Women CEOs in Health Care: Did They Have Mentors?

Linda Roemer

Nineteen of 35 women CEOs of health care organizations who were interviewed in a study to ascertain how female CEOs of health care organizations attained those positions said that they had been mentored, receiving both career advancement assistance and psychosocial support. Mentoring was helpful, but not critical to the women's success.

For more than two decades the lack of advancement of women into the highest positions in corporate America has received attention in the popular press, in academic publications, and within the federal government. To a great extent the focus has been on the "glass ceiling" that is presumed to prevent women from advancing above certain levels within organizations.\(^4\) A proposed remedy to this problem that has received increasing emphasis is mentoring. Publications in almost every field include discussions of the benefits of mentoring for both individuals and organizations.\(^5\) Mentoring is widely touted in the health management literature as providing advantages for both men and women.\(^7-10\)

This article presents evidence on mentoring that emerged from a qualitative study of women chief executive officers (CEOs) in health care. The primary aim of the study was to understand how women who became CEOs attained those positions and what characteristics or circumstances led to their reaching these positions. This article is intended to increase understanding of the role of mentoring in the careers of the CEOs.

MENTORING

The concept of mentoring includes two elements: professional assistance, in the form of coaching and access to opportunity, and psychosocial support. Walsh, Borkowski and Reuben defined mentors as those "who help to shape the professional identity, model appropriate professional behaviors, render guidance and support, teach the intricacies of the work environment, provide political sponsorship, and facilitate entry into organizational and professional networks."^2(p.270) Whitley, Dougherty and Dreher described mentoring as an intense "developmental relationship of relatively long duration in which protégés receive a range of career and psychosocial help from one senior manager."^11(p.333) Higgins and Kram concluded that for

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several decades, researchers conceptualized mentoring "as the developmental assistance provided by a more senior individual within a protégé’s organization that is a single dyadic relationship." The elements of these definitions have been widely accepted and used.

From this conceptual base of mentoring as including both professional assistance and psychosocial support, the recent literature on mentoring has had three major strands. These are: (a) modification or expansion of the traditional definition; (b) characteristics that lead to, encourage, or enhance mentoring; and (c) the outcomes of mentoring that have the potential to enhance the careers of both the mentor and the mentee. This study presents the mentoring experiences of the women CEOs in health care organizations and contributes to each of these themes.

Reconsideration of the Concept of Mentoring

The movement toward redefinition of mentoring has been given impetus by changes both in the location of work and in the way people work. Such changes include the increasing use of information technology, telecommuting, part-time and contract work, shorter employee tenure within organizations, downsizing, and the aggregation of smaller organizations into larger ones. As a consequence, it has been suggested that the traditional view of mentoring with one mentor and one protégé in a long-term relationship within the same organization needs to be revised.

Sullivan suggested, based on theories of "boundaryless" careers, that research is needed to determine how new organizational arrangements affect mentoring possibilities and how mentoring can develop across multiple firms and boundaries. Ibarra, concerned with the mentoring of minorities and women, recommended that rather than relying exclusively on one mentor or sponsor for access to the benefits of mentoring, individuals should develop "multiple developmental relationships." Recently Higgins and Kram used social network theory to develop a typology of developmental networks to replace the traditional conceptualization of mentoring relationships.

Hill and Kamprath also subscribed to the view that a network of relationships is preferable to the search for one perfect mentor. They drew an important distinction between mentor-protégé relationships that include both career advancement and psychosocial functions and sponsor-protégé relationships that include only the former.

Noe observed that most mentoring relationships develop informally, but structured mentoring programs in which there are assignments of mentors and mentees have gained advocates recently. Chao and Walz designated mentorships as formal and informal, noting that "informal mentorships are not managed, structured, nor formally recognized by the organization."

Personal and Organizational Characteristics and Mentoring

Because mentoring involves a personal relationship between individuals, there may be considerable barriers to both the formation of such relationships and to successful outcomes. Gender, race, socioeconomic status, and personality have been investigated as factors likely to affect mentoring relationships.

The writings about gender and mentoring include both reports of empirical studies and suggestions for future research, and no general conclusions on gender and mentoring are possible. In Turban and Dougherty’s study, gender was not related to either the initiation of mentoring or the mentoring received. A study by Ragins and Cotton showed mixed results with inconsistent interaction between gender and whether the mentorship was formal or informal. Ragins and Scandura concluded that men and women were equally willing to mentor members of the opposite sex as those of the same sex.

