Formal Female Mentoring Relationships as Health Promotion
Till alla som på något sätt har varit, är, eller kommer att bli involverade i Tjejzonens verksamhet
Formal Female Mentoring Relationships as Health Promotion
Abstract


The transition from adolescence to adulthood can bring with it mental health problems, resulting in reduced mental well-being among young women and an increasing public health issue. Perceived mental health problems can be a major obstacle to personal development and opportunities for becoming established in society. Thus, promotive interventions are needed.

The overall aim of this thesis was to explore women’s experience of mentoring relationships as health promotion from the perspectives of both parties in the dyad: the young woman transitioning from adolescence to adulthood (the protégé), and her ten-year-older female mentor.

This thesis used a practice-based approach to investigate a group of participants involved in a Swedish non-governmental organization, the Girls Zone. Data collection was conducted including interviews \((n = 5)\) and surveys \((n = 52)\) with female protégés, and interviews with female mentors \((n = 12)\). Study I explored the characteristics of the female protégés and the development of the mentoring relationship, and used mixed methods. Study II, which investigated mentors’ initial motives and the organizational context which enabled the mentors’ engagement, used an explorative qualitative method.

This thesis showed that female mentoring relationships seem to have potential to be a health-promoting intervention. A variety of young women were attracted to the mentoring program, and mentorships in line with the perspectives of relational-cultural theory could meet the relationship needs expressed by the female protégés. Further, mentors’ motivations for engaging as mentors were linked to the fulfillment of basic psychological needs for autonomy, competence, and relatedness, in accordance with the perspective of self-determination theory.

Keywords: Health promotion, formal mentoring, intervention, young women, female mentors, motivation, organizational context, Non-governmental organization, Relational-cultural theory, Self-determination theory.

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Förord

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Det har varit en väldigt lärorik och intressant period att skriva denna licentiatuppsats och det finns många människor som bidragit till att den är klar.


Till min älskade familj: *Gustaf, Arvid* och *Alma*. Tack för att ni finns där varje dag och påminner om vad som är viktigast i mitt liv. Jag älskar er!
Original Papers
This thesis is based on the following original papers which are referred to in the text by their Roman numerals:


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# Definitions of the concepts used in this thesis

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<th>Concept</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Community-based mentoring</td>
<td>Mentoring programs provided by organizations to young people of different ages with different needs outside the school context. In a typical program, young people are matched with same-sex mentors, often volunteer adults. The dyad are required to meet on a regular basis for at least one year (Herrera, Sipe, &amp; McClanahan, 2000).</td>
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<tr>
<td>Equity</td>
<td>Refers to fair opportunity for everyone to attain their full health potential regardless of demographic, social, economic or geographic strata (WHO, 2016b).</td>
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<tr>
<td>Evidence-based practice</td>
<td>A framework for designing and delivering services in which research-derived information is blended with other forms of “evidence”, such as practitioner experience and client perspectives, to arrive at optimal solutions for clients and produce the most impactful outcomes (Garringer, Kupersmidt, Rhodes, Stelter, &amp; Tai, 2015).</td>
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<tr>
<td>Formal mentoring</td>
<td>A mentor is matched with a (younger) person by a third party (e.g., organizational member, mentoring program staff), often on the basis of common or shared interests. Mentor and protégé are both part of an officially sanctioned mentoring program (Eby, Rhodes, &amp; Allen, 2007).</td>
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<td>Term</td>
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<tr>
<td>Governmental organization</td>
<td>State-controlled organizations which act independently to carry out the policies of the Government.</td>
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<td>Health promotion</td>
<td>The process of enabling people to increase control over, and to improve, their health. Health promotion is characterized by a focus on achieving developmentally appropriate qualities such as competence, a positive sense of self-esteem, mastery, well-being, and social inclusion (WHO, 1986).</td>
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<tr>
<td>Instrumental mentoring</td>
<td>A relationship characterized by problem-solving and practical skill building; that is, the mentor helps their protégé develop particular skills to achieve specific goals or to cope more effectively with problems (Bogat &amp; Liang, 2005).</td>
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<tr>
<td>Intervention</td>
<td>A structured and standardized effort or program to rectify a problem or problems (Anttila et al., 2010).</td>
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<tr>
<td>Late adolescence</td>
<td>The period between the ages of 15-18.</td>
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<tr>
<td>Mental health</td>
<td>A state of well-being in which the individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (WHO, 2005).</td>
</tr>
<tr>
<td>Mentor</td>
<td>An older person, with greater experience than the young person, who offers guidance and support aimed at developing the competence and character of the young person in question (Dolan &amp; Brady, 2011).</td>
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<td>Term</td>
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<tr>
<td>Non-governmental organization</td>
<td>A non-profit citizens’ group, separate from the Government, the market, and the individual household, which includes both members and employees and is organized by people with a common interest in performing service in the social sector.</td>
</tr>
<tr>
<td>People-centered health promotion</td>
<td>An approach to health promotion highlighting the importance of carrying out activities which involve local citizens and community participation, involving people on grass-roots community level rather than policy makers (Raeburn &amp; Rootman, 1998).</td>
</tr>
<tr>
<td>Positive youth development</td>
<td>A perspective that builds upon the idea that every young person has the potential for successful, healthy development and that all young people possess the capacity for positive development (Lerner &amp; Overton, 2008).</td>
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<tr>
<td>Practice-based evidence</td>
<td>Evidence stemming from research which uses a practice-based production and pays attention to the applicability of the findings in day-to-day practice (Green, 2008).</td>
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<tr>
<td>Practice-based research</td>
<td>Systematic inquiry into the systems, methods, policies, and programmatic applications of public health practice (Association of Schools of Public Health, 2006).</td>
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<td>Prevention</td>
<td>An attempt to minimize the burden of diseases and associated risk factors before problem behaviors occur (O'Connell, Boat, &amp; Warner, 2009).</td>
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<tr>
<td>Protégé</td>
<td>A person who is taught and helped by someone else who has a lot of knowledge and experience (Dolan &amp; Brady, 2011).</td>
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<td>Psychosocial mentoring</td>
<td>Mentoring which tends to emphasize the interpersonal relationship that forms between the mentor and protégé, which is believed to then influence the developing personal characteristics of the young person (Bogat &amp; Liang, 2005).</td>
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<tr>
<td>School-based mentoring</td>
<td>Mentoring between students and an older person in a supervised school setting. The dyad engage in a wide range of academic activities with the aim of fostering academic success (Herrera &amp; Karcher, 2013).</td>
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<tr>
<td>Young adulthood</td>
<td>The period between the ages of 18-25.</td>
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**Abbreviations**

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<tr>
<th>Abbreviation</th>
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<tr>
<td>ANDT</td>
<td>Alcohol, narcotic drugs, doping, and tobacco</td>
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<td>CBM</td>
<td>Community-based mentoring</td>
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<td>MR</td>
<td>Mentoring relationship</td>
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<td>NGO</td>
<td>Non-governmental organization</td>
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<td>PCHP</td>
<td>People-centered health promotion</td>
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<td>RCT</td>
<td>Relational-cultural theory</td>
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<td>SDT</td>
<td>Self-determination theory</td>
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<tr>
<td>SBM</td>
<td>School-based mentoring</td>
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<td>WHO</td>
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Introduction

Imagine Rosanna, a typical 17-year-old girl. During recent years she has experienced tough times, and has been feeling down. Her life is like a roller-coaster, with emotional ups and downs and ins and outs. This affects her relationships with her parents and friends, and she no longer wants to do the things she usually enjoys. Moreover, she places many high demands and a great deal of pressure on herself. Adding to all of these challenges, she sometimes experiences sleeping difficulties, problems with eating, and anxiety.

The adults around Rosanna think that she is just an ordinary teenager who will grow out of her struggles. Rosanna does not feel that they understand her problems, and above all they do not listen to her and let her talk about the things she wants to talk about. Rosanna feels increasingly alone with all these burdens, anxiety, pressure, and thoughts about the future.

All this together indicates a young woman with mental, emotional and behavior problems or symptoms, though these are not sufficiently severe for her to be diagnosed with clinical depression or any other mental health disorder. Still, as a whole, the situation hampers her successful transition from adolescence to adulthood.

Unfortunately, Rosanna’s experience is not rare. On the contrary, in today’s society this is the life situation of many young women during adolescence and young adulthood (Andréasson, Heimerson, Junehag Källman, Kark, & Makenzius, 2016). Rosanna clearly needs social support, and likely someone to talk to in a non-judgmental relationship who actually listens to her voice on her terms. An authentic relationship with a significant person she can disclose her thoughts and feelings to would help her feel better during the transition from adolescence to adulthood, when she is struggling with ordinary developmental tasks.

This licentiate thesis focuses on formal female mentoring relationships (MRs) as health promotion. I will explore the experience of MRs from the perspectives of both parties in the dyad: the young woman transitioning from adolescence to adulthood (the protégé), and her approximately ten-year-older female mentor.
Young women’s bumpy road from adolescence to adulthood

Late adolescence and young adulthood, or the age from around 15-25 years, is a particularly important period for setting the stage for continued development through the life span (American Academy of Child and Adolescent 2016). Individuals begin to make choices and engage in a variety of activities that will influence the rest of their lives. Late adolescence (15-18 years) is noted as a period which includes romantic relationships and changes in parental relationships, resulting in declining dependence and increasing individuation (Perry & Pauletti, 2011). Individuals in young adulthood (18-25 years) are typically required to make major adjustments, develop new skills, and learn to cope with new experiences, increased external demands, and the risk of making “wrong” choices (American Academy of Child and Adolescent 2016) including in relation to plans for their academic and occupational futures (Perry & Pauletti, 2011). Throughout this thesis, the term “young women” is used to describe women aged 15-25. This period may be experienced as a positive developmental period, or as a period involving several challenges (Lerner et al., 2005). Psychological, cognitive, and social changes related to this period in life can affect young women, with reduced mental well-being as a common developmental outcome (Chaplin, Gillham, & Seligman, 2009; Nolen-Hoeksema & Girgus, 1994; Perry & Pauletti, 2011; WHO, 2016c).

Mental health problems - a public health issue

Mental health problems are one of the most serious global health challenges (WHO, 2013). Their consequences include not only individual suffering but also public health consequences affecting social welfare and economic development. The term “mental health problems” is used throughout this thesis to describe development-related emotional and behavior symptoms among young women. These symptoms may be more or less painful for the person even without being sufficiently pronounced that they can be classified as a mental disorder. Thus, reducing mental health suffering and supporting positive development during adolescence and young adulthood are major public health issues (WHO, 2016c). Mental health problems, particularly if untreated, may linger into adulthood and give rise to a cascade of related health and development concerns including academic failure (Patton et al., 2014), suicide attempts (Bohman et al., 2012), substance use and
abuse (Marmorstein, 2009), and, in the long run, a risk of mental illness during adulthood.

The mental health situation among young women
The majority (88%) of young women in Sweden reported year 2014-2015 a level of good health (Statistics Sweden, 2016). Although, young women are a group with growing mental health problems and marked declines in subjective well-being and life satisfaction (Petersen et al., 2010; WHO, 2016c). In particular, during recent decades, there has been an increasing prevalence of internalizing problems (Bor, Dean, Najman, & Hayatbakhsh, 2014) including somatic symptoms (including headache and stomach ache) in this group (Andréasson et al., 2016; Lager, Berlin, Danielsson, & Heimerson, 2009; Petersen et al., 2010). In a survey including 44 countries and regions across Europe and North America, one in five 15-year-old women rated their health as “fair” or “poor”, and 50% experienced multiple health complaints more than once a week (WHO, 2016c). Gender differences emerge at this age. By age 15, almost three times as many young women as young men report bad mood (Lager et al., 2009). Overall, young women report higher rates of somatic symptoms and depression than young men, and these gender differences generally remain stable across adulthood (Kessler, 2003).

The degree of mental well-being reduces with increasing age. Symptoms related to mental health problems are reported more frequently among young women aged 16-24 (National Institute of Public Health, 2013). These young women often show suboptimal outcomes including suicide attempts, self-harm behavior, depression, anxiety, worry, and anguish (Heimerson et al., 2013; Lager et al., 2009; Salmi, Berlin, Björkenstam, & Ringbäck Weitoft, 2013). The consequence, which can also be seen as signaling a need for help, is that young women impose a heavy burden on Swedish health care. Annually, almost twice as many young women as men are in care, and an increase, last few years, of antidepressant prescription can also be seen among women (Public Health Agency of Sweden, 2014).

Possible explanations for these observations of an overall increase in mental health problems among young women include perceived stress, inner pressure, and low self-esteem (Wiklund, Malmgren-Olsson, Öhman, Bergström, & Fjellman-Wiklund, 2012). Moreover, young women perceive high demands in school involving a high degree of responsibility-taking, which places them at greater risk for mental health problems (Landstedt, Asplund, & Gillander Gådin, 2009; Wiklund et al., 2010).
To summarize: first, the transition from adolescence to adulthood is a particularly important period for setting the stage for continued development through the life span; second, there are gender differences in mental health problems; third, mental health problems among young women increase with age; and fourth, the frequency of internalizing problems among young women is higher than it has been for decades. Altogether, this indicates a public health concern. Mental health problems among young women can be a major obstacle to their personal development and their opportunities for establishing themselves in society (Patton et al., 2014; The Swedish Government, 2012). Thus, it is crucial to address young women’s mental-health needs, and health promotive interventions are needed.

The need of interventions to promote mental health

In Sweden, there is no actor with overall responsibility for mental health among young women (SALAR, 2009). Young women with mental health problems, especially those who do not have access to school health services, seem to fall through the cracks of different support services such as primary health care and child or adult psychiatry, because their needs do not entirely match the inclusion criteria (SALAR, 2009). Correspondingly, perceived mental health problems increase last few years among young women aged 15-25 years.

There is evidence that interventions can promote mental health (Catalano, Berglund, Jean, Lonczak, & Hawkins, 2004). However, there is a lack of effective promotive interventions which specifically target young women. Although interventions exist targeting adolescents, the gender perspective is lacking (Anttila et al., 2010; Patel, Flisher, Hetrick, & McGorry, 2007). The term “gender-specific” may be commonly used and discussed theoretically, but this is far from the programmatic reality (Andershed, 2013). For a long time, female behavior patterns were often described through the lens of what we know about young men, which now emphasizes the importance of exploring health promoting interventions among women, from the perspective of women (Miller & Stiver, 1997).

To promote mental health among young women, there is a need for evidence based interventions. However, evidence-based practice needs to be based on practice-based evidence (Green, 2008; Schäfer Elinder & Kwak, 2014). This means that evidence needs to be stemming from research that uses a practice-based production and that pays attention to the applicability of the findings in day-to-day practice (Green, 2008). This is emphasized, for
example, by Eurochild, a network including over 170 organizations and individuals working in and across Europe to promote the rights and well-being of children and young people (Eurochild, 2015). Public health practice is implemented in complex settings in different arenas in society, such as schools, and in this context clinical experiments and the scientific gold standard for evaluating interventions are problematic to realize, or even impossible in some cases (Eurochild, 2015). Therefore, in public health practice, best practice and evidence-based practice need to draw on a broader range of research and evaluation methodologies than just randomized controlled trials (Green, 2008). In addition to evidence, the interventions must also attract the target group. Correspondingly, gender-specific interventions need to be implemented, and more research needs to be done to obtain more knowledge about what is essential for keeping young women on healthy, productive pathways into adulthood. The question is, what can be done to combat this situation among young women, and what would an effective health promotive intervention look like?

**Positive youth development and Health Promotion**

Every young person has the potential for success and the capacity for positive development. This is the idea of positive youth development (PYD) (Damon, 2004; Lerner & Overton, 2008). PYD builds upon what have become known as the “Five Cs”: competence, confidence, connection, character, and caring (Lerner et al., 2005). Researchers theorize that young people whose lives incorporate these Five Cs would be on a developmental path that demonstrates a sixth “C”: contributions to self, family, community, and the institutions of a civil society. PYD has similarities to health promotion. Health promotion focuses on a process that enables people to take control of and improve their own health (WHO, 1986).

The present thesis focuses on the perspective of health promotion, rather than on prevention. Both health promotion and prevention include action to address social determinants and health inequity (WHO, 2016a), and the two approaches are complementary, but they do have some differences. If the goal is to minimize the burden of diseases and associated risk factors, which means supporting young people before problem behaviors occur, the prevention approach is used (O’Connell et al., 2009). Health promotion is characterized by a focus on achieving developmentally appropriate qualities such as competence, a positive sense of self-esteem, mastery, well-being, and social inclusion (WHO, 1986). This thesis focuses on formal female MRs
that have health promotion as their goal. Based on these facts, the health promotion approach was chosen for this thesis.

**The need for social support**

Young people have a strong innate need to belong that is manifest in a drive to form and maintain lasting, positive, and significant interpersonal relationships (Baumeister & Leary, 1995). Well-being declines among those individuals who experience relationship loss (Mooney, Laursen, & Adams, 2007). Relationships thus tend to be a resource for positive growth.

Evidence of the positive effect of social support for young people has been demonstrated by research into coping and resilience (Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001). The findings from such research provide evidence for the ability of close connections with non-parental adults to help young people to cope, promoting thriving and healthy outcomes and low levels of risk behavior (Li & Julian, 2012; Theokas & Lerner, 2006). Young people with high social support tend to have a lower chance of developing depression and anxiety disorders (Rueger, Malecki, Pyun, Aycock, & Coyle, 2016). Hence, ensuring that young people with mental health problems are given access to significant adults and social support, in addition to more individual and internally-focused support, may provide these young people with the resources and support they need to change or better adapt to their external life circumstances (Kerr & King, 2013). This is no less true for young women. Significant adults are important for young women’s development of interpersonal competence and connection, and play important roles in these women’s long-term psychological health (Jordan, 2001). Research has also indicated that women derive great benefits from positive relationships, especially those characterized by intimacy, self-disclosure, and empathy (Bogat & Liang, 2005; Liang, Bogat, & Duffy, 2013). Based on these facts, and the needs young women themselves express for support in terms of having somebody to talk to about everyday life (Larsson, Sundler, & Ekebergh, 2012), supportive MRs with non-parent adults seem to be an intervention suitable for young women on the transition from adolescence to adulthood, in order to make a key contribution to promoting outcomes important to public health goals and objectives.
Mentoring relationships as an intervention among young people

Mentoring is a structured and trusting relationship that brings young people together with caring individuals who offer guidance, support, and encouragement aimed at developing the young person’s competence and character (Garringer et al., 2015). The term mentoring has been conceptualized and defined in a number of ways, but three common factors can be seen (DuBois, Portillo, Rhodes, Silverthorn, & Valentine, 2011). Firstly, mentors (older) are individuals with more experience and wisdom than their protégés (younger). Secondly, mentors are expected to provide guidance to their protégés, with the goal of fostering the protégé’s growth, positive development, and transition into a mature adult. Lastly, the relationship between mentor and protégé consists of an emotional bond that is founded on core relationship principles such as trust and respect.

The traditional adult mentoring perspective describes mentoring as a one-directional, hierarchical process (Eby et al., 2007). In this thesis, I would like to extend our view on mentoring to a mutual process, and so have chosen to use the relational-cultural theory (RCT) perspective (Jordan, 2001). This perspective includes interdependent and mutual processes that result in a full range of relational outcomes for both the mentor and the protégé.

The literature on mentoring describes two forms: informal and formal mentoring (Eby et al., 2007). For young people, informal mentoring often comprises a spontaneously developed relationship between the young person and a “natural mentor” — a non-parental adult from the young person’s pre-existing social network. These two individuals develop a relationship through mutual selection that has the potential to last for life. In this thesis, I focus rather on formal mentoring. In a formal MR, a non-parental adult mentor is matched with a young person by a third party (e.g., organizational member or mentoring program staff), often on the basis of common or shared interests, and the MR forms part of an officially sanctioned mentoring program. In a typical mentoring program, mentors are often required to meet with their protégés for some hours a week for at least one year (Grossman & Rhodes, 2002; Rhodes, 2006).

Characteristics of young people engaged in mentoring relationships

MRs targeting young people are commonly used as a flexible intervention strategy (Dolan & Brady, 2011). The relationship can be adjusted to the situation of each young individual, depending on environment, context, culture, and gender, and thus provides a unique opportunity for the young person to do their best according to their own personal circumstances. In
short, this may mean that MRs have the potential to be a young-people-centered intervention that enables young people to express their own needs to those running the program.

The beginning of the 20th century in the United States saw the development of the most well-known mentoring program for young people: Big Brothers and Big Sisters of America (BBBSA). Today, the organization is represented all over the world, and the program has been evaluated in multiple studies (e.g. Grossman & Rhodes, 2002; Herrera, Grossman, Kauh, & McMaken, 2011). BBBSA was started for young people aged 6-18 with different problems. After the implementation of BBBSA several mentoring programs have been developed. Although, even today, the majority of mentoring programs are specifically aimed at young people considered to be at high risk, and focus on issues such as anti-social behavior, poor school achievement (Herrera et al., 2011), delinquency (Jolliffe & Farington, 2007), and poor health (DuBois & Silverthorn, 2005). This means that it is usually adults who recommend and recruit young people to these mentoring programs. However, extrinsic pressure for young people to join mentoring programs, by an outside institution, is associated with a significantly greater risk of early relationship closures (DeWit, DuBois, Erdem, Larose, Lipman, et al., 2016). This suggests that MRs are more likely to be sustained over time if young people express a strong desire or readiness independent of external factors, and initiate the MR by themselves.

Mentoring relationship outcomes

The effects of mentoring intervention programs vary significantly. There are numerous mentoring programs with different formats and characteristics, varying in terms of, for example, theoretical frameworks, frequency of contacts, target populations, and types of assessment (DuBois, Holloway, Valentine, & Cooper, 2002; DuBois et al., 2011). Thus, findings related to mentoring programs may vary according to the young people’s interpersonal histories, social competence, and developmental stage; the duration of the MR; the program practices involved in establishing and supporting the MR; and the young people’s families and surrounding community context. It is thus difficult to make an overall assessment of mentoring.

The majority of previous studies have used quantitative methods to study the effects of mentoring. DuBois et al. (2011) conducted a meta-analysis including 73 independent evaluations of mentoring programs involving children and adolescents, published during 1999-2010. Their findings support the effectiveness of mentoring for outcomes related to behavioral, social,
emotional, and academic development. In a more recent meta-analysis of 46 youth mentoring program evaluations, including mentoring programs to reduce juvenile delinquency and associated problems, researchers found moderate effect sizes in reducing delinquency, aggression, and drug use and improving academic functioning (Tolan et al., 2013).

Although mentoring programs for young people seem to work, the effects are often weak or, at best, moderate in strength (DuBois et al., 2011; Matz, 2014). There is better evidence for their effects on educational outcomes and self-esteem than for any influence they may have in reducing delinquency (Matz, 2014).

Moreover, few studies have addressed the question of whether the benefits that young people derive from participation in mentoring programs are sustained at later points in their development (DuBois et al., 2011). Thus, it is currently impossible to make an informed argument for the enduring and transformative results of MRs, even though the research shows, and the voices of young people confirm, that mentoring matters to young people and helps them thrive as they approach adulthood (Lerner et al., 2005). From the perspective of young people aged 18-21, the positive outcomes of MRs include advice about school, help with school issues and/or schoolwork, help through life problems, assistance in getting a job, help choosing a career, and assistance in getting into college (Bruce & Bridgeland, 2014). Thus, mentoring as an intervention strategy has the capacity to serve as both promotive and preventive. Promotive-related aims includes improving relationships with others (Rhodes, 2005; Thomson & Zand, 2010) and develop health-promoting resources in young people (Lerner et al., 2005). Prevention-related aims in domains including the behavioral, social, emotional, and academic (DuBois et al., 2011).

In general, previous research has seen mentoring as a treatment focused on the reduction of risk factors and risk behaviors among youth (Herrera, DuBois, & Grossman, 2013; Rhodes, 2005), but in recent years, researchers have shifted their attention to also include outcomes related to positive youth development (Erdem, DuBois, Larose, Wit, & Lipman, 2016; Liang, Spencer, West, & Rappaport, 2013; Schwartz & Rhodes, 2016). Nevertheless, few, if any, studies have examined formal mentoring as health promotive intervention which young woman themselves have actively chosen to seek out and participate in. Hence, the effects of mentoring as a health promotion intervention are little known, especially among young women older than 18 years.
Mentoring contexts
Mentoring programs targeting young people are most heavily represented in schools and communities (Herrera et al., 2000). Schools have the potential to reach the majority of young people of school age. In school-based mentoring (SBM), mentors and students engage in a wide range of academic activities aimed at fostering academic success (Herrera et al., 2011). Young people with needs that extend beyond the focus of school performance need other mentoring programs. In such cases, programs outside the school setting are of greater significance. Community-based mentoring (CBM) programs have the potential to yield a wide range of benefits for young people that may not be realized in school-based programs, including significant positive effects on risk behavior, social competence, emotional/psychological issues, and career outcomes (DuBois et al., 2002). These programs are often offered by non-governmental organizations (NGOs). CBM has the capacity to include young people in all age groups, and to be available outside school and regular working hours, and thus offers opportunities to provide support to young people when needed (Dolan & Brady, 2011). Overall, CBM programs seem to be an intervention well-suited to young women with problems not related to school. This thesis focuses on formal female mentoring in the context of CBM.

NGOs as health-promoting actors
NGOs are regarded as significant actors in society when it comes to improving conditions for young people (Fredriksson, 2016; The Swedish Government, 2012). NGOs have also been concluded as health promoting settings (Geidne, 2012). There are several different definitions of an NGO, but in this thesis the term means a non-profit citizens’ group, separate from the Government, the market, and the individual household, which includes both members and employees and is organized by people with a common interest in performing service in the social sector. NGOs can get people involved in society on the basis of the individual’s commitment and desire to influence their own life situation or that of the entire community (WHO, 2001).

In Sweden, NGOs have an important role as forerunners and innovators (Lundström & Svedberg, 2003). The significant involvement of NGOs in improving the mental health of the population has been emphasized by several authorities including the WHO (2001) and the Swedish government (2012). The WHO suggests that NGOs should be much more proactive,
with better defined roles, and should be encouraged to give more support to local initiatives.

