Mentoring Millennials for Future Leadership in Healthcare

Exploratory

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Mentoring Millennials for Future Leadership in Healthcare

Introduction:

Energized by the job interview in which a group of her future coworkers participated, Allie was excited to start her first day working at the front desk. She was anxious to learn what teams she might be called on to lead in her first few weeks, what cutting-edge technology they would be introducing to her, what career path they had developed for her.

Thankful to have found someone to fill the open front desk position, Olivia, the Practice Manager, had set aside the first thirty minutes of her day to orient her new employee. She then planned to have her new hire sit and observe a fellow front desk staff member for the next two weeks to learn the computer and phones.

Healthcare is in a state of unprecedented transition and growth as it embarks upon a shift in thought processes, learning techniques, technology, and attitudes of future leaders in healthcare. Those who currently have careers as healthcare leaders are discovering what may have previously worked for them in leading others now requires a change, not only their thought process of being a mentor to the new generation, but only how they interact, communicate, approach, and inspire these individuals. “The delicate balance of mentoring someone is not creating them in your own image, but giving them the opportunity to create themselves.”- Steven Spielberg.

To effectively teach and influence the young people entering the workforce we must understand how to look to develop and ensure positive working relationships between these young people and their peers and providers and it is critical to educate oneself to fully understand this generation.

Using literature research, the author will share the importance of understanding and mentoring of Millennials to ensure success in your practice and to develop future leaders.
Purpose:
The purpose of this paper is to introduce the millennial this new generation and to educate leaders in healthcare about how to conduct mentorships to help prepare older personnel for effectively guiding, influencing, and collaborating with the next generation entering the workforce.

Who are the Millennials?

Most everyone has heard the term “Millennial”, or Generation Y, and unfortunately these terms are often used as a pejorative. More than 30% of American workers today are Millennials. These individuals who were born between 1982 and 2000 fall into a generation around which several myths have developed. “Millennials are disloyal and unwilling to make real commitments to their employers.” “They won’t do the grunt work”. “They don’t know much and have short attention spans.” “They want the top job day one.” (Tulgan, 2016, p. 12) These are just a few of the inaccuracies and preconceptions about millennial employees if leaders do not take the opportunity to understand what makes the Millennials “tick”, they may end up with a work environment filled with frustration from unmet expectations, decreased productivity, and increased turnover.

In 2015, millennials became the largest generation in the U.S. workforce, with 28% of millennials stating that they are already in management positions. A full two-thirds say they expect to be in management by 2024.¹

Experiences and Influences

This new generation embodies the many larger historical forces driving the transformation in the workplace and the workforce since the early 1990s:

- Globalization;
- Constantly advancing technology;
- The painfully slow death of the myth of job security;
- The never-ending ever-expanding information fire hose;
• The accelerating pace of everything; and

• The increasing human diversity in every dimension. (Tulgan, 2016, p. xii)

Some seminal events of this generation include the Columbine High School Shooting in 1999, World Trade Center and Pentagon attacks in 2001, the war in Iraq began in 2003 and Hurricane Katrina hit in 2005. These significant and life changing events have had an influence on this new generation and in their outlook in life. Despite these things, the research done on millennials seems to have a common denominator which is optimism.

**Beliefs**

The personal beliefs of the Millennial exude into the workplace in more ways than one would think. They seem to view their place in this world and in society with optimism and want to make a difference both personally and professionally.

In a 2017 survey conducted with 8000 millennials, a majority believe that business has a positive impact on society. They believe by working together, there is hope to improve performance of both business and society as a whole. More than 6 in 10 consider business leaders to be committed to helping improve society in emerging markets. (Deloitte, 2017, p. 7-8)

As many as 82% report their employers are directly involved in issues of personal concern, supporting charities and other social initiatives while 86% believe the success of a business should be measured in terms of more than just it’s financial performance. (Deloitte, 2017, p. 11)

