One Year or More

| Reason for Absence | Frequency of Responses | Percentage of Responses |
|---|---|---|
| Education | 51 | 32.9 |
| Raising Children | 50 | 32.2 |
| Homemaking | 7 | 4.6 |
| Travelling | 8 | 5.1 |
| Illness | 2 | 1.3 |
| Caring for a relative | 2 | 1.3 |
| Other (non nursing employment, sports, or religious training) | 7 | 4.5 |
| Not been absent for 1 year | 28 | 18.0 |
| Total | 155 | 100.0 |

Note: Subjects could respond to as many items as applicable, therefore, *n*=155 rather than 119.

Despite the common occurance of B.C. nurses absenting themselves from the work force, no data are available on the proportion of those who have taken time away from those who have not.

## Career Influences

The nurse administrators were asked to select and rank the three factors that were most influential in the development of their career. On the first choice ranking, clearly the most conspicuous factor was being competent. This was followed by having strong drive or determination, and knowledge gained through formal education or other courses. Being assisted or sponsored by another person came fifth in rank after changing geographical location (see Table 9).

Table 9

Distribution of B.C. Nurse Administrators by First Choice Selection of Factors Influential in Career Development

| Rank | Influential Factor | Frequency | Relative Frequency (%) |
|---|---|---|---|
| 1 | Being competent | 40 | 33.6 |
| 2 | Having strong drive or determination | 21 | 17.7 |
| 3 | Knowledge gained through formal education, courses | 19 | 16.0 |
| 4 | Changing geographical location | 11 | 9.2 |
| 5 | Being assisted or sponsored by another person | 9 | 7.6 |
| 6 | Being separated or divorced | 5 | 4.2 |
| 7 | Being assertive | 3 | 2.5 |
| 8 | Luck or fate | 2 | 1.7 |
| 8 | Remaining single | 2 | 1.7 |
| 8 | Getting married | 2 | 1.7 |
| 9 | Not having children | 1 | 0.8 |
| 9 | Being aggressive | 1 | 0.8 |
| 9 | Being physically attractive | 1 | 0.8 |
|  | No response | 2 | 1.7 |
|  | Total | 119 | 100.0 |

## Career Planning Route for the Present Position

When specifying the manner by which the subjects arrived at their present nursing position, 36.1 percent answered that they were encouraged and recommended by another individual. Another 25.2 percent arrived at their job through seizing upon a sudden opportunity, while only 17.7 percent indicated they always knew what they wanted to do and therefore looked for and worked toward this goal (see Table 10).

Table 10

Responses and Distribution of B.C. Nurse Administrators to Item, "How Did You Arrive at Your Present Nursing Position?"

| Career Planning Route | Frequency | Relative Frequency (%) |
|---|---|---|
| Encouraged and recommended by another person | 43 | 36.1 |
| Seized sudden opportunity | 30 | 25.2 |
| Always had a goal in mind and worked toward this | 21 | 17.7 |
| Temporarily filled in and stayed in position | 10 | 8.4 |
| Steady advancement with increasing competence, education | 4 | 3.4 |
| Position advertised, successful candidate | 4 | 3.4 |
| Responded to altruistic or financial need | 3 | 2.5 |
| Other (position reclassified,position not literally a nursing position) | 3 | 2.5 |
| No response | 1 | 0.8 |
| Total | 119 | 100.0 |

## Satisfaction with Present Position

The respondents indicated their satisfaction with their present position by selecting items on a five point scale ranging from: (1) Not at all, (2) Somewhat satisfied, (3) Moderately satisfied, (4) Very satisfied, and (5) Entirely satisfied. The majority (64.7%) of respondents suggested that they were very satisfied to entirely satisfied with their present position. None were completely unsatisfied and only 3.4 percent were somewhat satisfied.

## Career Support from Significant Others

Respondents were asked to rate the extent to which they were supported and encouraged in their career development by various significant others. Their opinions were elicited through use of a five point rating scale (from 1 "Never Supported" to 5 "Almost Always Supported"). The rank and mean for each category of persons are reported in Table 11. Means for single nurse administrators as well as the total population are documented.

Table 11

Rank and Mean of B.C. Nurse Administrators and Single Nurse Administrators to Item: Extent of Support and Encouragement in Career Development by Significant Others

| Significant Other | All Subjects | | Single Subjects | |
|---|---|---|---|---|
| Category | Mean | Rank | Mean | Rank |
| Spouse/Partner | 4.35 | 1 | 3.50 | 7 |
| Father | 3.97 | 2 | 4.04 | 1 |
| Mother | 3.93 | 3 | 3.81 | 2 |
| Other Family Members | 3.91 | 4 | 3.74 | 4 |
| Nursing Colleagues | 3.86 | 5 | 3.77 | 3 |
| Friends | 3.70 | 6 | 3.73 | 5 |
| Non-Nursing Colleagues | 3.57 | 7 | 3.71 | 6 |

For the total population, spouses or partners (where applicable) were ranked first followed in rank by fathers, mothers, and other family members, respectively. The career support and encouragement offered by nursing colleagues ranked fifth--ahead of that offered by friends and non-nursing colleagues.

For single nurse administrators, the most highly ranked source of career support was the father followed in rank by the mother and nursing colleagues. While the ranking by single nurses for support from the mother and nursing colleagues is higher than the ranking by all subjects, it should be noted that the rating of support from the mother, nursing colleagues, and other family members is actually lower amongst single subjects.

## Incidence of Mentoring Received

Eighty-five (71.4%) of the nurse administrators indicated that they have experienced a relationship with one or more mentors in the present or the past. All subjects responded to the "yes-no" question which left 34 or 28.6% of the research group not experiencing a mentor relationship according to the definition given in the questionnaire. In relation to gender, two of the male subjects have had mentors while two have not. And 72.2 percent (83) of the female nurse administrator have had mentors while 27.8 percent (32) have not.

## Differences Between Mentored and Non-Mentored Subjects

There were two background characteristics found to be significantly related ($p < .05$) after performing Chi square analysis on mentored and non-mentored subjects. One was the number of children amongst respondents who have been parents; the other was the nurse administrators' career planning route for the present position.

### Number of Children

Non-mentored nurse administrators who were parents were found to have more children in proportion to mentored parents, Chi square=11.81, df=5, $p < .05$. Only 17.9 percent of mentored parents have four or more children, while 47.2 percent of non-mentored parents have more than three children. Eighty-two percent of the mentored parents have from one to three children as compared to 64.7 percent of the non-mentored parents.

### Career Planning Route for Present Position

In response to the question "How did you arrive at your present position?", the subjects' selection from five options was found to be significantly related amongst mentored and non-mentored subjects, Chi square=13.17, df=4, $p < .02$. By proportion, more mentored subjects chose two options: (1) "Another person encouraged me and recommended me for the position," and, (2) "The opportunity suddenly presented itself and I seized it." In contrast, the non-mentored subjects focused on three options: (1) "Since I became a nurse I always wanted to be a nursing administrator/educator/consultant, therefore I looked for and worked toward these opportunities;" (2) "I filled in on a temporary short term basis, and I've been in this type of position ever since;" and (3) "Other." The other category consisted of: "Steady advancement with increasing competence, education;" "Position advertised, successful candidate," and "Position reclassified."

The data suggest that when acquiring their current position, by proportion, mentored subjects more frequently felt they had an individual who encouraged and recommended them. In addition, it appears they think they were more often able to take advantage of sudden job opportunities.

## Characteristics of the Mentor, the Protege, and the Mentor-Protege Relationship

### The Mentor

Subjects were asked to report about the following characteristics in terms of their most influential mentor.

Gender. Sixty (70.6%) mentored subjects reported having female mentors as the most influential mentor, while 25 (29.4%) have had male mentors. Of the two male subjects with mentors, both report having had female mentors.

Age of mentor at onset of the relationship. The mentors' ages ranged from 17 to 62 with a mean of 41.9 years. Almost 59 percent of the mentors were in the 40 to 63 years age group when the relationship started, and a minority (10.6%) were under 30 years of age (see Table 12).

Table 12

Distribution of Mentored Nurse Administrators by Age of the Mentor at Onset of the Mentor-Protege Relationship

| Age of Mentor | | Frequency | Relative Frequency (%) |
|---|---|---|---|
| Less than 30 | | 9 | 10.6 |
| 30 - 39 | | 26 | 30.6 |
| 40 - 49 | | 25 | 29.4 |
| 50 - 59 | | 16 | 18.8 |
| 60 or over | | 9 | 10.6 |
| | Total | 85 | 100.0 |

Age difference between mentor and protege. The age differences ranged from a mentor that was 20 years younger than the protege to one that was 30 years older. The mean was 11 years. Age differences of nine to 16 years accounted for the largest grouping (34.2%). It is worth noting that 12.9 percent of the mentors were the same age or younger than the protege (see Table 13). Five proteges were older than their mentors in age gaps consisting of two, three, five, six and a remarkable 20 years. Six were the same age as the mentor.

Table 13

Distribution of Mentored Nurse Administrators by Age Difference Between Mentor and Protege

| Age Difference | Frequency | Relative Frequency (%) |
|---|---|---|
| Less than 1 year | 11 | 12.9 |
| 1 - 8 | 20 | 23.5 |
| 9 - 16 | 29 | 34.2 |
| 17 - 24 | 15 | 17.7 |
| 25 or over | 9 | 10.6 |
| No response | 1 | 1.1 |
| Total | 85 | 100.0 |

Relationship and role of the mentor. Mentors were predominantly employers (48.2%) or colleagues (27.1%). Family members such as spouse, mother, father, and other relatives accounted for an additional 13 percent of the mentors. It is worth noting that teachers and instructors represented only 7.1 percent of the mentor relationships. (see Table 14).

The most conspicuous roles were that of immediate boss (29.4%), director/administrator (28.2%), followed by a more experienced colleague (18.8%), guide and supporter (10.6%), and instructor/teacher (8.2%). Supervisor (2.4%) and parent (2.4%) accounted for the most infrequent mentor roles.

Cross tabulations were carried out to determine what the roles were in terms of the mentor's relationship. Results show that employers were classified in descending order of frequency as directors or administrators, immediate bosses (such as head nurse), and to a small extent, as more experienced colleagues.

Table 14

Distribution of Mentored Nurse Administrators by Mentor's Relationship

| Mentor's Relationship | Frequency | Relative Frequency (%) |
|---|---|---|
| Mother | 1 | 1.2 |
| Father | 2 | 2.3 |
| Spouse | 7 | 8.2 |
| Other Relative | 1 | 1.2 |
| Friend | 4 | 4.7 |
| Colleague | 23 | 27.1 |
| Employer | 41 | 48.2 |
| Teacher | 6 | 7.1 |
| Total | 85 | 100.0 |

Colleagues were designated a broad spectrum of roles. Again, in descending order, they were listed as more experienced colleagues, immediate bosses, directors, instructors, and guides and supporters. Spouses were classified as guides and supporters while friends were reported to be more experienced colleagues, supervisors, or immediate bosses.

