

Factors and Outcomes Associated with Mentoring among Health-Care Professionals

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On the basis of a model developed by Hunt and Michael (1983), this study showed that protégé characteristics (ethnicity and education), group characteristics (intragroup trust and leader approachability), and the gender and racial composition of the mentoring pair had significant effects on psychosocial mentoring among a sample of working professionals from a large, private hospital. Psychosocial mentoring was associated with increased job involvement and self-esteem at work and a decreased propensity to leave the organization. © 1998 Academic Press

Most scholars today agree that mentoring is a “complex issue involving organizational, occupational, positional, and interpersonal variables” (Hunt & Michael, 1983, p. 480). And yet, while scholars agree that mentorship is affected by both characteristics of protégés and mentors and by features of the work group and organization, studies typically investigate one or two of these influences separately or in isolation from the others. Moreover, while most scholars believe that “features of an organization can either create or interfere with conditions that support mentoring” (Kram, 1985, p. 160), few empirical studies examine the features of the organization (for example, hierarchical structure and reward systems) and of work groups (for example, group decision-making, trust, and open communication) within which mentoring relationships develop (Ragins, 1989).

Using a model developed by Hunt and Michael (1983), the present study investigated ways in which characteristics of the work group and organization, as well as characteristics of the protégé and of the protégé/mentor dyad, affected psychosocial mentoring among a sample of health-care professionals. Because scholars in critical reviews of the literature have called for more research on the job-related outcomes of mentorship for individuals and the organization (Burke & McKeen, 1990; Dreher & Ash, 1990), we also investigated the job-related outcomes of mentorship for the protégé.

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MENTORSHIP

Mentors have been shown to affect promotion and compensation decisions and can influence career and organizational success (Riley & Wrench, 1985; Scandura, 1992; Whitely, Dougherty, & Dreher, 1992). Missirian (1982) describes mentors as resource persons and counselors

“with whom protégés clear their thinking or sound out the validity of an important decision. A mentor is an individual whom the protégé can trust to have his or her best interests at heart, someone who would risk telling [them] what they need to know even though it might be painful to them. A mentor is someone whose perspective and judgment a protégé values and trusts implicitly” (p. 66).

Mentorship consists of two separate but not entirely distinct functions—psychosocial and career-related (Kram, 1985). Whereas career-related mentoring has a career orientation, encompassing career guidance, assignment to challenging jobs, protection, exposure or visibility within an organization, and sponsorship, psychosocial mentoring has an interpersonal orientation, providing role modeling, counseling, acceptance, confirmation, and friendship. “In most mentoring relationships only a subset of possible functions are provided by the mentor” (Noe, 1988a, p. 473). Educators in an assigned mentoring program, for example, reported receiving beneficial psychosocial mentoring but limited career mentoring (Noe, 1988a). For the purposes of this study, we focused on the correlates and consequences of psychosocial mentoring, because it is considered primarily an interpersonal relationship that can be affected by the social context or characteristics of the work group (for example, trust and mutual influence).

A useful model of mentoring is provided by Hunt and Michael (1983) and later adapted by Koberg, Boss, Chappell, and Ringer (1994). They characterize the mentoring process as a product of an exchange relationship among a protégé, a mentor, and an organization. This relationship is affected by characteristics of protégés and mentors and by characteristics of the organization or work context and has work-related outcomes for both individuals and for the organization (see Fig. 1). The present study investigated the influence of characteristics of the protégé (education, tenure with the organization, sex, and ethnicity) and of the mentor/protégé dyad (congruence in sex and race), as well as characteristics of the group (intragroup trust, group effectiveness, worth of group, mutual influence, and leader approachability) and the work or organizational context (hierarchical status) on psychological mentoring among health-care professionals. We also examined the job-related outcomes of mentoring (that is, job involvement and self-esteem at work and propensity to leave the organization) for the protégés.