The Ottawa Charter for Health Promotion (WHO, 1986) includes “strengthening community action” as one of its five action areas. Here, health promotion works through concrete and effective community action in setting priorities, making decisions, and planning and implementing strategies to achieve better health. This statement emphasizes strategies, but health promotion must also include people in a participatory process of health development. People must be enabled to become actively and genuinely involved in defining the issues of concern to them, in making decisions about factors that affect their lives, in delivering services, and in taking action to achieve change (WHO, 2002). The importance of carrying out activities which involve local citizens is emphasized in people-centered health promotion (PCHP) (Raeburn & Rootman, 1998). This approach to health promotion highlighting the importance of carrying out activities which involve local citizens and community participation, involving people on grassroots community level rather than policy makers. Community participation, such as volunteer engagement, is an essential part of the process of effective health promotion.

**Mentoring in the context of NGOs**

NGOs are feasible actors for delivering MRs (Herrera et al., 2000). Although this seems a promising approach, knowledge about NGO-provided CBM is lacking. We do not know how the implementation of mentoring interventions is responded to from the perspective of young women as protégés. Several studies, many using quantitative data, have examined the outcomes of CBM, (DuBois et al., 2011) but there have been few empirical studies explicitly examining the relational processes in young women’s relationships with non-kin older female mentors in CBM programs from the perspectives of the participants themselves. Research has examined college-aged women’s relationships with natural academic mentors (Liang, Tracy, Kauh, Taylor, & Williams, 2006; Liang, Tracy, Taylor, & Williams, 2002), and in-depth interviews have been performed with adolescent female protégés (Spencer & Liang, 2009). However, these empirical findings may not be directly and automatically transferable to one-year CBM programs among young women. First, as explained above, natural informal mentoring and CBM are two different things. Second, Spencer and Liang (2009) conducted interviews with female adolescents ranging in age from 13 to 17 years with experience of MRs ranging in length from 2.5 to 11 years. This is in contrast
to most CBM programs that stipulate a length of one year for the MRs in their programs. Moreover, a 13-year-old’s view of the world is different from that of a 19-year-old (American Academy of Child and Adolescent 2016). In order to obtain practice-based evidence, there is a need to explore both the one-year relational process and to examine young women’s experiences of this relational process.

There can be serious difficulties in recruiting volunteers to mentoring programs. Most CBM programs mobilize adults who do not receive financial incentives for their service; and although a large number of people are willing to say that volunteering is worthwhile, fewer actually engage in service such as mentoring (Stukas, Clary, & Snyder, 2013; Stukas, Daly, & Clary, 2006). Organizations which match volunteer mentors with young people often have trouble recruiting sufficient numbers of mentors and sustaining MRs over time. There is little knowledge of why female young adults engage in mentoring, especially in mentoring other young women, and hence a lack of information and deeper understanding about the nature of specific female motives and differences between these motives. Moreover, the best practice of what to do in order to retain and satisfy mentors may be clear (Garringer et al., 2015), but less is known about how to do it. Accordingly, the question is that of how we can facilitate formal female MRs and enable these relationships to evolve and become successful, as seen from the female mentor’s perspective.

Overall, there is a need for research exploring young woman’s experiences of formal MRs with an older female mentor in a volunteering setting such as a NGO, and examining how mentors can be motivated both to initially engage in this health-promoting intervention and to continue mentoring in the long term.

A female perspective on mentoring relationships

Mentoring practices are most effective when they are sensitive to individual differences and contextual factors, such as gender (Darling, Bogat, Cavell, Murphy, & Sánchez, 2006). Discussions of how gender may shape the process of mentoring a young person have been informed largely by research on the role of gender in adult MRs, gender differences in interpersonal relationships during childhood and adolescence, and feminist theories and research on female adolescence relationships (Bogat & Liang, 2005). Based on this discussion and previous research with adolescent girls (Spencer & Liang, 2009) it has been suggested that women bring particular expectations and relational styles to the mentoring process and that mentoring may work
differently for young women than for young men (Rhodes, Lowe, Litchfield, & Walsh-Samp, 2008). To generate new insights about the specific group of young women, there is a need for close examination and exploration of the participants’ own narratives about their experiences in, and understandings of, these relationships. A “within-group” approach can prove fruitful in elucidating young women’s MRs.

Based on theories and empirical studies on gender and young women’s psychological health and development, (Brown & Gilligan, 1992; Jordan, 2001) there are mentoring programs specifically designed for young women, particularly female adolescents, up to the age of 18 years. These programs either target gender-specific risk factors such as body dissatisfaction or have an overall aim to build competencies and increase empowerment among adolescent girls (Bay-Cheng, Lewis, Stewart, & Malley, 2006; J. M. Pryce, Silverthorn, Sanchez, & DuBois, 2010; Spencer & Liang, 2009; Varga & Detusch, 2016). Young women’s participation in mentoring programs has been shown to result in improved self-esteem and positive peer relations (Karcher, 2008), improved emotional health (DeWit, DuBois, Erdem, Larose, & Lipman, 2016), marked decreases in stress (Lund, Chan, & Liang, 2014), feelings of relief from daily stresses (Spencer & Liang, 2009), and less loneliness (Liang et al., 2006; Liang et al., 2002). To produce positive results for young women, it is important to develop high quality mentor-protégé relationships, but sustained relationships over time can be challenging to achieve (Rhodes, 2005; Rhodes & DuBois, 2006). Up to half of all young people in formal mentoring programs, and significantly more young women than young men (DeWit, DuBois, Erdem, Larose, Lipman, et al., 2016), experience an early closure of their MR (Bodin & Leifman, 2011; Grossman & Rhodes, 2002; Herrera et al., 2013). MRs that terminate prematurely and last less than 6 months have been shown to lead to negative results, including negative health outcomes such as increase in alcohol use, and drops in self-worth (Grossman & Rhodes, 2002). As young women and young men seem to have different preferences for their MRs (Liang, Bogat, et al., 2013; Rhodes et al., 2008), research has pointed to a set of factors to develop effective MRs specifically for young women.

**Characteristics of high-quality mentoring relationships**

Especially among young women, relationship intensity in terms of, for example, frequency and consistency of mentor–protégé contact and the overall duration of relationships are important to see most positive effects (Grossman & Rhodes, 2002). Long-lasting relationships, at least one year
in duration, seem to produce improvements in self-esteem, perceived social acceptance, perceived school achievement, and good-quality parent-child relationships (Grossman & Rhodes, 2002; Liang, Bogat, et al., 2013; Rhodes et al., 2008; Spencer, 2006; Zand et al., 2009). One reason for women’s satisfaction in long-lasting relationships may be that among young women it takes time to forge trusting ties and a strong emotional connection (Rhodes et al., 2008). Previous research has emphasized this to be important in establishing higher-quality MRs among young women (Bogat & Liang, 2005).

The psychosocial mentoring model
Successful MRs involving young women are characterized by authenticity, empathy, engagement, empowerment, companionship, collaboration, connectedness, mutuality, and trust (Deutsch & Spencer, 2009; Deutsch, Wiggins, Henneberger, & Lawrence, 2013; Kelly, 2004; Liang, Bogat, et al., 2013; Liang et al., 2002; Varga & Detusch, 2016). The female protégés’ feelings of security and attachment and their sense of being understood, liked, and respected in the MR are important if they are to be willing to share their feelings and be actively engaged in the relationship (Bogat & Liang, 2005). Several studies have shown that young women seem more likely to respond to a MR that involves mutual exchange and a more holistic type of mentoring that also recognizes their psychological needs and resources, and fosters growth (Liang, Spencer, Brogan, & Corral, 2008; Liang et al., 2006; Spencer & Liang, 2009). The psychosocial mentoring model, which relies primarily on the interpersonal relationship and on developing personal characteristics, has been found to be an applicable approach for young women (Bogat & Liang, 2005; Spencer & Liang, 2009). In contrast, instrumental mentoring is more problem-focused, and involves practical skill building and a goal-oriented approach. The relational model emphasizes the bi-directional nature of relational processes, where both the mentor and the protégé play an important role in shaping the MR. It is not clear whether teaching and role-modeling are unnecessary in the MRs of young women, as there may be an interaction in effect (Liang et al., 2002). However, in order to establish a strong connection between the mentor and the protégé, the attitude and approach of the mentor is important.

The mentor’s attitude and approach
Given that most women prefer the psychosocial mentoring model, it is important to know how the mentor’s overall attitude and approach can be
supported to develop a growth-promoting MR lasting over time. This is not yet well-understood in the mentoring literature, but results from the psychotherapy literature can provide some useful information which is also applicable to MRs and mentors. Psychotherapists who are understanding, accepting, empathic, warm, and supportive, and who do not blame, ignore, or reject their clients, are more likely to have successful results (Lambert & Barley, 2001). Other important characteristics are dependability, benevolence, responsiveness, and the capacity to convey confidence in their ability to help (Ackerman & Hilsenroth, 2003). Spencer (2012) suggests that, when this is applied to MRs, one should assume that mentors who are able to be empathic and authentic, and convey unconditional positive regard for their protégés, are more likely to develop an emotional bond and a collaborative structured protégé-focused relationship. However, it is not known how this may be applicable in a MR to satisfy the protégé.

Another factor of importance in the mentor’s approach is the development of the relationship. No two MRs are alike, and each develops in a different way (Keller, 2005). MRs are dynamic, and change over time. Some may develop quickly into a strong bond; others may experience a series of setbacks and breakthroughs; and some may struggle along without being able to establish a meaningful connection. Previous research has found that the early stages of the relationship are vulnerable, and both the mentor and the protégé may experience some uncertainties and challenges. In this stage, authenticity and empathy are especially important, and one significant factor is for the mentor to take responsibility for achieving continuity in the relationship (Spencer, 2006). A successful MR is one that evolves from a routine meeting into an enjoyable experience that both the mentor and protégé look forward to and expect to last for a long time (Spencer, 2006).

To summarize, high-quality female MRs are characterized by the protégé’s feelings of being emotionally connected with the mentor and the development of a long-term relationship (Liang et al., 2002). Nevertheless, there is little knowledge about the relational process of mentoring and how the mentor may act to develop an authentic MR. The nature, quality, and course of MRs needs to be better understood from the participants’ perspectives. At the same time, it is important to remember that not all members of a given gender are the same, and it is of value to explore which young women are attracted to participate in MRs. Thus, there is a need to know more about the formation, development, and closure of MRs.
Recruiting and retaining voluntary mentors

Organizations working with CBM programs often use volunteers as mentors (Stukas et al., 2013), meaning that the mentors freely give their time to engage in the MRs. Mentors play a unique role in the mentor-protégé relationship, and are necessary for mentoring to take place. However, mentoring organizations often have difficulties recruiting and retaining mentors (Stukas et al., 2013; Stukas et al., 2006).

There is a paucity of empirical research available to guide mentoring programs on mentoring recruitment, but the research on volunteering may provide important insights. In the available literature, one of the most common strategies for recruiting volunteers is through carefully targeted advertising and persuasive messages (Wilson, 2012). However, to know what kind of message people are attracted to, it is important to know, identify, and address the unique motivations of the individual potential mentors (Deutsch & Spencer, 2009; Rhodes & DuBois, 2006).

Self-determination theory (SDT) is a meta theory of human motivation (Deci & Ryan, 2000) which posits that all people have three basic psychological needs: autonomy, competence, and relatedness. SDT is a promising theory for studying volunteer motivation (for example, see Bidee et al., 2013; Oostlander, Güntert, & Wehner, 2014), as it focuses on the motivational mechanism underlying human behavior. In addition, SDT considers the social environment to be a main antecedent of motivation, satisfaction, and well-being (Deci & Ryan, 2000); this makes it possible to take a closer look at the influence of the organizational context. To my knowledge, SDT has never previously been used to study motivation among mentors engaged in mentoring young people, and so its use here can bring us deeper knowledge and guide our understanding of motivation among female mentors.

Mentors’ motives for engagement

Although far from exhaustive, previous studies have revealed important insights into mentors’ motivations, including reasons for becoming and enjoying being a mentor. Most mentors mention more than one motivation to engage as a mentor (Stukas et al., 2006), and they choose to become mentors for a variety of reasons (Gehrke, Jenkins, Miskovetz, & Wray, 2006).

Investigations of motives among SBM mentors have revealed several different reasons for their engagement (Caldarella, Gomm, Shatzer, & Wall, 2010; Strapp et al., 2014), all of which can be referred to the basic psycho-
logical needs for autonomy, competence, and relatedness. The need for autonomy is present in motives such as *career enhancement* and *watching a protégé grow*, the need for competence in motives such as *seeking learning experiences* and *to better understand themselves and others*, and the need for relatedness in *humanitarian concerns*. However, this knowledge of motives among SBM mentors is not directly and automatically transferrable to CBM mentors, as SBM and CBM differ in terms of activities, outcomes, and mentor characteristics (Herrera et al., 2000). Mentors in SBM are older or youth mentors, whereas CBM more often attracts those aged 22–49 (Herrera et al., 2000). Furthermore, students acting as mentors for younger protégés can receive course credit for their engagement (McGill, Adler-Baeder, Sollie, & Kerpelman, 2015). Mentors in CBM are involved for longer periods of time, and experience more pressure to determine the mentoring activities, which makes recruitment of CBM mentors more difficult than that of SBM mentors (Herrera & Karcher, 2013). Volunteering research has shown that motives differ between individuals depending on gender, mission, target group, and context (Wilson, 2012). Moreover, as young female and male protégés seem to have different preferences for their MRs (Liang, Bogat, et al., 2013; Rhodes et al., 2008), it is reasonable to assume that female mentors also have particular needs in the mentoring program. Based on these facts, there is a clear need to know motives for mentoring specifically among CBM female mentors engaging in positive development among young women, but there is little current evidence on this question. In motives reported by CBM mentors working with disadvantaged young people, the need for relatedness can be seen in *giving back to the community* and *strengthening social relations* (Evans, 2005). In CBM programs with youth at risk aged 6-18 years, women cite *peer and social experiences* as peripheral to their decision to mentor (Gehrke et al., 2006). Other reported motives include *opportunities for self-esteem enhancement, value expression* (Stukas et al., 2013), *personal gratification* (Gehrke et al., 2006), and *wanting to be a positive role model for adolescent girls* (Dowd, Harden, & Beauchamp, 2015). The need for both relatedness and competence can be seen among female mentors when interpreting these motives.

Motives are important not only for initial engagement but also for continued involvement; however, the characteristics of mentors’ motives to continue their involvement are not clear. Some scholars have reported that mentors motivated by self-interest (e.g. volunteer work for career advancement) perceived their relationships less positively (Karcher, Nakkula, & Harris, 2005), while others (Kupersmidt & Rhodes, 2013; Stukas et al.,
have found that the fulfillment, not the nature, of motivations and expectations seems to be the most important factor in avoiding an earlier-than-anticipated ending of MRs.

To summarize, knowledge of mentors’ motives is important, both in the recruitment process and in efforts to retain mentors over time. Moreover, because motives differ depending on the characteristics of the mission and the target group, we need more knowledge of why female mentors engage, especially in mentoring other young women in CBM programs. We also need more information and a deeper understanding about the nature of specific female motives.

**The impact of organizational context on mentor satisfaction**

It is well-known that mentors’ satisfaction in the engagement is a significant factor in their forging of strong and stable bonds with their young partners (Martin & Sifers, 2012; Spencer, 2007). To satisfy mentors, organizations can use retention strategies to influence these mentors to continue mentoring for a sustained period (Stukas et al., 2013). This means that organizations need to know what kind of approach in their work is most likely to lead to mentors being satisfied and thus continuing their engagement. Thus, it is crucial to get a deeper understanding of the interplay between individual motivations and organizational context. The current state of knowledge on the impact of organizational context on mentor satisfaction is summarized below.

**Best practice for mentoring**

As early as their initial contact with the mentoring organization, mentors are affected by the context including the organizational structure (Stukas & Tanti, 2005). The experience and level of satisfaction among mentors differ depending on the mission and the organization’s context, including program infrastructure, design, practices, and ways of managing the mentors (DuBois et al., 2011; Stukas & Tanti, 2005). Some standards have been determined to guide effective mentoring program implementation and facilitate relationship development. The publication “Elements of Effective Practice for Mentoring” (Garringer et al., 2015) published by MENTOR- the national mentoring partnership, covers six areas for mentoring organizations to consider in creating and sustaining a setting which promotes mentors’ satisfaction and motivation: 1) recruitment, 2) screening, 3) training, 4) matching and initiation, 5) monitoring and support, and 6) closure. In the recruitment process, it is important for mentors to feel an identification
with the target group and the mission (Stukas & Tanti, 2005). Thus, the mentoring program needs to be realistically described (Garringer et al., 2015). To protect young people involved in mentoring, prospective mentors must be screened in order to determine whether they have the time, commitment, and personal qualities to be a safe and effective mentor. Furthermore, the standards recommend matching to be based on age, gender, race, ethnicity, and mutual interest. It is suggested that during the initiation phase, program staff should provide background information about mentor and protégé. Some information about the protégé may be shared with the mentor, based on what the protégé’s guardians are willing to have shared. It is also recommended that both members of the dyad sign a commitment agreement consenting to the rules and requirements of the mentoring program. Monitoring and support of both mentor and protégé can generate longer-lasting relationships, and more frequent meetings between mentors and mentees. The final MENTOR area, closure, includes the importance of a comprehensive written plan for ending MRs, including ending activities. Taken together, these practice standards cover the entire process of the MR. However, it is worth asking whether any phase is more important than any other in order to satisfy and retain mentors.

The need for preparation and ongoing support
When mentors are initiated into an organization, their perceived benefits need to match their initial motivations (Caldarella et al., 2010). However, the organization has possibilities to influence mentors’ initial motivation during the pre-match period when mentors are prepared for the relationship (Kupersmidt & Rhodes, 2013). Scholars agree that initial training and ongoing support are important to mentors; these are sometimes mentioned as key strategies for increasing retention (Kupersmidt & Rhodes, 2013), as shown among young female mentors (Dowd et al., 2015). During initial training, which should preferably last at least six hours (Herrera et al., 2000), mentors can prepare for their engagement. Mentors can learn and build skills related to developing, maintaining, and managing relationships. Moreover, mentors need to receive clear information on what is expected of them in terms of the time and emotional commitment (Spencer, 2007). Often, mentors have romanticized ideas about saving at-risk young people and changing their lives for the better, but this ideal can be quickly deflated when they face the realities of young people with difficult life circumstances (Spencer, 2007). Hence, relevant expectations need to be mediated to reduce
the mentors’ risk of becoming burned out and emotionally drained. Moreover, initial training may help mentors to personally clarify their roles and responsibilities and to understand the expectations and boundaries of all parties (DeWit, DuBois, Erdem, Larose, & Lipman, 2016; Varga & Detusch, 2016) as well as the level of support that can be expected and ways to access that support (Eby & Lockwood, 2005; Spencer, 2007).

If the organizations prepare their mentors for the mentoring engagement, this can create satisfied, comfortable, and motivated mentors (McGill et al., 2015) who receive guidance in establishing and building close, caring, longer-term relationships and creating better outcomes for their protégés (Martin & Sifers, 2012; Spencer, 2007). In addition, ongoing support during the engagement is important. Offering mentors sufficient training and social and emotional support will affect their feelings of closeness, satisfaction and effectiveness (Keller, 2005). Moreover, high mentor support results in mentors spending more time with their protégés and engaging in more social activities (Herrera et al., 2000), and also generates fewer young people- and parent-reported emotional and behavioral problems (Erdem et al., 2016).

To summarize, the preparation phase, including initial training, before mentors are matched with protégés, seems to produce satisfaction among mentors and in the ongoing MRs, and to be a critical component of effective mentoring programs. The organization has a responsibility to support mentors during their ongoing engagement, in order to facilitate their satisfaction with the arrangements. Reasons for becoming a mentor include both self-interested reasons and caring for others, and reasons for enjoying mentoring young people include sufficient training, relevant expectations, and social and emotional support from program managers. Nevertheless, central questions remain to be answered.

Remaining questions – limitations of the existing literature
This introduction has presented research about the increasing mental health problems among young women and the absence of health promotive interventions targeting this age and gender group. The literature describes CBM programs as having the potential to promote developmental resources in young women with help from voluntary mentors. However, despite the recent increase in mentoring research, the findings are not conclusive and many questions remain. The influence of gender on the process and outcomes of MRs has been paid little attention, particularly in the context of late adolescence and young adulthood. Given that developmental needs
shift as young people begin to transition into adulthood, the processes through which MRs influence protégés’ outcomes may be different for young women in comparison to children and adolescents. Moreover, the majority of previous research has examined outcomes among young people up to the age of 18, based on the reality of primary mentoring programs targeting this age group, and most of these young people have been “at risk” in some way.

The literature has at least three important limitations which hinder the effective use of mentoring programs as a health-promoting intervention for young women. First, there is a lack of knowledge about which young people are attracted by MRs. Second, there is a lack of knowledge about the relational process of female mentoring that underlies a close bond between the young person and the older mentor and how such connections develop in formal female mentoring programs. That is, we do not yet know how these relationships form, develop, and close. Third, the MRs are built on a dyad, and given that young women ask for MRs, and we know that the outcomes are beneficial, there is a need to recruit volunteers to CBM programs. Little is known regarding female mentors’ motives to engage and to sustain the engagement over time, their experience of engagement as mentors, and how the organization can facilitate the engagement they perceive, from a mentor perspective.

These aspects, namely 1) the characteristics of young women as protégés, 2) the relational process of female mentoring, and 3) female mentors’ motives to engage and to sustain their engagement over time, are best explored in the context of a female mentoring organization offering a CBM program to young women (12-25 years) in a community setting with volunteer mentors. Together, a research including all these three aspects, is able to capture the perspectives of both persons in the dyad, the protégé and the mentor. This provides an understanding of how to facilitate MRs from the perspective of women.

A qualitative approach needs to be taken, examining participants’ understandings of their experiences in this specific type of mentoring program. A parallel quantitative approach can complement the qualitative approach, and specifically examine the characteristics of participants. This use of mixed methods will generate both a deep knowledge and variations of knowledge, giving a better understanding of the research problem (Teddlie & Tashakkori, 2009).

Practice-based research generates the information and solutions that are needed to practice work in public health (Potter et al., 2006). It generates
an opportunity for researchers and practitioners to work together to design and test feasible, evidence-based programs to address challenges. The research in this thesis is therefore based on the reality of practice.
This thesis

On the basis of this knowledge gap in the previous literature, this thesis explores women’s experience of MRs as health promotion from the perspectives of both parties in the female mentoring dyad: the protégés (i.e. the young women in transition from adolescence to adulthood) and their ten-year-older mentors.

The thesis is based on a sample study group of participants involved in a Swedish non-governmental organization (NGO), the Girls Zone. This organization was chosen because 1) it offers mentoring relationships within a target group where interventions are lacking, and 2) it includes volunteer mentors who seek out the organization themselves and who stay in the organization for at least a year.

Specific aims and research questions

The first aim was to explore young women’s experience of a community-based mentoring (CBM) program. The related research questions were: (1) what characterizes the female protégés attracted to the mentoring program in terms of demographic and psychological characteristics?, and (2) how does the relationship develop between the protégés and the mentors? To achieve this aim a relational-cultural theory (RCT) approach was adopted to forward the understanding of the mentoring process (Jordan, 2001).

The second aim was to explore how formal female mentoring relationships (MRs) can be facilitated and how conditions can be created for these relationships to evolve and become successful, as seen from the female mentor’s perspective. The related research questions were: (1) what are the female volunteers’ motives to become engaged as mentors?, and (2) what makes the female volunteers stay in the organization and continue their engagement? The self-determination theory (SDT) was used as a framework to guide the understanding of the findings (Deci & Ryan, 2000).
Methods

The study context

The research program
This licentiate thesis forms part of a larger research program investigating NGOs that conduct alcohol and drug prevention work as a special venture financed by the Swedish government (Eriksson, Geidne, Larsson, & Pettersson, 2011). Since 2003, NGOs have been given support and received grants for interventions aiming to prevent the use of alcohol, narcotics, doping, and tobacco (ANDT). These research grants were administered by the National Board of Health and Welfare from 2003, by the National Institute of Public Health from 2011, and by the Public Health Agency of Sweden since 2014. In addition to the grants to NGOs, the national initiative also contained an integrated research and development investment from 2003 to 2015, assigned to a research team at Örebro University (Eriksson, Fredriksson, Geidne, Larsson, & Pettersson, 2015) including the author of this thesis. As well as scientific in-depth evaluations of certain projects using structured follow-ups aimed at adding to the literature on evidence-based interventions (Pettersson, 2010), the work of the research team included a competence-building strategy for NGOs with supervision for the project leaders, support through regular meetings for project leaders, biannual conferences, and annual documentation. The project portfolio has included around 40 projects each year, including the NGO-run female mentoring program studied in this thesis.

The Girls Zone
The Girls Zone (Tjejzonen) is one of the biggest non-governmental support organizations working with female mentoring programs for young women in Sweden (The Girls Zone, 2013). The stated goals of the program are to prevent mental health problems, promote equality, and prevent drug abuse by strengthening young women’s self-esteem, self-confidence, and trust.

Between 2011 and 2014, the Girls Zone was funded by the Swedish National Institute of Public Health (2011-2013) and the Public Health Agency of Sweden (2013-2014) to work with two mentoring programs targeting young women. Young women can get support either 1) through real-life meetings or 2) through Internet chat or Skype. The MRs included in this thesis took place in real-life settings in the capital of Sweden, Stockholm.
The organization arranges dyads comprising a “Little Sister” (a young woman aged 12-25, i.e. the protégé) and a “Big Sister” (a woman ten years older, i.e. the mentor). It is a universal female mentoring program with no exclusion or inclusion criteria; the organization is open to all young women who perceive a need for a fellow human being. Little Sisters can get information about the mentoring program on the Internet or from professionals such as school health services. They can make contact with the organization on their own by e-mail or phone.