Those who are approximately 17-35 years of age grew up in a time where they were told they could do anything they wanted and be anyone they wanted to be. The perspective of older generations is millennials have a sense of entitlement that stems from this sense of empowerment and that this entitlement results in impatience. Simon Sinek, who has been described as “a visionary thinker with a rare intellect”, states in his book *Leaders Eat Last; Why Some Teams
Pull Together and Others Don’t. “These employees display an impatience driven by two things; first is a gross misunderstanding that things like success, money, or happiness, come instantly. Even though our messages and books arrive the same day we want them, our careers and fulfillment do not. The second element is more unsettling. It is a result of a horrible short circuit to their internal reward systems. These Gen Y’ers have grown up in a world which huge scale is normal, money is valued over services, and technology is used to manage relationships. The economic systems in which they have grown up, ones that prioritize numbers over people, are blindly accepted, as if that’s the way it has always been. (Sinek, 2014, p. 196-197)

Really understanding this way of thinking will allow the leaders in healthcare today to develop these young workers and the more involved and educated a healthcare leader stays within their industry will allow them to bridge this relationship and growth can happen on both the mentor and mentee’s experience.

**Desire and Motivation**

When a millennial enters the workplace, they look to their leaders to provide defined work and purpose for them. As exemplified by the new receptionist expectation as she began her new job in the opening example. Appreciation is high on their list of actions which motivates them and one of the best ways for appreciation to be shown is to be recognized. Ray Sikorski with EmployeeRewardsPrograms.com shares some examples of effective employee recognition.

- You have to set up a feedback system that keeps young people informed about how they are doing, and recognizes them when they do good work. Recognition is important!
- Your managers need to communicate with them on a “genuine” level, and take an interest in their lives and their careers. They need to feel like you care about them.
- You need a way for peers to be able to recognize each other, in a meaningful and “official” way. You want to encourage your younger generation to stay connected with each other, and help each other, like they’re a team. Peer-to-peer recognition and
appreciation has never been more important than it is to this Millennials generation, so they need a way to accomplish this.

- It’s often joked that this younger generation was raised in an environment where they received a trophy “just for showing up!” This is an exaggeration of course, but not entirely; they are used to having a warm positive light shined on them, and they thrive best in an open and friendly environment. (Sikorski, 2015)

Millennials also want acknowledgement; feedback; transparency; work-life balance; to be heard, noticed, and to be a “part of a team”. (Caraher, 2015, Part 1) Acknowledgement can be done in either a public or private setting. Managers should be in tune to their staff as individuals to determine which style best suits the worker. Employers should be active in providing opportunity for millennials by providing a sense of empowerment and personal development which can then foster a more positive mindset that can be good for the overall performance of the business. Offering flexible working conditions is linked to improved organizational performance, personal benefit, and loyalty and is desired by the millennials. Globally, two-thirds of millennials say their employers have adopted flexible arrangements and they are more loyal to employers now than a year ago. (Deloitte, 2017, p. 18, 20) There are various aspects of flexibility that are important to this new generation in addition to their level of loyalty which directly coincides with the level of flexibility employers offered by employers. Figures provided in Appendix A.

Know your Playing Field

This new generation that is increasing in the workplace has abundant talents and skills with a fresh outlook on how to help grow and sustain a cutting-edge practice. A good leader will know the playing field and then can proceed with getting the right players in the game of success. Taking notice of the strengths of each individual will help direct efforts toward capitalizing on what each one brings to the table. If an employee is more tasks-oriented, face-to-face patient care may not be the best position for them. Perhaps assigning him or her to develop and maintain
population management reports would be an appropriate assignment to provide this new millennial employee an opportunity to apply hidden skills. A tech-savvy millennial that monitors your patient portal, manages your social media pages, and provides timely information and advice could take the practice to a whole new level. If another employee excels at patient relations and delivers excellent customer service, direct patient care is ideal and could possibly develop into leading the team in enhancing patient satisfaction. An ambitious and organized millennial may be interested in assisting the manager in creating a team to develop a plan of “patient-centered care” or “patient-centric” with care coordination on the rise.

If you notice an employee has strong IT skills, having them attend some educational classes to advance their skills would enhance your practice since IT is such an important and intricate part of continued success in a practice. Leaders who take the time to mentor a new millennial employee can translate their goal of developing a successful practice into operational reality by taking proper care and investing in their people. An active mentorship approach can be the key to practice success.

**What IS mentorship and its history?**

Mentorship is a training system in which a more experienced individual (the mentor) acts as an advisor, counselor and a guide to another individual (the mentee or protégé”) and is responsible for providing feedback, support and knowledge sharing. Communication is important to the process as well as creating a relationship that is based on trust, developing an environment that nurtures creativity, providing constructive correction and acting as an excellent role model to stimulate growth for the person being mentored.