RESEARCH HYPOTHESES

Protégé Characteristics

Whether a person has a mentor may depend on the person's personality (Turban & Dougherty, 1994), motivational needs (Fagenson, 1992), locus of

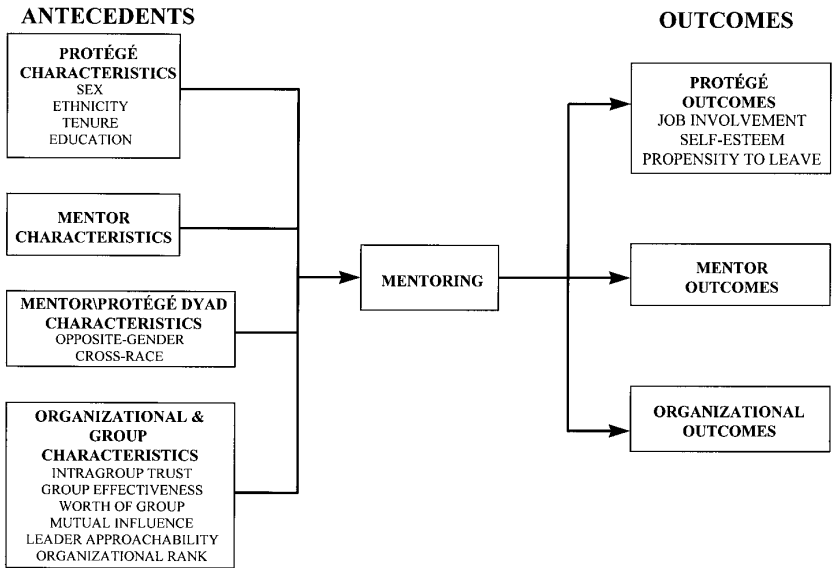


FIG. 1. Framework for antecedents and outcomes of psychosocial mentoring (adapted from Koberg, Boss, Chappell, and Ringer, 1994).

control (Noe, 1988a), age (Whitely, Dougherty, & Dreher, 1992), sex (Bolton, 1980; Burke & McKeen, 1990; Merriam, 1983; Noe, 1988b; Ragins & Scandura, 1994; Riley & Wrench, 1985), ethnicity (Thomas, 1990), professional status (Ragins, 1989), and/or tenure with the organization (Hunt & Michael, 1983).

Other personal characteristics that may influence the mentoring process are a protégé's educational level and tenure with the organization. People with more education are more likely to have a mentor, for example, because they appear to have greater career mobility and are more likely to develop an "occupational identity" (Kram, 1983, p. 608) and to go into professions involving apprentice-type work relationships such as higher education, law, medicine, nursing, athletic coaching, and university teaching (Burke & McKeen, 1990; Ragins, 1989).

Kram (1985) proposed that intense mentor/protégé interactions increase during the protégé's first 5 years with an organization. Louis (1980) discussed the importance of mentors and other developmental relationships in orienting newcomers and in helping them make sense of their experiences. In a study of three research and development organizations, Ragins and McFarlin (1990) found that younger protégés (who most likely were also less tenured) were more likely to report that their mentors provided role modeling and parenting functions. As the mentor/protégé relationship evolves, however, it is not necessarily terminated but may be redefined to encompass other facets such as friendship.

A number of studies have explored the effects of ethnicity and sex on the mentoring process, but the results of these studies have not been entirely

consistent or unequivocal. Some scholars suggest that certain members of minority racial and ethnic groups less often become protégés because they can have difficulty in establishing “developmental relationships, especially cross-racial ones, in predominantly white organizations” (Thomas, 1990, p. 488), although in his investigation of a public utility company, Thomas found that 88 black and 107 white managers did not differ in their overall experience of mentoring.