On the other hand, Rubens and Halperin found that mentoring relationships were more important to women than to men in advancing to top executive positions and suggested that if cross-gender mentoring was a problem in health care organizations, senior nurse executives could serve as mentors for women in the organization. Walsh and Borkowski found that female managers in health care organizations were more likely to have mentors than male managers.

Among those suggesting future research, Noe cited numerous barriers to the attainment of mentors by women, including difficulties in cross-gender mentoring. Ibarra, using a structural perspective, hypothesized that interaction patterns for women, including mentoring, are less likely to be of the same sex, that women will have fewer strong ties, and the ties that they do have will be less stable.

Thus, it appears that gender may have an important effect on mentoring, but exactly how and in what circumstances are not entirely clear. This study was concerned only with women’s mentoring, and none of
the women compared their mentoring experience to that of men.

The relationship of minorities and mentoring has also been considered. Ibarra noted that minorities probably face difficulties similar to those of women in attaining mentors. Collins and Kamya found that for social workers there was no difference in the likelihood of being mentored by race, but there was a significant association between the race of the mentor and the protégé. This suggested that individuals had a bias toward mentoring or being mentored by those of the same race. Thomas found that minorities who advanced further were more likely to have had mentoring relationships that included both career advancement and psychosocial support with their mentors as compared to minorities who remained in middle management who were likely to have had only the former.

Whitley, Dougherty, and Dreher investigated the effect of socioeconomic status on mentoring and found that “career oriented mentoring has a greater relationship with promotion rate for people from the highest level socioeconomic backgrounds than for those from lower level backgrounds.” This suggests that mentors choose to focus on mentoring those most like themselves because senior executives are more likely to come from higher socioeconomic strata.

Although personality has drawn interest as a factor in the formation and success of mentoring relationships, there was no assessment of personality factors in this study.

It is possible that characteristics of specific organizations, such as a culture of mentoring suggested by Kram, act to encourage or deter mentoring. There has been little investigation of what these factors might be, and the women in this study did not cite any organizational effects. Most of the reported mentoring took place within hospitals because more of the women spent more time working in hospitals than elsewhere, but mentoring was also reported within government agencies, home health agencies, rehabilitation facilities, and health maintenance organizations (HMOs).

The Effects of Mentoring

Having a mentor has been associated with both advancement and higher salary. Walsh, Borkowski and Reuben found that respondents who had mentors were more likely to be promoted than those who did not. Weil and Kimball, in a study of members of the American College of Healthcare Executives, that having a male mentor had a positive effect on the compensation of female executives in health care. Koberg, Boss, Chappell, and Ringer found that mentoring was related to increased job satisfaction and decreased work alienation, although the exploratory nature of their work merits caution.

The type of mentoring relationship may affect the outcomes of mentoring. Considerable investigation and reporting has been done on the issue of formal and informal mentoring relationships, but the women in this study reported only informal mentoring relationships and none reported having participated in a formal relationship as either a mentor or mentee.

The Operationalization of Mentoring

There is consensus within the literature on the basic characteristics of mentoring relationships as including both career advancement activities and psychosocial support, usually between individuals at different levels within an organization. There is also considerable agreement that mentoring may need to be redefined, taking into account mentors outside of the mentees’ organization, multiple mentors, and new working arrangements that may physically isolate individuals from each other. Rapid turnover within organizations, particularly at higher levels of management, may also impede or shorten mentoring relationships.

Because of the widespread advocacy for mentoring in relation to career advancement, particularly for women, mentoring was a variable of interest in this study. Of the 35 women interviewed, 19 said that they had a mentor or mentors. Several others described individuals who might have fit the traditional definition of a mentor but did not apply the term to them.

For the purposes of this study, only individuals specifically identified by interviewees as mentors were defined as mentors. If an interviewee described an individual who met the commonly accepted criteria of a mentor, but did not identify that person as a mentor, the label mentor was not assigned. Thus, this study avoided the methodological problem identified by Higgins and Kram of forcing respondents to a traditional definition of mentoring and allowed for the identification of multiple members of a woman’s developmental network.

STUDY METHODOLOGY

This qualitative study of 35 women was largely focused on the lived experiences of the study participants. A face-to-face semi-structured interview,
usually lasting 1 to 2 hours, was conducted with each woman at her office.