Work related mentor relationships such as colleague and employer accounted for at least 75.3 percent of the relationships. In addition, work related roles (immediate boss, director or administrator, more experienced colleague, supervisor) were assigned to 78.8 percent of the mentors.

Mentor's occupation as a nurse. Mentored nurse administrators indicated that 71.8 percent of their most influential mentors were nurses. It is of interest that all but three (95.1%) of the nurse mentors were female while the majority (91.7%) of the non-nurse mentors were male (see Table 15).

Table 15

Distribution of Mentored Nurse Administrators by Nurse, Non-Nurse Mentor and Mentor's Sex

| Mentor | Frequency | Relative Frequency (%) |
|---|---|---|
| Nurse Mentor | 61 | 71.8 |
| Who is female | -- 58 | -- 95.1 |
| Who is male | -- 3 | -- 4.9 |
| Non-nurse mentor | 24 | 28.2 |
| Who is female | -- 2 | -- 8.3 |
| Who is male | -- 22 | -- 91.7 |
| Total | 85 | 100.0 |

On further cross tabulations non-nurse mentors were classified, in descending order of frequency, as employers, spouses, relatives, colleagues, and a teacher. In similar ranking fashion, nurse mentors were reported as employers, colleagues, teachers, friends, a mother, and a spouse.

Nursing role of mentor. The 61 subjects who had nurses as mentors were asked to select and rank the three most predominant career roles of their nurse mentor. On the first choice ranking, the dominant role was that of administrator (47.5%) followed by nursing leader (27.9%) and professor/instructor (14.8%, see Table 16). The roles of policy maker, researcher, scholar, writer, and lobbyist were not selected on the first

Table 16

Distribution of Nurse Mentor Administrators by First Choice Selection of Predominant Career Role of Nurse Mentor

| Rank | Career Role of Nurse Mentor | Frequency | Relative Frequency (%) |
|---|---|---|---|
| 1 | Administrator | 29 | 47.5 |
| 2 | Nursing Leader | 17 | 27.9 |
| 3 | Professor/Instructor | 9 | 14.8 |
| 4 | Nurse clinician | 3 | 4.9 |
| 5 | Other (lawyer) | 1 | 1.6 |
|  | No response | 2 | 3.3 |
|  | Total | 61 | 100.0 |

choice option, but were designated on the second and third choices. It is conspicuous that the roles of administrator, nursing leader, and policy maker were chosen to a large extent, while the roles of researcher, scholar, writer, and lobbyist were specified infrequently.

Interest, influence, identification, and power of the mentor. The mentored administrators were asked to rate the extent to which certain behaviours occured in the mentor or themselves. Their opinions were obtained through use of a five point rating scale from: (1) Never, (2) Seldom, (3) Sometimes, (4) Frequently, and (5) Almost always. The rank and mean of these characteristics such as the mentor's interest, influence, power, and the identification of the protege with the mentor are reported in Table 17. Highest in rank was the mentor's lasting positive influence on the protege's career development, alternatively, influence on personal development was ranked lowest. Subjects reported that their mentors took a personal

Table 17

Rank and Mean of Mentored Nurse Administrator's Rating of the Occurance of Their Mentor's Behaviours: Interest, Influence, Identification, and Power

| Mentor's Behaviour in Relation to Protege | Mean | Overall Rank |
|---|---|---|
| Interest in protege's career development | | |
| Personal Interest | 4.3 | 3 |
| Professional interest | 3.7 | 5 |
| Lasting positive influence on protege's | | |
| Career development | 4.4 | 1 |
| Personal development | 3.3 | 8 |
| Protege's identification with mentor's | | |
| Professional values and behaviours | 4.3 | 2 |
| Personal values and behaviours | 3.8 | 4 |
| Power in accessing | | |
| Personal related resources[1] | 3.6 | 6 |
| Material resources[2] | 3.4 | 7 |

[1] Influence, status, expertise
[2] Money, Time, information

interest in their career development. Further, influence and identification in relation to career and professional development and values was more inclined to occur than influence relevent to personal development, values, and behaviours. The abilities of the mentor to access personal and material resources were not high in rank. They ranked sixth and seventh out of eight respectively.

## The Protege

Number of mentors. The mentored nurse administrators disclosed that they had anywhere from one to more than three mentors. Sixty-one percent had two mentors or more while 38.8 percent reported having had one mentor (see Table 18).

Table 18

Distribution of Mentored Nurse Administrators by Number of Mentors

| Number of Mentors | | Frequency | Relative Frequency (%) |
|---|---|---|---|
| 1 | | 33 | 38.8 |
| 2 | | 26 | 30.6 |
| 3 | | 15 | 17.6 |
| more than 3 | | 11 | 13.0 |
| | Total | 85 | 100.0 |

Age of protege at onset of the mentor-protege relationship. Mentored subjects indicated they were anywhere from age two to 52 when the relationship began, with a mean of 30.7 years. Apart from the one person who specified the relationship started at age two, other relationships began at 15 years. Seventy percent of the relationships commenced when the protege was between the ages of 15 and 35. It is noteworthy that 30 percent began over the age of 35, and of these, 14.1 percent started when the protege was 40 years of age or more (see Table 19).

Table 19

Distribution of Mentored Nurse Administrators by Age at Onset of the Mentor-Protege Relationship

| Age of Protege | Frequency | Relative Frequency (%) |
|---|---|---|
| 2 - 19 | 4 | 4.7 |
| 20 - 29 | 33 | 38.8 |
| 30 - 39 | 35 | 41.2 |
| 40 or over | 12 | 14.1 |
| No response | 1 | 1.2 |
| Total | 85 | 100.0 |

*Protege's developmental stage at onset of the mentor-protege relationship*. The focal periods when the mentor-protege relationship began were during the times of early and mid-work experience. Early work experience (one to nine years) accounted for 42.4 percent of the respondents, while mid-work experiences (10 to 19 years) represented 34.1 percent. A noteworthy 9.4 percent began their mentor-protege relationship at the time of late work experience (30 years and over). Few (10.6%) of the relationships began at a stage when the protege was involved in post-secondary education (see Table 20).

Approximately 86 percent of the mentor-protege relationships started during the protege's work experience. In response to a question regarding where they were in their career development when the mentor-protege relationship occured, 67.6 percent indicated they were advancing to a higher position, 18.3 percent were changing to a new position; 7 percent were novices in their first job, and 7 percent described themselves as

Table 20

Distribution of Mentored Nurse Administrators by Developmental Stage at Onset of the Mentor-Protege Relationship

| Developmental Stage | Frequency | Relative Frequency (%) |
|---|---|---|
| Early childhood | 1 | 1.2 |
| Schooling (grades 7 to 12) | 2 | 2.3 |
| Diploma nursing program | 3 | 3.5 |
| Baccalaureate program | 4 | 4.8 |
| Master's program | 2 | 2.3 |
| Early work experience (1 to 9 years) | 36 | 42.4 |
| Mid-work experience (10 to 19 years) | 29 | 34.1 |
| Late work experience (20 years or over) | 8 | 9.4 |
| Total | 85 | 100.0 |

requiring growth in their current position.

Secondary analysis of the protege's developmental stage and age at onset of the relationship revealed that the greatest proportion of proteges in the 20 to 29 age group were at the stage of early work experience. Those who were 30 to 39 years old were at mid-work experience, and respondents who were 40 years or over were at the stages of late and mid-work experience. However age was not solely related to stage of work experience. It is of interest that proteges starting a mentor-protege relationship in early or mid-work experience were anywhere from 20 to more than 40 years of age. Furthermore, proteges who began a relationship during their post-secondary education were from 19 to more than 40 years old.

Protege's needs at onset of the mentor-protege relationship. The 85 mentored subjects were asked to select and rank their three most important needs at the time the mentor-protege relationship began. On the first choice ranking, the uppermost need was support and encouragement (31.8%), followed to a lesser degree by a need for information and/or resources (15.3%), challenge and inspiration (14.1%), and the need for a role model (12.9%), (see Table 21). In light of the fact that 67.6 percent of the proteges were advancing to a higher position when the mentor-protege relationship occured, it is of interest that a need for career advancement was reported by only 4.7 percent.

Table 21

Distribution of Mentored Nurse Administrators by First Choice Selection of Protege's Needs at Onset of the Mentor-Protege Relationship

| Rank | Protege's Need | Frequency | Relative Frequency (%) |
|---|---|---|---|
| 1 | Support, encouragement, confirmation | 27 | 31.8 |
| 2 | Information and/or resource | 13 | 15.3 |
| 3 | Challenge, inspiration | 12 | 14.1 |
| 4 | Role model | 11 | 12.9 |
| 5 | Professional direction and/or focus | 7 | 8.2 |
| 6 | Skill acquisition | 5 | 5.9 |
| 6 | Job placement | 5 | 5.9 |
| 7 | Career advancement | 4 | 4.7 |
| 8 | Experiences | 1 | 1.2 |
| | Total | 85 | 100.0 |

## The Mentor-Protege Relationship

Initiation of the relationship. Mentored subjects indicated that the majority (57.1%) of mentor-protege relationships grew out of a mutual attraction or mutual work situation. On the other hand, the mentor was responsible for initiating 34.1 percent of the relationships while the protege originated only 3.6 percent. Another 4.8 percent grew out of assigned relationships such as preceptorship programs, work and study assignments.

Setting. When designating where the mentor-protege relationship took place, respondents disclosed that 67.1 percent took place in a hospital or work setting, 15.3 percent came about in an education setting, 11.8 percent happened in the community setting with friends.

Length. Mentored nurse administrators reported relationships lasting from less than one year to 39 years. The mean was 9.5 years. Seventy-five percent of the relationships continued for 10 years or less. Of these, 24.7 percent were four years or less in duration (see Table 22). Of interest is the fact that 16.5 percent of the relationships endured for 17 years or more. This statistic may be due to the fact that subjects interpreted this question to mean the total length of the interpersonal relationship with the mentor rather than the length of the mentor-protege relationship.