A number of studies show that being mentored is as important to women as it is to men (Keown & Keown, 1982; Ragins, 1989), and that there are few differences in the experience of mentoring between men and women (Burke, 1984; Dreher & Ash, 1990; Fagenson, 1989). Still, women may be less likely than men to have mentors because women perceive more barriers to obtaining mentors than do men (Ragins & Cotton, 1991), in part because they generally achieve lower statuses in organizations and they are more likely to be “filtered out” at various stages of organizational socialization than are males because of discriminatory selection and treatment (Hood & Koberg, 1994). Accordingly, we hypothesize that

H1A. The protégé’s education will have a positive association with perceived psychosocial mentoring.

H1B. The protégé’s tenure with the organization will have a positive association with perceived psychosocial mentoring.

H1C. White and nonwhite protégés will differ significantly in their level of perceived psychosocial mentoring.

H1D. Men and women protégés will differ significantly in their level of perceived psychosocial mentoring.

Opposite-Gender and Cross-Race Mentoring Relationships

The gender and racial composition of the mentor/protégé dyad also affects the overall experience of being mentored. Ragins and Cotton suggested that a “shortage of female mentors requires women to develop cross-gender mentoring relationships, and there are probably more barriers to initiating cross-gender mentoring relationships than there are to initiating same-gender mentoring relationships” (1991, p. 948). Ragins and McFarlin (1990) in a study of research and development organizations reported that protégés with cross-gender mentors were less likely to perceive their mentors as providing social roles and more likely to perceive their mentors as providing role modeling functions than protégés with same-gender mentors.

As for cross-race mentoring dyads, Thomas and Alderfer (1989) proposed that blacks tend to receive less psychosocial mentoring from cross-race than from same-race mentors. “Mentoring may be less effective in cross-gender and cross-race situations” (Whitely, Dougherty, & Dreher, 1991, p. 347), because these pairings are susceptible to a number of difficulties, including stereotypes and attributions, tokenism, and ineffective power bases (Noe, 1988b). We expected that

H2. The level of perceived psychosocial mentoring will be higher with same-sex than among those with opposite-sex mentors.

H3. The level of perceived psychosocial mentoring will be higher among protégés with same-race than those with cross-race mentors.

Group and Organization Characteristics

Hunt and Michael (1983) suggest that mentoring is affected not only by characteristics of protégés and mentors but also by a variety of contextual characteristics, including occupation/profession, hierarchical status, and characteristics of the work group processes. Zey (1984) proposed that individuals at higher levels of organizations have greater access to mentors. Also, "readiness for mentoring" (Noe, 1988a, p. 475) increases at the higher levels of organizations because individuals at these levels recognize the importance of political ties and maneuvering to career and organizational success.

Having a mentor can be affected by the nature and quality of interpersonal relationships and group processes at the workplace. Mentoring relationships, characterized by a "greater intimacy and strength of interpersonal bond" (Kram, 1985, p. 24), require trust and attachment (Ibarra, 1994). Psychosocial mentoring, encompassing coaching, counseling, friendship, and role modeling, is "almost impossible in a situation characterized by low trust and minimal communication" (Kram, 1985: p. 164). Mentoring and other developmental relationships are more difficult in work groups or departments characterized by competitive dynamics, low intragroup trust, and minimal communications (Kram, 1985, 64). Mentoring relationships are more likely in work groups or departments characterized by trust (intragroup trust), by the open sharing of problems and responsibilities (group effectiveness and group worth), by social support and contact wherein group members influence one another (mutual influence), and by attitudes toward and rapport with supervisors and leaders (leader approachability) (Kram, 1985; Ragins, 1989). We therefore hypothesize that

H4A. Organizational rank will have a positive association with the level of psychosocial mentoring perceived by protégés.

H4B. Intragroup trust, group effectiveness, worth of group, mutual influence, and leader approachability will have a positive association with the level of psychosocial mentoring perceived by protégés.