Interviews were conducted in three geographic areas of the country. Twenty-five study participants from one area were identified through personal contacts, were women personally known to the investigator, or were women whom she knew by reputation. In one of the other areas, names were obtained from the investigator's colleagues in health administration programs, and seven were interviewed. In the third area, names of eligible women were obtained from the directory listings of the American College of Healthcare Executives and three CEOs agreed to be interviewed. In this area, where there were no personal connections between the researcher and the CEOs or someone known to the CEOs, there were many refusals, while in the other two areas there were almost none. This indicates that a personal connection was important in getting the women to commit to the interview.

The three areas were chosen on the basis of convenience and the likelihood of being able to obtain a sample that was diverse in terms of race and ethnicity as well as type and size of organization. No attempt was made to be systematic in choosing the sample. Individuals in the sample included women in hospitals, health systems, HMOs, health centers, ambulatory care centers, home health agencies, rehabilitation institutions, and elder services organizations. It was originally intended to interview more than 35 women, but when data saturation was reached and new insights were no longer being obtained, additional interviews were not conducted.  

The Interviews

The interviewees were informed that the Institutional Review Board at Simmons College had approved the research, they gave consent, and were promised anonymity. They were also told that if the researcher published any material in which they might be identifiable they would have the right to approve it before publication.

The interviews were loosely organized around key questions, the main purpose of which was to understand how these women attained their CEO positions, the progress of their careers, and interaction between their professional and personal lives. The areas of interest that were included were identified from the literature relevant to women in management. The interview questions were modified slightly after the first few interviews were completed and each interview proceeded in a slightly different manner. The object of the study was to determine how the women saw and described their lives, not to obtain exactly the same information from each woman.

The interviews began with the researcher asking each woman to describe her career. Once the interviewee had completed what was usually a lengthy response, the interviewer followed up about specific points discussed by the woman. Important information obtained in this initial discussion was the names or roles of individuals who had been important in the interviewee's career. If the role that these individuals had played was not clear, questions were asked. The women were not questioned directly about whether or not they had had a mentor because it was thought that if they were asked, their answers might be biased toward saying that they did have a mentor.

Noe pointed out that one function of a mentor is to sponsor an individual within the organization, as for promotion, or to provide responsibility that will call attention to the individual and thus lead to promotion. Thus, interviewees were asked whether important job changes were initiated by the women or by someone else and with whom they had discussed possible new positions. Questions that contributed further insight into the issue of their having been mentored were: "Can you talk about some of the people who influenced you?" or, "If you have an important decision to make about an issue at work, with whom do you discuss it?"

All but two of the interviews were taped and transcribed and field notes were available for those two. The transcriptions were checked against the tapes. Listening to the tapes and comparing the text to the oral version constituted the first step of the analysis, providing an overall feel for the data. Notes were made about emerging themes. This step confirmed mentoring as one of the themes to be explored further. The next step was coding of the individual cases, focusing on the themes that had been identified initially for the interviews and then in reading and lis-
tening to the interviews. The Ethnograph® software was used to display systematically excerpts from the cases that bore on particular topics. Because of the emphasis that mentoring was receiving and the expectation that consideration of the effect of mentoring on the women’s careers would be fruitful, the text was searched for discussion of mentoring and other influences. Ryan and Bernard have warned that the analysis of chunks of texts, as was done in this study, needs to include a search for negative cases as well as positive ones.\(^{38}\) Therefore, the next step of the analysis followed Miles and Huberman’s description of cross-case analysis.\(^ {39}\) Matrices were developed using spreadsheet software so that characteristics and findings could be compared easily for all interviewees. Each interviewee was identified as to whether or not she said that she had a mentor. Having or not having a mentor then could easily be cross-referenced with, for example, whether or not the individual was a nurse, had children, or other specific characteristics.

**FINDINGS**

**The Study Participants**

Although this study, like most qualitative studies, used a convenience sample, it is useful to know something about the characteristics of these women because so little is known about women CEOs in health care organizations.

Approximately four-fifths of the women interviewed were CEOs of hospitals, health systems, community health centers, home health agencies, home care agencies, HMOs, or other health care organizations. The others were chief operating officers (COOs) or the equivalent at the time they were interviewed. The COOs were included in the sample to contrast women who were not yet CEOs but who might move into such positions with those who already had done so. However, two of the COOs had previously been CEOs, two of the COOs became CEOs while the study was still in progress, and another COO was considering a CEO offer at the time she was interviewed. Thus, the distinction between CEO and COO did not seem either clear or useful, and the two groups were considered together.