There is no guardian involvement in the organization, meaning that young women can participate without their guardians’ knowledge. Moreover, Little Sisters can decide how much identifying information about themselves they provide, both to their Big Sisters and to the organization. No documentation of the MR is created.

A Big Sister is a person the Little Sister can talk to, be inspired by, and get a feeling of support from. Mentors are engaged in mentorship as volunteers, and are welcome regardless of their formal educational level. The Big Sister, who is comparable to a mentor, is engaged in the mentorship as a volunteer, without incentives. The idea of the program is that each mentor is ten years older than her protégé, meaning that most mentors in the organization are between the ages of 22 and 35 years. The organization recruits its volunteers from different networks, including their own website and Volontärbyrån, another NGO, which facilitates contacts between organizations and people who want to become volunteers. It does not usually experience problems recruiting mentors, and its mentors generally stay in the organization for at least a year.

There are rules about the contact between the mentor and the protégé. The mentoring program has a time limitation of one year, and the Girls Zone recommends that the dyads meet every two weeks for about one and a half hours each time. The dyads decide themselves what they want to do, and the organization provides them with an allowance of 100 SEK. Except for these meetings, no contact is allowed, including via social media, SMS, or phone calls. The mentor and protégé are matched only with regard to age, with a ten-year difference within each dyad.

Each mentor has no more than one protégé at a time. Before the initial training, a meeting takes place between the program manager and mentor in which the rules and expectations of the mentor are stated. The mentor also undergoes a criminal history record check. All mentors need to participate in a training program to be educated as mentors before they are engaged as Big Sisters. This training lasts two days, during which the mentors
are trained in how to interact with their Little Sisters, including roleplaying, and rules for the relationship are discussed. The mentor has an obligation to maintain confidentiality, but no obligation to report. The approach used is psychosocial mentoring, which prioritizes interpersonal relationship development (Bogat & Liang, 2005). Mentors practice how to listen actively, how to ask question instead of giving advice, and how they can act in a non-demanding way. Close, regular, and mandatory support is offered to the mentors during their ongoing relationships.

Within the mentoring program, the project manager meets both the mentor and the protégé separately before they are matched and introduced to each other. Before this meeting, the organization restricts the information provided to mentor and protégé about each other. Only name and age are shared. This creates the conditions for an initial non-hierarchical meeting. The period of the MR is adapted to the needs of the Little Sister but is formally ended after one year. The relationship can continue after this period if both members of the dyad want it to, but it will no longer be under the responsibility of the organization. The organization is small-scale; in 2011 it had 40 dyads of in real life mentoring relations.

**Theoretical frameworks**

This research used two theoretical frameworks to guide the research aims and to interpret the data, in order to provide deeper understanding of the findings. Study I used a relational-cultural theory (RCT) approach to the mentoring process (Jordan, 2001), while in Study II, self-determination theory (SDT) was the theoretical guiding framework (Deci & Ryan, 2000).

**Relational-cultural theory (RCT)**

RCT evolved from the work of Jean Baker Miller (1976). In contrast to many other traditional human development theories, which often reflect values of individualization, autonomy, and separation, RCT posits that people develop more fully through connections and relational development across the lifespan (Jordan, 2001). This means that RCT emphasizes relationships, rather than individuation and separation in relation to personal growth. The theory initially focused on women’s behaviors and characteristics and was used primarily in a therapeutic context, but scholars have also begun to apply the theory to other contexts, including mentoring of college-aged women (Liang et al., 2002).

RCT posits that women begin to grow, learn, expand, and gain a sense of meaning through relationships which involve intimacy and emotional
connections (Jordan, 2001). To achieve this, RCT suggests that in therapeutic relationships counselors must be characterized by 1) an understanding of the client, 2) concern for the impact on the client of what is said, and 3) careful clinical consideration based on knowledge of the client and an understanding of what would be therapeutic (Jordan, 2001, 2010).

Several growth-fostering qualities of relationships have been identified in RCT, including mutual empathy (as defined by perceived mutual involvement, commitment, and attunement to the relationship), authenticity (the process of acquiring knowledge of self and the other and feeling free to be genuine in the context of the relationship), empowerment (the experience of feeling personally strengthened, encouraged, and inspired to take action), and the ability to deal with difference or conflict (Miller & Stiver, 1997). Moreover, the theory holds that mutually empathic healthy growth-fostering relationships include and generate the “Five Good Things”: energy, knowledge, movement, self-worth, and a desire for more connection (Miller & Stiver, 1997). RCT focuses on interdependent and mutual processes that result in a full range of relational outcomes for both persons in a relationship. This means that in a MR, both the mentor and the protégé benefit and grow as a result of the relationship.

**Self-determination theory (SDT)**
SDT is a psychological theory of human motivation (Deci & Ryan, 2000). It is based on the premise that human beings have an intrinsic pull towards growth, and its proponents argue that everyone has three basic psychological needs, varying in degree of self-determination: the need for autonomy (experiencing choice and volition of one’s own actions), the need for competence (experiencing an ability to succeed at challenging tasks and influence one’s desired outcomes), and the need for relatedness (experiencing connection, mutual respect, caring, and reliance in relationships with others) (Ryan & Deci, 2000). Satisfying these basic needs and acting autonomously have been consistently shown to be associated with psychological health and effective performance. These three psychological needs promote a willingness to explore and engage in a context that people assume will nurture their psychological needs, which together will facilitate their self-motivation and effective functioning. The social contexts within which people operate will affect their need satisfaction and type of motivation, thus affecting their wellness and effectiveness. Hence, one of the key questions for scholars in the field of SDT is to examine how social contexts facilitate
or undermine people's experience of autonomy, competence, and relatedness.

SDT distinguishes between two different kinds of human motivation, extrinsic and intrinsic. Intrinsic motivation emerges spontaneously from basic psychological needs within people themselves, and exists in the relation between individuals and activities. The higher a person’s intrinsic motivation, the greater will be their retaining behavior on the task, and they are more likely to engage at a deeper level. Extrinsic motivation, conversely, refers to doing something because it leads to a separable outcome; for example, a monetary reward.

SDT was used for two reasons. First, SDT is one of the most well-known and studied theories of motivation and as SDT has been applied to a broad range of life domains and social issues including volunteerism (e.g. Bidee et al., 2013; Oostlander et al., 2014), it is reasonable to assume that the same underlying motivational mechanisms can be applied to CBM programs. However, to my knowledge, no past research has examined volunteer mentors’ motives to engage in mentoring from a SDT perspective. Second, the theory emphasize the role of the social context in supporting or thwarting optimal motivation. This correspond to the aim of Study II, which is to explore the organizational context in the mentoring organization to facilitate female mentor’s engagement.

**General design**

This thesis takes a practice-based approach (Eriksson, Fredriksson, Fröding, Geidne, & Pettersson, 2014), one of the characteristics of which is collaborative and methodologically diverse design (Potter et al., 2006). In this thesis, this means that close collaboration and a trustful partnership with the NGO have been emphasized. The researchers had responsibility for planning the study after consulting with representatives of the NGO. Moreover, the collaboration included cooperation with the program managers concerning the survey and interview questions, passing the study invitation on to the participants, and collecting questionnaires. The collaboration also included regular feedback to the program managers, protégés, and mentors within six months after data collection. In this process, the organization also played a role in discussing preliminary results as part of ensuring the credibility of the empirical studies.

The practice-based approach was used for two reasons. First, in order to improve the quality and relevance of the studies, my colleagues and I identified program managers as experts with the cultural awareness and insights
necessary for a proper understanding of basic factors for successful research. Second, it is important for research to produce relevant knowledge and findings that are of practical use, according to a practice-based research paradigm (Potter et al., 2006).

Study I, which is related to the first aim of this thesis, was concerned with the characteristics of the female protégés and the development of the MR. This study used mixed methods following the example of Teddlie & Tashakkoris (2009), and had an explorative sequential design with a QUAL-quan triangulation approach. First, qualitative data were collected via interviews, in order to explore the research subject (i.e. development of the relationship between mentor and protégé from the protégé’s perspective). Second, quantitative data were collected in order to confirm certain parts of the initial qualitative results. Both quantitative and qualitative data were used to describe the characteristics of the protégés and the initial contact with the organization.

Study II, which is related to the second aim of this study, used an explorative qualitative method to investigate mentors’ motives. A qualitative content analysis was used (Graneheim & Lundman, 2004). Thus, Study I focused on the protégés and Study II on the mentors. An overview of the design of these two studies is presented in Table 1, and their design and approaches are further described below.

Table 1. Overview of the design of the studies included in this thesis.

<table>
<thead>
<tr>
<th>Study I</th>
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<td>Design</td>
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**Triangulation and mixed methods**

This thesis used method triangulation, a combination of methods including both qualitative and quantitative approaches, which can be seen as a way
to facilitate the validation/trustworthiness of a study (Patton, 2015). The
method literature describes four basic types of triangulation, all of which
have been applied in this thesis: 1) data triangulation – the use of a variety
of data sources, 2) investigator triangulation – inclusion of multiple re-
searchers, 3) theory triangulation – using more than one theoretical perspec-
tive in the interpretation of a single set of data, and 4) methodological tri-
angulation – the use of multiple methods to study a single problem or pro-
gram.

Different methods were used to handle the data, including both quanti-
tative and qualitative techniques. Data were collected with surveys and in-
terviews, and the analysis was diverse and included both statistical and qual-
itative content analysis. Despite these different methods and analysis, the
aim was to study the same phenomenon. Triangulation consistently in-
volved different researchers in the data collection and data analysis.

Study I used a mixed-methods approach according to (Teddlie &
Tashakkori, 2009) to triangulate and complement the study (Skoog, 2013).
An explorative sequential design was used (i.e. QUAL-quan triangulation),
meaning that the mixing of the methods occurred chronologically. First,
qualitative data were collected via individual interviews. Based on this in-
formation, my colleagues and I identified several questions to be included
in the questionnaire (i.e. quantitative data assessment). Next, the quantita-
tive data were collected and integrated in the analyses. The two sets of re-
sults were interpreted together. The quantitative results were useful to com-
plement parts of the initial exploratory qualitative findings. The mixed-
method approach was chosen to deepen the understanding of the research
questions. Moreover, the use of both qualitative and quantitative data
strengthened the trustworthiness and validity of the findings.

Data collection

The research questions were answered on the basis of data collected through
interviews with single individuals (Studies I and II) and one survey (Study
I).

Interviews

Study I used purposive sampling (Patton, 2015). Protégés who initiated a
relationship with their mentor during 2010 were identified. All these proté-
gés had an ongoing relationship with a mentor (Group A). The program
manager sent e-mails to 19 protégés, inviting them to participate in the
study and providing them with information written by the researchers. Five
protégés showed interest, and were interviewed during autumn 2011. These five young women reflected the variety of the participants in the mentoring program. The duration of their MRs ranged between 9 and 15 months. The author of this thesis and another member of the research team conducted two and three individual semi-structured interviews each, respectively. The interviews lasted 40–90 minutes, were conducted at a time and place suitable for the protégés, and were tape-recorded after approval from the protégés. All participants received a movie ticket as an incentive to participate in the study.

Study II also used purposive sampling. The sample included all mentors within the Girls Zone organization who were engaged as mentors during 2011. Once again, initial contact with participants was made with the help of the program manager. During autumn 2011, the program manager sent e-mails to the mentors including information about the study and an invitation to participate in an individual interview. Of the 46 mentors invited to participate, 12 agreed and were interviewed.

All interviews were conducted by the author of this thesis and the same research group member as in Study I. The interviews lasted 40–90 minutes, were conducted at a time and place suitable for the mentors, and were tape-recorded after approval from the mentors. All mentors received a movie ticket as an incentive to participate in the study. They varied in terms of the number of MRs they had engaged in (1–3), the duration of their mentoring experiences (3–30 months), and their age (24–40 years). Most of the participants (58%) were engaged in or had completed studies at the high school or university level; the remaining participants’ level of education was not reported. All had ongoing MRs at the time of the interview. The twelve mentors reflected the variety of the participants in the mentoring program.

Interview guides
The interviews in both Study I and Study II were semi-structured. In Study I, the protégés were asked about their characteristics, reasons for wanting to take part in a MR, and experiences of the MR between the dyads. Examples of interview questions included: “What was the reason that made you want to have contact with a Big Sister?”, “What role does your Big Sister play?”, and “What has been the most important thing you learned from your Big Sister?”.

In Study II, the mentors were interviewed about their characteristics, motives for the engagement, and experiences of the MR and their engagement
as a volunteer in the organization. Examples of interview questions included: “Why did you seek out the engagement as a mentor?” and “What kind of support do you receive as a mentor?”.

To get a deeper understanding of certain ambiguities, supplementary questions were asked in both studies, tailored to the participants and the situation. Examples of the supplementary questions included: “Can you please explain what you mean?” and “Can you please tell me more about that?” The aim of the interviews in both studies was to explore individual thoughts and feelings, elicit descriptions, and deepen the understanding of the phenomenon. Most of the questions were related to personal experience, both among protégés and among mentors.

Survey

The questions asked in Study I about the characteristics of the female protégés and the development of the MR were extended and examined further with a survey. Sampling was consecutive from August 2011 to December 2012. The study population consisted of two groups of young women who had contacted the organization during 2010–2012 in order to find a mentor ($n = 75$). The program managers made initial contact with the protégés. Group A ($n = 35$) had an ongoing relationship with a mentor and received an e-mail with information about the study and an invitation to fill in a questionnaire on the web. Group B ($n = 40$) had no experience of the MR, and were asked to fill in a questionnaire when they met the program manager in the organization for the first time.

A total of 52 participants (69%) responded to the questionnaire, with ages ranging from 15 to 26 ($M = 18.1$ years, $SD = 2.8$). All participants received a movie ticket as an incentive to participate in the study.

Measures

Most of the measures in the questionnaire administered to the protégés (Study I) had been used previously in national surveys among young people (Löfstedt et al., 2014; National Institute of Public Health, 2011).

Sociodemographics

Sociodemographic factors were measured using five items: country of birth, sibling or not, living with parents or not, employment status, and perceived economic situation ("How do you rate your economic status in relation to others of your age?").
Health status
Subjective health was measured using the item “How do you rate your general health?” on a response scale ranging from 1 (“Very good”) to 5 (“Very poor”). Anxiety levels and mental suffering over the past six months were measured using three items: “Do you deliberately harm yourself with a sharp edge?”, “Do you receive pharmacological treatment for mental health problems?”, and “Do you have feelings that you do not want to go on living?”. The response scale ranged from 1 (“Every day”) to 5 (“Never”). Feelings of loneliness over the past week were assessed using the question “Have you felt alone?” with a response scale ranging from 1 (“Never”) to 5 (“Always”).

Interaction with others
The protégés were asked to report on whom they talked with if they were feeling anxious or worried, using one open-ended stem question with fifteen response options covering parents, siblings, school nurses, and nobody at all. For the analyses, the scale was condensed to include eleven categories. We also asked the participants how they had obtained information about the Girls Zone. Eight response options were provided, including parents, school nurses, and the web. A similar question was posed concerning how the young women made contact with the organization, with five response options including by themselves, with the help of their parents, and through the school nurse. Both of these questions also permitted open-ended responses.

Reasons for contacting the organization
The protégés were asked to report why they wanted to meet a Big Sister. One open-ended question included in the questionnaire to group A was "Why did you want to meet a Big Sister?".

Analyses
Both qualitative and quantitative data were used in the research, and the information was analyzed both statistically and through content analysis, as suitable for the specific data in question.

Qualitative analysis
The data from the interviews and one open question in the questionnaire (Group A) were analyzed using the technique of qualitative content analysis (Graneheim & Lundman, 2004). In Study I, the analysis was inductive.
In Study II, the analysis was inspired by Graneheim and Lundman (2004) with the difference that no themes were created in the analysis. The analysis was initially inductive. After the categories were formed, the findings were interpreted according to SDT. Hence, a deductive approach was used. The categories were sorted according to the three basic needs: autonomy, competence, and relatedness. These terms were used as themes to describe the findings. This combination of inductive and deductive thinking, and the work to reconstruct the findings, is described by Denzin (1978) as “abduction”. Aside from this change in the analytic technique according to Graneheim & Lundman (2004), the analysis in both Study I and Study II included the same procedure up to the point where the categories were formed.

The analysis process
The interviews were transcribed verbatim and read through before the analysis began. My colleagues and I used triangulating analysis, meaning that initially two persons analyzed the same interview (Patton, 2015). First, meaning units were formed in each interview text, in accordance with the study aim. These were condensed into short sentences, still containing the main message and with the wording kept close to the protégés’ and mentors’ ways of speaking (Graneheim & Lundman, 2004). Each condensed meaning unit was labeled with a code on the basis of its content, and the codes were compared in terms of their differences and similarities. Contrastive comparisons were made between the codes and categories, and a schema was drawn up. Following this, the rest of the interviews were analyzed by the author of this thesis. New codes that emerged were discussed by all authors of Studies I and II, and consensus was reached regarding subcategories, with all codes included. Next, the subcategories were sorted into categories with the same content answering the different research questions, and the categories were given descriptive labels. The content of the interviews was analyzed with the aim of gaining a condensed and extensive description of the phenomenon, identifying variations, similarities, and differences consistent with qualitative content analysis (Graneheim & Lundman, 2004).

In Study I, themes in the data became apparent, as there were distinct groups of categories which had similar meanings or were about similar topics. In contrast, in Study II, the categories were sorted according to SDT and the three basic psychological needs: autonomy, competence, and relatedness (Deci & Ryan, 2000). This procedure allowed the underlying meaning of the text, referred to as the latent content (Graneheim & Lundman, 2004), to be interpreted in the light of these needs.
During the entire analytical process, several steps were taken to ensure trustworthiness. Initially, two persons analyzed the same interview; that is, triangulating analysis was performed (Patton, 2015). Furthermore, other researchers were included in the analysis to increase credibility, to allow discussion of the results, and to help create subcategories and categories. Quotations from the interviews were used to confirm the relevance of the categories. Finally, the results were presented in a debriefing session with the organization’s program manager, in which the findings were found to be in line with the manager’s own experience.

**Quantitative analysis**

The quantitative data were analyzed using descriptive statistics and analytic statistics with the predictive analytics software IBM SPSS statistics (version 22). First, my colleagues and I compared Group A with Group B in terms of variables concerned with sociodemographic factors and health, using independent samples t-tests. No differences were found regarding health, well-being, or age, except the expected differences related to age such as living with parents or not, and employment status ($p_s > .10$). Second, my colleagues and I compared women who were 17 or younger with those 18 or older on variables concerned with sociodemographic factors and health, again using independent samples t-tests. Despite the large range of ages (15–26), again only the expected differences depending on age were found, such as living with parents or not, and employment status ($p_s > .10$). Accordingly, my colleagues and I did not consider the group division further. Following this, descriptive statistics were used to answer the research questions including both Group A and Group B. My colleagues and I conducted descriptive analyses of the measures used in the survey with SPSS: sociodemographic factors, health status, and interaction with others.

**Ethical considerations**

The research included in this thesis was conducted in accordance with the Declaration of Helsinki, including fundamental ethical principles of autonomy, doing good, doing no harm, and justice (The World Medical Association, 1964). During the research process, ethical reflections took place to ensure high ethical standards.

First, this research included women younger than 18 years, who are seen as children according to the UN Convention on the Rights of the Child (UN, 1989). However, there is significance in including the voices of young people in research. Article 12 of the UN Convention on the Rights of the Child
asserts children’s right to express their points of view. The interviews allowed the young women to express themselves, and let them talk about their everyday lives and their experiences of the relationship.

Second, the studies only included young women 15 years and older, primarily because this age restriction meant that the young women could participate in MRs without permission from a guardian. In accordance with the Swedish legal rule of research (SFS 2003:460), guardians of children younger than 15 years must give informed consent. This was not an option in our case, due to the young women’s confidentiality in the organization.

Third, every session of data collection was initiated by giving the participants information about the research project and its guiding ethical principles, including the facts that participation was voluntary, that participants could end their participation at any time without explanation, and that their participation was confidential (VR, 2011). After the participants had received the information, they were able to decide whether or not to participate, and my colleagues and I asked them if they were willing to participate in the study.

Fourth, some of the questions included in both the interviews and the questionnaires might be seen as too personal, and as potentially invading the participants’ privacy. For example, there were questions concerning mental health status. The participants could choose not to answer these questions. Moreover, in order for those answering the questionnaire to be certain that their answers were not read by anyone except the researchers, they themselves sealed the reply envelope after the survey was filled out. If the participants were in need of personal contact after the data collection, there were professionals available in the organization for them to contact, and almost all participants had ongoing MRs and were close to the project manager. Mental health problems among some of the protégés were well-known in the small-scale organization, and close contact was kept with all the mentors, contributing to a readiness in the organization to act if necessary.

Fifth, the program manager of the organization made initial contact with the protégés and mentors, inviting them to participate in the study. This was necessary to assure confidentiality of all mentors and protégés in the organization. The information provided alongside the invitation to participate in the study was written by the research group. The program manager was the person who gave information and handed out the paper questionnaire to protégés before matching mentors and protégés. This was the most feasible way to collect the data, but the approach may have been experienced as
intrusive. The mentors and protégés might have felt that they owed a debt to the organization, and agreed to participate only because of this. However, before the interviews were conducted, the voluntary nature of participation was made clear once again. Finally, the collected data were handled with confidentiality. When quotations were used in the results sections, measures were taken to ensure that individual participants remained unidentifiable.

The ethical review board in Uppsala approved the research (reg. no. 2011/212) in accordance with the Act Concerning the Ethical Review of Research Involving Humans (SFS 2003:460).
Main results of the studies

Study I

Enabling relationship formation, development, and closure in a one-year female mentoring program at a non-governmental organization: a mixed-method study.

The aim of Study I was to explore young women’s experience of a CBM mentoring program. A mixed-method approach was used to answer the research questions. The aim of the interviews was to explore and get a deeper understanding of the protégés’ experiences of female MRs. The aim of the survey was to describe the female protégés in terms of two questions: what characterizes the female protégés attracted to the mentoring program in terms of demographic and psychological characteristics? and how does the relationship develop between the protégés and the mentors?

The findings are presented on the basis of a time process from before the start of the relationship until the end of the relationship. Three themes are presented: 1) from first thoughts to relationship, 2) from a formal relationship to an authentic relationship, and 3) an ambivalent closing of the relationship. Categories are presented in italics.

From first thoughts to relationship

Some parts of the following results are based on both quantitative and qualitative data. Categories followed by a are based on both questionnaires and interviews.

The participants represented a variety of young women a. They were between 15 and 26 years old, the majority (87%) were born in Sweden, and 89% had siblings. The majority (87%) attended school, while the rest were employed (7%), unemployed (4%), or on sick leave (2%). Almost 40% of them lived with both their parents, 42% lived with one parent or with two parents in alternation, 10% lived alone, and 10% lived together with someone other than a parent.

Health status varied among the protégés. Although most regarded their health as very good, good, or neither good nor bad, 21% perceived their health to be poor or very poor. Some of them reported non-suicidal self-harm behavior: 10% deliberately harmed themselves with a sharp edge at least once a week, 24% had received pharmacological treatment for a mental health problem, and 35% had felt during the last week that they did not
want to go on living. More than half of the protégés (58%) had experienced feelings of loneliness over the past week. When the protégés needed to talk to someone, they usually talked with a female friend (65%) or their mother (63%). One in ten reported that they did not have anyone to talk to.

The protégés in the interviews were aged between 18 and 24; attended school, were employed, or were on sick leave; and described themselves in words and phrases such as “cheerful”, “considerate”, “kind”, “active”, “analytic”, “positive”, “honest”, “find it easy to laugh”, and “social”. When not in school or work, they spent their time on homework, part-time work, and leisure pursuits such as physical training, personal development, and music.

According to both interviews and questionnaires, despite different kinds of problems and degrees of significance, the protégés felt a need for someone to listen and a need for a person to talk to. The protégés in this study were navigating different complicated and compromising life circumstances that were their reasons for contacting the organization, such as eating disorders, depression, stress and pressure, social anxiety, and loneliness. They had also wanted to talk about things that they did not want their family or friends to know about. The need to talk was still felt among those protégés who had been involved in the traditional health care system before they made contact. In some cases, the need to meet someone had also been expressed by others, not just by the protégés themselves; for example, by a school nurse who suggested that the young women should contact the Girls Zone. The results from the questionnaires and the interviews were in agreement.

Health professionals and websites as important informants. The protégés got information about the organization from professionals such as school nurses or school welfare officers, or the Internet. Most of the young women who became protégés made contact with the organization on their own after finding out the initial information about the program. Again, the results from the interviews corresponded to those from the questionnaires.

When the protégés contacted the organization for the first time, they appreciated a rapid and positive response from the organization, and also appreciated that someone really wanted to listen to them and took their needs seriously. Hence, they gained trust in the organization from the very beginning and they very quickly obtained an introduction to a mentor.
From a formal relationship to an authentic relationship

The findings relating to the formation of the relationship between protégé and mentor are based on interviews related to the development and the formation of relationship.

At the beginning of the MR, feelings of nervousness and ambivalence were present among the protégés. There were barriers to meeting because the protégés felt themselves to be in an abnormal situation. The protégés sometimes had a fear of relaxing, opening up, and talking. However, there was still a willingness to meet. They found that it takes time to foster a connecting relationship, but as the pair grew to know one another better, they felt trust and closeness, and the protégé talked about anything she wanted. The protégés appreciated the undemanding, non-hierarchical relationship on the protégé’s terms. When the dyads met, the protégés got a break from the world outside, with an opportunity to talk about feelings and any problems to be solved. One of the reasons they found it helpful to talk to a mentor was that the mentors and protégés did not previously know one another. The protégés decided for themselves what kinds of information about their lives, and how much, they wanted to reveal to their mentor. The protégés had the feeling of not being judged according to whom they were as people, but only on the basis of the things they chose to share. Their mentors were there, listening, in an authentic relationship. The protégés were treated with respect, and appreciated having someone to talk to. Specifically, the protégés appreciated that their mentor enabled correct decision-making. The mentors were good listeners and came up with good advice.