Job-Related Outcomes of Mentoring

The final component of the Hunt and Michael (1983) model concerns job-related attitudes and outcomes of mentorship for individuals and organizations. Zey (1984) posited that among the potential outcomes of mentoring are managerial succession, managerial development, reduced turnover, and increased productivity. Kram (1985) proposed that mentored individuals will experience greater work involvement. Riley and Wrench (1985), using a sample of lawyers, found that mentoring affected job satisfaction; however, in an investigation of

business school university alumni, Louis, Posner, and Powell (1983) found that being mentored correlated with job satisfaction but not with organizational commitment or intention to stay with the organization. In a survey of 520 executives, Reich (1985) found that mentored individuals reported greater self-confidence and enhanced awareness and use of skills. According to Noe, "psychosocial functions enhance the protégé's sense of competence, identity, and work-role effectiveness" (1988a, p. 459). We accordingly expect that

H5. The level of psychosocial mentoring perceived by protégés will have a positive association with job involvement and self-esteem at work and will have a negative association with propensity to leave the organization.

METHODS

Subjects

Because mentoring is important to the success of technical, professional, and managerial workers (Whitely, Dougherty, & Dreher, 1991; Zey, 1984), we chose as subjects a volunteer group of full-time working professionals from a large, private general hospital in a major western metropolitan area.

Subjects included 92 men and 275 women. More than half of the subjects (60.2%) were registered nurses, dietitians, therapists, pharmacists, and other professionals ($N = 233$). Approximately 23% were supervisors ($N = 90$). A smaller number were hospital administrators and directors ($N = 25$) or physicians ($N = 28$). The mean tenure with the organization was a range of 2 to 5 years. A large number of subjects held a college ($N = 102$) or advanced degree ($N = 34$); the others held an associate degree ($N = 85$) or had had some college ($N = 68$). The majority were white ($N = 288$); a minority were Hispanic ($N = 26$) or African American ($N = 19$). As in other studies, most of the protégés reported having mentors of the same sex ($N = 235$) and same race mentors ($N = 285$).

Procedures

The hospital employees were told that the purpose of our self-report questionnaire was to identify issues that needed to be addressed to improve the quality of work life in the hospital. They were invited by the hospital administration to participate in the study and were allowed approximately 1 h of work time to complete the questionnaires, either individually or in small groups. The employees were told that they could decline participation in the study at any time and were asked to return the completed, unsigned questionnaire to the university researcher at the time of the on-site administration.

Of the 760 questionnaires distributed, a total of 585 usable surveys were returned for a response rate of 70%. Subjects were asked whether they currently had a mentor, described as "someone who serves as a sponsor or mentor; someone who looks out for you, or gives you advice." Of the 585 employees

responding, 387 reported having a mentor. It is these 387 individuals who constitute the basis for the analyses performed in the present study.

Instruments

The Group Behavior Inventory (GBI) developed by Friedlander (1966) is a multidimensional measure of work-group characteristics and processes that has been used extensively in studies of consulting and group development work. Based on a principal-components analysis and correlations with population characteristics, the GBI has been shown to have acceptable levels of factorial and construct validity by Friedlander (1966) in a study of one of the armed services' largest research and development stations employing 6000 personnel. Of the six subscales developed by Friedlander, we selected five relevant subscales—group effectiveness, intragroup trust, mutual influence, worth of group, and leader approachability. Subjects were told that "your work group is defined as those people with whom you work in your Department, Section, or Shift, whichever is smaller." Except for "worth of group," which calls for responses on a 7-point Likert scale, the subscales called for responses on a 5-point scale ranging from strongly agree (1) to strongly disagree (5). Responses on the subscales are summed and averaged, with higher scores indicating more positive and healthier group interaction patterns. Friedlander (1966) reports internal reliabilities (Kuder–Richardson Formula 20) of .90, .91, .73, .89, and .72 for the five subscales, respectively. Alpha coefficients obtained by the present study are noted below.