The majority of the interviewees worked in nonprofit organizations, but some worked in for-profit organizations, and a few were entrepreneurs who had started and were running their own businesses. In choosing potential interviewees the researcher sought to obtain diversity and approximately 20 percent of the women were members of racial or ethnic minority groups. Table 1 provides information about some of the characteristics of the women. Although they were not asked their age, most of the women indicated that they were between 45 and 55.

The women were particularly well educated, and many of them indicated that graduate education had been important to their success, both for what they had learned and for the value of the credential. Those with clinical backgrounds tended to think that experience was important to their advancement because of the knowledge it brought them about the work of health care organizations. One CEO with a strong financial background thought that was very important to her success, and another who had started in the maintenance department of a hospital thought the knowledge gained there was extremely helpful.

**Mentoring Relationships**

Nineteen (54%) of the 35 women interviewed said that they had had a mentor or mentors. Their descriptions contained both career advancement activities and psychosocial support, the elements of traditional mentoring discussed previously.

**TABLE 1**

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<tr>
<th>CHARACTERISTICS OF THE WOMEN CEOs (N = 35)</th>
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<tr>
<td><strong>Disciplinary Preparation</strong></td>
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<tr>
<td>Nursing</td>
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<tr>
<td>Other clinical</td>
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<td>Human services</td>
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<td>Other</td>
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<tr>
<td><strong>Advanced Degrees</strong></td>
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<tr>
<td>Doctorates</td>
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<tr>
<td>At least one master’s</td>
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<td>Two master’s</td>
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<tr>
<td>MBAs</td>
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<tr>
<td>Degree from ACEHSA-accredited program</td>
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<tr>
<td>Nursing master’s</td>
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<tr>
<td><strong>Marriages, Divorces, and Children</strong></td>
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<tr>
<td>Ever married</td>
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<tr>
<td>Married at time of interview</td>
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<tr>
<td>Divorced at least once</td>
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<td>Had children</td>
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Six of these 19 reported more than one mentor, some describing several. This foreshadows recent work on redefining mentoring that suggests that multiple or sequential mentors may be helpful.

A number of the women thought that their advancement was easier because they had a mentor. Some said they learned how to be successful managers by directly observing or being instructed by their mentors. Others benefited from their mentors promoting them or otherwise assisting them up the corporate ladder. And, for a few of the women, the psychosocial support derived from being accepted, admired, and taken seriously as a professional, perhaps for the first time in their lives, was extremely important. However, none of the women indicated that having a mentor was a requirement of their success.

Those who did not have mentors did not appear to think the lack had been a detriment to their careers. Perhaps because of the attention given to mentoring, a few of these seemed to feel that they should have had a mentor and were apologetic or wistful that they had not. Several spoke generally of the difficulties of finding a mentor, although none discussed actively trying to find one.

Several of the women belonged to Women in Management groups that provided support rather than mentoring as the women in these groups tended to be at the same level. One said that it had never occurred to her that she could be a CEO until she met the women in the group.

The mentors most commonly described by the women in this study were work related, usually someone to whom they reported. The mentors were described by the women as encouraging, supporting, coaching, and teaching them. Some of the descriptions the women gave of these relationships were:

"He was a wonderful mentor and really encouraged me to do other things and felt that there was no reason why I couldn't be a COO or a CEO at any time."

"What she was really doing was mentoring me. First of all she sponsored me for this role, then she mentored me through the thing so that I would gain self-confidence."

"And that's probably why I moved into the positions I did is that I was able to have people that I worked with that mentored me, gave me growth opportunity, experience."

"I'd been mentorized and supported and when someone asked me to do something they gave me the help, the resources I needed to do that."

Another CEO who was already a director in an organization when her mentor started there said,

"he kind of came in and plucked me out and said, 'Here, go do what you want to do,' and I would make recommendations and he would say, 'Yeah, go ahead.' It was like the first time that someone gave me the affirmation that maybe I knew what I was talking about."

Another woman described her relationship with an older mentor, “We formed a tremendous bond and he was very fond and supportive, parental but also an authority figure in my career.”