Table 22

Distribution of Mentored Nurse Administrators by Length of the Mentor-Protege Relationship

| Length of the Relationship | | Frequency | Relative Frequency (%) |
|---|---|---|---|
| Less than 4 years | | 21 | 24.7 |
| 4 - 6 | | 20 | 23.5 |
| 7 - 10 | | 23 | 27.1 |
| 11 - 16 | | 7 | 8.2 |
| 17 or over | | 14 | 16.5 |
| | Total | 85 | 100.0 |

Ending the Relationship. From a choice of nine options the respondents selected any number of items that applied to the manner in which the mentor-protege relationship ended. Changing jobs (22.5%) and moving away (19.6%) were the most frequently designated routes of termination. Only 2.8 percent of the relationships ended in disharmony. While the respondents reported that 61.7 percent of the mentor-protege relationships had come to an end, others indicated that 38.3 percent were still going on (see Table 23). Again, this figure may be the result of the respondents not recognizing when a mentor-protege relationship has become transformed into an interpersonal relationship.

Negative aspects. In the event there were negative aspects to their mentor relationship, subjects were asked to indicate in an open-ended question what these were. Twenty-seven (31.7%) responded. The negative elements could be grouped into the following seven categories: (1) The mentor's expectations were

Table 23

Distribution of Mentored Nurse Administrators by Manner in which the Mentor-Protege Relationship Ended

| Manner in which Relationship Ended | Frequency of Responses | Percentage of Responses |
|---|---|---|
| Changing jobs | 24 | 22.5 |
| Moving away | 21 | 19.6 |
| Gradually drifting apart | 4 | 3.7 |
| Becoming friends | 4 | 3.7 |
| Becoming colleagues | 2 | 1.9 |
| Getting married | 2 | 1.9 |
| Disharmony | 3 | 2.8 |
| Mentor or protege suffered some misfortune | 6 | 5.6 |
| Relationship still going on | 41 | 38.3 |
| Total | 107 | 100.0 |

Note: Subjects could respond to as many items as applicable, therefore _n_=107 rather than 85.

unrealistic or too high; (2) the mentor was controlling, inflexible, critical; (3) the mentor was possessive or demanded unquestioning loyalty; (4) the mentor was unable to meet the protege's expectations in that the mentor gave vague instructions, was disorganized, became discouraged, became dependent upon the protege, revealed weaknesses that disenchanted the protege, or was unable to offer work related assistance because the mentor was not in the work setting. In addition, there were: (5) differences of opinion between mentor and protege, (6) feelings of guilt or insecurity on the part of the protege that career advancement was due to the mentor's reputation and, (7) resentment and misinterpreation of the relationship by other staff.

## Type of Mentoring Help Received

Turning to the type of mentoring help received, the mentored subjects reported about the help received from their mentors in two ways. On one question, they selected and ranked the mentor's three most helpful behaviours from a choice of eight options. In another section of the questionnaire, they rated 45 items according to the extent to which various types of mentoring help occured.

In relation to the mentor's most helpful behaviours the first choice ranking is documented. Encouragement, acceptance, and confirmation (38.8%) definitely outweighed challenge, inspiration, and responsibility (22.3%). These were followed to a lesser extent by instruction, coaching (12.9%) and role modeling (10.6%). Of significance is the fact that career advice, and promotion and sponsorship accounted for only 7.1 percent of the total (see Table 24).

Regarding the extent to which various types of mentoring help occured, opinions were elicited on 45 items through use of a five point rating scale ranging from: (1) Never, (2) Seldom, (3) Sometimes, (4) Frequently, and (5) Almost always. In the questionnaire, the 45 items were grouped according to the eight types of mentoring help: (1) career advice; (2) encouragement, acceptance, confirmation; (3) instruction, coaching; (4) counseling (other than career advice); (5) challenge, inspiration, responsibility; (6) role modeling; (7) promotion and sponsorship; and (8) friendship.

Table 24

Distribution of Mentored Nurse Administrators by First Choice Selection of Help Received from their Mentor

| Rank | Type of Help | Frequency | Relative Frequency (%) |
|---|---|---|---|
| 1 | Encouragement, acceptance confirmation | 33 | 38.8 |
| 2 | Challenge, inspiration responsibility | 19 | 22.3 |
| 3 | Instruction, coaching | 11 | 12.9 |
| 4 | Role modeling | 9 | 10.6 |
| 5 | Friendship | 5 | 5.9 |
| 6 | Promotion, sponsorship | 4 | 4.7 |
| 7 | Career advice | 2 | 2.4 |
| 7 | Counseling | 2 | 2.4 |
|  | Total | 85 | 100.0 |

Analysis of the 45 items indicated that if the eight original categories of mentoring help (listed in Table 24) were to be used as an organizing framework, the items could not be grouped neatly according to similar ranks or frequency of help received. However, it was found the items could be clustered according to like ranks, then reclassified into ten new categories of mentoring help if the content of the help received was used as the organizing framework. Before the items were grouped in this way, factor analysis was carried out to give validity to the naming of the categories of mentoring help. (See Appendix D for comparison of the 10 ranked categories with the 14 categories resulting from factor analysis.) The original eight categories were renamed in the following manner.

Sponsorship and promotion were divided into three categories: promotion towards career and educational opportunities; beneficial exposure and visibility; and running interference or protecting. Career advice was reclassified into two groups: advice and promotion relevent to career goals and educational opportunities, and candid counsel and shrewd advice. The rank of items relevent to the three categories: role modeling, challenge, and counseling, ranged across a number of the new groupings according to the content of the help. Therefore, these three categories were subsumed under the new classifications. Continuing on, there were seven items that could be grouped together according to similar means, however, they ranged across the categories of challenge, instruction, role modeling, and friendship. When analysed, these items conveyed common themes relevent to the mentor's extended personal indoctrination, direction, and interest in the protege's career development. Therefore, a new category with this name was created. Further, friendship was divided into two categories, those of off-the-job social interaction and personal assistance. In addition, there were three categories of help that retained their original flavor but did undergo some changes. These were: encouragement, acceptance, confirmation; inspiration, challenge, responsibility; and instruction, coaching. The rank and mean, together with the relevent categories of mentoring help are tabulated in Table 25.

Table 25

Rank and Mean of Mentored Nurse Administrators's Rating of Type of Mentoring Help Received

| Item Pertaining to Type of Help | Mean | Rank | Category of Help |
|---|---|---|---|
| Believed in my ability even though I was at times unable to recognize my potential. | 4.55 | 1 | Encouragement, confirmation |
| Was someone I could rely on for support during crisis and uncertainties. | 4.52 | 2 | Encouragement, confirmation |
| Verbally expressed confidence in me. | 4.49 | 3 | Encouragement, confirmation |
| Considered my knowledge and experience an asset. | 4.34 | 4 | Encouragement, confirmation |
| Served as a role model for a standard of excellence to be imitated. | 4.23 | 5 | Inspiration: high standards |
| Shared and trusted me with information that was confidential. | 4.21 | 6 | Encouragement, confirmation |
| Served as a role model in leadership ability. | 4.20 | 7 | Inspiration: high standards |
| Encouraged me to take risks and experiment with new ways of doing things. | 4.17 | 8 | Encouragement, confirmation |
| Inspired me to take the initiative and seek greater responsibility. | 4.13 | 9 | Inspiration: high standards |
| Set especially high standards of performance for me. | 4.12 | 10 | Inspiration: high standards |
| Encouraged me to disagree on issues without fear of retaliation. | 4.08 | 11 | Encouragement, confirmation |
| Provided me with feedback, constructive criticism. | 4.07 | 12 | Practical training |

Table 25
Type of Mentoring Help Received
(Continued)

| Item Pertaining to Type of Help | Mean | Rank | Category of Help |
|---|---|---|---|
| Allowed me to share personal doubts and concerns without risk of exposure. | 4.00 | 13 | Encouragement, confirmation |
| Served as a role model in how to communicate effectively with others. | 3.92 | 14 | Practical training |
| Included me in policy making and/or administrative planning sessions. | 3.86 | 15 | Practical training |
| Served as a role model in how to deal with the politics of the unit, organization, or real world. | 3.81 | 16 | Practical training |
| Created a stimulating atmosphere of expectation and excitement. | 3.80 | 17 | Encouragement, confirmation |
| Coached me in ways to get around organizational and personal obstacles. | 3.75 | 18 | Practical training |
| Provided exposure to and explained his /her method of handling client, work related, and/or real world problems. | 3.71 | 19 | Practical training |
| Discussed with me my short and long range career goals. | 3.66 | 20 | Career promotion |
| Instructed me in higher level and/or real world strategies, tactics, politics, and expectations. | 3.65 | 21 | Practical training |
| Recommended me for an educational opportunity, advantageous job, promotion, and/or key committee. | 3.55 | 22 | Career promotion |
| Advised me on educational opportunities. | 3.49 | 23 | Career promotion |
| Provided more challenge and opportunity for me than for others. | 3.48 | 24 | Personal indoctrination |
| Candidly discussed the reasons for the behaviour of other members of the organization. | 3.47 | 25 | Personal Indoctrination |

Table 25
Type of Mentoring Help Received
(Continued)

| Item Pertaining to Type of Help | Mean | Rank | Category of Help |
|---|---|---|---|
| Served as a role model in creative behaviour. | 3.45 | 26 | Personal indoctrination |
| Took a genuine interest in my family, hobbies, and personal interests. | 3.38 | 27 | Personal indoctrination |
| Discussed with me appropriate answers to written or verbal communications. | 3.35 | 28 | Personal indoctrination |
| Delegated problems to me and allowed me to work out solutions. | 3.31 | 29 | Personal indoctrination |
| Helped me modify my formal learning so that it would fit in the practical working world. | 3.21 | 30 | Personal indoctrination |
| Had me make presentations to colleagues, friends, clients, or administrators. | 3.18 | 31 | Exposure, visibility |
| Was extremely demanding of me. | 3.13 | 32 | Exposure, visibility |
| Advised on where and how to seek career advancement opportunities. | 3.11 | 33 | Candid counsel |
| Introduced my ideas and/or me to others who could help me achieve my career goals. | 3.08 | 34 | Exposure, visibility |
| Endorsed, in public, opinions I had expressed. | 3.01 | 35 | Exposure, visibility |
| Cautioned me to avoid behaviour that might be detrimental to my career. | 2.95 | 36 | Candid counsel |
| Advised me on what to avoid when seeking career and/or personal responsibilities. | 2.87 | 37 | Candid counsel |
| Served as a role model in how to incorporate work, family and/or personal responsibilities. | 2.86 | 38 | Social interaction |

Table 25
Type of Mentoring Help Received
(Continued)

| Item Pertaining to Type of Help | Mean | Rank | Category of Help |
|---|---|---|---|
| Had me fill in for him/her at meetings or in his/her job when away. | 2.78 | 39 | Exposure, visibility |
| Had occasional lunch, dinner, coffee, or drinks with just me. | 2.68 | 40 | Social interaction |
| Took personal risks to protect or defend me. | 2.66 | 41 | Protection |
| Invited me to his/her home. | 2.62 | 42 | Social interaction |
| Served in a role model in how to use friendship, favor swapping, and informal social contacts for career advancement. | 2.49 | 43 | Candid counsel |
| Deviated from policy or bent the rules for me. | 1.58 | 44 | Protection |
| Assisted me with personal needs such as locating housing, loaning money, etc. | 1.50 | 45 | Personal assistance |

The ten new categories are listed below. They are placed in order of the mentoring help most frequently to least frequently received. First in rank is encouragement, support, acceptance, confirmation (see items ranked 1, 2, 3, 4, 6, 8, 11, 13, 17). Second, is inspiration to achieve high standards of performance (see items ranked 5,7,9,10). Third, is practical training and guidance in how to deal with the politics, strategies, obstacles of the real world, organization, or unit (see items ranked 12,14,15,16,18,19,21). Career/educational advice and promotion is fourth (see items ranked 20,22,23).