Group effectiveness (alpha coefficient of .88) was measured by nine items evaluating perceived team effort and the open sharing of responsibilities and problems (e.g., "There is a destructive competitiveness among the members of the group"). A five-item measure of intragroup trust (alpha coefficient of .71) measured the extent to which members of a work group held trust and confidence in one another (e.g., "There is trust and confidence in each other group member"). Mutual influence (alpha coefficient of .70), consisting of five items, reflected how far group members influence one another and the leader and assumed responsibility for goal setting (e.g., "Group members accept influence from other group members"). The six items used to measure worth of group (alpha coefficient of .89) asked subjects to rate the general worth of the group as either good, strong, active, pleasant, valuable, and deep, or bad, weak, passive, unpleasant, shallow, and worthless. Leader approachability (alpha coefficient of .88), evaluating comfort with the leader, was measured through nine items (e.g., "Group members feel at ease when talking with the chairperson").

To measure *mentoring*, we used a 14-item questionnaire developed by Noe (1988a). The scale, which measures the various psychosocial mentoring activities described by Kram (1985), was developed by Noe on the basis of the "psychosocial functions identified by previous qualitative analyses and descriptive studies of mentoring relationships" (1988a, p. 466) and was validated by factor analysis and internal reliability estimates (alpha coefficient of .92) in an empirical

study of school district personnel. The instrument consists of 14 statements that assess the extent to which the protégés **believed or perceived** the mentors provided psychosocial functions. Examples of statements are “My mentor has discussed my questions or concerns regarding feelings of competence, commitment to advancement, relationships with peers and supervisors or work/family conflicts” and “My mentor has conveyed empathy for the concerns and feelings I have discussed with him/her.” Subjects indicated the extent to which each statement described their mentoring relationship, using a 5-point scale (1 = to a very slight extent; 5 = to a very great extent). By averaging the score on each of the fourteen 5-point Likert statements, we computed a single composite measure with an alpha coefficient of .94.

We measured **self-esteem at work** by four items constructed and shown to be reliable and valid by Quinn and Shepard (1974). The items (reverse scored) are bipolar adjectival descriptors (successful/not successful, important/not important, doing my best/not doing my best, and happy/sad) separated by a seven-point scale. The four items are averaged to form a composite self-esteem measure. Quinn and Shepard report an alpha coefficient of .70 from a study of quality of employment using a national sample. As evidence of empirical validity, they found that self-esteem at work correlated positively with life and overall job satisfaction. We obtained an alpha coefficient of .71.

Job involvement reflects the importance of work in the worth of the person and was indexed by nine items constructed and validated by Lodahl and Kejner (1965). Lodahl and Kejner reported evidence from a sample of nurses on the validity of their scale, including interrater agreement, factor and item analysis, and cross-validation of the items using a sample of engineers. They also report that their measure of job involvement has a Spearman-Brown reliability coefficient of .73 and is factorially independent of job satisfaction. The nine items (e.g., “The most important things that happen to me involve my work” and “I’ll stay overtime to finish a job even if I’m not extrinsically rewarded for it”) call for a response on a 5-point Likert scale (1 = strongly disagree; 5 = strongly agree). We averaged the responses to the nine items to form a composite involvement measure; we obtained an alpha coefficient of .84.

We measured **propensity to leave the organization** (intention to quit) by adapting a composite three-item scale developed by Lyons (1971) in a study of nurses. Subjects were asked to indicate how likely it is that they will transfer to another job, quit their job in the hospital, or quit working entirely in the next 6 months. Lyons validated the three-item scale by correlating it with a measure of observed withdrawal behavior and reported intercorrelations between the items of .75, .59, and .54. The three items call for a response on a 7-point Likert scale, ranging from 1, not at all likely, to 7, extremely likely. The alpha coefficient we obtained was .87.