An ambivalent closing of the relationship

The relationship grew into something more significant than just a conversation between two young women. The protégés described their mentors as knowing them better than their friends. The protégés’ narratives revealed a mutual wish between protégés and mentors to stand by each other’s side in the future. Although both partners were informed at the initiation of the relationship that it would have a fixed term of one year, the narratives showed feelings of abandonment at the closure of the relationship. With the help of their mentors, the protégés had processed a range of different complicated life circumstances, which meant that their experience of the problems at the end of the relationship was less than it had been at the beginning. They accepted themselves, respected themselves, and got to know themselves better, and they became satisfied, motivated, and energetic. A self-
assertiveness process was present. They had obtained tools to help them feel ready to try to manage themselves, and to keep on working to continue feeling quite well. With a positive experience of the mentoring program, the protégés could consider themselves as potential mentors of other young women in the future.

Conclusion
Study I found that mentorships in line with the perspectives of relational-cultural theory could meet the relationship needs expressed by the female protégés.

Study II

Initial motives and organizational context enabling female mentors’ engagement in formal mentoring – a qualitative study from the mentors’ perspective.

The aim of Study II was to explore how formal female MRs can be facilitated and how conditions can be created for these relationships to evolve and become successful, as seen from the female mentor’s perspective. This study was based on interviews. The aim of the interviews was to explore female mentors’ experiences of the MR and thus answer two questions: 1) what are the female volunteers’ motives to become engaged as mentors? and 2) what makes the female volunteers stay in the organization and continue their engagement?

The results are presented on the basis of a time perspective. The first question relates to the time before the female mentors were engaged in the organization, and the second question to the time period when they were acting as mentors in the organization. The interviewees’ motives fell into six categories regarding the first question, and five regarding the second. Since SDT was used to interpret the results, the categories were sorted on the basis of the three psychological needs identified by this theory: autonomy, competence, and relatedness. It should be noted that some of the categories may be considered to relate to more than one of these three needs, but the presentation of the results is based on interpretation and analysis of the interviews made by the authors.

Female volunteers’ motives for becoming engaged as mentors
Results from the interviews are presented below to address the first question. In line with SDT, the results are understood and presented in terms of
the three psychological needs: autonomy, competence, and relatedness. Motives related to all three needs were mentioned by the mentors.

**Autonomy**
Three categories related to autonomy were found. First, motives such as the desire to change and improve for their own benefit were mentioned; these constitute _self-interested reasons_. The engagement could provide significant experience relevant to professional life, or offer an alternative way to achieve their dreams of working with social issues. Second, there were motives related to the benefit of other people: _being a responsible citizen_. Working as a mentor was attractive in itself, because it could improve the situation for others and help alleviate the lack of non-judgmental relationships in society. The mentors felt a responsibility as human beings to influence and improve society. Third, motives related to the benefit of their protégés were mentioned: _empowering women_. The mentoring target of supporting and helping young women was an attractive one. The mentors expressed their knowledge of the vulnerability of young women in society. They felt strong empathy and solidarity with young women, and wanted to change and improve life among this group.

**Competence**
Two categories related to competence were found. The mentors’ own experiences of the teenage years made it an attractive idea to become a mentor for young women, focusing on the young girls’ mental health. They felt a _sense of compassion_. It was important that they had gone through their own teens, because they were able to relate to and recognize themselves in situations described by the protégés. Some mentors had experienced problems themselves, though this was not a prerequisite for the engagement. Both their own positive experiences of support from adults during their teenage years, and experiences of lack of support during the teenage years, were mentioned as reasons to become a mentor.

The mentors’ distance from their teenage years meant that they now felt self-confidence in being a woman. Their own growing up had led to _self-awareness_. The mentors had faith in the method of helping young women by giving them someone older to talk to who understood adolescence, and felt that they would therefore play an important role in the young women’s lives.
Relatedness
One category related to relatedness was found. There was a feeling of dissatisfaction and unused time in the mentors’ lives prior to becoming engaged in mentoring, which constituted a *longing for meaningfulness*. Among other things, the mentors mentioned a heavy focus on performance, money, and material things, both in society and in their professional lives. As a result, they lacked emotional relationships and felt out of touch with reality. The organization’s method of creating interpersonal relationships meant that the mentors had direct responses to their engagement, face-to-face, whether positive or negative. Compared to other charitable actions, such as giving money, engagement as a mentor was of more significance.

The organizational context’s role in sustaining female mentoring relationships
Results from the interviews are presented below to address the second question. The mentors’ narratives included several different aspects of organizational context which were important for them to feel satisfied in the role of a mentor. Five categories related to autonomy, competence, and relatedness are presented.

Autonomy
One category related to autonomy was found. The mentors guided the protégés, and developed and formed their relationships on the basis of the needs and desires of both women. A *win–win relationship* was developed, and they experienced a feeling of having choice despite the restrictions and rules established by the organization. The mentoring role gave them opportunities to reflect on their own situation, leading to personal development. The conversations meant reciprocal exchange. The mentors gained perspective on their lives, learned things about themselves, and experienced a boost to their confidence.

Competence
One category related to competence was found. From the beginning, the mentors felt competent to manage the engagement. The form of the engagement — just being there, listening, with no demands or pressure to perform — made them feel competent, and they described the engagement as simple. They did not have to perform a role, but could just be themselves.

Rules for the relationship were underlined as important. Initially, the mentors were really excited, and wanted to help and save these young
women. However, the organization was aware of the importance of limiting the engagement in order to diminish the risk of the mentors’ becoming over-whelmed. Despite this clarification of responsibilities, the mentors found it difficult to disregard their own feelings of responsibility for the protégés. They experienced a feeling of ambivalence despite clear responsibilities and contributions. They had strong emotional and empathetic relationships with their protégés, and the feeling of being able to save these young women from their situation was still present. A feeling of responsibility for the protégé could lead to ambivalence when the year of mentoring was over and it was time to end the relationship. The mentors were reluctant to “betray” their protégés by saying that they did not want to meet up any more.

Relatedness
Three categories related to relatedness were found. A caring organizational identity was present. Women cared for women, and there was a feeling of relatedness. Mentors were seen and confirmed as fellow women, and they were aware of the importance of their work in the organization. The organization cared for the mentors and the mentors cared for the protégés. Feelings of belonging were highlighted; the mentors never felt alone. This created feelings of safety in cases where the mentor experienced a challenging MR.

The organization was available and present both emotionally and physically, by email or phone. The program managers gave customized support and guidance to the mentors. After each meeting between mentor and protégé, individual tutoring was provided, adapted to each unique relationship. The purpose of this was partly to inform the program manager about the development of the MR, but mainly to guide and encourage mentors who encountered challenges.

Mentors and protégés enjoyed each other’s company, and found the meetings pleasurable and fun. A strong emotional connection arose, almost like a sibling relationship. However, the engagement did not always feel positive and stimulating, but more like a commitment to pursue with feelings of duty and emotional connection. Sometimes the relationships were experienced as challenging and mentally arduous; but even so, the mentors felt a duty to fulfill the engagement for the organization, and they felt responsible for their protégés.
Conclusion
Study II found that female mentors engage when they experience autonomy, relatedness, and competence in accordance with the perspective of self-determination theory (Ryan & Deci, 2000).
Discussion

The overall aim of this thesis was to explore women’s experience of MRs as health promotion from the perspectives of both parties in the female mentoring dyad: the protégé (a young woman in transition from adolescence to adulthood) and her approximately ten-year-older mentor. I have taken a practice-based research approach to both studies included in the thesis.

The literature has at least three important limitations which hinder the effective use of mentoring programs as a health-promoting intervention for young women. First, there is a lack of knowledge about which young people are attracted by MRs. Second, there is a lack of knowledge about the relational process of female mentoring that underlies a close bond between the young person and the older mentor, and how such connections develop in female formal mentoring programs. Third, there is a lack of knowledge regarding female mentors’ motives to engage and to sustain their engagement over time, and how the organization can facilitate this engagement from a mentor perspective.

The main conclusions that can be drawn from this thesis are that formal female mentoring programs seem to have the potential to be a health-promoting intervention of significant importance for both protégés and mentors. A variety of young women, in between the ages of 15-26 years, are attracted to the mentoring program. Regardless of the protégés’ sociodemographics, health status, or interaction with others, MRs could potentially be recommended as an intervention among young women. The relationship seems to have the possibility to develop into an authentic relationship if the two non-kin women meet each other in an engaged and active listening, undemanding, non-hierarchical relationship on the protégé’s terms. Furthermore, older women (i.e. potential mentors aged 24-40) can initiate their own engagement and be satisfied in the MR if their needs for autonomy, competence, and relatedness are satisfied. This thesis also indicates some strategies of importance to organizations which conduct mentoring programs. Support from a program manager must be available and must include guidance, mentors need to feel a sense of belonging to the organization and must be seen and confirmed, and the task needs to be limited in terms of time and responsibility. If all these strategies are there, the chances are good that mentors will be self-determined to fulfill their engagement over time.
**Contribution of the current thesis to the mentoring literature**

In Study I, my colleagues and I explored the characteristics of young women attracted to a formal female MR, as well as the relational process. Several of our findings are in line with previous research; but at the same time, previous research has not taken a holistic approach to the relationship process, as done in this thesis.

Study I adds to the literature in several ways by taking the perspectives of protégés, assessing the characteristics of those young women taking part in the mentoring program, taking a health promotion approach to the relational process, focusing on young women aged 15-26, and looking at the relational process in the context of a theoretical framework – RCT (Jordan, 2001). The most notable contribution of our findings is that both young women “at risk” and young women with no risk conditions were attracted to a MR. The majority of mentoring programs currently offered to young people target young people at risk of undesirable outcomes such as poor school achievements (Herrera et al., 2011), delinquency (Jolliffe & Farrington, 2007), or poor health (DuBois & Silverthorn, 2005). Our findings indicate the potential to broaden the target group of young people to include all young women up to the age of 26 years, and to see MRs as health promotion.

Study I also contributes to the literature in highlighting the importance of engaged and active listening for the mentor-protégé connection. This is in contrast to previous research and standard 4 (matching and initiation) of best practice (Garringer et al., 2015). The mentoring literature suggests that a matching process focused, for example, on the interests of the mentor and protégé, is critically important (Pryce, Kelly, & Guidone, 2013). Moreover, before our study, the formation, development, and closure of female CBM relationships were not yet understood. Previous research had examined the importance of female MRs 1) being characterized by authenticity, empathy, engagement, empowerment, companionship, collaboration, connectedness, mutuality, and trust (Deutsch & Spencer, 2009; Deutsch et al., 2013; Kelly, 2004; Liang, Bogat, et al., 2013; Liang et al., 2002; Varga & Detusch, 2016); 2) including the sense that the protégé is understood, liked, and respected by the mentor (Bogat & Liang, 2005); and 3) involving mutual exchange and a more holistic type of mentoring that also recognizes protégé psychological needs and resources and fosters growth, focusing primarily on the interpersonal relationship (Liang et al., 2008; Liang et al., 2006; Spencer & Liang, 2009). According to our findings, if the initial training of mentors pays attention to the skills needed to connect, these programs can...
help to foster lasting connections between mentors and protégés regardless of the presence of mutual interests.

In Study II, my colleagues and I explored female mentors’ motives to engage and to sustain their engagement over time, and how the organization could facilitate the engagement from a mentor perspective. The findings add to the literature on motivation in mentoring programs. The contribution of Study II is that external rewards not seems to be needed to engage and satisfy women as mentors if the organization can facilitate the mentors’ experience of the three psychological needs identified by SDT: autonomy, competence, and relatedness (Ryan & Deci, 2000). Our results also make the important addition of highlighting the prosocial and civic motivation in the recruitment process, including women’s desire to relate and to increase the welfare of other women. One well-used theory to examine motives among volunteers, including mentors (e.g., Strapp et al., 2014), is the Volunteer Functions Inventory (Clary et al., 1998). This theory argues that programs should take a functional approach to volunteer recruitment. Based on this theory and previous studies, recruitment messages may include motives such as gaining career experience and strengthening social relationships.

Moreover, Study II adds to the literature by taking the perspective of mentors, assessing engagement in the context of a CBM program, and looking at engagement in the context of a theoretical framework — SDT (Ryan & Deci, 2000). Before Study II was conducted, previous research into motivation among CBM mentors had shown that mentors choose to become mentors for a variety of reasons (Gehrke et al., 2006) and that these reasons for becoming a mentor included both self-interested reasons and caring about others (Dowd, Harden, & Beauchamp, 2015; Gehrke et al., 2006; Stukas et al., 2013). The best practice of what to do to satisfy mentors in the engagement was known (Garringer et al., 2015), but the question of how to do this — how to implement this best practice in MRs — was less known.

Overall, the findings in this thesis are important because they advance our understanding of what is meaningful and what matters to these women in relation to mentoring interventions. The question of how to do the things that should be done is more fully understood, and there is greater knowledge about how MRs can be adapted to women’s needs. The findings also extend the view of CBM programs as health promotion, beyond the previous primary focus on them as a treatment (Schwartz & Rhodes, 2016).
The findings related to the theoretical frameworks

Relational-cultural theory
In Study I, RCT was used to extend the view on mentoring, as this perspective includes interdependent and mutual processes (Jordan, 2001). According to the RCT perspective, individuals approach optimal development while participating in relationships characterized by authenticity, relational connection, mutuality, and engagement. RCT conceptualizes healthy functioning as a product of participation in relationships which involve authentic connection with others, rather than the traditional view that the challenges of development should be met on an individual level. The findings in Study I were in accordance with RCT. The heterogeneity of the young women indicated that there seemed to be an unmet need for mutual engaged, authentic, and empathic relationships among the protégés in their daily lives, which RCT considers important. There was a powerful force behind the movement toward connection, given that most of them sought out the mentoring program themselves. Moreover, four major growth-fostering characteristics have been identified by RCT theorists (Comstock et al., 2008; Jordan, 2001), all of which can be seen in the findings in Study I based on the protégés’ narratives. The first of these is mutual engagement. From the protégé perspective, a MR as described in this thesis consisted of a dyad engaging in a process in which the mentor was involved; that is, a mutual empathic relationship was established. The second characteristic is authenticity. The protégés expressed that they felt free to be genuine and tell their mentors exactly what they wanted to. The mentors, in turn, listened to the protégés and let them talk about whatever they were thinking and feeling. The third characteristic is empowerment. The protégés experienced feelings of being personally strengthened and encouraged. The final growth-fostering characteristic is the ability to deal with differences and conflict. The MR was non-hierarchical, and the two women in the dyad met each other without any pre-information about each other, meaning that differences in background were not in focus in the matching process. Rather, the age difference between the two in the dyad was of importance, indicating an acceptance of difference in the MR.

Self-determination theory
In Study II, SDT (Ryan & Deci, 2000) was used to extend the view and understanding of mentors’ motives. According to the interpretation of the
findings, mentors’ initial motives and ongoing engagement could be understood according to SDT and the psychological needs for autonomy, competence, and relatedness. The mentors’ engagement was motivated by self-interested reasons, by caring about others, by feeling a need to pass on their life experience to younger women, and by a lack of emotional relationships. The mentors described initial motives including compassion for young women, related to the mentors’ own life experiences as women during the teenage years. The fact that mentors and protégés were relatively close in age may have affected these feelings among mentors. The findings showed that the mentors had had the same experiences as the protégés during their own transition to adulthood. Although mentors were invited to engage without demands for any specific education or profession, one of the motives they mentioned was competence, such as their own experiences of problems during growing up including loneliness, confusion and lack of support. This suggests that the ten-year difference within each dyad is significant for mentors to remember their own experiences and feel empathy for their protégés.

Usually, when volunteers engage in an organization they are able to influence which tasks they perform, which can result in their experiencing choice and volition of their own actions; in SDT terms, they experience autonomy (Deci & Ryan, 2000). In contrast, as a mentor, there is a clear task to perform. However, our findings in Study II show that the mentors were self-determined and satisfied as mentors, despite the rules they had to follow. Structures and rules created the prerequisites allowing mentors and protégés to focus on the relational process and on establishing trustful relationships out of their own specific needs. Even though mentors focus on their protégés, this apparently generated a win-win reciprocity in the MR.

The clarification of responsibilities and contributions seemingly allowed the mentors to feel that engagement in a MR was usually a simple task. In terms of SDT, they felt competent to continue the engagement. From the perspective of SDT (Deci & Ryan, 2000), relatedness refers to the desire to feel connected to others; to love and care, and to be loved and cared for. A sense of belonging, both to the protégés and to the organization, was clear in the findings. The engagement involved relatedness both to the organization (they were cared for) and to the protégés (they cared). This could be seen as health promotion for the mentors. A key component is also that the program managers care about the mentors. The Girls Zone organization was aware of the importance of quality rather than quantity. For instance, each program manager had the responsibility for a limited volume of MRs,
including regular support to mentors, in order to establish quality in the mentoring program. According to previous research, this caring approach in the organization, such as high mentor support, may result in mentors spending more time with their protégés (Herrera et al., 2000) and may generate fewer emotional and behavioral problems among protégé (Erdem et al., 2016). The findings in this current thesis support the previous finding.

The findings suggest that female mentors engage because of pleasure, not pressure. According to SDT (Deci & Ryan, 2000), this indicates that the mentors are intrinsically motivated; that is, they find the activity inherently interesting and rewarding. The mentors engaged because the activity was in itself a source of satisfaction and enjoyment; as stated by one mentor, “I really enjoy just seeing her.” Moreover, according to SDT, acting autonomously has been consistently shown to be associated with psychological health and effective performance (Deci & Ryan, 2000).

Mentors’ motives to engage as CBM mentors included satisfaction of the needs of autonomy, competence, and relatedness, such as self-interested motives and compassion for other women. These motives are similar to those found in previous research examining motives among female mentors engaged in SBM programs (Caldarella et al., 2010; Strapp et al., 2014). This indicates that despite the many differences in the characteristics of CBM and SBM, mentors may be motivated by similar reasons.

Positive youth development
The findings of this thesis can also be discussed in terms of PYD (Lerner et al., 2005). There is some research evidence supporting a role of indicators of PYD as a mechanism of change linking MRs to reduced susceptibility to emotional and behavioral difficulties. The findings in Study I indicate supports to the “Five Cs” of PYD. The MR seemed to strengthen the PYD among the young women. A self-assertiveness process were seen in the findings in the closure of the MRs. The young women were strengthened as individuals. This is in line with a previous study (Erdem et al., 2016), which suggested that MRs can function as a resource that enhances indices of PYD in ways that in turn alleviate risk behaviors and emotional symptoms among young people.

Moreover, in previous research Lerner et al., (2005) found an empirical support for the theoretically specified relationship between PYD and the Five Cs as well as a sixth “C”: contribution. Contribution indicates a desire for (or commitment to) giving back to the world around oneself, and de-
scribes the amount of participation in activities that reflect active engagement with this world. These activities include volunteering in the community, and mentoring and tutoring other people. Our findings correspond to the results of Lerner et al., (2005). First, the sustained MR provided the protégés with skill-building opportunities which seem to conform to the Five Cs of PYD. The protégés also expressed that they could consider themselves as potential mentors of other young women in the future, which indicates the development of contribution. This provides both an endorsement of mentoring and a powerful proof point that the protégés were strengthened to contribute to the world around them. Moreover, the female mentors can be seen as contributors to society.

**People-centered health promotion**

The complementary view of the sixth “C” in PYD, contribution, is also seen in the people-centered approach to health promotion. The importance of carrying out activities which involve local citizens is emphasized by the term “people-centered health promotion”, or PCHP (Raeburn & Rootman, 1998). In this approach, the importance of community participation is highlighted. Our findings are in line with this goal. The mentors were revealed as “doers” of health promotion, showing a prosocial approach and an active engagement to go out and engage in PCHP. PCHP (Raeburn & Rootman, 1998) thus lies at the heart of this mentoring program.

The aim of health promotion is to strengthen people in increasing control over their own health (WHO, 1986). Our findings point to the power and possibilities of CBM programs to be an organized voluntary engagement and people-centered intervention, both from the perspective of the mentor and from that of the protégé. The Girls Zone organization seem to enable voluntary mentors to engage and increase control over their own health. It is widely believed that helping others, such as being a mentor, is as beneficial for the giver as it is for the recipient (Wilson, 2012). Those who do volunteer work have the potential to feel more “empowered” (e.g., self-efficacy) as a result and volunteering may benefit mental health (Jenkinson et al., 2013). The findings in the current thesis support these previous findings. Mentors were satisfied in their voluntary engagement, both initially and over time. Thus, it is likely that the female mentoring program studied in this thesis generates a win-win situation for the two women in the dyad and the mentoring program could be seen as health promotion for both parties.
The importance of an authentic relationship among young women

Previous research has firmly established the importance of significant adults during the developmental process to ensure a healthy development (Lerner, Dowling, & Anderson, 2003). This was also found in Study I, among the protégés. They initiated the contact with the organization on their own, they emphasized the importance of connection during the ongoing relationship, and they expressed feelings of abandonment at the closure of the one-year MR as well as the desire for more connection and the wish to keep on meeting each other after the formal closure of the MR. This corresponds to previous research which suggests that women are more satisfied in long-term MRs (Rhodes et al., 2008) and that young women find authentic relationships with other women to be beneficial (Impett, Sorsoli, Schooler, Henson, & Tolman, 2008; Miller & Stiver, 1997).

Previous research has suggested the importance of the psychosocial mentoring model, especially for women (Bogat & Liang, 2005), in allowing them to recognize their psychological needs and resources and in fostering their growth (Liang et al., 2008; Liang et al., 2006; Liang et al., 2002; Marshall, Lawrence, & Peugh, 2013; Spencer & Liang, 2009). This was also emphasized in the current findings, indicating that relational qualities in the mentoring, including empathy, authenticity, connection, and emotional support in a safe place, strongly influenced the success of this intervention among young women. The protégés also appreciated the possibility to get advice. This indicates the importance of a relationship with elements of instrumental mentoring, which has previously been suggested as a complement to psychosocial mentoring (Liang et al., 2002).

On the other hand, this is a perspective of women in need of relationships. It is important to bear in mind that all young women are not the same. There are likely young women in need of more instrumental mentoring, focusing on (skill-building) activities rather than on socioemotionally-oriented relationships. Moreover, it is important to highlight that all young women do not experience a bumpy road from adolescence to adulthood. Although this thesis has the point of departure in the growing mental health problems among young women the last years, the majority (88 %) of young women in Sweden report good health (Statistics Sweden, 2016).
 Values and obstacles in female CBM programs as a health promotion intervention

Within public health, which is the discipline of the current thesis, the focus is on establishing knowledge in creating societal conditions for good health for the whole population (Prop. 2002/03:35; The Swedish Government, 2015). Public Health Objective 3 deals with safe and good living conditions for young people. This public health goal is crucial for children’s and young people’s health as well as public health in the long term. Accordingly, the increase in mental health problems among young women reported by several recent national surveys and studies (Andréasson et al., 2016; National Institute of Public Health, 2011; Patton et al., 2014; Patton et al., 2016; Salmi et al., 2013) needs to be conquered, and the negative tide needs to be turned. To eliminate inequalities in health status among young women health-promotive interventions targeting this group need to be developed. These interventions must be sensitive to both age and gender (Anttila et al., 2010). CBM programs offered to young people today seem to be more adapted to the needs of young men than to those of young women, based on the fact that significantly more young women than young men experience an early closure of their MR (DeWit, DuBois, Erdem, Larose, Lipman, et al., 2016). The findings in this thesis can help generate an overall understanding of how mentoring programs can be designed and developed to be especially adapted to the needs of young women. Because the current research is practice-based, it is useful to discuss the findings in relation to values and obstacles found in CBM programs.

A CBM program targeting young women without inclusion criteria may be problematic. The protégés in Study I generally reported milder mental health problems, but severe mental health problems were also seen. As the mentors were not professional therapists, but rather fellow human beings introduced to a MR with a two-day initial training program, this issue is a complicated one. This must also be considered in light of the finding in Study II indicating that mentors might be motivated by romanticized ideas about saving these young women and changing their lives for the better.

First, symptoms such as suicide attempts, self-harm behavior, and severe depression need professional treatment. However, previous research has found that among those with therapeutic needs, mentoring may serve as a complement to therapeutic interventions (Liang, Spencer, et al., 2013) and be a significant support in contacting professional health care. As young people perceive barriers to mental health help-seeking (Gulliver, Griffiths,
& Christensen, 2010), mentoring can be a step on the way to obtaining professional help. A protégé can share her problems and thoughts with her mentor, and see the response. Are the thoughts and behaviors normal or not? A mentoring program can give young women the strength to open up, not only to their mentor, but also to other adults in their lives (Rhodes, 2005). They can find trust among adults. However, distrust can also appear. If a protégé reveals severe mental health problems, there must be feedback from the mentor to the program manager, and there must be a readiness in the organization to act if necessary.

Second, if a mentor takes a therapeutic role then there might be a risk of harm to both mentor and protégé. The mentor may become burned out and emotionally drained, feeling a personal responsibility for the protégé. For the protégé, there is an increasing risk of serious mental illness, which may even lead to suicide. CBM organizations can recommend that the protégé contacts professionals, but there is no surety that this will happen. Rather, the protégé might feel disappointed and betrayed by the adults. Mentoring organizations do not have direct control of what is happening in the relationship; they can only indirectly from the mentor’s or protégé’s feedback. Hence, there may be a risk that mentors expose protégés to harm, including sexual abuse. Therefore, a close and trusting connection between both the program manager and the mentor and the program manager and the protégé is imperative. This mutual trust can be seen in the Girls Zone organization, however there is no guarantee that the MR cause no harm.

In sum, CBM programs can create a complex situation for mentoring organizations offering health promotion interventions with mentors acting as fellow human beings. These organizations must develop a trustful connection with their mentors, to diminish the risk of harm both to mentors and to protégés.