Fifth, is extended personal indoctrination, direction, and interest (see items ranked 24,25,26,27,28,29,30). Sixth, is beneficial exposure and visibility (see items ranked 31,32,34,35,39). Seventh, is candid counsel and advice (see items ranked 33,36,37,43). Eighth, is off-the-job social interaction (see items ranked 38,40,42). Ninth, is protection, running interference (see items ranked 41,44). And last, is assistance with personal needs (see item 45). The new categories of mentoring help are ranked and documented in Table 26.

Table 26

Rank and Type of Mentoring Help Received

| Rank | Category Pertaining to Type of Mentoring Help |
|---|---|
| 1 | Encouragement, support, acceptance, confirmation |
| 2 | Inspiration to achieve high standards of performance |
| 3 | Practical training and guidance |
| 4 | Career/educational advice and promotion |
| 5 | Extended personal indoctrination, interest, and direction |
| 6 | Beneficial exposure and visibility |
| 7 | Candid counsel and shrewd advice |
| 8 | Off-the-job social interaction |
| 9 | Protection, running interference |
| 10 | Assistance with personal needs |

Note: Categories are ranked according to mentoring help most frequently received (rank 1) to least frequently received (rank 10).

The rating of several items is of interest. Role modeling of creative behaviour (rank 26); incorporation of work, family, personal responsibilities (rank 38); and use of friendship, favor swapping, and informal social contacts for advancement (rank 43) have lower ranks than anticipated. These will be discussed in the next chapter.

Secondary analysis of selected items of mentoring help showed that in some instances there was a statistical significance between the relationship of the mentor and type of help received. In addition there was a tendency for non-nurse mentors to be rated higher on the help received than nurse mentors. Most of the non-nurse mentors are male. These were incidental findings and were not part of the main thrust of this study, but they do signify the need for further exploration.

## Mentoring Activity Towards Others

Both mentored and non-mentored nurses reported being mentors to others in the past and intending to be mentors in the future. However, Chi square analysis showed there was a statistically significant relationship between past mentoring activity and mentored and non-mentored nurse administrators, Chi square=9.99, df=3, $p<.02$. There was also a significant difference between the intention to mentor in the future and mentored and non-mentored nurses, Chi square=14.77, df=3, $p<.01$.

In relation to past mentoring activity, 67.1 percent of the mentored subjects indicated they have been mentors as compared to 51.5 percent of the non-mentored subjects. Only 3.5 percent of mentored administrators have never been mentors in contrast to 21.2 percent of the non-mentored nurses. Of interest is the fact that almost 29 percent of both mentored and non-mentored nurse administrators do not know whether they have acted as a mentor (see Table 27, Part A).

When declaring their intention to serve as mentors in the future, 83.4 percent of the mentored nurses wish to be mentors as opposed to 48.5 percent of the non-mentored nurses. Only 10.6 percent of the mentored administrators are undecided about future mentoring activity compared to 33.3 percent of the non-mentored administrators (see Table 27, Part B).

As a means of summarizing the general feeling towards the usefulness of mentoring, subjects responded to a final question, "Having one or more mentors is helpful to a person beginning a career in nursing." The administrators indicated their opinion by selecting items on a five point scale ranging from: (SD) Strongly disagree, (D) Disagree, (U) Undecided, (A) Agree, to (SA) Strongly agree. Chi square analysis showed there was a statistically significant relationship between response to this question and mentored and non-mentored respondents, Chi square=28.04, df=4, $\underline{p}<.001$. Amongst the mentored administrators, 96.4 percent agreed or strongly agreed while 2.4 percent were undecided. In contrast, 69.7 percent of the non-mentored subjects agreed or strongly agreed while 21.2 percent were undecided. The salient point is that amongst both the mentored and non-mentored nurse administrators, more than two-

## Table 27

## Chi Square Analysis of Mentoring Activity to Others with Significantly Different Response Patterns for Mentored and Non-Mentored Nurse Administrators

### A. Mentoring Activity in the Past by Mentored and Non-Mentored Nurse Administrators

| Category | Mentored | | Non-Mentored | |
|---|---|---|---|---|
| | Freq. | (%) | Freq. | (%) |
| Mentor to 1 person | 40 | 11.8* | 4 | 12.1 |
| Mentor to >1 person | 47 | 55.3 | 13 | 39.4 |
| Not acted as mentor | 3 | 3.5 | 7 | 21.2 |
| Don't know | 25 | 29.4 | 9 | 27.3 |
| Total | 85 | 72.0 | 33 | 27.9 |

$\underline{X}^2=14.77$, df=3

* $\underline{p}<.02$.

### B. Mentoring Activity in the Future by Mentored and Non-Mentored Nurse Administrators

| Category | Mentored | | Non-Mentored | |
|---|---|---|---|---|
| | Freq. | (%) | Freq. | (%) |
| Mentor to 1 person | 26 | 31.0** | 6 | 18.2 |
| Mentor to >1 person | 44 | 52.4 | 10 | 30.3 |
| Will not act as mentor | 5 | 6.0 | 6 | 18.2 |
| Undecided at present | 9 | 10.6 | 11 | 33.3 |
| Total | 84 | 71.7 | 33 | 28.2 |

$\underline{X}^2=14.77$, df=3

** $\underline{p}<.01$.

thirds are of the opinion that a mentor is helpful to a person who is beginning a stage of their career in nursing.

A summary of the study and conclusions about how these results related to the literature in Chapter II is included in Chapter V.

# CHAPTER V

# SUMMARY, CONCLUSIONS, RECOMMENDATIONS

This chapter presents a summary of the study, the conclusions reached based upon the findings and literature review, and recommendations for education, nursing, and further research.

## Summary

The purpose of this survey study was to describe the characteristics of mentoring activity and the type of help received by nurse administrators in British Columbia. It was designed to answer the research questions posed in Chapter I regarding: the incidence of mentoring received; the presence of significant differences between mentored and non-mentored subjects; characteristics of the mentor, the protege, and the mentor-protege relationship; the type of mentoring help received; and the extent to which subjects have been mentors to others.

The research group consisted of 119 top B.C. nursing administrators who responded to a questionnaire mailed to the 176 members of the B.C. Nurse Administrators' Association. The Statistical Package for the Social Sciences (SPSS) computer program was used to generate frequency distributions. Cross tabulations were also made to present some of the findings and determine the Chi square statistics for showing relationships between variables. Factor analysis was carried out to give validity to the grouping and naming of categories of mentoring help. Conclusions relevent to the findings follow discussion of the study's limitations.

## Limitations

There are limitations to this study which should be kept in mind when interpreting the results.

The questionnaire was developed by the researcher and pilot tested twice for this study. Validity was based on general agreement of the pilot testers as to whether the items represented the characteristics of mentoring activity and type of mentoring help. Reliability estimates were not developed.

One part of the questionnaire may have been misinterpreted. While the definition of a mentor was given in the questionnaire, a definition of the mentor-protege relationship was not given. It is believed that some of the respondents did not identify the fact that their mentor-protege relationship had changed to an interpersonal relationship when responding to the two questions about the length of the relationship and the way in which the relationship ended.

Background characteristics of nurse administrators selected for the questionnaire were chosen on the basis of limited suggestions in the literature and may not reflect the background characteristics on which differences between mentored and non-mentored nurse administrators are based.

## Conclusions

The main purpose of this study was to determine whether nurse administrators had been the recipients of mentoring and if they had, what were the characteristics of this activity. Before progressing to a discussion of these elements, and because few significant differences were found between mentored and non-mentored subjects, some comments are in order regarding the study population.

The nurse administrators in the study were found to be similar to B.C. nurse administrators in general in relation to age, sex, marital status, and position. However they are an exceptional group in comparison to the B.C. nursing population in terms of having a higher level of education, more years of nursing experience, and a longer period of employment with their present agency. When compared to other studies of mentoring actively amongst administrative and executive women, these top B.C. nursing administrators are more congruent to the middle and upper management women of Phillips' study (1977) than they are to the top executives described by Missirian (1980) or the elite U.S. nurse influentials portrayed by Vance (1977). They are similar to the middle management women by being married, having had children, and by acquiring a baccalaureate level of education or lower. They are not comparable to the top executives or the nurse influentials by reason of the fact that less than half of the top executives and nurse influentials were married, one-third had children and 60 percent (Missirian, 1980) to 95 percent (Vance, 1977) held master's or doctoral degrees. While some comparisons can be made between the U.S. nurse influentials and B.C. nurse administrators, one must use caution due to the differences in career and educational opportunities between Canadian and American nurses.

Turning to career mobility, it is difficult to compare nursing administrators with those outside the health care professions. Due to the ease of obtaining employment as a nurse almost anywhere in the world and the portability of the benefits within British Columbia, nurses have traditionally been a mobile group. However comparison with the U.S. nurse influentials shows that B.C. nurse administrators have from three to five years less experience in their current occupational positions. It is hard to draw conclusions between these two groups regarding the length of experience in an occupational position other than to say that the greater experience of the nurse influentials may be one variable to be considered in the achievement of their higher positions. It is conceivable that other factors such as ability, educational level, and career opportunities are equally if not more important in the attainment of advanced positions.

Employment patterns are somewhat similar to those of the women managers in Phillip's study (1977). The majority of the women managers and nurse administrators have been involved in double track careers where employment and family responsibilities are managed simultaneously, or in interrupted careers where time is taken out to raise children and/or obtain an education. The minority were involved in continuous careers where no time was taken away from the labor force. In contrast, the oral histories of American nurse leaders (Safier, 1977) would indicate the majority have followed a continuous employment pattern.