Five dummy-coded variables were used in the study. Sex was coded 0 for women and 1 for men. Following the frequency distribution of racial or minority group members in the general hospital population, we coded ethnicity 1 for

TABLE 1
Means, Standard Deviations, and Intercorrelations of All Variables

	Mean	S.D.	1	2	3	4	5	6	7	8	9	10	11	12
1. Education ^a	2.48	1.03												
2. Organizational tenure ^c	3.81	1.66	-.13											
3. Organizational rank ^a	1.53	.90	.43	-.12										
4. Mentoring ^b	4.21	1.02	.17	-.04	.16									
5. Leader approachability ^b	3.48	.57	.08	.05	.21	.15								
6. Worth of group ^d	4.24	.85	.09	.03	.31	.19	.66							
7. Intragroup trust ^b	3.40	.73	.17	-.02	.24	.14	.59	.62						
8. Mutual influence ^b	3.47	.64	.18	.08	.31	.18	.41	.49	.41					
9. Group effectiveness ^b	3.42	.77	.10	.01	.28	.13	.66	.78	.66	.52				
10. Propensity to leave ^d	2.34	1.51	.01	-.03	-.13	-.03	-.31	-.33	-.17	-.20	-.29			
11. Self-esteem ^d	5.84	.81	.02	.01	.14	.28	.36	.42	.30	.26	.37	-.39		
12. Involvement ^b	3.73	.61	.12	.01	.29	.20	.34	.37	.31	.31	.37	-.46	.35	

Note. All correlations $> +/-.09$ are significant at .05.

^a 4-point scale.

^b 5-point scale.

^c 6-point scale.

^d 7-point scale.

white, 2 for Hispanic, and 3 for African American. On the basis of preliminary interviews with hospital administrators, we coded organizational rank 1 for RNs, professionals, and technicians (e.g., therapists), 2 for supervisors, 3 for physicians, and 4 for upper-level managers (e.g., department directors and members of the Administrative Council). Education was coded 1 for high school education or some college, 2 for associate degree, 3 for college or bachelor's degree, and 4 for advanced degree. The participating hospital requested that organizational tenure include the following categories: 1 = less than 1 year, 2 = 1–2 years, 3 = 2–5 years, 4 = 6–10 years, 5 = 10–15 years, and 6 = more than 15 years.

ANALYSIS OF DATA AND RESULTS

Table 1 contains the means, standard deviations, and intercorrelations for all scaled variables. The bivariate results generally conformed to expectations and are consistent with previous findings. Predictably, the five GBI subscales were positively related to each other and to self-esteem and job involvement and were negatively related to propensity to leave the organization. Self-esteem and involvement were positively related to each other and negatively related to propensity to leave the organization. Other correlations presented in Table 1 indicate that organizational rank was positively correlated with the five GBI subscales, self-esteem, and job involvement, and was negatively correlated with propensity to leave.

To determine the effects of the protégé characteristics, composition of the protégé/mentor dyad, organizational rank, and group characteristics on the dependent variable, psychosocial mentoring, we used analysis of covariance (ANCOVA). This method combines the features of analysis of variance and

TABLE 2
The Effects of Individual, Interpersonal, Group, and Organizational Variables on Mentoring

Source	<i>df</i>	MS	F
Covariates	4	2.257	3.03**
Individual Variables			
Sex	1	.612	<1
Education	1	4.220	5.666**
Tenure	1	.117	<1
Ethnicity	1	3.588	4.818**
Main Effects	24	4.120	5.532***
Interpersonal Variables			
Gender	1	6.029	8.096***
Race	1	39.776	53.407***
Group Variables			
Leader approachability	3	1.981	2.660**
Mutual influence	4	.555	<1
Intragroup trust	4	1.841	2.472**
Worth of group	4	.783	1.052
Group effectiveness	4	.584	<1
Organizational Rank	3	1.504	2.229
Error	332	.745	

* $p \leq .10$.