**CBM versus traditional health care services**

The findings in Study I indicate that a mentoring program is better able to meet the needs of protégés than the support and help that traditional health care has to offer. An unexpected finding was that some protégés were recruited to the mentoring program through the recommendation of school nurses. In Sweden, school nurses are health care professionals who are available to meet pupils in the school setting. This leads to the question: why cannot school nurses help these young women? Previous research (Larsson, Sundler, & Ekebergh, 2012) has highlighted the problems associated with using the Health and Lifestyle Questionnaire, a tool used by school nurses
to examine risk factors among young people (National Board of Health and Welfare, 2004). If this questionnaire is the basis for a meeting between a school nurse and a young woman, there is a risk that the dialogue will be unidirectional, and that the authentic relationship desired by young women (Kelly, 2004; Liang et al., 2002) will not be able to develop. Furthermore, the traditional model of therapy suggests a role for a non-expressive detached therapist, trained to distance themselves from any strong feelings of their own. This is not in accordance with the findings of our study, previous research (Liang et al., 2006; Liang et al., 2002; Spencer & Liang, 2009), or relational-cultural theory (Jordan, 2000). Rather, young women want an authentic relationship with deep respect and mutuality. Previous research has shown that young people are clear about wanting to know their school nurse and to create continuity (Johansson & Ehnfors, 2006).

As a consequence of the stress and pressure experienced by the protégés, one of the highlighted advantages of the mentoring program, from the perspective of the protégés, was the undemanding and non-judgmental relationship based on the needs of the young women. One factor of importance in this finding may be the lack of information provided to each member of the dyad about the other before the first meeting. This meant that the initial meeting between mentor and protégé was non-hierarchical, because the only things they knew about each other were name and age. Thus, the protégés decided for themselves what kind of information about their lives, and how much, they wanted to reveal to their mentor. The protégés had feelings of not being judged according to whom they were as people. This approach is in contrast to traditional health care services, such as meeting with a school nurse, where the professional person has pre-information about the young person and information about the meeting and the young person’s health status is documented and saved.

The finding about the importance of an undemanding and non-judgmental relationship points to the need for undemanding relationships where young women can be just the way they are, without pressure, and without anyone pushing them to reach a goal — a break from what is the norm in other aspects of life. This suggests that CBM programs are much more applicable to young women than SBM programs. In SBM programs the major focus is on improvement achievement in school (Herrera et al., 2000), generating a pressure to perform. There seems to be a desire among young women to be met as unique people, with the other individual in the dyad showing a wish and interest in them; an authentic relationship.
The role of NGOs in health promotion

The significant role of NGOs in improving the mental health of the population has been emphasized by several authorities including the WHO (2001) and the Swedish government (2012). The WHO suggests that NGOs should be much more proactive, with better defined roles, and be encouraged to give more support to local initiatives. According to the current findings, from both the mentor’s and protégé’s perspectives, CBM organizations can be seen as actors that comply with the WHO recommendations; they have knowledge about and understanding of the needs among the target group. Another advantage of NGOs as actors is the availability of services offered (Green et al., 2014; Lundström & Svedberg, 2003). In this thesis we found that the protégés appreciated the rapid and positive response from the program manager, sometimes within 10 minutes by e-mail. However, this may be complicated by the ideology of an NGO, which is the main component of its existence (Wijkström, 2012). Ideology may be a stronger factor in the NGO’s actions than the best implications for practice from research. This must be considered when NGOs are involved in efforts to improve the population’s mental health.

From the perspective of protégés, the voluntary engagement, with no incentives being provided to the mentors, was an important factor in developing an authentic MR. This finding is in accordance with previous research (Rickwood, Dean, Wilson, & Ciarocchi, 2005). Young people seem to be more likely to develop trust in and open up to informal significant adults than to professionals, because they are aware that professionals work with them in a paid capacity and may share information with others, such as guardians. The protégés’ narratives described a dissatisfaction with guardian involvement in health care services, and with the fact that private information was disclosed to the guardians. In most CBM programs, guardians are seen as important, and among other types of involvement they agree to and sign for their child’s participation in the mentoring program (Spencer, Collins, Ward, & Smashnaya, 2010; Taylor & Porcellini, 2013). Moreover, mentors and guardians often share information about the protégé. Conversely, the CBM program explored in this thesis has no guardian involvement, meaning that young women may participate without their guardians’ knowledge; and above all, no information at all is disclosed to guardians or to other professionals. From the perspective of the young women, this aspect was appreciated and gave added value to NGOs as an actor. On the other hand, guardians are responsible for their children up to the age of 18 years, and have the right to information regarding their children (SFS
However, governmental organizations and NGOs do not have to obey the same rules and legislation. Within child and adolescent psychiatric care, there is a principle that guardians will be informed when their child is in care, but when it comes to the CBM program in this thesis, many young people ask for help without their guardians’ knowledge (Forsbeck Olsson, Liljeberg, Lindevall, & Söderqvist, 2015). This points to the possibility that CBM programs can be young-women-centered.

### Pro-active young women and mentors

One interesting finding was that most of the protégés made contact with the organization on their own after finding out the initial information about the organization on the Internet. In mental health care services for young people, a substantial gap between efficacy and day-to-day practice can be seen, partly because the help is offered in a setting that fails to engage the young person (Patel et al., 2007; Patton et al., 2016). However, a different situation could be seen in this thesis, among both protégés and mentors. They both sought out the engagement with the organization, and the protégés showed pro-active self-care in doing this.

Reasons for mentors and protégés to seek contact with a mentoring organization might include a strong desire or readiness for change, independent of external factors. The protégés’ narratives described situations of being tired of being sad, and a wish to get into another life condition and find a way back to themselves. These young women were speaking up and asking for help, which can be seen as a sign of personal strength or agency. The mentors expressed motives and a readiness for change for their own benefit, but also to improve life among this group of young women. These motives are in accordance with the findings in previous research on female mentors engaged with youth at risk in CBM programs (Dowd et al., 2015; Gehrke et al., 2006; Stukas et al., 2013). Hence, female volunteer mentors seem to report similar motives regardless of different characteristics of the protégés. According to Dewit et al., (2016) the strong desire to join is an important predictor of an MR’s sustainability. Sustainability was a key characteristic of the MRs studied in this thesis.

### What role should mentoring have in public health in Sweden for young women?

Governmental organizations and traditional health care services (e.g., individual psychotherapy) have benefits in treating young people with severe...
mental diseases. However, they are associated with significant costs and high resources in terms of personnel, require substantial commitment on the part of guardians and caregivers, and are often restricted by professional boundaries (e.g., minimal flexibility of time and development of longer-term relationships between adult service providers and young people as service consumers) (National Board of Health and Welfare, 2009). Thus, mental health services for young women with milder mental health problems, including loneliness, stress and pressure, and diminished sense of well-being — all problems reported among the normal group of women of this age in Sweden (Statistics Sweden, 2014; Wiklund et al., 2012) — need support to be provided in alternative settings. These problems might be seen as irrelevant or too minor to require attention and treatment from the ordinary health care services, even if the young women experience these problems as strenuous and want to change their own situation. Individuals with experience of these mental health problems cannot be ignored, because of the increasing risk of related health and development concerns into adulthood (Patton et al., 2014). This highlights the importance of complementary health and social services.

On one hand, programs offered by NGOs are cost-effective, due to factors such as the use of volunteers (Green et al., 2014). Although there are indications of a good cost-benefit ratio for this type of intervention (Moodie & Fisher, 2009). Analysis of the Big Brother Big Sister mentoring program, targeting seriously disadvantaged youth aged 10–14, suggests that mentoring represents very good value for money in that it offers the potential to provide long-term cost savings of much greater value than the costs of delivering the program. On the other hand, it is difficult to measure a single organization’s possible contributions to an overall societal change because of the generally indirect nature of the organizational impact (Gavelin, Kassman, & Engel, 2010). NGOs offer services at the individual level, such as mentoring programs for young women, which at their best bring profits at the community level; for example, a diminishing of costs in social welfare. The findings from Study II, indicate that one-to-one mentoring seems to require substantial resources including regular feedback and individual support every second week to satisfy the mentors as well as the protégés. Individual mentoring programs seem to be an intervention in need of resources to allow the development of authentic relationships corresponding to the needs of young women.

Clearly, no one mentoring program will turn the tide of mental health problems among young women. Not all young women have the same needs
to talk to a non-kin older woman in the context of an authentic relationship. Young women may have other needs to fulfill on their paths to a healthy, productive adulthood. Moreover, it is impossible to offer all young women a formal mentor as a public health intervention. Increased well-being among young women will be the cumulative effect of many different types of initiatives that will ultimately lead to the better future we all want for young women.

This thesis has explored the experiences of both members of the dyad, resulting in important insights. The two studies included here are examples of cooperation between researchers and practitioners; that is, practice-based research, which has the potential to result in evidence-based practice (Green, 2008). This practice-based approach, heavily based on qualitative data, generated knowledge about the meaning of this mentoring intervention to the protégés and mentors. A cross-sectional design with a practice-based research approach was considered the most feasible way to answer the research questions. In public-health research, several different studies need to be designed and evidence-based practice needs to draw on a broader range of research and evaluation methodologies than just randomized controlled trials (Schäfer Elinder & Kwak, 2014). The findings in this thesis add to the mentoring literature, but further research is needed. Although NGOs are known for their good cost-benefit ratio (Green et al., 2014), future cost-benefit analyses of CBM can provide an accurate assessment of their value. Moreover, the majority of previous research, having been conducted in the United States, may not be transferrable to the Swedish context. More research into the outcomes of MRs involving young people are needed in the Swedish context. However, given the findings from the two studies included in this thesis added the complex situation for young people trying to get customized help from traditional health care services (SALAR, 2009), CBM programs have the potential to work as health promotion.

What role then, should CBM programs have in public health practice? In the mentoring literature, mentoring programs are suggested as a complement to traditional health care services (Kerr & King, 2013). This is relevant to the findings from the two studies included in this thesis. The young female protégés described several factors related to mistrust of and dissatisfaction with health care services, including guardian involvement. Some of them were recruited to the mentoring program through the recommendation of a school nurse. Most mental health problems among young women are related to age, as normal reactions to a stressful life situation such as the transition from adolescence to adulthood (Bremberg & Dalman, 2015), and
so it is possible that most young women are not in need of professional help and treatment.

CBM programs as a health-promoting intervention may boost treatment utilization and effectiveness in traditional health care services. Mentors cannot compensate for therapists, but provide certain services and a flexibility that traditional health service providers (e.g., school nurses, social workers, counselors) cannot. For example, our findings show that a mentoring program offered by a NGO allows easier access to services, and mentors and protégés are encouraged to develop long-term authentic relationships with support from the mentoring organization over one year. Within the public health perspective, given the need to reach equity in health (The Swedish Government, 2015), mentoring may be a solid option as an alternative or complementary public health intervention targeting young women. The MR can function as a step on the way to feeling better and finding a significant person to disclose to during the transition from adolescence to adulthood, when young women struggle with ordinary developmental tasks and experience outcomes including reduced well-being and feelings of loneliness. This thesis also suggests that it is possible to recruit and satisfy female volunteers as mentors, provided that their needs for relatedness, competence, and autonomy are met.

Methodological limitations and strengths
This thesis has some limitations. One is the rather low number of participants in the studies, particularly the qualitative part of Study I. The program manager sent e-mails to mentors and protégés who had experience of a mentoring relationship, inviting them to participate in the study and providing them with information written by the researchers. This means that we cannot be sure that all eligible mentors and protégés received the invitation. Hence, it is not certain that all the variations among these young women were included in the study. It is also possible that those who chose not to participate in the interviews had different opinions than the five who did participate in Study I. This is also of note regarding Study II and the mentors’ narratives. However, some findings from the interviews in Study I were validated against, and found to correspond with, the data from the questionnaires.

This thesis is based on a group of participants involved in a small-scale organization and it includes data from young women and volunteer mentors who for the most part sought out the organization themselves and who
stayed in the organization for at least a year. Consequently, the current findings might be limited by a selection effect. The fact that most of them were pro-active may in itself be health promotion. This must be considered concerning the issue of to what extent the findings are transferable to other female CBM programs.

Second, the findings are based on self-reported and cross-sectional data, which means that no causal relationship can be determined. Although we see correlations between our findings and the MRs, we cannot be sure that it is the MR that causes the experiences. For example, in Study I, the protégés’ expressions and experiences of the mentoring programs as a self-assertiveness process, as well as their being strengthened as individuals, might be related to something else in their lives. Previous research indicates that self-esteem is a dynamic construct which decreases from age 12 to about age 17 but then increases in early adulthood (Baldwin & Hoffmann, 2002). Thus, the self-assertiveness process might be related to increasing age. Future studies should conduct longitudinal analyses with multiple time points to examine this.

Third, the program manager of the organization made initial contact with the protégés and mentors in order to invite them to participate in the study. This was necessary to assure confidentiality of all mentors and protégés in the organization. Moreover, the program manager was the person who gave the information and handed out the paper questionnaire to protégés before matching mentors and protégés. This was the most feasible way to collect the data. Altogether, the considerable help from the organization in acquiring the data might have meant that the participants held back from criticizing the organization and the mentoring program.

Despite these limitations, the findings from the thesis have several important strengths. First, the voices of young women as protégés and mentors have been heard, and they have had the possibility to express their experiences of this engagement. Second, this study used a well-established organization as an educational example and as a practice example from which much can be learned. This means that the findings have high credibility. Moreover, the organization had the possibility to react to our findings and provide regular feedback, further strengthening the credibility. Third, the information in Study I was based on individual interviews combined with self-report questionnaires. A triangulation in methods is beneficial for health research, as it increases the trustworthiness and validity of research findings, and is recommended by researchers in the social and behavioral sciences (Padgett, 2012; Skoog, 2013; Teddlie & Tashakkori, 2009). The
triangulation strategy provided a rich and holistic understanding of the specific situations of the protégés and mentors and allowed us to study the variation and context (Plano Clark & Ivankova, 2016). Moreover, as a result, my colleagues and I handled the limitations of the two methods at the same time, since the quantitative and qualitative methods overlapped in their intent (Padgett, 2012; Skoog, 2013). The mixed-method approach also allowed protégés to participate in the survey even if they did not want to be interviewed. Participating in an interview may cause feelings of disclosure, in comparison to answering survey questions. Fourth, the perspectives of both member of the dyad were explored, generating an overall understanding of how mentoring programs can be designed and developed to be especially adapted to the needs of women. The mentors and protégés confirmed each other’s statements about a mentoring program well-suited to both parties.

Fifth, the two theoretical perspectives used to understand this study, RCT (Jordan, 2001) and SDT (Ryan & Deci, 2000), were suitable tools for analyzing and discussing the findings. Both theories gave insight into the mentors’ and protégés’ experiences of the MR. Finally, all participants had the experience which was the focus of the studies; that is, they were all in ongoing MRs. This was considered to be an important factor in the research, allowing the participants to answer the questions with the experience in mind. The participants also varied in terms of several characteristics, including degree of experience in mentoring, age, and employment. This is in line with the requirements of qualitative content analysis, in which one would choose participants with various experiences to increase the possibility of shedding light on the research question from a variety of aspects (Graneheim & Lundman, 2004).

One advantage of a qualitative analysis is that it provides space for interpretations (Graneheim & Lundman, 2004). However, these interpretations and the resulting understanding of reality are dependent on subjective interpretation. This is closely linked to how the scientist themselves looks at things. My interpretation of the results may have been influenced by my several years of contact with the Girls Zone. As a researcher, I have been the instrument of both data collection and data interpretation, which is seen as personal bias (Patton, 2015). However, this was kept in mind during the analytical process, and several steps were included in the research process to ensure trustworthiness. In qualitative research, the concepts of credibility, dependability, and transferability are often used to describe trustworthiness (Graneheim & Lundman, 2004). In the two studies included in this
thesis, trustworthiness was ensured by including a brief description of the sample and the analytical process, by conducting a debriefing session with the organization’s program manager in which the findings were presented and found to be in line with the manager’s own experience, and by peer examination; that is, a discussion of the process and findings with impartial colleagues. Moreover, quotations from the interviews were used to show the relevance of the categories.

**Implications for practice**

The results of this thesis have several practical implications. The findings in Study I suggest that mentoring training and tutorials need to teach the mentor to listen actively, show respect, and focus on that which gives the protégé strength, hope, and desire. This must be fulfilled with a feeling of empathy, engagement, and authenticity from the mentor in a non-hierarchical relationship. Moreover, this can be adapted and used in day-to-day practice and in health promotion interventions where girls and women create authentic relationships with older individuals, such as in schools, traditional health care, and youth recreation centers.

Organizations also need to create the preconditions for female face-to-face relationships to be realized. If this happens, and if the relationship is offered the conditions to grow over a year with help of preparatory education of the mentor, clear frames and rules for the relationship, and regular supervision of the mentor, good conditions are created to develop a relationship that can continue even without the organization’s involvement after the year of implementation. The mutual wish among mentors and protégés to continue meeting after the one-year stipulated MR raises the question of whether they should be encouraged to do this. Although the findings indicate that formal female mentoring programs have the potential to be beneficial in the lives of both mentor and protégé, the findings of Study II show that MRs need a supporting organization if they are to develop into authentic relationships and satisfy the mentors. The Girls Zone organization is small-scale, in order to maintain high quality in terms of providing individually tailored support and guidance to the mentors during the entire engagement. This was significant for the mentors’ satisfaction. During the one-year MR, the mentors received guidance and support to carry on. The position of program manager is therefore of great importance to support, guide, and satisfy the mentors. Despite the initial training and clarification of the mentor’s role and expectations of the mentor, our findings indicate that the mentors’ wish to save their protégés was still present during the
ongoing MRs. To reduce the mentors’ risk of becoming burned out and emotionally drained, the organization needs to repeat the expectations over and over again. In addition, if the mentor and the protégé decide to continue meeting after the one-year stipulated relationship, which was a mutual wish seen in Study I, this may cause a burden to the mentor due to feelings of personal responsibility to the protégé. Hence, this must be discussed before the dyad make a decision about their future relationship.

The implications from Study II can be presented as four different recommendations. First, in order to recruit female mentors, the recruitment messages must include both self-interested motives and compassion for other women. As an example, the recruitment message may include the term “Big Sister” instead of “mentor”. Sisterhood as a concept involving a Little Sister and a Big Sister, which are the terms used by the organization to describe the mentoring program, can be a significant component in initiating and fostering sustained and satisfactory MRs. Given the finding that women engage out of a compassion for other women, it seems worthwhile to include this in the recruitment message. The importance of being a positive role-model to younger women may be included and delivered in the term “Big Sister”. Using this terminology could help arouse feelings of compassion for the protégés. The word “mentor” might be associated with different roles and meanings, such as a teacher in school or a career mentor focused on helping people find success in study and work.

Second, mentors must know how to access the support that is available, and this support must include guidance. Regular contact with the program manager after every meeting with the protégé seems to be important, as it generates a feeling of safety among mentors. Moreover, it gives the organization more control, as monitoring the MR can diminish the risk of harm to both mentors and protégés. Mentors need to be supported individually, on the basis of their needs, with a positive, guiding, and non-blaming approach. They also need to know how to contact the program manager, preferably the same person each time. If challenges arise with the protégé, the mentor needs to feel safe in handing over the situation to the organization. Organizations must develop a trustful connection with their mentors.

Third, mentors need to feel included in the organization. The organization must communicate with the mentors and make it clear that they are not alone, but rather part of an organization in which everyone is enthusiastically working towards the same goal. Moreover, all the work that mentors do must be acknowledged. Mentors must be seen and confirmed. They
engage without external rewards, and so confirmation that they are doing a significant job for the protégé is especially appreciated.

Finally, the mission needs to be limited in terms of time and responsibility. In previous research, especially among young women, relationship intensity in terms of, for example, the frequency and consistency of mentor–protégé contact and the overall duration of relationships, has been highlighted as important in achieving the most positive effects (Grossman & Rhodes, 2002). Moreover, mentor and protégé are often encouraged to meet and talk to each other regularly. In contrast to other CBM programs (e.g., Spencer & Liang, 2009), the Girls Zone restricts the frequency of meetings and contact, and recommends that the dyads meet every two weeks for about one and a half hours each time, over one year. Except for these meetings, no contact is allowed. Despite this restriction, authentic relationships were developed. This indicates that to satisfy the protégés, the relationship intensity does not need to be more frequent than about twice a month. This is especially interesting given that lack of time has been reported as one common barrier to having a good relationship with one’s protégé (Martin & Sifers, 2012). Engaging for around four hours a month as a mentor, as recommended by the Girls Zone, was experienced as a manageable commitment.

The organization should be particularly aware of the mentors’ initial enthusiasm and willingness to do good for their protégés. Clarification of rules and expectations is important at the beginning of the engagement, but it is also important to repeat this clarification during the mentor’s engagement. To reduce the mentors’ risk of becoming burned out and emotionally drained, the organization can limit the mission. From the beginning, the organization needs to communicate the expected length of commitment in a MR. The engagement needs to be limited to one relationship at a time, and limits can also be placed on contact between mentor and protégé outside the regular meetings. It is also important to communicate that the mentors are not professionals, but simply fellow human beings volunteering to do this for no compensation; and they need to be respected just the way they are. Furthermore, related to the voluntary engagement, organizations need to communicate that the mentors do not have sole personal responsibility for the protégés, but rather that this is the organization’s responsibility.
Future research directions

During the writing of this thesis, several interesting areas for future research emerged. The mentoring organization used in this thesis to study the reality of practice matched mentor and protégé only with regard to age, in contrast to other CBM programs which consider factors such as interests and ethnicity. This raises the question of what role the age difference between mentor and protégée plays in developing an authentic MR. MRs are characterized by older mentors with more experience than the protégé (DuBois et al., 2011), but we do not know the importance of the age difference between mentor and protégé. Is age difference a factor worth considering in the matching process? Moreover, this thesis points to the importance of the program manager in satisfying the mentors and retaining them over time. What kind of role does this person play, and what are they doing to maintain satisfaction among protégés and mentors? This information will be valuable for mentoring organizations aiming to facilitate high-quality MRs.

The present results also suggest that NGOs have the potential to be suitable actors for delivering CBM programs, consistent with both the mentor and the protégé perspective. The composition and form of Swedish NGOs differ in comparison to many other countries (Lundström & Svedberg, 2003). Thus, there is a need for more research in the Swedish context, with evidence-based practice including NGOs as actors. This may be done with randomized controlled trials or using a quasi-experimental longitudinal design to examine the outcomes of MRs among young women, young men, and mentors.
Conclusions

- Psychosocial mentoring is important for young women, but elements of instrumental mentoring must also be included to target the needs and preferences of various sub-groups of young women.
- A mentoring program which partners young women with an approximately ten-year-older non-kin female mentors has the potential to be health-promoting from the perspective of both members of the dyad.
- From the perspective of female mentors, if they are to be satisfied then there must be an organizational context where they can feel relatedness, competence, and autonomy.
- Mentoring programs run by NGOs can act as a complement to services provided by governmental organizations, such as the health care provided by hospitals, social services, and schools.
- This thesis provides knowledge of how we can facilitate formal female MRs and create conditions for these relationships to evolve and become successful, as seen from the perspective of both members of the dyad: the young female protégé and her female mentor. The question of how to do it is now better understood, as is the fact that young women can be attracted to a formal female MR regardless of sociodemographics, health status, and interaction with others.
Sammanfattning på svenska


Det övergripande syftet med denna vetenskapliga uppsats var att undersöka kvinnors erfarenheter av mentorskapsrelationer som hälsofrämjande intervention utifrån båda parters perspektiv i relationen: den unga kvinnan, i utvecklingsperioden från tonåren till vuxenlivet (adpt), och hennes cirka tio år äldre kvinnliga mentor.

Denna vetenskapliga uppsats använde en praktikbaserad ansats för att undersöka en grupp kvinnor som var engagerade i en idéburen organisation, Tjejzonen. Datainsamlingen genomfördes med hjälp av intervjuer (n = 5) och enkäter (n = 52) med unga kvinnor (adpt), och intervjuer med kvinnliga mentorer (n = 12). Studie I handlade om vad som karakteriserade de unga kvinnliga adepterna och utvecklingen av en mentorskapsrelation, från början till slutet. Studien hade en mixad ansats. Studie II, som undersökte mentorers inledande motiv och den organisatoriska kontext som främjar mentorernas engagemang, använde en explorativ kvalitativ metod.

Sammanfattningsvis visar denna licentiatuppsats att kvinnliga mentorsrelationer tycks ha potential att vara en hälsofrämjande intervention. De unga kvinnorna som lockades till mentorprogrammet hade olika karakteristiska avseende hälsostatus, sociodemografi och relationer med andra. Resultatet visade vidare att mentorskap som överensstämmer med relational-cultural theory kunde tillgodose de unga kvinnliga adepternas behov. Ytterligare visade resultatet på att motiv till ett engagemang som mentor var kopplade till tillfredsställandet av de grundläggande psykologiska behoven; självbestämmande, känsla av kompetens och social tillhörighet, i enlighet med self-determination theory.
Licentiatuppsatsen ger därmed en djupare kunskap och förståelse om hur formella kvinnliga mentorsrelationer kan ges förutsättningar att skapas, utvecklas och bli framgångsrika, sett utifrån bådas perspektiv: den unga kvinnliga adepten och hennes äldre kvinnliga mentor.
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Enabling relationship formation, development, and closure in a one-year female mentoring program at a non-governmental organization: a mixed-method study

Madelene Larsson 1*, Camilla Pettersson 1, Therése Skoog 2 and Charli Eriksson 1

Abstract

Background: Mental health problems among young women aged 16–24 have increased significantly in recent decades, and interventions are called for. Mentoring is a well-established preventative/promotive intervention for developing adolescents, but we have yet to fully understand how the relationship between the mentor and the protégé forms, develops, and closes. In this study, we focused on a female mentoring program implemented by a Swedish non-governmental organization, The Girls Zone. First, we examined the psychological and social characteristics of the young women who chose to take part in the program as protégés. Second, we investigated adolescent female protégés’ own experiences of the relationship process based on a relational-cultural theory perspective.

Methods: The mixed-method study included 52 questionnaires and five semi-structured interviews with young women aged 15–26 who had contacted The Girls Zone between 2010 and 2012 in order to find a mentor. Their experience of the mentoring relationships varied in duration. Data were analysed statistically and with inductive qualitative content analysis.