One COO of a large system, referring to the CEO, said, “And he says to me on a daily basis, this is what you need to do to be CEO. If you don’t do that, this is where you’re going to go. . . . and he pushes me every day.”

One woman also applied the term mentoring to a relationship that was not directly related to work. She described as a mentor someone she had met through a professional association but whose career had paralleled hers geographically. This is the type of assistance Walsh, Borkowski, and Reuben suggested might substitute for traditional mentoring.

In another case, a mentoring relationship was described as reciprocal, with two individuals in different organizations acting as mentors to each other. One of these women said, “She credits me with mentoring her. We are mentors and encouragers of each other’s work.” This is what Bries referred to as a mentor in contrast to a traditional mentor who is higher in the organization.

The women CEOs had mentors at different stages of their careers and reported both male and female mentors. Most, but not all, of the mentors were early or middle career mentors; some of the women were promoted into new positions with the help of their mentors and others had found their mentors when they moved into new positions. In other words, sometimes the mentoring came before a promotion and sometimes after. Very few women reported recent or current mentors although some reported maintaining contact with earlier mentors.

Personal and Organizational Characteristics and Mentoring

A number of personal characteristics were assessed for their relationship to mentoring. Because some researchers hypothesized that there might be fewer women available to be mentors and Rubens and
Halperin suggested that senior nurse executives might fill the gap,\textsuperscript{24} it was thought that nurses in the study might report more mentors. Many of those the nurse interviewees described as mentors were nurses who mentored the women while they were still in nursing roles but, as Table 2 shows, nurses were no more likely than nonnurses to be mentored. The professional backgrounds of the women did not influence whether they were mentored. None of those who were not nurses described a nurse as a mentor.

The minority women in this study identified mentors at the same rate as others. Geographic area had not been considered previously with regard to mentoring, but in this study there were no differences according to the geographic area in which the CEO was interviewed.

None of the other personal characteristics investigated appeared to be related to whether a woman identified a mentor. As shown in Table 1, 29 of the 35 women had been married at least once and 40 percent had been divorced at least once. Many of the women who were married had husbands who stayed at home or worked part-time in order to do a considerable amount of household management and child rearing. Husbands provided various kinds of support to their wives and appeared occasionally at social events but none appeared to have the strong ties to the organizations that Kanter\textsuperscript{45} described wives as having 2 decades earlier. Sixteen (47\%) had children.

There were no apparent differences in mentoring related to being married, divorced, or having children, but it is interesting that marriage and children have not previously been considered in relation to mentoring, perhaps because they have been seen as unimportant in the careers of men.

In the interviews, the women were also asked about their birth families. The socioeconomic status of the birth families ranged from upper middle to lower class. Despite some interesting findings, there is not enough information in this study to draw conclusions about the overall effect of socioeconomic status. Ten of the women had fathers who ran small businesses. These women reported that they learned about hard work and customer service in that environment. Thirteen reported professional fathers and the only one whose father was a physician said that growing up with her physician father prepared her to work successfully with physicians in her career. Twelve of the women reported that their mothers worked, but these tended to be incidental jobs, often taken to help pay their children's college expenses, rather than careers. Almost all of the women had at least one sibling but there was no relationship between birth order and having a mentor.

Their parents' expectations for the women generally did not exceed their going to college and there was considerable emphasis on their being able to support themselves. Several women reported that their parents had very low or no expectations for them and that they had succeeded despite this.

The mentoring relationships that were described took place in a range of organizations, including hospitals and health systems, home health care agencies, government agencies, community health centers, and others. None of the women described the environment in which they were mentored as being either helpful or detrimental to the relationship. None of the women noted any difficulty with cross-gender mentoring.

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<th>TABLE 2</th>
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<td>RELATIONSHIP OF PROFESSIONAL PREPARATION AND HAVING A MENTOR</td>
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<tr>
<td>Nurses</td>
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<td>Clinicians other than nurses</td>
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<td>Nonclinicians</td>
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Husbands provided various kinds of support to their wives and appeared occasionally at social events but none appeared to have the strong ties to the organizations that Kanter described wives as having 2 decades earlier.