** $p \leq .05$.

*** $p \leq .001$.

regression (Hull & Nie, 1981) and is an efficient analysis alternative that allows covarying or blocking on variables, thus yielding substantial gains in power (Hopkins, 1973). The protégé characteristics were treated as covariates (since background or demographic variables might affect responses from subjects) and assessed first, in order to ensure that these variables would not confound the effects of the dyad, organizational rank, and group variables. Table 2 presents the results of the ANCOVA.

Table 2 shows that the following were related to psychosocial mentoring: protégé characteristics (ethnicity and education), gender and racial composition of the mentoring dyad, and group characteristics (intragroup trust and leader approachability). We found no significant effects for sex, tenure with the organization, mutual influence, worth of group, and group effectiveness, nor were there any significant interaction effects (not shown in the table). The calculation of proportions of explained variance (PEV) (Hudson, Thyer, & Stocks, 1985) showed that more amounts of the variance in mentoring were explained by characteristics of the dyad (approximately 15%) and group (approximately 10%) than were explained by protégé characteristics (approximately 4%).

Hypotheses 1a, 1b, 1c, and 1d related protégé characteristics (education, tenure with the organization, ethnicity, and gender) to psychosocial mentoring. Analysis

of variance and a comparison of means using Scheffe's multiple comparison technique revealed that mentoring increased as the protégé's education increased but was not related to organizational tenure, indicating support for Hypothesis 1a but not for Hypothesis 1b. Mentoring was higher for whites ($M = 4.28$) than for Hispanics ($M = 3.81$) or African Americans ($M = 3.06$), but did not differ significantly between men ($M = 4.50$) and women ($M = 4.24$), regardless of organizational rank. Support was therefore found for Hypothesis 1c but not for Hypothesis 1d.

Hypotheses 2 and 3 related the gender and racial composition of the mentor/protégé dyad to psychosocial mentoring. Mentoring was higher among same-sex ($M = 4.34$) than among opposite-sex dyads ($M = 3.86$) and was higher among same-race ($M = 4.38$) than among cross-race ($M = 2.94$) dyads, indicating support for both hypotheses.

The next set of hypotheses (4a and 4b) related organizational rank and characteristics of the work group to psychosocial mentoring. Mentoring increased as intragroup trust and leader approachability increased but was not related to organizational rank. No support was found for Hypothesis 4a; partial support was found for Hypothesis 4b.

Hypothesis 5 dealt with the job-related outcomes of psychosocial mentoring—job involvement, self-esteem at work, and propensity to leave the organization. We used multivariate analysis of covariance (MANOCOVA) to assess the effects of mentoring on the three job-related outcomes, after removing the effects of the protégé characteristics, composition of the dyad, and organizational rank and group variables. MANOCOVA allows the simultaneous testing of effects of the predictor variables on two or more dependent variables (Hull & Nie, 1981). The MANOCOVA produced one significant multivariate effect (Wilk's Lambda = 5.24, $df = 36, 308$, $p = .001$), with mentoring being a significant predictor of involvement (multiple $R = .52$, adjusted $R^2 = .24$), self-esteem (multiple $R = .51$, adjusted $R^2 = .23$), and propensity to leave (multiple $R = .46$, adjusted $R^2 = .18$). The results of performing analysis of variance and Scheffe's multiple-comparison technique with a .01 alpha level revealed that mentoring was associated with increased involvement and self-esteem at work and a decreased propensity to leave. Hypothesis 5 was therefore supported.

DISCUSSION AND CONCLUSIONS

Our findings from a sample of health-care professionals corroborate in part Hunt and Michael's view of mentorship as a function of "context effects, and mentor and protégé characteristics" (1983, p. 484). Our findings indicate that the following influence psychosocial mentoring: protégé characteristics (ethnicity and education), gender and racial composition of the mentoring dyad, and group characteristics (intragroup trust and leader approachability). We suggest that context or group characteristics may affect mentoring no less than do protégé characteristics and may become increasingly important factors in affecting mentoring relationships in the workplace. Psychosocial mentoring is more likely in a

work group with an approachable leader who encourages intragroup trust, a finding that agrees with a suggestion by Kram and Isabella (1985) that the work group can supplement conventional hierarchical mentoring relationships in that members can learn new behaviors and gain a positive sense of self from the group.