Results: The group of protégés was heterogeneous in that some had poor mental health and some had good mental health. On the other hand, the group was homogenous in that all its members had shown pro-active self-care by actively seeking out the program due to experiences of loneliness and a need to meet and talk with a person who could listen to them. The relationships were initially characterized by feelings of nervousness and ambivalence. However, after some time, these developed into authentic, undemanding, non-hierarchical relationships on the protégés’ terms. The closure of relationships aroused feelings of both abandonment and developing strength.

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Background

In order to create effective interventions to prevent mental health problems, we need to know more about who these interventions work for and who is attracted to them [1]. Women in general may grow, learn, and experience more personal growth if they have a mentor (Group A) and protégés who are about ten years older than their protégés. The psychotherapy literature can be a useful source for understanding how a mentor may act to enhance conditions suitable for developing a growth-promoting mentoring relationship [14]. Psychotherapists characterized as being understanding, accepting, empathic, warm, and supportive, and who do not blame, ignore, or reject their clients, are more likely to have successful results [15]. Also important are dependability, benevolence, responsiveness, and the capacity to convey confidence in their ability to help [16]. Thus, mentors who are able to be empathic and authentic, and convey unconditional positive regard to their protégés, should be more likely to develop an emotional bond and a collaborative structured protégé-focused relationship [14]. Successful mentoring relationships with girls and women are characterized by authenticity, empathy, engagement, empowerment, companionship, collaboration, connectedness, mutuality, and trust [12, 17–24]. Female mentoring relationships which last at least a year have shown promising outcomes [21, 25, 26]. Establishing a trusting relationship, negotiating understanding and meaningful interaction, and preparing for termination have been highlighted as salient processes in the mentoring relationship [27]. At the beginning of the relationship, both the mentor and the protégé may experience some uncertainties and challenges. Unfulfilled expectations, disappointments, pragmatic concerns, and common frustrations often emerge during the early, vulnerable stages (32). Hence, authenticity and empathy are particularly important at the beginning of the relationship, when the mentor must carry the load to achieve continuity [22]. The most successful mentoring relationships are

Conclusions: Mentorships that are in line with perspectives of the relational-cultural theory meet the relationship needs expressed by the female protégés. Mentor training should focus on promoting skills such as active listening and respect for the protégé based on an engaged, empathic, and authentic approach in a non-hierarchical relationship. These insights have the potential to inform interventions in several arenas where young women create authentic relationships with older persons, such as in school, in traditional health care contexts, and in youth recreation centres.

Keywords: Mixed methods, Mentoring, Gender, Intervention, Emerging adulthood, Young women, Prevention, NGO, Relationship process, Sweden
those that evolve from a routine meeting into an enjoyable experience that both the mentor and protégé look forward to and expect to last for a long time [22]. To summarize, there is evidence that the nature and quality of the mentoring relationship are of greater importance than structural components, such as frequency of contact or matching of gender and ethnicity in mentor-protégé pairs, especially when the protégé is a young woman [12].

**Gaps in knowledge**

Although several studies, many using quantitative data, have examined the outcomes of mentoring [9], we know little about the relational process of mentoring — that is, the nature, quality, and course of mentoring relationships — on the basis of qualitative data [17, 26]. Moreover, we know little about how mentors can be present and helpful in challenging times for young women; this is one indication of a successful mentor-protégé bond [29], and more knowledge of this aspect can help inform the training of mentors [8]. Few studies have examined mentoring programs targeted specifically at female populations, and even fewer have focused on late-adolescent and emerging-adult women, among whom mental health problems increase drastically [2]. Further, not all members of a given gender are the same, and it is of value to examine which young women benefit from interventions and/or are attracted to participate.

This study was based on a Swedish organization working with mentoring aimed at young women. The Girls Zone is one of the biggest non-governmental support organizations working with female mentoring programs for young women in Sweden [30]. It arranges relationships between protégés (young women aged 12–25) and mentors (women ten years older than their protégés). Mentors are engaged in mentorship as volunteers, and are welcome regardless of their formal educational level. The organization is open to all young women who perceive a need for a fellow human being. The stated goals of the program are to prevent mental health problems, promote equality, and prevent drug abuse by strengthening young women’s self-esteem, self-confidence, and trust [30]. Close, regular, and mandatory support of mentors means that any suicidal ideation expressed by the protégés will be reported to the program manager and suitable action will be taken. The approach used is psychosocial mentoring, which prioritizes interpersonal relationship development.

Our study differs from previous studies in several ways. We listened to the voices and histories of the young women, to learn about their descriptions and experiences of the relationship formation process. The mentoring program also has several differences from other mentoring programs that have been previously studied. First, all young women contacting the organization are offered a mentor; it is a universal female mentoring program with no exclusion or inclusion criteria. Second, there are clear rules about the contact between the mentor and protégé. The mentoring program has a time limitation of one year; in contrast to other programs and studies (e.g., [22, 23, 31]). The Girls Zone recommends that the dyads meet every two weeks for about one and a half hours each time, over one year. Except for these meetings, no contact is allowed, which is also in contrast to other programs and studies (e.g., [23]). Third, the mentor and protégé are matched only with regard to age, with a ten-year difference within each dyad; this is in contradiction to the mentoring literature suggesting that a matching process focusing, for example, on the interests of the mentor and protégé is critically important [e.g., (32)]. Fourth, there is no parental involvement, meaning that young women may participate without their parents’ knowledge, again in contrast to other programs [33]. Finally, the protégés can restrict their identifiability, to both their mentor and the organization, except with regard to name and e-mail address.

In this study we used a combination of quantitative and qualitative data, collected via self-report questionnaires and in-depth interviews, to examine the formation, development, and closure of female mentoring relationships between protégés and mentors participating in The Girls Zone’s mentoring program from the perspectives of the protégés. We used a relational-cultural theory perspective as a guide to understanding the relational process between the female partners. By doing this, we hoped to develop a more nuanced understanding of the ways these processes promote relation-based mentorship. Two research questions were posed: (1) What characterizes the female protégés attracted to the mentoring program in terms of demographic and psychological characteristics? (2) How does the relationship develop between the protégés and the mentors?

**Methods**

**Participants and procedure**

Young women who had contacted The Girls Zone during 2010–2012 in order to find a mentor (n = 75) were invited to participate in the study. The participants included both protégés who had an ongoing relationship with a mentor (Group A) and protégés who were about to initiate a relationship with a mentor (Group B) (Fig. 1). This diversity in the duration of relationships gave us the opportunity to obtain a broader and more nuanced picture of the program.

The data collection included both interviews and questionnaires. First, we informed the participants
about the study. Participants who were to be interviewed were given information both orally and in writing, while survey participants were given information in writing. After the participants had received the information, they were asked if they were willing to participate in the study. We only included young women who actively agreed in written and verbal consent to participate in the study. In accordance with the Swedish legal rule of research [34], we only obtained informed consent from the young women and not from their parents, given that all of the young women were older than 15. The study was performed in accordance with the Declaration of Helsinki and approved by the Regional Ethical Review Board at Uppsala University (2011/212).

**Quantitative survey procedures**

Sampling was consecutive from August 2011 to December 2012. Both groups of protégés (A and B) were invited to respond to a self-report questionnaire. The program manager of The Girls Zone made initial contact with the protégés. Group A received an e-mail from the program manager with an invitation to fill in a questionnaire on the web, and Group B were asked to fill in a questionnaire when they met the program manager in the organization for the first time. Both groups of protégés (A and B) received information written by the research group (the authors of this study). Likewise, the program manager received a manual with instructions for data collection from the research group. The e-mails to protégés also had cover letters with information about the study and how to contact the research team. A total of 52 participants (69 %) responded to the questionnaire, with ages ranging from 15 to 26 (M = 18.1 years, SD = 2.8).

**Qualitative procedure**

Young women who initiated a relationship with their mentor during 2010 (all included in Group A) were also invited to take part in an interview (Fig. 1). The program manager sent e-mails to eligible protégés, including information written by the research group. Five protégés out of 19 were interviewed; one further protégé showed interest in an interview, but practical obstacles precluded this. The duration of their relationships ranged between 9 and 15 months. Two of the authors conducted the five semi-structured interviews separately. The interviews lasted 40–90 min each, and focused on the organization, the specific mentoring program, the relationship between the dyads, and the personalities of the young women. All interviews were tape-recorded after approval from the protégés. The interviewees were assigned pseudonyms by which they are referred to in this article.

A mixed method was used to triangulate, complement, develop, initiate, and expand the study [35, 36]. For example, we used information from the interviews to identify the form and content of the items to be used in the quantitative study (i.e., the survey questions). A sequential mixed-method approach, QUAL–Quan, was adopted to provide a holistic understanding of the specific situations of the protégés, to ensure high external validity, and to allow us to study the variation and context [35, 37]. All protégés who participated in the study received a movie ticket as a reward.

**Measures**

Most measures in the questionnaire have been used previously (e.g., [38–42]).

**Sociodemographics**

Sociodemographic factors were measured using five items: country of birth, sibling or not, living with parents
or not, employment status, and perceived economic situation (“How do you rate your economic status in relation to others of your age?”).

**Health status**

Subjective health was measured using the item “How do you rate your general health?” on a response scale ranging from 1 (“Very good”) to 5 (“Very poor”). Anxiety levels and mental suffering over the past six months were measured using three items: “Do you deliberately harm yourself with a sharp edge?”, “Do you receive pharmacological treatment for mental health problems?”, and “Do you have feelings that you do not want to go on living?” The response scale ranged from 1 (“Every day”) to 5 (“Never”). Feelings of loneliness over the past week were used in the question “Have you felt alone?” with a response scale ranging from 1 (“Never”) to 5 (“Always”).

**Interaction with others**

The protégés were asked to report on whom they talked with if they were feeling anxious or worried, using one open-ended stem question with fifteen response options covering parents, siblings, school nurses, and nobody at all. For the analyses, the scale was condensed to include eleven categories.

We also asked the participants how they had obtained information about The Girls Zone. Eight response options were provided, including parents, school nurses, and the web. A similar question was posed concerning how the young women made contact with the organization, with five response options including by myself, with the help of my parents, and through the school nurse. Both of these questions also permitted open-ended responses.

**Data analysis**

Both qualitative and quantitative data were used, and we analysed the information both statistically and through content analysis.

**Survey data**

First, we compared Group A with Group B in terms of variables concerned with sociodemographic factors and health, using independent samples t-tests. No differences were found regarding health, well-being, or age, except the expected differences related to age such as living with parents or not, and employment status (Fs < 2.71, ps > .10). Second, we compared women who were 17 or younger with those 18 or older on variables concerned with sociodemographic factors and health, again using independent samples t-tests. Despite the large range of ages (15–26), again only the expected differences depending on age were found, such as living with parents or not, and employment status (Fs < 2.31, ps > .10). Accordingly, we did not consider the group division further.

**Interviews**

We analysed the data from the interviews using the technique of inductive qualitative content analysis [43]. The two authors who performed the interviews transcribed the interviews verbatim, and then read through the transcribed interviews several times to obtain a sense of the whole. Triangulating analysis was used, meaning that initially these two authors analysed the same interview. First, meaning units were identified, each consisting of a constellation of words relating to the same central meaning [43]. The meaning units were then condensed, with a description close to the text, and each condensed meaning unit was labelled with a code on the basis of its content. All the codes were clustered into categories with the same content, and the categories were labelled, with the descriptive labels again kept close to the content. Contrastive comparisons between the codes and categories were made, and a schema was drawn up. Following this, the rest of the interviews were analysed by one of the authors. New codes that emerged were discussed by all authors and consensus was reached regarding categories, with all codes included. Themes within the data became apparent, as there were distinct groups of categories which had similar meanings or were about similar topics. Three themes were identified from a time perspective to cover the formation, development, and closure of relationships (Fig. 2). Several steps were included in the analysis to ensure trustworthiness [44], including triangulating analysis, a debriefing session with the organization’s program manager (in which the findings were presented and found to be in line with the manager’s own experience), and peer-examination (i.e. a discussion of the process and findings with impartial colleagues).

**Results**

The results are described in terms of two questions — “What characterizes the female protégés attracted to the mentoring program regarding demographic and psychological characteristics?” and “How does a relationship form between the protégé and the mentor?” — and presented on the basis of a time process from before the start of the relationship until the end of the relationship. Results from both the questionnaires and the interviews are presented. Figure 2 shows the themes and categories, and which categories are based on both interviews and questionnaires.

**From first thoughts to relationship**

Descriptive characteristics of the participants are presented in Table 1. The process from first contact until
initiation of the relationship with the mentor is described below on the basis of both the interviews and the questionnaire data (Fig. 2).

A variety of young women
Results from both the questionnaires and the interviews are presented to address the question of what characterizes the female protégés attracted to the mentoring program, in terms of demographic and psychological characteristics.

The participants were between 15 and 26 years old. The majority (87 %) were born in Sweden, and 89 % had

Table 1 Health status and communication patterns

<table>
<thead>
<tr>
<th>Measure and variable</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-rated health (n =48)</td>
<td></td>
</tr>
<tr>
<td>Very good or good</td>
<td>18 (38)</td>
</tr>
<tr>
<td>Neither good nor bad</td>
<td>18 (38)</td>
</tr>
<tr>
<td>Poor or very poor</td>
<td>12 (21)</td>
</tr>
<tr>
<td>Non-suicidal self-harm behaviour (n =50)</td>
<td></td>
</tr>
<tr>
<td>Once a week or more often</td>
<td>5 (10)</td>
</tr>
<tr>
<td>Seldom or never</td>
<td>45 (90)</td>
</tr>
<tr>
<td>Pharmacological treatment for mental health problems (n =50)</td>
<td></td>
</tr>
<tr>
<td>Once a week or more often</td>
<td>12 (24)</td>
</tr>
<tr>
<td>Seldom or never</td>
<td>38 (76)</td>
</tr>
<tr>
<td>Feelings of not wanting to go on living (n =49)</td>
<td></td>
</tr>
<tr>
<td>Once a week or more often</td>
<td>17 (35)</td>
</tr>
<tr>
<td>Seldom or never</td>
<td>32 (65)</td>
</tr>
<tr>
<td>Feelings of loneliness (n =50)</td>
<td></td>
</tr>
<tr>
<td>Often or always</td>
<td>29 (58)</td>
</tr>
<tr>
<td>Never, seldom, or sometimes</td>
<td>21 (42)</td>
</tr>
</tbody>
</table>

siblings. The majority (87 %) attended school, while the rest were employed (7 %), unemployed (4 %), or on sick leave (2 %). Almost 40 % of them lived with both their parents. Of the remainder, 42 % lived with one parent, or with two parents in alternation: some lived only with their mothers, some lived only with their fathers, and others alternated between living with their mothers and living with their fathers. Finally, 10 % of protégés lived alone, and 10 % lived together with someone other than a parent.

Health status varied among the protégés. Although most regarded their health as very good or good, or neither good nor bad, 21 % perceived their health to be poor or very poor (Table 1). Some of them reported non-suicidal self-harm behaviour: 10 % deliberately harmed themselves with a sharp edge once a week or more often, 24 % had received pharmacological treatment for a mental health problem, and 35 % had had the feeling that they did not want to go on living during the last week. More than half of the protégés (58 %) had feelings of loneliness over the past week. When the protégés needed to talk to someone, they usually talked with a female friend (65 %) or their mother (63 %). Other persons they could talk to were professionals (31 %), male friends (31 %), fathers (25 %), teachers in school (14 %), other relatives (21 %), partners (16 %), siblings (14 %), and others (10 %). One in ten reported that they did not have anyone to talk to.

The protégés in the interviews were aged between 18 and 24; attended school, were employed, or were on sick leave; and described themselves in words and phrases such as “cheerful”, “considerate”, “kind”, “active”, “analytic”, “positive”, “honest”, “find it easy to laugh”, and “social”. When not in school or work, they spent their
time on homework, part-time work, and leisure pursuits such as physical training, personal development, and music.

**The need for someone to listen**

Despite different kinds of problems and degrees of significance, all protégés expressed a need to talk with someone who would listen, preferably an adult, to help them handle circumstances in life and to make them feel better. One said:

[… in order to find a way back to myself. I was tired of … I didn’t recognize myself. So, I was just tired of being sad. Just wanted to get into another world in some way. (Kate)

The protégés in this study were navigating different complicated and compromising life circumstances that were their reasons for contacting the organization, such as eating disorders, depression, stress and pressure, social anxiety, and loneliness. They had also wanted to talk about things that they did not want their family or friends to know about, or just about family, friends and school in general. The results from the questionnaires and the interviews were in agreement.

Some protégés had been involved in the traditional health care system before they made contact. However, they still felt the need for a person to talk to, since the support they received from traditional health care was unsatisfactory. In some cases, the need to meet someone had also been expressed by others, not just by the protégés themselves; for example, by a school nurse who suggested that the young women should contact The Girls Zone.

**Health professionals and websites as important informants**

We first present results from the questionnaires, and then from the interviews. Four out of ten protégés had obtained information about the organization from professionals such as school nurses or school welfare officers (Table 2). The Internet seemed to be an important information source too, with one in four protégés having obtained information on the Internet, friends, parents, and advertisements were also good informants about the program. Most of the young women who became protégés made contact with the organization on their own after finding out the initial information about the program.

Again, the results from the interviews corresponded to those from the questionnaires. The first contact with the organization was made on the basis of information from professionals, the Internet, or friends. These agents recommended the program and provided information that the protégés were interested in researching before using the organization’s website to make first contact. On this website, the protégés obtained information about different programs, and read true stories about mentors and protégés concerning their relationships and the meanings of them.

**A rapid and positive response**

When the protégés contacted the organization for the first time, they appreciated the quick response they received. For those with experience of traditional health care, this was unexpected, and they had the surprising feeling that someone really wanted to listen to them and took their problems seriously. Hence, they gained trust in the organization from the very beginning. Regardless of whether they sent an e-mail or made a phone call, they very quickly obtained an introduction to a mentor.

I mailed The Girls Zone. Got a reply after about 10 min. Then, it took just a week at most before I met my mentor for the first time. So it went really quickly. (Adèle)

**From a formal relationship to an authentic relationship**

How does the relationship between the protégé and the mentor form? The findings here are based on interviews related to the development and the formation of relationship.

**An initial feeling of nervousness and ambivalence**

Before a pair of strangers came together for the purpose of developing a one-year relationship, expectations varied among the protégés. The narratives included both neutral beliefs and beliefs that the relationship would not help. For some, this was dependent on previous experience of professional health care.

[…] I just felt that whoever I talk with won’t play any role. It won’t work. (Evelyn)

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**Table 2 The route to the Girls Zone**

<table>
<thead>
<tr>
<th>Measure and variable</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>From whom did you hear about the organization?</td>
<td>(n = 52)</td>
</tr>
<tr>
<td>From professionals</td>
<td>21 (41)</td>
</tr>
<tr>
<td>From the Internet</td>
<td>13 (25)</td>
</tr>
<tr>
<td>From friends</td>
<td>11 (21)</td>
</tr>
<tr>
<td>From parents</td>
<td>7 (14)</td>
</tr>
<tr>
<td>From advertisements</td>
<td>7 (14)</td>
</tr>
<tr>
<td>How did you get in contact with the organization?</td>
<td>(n = 52)</td>
</tr>
<tr>
<td>By myself</td>
<td>39 (75)</td>
</tr>
<tr>
<td>With the help of professionals or teachers in school</td>
<td>14 (28)</td>
</tr>
<tr>
<td>With the help of parents or friends</td>
<td>6 (12)</td>
</tr>
</tbody>
</table>

*The participants’ responses could be coded under more than one subtheme.*
At the same time, there was a sense of gratitude for the opportunity to seek this support. The narratives also expressed anxiety and wondering about what would happen and how the mentor would perceive her young protégé. There were expressions of embarrassment, and a lack of insight into how to talk about one’s mood.

I was grateful, very nervous, and tense about what would happen or what she would think of me, how she would perceive me. Because I felt pretty good here, but God, but I felt a bit stupid, and that I might react badly to something when I didn’t know what it was. I felt a bit ridiculous in a way, but what would she think of it. There was a lot of nervousness, I think. (Kate)

At the beginning of the relationships, there were barriers to meeting because the protégés felt themselves to be in an abnormal situation. However, there was still a willingness to meet.

The first times I just felt “I don’t want this, no, I don’t want to do this”. I was like this, backed off, felt like it was really unpleasant, something unusual, but it was also something I needed as well...so I forced myself to the next meeting. (Kate)

Having similar personalities in the dyads was not regarded as necessary to create a trustful relationship. Empathetic accommodation on the part of the mentor was of much greater significance.

We really clicked the first time we met. We are quite different, and appear quite different as people, but [...] I can say anything to her, she understands. If I say “I can’t manage to meet”, she understands why. (Adele)

**It takes time to foster a connecting relationship**

At the beginning, the protégés sometimes had a fear of relaxing, opening up, and talking. Then, the dyads started to share personal experiences and expectations. As the pair grew to know one another better, they felt trust and closeness, and the protégé talked about anything she wanted. As a result, many feelings flared up, which needed to be processed.

[…] at the beginning, a lot of anxiety was created, because I started digging up everything that had been repressed for several years. So, at the beginning, there were a lot of tears, severe anxiety after the meetings, or when I got home and started to think about it all. (Kate)

Despite these feelings, the protégés waited expectantly for their meetings; as one of them expressed it, “It will be fun to meet her!” After some meetings, support went beyond the protégés’ expectations.

**An undemanding, non-hierarchical relationship on the protégé’s terms**

When the dyads met, the protégés got a break from the world outside; this was their time, focusing only on them, with an opportunity to talk about feelings and any problems to be solved. As a result, the protégés could be in a better mood at the end of the meeting. One of the reasons they found it helpful to talk to a mentor was that the mentors and protégés did not previously know one another. The protégés decided for themselves what kinds of information about their lives, and how much, they wanted to reveal to their mentor.

I choose exactly what the mentor gets to know about me, and I don’t need to tell her anything, but I can also tell her everything. (Kate)

This arrangement set the stage for a relationship in which both parties felt they were free to speak, and share their thoughts and feelings. The protégés had the feeling of not being judged according to whom they were as people, but only on the basis of the things they chose to share; they greatly appreciated this approach, in which the mentors only received information about the protégés from the protégés themselves.

**Enabling correct decision-making**

In the face-to-face meetings, the protégés met mentors who cared about and believed in them, who saw them, and who listened to them. The protégés were treated with respect, and appreciated having someone to talk to, not only as a friend but as a person who gave them perspectives and shared their points of view. Specifically, the protégés appreciated that their mentor gave suggestions about how to handle various situations. All five protégés interviewed stated that their mentor was a good listener and came up with very good advice. The mentors’ attitude to the protégés was described as positive, strengthening, and promoting. The protégés also mentioned that the mentors did not have the role of deciding what they should do, which was much appreciated.

She isn’t someone who says: “This is what you must do” or “That’s how it should be”. She said: “What do you feel yourself?” She came up with ideas, but still about things that I thought were relevant, not things that an expert or a professional would suggest. She came up with ideas that gave me insight into: “What are you really up to? [...]”. (Evelyn)
The mentors encouraged their protégés to open up and talk about everything, no matter what. As a result, the protégés shared things they would not dare to report to others such as youth guidance officers or friends.

An ambivalent closing of the relationship
Close ties were developed between the dyads, so that the mentor was said to know the protégé better than her friends did.

She knows more about me than most of my friends do [...] She probably knows me better. (Kate)

The relationship grew into something more significant than just a conversation between two young women. In part, this showed that the mentor could break some of the rules made by the organization, for example by visiting the protégé in hospital.

Feelings of abandonment at the closure of the relationship
The protégés’ narratives revealed a mutual wish between protégés and mentors to stand by each other’s side in the future. According to the protégés, mentors wanted to take part in the positive change even after closure of the relationship in the organization’s directory. However, continuity of the relationship was something that the dyads themselves had to decide upon. The duration of one year was presented to both partners at the initiation of the relationship. Despite this, the narratives showed feelings of despondency, sadness, and anxiety when the relationships were ended.

Well, are you just going to leave me now? You can’t do that. What? I can’t be without her. No, I don’t even want to think about it. It feels like half of me is just disappearing [...] it’s going to be really strange. I’ll be really sad. What? Last time we meet. No, damn it! (Adele)

Replacing a mentor with a new one would feel strange and could lead to a disappointment, with the feeling that she was not as good as the previous one. Instead, the protégés thought ahead and used what they had learned during the relationship in order to manage their life situations.

A self-assertiveness process
During their relationship, the protégés were strengthened as individuals. However, the journey had sometimes been a difficult one.

The time I’ve been meeting her has been both the best and worst time in my life. [...] it has torn down so many walls, and I have come to terms with so much about myself that has been pretty unpleasant, but it has been wonderful that it went so well at the end. But that time before I crossed the threshold was terrible. I didn’t recognize myself. So much was happening inside me. It was really nasty. (Kate)

The meetings with the mentors allowed the protégés to practice expressing themselves and putting their feelings and thoughts into words. The result was that they dared to open up and talk to other important persons as well as their mentors. With the help of their mentors, they had processed a range of different complicated life circumstances, which meant that their experience of the problems at the end of the relationship was less than it had been at the beginning. They accepted themselves, respected themselves, and got to know themselves better, and they became satisfied, motivated, and energetic. One protégé expressed this as follows.

I feel much happier anyway now, so it feels much easier. Doesn’t feel as tough. (Sienna)

They also obtained tools to help them feel ready to try to manage themselves, and to keep on working to continue feeling quite well.

I thought it was crazy that it was just one year. That it was too short. But then I think that, just for me, it was pretty good that it wasn’t any longer. That I was forced to take a step forward. That I shouldn’t just hang around in the same place. Instead, I feel I’m moving on. (Jenna)

With a positive experience of the mentoring program, the protégés could consider themselves as potential mentors of other young women in the future.

That I would really be able to think of doing, obviously. Now that I’ve been a protégé, and know how much it means to me. (Adele)

Discussion
In this study, we examined the formation, development, and closure of face-to face same-sex relationships in a one-year mentoring program for young women aged 15–26. The main findings indicate that, as a group, the protégés were heterogeneous and did not necessarily differ from the majority of young women of the same age group. Many of the protégés acted individually, or were recommended by professionals to meet and talk to an older women. These meetings with listening, undemanding, and non-hierarchical mentors developed into engaged, empathic, and authentic relationships which were
in a good position to continue even without the organization’s involvement after one year’s implementation.