So how did mentorship come about? According to Gordon F. Shea, the Story of Mentor comes from Homer’s Odyssey. Odysseus, the King of Ithaca who fought in the Trojan War, entrusted the care of his household to Mentor, who served as teacher and overseer of Odysseus’ son, Telemachus. The word “mentor” came to mean trusted advisor, friend, teacher and wise person.
History offers many examples of helpful mentoring relationships: Socrates and Plato, Hayden and Beethoven, Freud and Jung. Mentoring is a fundamental form of human development where one person invests time, energy and personal know-how in assisting the growth and ability of another person. (Shea, 1997, p. 1)

Formal mentoring in the United States was introduced in 1904 when a court clerk by the name of Ernest Coulter was seeing a large number of boys come through the court system and decided to create a system where there was some direction for these young people. His goal was to create an environment where they felt someone cared about them and was interested in their wellbeing and success. This was the birth of the Big Brother Big Sister organization. ("Big Brother Big Sister of America," n.d., p. 1)

By 2005, nearly three million American adults were in formal one-on-one mentoring relationships through mentoring organizations all over the country. (http://www.youthwise.org/Mentoring-History)

Healthcare and healthcare educational institutes have integrated mentoring programs in many areas of the industry and in the various capacities from clinical to administration.

**Programs**

There are both formal and informal mentoring programs. One is not necessarily better than the other; it depends on what a person is looking for in either a mentor or mentee standpoint with respect to sharing information, education, and experience. Each of these programs has different characteristics.

In *Making Mentoring Happen*, Kathy Lacey describes the structured mentor program:

“Structured mentoring programs are all different. Each program has variations and unique characteristics. However, all programs must develop a training or support program; define the participants’ roles; select and match participants; allow time for the relationship to develop and evaluate the program. While the length of the formal mentoring program can vary greatly, each program typically includes three phases.”
- **Pre-program** phase decides the goals of the program. Participants are identified and matched together in this phase as well.
- **Orientation and Training** phase trains the mentors and mentees on their roles and responsibilities and a set of guiding principles are set for the relationship.
- **Relationship development** phase will vary in time and allows the both individuals to develop their relationship and is set around the goals and major project set for them in the project.

The American Society for Healthcare Human Resources has a mentoring program that has been designed for Healthcare HR professionals to enhance and grow knowledge, skills, and abilities using the five competencies of the HR Leader Model which is used to advance the growth of the healthcare HR profession. The five competencies are HR Delivery, Healthcare Business, Knowledge, Personal leadership, People Strategies, and Community Citizenship. This program has similar guidelines as other programs, such as the expectation that the mentor and mentee will meet at least once a month, virtually or face to face, for one year, evaluate their progress, and determine whether further mentoring is needed. (American Society for Healthcare Human Resources, n.d., p. 1).

Medical Group Management Association (MGMA) also has a mentor program for those Certified Medical Professional Executives who have decided to pursue Fellowship through the American College of Medical Practice Executives (ACMPE). When a member enlists into the program, they are matched with a current Fellow within MGMA to assist them along their journey to Fellowship. This individual has experience in the process of becoming a fellow and in many cases, has made a career out of healthcare leadership. As stated in “Mentorship: Enhance your profession, improve your practice” Ron Menaker, Ed. D., MBA, FAMPE, CPA, administrator of the Mayo Clinic, Rochester, Minn. “attributes much of his career success to the relationships he has formed through mentoring and Association involvement (Hyden, 2013, p. 1). He “reflects fondly on his mentor relationships -which he calls- “positive and selfless”- and believes that forming strong connections with fellow healthcare leaders not only provides personal fulfillment but can also grow your career and add value to your role as an
administrator.” His words of advice for improving a practice include in-person education, getting involved and personal development through ACMPE board certification and Fellowship. There are hundreds of individuals who have utilized this mentoring program and have been successful in reaching their goal of Fellowship.

A large orthopedic and sports institute in the Midwest has a medical mentoring program geared towards the next generation of those interested in becoming involved in healthcare and the medical community. The institute partners with all local high schools. Each summer, they enroll students into their program, which allows these young individuals to “shadow” the medical professional for a specific amount of time. They can observe surgeries, exams, physical therapy, and those performing x-rays and labs to gain hands-on experience in the world of medical practice. “There has been great success in mentoring this next generation of students and introducing them to the medical field. It has helped to give direction to those wanting to enter this field as a career”. (T. Oppermann, personal communication, February 2016)

While structured programs like these are successful, not all mentoring relationships need to be formal to be effective.