The men and women health-care workers we sampled reported similar levels of psychosocial mentoring, a finding supporting mentoring studies that attest to the uniformity rather than the differences between the sexes (Dreher & Ash, 1990). In contrast to career-oriented mentoring, which depends on "the senior person's experience, organizational rank, and influence in the organizational context" (Kram, 1986, pp. 162–163), and which may be more difficult for women than men to acquire because there are generally fewer top female managers available to serve as mentors (Betz & Fitzgerald, 1987; Brown, 1986; Nieva & Gutek, 1981; Schwartz, 1989), psychosocial mentoring may be accessible to both men and women at all levels of the organization because it is more flexible, requiring only friendship, confirmation, acceptance, and social support, and being obtainable from several people, including coworkers and superiors. Future research is indicated to investigate whether previously conflicting findings regarding gender differences in mentorship (Betz & Fitzgerald, 1987; Brown, 1986) can be explained by the type of mentoring (career-related or psychosocial).

Other results suggest that the gender and racial composition of the mentor/protégé dyad may be as important to a mentoring relationship as the protégé's sex or race or more so. However, these results warrant cautious generalization because of differences within ethnic and minority groups and because of the modest number of Hispanic and African Americans we sampled. The protégés reported higher levels of psychosocial mentoring from same race than from cross-race mentors, a finding that is consistent with research by Thomas (1990). The protégés also reported more mentoring by mentors of the same sex, a finding that conflicts with research by Ragins and McFarlin (1990), who found no significant differences in psychosocial mentoring with the exception of the role modeling function between same-sex and cross-race mentoring dyads in three research and development organizations. However, Quinn (1980) earlier found that most women protégés (who were social workers) had female mentors while those who were psychologists had male mentors. The health-care industry is a helping profession and traditionally a women-oriented culture. Because cultural values are known to change across professions and organizations, researchers should investigate how an organization's cultural values affect opposite-sex and cross-race mentoring relationships.

This study revealed that psychosocial mentoring has beneficial consequences for individuals and organizations through increased job involvement and self-esteem at work and a decreased propensity to leave the organization, a finding that supports the second component of Hunt and Michael's (1983) model of mentoring.

This study has several significant limitations. Our findings require corrobora-

tion because they represent only one type of organization. Also, our cross-sectional study is not useful in disentangling cause and effect. We considered the extent to which healthier group patterns contributed to mentoring, not the reverse possibility—that mentoring contributes to positive group processes. Moreover, field studies using self-report, cross-sectional data are subject to problems associated with common method variance (Podsakoff & Organ, 1986). However, factual data of which the subject possesses direct knowledge pose less serious problems, since such data are in principle verifiable. Some of the data collected in the present study (such as level of education and ethnicity and sex) were of this type. Also, because method variance might well be more of a problem with single items or poorly designed scales, and less of a problem with multi-item and well-designed and validated scales (see Spector, 1987), and because we attempted to confirm questionnaire responses in post hoc interviews, problems of common method variance should be somewhat attenuated.

In today's increasingly competitive health-care environment, which is characterized by consolidations, mergers, ownership changes, and managed health-care programs that have altered the way patients get care (Iverson, Deery, & Erwin, 1995), mentoring can facilitate organizational socialization by helping workers adopt appropriate role behavior, learn work skills and abilities, and acquire the norms and values of the work group (Clawson, 1980). Mentoring also can reduce turnover among valued young professionals (Kram, 1985) and promote the transfer of knowledge and values (Kram, 1986) that support a hospital's mission.

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