We posed two specific questions in the study. The first was: “What characterizes the female protégés attracted to participate in the mentoring program in terms of demographic and psychological characteristics?” To answer this question, we used data from questionnaires and interviews, and examined the characteristics of the young women taking part in the program (i.e., the protégés).

The results indicated a large variation among the young women, who seemed to lack any clear defining characteristics that made them stand out in comparison with the normal group of women of this age in Sweden. The reasons why protégés considered contacting the Girls Zone seemed to be quite similar to the “disconnections” which according to relational-cultural theory [5, 10] result from a lack of mutual relationships: diminished sense of well-being, loneliness, confusion, eating disorders, and non-suicidal self-harm behavior. Despite the fact that most of the protégés reported that they had someone to talk to, they still expressed feelings of loneliness, as well as a need to meet and talk with a person who can listen, and definitely wants to listen. Accordingly, there seemed to be an unmet need for mutual engaged, authentic, and empathetic relationships among the protégés in their daily lives, expressed as important in relational-cultural theory. It is possible that there are young women who have many social contacts but few face-to-face relationships, or parents who are busy and do not have enough quality time for their daughters, since the results show that many of those in the present study were living away from both parents.

The second question posed in the study was: “How does a relationship form between the protégé and the mentor?” We used the questionnaire and interview data to address this question. One unexpected finding was that some of the young women were referred to The Girls Zone through professionals such as school nurses. For young women still attending school, professionals in school health care are the most accessible place to seek help with perceived problems, beside parents and peers. It would be of interest to discover why these professionals do not believe that they are the right person to support these young women, and to investigate why the young women themselves regard the support they receive from traditional health care as unsatisfactory. Access to counsellors is insufficient in Sweden [45], and young women’s developmental challenges seem to fall through the cracks of different support services because their needs do not entirely match the inclusion criteria [46]. Furthermore, the traditional model of therapy suggests a role for a non-expressive detached therapist trained to distance themselves from any strong feelings of their own. This is not in accordance with the findings of our study, previous research, and the advocates of relational-cultural theory; rather, young women want an authentic relationship with deep respect and mutuality [5]. Previous research has shown that young people are clear about wanting to know their school nurse and to create continuity [47]. Moreover, the protégés in the present study used the Internet as an important channel for information about the program; in other words, they showed pro-active self-care in seeking out the program, despite ambivalence over whether a mentor would help them feel better. This is in accordance with relational-cultural theory, which posits that there is a powerful force behind the movement toward connection, and a desire to contribute to others. Moreover, the mentors themselves made contact because they wanted to become involved in the relationships with young women on a voluntary basis. This meant that both mentors and protégés had a strong desire to make the relationship work. Some of the factors that Spencer [48] views as critical in the failure of mentoring relationships, such as low degree of motivation, can be seen as having been eliminated in the relationships described in the present study.

The protégés’ first contact with the organization was a positive experience for them, with a rapid and positive response creating an immediate feeling of trust in the organization. After some meetings characterized by ambivalence and nervousness, an authentic relationship was developed, characterized by a mentor who listened to the protégé and treated her with respect. Mentor and protégé having the same personality was not crucial to feeling an intimate connection. Rather, understanding and empathy from the mentor were of significant value, which is in accordance with a previous study [12] but contradicts previous research showing the importance of the match between the mentor and the protégé for ensuring that the protégé’s needs are met [32].

Our results are in line with key elements of relational-cultural theory [5] and of psychotherapy [15, 16], which Spencer [14, 48] also suggests may be transferable to mentoring relationships. Mentors need to show understanding and acceptance of their protégés, and must also show empathy and warmth, and be supportive. Our results also show that, developing a relationship with a previously-unknown and non-judgmental person was perceived by the protégés as a positive way to help them open up and feel the authenticity of the relationship. The current findings suggest that not needing to achieve or perform and the absence of certain demands, such as sharing information about themselves, were valued features of the relationship, and were perceived as offering a break from what is the norm in other aspects of life. The mentor was not seen as an expert, even if the
protégés sometimes asked for advice. These requests for advice were met with counter questions such as “What do you feel yourself?” This way of replying on the part of the mentor was appreciated by the protégés, and strengthened them in getting to know themselves better. The young women’s desire to obtain advice about their problems also shows a wish for mentoring to not only include psychosocial mentoring, in which interpersonal-relationship development is a priority, but also to have an element of instrumental support, like role modelling and coaching; this is consistent with the previous literature [20, 21, 23].

Based on previous research showing that female protégés prefer and are more satisfied in mentoring relationships which last longer than a year [26, 49], and also in accordance with the relational-cultural theory that advocates women’s lifelong relationships [5], the restriction of the relationships in this program to one year can be regarded critically. However, the protégés were able to decide for themselves whether or not to continue to see their mentors, separate from the organization’s involvement, provided that the desire was mutual (from both protégé and mentor). The narratives indicate that both protégés and mentors expressed a desire to continue the relationship beyond the initial year. The protégés did not want to be left alone; they wanted to continue to meet their mentors so they could continue to experience the positive change that had begun in their lives. This desire to continue the relationship is an outcome that mirrors the fifth Good Thing from relational-cultural theory: a desire for more connection [5]. Moreover, our findings concerning the relationship process showed personal development of the protégés according to all the Five Good Things in relational-cultural theory, including more energy, action, knowledge, sense of worth, and sense of connection in the relationship.

The most rigorous research suggests that mentoring approaches yield only modest effects for young people [9]. The narratives in this study spoke of the meaning of the relationships at the moment the protégé met their mentor; that is, the meeting made them feel better afterwards, when they had put all their feelings and thoughts into words and reflected upon them with another person. The formation and development of the mentoring relationships had resulted in relationships between two women characterized by authenticity, empathy, connection, and closeness, according to previous research [12, 23, 28]. Furthermore, according to Lerner and colleagues [6], our results conform to the “Five Cs” of positive youth development: competence, confidence, connection, character, and caring.

The theoretical framework for the mentoring program is not made explicit by the organization itself, but we considered relational-cultural theory to be a good frame for understanding these female relationships. One issue in the theory is how to create the societal context within which growth-producing relationships can flourish in the manner of mutual empowerment. Reagan-Porras [29] has previously posed the question of whether mentoring programs target young people in the ways that they state are significant to them. The results of the present study indicate that adolescent and emerging-adult women can establish an authentic relationship with a non-kin adult woman ten years older if the relationship is undemanding and non-judgmental on the protégé’s terms. This has a role to play in giving young women the tools to deal with challenging and intractable experiences in the future. The protégés in our study used the relationship to navigate the bumpy road of adolescence and emerging adulthood. The program also counters silence among women, and can lead on to contacts beyond the mentor-protégé relationship [5, 8, 9]. Hence, for those who need further help, a mentoring relationship can be seen as an aid to seeking professional help and as a supplement to formal mental health treatment [50].

The aim of the mentoring program, as stated by the organization, includes the prevention of mental health problems. It is thus worth asking why we saw no differences in mental health between Groups A and B, even though several relationships in Group A had been completed when data collection was carried out. No baseline assessments were made, so we do not know the mental health status among those in Group A before they were introduced to a mentor. Their mental health may have improved. Another explanation may be that, although the primary goal of the intervention is to prevent mental health problems, it is not a treatment. The intention is to create the conditions to build a one-year relationship. During this period the organization offers support that facilitates the relationship, including matching, training, mentor support, and technical support. The organization is small-scale, and is intended to remain so in order to maintain high quality. According to the program manager, several relationships continue even when a relationship is terminated within the organization’s responsibility. Based on the results of this study and previous research on women and mentoring, showing that women appreciate relationships of longer than a year, and that it takes time for women to establish relationships with close ties [26, 49], it is likely that relationships like these promote developmental assets useful in the protégés’ future lives. We did not examine the long-term effects of relationships in this study, but will do so in the future. Furthermore, previous research reveals that many problems in young women decrease by themselves with advancing age (e.g., [51]). We do not know how these young women would have reported on their self-rated health without this
intervention. It is possible that their problems would have been more serious than our quantitative data show.

Our findings indicate that the mentoring program is better able to meet the needs of protégés than the support and help that traditional health care has to offer. Moreover, health professionals are important informants about the program. Comparing the mentoring program with a traditional adult perspective and relational-cultural theory perspective on mentoring, there are several similarities between relational-cultural theory and the mentoring program. These include the facts that both mentor and protégé contribute to the development of the relationship, and that it is a non-hierarchical relationship where both the mentor and protégé have increased ability to function in an interdependent context.

Limitations and strengths
This study has some limitations. First, only 52 questionnaires and five interviews were included. On the one hand, this may be seen as too few, but on the other, the results from the interviews were validated against, and found to correspond with, the data from the questionnaires. Second, the sample represents protégés from the region of Stockholm, the capital of Sweden. It is possible that the results might only reflect conditions in a large city. Third, the participating protégés represent a group of young women who were satisfied with the program. However, there were few protégés who had started a relationship but did not follow the plan for the one year stipulated. Forth, we did not use a procedure which allowed us to follow-up with participants who reported suicidal ideation. Even though participants had mentors and were enrolled in an intervention, we cannot be sure that the mentors or the program staff were aware of the concerns. However, our research and question about suicidal ideation is not likely to harm the participants as previous research has demonstrated that asking about suicidal behavior does not exacerbate suicide prone individuals’ suicidal thoughts and behavior [52]. In fact, it has been suggested that it might be helpful to these individuals [52].

Despite these limitations, the current study has several important strengths. First, this is the first study we know to have examined the relational process, especially among young women aged 15–26. Second, we used a combination of quantitative and qualitative data, collected via self-report questionnaires and in-depth interviews, to achieve a deep and holistic understanding of the specific situation of the protégés. As a result, we handled the limitations of the two methods at the same time, since the quantitative and qualitative methods overlap in their intent [35, 36].

Third, one group of protégés participating in the study had experience of the mentoring relationship, whereas the other group had just started. Irrespective of the time status of their relationship, both groups of protégés expressed optimism about the program. The difference in duration of relationships between participants gave us an opportunity to obtain a more nuanced and broader picture of the mentoring process.

Fourth, Article 12 of the UN Convention on the Rights of the Child asserts children’s right to express their points of view [53]. The interviews allowed the young women to express themselves, and let them talk about their everyday lives and their experiences of the relationship.

Practical implications
A practical implication of these findings may be that female relationship mentoring training and tutorials need to focus on teaching the mentor to listen actively, show respect, and pay attention to what gives the protégés strength, hope, and desire, with a feeling of empathy, engagement, and authenticity in a non-hierarchical relationship. This can be adapted for use in several other arenas where young women create authentic relationships with older individuals, including schools, traditional health care, and youth recreation centres. Further, organizations need to create the preconditions for female face-to-face relationships to be realized. If this happens, and if the relationship is offered the conditions to grow over a year with the help of preparatory education of the mentor, clear frames and rules for the relationship, and regular supervision of the mentor, good conditions are created to develop a relationship that can continue even without the organization’s involvement after one year’s implementation.

Issues for further studies
While the findings of this study identify the female mentoring program as an intervention worth exploring and continuing, many questions remain unanswered. The forthcoming longitudinal data following the protégés from start to the closure of the relationship and two years after will give a more nuanced and realistic view about the impact of the relationship on mental health among the protégés. Further, based on the current study, we now have information about who the protégés actually are, their needs, and the formation, development and closure of a relationship process in the program from a protégé’s perspective. An analysis of this from the perspective of the mentors using relational-cultural theory is planned. Other aspects of interest include what motivates mentors to be volunteers in this organization, and what the relationship means to them. Finally, the factors for success in this program need to be further explored. These issues are currently being further analysed in an ongoing longitudinal study. Moreover, the quality
of the mentoring process is an important concern and future research will consider different challenges including incorporating provisions to ensure that participants reporting suicidality have access to appropriate support.

Conclusions

Mentorships that are in line with the perspectives of relational-cultural theory meet the relationship needs expressed by the female protégés. Mentor training should focus on promoting skills such as active listening and respect for the protégé based on an engaged, empathic, and authentic approach in a non-hierarchical relationship. These insights have the potential to inform interventions in several arenas where young women create authentic relationships with older persons, such as in schools, in traditional health care contexts, and in youth recreation centres.

Competing interests

The authors declare that they have no competing interests.

Authors’ contributions

All authors contributed to the conception and design of the study. ML, CP, and CE prepared and processed the ethics applications. ML and CP collected the data, and were mainly responsible for the initial interpretation of qualitative data. ML was responsible for the initial quantitative data analysis. TS provided support in performing the statistical analyses. All authors contributed to the interpretation of the data. CP, TS, and CE provided scientific oversight and feedback throughout the development of the study and the writing of the manuscript. ML drafted the manuscript. All authors critically revised, read, and approved the final manuscript.

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Mentoring aimed at supporting young people and their development shows promising results, but its delivery is often hindered by difficulties recruiting and retaining mentors (Stukas & Tanti, 2005). Motivations can be suitably examined with qualitative techniques in a context where adults choose to become involved (Lerner, Dowling, & Anderson, 2003). Formal mentoring programs are often launched with great expectations, but many fail to live up to them (Stukas, Clary, & Snyder, 2013), resulting in the number of available mentors falling short of the number of young people requesting mentors exceeding the supply (Bruce & Clay, 2014). Waiting times as long as two years can occur (Big Brothers Big Sisters of Canada, 2009). Strategies are clearly needed to close the mentoring gap. In this process, a deeper understanding of how to involve adults in young people’s healthy development, and what motivates them to engage in formal mentoring, can be crucial. In order to experience healthy development, people have a need for autonomy, competence, and belonging, relatedness, and social interaction with family, friends, and community (Deci & Ryan, 2000). Young people have a particular need to belong and feel connected to others (Larsson, Pettersson, Skoog, & Eriksson, 2016). This information can be used to facilitate mentor recruitment, engagement, and involving adults in young people’s development, and promising results have been reported (Lerner, Dowling, & Anderson, 2003). Formal mentoring programs in school settings have shown contributions, customized support and guidance, a caring organizational identity, and a commitment to pursue the aim of this study was to help overcome this problem by examining female mentors’ motives for engaging in formal mentoring of young women, and exploring how organizations can facilitate these mentors’ satisfaction with their role in this relationship.
Initial motives and organizational context enabling female mentors’ engagement in formal mentoring – A qualitative study from the mentors' perspective

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ABSTRACT

Mentoring aimed at supporting young people and their development shows promising results, but its delivery is threatened by the difficulty of recruiting sufficient numbers of mentors and keeping them engaged over time. The aim of this study was to help overcome this problem by examining female mentors’ motives for engaging in formal voluntary mentoring of young women, and exploring how organizations can facilitate these mentors’ satisfaction in staying engaged over time. Based on qualitative interviews with 12 mentors in a Swedish non-governmental organization, the Girls Zone, we show six categories of mentor motives related to initial motivation for engagement: self-interested reasons, empowering women, being a responsible citizen, sense of compassion, self-awareness, and longing for meaningfulness. In addition, we show five categories related to the organizational work of satisfying mentors: a win-win relationship, a feeling of ambivalence despite clear responsibilities and contributions, customized support and guidance, a caring organizational identity, and a commitment to pursue with feelings of duty and emotional connection. Using self-determination theory as the framework to guide our understanding of the findings, we conclude that mentors’ motivations for engaging as mentors are linked to the fulfillment of basic psychological needs for autonomy, competence, and relatedness. Practical recommendations are offered in light of the findings.

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1. Introduction

In order to experience healthy development, people have a need for belonging, relatedness, and social interaction with family, friends, and the community (Deci & Ryan, 2000). Young people have a particular need for adults in their growth process to establish a healthy development (Lerner, Dowling, & Anderson, 2003). Formal mentoring programs constitute a public health intervention aimed at establishing relatedness and involving adults in young people’s development, and promising results have been reported (Larsson, Pettersson, Skoog, & Eriksson, 2016). Mentoring organizations often have difficulties recruiting and retaining mentors (Stukas, Clary, & Snyder, 2013), resulting in the number of young people requesting mentors exceeding the supply (Bruce & Bridgeland, 2014). Waiting times as long as two years can occur (Big Brothers Big Sisters of Canada, 2009). Strategies are clearly needed to develop adults’ involvement in young people’s healthy development, to close the mentoring gap. In this process, a deeper understanding of motivational factors for engagement from the mentor’s perspective is of central importance (Deutsch & Spencer, 2005; Rhodes & DuBois, 2006). This information can be used to facilitate mentor recruitment, mentor satisfaction, and commitment to mentoring in the future (Stukas & Tanti, 2005). Motivations can be suitably examined with qualitative techniques in a context where adults choose to become involved and to continue engaging over time. Although mentors play unique roles in the mentor-protégé relationship and are necessary for mentoring to take place, remarkably few studies have focused on the mentor perspective. The current study was developed against this backdrop. We examined motivations among female mentors aged 24–40 years in a community-based mentoring (CBM) program organized by the Girls Zone, a Swedish non-governmental organization. The Girls Zone arranges one-year relationships between protégés (young women aged 12–25) and female mentors. The mentor and protégé are matched only with regard to age, with a ten-year difference within each dyad. The stated goals of the program are to prevent mental health problems, promote equality, and prevent drug abuse by strengthening young women’s self-esteem, self-confidence, and trust (The Girls Zone, 2013). Mentors engage in mentorship as volunteers, without rewards, and are welcome regardless of their formal educational level.
The organization recommends that the dyads meet for about one and a half hours every two weeks for one year.

The Girls Zone is of particular interest, because in sharp contrast to many other mentoring organizations (Stukas et al., 2013) it has a surplus of potential mentors—a line of female mentors waiting to be trained and matched with a female protégé. Moreover, the female mentors stay in the organization for at least a year, which is the recommended minimal duration of mentor relationships (Rhodes, Lowe, Litchfield, & Walsh-Samp, 2008). The apparent high intrinsic motivation behind being a mentor and remaining in the Girls Zone suggests that the mentors experience benefits, likely including satisfaction in the mentoring role. We aimed to provide deeper understanding of young adult women’s motives to begin mentoring for young women in a formal mentoring program and to continue their engagement over time. We used self-determination theory (SDT) as a theoretical framework to guide our understanding of underlying motivations among mentors. In a SDT perspective, it is these motivations which bring about the high level of engagement (Deci & Ryan, 2000).

1.1. Self-determination theory as a theoretical framework

SDT is a meta-theory of human motivation which states that people have three basic psychological needs, varying in degree of self-determination: autonomy (experiencing choice and volition of one’s own actions), competence (experiencing success in challenging tasks and influencing one’s desired outcomes), and relatedness (experiencing connection, mutual respect, caring, and reliance in relationships with others) (Deci & Ryan, 2000). These three psychological needs promote a willingness among people to explore and engage in contexts that are assumed to nurture their psychological needs. This facilitates people’s self-motivation and effective functioning (Deci & Ryan, 2000). Hence, one of the key questions for scholars in the field of SDT is to examine how social contexts facilitate or undermine people’s experience of autonomy, competence, and relatedness, which in turn is linked to their motivation and engagement.

SDT distinguishes between two different kinds of human motivation: extrinsic and intrinsic. Intrinsic motivation emerges spontaneously from the fulfillment of basic psychological needs within people themselves, and exists in the relations between individuals and activities. High intrinsic motivation to perform a behavior increases the likelihood that the target behavior will be repeated. Extrinsic motivation, conversely, refers to doing something because it leads to a preferable outcome, or an external reward such as money. SDT has previously been used to conceptualize motivational factors and has received empirical support as a model of volunteer satisfaction (e.g., Bidée et al., 2013; Oostlander, Günert, & Wehner, 2014). However, to our knowledge, it has never been used to study motivation among mentors engaged in mentoring young people.

1.2. Motives to engage as a mentor

Although far from exhaustive, previous studies have revealed important insights into mentors’ motivations, including reasons for becoming and enjoying being a mentor. First, most mentors mention more than one motivation to engage as a mentor (Stukas, Daly, & Crilly, 2006), and they choose to become mentors for a variety of reasons (Gehrke, Jenkins, Miskovetz, & Wray, 2006). Mentors who perceive their mentoring relationships as motivated by internal motivations are more positive than those who perceive external motivations, and their engagement is more likely to be long-term (Karcher, Nakkula, & Harris, 2005).

In a study by Strapp et al. (2014), mentors in junior- or senior-age school-based mentoring (SBM) reported motives including gaining hands-on experience and experiencing the gratification that comes from watching a mentee grow and develop. According to SDT, these motives can be related to the need for autonomy. A quantitative study conducted by Caldarella, Gomm, Shatzer, and Wall (2010) examined motives among school-based mentors (aged 21 years and over). The need for autonomy was present in motives such as career enhancement, the need for competence in motives such as seeking learning experiences to better understand themselves and others, and the need for relatedness in humanitarian concerns.

Previous research has examined motives among volunteer mentors in school-based settings (e.g., Caldarella et al., 2010; Strapp et al., 2014). However, CBM programs face challenges different from SBM programs in terms of factors including activities, outcomes, and mentor characteristics. Mentors in CBM are involved for longer periods of time and experience more pressure to determine activities, making recruitment of mentors more difficult (Herrera & Karcher, 2013). In addition, CBM more often attracts older youth mentors whereas CBM more often attracts those aged 22–49 (Herrera, Sipe, & McClanahan, 2000). Motives among CBM mentors are less well-known. Thus, there is a need for research into both initial motives and factors that influence mentors to uphold their commitment (Stukas et al., 2013). Volunteering research has shown that motives differ between individuals depending on gender, mission, target group, and context (Wilson, 2012). Based on these facts, there is a clear need to identify motives for mentoring specifically among CBM female mentors engaging in positive development among young women, but there is little current evidence to answer this question.

A study of community-based mentors working with disadvantaged young people mentioned reasons for being a mentor such as giving back to the community and strengthening social relations (Evans, 2005). According to SDT, these motives can be understood as a need for relatedness among mentors. Moreover, the need for competence may be seen in the same study in the reported motive gaining career experience. A survey of 2000 mentors conducted in 2005 by MENTOR: The National Mentoring Partnership reported five motives in the following order from most frequent to least frequent: 1) to help young people succeed, 2) to make a difference in someone’s life, 3) to give back to the community, 4) religious and spiritual reasons, and 5) having been helped by someone else when young (O’Connor, 2006).

Gender differences in mentor engagement are noteworthy. Women have been found to be motivated by opportunities for self-esteem enhancement, value expression (Stukas et al., 2013), and personal gratification (Gehrke et al., 2006). Young female mentors (aged 18–25) volunteer as mentors for reasons including wanting to be a positive influence for adolescent girls (Dowd, Harden, & Beauchamp, 2015), which can be interpreted both as a need for relatedness and a need for competence, based on their expertise as women who had previously experienced being teenagers.

Although initial motives are important in the recruitment process of engaging mentors, they differ from those which influence retention (Stukas & Tanti, 2005). Once mentors have been recruited, they are affected by contextual effects such as the organizational structure. Thus, it is crucial to get a deeper understanding of the interplay between individual motivations and organizational characteristics in order to determine how these promote mentor satisfaction and hence consolidate mentors’ intentions to continue their engagement. This information can be used to understand motivation at both the individual and the organizational level.

1.3. Organizational context influencing motivation among mentors

Experience and level of satisfaction among mentors differ depending on the mission and the organization’s context, including program infrastructure, design, practices, and ways of managing the mentors (DuBois, Portillo, Rhodes, Silverthorn, & Valentine, 2011; Stukas & Tanti, 2005). Thus, there is a need for research into the relationship between the organizational context and satisfaction in mentoring programs (Kulik & Megidin, 2011; Stukas et al., 2013). What kind of approach in the
organization’s work is most likely to lead to mentors being satisfied and thus continuing their engagement?

The MENTOR publication Elements of Effective Practice for Mentoring (Garringer, Kupersmidt, Rhodes, Stelter, & Tai, 2015) covers six areas for mentoring organizations to consider in creating and sustaining a setting which promotes mentors’ satisfaction and motivation: (a) recruitment, (b) screening, (c) training, (d) matching, (e) monitoring and support, and (f) closure. First, in the recruitment process, communication strategies are central. To recruit appropriate mentors, the degree of identification with the target group and the mission seems to be of importance (Stukas & Tantib, 2005). To satisfy mentors in their mentoring experience, their perceived benefits need to match their initial motivations (Caldarella et al., 2010). The pre-match period, involving preparation for the relationship, is a time when it is important to address mentor motivation and when motivations among mentors are most influential (Kupersmidt & Rhodes, 2013).

Scholars agree that initial training and ongoing support are important to mentors; these are sometimes mentioned as key strategies for increasing retention (Kupersmidt & Rhodes, 2013), as shown among young female mentors (Dowd et al., 2015). Such strategies can create satisfied and motivated mentors who receive guidance in establishing and building close, caring, longer-term relationships and better outcomes for protégés (DuBois et al., 2011; Martin & Sifers, 2012; Spencer, 2007).

During initial training, which should preferably last at least 6 h (Herrera et al., 2000), mentors can learn and build skills related to developing, maintaining, and managing relationships, and receive clear information on what is expected of mentors in terms of the time and emotional commitment. This may help mentors personally to clarify their roles and responsibilities and to understand the expectations of all parties (Evans, 2005) as well as the level of support that can be expected and ways to access that support (Eby & Lockwood, 2005; Spencer, 2007). Taken together, this may provide autonomous motivation (Stone, Deci, & Ryan, 2009) and diminish the occurrence of prematurely terminated relationships caused by unclear expectations among mentors and inadequate agency support (Karcher et al., 2005; Spencer, 2007). Further, the quality of interaction with the mentor activity coordinator has been shown to be correlated with psychological empowerment (sense of accomplishment, social mission, and personal growth) among women mentors, which will increase their motivation to continue (Kulik & Megdina, 2011).