Other Influences

When asked who had influenced them, the women described parents, other relatives, teachers, public figures, and people with whom or for whom they had worked. In accordance with the operationalization of the term mentor in this study, these were not considered as mentors, even if they met the traditional definition of a mentor as providing career advancement.
and psychosocial support. They may, however, meet the emerging definition of new or developmental relationships as laid out by Higgins and Kram and others.12,16,18

Comments about some of those work or professional influences include the following:

"She was very supportive and I think pushed me as a beginning person, a beginning management person to do things that I didn’t think I had the skills to do."

"He has been such a huge influence in saying you can do this. He was the first. He moved me to the COO position. Really encouraged me to learn a lot more about finance and opened up that whole arena for me. Yeah, I guess he would be the other really big influence that I see."

"I had a boss who picked me out from the pack and said, 'This one can do it.' And he pretty much gave me free rein. Just get the job done."

"I think he had confidence in me. He never told me but kind of encouraged me to move, to take chances and so forth."

"The person who had this seat before me, she influenced me. She taught me to look at the world with a different eye to business and she really taught me that if there is no margin, there is no mission."

A woman who had described someone else as a mentor, described a different individual:

"And [he]... definitely coddled me and thought I was a superstar and kept telling me that all the time and introducing me around. And it really gave me—it didn’t give me enough confidence that I really believed I could do it, but it gave me the glimmer that I should keep at this and that there’s something here and I can learn."

Mentors and influences should not be confused or aggregated. The women attached a specific meaning to the term mentor. Some of them described both mentors and other influences, making a distinction between the two. Other women clearly indicated that those who had influenced them were not mentors.

While some of the women who were mentored particularly noted the emotional and personal support they received from their mentors, some of the other women seemed potentially uncomfortable with the emotional aspects of a mentoring relationship. This hesitancy may lie in what Duff sees as a possible confusion or inappropriate overlap between mothering and mentoring42 or what has been identified as the parenting function of mentoring.43 For whatever reason, their discomfort with the more personal and emotional aspects of the mentoring relationship may be the reason why some of the women were reluctant to use the word mentor to describe a relationship.

None of the women said they were currently acting as mentors. Whether this was evidence that these women did not consider mentoring to be important, it represented a reluctance to be involved emotionally in work relationships, or was simply a lack of time and energy is not clear. A number said that they tried to assist young women in the field and some said that they worked to develop and promote both women and men who worked for them. Some said that they realized that they were studied and looked up to by younger women, particularly those within their own organizations.

DISCUSSION

In this study, more than half of the women CEOs interviewed reported having had at least one mentor. However, the connections seemed to have been largely serendipitous or based on “mutual attraction or chemistry.”42 In a study by Allen, Poteet, and Russell, mentors reported that perceptions of the protégé’s potential were one factor in their choosing a mentee44 and the recognition of their potential may have been a factor in the mentoring of these women. In the interviews, the women did not dwell on the formation of their mentoring relationships, perhaps because they were, for the most part, far in the past.

Caution must be exercised in generalizing these findings because this was a qualitative study with a nonrepresentative sample. Researcher bias is a particular threat in this study because all of the interviews were conducted and the data analyzed by one researcher. It is possible to enhance confidence in the conclusions of qualitative research and methods for doing so have been described.45 One widely accepted method is to have another individual recode the interviews, but this was impossible, largely because of confidentiality issues. The study does have some other confidence-enhancing attributes. These include the fact that two of the researcher’s students did some preliminary analysis on edited sets of interviews, the large number of interviewees, the consistency of their responses, and the fact that the data have been examined by the researcher several times over a fairly extensive period of time.

It is clear that for the women in this study having a mentor was not a prerequisite for success. However, the study raises questions that are worth further research.
One of the more interesting questions arising from this research comes from the indication that some of the women were reluctant to say that they had a mentor, even when an individual might have met the traditional definition of a mentor. Is it that they actually didn't have mentors or that, for some reason, they were reluctant to identify individuals as mentors? At a time when mentoring has been prescribed as important in building the next generation of senior health care managers, a reluctance to be mentored might be a potentially serious problem. If mentoring is important, or at least helpful, and women are reluctant to be mentored, they may be disadvantaged. It may be that some of these women were more comfortable with what Hill and Kamprath referred to as sponsor–protégé relationships rather than mentor–protégé ones. Or, it is possible that these women had richer developmental networks that could not be captured by the traditional definition of mentoring. It is also possible that, given the difficulty of establishing mentoring relationships, some of the women did not have that option. However, on the basis of what they said, it is likely that some of the women chose neither to initiate nor to enter into a mentoring relationship.