Wendy Marcinkus Murphy, Associate Professor of Management, presents four steps that business professionals can apply to use informal mentoring for professional development. What follows is her list of considerations for professionals when looking for guidance in career development.

- **Reflect:** Who has taken an active interest and action to advance your career both inside and outside the workplace.
- **Assess:** Map your developmental network to uncover patterns. Assess based on size, diversity, relationship density, (who knows who), strength and support types.
- **Learn:** Determine your goals and create your ideal developmental network map. Take an entrepreneurial approach to relationships and your own development.
- **Teach:** Educate your workforce to apply a developmental network approach to their careers. Foster a developmental culture and encourage relational learning and rewards developing others.

Employees may know others in the field with whom they have connected who can help them establish a foundation for learning and teaching, and they can nourish that relationship to form a
mentorship. The next generation of workers thrives on being “in the know” and contributing to the growth of what they are working to accomplish. Establishing a network of mentors can be beneficial. Leaders in healthcare have different strengths, and to having several leaders mentor an employee from the perspective of their different areas of expertise is wise. To apply this concept to our example, there may be several avenues for a mentorship within the medical office that could guide the new receptionist in receiving a well-rounded experience as she learns the new job and gains experience in the industry. There are traits, skills, types, and techniques to the functions and roles of both the mentors and the mentee. (Babson college website, n.d., p. 1).

**Functions and roles of mentors and mentees**

There are many functions for each of these roles whether formal or informal.

**Mentor**

A mentor is someone who comes alongside someone less experienced to help them navigate situations that are new to them. A mentor’s role is to model positive behavior, provide guidance and support, coach, advise, and lend support based on the mentee’s unique developmental needs. They share ideas, build trust, listen actively, encourage, and most of all, have fun! An important function of the mentor is to provide feedback and act as a sounding board to the mentee.

Finding opportunities to increase visibility for the mentee is important to the process. Invite them to meetings, to participate in strategic planning discussions, to observe and assist in problem solving and planning. Highlight their achievements to colleagues and superiors and promote positive mentee interface with influential stakeholders.

Successful mentors are to demonstrate positive regard through their commitment of time, resources and effort. Mentors should be trustworthy, respectful of values, nonjudgmental and unconditionally accepting. Most importantly, they should have the job content knowledge necessary to effectively teach and be familiar with the organization’s norms and culture.
Susan Murphy’s book, *Maximizing Performance Management*, states that research on mentoring reflects that leaders should sparingly dole out advice and criticism, and resist the temptation to rescue. It is easy to convince ourselves that giving a lot of advice to mentees shows that we are being an active mentor. On the contrary, it does not (Murphy, 2016, Chapter 12).

There are various types of mentors that fit into the healthcare arena with different capabilities and environments. In the beginning, a mentee may not know where he or she best fits, so the help of multiple mentors can shed light on this.

Potential mentors may include a profession or trade mentor, an industry mentor, an organization mentor, a workplace mentor, or a technology mentor. Regardless of what type of mentor a person is, it is important that each one be a challenger, a cheerleader, an educator, an ideator, a connector to steer the person being mentored in the right direction.

These various types of mentors will have their own techniques. In 1995, a study of the five most commonly used techniques in business was conducted. These were found to be the following:

**Accompanying**: making a commitment in a caring way, which involves taking part in the learning process side-by-side with the learner.

**Sowing**: mentors are often confronted with the difficulty of preparing the learner before he or she is ready to change. Sowing is necessary when they know that what they say may not be understood or even acceptable to learners at first but will make sense and have value to the mentee when the situation requires it.

**Catalyzing**: when change reaches a critical level of pressure, learning can jump. Here the mentor chooses to plunge the learner right into change, provoking a different way of thinking, a change in identity or a re-ordering of values.