There are close similarities again with the middle management women of the Phillips' study and the nurse administrators in relation to influential factors in career development. Both groups ranked competency, having strong drive, the gaining of knowledge, and sponsorship by another person as the first, second, third, and fifth factors, respectively.

Turning to support by significant others, both the women managers and the nurse administrators identified family members as the greatest source of support. Differences and similarities are seen when comparing the nurse administrators to the nurse influentials. In both groups, amongst the married nurses, the spouse was greatly supportive. However, differences lie in the fact that for both single and married nurse administrators, fathers were seen as more supportive than mothers. This is in contrast to the mothers who were more supportive in the study of nurse influentials (Vance, 1977). In addition, the nurse influentials were more able to rely on their nursing colleagues for support and encouragement than were the nurse administrators. In a profession that has suffered from low self esteem and power due in part to the male dominance by the medical profession, it is not surprising that lesser support amongst nursing colleagues in the less influential positions is more common. Competition, rather than a tradition of sharing knowledge and supporting each other as colleagues (Safier, 1977) has been the order of the day but is beginning to change as nursing leaders realize the advantages of collegial support.

What conclusions can be drawn about the study group of nurse administrators? First in terms of demographic characteristics they are very similar to the total population of B.C. nurse administrators. Secondly, the nurse administrators show more similarities to U.S. middle management women in marital status, number of children, educational level, employment patterns, and source of support than they do to the U.S. nursing elite. Thirdly, they are an exceptional group when compared to the B.C. nursing population in general, but are not exceptional when compared in educational level and experience to the U.S. nursing influentials or top women executives (Missirian, 1980). However in a different vein, the nurse administrators are remarkable when their accomplishments are viewed within the context of when they were achieved. These are women whose average age is 47, for the most part they married, raised children, achieved a post-college education and reached top administrative positions at a time when working women were in the minority and there were few community supports by way of material resources or encouraging societal attitudes.

Turning to the key question about the presence of a mentor, 71 percent of the nurse administrators reported that they had one or more mentors that met the following description.

> A mentor acts to a greater or lesser degree as a coach, teacher,guide; role model; counselor; and sponsor who enters into a sustained relationship with a less experienced person. The intention of the mentor is to serve as a trusted, wiser, more knowledgeable individual who takes an ongoing interest in fostering and supporting the person's career development.

When comparing the incidence of mentoring in this study with that of other studies in nursing and business, the data are highly suggestive that the higher the position and career achievement of the individual, the more likely they are to report the presence of a mentor. It does not indicate that one must have a mentor to reach high administrative positions. For example, amongst the top nursing influentials (Vance, 1977) and top women executives (Missirian, 1980), more than 80 percent of the subjects reported the presence of a mentor, but not all had mentors. However, as the executive or administrative rank of the individual decreases, so does the reported mentoring activity. This can be seen in the decreasing mentoring activity amongst nurse administrators (71%); to the 61 percent reported amongst head nurses, supervisors, and some administrators (Larson, 1981); and the 52 percent reported by staff nurses and supervisors (Fagan & Fagan, 1983).

The two characteristics found in the study to be significantly related to the presence or absence of a mentor have been suggested in other studies but have not been statistically investigated. In analysing the data regarding the number of children it is unfortunate, but not surprising that amongst nurse administrators who have had children, the parenting of more than three children is negatively related to finding a mentor. This can be interpreted in several ways. Perhaps nurse administrators who have large families are more family oriented, less job achievement oriented, and thus are less inclined to even identify the presence of a mentor to assist with career development. Or, the more plausible explanation seems to be that those appearing less committed and having less time to devote to work related responsibilities (due to the presence of children or other factors) are less inclined to attract the mentor's investment in their development.

It is conspicuous that the subjects' opinions regarding the career planning route to achieve their present positions were significantly related to the presence or absence of a mentor. Two of the career routes could be expected but one was unanticipated. While those with mentors felt they were encouraged and recommended by another or were in a position to take advantage of sudden opportunities, it is surprising that the absence of a mentor was higher amongst those who were goal-oriented and continually worked toward their goal. The literature gives minimal guidance in interpreting these results. Two-thirds of the women managers studied by Phillips (1977) described the method by which they selected a management career as accidental instead of preplanned. And Roche's study (1979) of male executives indicated that once in the career, career planning correlated with having a mentor. In relation to the nurse administrators' route to their present position there are several explanations. One is that the goal-oriented people did not perceive the need for the assistance of a mentor and achieved their positions because of their interest in administration. In nursing, it must be remembered that administrative and leadership positions have not been high priority positions and nurses have been more interested in staying at the bedside. Therefore, those few that were interested in administration often were quickly placed in these positions. The other consideration is that these goal-oriented people may have been unaware of the sponsorship activities of others, while the nurses with mentors were more conscious of the active role of an influential person. The key question that remains unanswered is whether those who were recommended and those who took advantage of a sudden opportunity would have considered and applied for their administrative positions without the encouragement of a mentor.

In relation to significant characteristics reported by other researchers such as job satisfaction, higher educational level, and less career mobility, these were not found to be significantly related to the presence or absence of a mentor.

Turning to the characteristics of the mentoring relationship and the players involved, there are some similarities and differences when compared with the literature presented in Chapter II. First the similarities: the mentors were generally older than the protege by 11 years, though not in all instances. (As noted in Chapter II, the seniority is more likely to be that of knowledge, expertise, and influence.) In addition, the mentors were of the same or opposite sex and generally between the ages of 40 to 63. They were either of higher status or rank as in the case of employers, or possessed greater expertise, knowledge, and influence as evidenced by the presence of more experienced colleagues, more senior family members, or educators. Mentors carried out a variety of mentoring roles, the most important being the belief in the protege's ability. Mentors took a personal interest in the career development of their proteges, had a lasting positive influence on career growth, but were responsible for career identification and influence more than personal influence.

Moving on to the similarities amongst the proteges, the proteges had from one to more than four mentors with the majority having two or more. While most of the relationships started between the ages of 17 and 35 there are some variations to this which will be discussed under "Differences." In a re-enactment of the mentor's role, the majority of proteges became mentors to others.

Turning to similarities in the mentor-protege relationship, almost all of the relationships were informal and unassigned. In accordance with the findings of women's mentor-protege relationships, most of the relationships were terminated by moving away, changing jobs, or developing into peer relationships. Few ended in the disharmony and conflict described by Levinson et al. (1978) in relation to male relationships.

One similarity was strongly borne out in the study--the proximity and career interest of the mentor was highly correlated with that of the protege. More than two-thirds of the relationships took place on the job with employers who were administrators, immediate bosses such as head nurses, and more experienced colleagues. In addition more than two-thirds of the mentors were nurses who functioned as nursing leaders, administrators, and policy makers rather than educators, researchers, or scholars. At a time when nursing leadership desperately needs nursing administrators who have post-graduate education, it is unfortunate that the findings of this study are in keeping with others showing that few career mentors are found in academic settings (Missirian, 1980; Roche, 1979). Only seven percent of the mentors were educators despite the fact almost one-half of the proteges had a baccalaureate degree or higher. In the study of top nursing influentials (Vance, 1977), the proximity and career interest of the mentor proved to be beneficial--half of the mentors held positions associated with education which was in keeping with 40 percent of their proteges holding top education related positions.

Of importance in identifying future significant career relationships is the fact that the employers that were designated as mentors occupied roles where there was the opportunity for close interaction and influence with the protege. Those occupying supervisory roles where the opportunity for regular communication and reputational influence was less, were selected less frequently as mentors.

Now for the differences: Levinson et al. (1978) reported that few relationships started when the protege was past the age of 40. This study indicates that 14 percent started when the protege was 40 or more years. In contrast to the literature, only 2.5 percent of the relationships started during school years, but almost one-third began when the protege was beyond the age of 35. In addition, few of the relationships started when the protege was a novice in a beginning position. Instead, two-thirds of the relationships occured at the stage of early and mid-work experience when the protege was advancing to a higher position. This finding is in keeping with the anecdotal accounts that suggest mentoring relationships occur at two periods: first, at the time of being a novice in a new job, and secondly, as the protege advances up the career ladder to a higher position. However, the novice stage is considered to be the important period when most mentor relationships begin (Dalton et al., 1977; Levinson et al., 1978; Missirian, 1980). According to the nursing literature (Kramer 1974), the novice stage is a crucial time of development in that new nurses require help with modifying skills and knowledge and assistance with becoming socialized into the profession. One needs to ask at this point where was the support, encouragement, and sponsorship needed to prevent reality shock and assist these novice nurses in their first job? Or were they assisted but their supporters not identified amongst the most influential mentors? This is a question for further reseach. Following Kramer's investigation (1974) and wide publication of findings about reality shock amongst novice nurses, one would hope that support and sponsorship of novice nurses is now more evident than it was when these nurse administrators were beginning their nursing career.

Other differences centre around how the relationship got started and the length of the relationship. This study differs from the literature in that the majority of the nurse administrators' relationships were identified as growing out of a mutual relationship rather than being initiated by the mentor. The fact that only one-third were initiated by the mentor and a scant number were initiated by the protege leads one to surmise that this may be an indication of nursing's passivity, political timidity, and lack of awareness about the importance of promoting and consciously initiating helping connections and professional sponsorship. Turning to the other difference in the mentor-protege relationship, the nurse administrators' relationships have lasted much longer (9.5 years) in comparison to the average of two to three years and maximum of 10 reported in the literature. As mentioned earlier, the findings of this study show that at least one-quarter of the relationships have endured for 10 years or more. This longer relationship pattern evokes several interpretations. The relationships may actually have come to an end as mentor-protege relationships and are now colleagial relationships but the protege is unable to identify this simply because of lack of knowledge of what at true mentor-protege relationship is. Or, the relationships may indeed be mentor-protege relationship but have continued because of the proteges' dependency needs and the mentors' needs to nurture.

Turning to the help received from the mentor, there was a high degree of similarity between the top ranked help in this study and the most important help specified by the women managers (Phillips, 1977) and the hospital staff nurses and supervisors (Fagan & Fagan, 1983). Encouragement, support, acceptance, and confirmation were conspicuously affirmed as the most predominant types of help. Contrary to the low frequency of the mentor's emotional support reported by the nurse influentials (Vance, 1977), this study shows that encouragement, acceptance, and confirmation were uppermost themes not only in the rating of mentoring help but in the remarks regarding the mentor's influence upon the protege's career development. Respondents commented:

> She was very proud of me, encouraging and supportive.
>
> She encouraged me to develop by giving me freedom, and supported me in going after more education.
>
> She supported my choice of career and encouraged me to move up and out.