The women in the study were explicitly asked about individuals who had influenced them. While some named relatives or public figures, most named people with whom they had worked. Some of what the women said about these influences was very similar to what others said about their mentors. Were these in fact sponsor–protégé relationships? Does it make a difference? Did those the women described as work-related influences provide the same benefit as mentors? More research is needed to address these issues particularly in the light of the changes in work and the organizations in which it is done, as discussed by Sullivan and Higgins and Kram, for example.

Another area for future research is related to the age of the women in this study. As young women growing up in the 1960s and early 1970s, they had seen their career choices as limited largely to teaching, nursing, social work, and the like. Very few of them set out to become CEOs or even managers. They grew into the realization that they had abilities that could be enhanced by further education and that they could make contributions as managers. They did not plan their careers; almost all of them described their careers as just happening. They did not seek mentors. Will younger women who have grown up in a period of almost limitless possibilities and who may have been told about the advantages of having a mentor be more focused on seeking one?

It is not clear whether there are particular organizational arrangements that are more likely to foster mentoring than others. As health care careers and organizations change rapidly, this is an important issue for future research.

The women in this study began their careers at a time when healthcare organizations were quite stable. While almost all of the women in this study had worked for a number of organizations during their careers, changing jobs and organizations was almost always something that required careful thought and consultation with trusted others. This is probably not true for younger women who may expect to change jobs and organizations more frequently. It is possible that increasing mobility and changes in the structure of health care organizations and the industry will change many aspects of mentoring, including its form and the results.

Because of the stability of the organizations in which they worked, these women seldom faced the issue of their mentors falling out of favor and the risks that might have imposed. However, this would seem to be an increasing possibility and future research might look at what happens to those being mentored when a mentor leaves the organization.

A final question is why these women did not describe themselves as mentors. Were they really not mentoring anyone or was this a reluctance to acknowledge some aspects of such relationships? Was it that they simply didn't have the time or emotional energy for mentoring once they had fulfilled the other obligations of their jobs and families? More generally, do women in senior executive positions accurately assess the potential benefits to them of mentoring?

CONCLUSION

The CEOs in this study were bright, competent, highly motivated, articulate, hard-working women. Only a few of the women felt that having or not having a mentor had made any great difference in their careers. None suggested that they were in their present position because they had a mentor or, for those who did not have mentors, that their careers would have been much different if they had.

None of these women reported actively seeking a mentor. There was no relationship between any of the factors explored in this study and having a mentor. It is possible that psychological or personality characteristics of the women, which were not investigated in
this study, influenced their receptiveness to mentoring. It is also possible that for many of them, there was simply no good match of a mentor at a time in their career when it would have been most helpful.

There were certainly many reasons why these women succeeded other than whether or not they had a mentor. They obviously had a capacity to learn, both formally and informally. The fact that 20 percent of the women had doctorates is surprising, even given likely sampling bias. The large number of master’s degrees and the fact that so many realized that they needed management degrees in addition to their clinical degrees is also indicative of their ability to assess their careers and capabilities and take steps to improve them.

The women had also worked very hard to get where they were and as CEOs they continued to work hard, often sacrificing family life, friends, and free time.

Very few of the women set out to become CEOs. As several of the women acknowledged, luck played a large part in their reaching their positions. For some it was being in the right place at the right time—and then being willing to seize the opportunity. Most of the women also described setbacks or defeats in their careers, often the loss of or failure at a job. The women had also taken risks, and those in this study had been rewarded for their risk taking.

This qualitative study which investigated the careers of 35 women CEOs of health care organizations, supports a redefinition of mentoring and contains indications that some of the women had already moved away from the traditional definition in identifying those who had helped them in their careers.

The study does not provide evidence to link specific personal characteristics to being mentored. These women seemed to have found individuals who believed in them and liked them, and were willing to mentor them. Generally, the process by which this happened seemed random. Whether there are ways to systematize this successfully through formal mentoring programs remains to be seen. It is possible that for women younger than those in this study, and for women in different types of working arrangements, mentoring may not only take a different form, but be more important to their career success.

Finally, this study shows that mentoring was not a requirement for the success of these women CEOs. We cannot identify all the influences or circumstances that helped these women to attain their positions as CEOs. We can say that having a mentor was not a major determinant of the success of the women in this study.

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