**Showing**: this is making something understandable or using an example to demonstrate a skill or activity.

**Harvesting**: here the mentor focuses on “picking the ripe fruit”: it is usually used to
create awareness of what was learned by experience and to draw conclusions. The key questions here are: “What have you learned?”, “How useful is it?” (Human Resources Management Practice website, n.d., p. 1)iii

While presenting at the 2015 MGMA National Conference in Nashville, Tennessee, Kyle Matthews, CMPE, chief executive officer of Cardiovascular Associates of Mesa (Ariz.), offered this advice on how to manage millennials:

- Remember that rules are rules, and everyone should follow them regardless of title.
- Know that respect is earned, not given because of titles.
- Use checklists to identify work that has to be done and when it should be completed.
- Say thank you for every contribution.
- Regularly ask what millennials need to do their jobs better.
- Connect their contributions to patient care to show how they are making a difference.
- Emphasize teamwork.
- Always inject fun and humor when appropriate. Remember, it is the “Trophy for all” generation.
- Be honest and transparent.
- Constantly challenge them. (Grimshaw, 2015)

Mentee
The mentee’s function is to possess an enthusiasm for learning and to show initiative and personal involvement in the process. They should strive to do their best always, ask questions, accept criticism graciously, and learn from their mistakes. For the mentee to get the best out of the mentorship relationship, having an open mind and the courage to try new things will allow them optimal growth.
Allison McWilliams, PhD, director of Mentoring and Alumni Personal and Career Development at Wake Forest University, states “even if a millennial mentee welcomes or seeks out your guidance as a mentor, he or she may not know how to successfully engage in that sort of relationship. This is a generation that has been largely over-resourced with teachers, tutors, coaches, and other support systems to make sure that they have productive lives. The result is that they lack some of the tools required to engage in a professional, respectful relationship, and may seem to lack commitment or consideration when it comes to your time and investment.” (McWilliams, 2016, para. 6). Viewing this relationship from the mentee’s perspective and understanding that they don’t always know what they don’t know, will help keep a focus on creating the desirable outcome for both parties.

**Outcomes from a mentorship relationship**

While there are many benefits when working in a mentorship, there are also risks and pitfalls. Generally, the benefits greatly outweigh the drawbacks; however, the potential downside should also be considered. As discussed in *The Elements of Mentoring*, Brad Johnson and Charles Ridley state, “In the majority of cases, mentorship outcomes are almost exclusively positive from the protégé’s perspective.” “Then there are the mentorships that turn sour. Here one or both parties feel disenchanted, disappointed, or emotionally wounded, which may occur for a variety of reasons such as unmet expectations, feelings of abandonment, or jealousy.” Take time to discuss potential risks early in the relationship with open communication and set the expectations from both parties. Other potential risks may come from poor matching, incongruent expectations, role conflicts, boundary violations and unresolved disputes. “When mentorship cannot be restored or when the continuing relationship is not in the protégé’s best interest, mentors must take the lead in responsibility for ending the relationship.” (Johnson & Ridley, 2004, p. 110)
The number one reason for success or failure of mentoring is mentor commitment. No matter how talented or enthusiastic a mentee might be, mentoring can fail when mentors are not committed 100 percent. Appendix B shows other reasons for a mentor-mentee success and failure.

The benefits of mentorship are abundant, and this relationship has been proven for many years as to being beneficial for parties involved.

Several benefits for the mentee include learning how to accept feedback in important areas, such as communication, technical abilities, change management, and leadership skills to better understand a company’s culture and unspoken rules both of which can be critical for success. Also, the experience provides an important networking contact for the mentee. More rapid development can lead to greater satisfaction in one’s training and career and can ultimately lead to faster promotions and a stronger sense of competence and confidence in their job.

From the mentor’s side of things, the benefits of mentoring can bring recognition for their mentoring abilities; create a network of good colleagues and friends and in many instances an ongoing collaboration with their mentee. Many mentors savor the intrinsic benefits of mentoring. The most common are satisfaction from helping someone else; the excitement that comes from working with a talented, energetic junior; and a sense of personal rejuvenation. (Murphy, 2016, p. 232)

**Where to Start**

There are various organizations in healthcare who offer both formal and informal avenues to get assistance and direction for someone new to the industry or perhaps someone how has decided to take a different path in the same area of interest. Professional organizations will most always have a “veteran” in the industry as well as a senior leader or long-time professional within their own company or corporation, such as seen with MGMA.
“The idea is to match promising millennials with older, experienced people in the organization. Encourage older more experienced leaders to seek protégés and help these would-be mentors develop some of the techniques and habits of mentoring. Encourage less experienced high potential employees to seek mentors and help these would be protégé’s develop some of the techniques and habits of being a good protégé.” (Tulgan, 2016, Chapter 9)

Over time the nature of the mentoring relationship may alter, and support needs could change. Therefore, it is valuable for a mentor and mentee, together, to review the process of the relationship at appropriate points and make any adjustments as necessary to the way they work together, and the type of support provided. In Appendix C, you will find some questions to direct both the mentor and mentee in getting to the mutually agreed end result.