> She generated attitudes to inspire confidence. She encouraged me in continuing my education.
>
> She recognized my ability to be a leader. She encouraged me to climb the career ladder and showed me ways to do this even though I had a young family and didn't think it was possible for me.

In addition, the most important role of the mentor--that of serving as a confirming adult or a believer in the protege's potential--was not only found to be most frequently received by the protege but was again stated in more specific terms by the subjects. Respondents remarked:

> She pointed out my potential and gave me confidence to strive for a higher position.
>
> She expressed confidence in my ability to perform the functions necessary for my job.
>
> She perceived talents in me I had not recognized. She helped me to develop them by believing in me and supporting me.
>
> She recognized and talked to me about my character strengths and values to the profession
>
> If it hadn't been for his belief in me I may still be working as general duty R.N.
>
> She increased my sense of self esteem and instilled the belief it was possible for me to become a leader.

Despite the fact mutual support and encouragement amongst members of the nursing profession has not necessarily been a common occurence, these findings do show that they were highly prominent behaviours amongst the mentors. Kram (1980) indicates that this psychosocial help is more critical and satisfying to the development of the protege than instrumental type help. In addition, both Rogers (1980) and Clawson (1980) have clearly shown that these supportive, encouraging attitudes are the behaviours that facilitate effective learning and development of satisfied motivated individuals. Because it is known that proteges are more inclined to mentor than non-proteges, it is hoped these positive behaviours that were dispensed and role modeled towards the nurse administrators will be adopted and role modeled to their proteges and staff.

The rating of Inspiration to achieve high standards of performance was strikingly similar to the top U.S. nurse influentials' second ranked category of professional career role modeling. The mentors to the nurse influentials served as role models and examples of a standard of excellence to be imitated. Because the nursing profession places emphasis on meeting high standards of performance, it is not surprising that this type of mentoring help would receive a high rating. The mentored nurse administrators in this study talked of being "inspired by example to strive for perfection"; "pushed to achieve", "inspired to try new ideas and never be satisfied with less than my best", "pushed to take challenges and move beyond the usual expectations." This is similar to one of the behaviours found in effective managers--the setting of high standards for subordinates in order to help them gain a larger perspective (Clawson, 1980). In addition, the gaining of a broader perspective is perceived by Zaleznik (1977) to be one of the behaviours that sets leaders apart from managers.

One note of caution is in order, nurses, in striving for excellence, have at times confused their efforts with perfectionism. In this respect, perfectionist mentoring help can prove to be a restricting factor in that it inhibits creativity and flexibility. It is noteworthy that the rating by the nurse administrators on the two items relevent to creativity and flexibility were rated much lower than expected. Serving as a role model in creative behaviour, and delegating problems then allowing the protege to work out solutions were rated in the lower half of the mentoring help received.

Practical training and guidance in how to deal with the politics, strategies, obstacles of the real world was third in terms of mentoring help received. It was not rated as high as the help received by the women managers but it was rated higher than that of the top nurse influentials. It could be surmised that while the top nurse influentials had need of these behaviours, because they were at a higher organizational level they may have already mastered them. Or because their pursuits were more scholarly in nature, intellectual stimulation and inspiration took priority.

It is rewarding that in a profession where there are sizeable numbers of politically timid and politically illiterate nurses (Baumgart, 1978, p.12) that instruction in the inner maneuverings of the organization has been passed on by mentors to those who now occupy leadership positions. On the other hand, it will be noted that when it came to the more aggressive, visible, and shrewd behaviours common to the business world and male mentor relationships (Hennig & Jardim, 1977), these were two types of help less frequently received by the proteges in this study.

In contrast to the nurse influentials that designated career advice, guidance, and promotion of greatest importance, the mentored nurse administrators rated Career/educational advice and promotion fourth in rank. This is a key priority that sets the nurse influentials apart from the nurse administrators. Several factors are at work here. First, career planning, as mentioned in Chapter II and identified in the results of this study, has generally been accidental rather than preplanned among the nurse administrators. As a result, help with career planning has neither been expected by proteges nor emphasized by mentors. Secondly, nurses as yet have not built up a tradition of knowledge and higher education (Baumgart, 1983). This is evidenced in this study where one-half of the nurse administrators do not have a baccalaureate level of education and only 12 percent of the general B.C. nursing population have a B.S.N. In contrast, two-thirds of the top nurse influentials rated academic credentials as highly important as a source of influence (Vance, 1977, p. 128) and 95 percent held master's or doctoral degrees. The lesser emphasis on education among those in nursing service has the potential effect of lowering the proteges' and mentors' expectations in terms of level of educational preparation.

A third factor at work is the jealousy, competitiveness, and lack of support seen in those who may be in administrative positions but suffer from powerlessness (Kanter, 1977a). This was discussed in Chapter II in relation to negative aspects to mentoring. A mentor suffering from professional low self esteem will often be willing to instruct and offer encouragement to the protege as long as the protege remains in a dependent situation and does not aspire to acquire more education or advance in a career beyond the mentor's position. However, as reported in the negative aspects of mentoring, proteges did occasionally encounter the inhibiting behaviours of a threatened or jealous mentor.

In conclusion, what can be said about the help given by the mentors in relation to career advice and educational opportunities? Because higher education is perceived to be one of the keys to helping the nursing profession achieve more visibility and influence upon health care (Safier, 1977; Vance, 1979), mentors need to place greater emphasis on encouraging career and educational planning and proteges must become more goal-oriented in asking for this help.

Moving on to Sponsorship and promotion, again this was rated first by the nursing influentials, but low by the nurse administrators depending on the type of sponsorship received. As discussed in Chapter II the help of a sponsor and promotor was felt to be invaluable by those in business, the arts, the scientific community, and those advancing up the corporate ladder. However, in analysing the sponsorship help received by nurse administrators, certain kinds of sponsorship and promotional help were rated lower than others. As the sponsorship help progressed from that of recommending the protege for advantageous jobs and educational opportunities; to increasing the protege's visibility; to shrewd, candid, frank advice from the mentor; to that of running interference for the protege, the less likely it was to be received from the mentor. A similar pattern of these infrequently modeled behaviours was described in the study of staff nurses and supervisors: shrewdness, becoming politically sophisticated, and learning to be frank and outspoken were scarcely observed behaviours (Fagan & Fagan, 1983).

The reluctance to offer and take advantage of sponsorship and promotional help is partly the result of the socialization of nurses. Traditionally nurses have been socialized to believe that they neither desired nor were able to control power (Baumgart, 1978) and thus they have failed to take the initiative or offer the kinds of mentoring help that would help members of the profession become more politically astute in gaining power.

The last types of mentoring help, those of Off-the-job social interaction and Assistance with personal needs were ranked low in importance by both the nurse influentials and women managers. Among nurse administrators it is not surprising that off-the-job activities are rated low. Social interaction after working hours has not traditionally been a common activity partly because of the rigid hierarchial system of hospitals and partly because of the irregular hours caused by shift work. One aspect of this mentoring help should be commented upon. The subjects gave a low rank to the mentor's help as a role model in how to incorporate work, family, and/or personal responsibilities. This low rank is incongruent with the fact that female mentors are often recommended to other women because of their ability to role model the management of dual and often triple roles. However, in nursing the tradition of minimal peer support and the rigid stratification of the hospital system has served to minimize this type of interchange.

In conclusion, what can be said about mentoring received by nurse administrators? In many ways, the characteristics of the mentors, proteges, mentor-protege relationships and mentoring help were similar to those reported in the research literature. However there were differences and highly prominent themes that have implications for mentor-protege relationships in future.

The majority of the relationships took place in the work setting with employers such as immediate bosses (head nurses), administrators, and more experienced colleagues as mentors. Despite the fact one-half of the proteges have baccalaureate degrees or higher, few of the relationships took place in educational settings and few of the mentors were teachers, instructors, or professors.

There is a high correlation between the proximity and career interest of the mentor and that of the protege. Of the two-thirds of the mentors that were nurses, the majority were administrators, nursing leaders, and policy makers rather than educators, researchers and scholars.

The majority of the proteges were at the stage of early and mid-career experience advancing to a higher position or changing to a new position. Few were novices in their first job.

At least one-third of the nurse administrators did not start their mentor-protege relationship until after the age of 35.

The majority of mentor-protege relationships grew out of a mutual relationship rather than being initiated by the mentor. In addition, the relationships lasted longer than those reported in the literature and a higher number are still going on. To the researcher this suggests a lack of knowledge about what a mentor relationship is or a certain passivity and dependency in initiating and terminating mentor relationships.

The mentors took a personal interest in the proteges' careers and had a lasting positive influence on career growth. However, they were more inclined to influence professional values and interests than personal ones. In terms of mentoring help, the mentors most frequently provided the type of help considered to be highly important in the development of the protege--that of encouragement, support, and confirmation. They inspired their proteges to achieve high standards of performance, next they role modeled, coached, and instructed their proteges in how to deal with the politics and obstacles in their environments. However, sponsorship and advice on career goals and educational opportunities were less forthcoming and rated fourth. Promotion of the protege's visibility, candid shrewd advice, and protection of the protege were mentor behaviours infrequently given.

The study found that at least two-thirds of the proteges have become mentors to others, more than this number intend to serve as mentors in the future, and that almost all of the mentored administrators feel that having a mentor is helpful in nursing. In view of the fact that these mentored administrators are likely to role model and promote some of their mentor's behaviours, it behooves the researcher to make recommendations that will assist in maximizing the positive aspects of mentoring and minimize the negative elements.

## Recommendations

1. In recognizing that nursing is a traditional, predominently female profession that has unique problems, often negatively affecting the development of strong leadership and full professional development (Baumgart, 1978; Safier, 1977; Vance, 1977), more needs to be done in nursing education and service to increase the awareness of the importance of supportive and professional connections such as mentoring. Both nursing service and education need to join together in

developing training programs that will counteract the passive subordinate role so long socialized in nursing and promote leadership ability, foster creativity, risk taking, assertiveness, and professional support amongst colleagues.

2. In consideration of the fact that higher education is one of the keys to a profession's power (Vance, 1979; Safier, 1977), both nursing education and service must cooperate in insisting that higher education be a requirement for nurses in administrative and leadership positions.

3. In view of the fact that a majority of nurse administrators did have a mentor, and the majority of these mentors were colleagues or managerial people in the work force of both lower and higher rank, those in all levels of the service setting must be made more aware of their potential influence as mentors in the development of nursing administrators and leaders (Cameron, 1982; Duncan, 1980; Hamilton, 1981; Pilette, 1980; Vance, 1982). They should also be made aware of the positive encouraging behaviours they can offer as well as the passive more dependent politically naive and controlling behaviours they should avoid (Haseltine, 1977). To increase the awareness of the mentoring potential, workshops in how to be a mentor should be developed and held in both nursing service and nursing education organizations.