Millennials want a strong mentor who has transferable knowledge and advice that will leave a big mark on the younger generation. Their ears are always open to the next opportunity.

**Summary**

In this ever-changing environment of healthcare, it is important to get the right people on the playing field. With the new generation becoming more present in the healthcare workplace environment, it is important to know who they are, their thinking with experiences, drive, and desires, and how we can embrace this fresh and new mindset to help shape things for the future. Know how to approach the new ideas and to gather from their experiences to create a culture of an engagement and desirable outcomes. It may be a formal process, it may not. Only you know what is best for your situation.

Simultaneously, knowing the importance of mentoring and how to mentor this new generation of millennials and Gen Y’ers is key. Whether a large organization, or a one provider office, this knowledge can be applied to creating a positive experience for all involved. This new generation are our future healthcare leaders.
Conclusion

Olivia is a leader who is open to new and exciting ideas. She welcomes the ideas of the new generation and find satisfaction in helping others grow and learn under her leadership.

On Allie’s first day as the new receptionist in their office, Olivia welcomed her to the team! She met with her for the first hour of her new job and explained the vision and expectations of this position and how it relates to the team. Positive patient outcomes, efficient processes, and how patient, provider, and employee satisfaction is crucial for success. She engaged Allie in conversation about how she is to be an intricate part of the team and asked how she sees herself being a positive and engaging part of this vision. Together, they created a plan to include training Allie on all front desk duties and Olivia explained how important this position is to all the other areas of the office. They discussed Allie’s skills and previous experience and how both will be valuable to their office. A schedule was set to meet once a week and go over the learning check list as well as any barriers or success experiences she encountered along the way and what her ideas for improvement may be. With Allie’s prior involvement with committees in a previous position, Olivia asked her to participate in the Patient Experience committee and to offer input and ideas on how they could improve in this area.

With the mentoring knowledge Olivia had experienced, she invited Allie to sit in on meetings with the Director of Operations. This led to open conversations. Ideas of how to improve processes at the front desk and outcomes of how to better serve the patient population without creating more work for those internally. Olivia felt invigorated by Allie’s excitement and her energetic and positive attitude. Allie felt heard, was praised for her willingness to be involved and overall this created a better environment internally along with the success of both parties involved.

APPENDIX A

Percentages of various aspects of flexibility and loyalty in the workplace
APPENDIX B

SUCCESS OR FAILURE OF MENTORING
<table>
<thead>
<tr>
<th><strong>Succeed</strong></th>
<th><strong>Fail</strong></th>
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<tbody>
<tr>
<td>Solid mentor commitment</td>
<td>Lack of mentor commitment</td>
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<tr>
<td>Devoting enough time</td>
<td>Lack of time</td>
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<tr>
<td>Compatible personality</td>
<td>Poor personality fit</td>
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<tr>
<td>Communication/training</td>
<td>Communication issues</td>
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<tr>
<td>Responsive to questions/problem resolution</td>
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</tbody>
</table>
How is the mentoring partnership working?

What is working well?

What, if anything, is working not as well as you had hoped?

What are you both gaining from your experience of the process?

What does your mentee appreciate about the support the mentor is providing?

What additional support might the mentee welcome?

What external constraints or difficulties are affecting the partnership? How might these be resolved?

What changes might be helpful to make in the way the program or either party operates within its expectations?

References


Tulgan, B. (2016). Retain the best of them, one day at a time. In Not everyone gets a trophy (pp. 167-167). Hoboken, New Jersey: John Wiley & Sons, Inc.
Endnotes


ii (Murphy, 2016, p. 458)

iii http://www.youthwise.org/Mentoring-History


v American Society for Healthcare Human Resources, n.d., p.1

vi Medical Mentoring website, http://medical-mentoring.com/


x Ibid. p 110.

xi Ibid.

xii (Management mentors, n.d., p. 1)

xiii Millennials & Management, (Caraher, 2015)