4. Workshops should also be held to educate nurses in the positive aspects of having a mentor. Potential proteges should be encouraged to look deliberately for the qualities in a mentor

that they would like to emulate rather than allowing the relationship to occur with any kind of mentor (Phillips, 1977; Schein, 1978). In addition, they should be encouraged to be more assertive in promoting a relationship with a potential mentor. Further, nurses should be educated in how to make themselves more attractive and visible to a mentor (Baumgart, 1983; Collins, 1983; Harragan, 1977).

5. Because few mentor-protege relationships took place in educational settings, dual appointments in nursing service and nursing education (Vance, 1977) should be created in order to foster the influence of those with higher educational preparation in nursing service and vice versa.

6. With many women reentering the work force or gaining higher education at an older age (Baker, 1981), potential mentors in education and nursing service need to be made aware of the older woman's possible need for a mentor. In addition, the mentors must be cognizant of the fact that these women often function in dual and triple roles (Baumgart, 1983) and therefore have special abilities and needs not seen in the novice nurse. Further, it must be brought to the potential mentor's attention that they need not be older than the protege, but they must possess more influence by way of accessing person or material related resources (Missirian, 1980).

7. While this study demonstrates that the particular stage at which a mentor was needed was primarily when the protege was advancing to a higher position, mentors, educators, and

administrators should also be aware that the novice in a first job (Dalton et al, 1977; Kramer, 1974), those in new positions, and those searching for growth in their current position are targets for a mentoring relationship.

8. In light of the fact that much of the career planning amongst nurses seems to be accidental instead of preplanned, more focus should be placed on career planning both in nursing education programs and withing nursing service.

9. More needs to be done to recognize and reward those who act as mentors in promoting, encouraging, and developing others. In some organizations managers are rewarded financially, others have some of the mentoring components built into their job description (Collins & Scott, 1978; Levinson, H., 1981).

10. Because the rigid stratification of health care organizations is often responsible for reduced communication and support amongst workers (Baumgart, 1981; Kanter, 1977a), nurses need to look at how the organizational structure can be improved to promote colleagial support.

11. In spite of the need for mentors to foster more assertive behaviours and political astuteness amonst nurses, one should not loose sight of the fact that encouragement, support, and confirmation are still the primary roles of the mentor (Kram, 1980; Levinson et al, 1978; Missirian, 1980; Phillips, 1977) and that this is often where they can be outstanding help.

## Recommendations for Future Research

1. This study should be replicated with larger samples of Canadian nurse administrators to determine whether the findings are similar.

2. The study should be repeated amongst nursing educators and lower administrative levels in nursing service to determine whether mentoring activity occurs, and if it does--who are the mentors and what type of help do they provide.

3. More investigation is needed to determine how proteges are selected, are there qualities that cause them to be chosen in preference to others?

4. More needs to be known about the stages of the mentor-protege relationship amongst nurses and the type of help given at these different stages. In addition are nurses more inclined to remain as proteges in the relationship beyond the time when the relationship should be terminated?

5. More research is needed into the characteristics that separate mentored from non-mentored nurse administrators.

6. The nurse administrators reported the presence of other mentors in their lives. Who were these mentors, at what stages in the protege's development did they appear, were any of them educators, how were they influential?

7. Secondary analysis of the data from this study suggests that there is a relationship between the mentor's role and type of help received. In addition there was a tendency for non-nurse mentors (the majority of which were male) to be more helpful than nurse mentors. More investigation is needed regarding these effects.

8. Research is needed to determine who nurse administrators mentor. What is the nurse administrator's influence and what help do they give? Any study involving the nurse administrators' proteges should include the proteges, as it is largely the protege's perception that determines whether the person has been a mentor and how helpful the mentor was.

9. And finally, what is the impact of mentoring help amongst nurse administrators? Would these nurse administrators have become administrators without their mentor's support and sponsorship? Do individuals adopt the occupation of their mentors or do mentors select proteges with similar interests? More research is needed to explore these elements.

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# APPENDIX A

# COVER LETTER

# APPENDIX B

# QUESTIONNAIRE

## SURVEY QUESTIONNAIRE

As a member of the Nurse Administrators' Association of British Columbia, you are being approached to be a participant in a research study of mentor relationships and how they may have affected the career development of nurse administrators.

Your opinions will be particularly helpful in gaining insights relevent to the ways significant persons influence career development amongst nursing leaders.

### DIRECTIONS

1. Please follow the instructions at the beginning of each section.
2. Please return the completed questionnaire by June 18, 1984 in the stamped, addressed envelope provided.

### INSTRUCTIONS: PART A

1. For the following questions please circle the letter or number which represents your answer. Circle only one letter or number in each question unless otherwise advised.
2. Where indicated, write in your answer in the space provided.

1. What is your age? ________

2. What is your sex?

| | |
|---|---|
| A. Female | B. Male |

3. What is your current marital status?

| | |
|---|---|
| A. Single | D. Separated |
| B. Married | E. Divorced |
| C. Widowed | F. Other |

4. Have you had any children?

| | |
|---|---|
| A. Yes | B. No |

5. If you have had children, how many have you had?

   A. One
   B. Two
   C. Three
   D. Four
   E. Five
   F. More than five

6. What is your current position?

   A. Director/administrator, nursing service
   B. Director/administrator, education
   C. Educator
   D. Consultant
   E. Retired
   F. Other, please specify ______________________

7. If you are retired, what was your last position?

   A. Director/administrator, nursing service
   B. Director/administrator, education
   C. Educator
   D. Consultant
   E. Other, please specify ______________________

8. How long have you held your current position? (If retired, please answer in terms of your last position.) ______ years

9. Have you held a similar position in other institutions?

   A. Yes
   B. No

10. If so, how long? ______ years

11. How long have you been employed at your present institution? (If retired, please answer in terms of your last institution.) ______ years

12. Since starting your nursing career, how many employers have you had? ______ employers

13. How many years have you been employed as a nurse? ______ years

14. What is your highest level of education?

   A. Nursing diploma
   B. Nursing diploma plus other courses
   C. Baccalaureate degree
   D. Master's degree
   E. Doctoral degree

15. How satisfied are you with your present position? (If retired, please answer in terms of last position.)

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Not at all | Somewhat satisfied | Moderately satisfied | Very satisfied | Entirely satisfied |

16. How did you arrive at your present nursing position?

A. Since I became a nurse I always wanted to be a nursing administrator/educator/consultant, therefore I looked for and worked toward these opportunities.
B. The opportunity suddenly presented itself and I seized it.
C. Another person encouraged me and recommended me for the position.
D. I filled in on a temporary/short term basis, and I've been in this type of position ever since.
E. Other, please specify ______________________________

______________________________________________

17. Which of the following seems to describe your employment pattern best?

A. Employed full time on a regular basis.
B. Employed part time on a regular basis.
C. Employed on a casual basis.
D. Employed full time or part time with interruptions.
E. Other, please specify ______________________________

18. After you were employed as a nurse did you take one year or more away from the labor force for any of the following? (Circle as many letters as are applicable.)

A. Education
B. Raising children
C. Homemaking
D. Travelling
E. Illness
F. Caring for a relative
G. Other, please specify ____________

____________________
H. I have not been away from the labor force for a year or more.

19. Rank order the letters of three factors from the following list that were the most influential in the development of your career.

A. Remaining single
B. Getting married
C. Being separated and/or divorced
D. Having children
E. Not having children
F. Being aggressive
G. Being assertive
H. Being physically attractive
I. Being assisted or sponsored by another person
J. Knowing the right people
K. Changing geographical location
L. Luck or fate
M. Having a charming personality
N. Being competent
O. Having strong drive or determination
P. Knowledge gained through formal education or other courses

Most influential _____
Second most influential _____
Third most influential _____

20. For each person listed below use the scale to indicate the extent to which they have supported and encouraged you in your career development. (Please circle the correct number.)

| | Doesn't Apply | Never Supported | Seldom Supported | Sometimes Supported | Frequently Supported | Almost Always Supported |
|---|---|---|---|---|---|---|
| Nursing colleagues | 0 | 1 | 2 | 3 | 4 | 5 |
| Non nursing colleagues | 0 | 1 | 2 | 3 | 4 | 5 |
| Mother | 0 | 1 | 2 | 3 | 4 | 5 |
| Father | 0 | 1 | 2 | 3 | 4 | 5 |
| Spouse/partner | 0 | 1 | 2 | 3 | 4 | 5 |
| Other family members | 0 | 1 | 2 | 3 | 4 | 5 |
| Friends | 0 | 1 | 2 | 3 | 4 | 5 |

## INSTRUCTIONS: PART B

The following section seeks to determine the occurance and characteristics of the mentor relationship amongst nursing administrators. Think about your own career development. You may presently have or have had one or more persons who stand out in your mind as being influential in helping you acquire the skills and capabilities required to advance in your career --- perhaps a supervisor, instructor, parent, spouse, teacher, etc. Please read the definition of a mentor stated below, then complete the questions that follow.

### DEFINITION

A mentor acts to a greater or lesser degree as a coach, teacher, guide; role model; counselor; and sponsor who enters into a sustained relationship with a less experienced person. The intention of the mentor is to serve as a trusted, wiser, more knowledgeable individual who takes an ongoing personal interest in fostering and supporting the person's career development.

21. According to the above definition have you at the present time or in the past had such a relationship with one or more persons?

A. Yes

If you answered "Yes" to this question, please go to the next question.

B. No

If you answered "No" to this question, please go to Part D, question 1, page 11.

22. How many mentors have you had?

A. One mentor
B. Two mentors
C. Three mentors
D. More than three mentors

If more than one key person has been instrumental in encouraging or sponsoring your career progress, please answer the following questions with respect to your most influential mentor.

23. What sex was your mentor?

A. Female
B. Male

24. What was your mentor's relationship to you? (Circle one)

A. Mother
B. Father
C. Spouse
D. Other relative
E. Friend
F. Colleague
G. Employer
H. Teacher
I. Other, please specify ____________
____________________________

25. What was your mentor's predominent role in relation to you?

A. Instructor/teacher
B. Immediate boss (Head Nurse, etc.)
C. Supervisor, Dept. Head
D. Director
E. A more experienced colleague
F. Parent
G. Guide/coach
H. Other, please specify ____________
____________________________

26. During what period did the relationship with your mentor begin?

A. Schooling (grades 1 to 6)
B. Schooling (grades 7 to 12)
C. Diploma nursing program
D. Baccalaureate program
E. Master's program
F. Doctoral program
G. Early work experience (1 to 9 years)
H. Mid work experience (10 to 19 years)
I. Late work experience (20 years & over)
J. Other, please specify ________
____________________________

27. What were your needs at this time? Rank order the letters of three factors from the following list that were the most important needs.

A. Information &/or resource
B. Experiences
C. Role model
D. Job placement
E. Career advancement
F. Support/encouragement/ confirmation
G. Challenge and inspiration
H. Professional direction &/or focus
I. Skill acquisition &/or development
J. Other, please specify ____________
____________________________

Most important need _____
Second most important need _____
Third most important need _____

28. In what setting did the mentor relationship take place?

A. Family unit setting
B. Community setting
C. Hospital setting
D. Educational setting
E. Other, please specify ______________________

29. If the mentor relationship occured during your work experience indicate where you were in terms of your career development.

A. Novice in your first job
B. Changing to a new position
C. Advancing to a higher position
D. Other, please specify ______________________
E. Did not occur during work experience

30. What age were you at the time the relationship started? _____ years

31. Approximately what age was your mentor at the time the relationship started? _____ years

32. Was the relationship initiated by:

A. You
B. Your mentor
C. Mutual attraction
D. Other, please specify ______________________

33. In relation to the help you received from your mentor, rank order the letters of the three most helpful behaviours from the following list.

A. Career advice
B. Encouragement, acceptance, confirmation
C. Instruction, coaching
D. Counseling (other than career advice)
E. Challenge, inspiration, responsibility
F. Role modeling
G. Promotion and sponsorship
H. Friendship

Most helpful ____
Second most helpful ____
Third most helpful ____

34. How do you feel your mentor influenced your career development? (If you require more space, please use the blank page at the end of the questionnaire.)

______________________________________________

______________________________________________

______________________________________________

35. If there were negative aspects to your relationship with your mentor, please indicate what these were.

______________________________________________

______________________________________________

36. What was the length of the relationship? _______ years

37. Was your mentor a nurse?

A. Yes

B. No

If you answered "Yes" to this question, please go to the next question.

If you answered "No" to this question, please go to question 39.

38. Please answer this question only if your mentor was a nurse. In relation to the roles your mentor was active in within his/her own career, rank order the letters of the three most predominant roles from the following list.

A. Nurse clinician
B. Nursing leader
C. Administrator
D. Policy maker
E. Professor/instructor
F. Researcher
G. Scholar
H. Writer
I. Lobbyist, activist
J. Other, please specify ________
________________________________

Most predominant role _____
Second most predominant role _____
Third most predominant role _____

39. How did the mentor protege relationship end? (Circle more than one letter, if applicable.)

A. By changing jobs
B. By moving away
C. By gradually drifting apart
D. By becoming friends
E. By becoming colleagues
F. By getting married
G. By disharmony and bad feeling
H. Mentor or yourself suffered some misfortune
I. Relationship still going on

INSTRUCTIONS: PART C

The following items pertain to questions about your most influential mentor and your most influential mentor's help. Use the scale to indicate the extent to which the following statements occured. (Circle the number of your choice.)

KEY:

1 Never
2 Seldom
3 Sometimes
4 Frequently
5 Almost always

40. I highly identified with my mentor in terms of professional values and behaviours. 1 2 3 4 5

41. I highly identified with my mentor in terms of personal values and behaviours. 1 2 3 4 5

KEY:
1 Never
2 Seldom
3 Sometimes
4 Frequently
5 Almost always

My mentor:

42. Took a close personal interest in my career development. 1 2 3 4 5

43. Kept the relationship on a professional rather than a personal basis. 1 2 3 4 5

44. Had a lasting positive influence on my career development. 1 2 3 4 5

45. Had a lasting positive influence on my personal development. 1 2 3 4 5

46. Had power in accessing person related resources, i.e. influence, status, expertise. 1 2 3 4 5

47. Had power in accessing material resources, i.e. money, time, information. 1 2 3 4 5

48. Discussed with me my long and short range career goals. 1 2 3 4 5

49. Advised me on educational opportunities. 1 2 3 4 5

50. Advised me on where and how to seek career advancement opportunities. 1 2 3 4 5

51. Advised me on what to avoid when seeking career and/or educational opportunities. 1 2 3 4 5

52. Considered my knowledge and experience an asset. 1 2 3 4 5

53. Believed in my ability even though I was at times unable to recognize my potential. 1 2 3 4 5

54. Verbally expressed confidence in me. 1 2 3 4 5

55. Encouraged me to take risks and experiment with new ways of doing things. 1 2 3 4 5

56. Encouraged me to disagree on issues without fear of retaliation. 1 2 3 4 5

57. Shared and trusted me with information that was confidential. 1 2 3 4 5

58. Included me in policy making and/or administrative planning sessions. 1 2 3 4 5

KEY:

1 Never
2 Seldom
3 Sometimes
4 Frequently
5 Almost always

59. Candidly discussed the reasons for the behaviour of other members of the organization. 1 2 3 4 5

60. Instructed me in higher level and/or real world strategies, tactics, politics, and expectations. 1 2 3 4 5

61. Provided me with feedback, constructive criticism. 1 2 3 4 5

62. Coached me in ways to get around organizational and personal obstacles. 1 2 3 4 5

63. Discussed with me appropriate answers to written or verbal communications. 1 2 3 4 5

64. Helped me modify my formal learning so that it would fit in the practical working world. 1 2 3 4 5

65. Provided exposure to and explained his/her method of handling client, work related, and/or real world problems. 1 2 3 4 5

66. Provided more challenge and opportunity for me than for others. 1 2 3 4 5

67. Had me make presentations to colleagues, friends, clients, or administration. 1 2 3 4 5

68. Had me fill in for him/her at meetings or in his/her job when away. 1 2 3 4 5

69. Delegated problems to me and allowed me to work out solutions. 1 2 3 4 5

70. Inspired me to take the initiative and seek greater responsibility. 1 2 3 4 5

71. Set especially high standards of performance for me. 1 2 3 4 5

72. Was extremely demanding of me. 1 2 3 4 5

73. Created a stimulating atmosphere of expectation and excitement. 1 2 3 4 5

74. Served as a role model in how to communicate effectively with others. 1 2 3 4 5

KEY:
1 Never
2 Seldom
3 Sometimes
4 Frequently
5 Almost Always

75. Served as a role model in how to deal with the politics of the unit, organization, or real world. 1 2 3 4 5

76. Served as a role model in how to use friendship, favor swapping, and informal social contacts for career advancement. 1 2 3 4 5

77. Served as a role model in creative behaviour. 1 2 3 4 5

78. Served as a role model in how to incorporate work, family and/or personal responsibilities. 1 2 3 4 5

79. Served as a role model in leadership ability. 1 2 3 4 5

80. Served as a role model for a standard of excellence to be imitated. 1 2 3 4 5

81. Was someone I could rely on for support during crises and uncertainties. 1 2 3 4 5

82. Cautioned me to avoid behaviour which might be detrimental to my career. 1 2 3 4 5

83. Allowed me to share personal doubts and concerns without the risk of exposure. 1 2 3 4 5

84. Recommended me for an educational opportunity, advantageous job, promotion, and/or key committee. 1 2 3 4 5

85. Introduced my ideas and/or me to others who could help me achieve my career goals. 1 2 3 4 5

86. Took personal risks to defend me or protect me. 1 2 3 4 5

87. Deviated from policy or bent the rules for me. 1 2 3 4 5

88. Endorsed in public, opinions I had expressed. 1 2 3 4 5

89. Invited me to his/her home. 1 2 3 4 5

90. Had occasional lunch, dinner, coffee, or drinks with just me. 1 2 3 4 5

91. Took a genuine interest in my family, hobbies, and personal interests. 1 2 3 4 5

92. Assisted me with personal needs such as locating housing, loaning money, etc. 1 2 3 4 5

INSTRUCTIONS: PART D

For the following questions, circle the letter which represents your answer.

1. I:

   A. Have acted as a mentor for one person in his/her career.
   B. Have acted as a mentor for more than one person.
   C. Have not acted as a mentor for another person.
   D. Don't know whether I've acted as a mentor.

2. In the future it is likely I:

   A. Will act as a mentor for at least one person in his/her career.
   B. Will act as a mentor for more than one person.
   C. Will not act as a mentor for another person.
   D. Am undecided at present.

3. Having one or more mentors is helpful to a person beginning a career in nursing.

| SD | D | U | A | SA |
|---|---|---|---|---|
| Strongly disagree | Disagree | Undecided | Agree | Strongly agree |

Your time and effort in completing this questionnaire is very much appreciated. Please return it by June 18, 1984.

If the enclosed addressed envelope has become mislaid, please send your questionnaire to: Alison Taylor, 7561 Angus Drive, Vancouver, B.C., V6P 5K1.

ADDITIONAL COMMENTS

Please feel free to add any additional comments regarding your mentor or aspects of the mentor protege relationship on page 11 or 12.

# APPENDIX C

# FOLLOW-UP REMINDER LETTER

# APPENDIX D

## RELATIONSHIP BETWEEN RANKED CATEGORIES OF MENTORING HELP AND FACTOR ANALYSIS CATEGORIES OF MENTORING HELP

# APPENDIX D

## Relationship Between Ranked Categories of Mentoring Help and Factor Analysis Categories of Mentoring Help

| Rank No. | Ranked Category | Factor Number | Factor Analysis Category |
|---|---|---|---|
| 1 | Encouragement, support, acceptance, confirmation | 10 | Encouragement, confirmation, acceptance |
| 2 | Inspiration to achieve high standards of performance | 6<br>7<br>11 | Challenge and high standards<br>Inspiration<br>Leadership role modeling |
| 3 | Practical training and guidance | 1<br>8 | Practical training and guidance<br>Candid instruction |
| 4 | Career/educational advice and promotion | 4 | Career/educational advice and promotion |
| 5 | Extended personal indoctrination, interest, direction | 3<br>8<br>14 | Personal identification and influence<br>Candid instruction<br>Extended personal interest and direction |
| 6 | Beneficial exposure and visibility | 9<br>5 | Promotion<br>Protection and sponsorship |
| 7 | Candid counsel and shrewd advice | 4<br>8<br>13 | Career/educational advice and promotion<br>Candid instruction<br>Sheltering, running interference |
| 8 | Off-the-job social interaction | 2 | Friendship |
| 9 | Protection, running interference | 5<br>13 | Protection and sponsorship<br>Sheltering, running interference |
| 10 | Assistance with personal needs | 12 | Assistance with personal needs |