To summarize, mentoring organizations must be aware of the challenges that mentors face during the mentoring relationship. To facilitate a successful mentor, the organization has a responsibility to prepare and support the mentor during their ongoing engagement. According to our review of the literature, SDT has not previously been used to understand and gain more knowledge about the motivation of mentors, but we consider that its use can bring us deeper knowledge. A gender perspective can also affect our understanding of mentors’ motivation.

1.4. The importance of acknowledging gender in mentoring relationships

Mentoring practices are most effective when they are sensitive to individual differences and contextual factors, such as gender (Darling, Bogat, Cavell, Murphy, & Sánchez, 2006). Thus, gender-specific studies in mentoring are needed, as mentoring may work differently for boys and girls (Rhodes et al., 2008). There is some indication that boys like activity-based mentoring more than girls (Liang, Bogat, & Duffy, 2013) and that the amount of time needed for satisfactory mentoring is not as important among boys as it is among girls (Rhodes et al., 2008). There is evidence that the nature and quality of the mentoring relationship are significant for girls (Liang, Tracy, Taylor, & Williams, 2002). Girls prefer relationships more characterized by intimate connections (Deutsch & Spencer, 2009; Deutsch, Wiggins, Henneberger, & Lawrence, 2013; Liang et al., 2002, 2013; Spencer & Liang, 2009), in order to contribute to their psychological empowerment (Kulik & Megdina, 2011). This requires regular meetings over time, continuing for at least one year (Grossman & Rhodes, 2002; Rhodes et al., 2008).

Moreover, mentoring programs specifically for young women have been designed in response to theories on gender and young women’s psychological health and development, indicating women’s particular psychosocial needs and ways of relating (Brown & Gilligan, 1992; Jordan, 2001). As girls and boys seem to have different preferences for their mentoring relationships, it is reasonable to assume that female mentors also have particular needs in the mentoring program.

1.5. The current study

As recruiting mentors is becoming increasingly challenging in CBM programs, there is a need for deeper knowledge of initial motives to engage as a mentor in formal mentoring and the creation of optimally stimulating climates which result in positive outcomes such as mentor retention. The number of mentoring programs are growing around the world (DuBois & Karcher, 2013), with young people requesting mentors exceeding the supply (Bruce & Bridgeland, 2014). At the same time, there is an indication that people in advanced industrial societies increasingly prefer more episodic forms of volunteering, short in duration and short of commitment (Wilson, 2012). This can be seen as negative and contradict the development of long-lasting mentoring relationships.

Qualitative methods can produce detailed insight and understanding of mentors’ motives towards engagement with young women to establish healthy development. There is little knowledge of why female young adults engage, especially in mentoring other young women and girls, and hence a lack of information and deeper understanding about the nature of specific female motives and differences between the motives. Moreover, the best practice of what to do may be clear (Garringer et al., 2015), but the question of how to do it is less known. Accordingly, the question is how we can facilitate female formal mentoring relationships and create conditions for these relationships to evolve and become successful, as seen from the female mentor’s perspective.

In this study, we define a formal mentoring relationship as a one-year relationship between two people aged ten years apart, relying on use of community volunteers as mentors in an organization. A previous study (Larsson et al., 2016) explored young female protégés’ own experiences of the formal mentoring relationship process. As the current study includes experience from the mentor perspective, these two studies together generate an overall understanding of how mentoring programs can be designed and developed to be especially adapted to the needs of women. We base the current study on a successful case, the Girls Zone. This organization involves self-initiated female mentors, with a majority staying in the organization for at least one year. We use this organization as a learning case, and make a purposive sampling of mentors in order to understand initial motives and what is extraordinary and successful in this organization.

The aim of this study was to examine young women’s motives to engage as mentors in a CBM, in order to reach a deeper understanding of their motives and what makes them satisfied in their mentoring relationships. The specific research questions were: (1) What are the female volunteers’ motives to become engaged as mentors? and (2) What makes the female volunteers stay in the organization and continue their engagement? We used SDT as a guide to understanding the motivation expressed by the mentors and the factors that made them remain engaged with the organization and the mentoring process over time.

2. Method

This study had an explorative design, and used qualitative content analysis (Graneheim & Lundman, 2004). The interviews with female mentors were part of a larger study of the Girls Zone mentoring
program; one other study in this project has already been published (Larsson et al., 2016). That study explored the characteristics of the female protégés attracted to the mentoring program in terms of demographic and psychological characteristics, and how the relationship develops between the protégés and the mentors.

### 2.1. Participants and procedure

A purposive criterion sampling was chosen (Patton, 2015). All mentors within the Girls Zone organization who were engaged as mentors during 2011 were asked to participate in an individual interview during autumn 2011. The program manager sent e-mails to the mentors, including information written by the research group. Of the 46 mentors invited to participate, 12 agreed and were interviewed (26% of the target sample). The participants varied in terms of the number of mentoring relationships they had engaged in (1–3), the duration of their mentoring experiences (3–30 months), and their age (24–40 years). Most of the participants (58%) were engaged in or had completed studies at the high school or university level; the remaining participants’ level of education was not reported. All study participants had ongoing mentoring relationships at the time of the interview.

Two of the authors conducted six individual semi-structured interviews each. The interviews focused on the mentors themselves, their motives for volunteering as mentors (Why did you begin your engagement as a mentor?), and the specific mentoring program (What kind of support do you receive as a mentor?). All interviews were tape recorded after approval from the mentors. The interviews lasted between 40 and 90 min, and were conducted at a time and place suitable for the mentors. The participants were assigned fictitious names by which they are referred to in this article. All mentors who participated in the study received a movie ticket as an incentive. Verbal informed consent was obtained from the mentors before the interviews and after they had received information both in verbal and in written form. The study was approved by the Regional Ethical Review Board at (removed for masked review).

### 2.2. Qualitative analysis

Our analysis of the interview data was inspired by the technique of inductive qualitative content analysis (Graneheim & Lundman, 2004), with the difference that we did not create themes in the analysis. The two authors who performed the interviews transcribed the interviews verbatim. Before applying the content analysis, we read through the transcribed interviews. Next, we used triangulating analysis, meaning that initially two persons analyzed the same interview (Patton, 2015). We identified meaning units in accordance with the study aim, each consisting of a constellation of words relating to the same central meaning (Graneheim & Lundman, 2004). These were condensed with descriptions close to the text, and each condensed meaning unit was labeled with a code. Differences and similarities of the codes were compared, and all codes were sorted into subcategories and categories with the same content (Table 1). Following this, the rest of the interviews were analyzed by one of the authors. New codes that emerged were discussed within the research team until consensus was reached. In this article, the categories are sorted according to the three basic needs identified in SDT (Ryan & Deci, 2000): autonomy, competence, and relatedness. Several steps were included in the analysis to ensure trustworthiness (Patton, 2015), including triangulating analysis and peer-examination (i.e. a discussion of the process and findings with impartial colleagues).

### 3. Results

The results are described on the basis of two questions: (1) What are the female mentors’ motives for becoming engaged as mentors? and (2) What makes the female volunteers stay in the organization and continue their engagement? The results are presented on the basis of a time perspective, and are summarized in Fig. 1. The first question relates to the time before the female mentors were engaged in the organization, and the second question to the time period when they were acting as mentors in the organization. The interviewees’ motives fell into six categories regarding the first question, and five regarding the second. Since SDT was used to interpret the results, the categories were sorted based on the three psychological needs identified by this theory: autonomy, competence, and relatedness. It should be noted that some of the categories may be considered to relate to more than one of these three needs, but the way we present the results is based on our interpretation and analysis of the interviews.

#### 3.1. What are the female volunteers’ motives for becoming engaged as mentors?

Results from the interviews are presented below to address the first question. In line with SDT, the results are understood and presented in terms of the three psychological needs: autonomy, competence, and relatedness. Motives related to all three needs were mentioned by the mentors.

##### 3.1.1. Autonomy

Three categories related to autonomy included motives such as the desire to change and improve for their own benefit, for the benefit of other people, and particularly for the benefit of their protégés.

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Example of the process of the inductive content analysis (Graneheim &amp; Lundman, 2004), moving from the text (condensed meaning units) to the codes, sub-categories, and categories.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condensed meaning units</td>
<td>Codes</td>
</tr>
<tr>
<td>I would have liked to have had this chance when I was younger. (Rachel)</td>
<td>Previous experience of lack of support</td>
</tr>
<tr>
<td>Vulnerability and loneliness that I have experienced. (Jules)</td>
<td>Previous experience of loneliness</td>
</tr>
<tr>
<td>I was a little lost when I was a teenager, and even when I was a little older, in my twenties. (Leta)</td>
<td>Previous experience of confusion</td>
</tr>
<tr>
<td>My mom has always been such a good role model for me, and it was such a great privilege for me when I was younger. (Celina)</td>
<td>Mom as a role model</td>
</tr>
<tr>
<td>I know myself how nice it was at that age when someone just listened to me. (Anna)</td>
<td>Previous experience of support</td>
</tr>
<tr>
<td>I’ve always thought it was important to meet older people who inspire me. (Anna)</td>
<td>A good thing for younger people to meet older people</td>
</tr>
<tr>
<td>When I read the description of the job on the internet I really felt like this was exactly what I wanted to do. It was written for me. (Rachel)</td>
<td>An attractive mission</td>
</tr>
<tr>
<td>I would like to share experiences. (Anna)</td>
<td>Conveying one’s own experience</td>
</tr>
<tr>
<td>Based on evidence, I can say that it will get better; actually, you can manage to get through quite a lot. (Celina)</td>
<td>Life gets better</td>
</tr>
<tr>
<td>Setbacks make you stronger. (Danella)</td>
<td>Being strengthened by adversity</td>
</tr>
</tbody>
</table>
3.1.1. Self-interested reasons. The engagement was seen as benefiting the mentors themselves, as it could provide significant experience relevant to professional life and improve their opportunities to pursue careers such as becoming a psychologist. The mentors also described the engagement as an alternative way to achieve their dreams of working with social issues.

I want to work with young people within schools to inform, educate, and talk about what this is, actually the things going on here in the Girls Zone. So that’s a big part of why I do this; it’s certainly a dream that I’ve had. But I haven’t yet been able to work in this field as a professional. (Sophie)

3.1.1.2. Empowering women. The mentoring target of supporting and helping young girls was an attractive one. The mentors expressed their knowledge of the vulnerability of young girls in society in terms of ideals, pressure, exposure, and huge demands. They felt strong empathy and solidarity with young girls, and wanted to change and improve life among this group.

There seem to be so many young girls who don’t have a female role model at all, so I was trying to do this in combination with a wish to give someone a female role model and do something good, and then I contacted the Girls Zone. I wanted to do something for my sisters in society. (Celine)

The mentors also mentioned their interest in gender issues. They expressed a hope that their engagement as mentors would lead to an improvement in the situation of women in society and to increased equality between women and men.

3.1.1.3. Being a responsible citizen. Interest in social issues was well-represented among the mentors, with some having been previously engaged as volunteers and some showing an increased community involvement in recent years, sometimes because of friends with voluntary engagement. Working as a mentor was attractive in itself, because it could improve the situation for others and help alleviate the lack of non-judgmental relationships in society. They felt a responsibility as human beings to influence and improve society.

3.1.2. Competence

The mentors considered their life experiences to have given them skills that would be valuable in a relationship with a protégé. This was partly because they were women with life experience, whether positive or negative, but also because they were fellow human beings able to share their experiences with another person.

3.1.2.1. A sense of compassion. The mentors’ own experiences of the teenage years made it an attractive idea to become a mentor for young women, focusing on the young girls’ mental health. They felt it was important that they had gone through their own teens, because they were able to relate to and recognize themselves in situations described by the protégés. Some mentors had experienced problems themselves, and could relate to vulnerability and loneliness while growing up.

I can’t relate to the young people living in Africa, starving, and feel like I want to go there and do something, because I’ve never experienced starvation, but I have experienced vulnerability and loneliness, and that’s probably why. (Jules)

Having experienced their own problems was however not a prerequisite for the engagement. Just being there for another human being, to hear about their life, was also significant.

One thing I thought about before I began the engagement as a mentor was, well, God, I didn’t have a very difficult childhood or anything like that. But I don’t think that’s the only way you can be able to relate to someone else’s feelings. (Danela)

The mentors had their own positive experiences of support from adults during their teenage years, and being a mentor was a chance to give something back to another young woman. At the same time, lack of support during the teenage years was mentioned as another reason...
to become a mentor. These participants had felt the need for a mentor themselves, but that opportunity was not offered when they were young.

When I was younger I would have liked to have had a mentor or someone who could [...] who wouldn't have needed to give advice or be a psychologist or anything like that, but a friend as well. (Rachel)

3.1.2.2. Self-awareness. The mentors’ distance from their teenage years meant that they now felt self-confidence in being a woman. They wanted to share the knowledge that many problems that occur during growing up disappear when you get older. The mentors had faith in the method of helping young girls by giving them someone older to talk to who understood adolescence, and felt that they would therefore play an important role in the young girls’ lives.

I have no illusions that I can enter someone’s life and control and solve everything, but I think sometimes it might help a bit if you have someone to talk to who’s been a teenager and knows that it wasn’t always much fun. (Celine)

3.1.3. Relatedness

The mentors mentioned two motives relevant to the need to feel related. There was an absence of meaningfulness in being a woman during the time prior to engagement, and mentoring therefore met their needs. They could also receive direct feedback on their engagement.

3.1.3.1. Longing for meaningfulness. There was a feeling of dissatisfaction and unused time in the mentors’ lives prior to becoming engaged in mentoring. Among other things, the mentors mentioned a heavy focus on performance, money, and material things, both in society and in their professional lives. As a result, they lacked emotional relationships and felt out of touch with reality.

I appreciate relationships very much, people, and I felt that I was missing a little bit in my daily work. (Tiffany)

The organization’s method of creating interpersonal relationships meant that the mentors had direct responses to their engagement, face-to-face, whether positive or negative. Compared to other charitable actions, such as giving money, engagement as a mentor was of more significance.

I think it’s great to go out and raise money for Save the Children or whatever, but I felt this engagement was more about being able to work directly one to one. [...] This lets you relate directly to those you help. It’s not someone in another country or in another city. And for me it was important to have this individual relationship. (Leila)

3.2. What makes the female volunteers stay in the organization and continue their engagement?

Results from the interviews are presented below to address the second question. The mentors’ narratives included several different aspects of organizational context which were important for them to feel satisfied in the role of a mentor. Categories related to autonomy, competence, and relatedness are presented.

3.2.1. Autonomy

The mentors felt that they were able to influence the engagement based on their own preferences, and that they could be themselves, resulting in personal development.

3.2.1.1. A win–win relationship. The mentors guided the protégés, and developed and formed their relationships on the basis of the needs and desires of both women. This created unique relationships, and they experienced a feeling of having choice despite the restrictions and rules established by the organization.

Here you are supposed to work in a particular way, but you can still be in charge; you can do it on your own, at your own pace, and you don’t feel pressured or forced to do anything. (Sophie)

The mentoring role gave them opportunities to reflect on their own situation, leading to personal development. The conversations meant reciprocal exchange. The mentors gained perspective on their lives, learned things about themselves, and experienced a boost to their confidence.

Actually, I learn a lot from her in a way. We’re both humans and have both experienced the same things, or I’ve experienced situations that she’s in now. So there will be many worthwhile meetings, I think. (Anna)

3.2.2. Competence

The organization’s way of working led to the mentors feeling they had the skills to cope with the mentoring task, but at the same time, their empathy made them question their own skills and competence.

3.2.2.1. A feeling of ambivalence despite clear responsibilities and contributions. From the beginning, the mentors felt competent to manage the engagement. The form of the engagement – just being there, listening, with no demands or pressure to perform – made them feel competent, and they described the engagement as simple. They did not have to perform a role, but could just be themselves. The mentors highlighted that the organization was clear about what was expected and how to act in the role, and expectations were discussed and clarified during initial training. The practical rules in the relationship between mentor and protégé were also clarified by a manager when the mentor and protégé met for the first time, meaning that both parts of the dyad had the same knowledge. In all, this helped the mentors to feel self-confident, mentally prepared, and able to manage the role. Moreover, they could determine the degree of responsibility.

We aren’t dealing with therapist work. She doesn’t come to me and ask how I’m going to solve her problems, but she comes to me and asks things and I’ll listen. Actually, that’s enough, and that’s what we were told, it was emphasized in the initial training, we know that now as well, otherwise I think we’d probably have had some unachievable demands, but as it is, we don’t. (Annie)

The mentors’ narratives underlined the importance of having rules for the relationship. Initially, the mentors were really excited, and wanted to help and save these young girls; they wanted to do more than meet their protégés for an hour and a half every other week. However the organization was aware of the importance of limiting the engagement in order to diminish the risk of the mentors’ becoming overwhelmed.

Especially in the beginning, you have a tendency to think you can do more. You might want to begin a mentoring relationship with another protégé via online chat as well [...] But it’s very strict. It’s a task you have to do, but you also have the right to be free. We give something of ourselves for no charge, actually I wouldn’t accept money. That’s not the point, but I’m still happy because there are rules. (Tiffany)

Despite this clarification of responsibilities, including the fact that the protégés were the responsibility of the organization rather than the mentors, the mentors found it difficult to disregard their own
feelings of responsibility for the protégés. They asked themselves whether they were doing enough as mentors. They had strong emotional and empathetic relationships with their protégés, and the feeling of being able to save these young women from their situation was still present.

Actually, I have overly-high expectations, because sometimes I still believe that I want to be able to save her as well, which is exactly what we were told not to do […] (Annie)

A feeling of responsibility for the protégé could lead to ambivalence when the year of mentoring was over and it was time to end the relationship. The mentors were reluctant to “betray” their protégés by saying that they did not want to meet up any more. For some protégés, this might not have been their first betrayal by someone they trusted, and so the mentors felt a strong obligation to avoid their protégés’ feeling betrayed again.

3.2.3. Relatedness

Three categories could be associated with relatedness, all including the positive experience of mentors’ affinity to the organization. There was a commitment and a commitment from the organization side in terms of both the mentors and protégés. This created the possibility of an emotional connection between mentor and protégé that in turn led to a sense of duty among the mentors to fulfill their mission.

3.2.3.1. A caring organizational identity. The narratives highlighted the organization’s overall caring for women. Women cared for women, and the feeling of relatedness was present. The mentors described an organization which cared strongly for its mentors. There was a culture within the organization where mentors were seen and confirmed as fellow women, and they were aware of the importance of their work in the organization.

The organization cared for the mentors and the mentors cared for the protégés, which was highlighted as a successful concept. The mentors felt that they were appreciated and seen as an asset for the organization.

They appreciate you anyway, and you do need that, you must feel appreciated if you’re going to be able to do this. Even if you’re not doing it for appreciation, that’s what you need in order to carry on. (Sophie)

Feelings of belonging were heightened: the mentors never felt alone, but on the contrary felt included and a part of the organization. This created feelings of safety in cases where the mentor experienced a challenging mentoring relationship. The organization clearly demonstrated the seriousness of its efforts to support and care for young girls. There was a great enthusiasm for working with female mentoring among the program managers, which was transmitted to the mentors. Over the years, the organization had found a well-functioning professional concept, and they believed in what they did.

I didn’t know it before I became engaged, but at once I noticed that there was a warmth and a real commitment. (Annie)

3.2.3.2. Customized support and guidance. The organization was available and present both emotionally and physically, by email or phone. No matter what, mentors knew that a contact with the organization would never be responded to in a judgmental manner, but always with a positive approach. The program managers guided the mentors during their relationships. After each meeting between mentor and protégé, the organization provided tutoring individually adapted to each unique relationship. The purpose of this was partly to inform the program manager about the development of the mentoring relationship, but mainly to guide and encourage mentors who encountered challenges. It also gave the mentors an opportunity to reflect on the development of the relationship and their own experiences of the engagement.

Every time I meet my protégé, I send an email describing what has happened, because that’s the only way for the organization to keep track of what we are dealing with, which isn’t so strange. Then I always get very positive feedback, and no matter what I’ve written, I get feedback on what I should do, how I should take this on, and if I have questions … So it works extremely well. (Annie)

The regular tutoring and contact with the program manager were also individually adapted. If the mentor did not experience any complicated situations and the protégé’s health was sound, the tutorial was adapted to the mentor’s needs, and the program manager asked for contact only if the mentor experienced any problems in the relationship.

3.2.3.3. A commitment to pursue with feelings of duty and emotional connection. The mentors spoke in many ways about the satisfaction of a relationship with a protégé. They enjoyed each other’s company, and found the meetings pleasurable and fun. The direct confirmation from the protégés of the importance of their presence strengthened them; they saw that they were doing something of great significance for another human being, and a strong emotional connection arose, almost like a sibling relationship.

It’s a joy, it’s a nice feeling to see my protégé’s face when I meet her. It’s not like having children, but it’s almost like having a little sister, and it’s just a nice feeling to see her and hear how her life’s going. It’s a sort of life force. I’m proud, I feel pride. So that’s probably that, joy and pride. (Jules)

However, the engagement did not always feel positive and stimulating. Sometimes the relationships were experienced as challenging and mentally arduous, but even so, the mentors did not want to give up. On the one hand, they felt a duty to fulfill the engagement for the organization, and on the other, they felt responsible for their protégés, resulting in a feeling of duty to fulfill the one-year engagement.

You have to be there, you have to be present at least, and show that you’re out there and you’ll be happy, so you’ll be positive and happy, at the same time as you do it because you like to help and so on. It’s a kind of game. I don’t always find the meetings fun, unfortunately. I think probably not, but I feel that now I’m here, now I’m going to do this, and I want to do it because it means a lot to her … be present, listen, and carry on. (Sophie)

4. Discussion

In this qualitative study, we attempted to gain deeper knowledge and understanding of women’s motives and the organizational context influencing women’s engagement as formal mentors, from a mentor perspective. To guide our understanding of underlying motivations among mentors, we organized the findings on the basis of the three psychological needs identified by SDT: autonomy, competence, and relatedness. Our results can contribute to understanding of the what (i.e., content) and why (i.e., process) of female mentor engagement (Deci & Ryan, 2000).

We posed two specific questions in the study. The first was: What motivates the female volunteers to get involved as mentors? Our inductive content analyses revealed six categories of motives giving insight into why female mentors aged 24–40 chose to engage as mentors for girls ten years younger. The mentors were attracted to the engagement both because of personal interest, including career enhancement, and because of public good, especially working for benefits to young girls. They also found mentoring to be an intervention well-suited for young women, based on their own life experience during adolescence.

We chose to study the Swedish mentoring organization the Girls Zone, which provides a successful and educational case because most female mentors in this organization initiate their own engagement.
This is in contrast to the results of the MENTOR 2005 survey, which showed that half of the mentors began their engagement via a personal invitation (O’Connor, 2006). As mentoring programs continue to expand, it is important to conduct studies such as the present one; if we want more evidence-based practice, we need more practice-based evidence (Green, 2006). As there are few evidence-based training programs for volunteer mentors (Kupersmidt & Rhodes, 2013), this study adds significant knowledge useful in developing mentor training programs.

What can this study tell us about how to recruit female mentors? In accordance with previous research, the findings show that these mentors engaged because they knew the importance of the intervention, they could identify with the young girls (Stukas & Tanti, 2005), and they had feelings of care towards young girls (Dowd et al., 2015). Our findings of initial motives are in accordance with previous research into motives among mentors (Evans, 2005; O’Connor, 2006). However, several of the initial motives mentioned were related to the mentors’ own life experiences as women. Their own experiences during the teenage years, whether positive or negative, generated feelings of compassion for these young girls, who were relatively close to their current age. They could imagine the situation and life of a girl ten years younger. The form of the intervention, a meeting between a younger and an older woman, was expressed as something they required, both out of their previous life experiences and in their current state of life. This indicates women’s special psychosocial needs and ways of relating (Brown & Gilligan, 1992; Jordan, 2001), regardless of age, and may indicate that a mentoring relationship is an attractive intervention among young women as it offers the possibility to relate and share experiences. The mentors also expressed a desire to change and improve the lives of young girls and women, and considered that their life experience had given them the competence to convey strength to these young girls.

In Elements of Effective Practice for Mentoring (Garcinger et al., 2015), the recruitment process is highlighted as one of six important aspects to consider in a mentoring relationship. In order to recruit appropriate mentors, identification with the target group and the mission seems to be of importance (Stukas & Tanti, 2005). In the recruitment process, the Girls Zone organization describes the mentoring relationship as a “sisterhood”, with the mentor designated a “Big Sister” and the protégé a “Little Sister”. This may generate a sense of relatedness as well as a strengthening sense of competence; that is, confidence in the ability to be a good, positive role model. The term “Big Sister” may sound more friendly, more gender-specific, and less professional than the term “mentor”. Our findings regarding women’s experience shows that the term “Big Sister” attracts women to engage as mentors. Although, the organizational context in this study is different compared to most other CBM programs, it offers a gender-specific mentoring program targeting women only aged 12–25 years and ten year older female mentors. This fact needs to be considered in relation to the transferability of the findings.

One well-used theory to examine motives among volunteers and even among mentors (e.g., Strapp et al., 2014) is the Volunteer Functions Inventory (Clary et al., 1998). This theory argues that programs should take a functional approach to volunteer recruitment. Based on this theory and previous studies, recruitment messages may include motives such as gaining career experience and strengthening social relationships. Our results make the important addition of highlighting the prosocial and civic motivation in the recruitment process, including women’s desire to relate and to increase the welfare of other women.

The second question posed in this study was: What makes the female volunteers stay in the organization and continue their engagement? The inductive content analysis revealed five categories in relation to the organizational context. Based on our results, organizations working with female mentoring can succeed in making the mentor feel autonomous, competent, and related. To achieve this and to satisfy mentors in the organization, several significant strategies emerged in the analysis, including support, social integration, and limitations.

Previous studies have discussed the importance of initial mentor training and support (Dowd et al., 2015; Kupersmidt & Rhodes, 2013). The current study adds understanding about how to act from the organizational perspective and the kind of satisfaction that mentors achieve.

First, mentors must know how to access the support that is available, and this support must include guidance. Regular contact with the program manager seems to be important, as it generates a feeling of safety among mentors. Mentors need to be supported individually, on the basis of their needs, with a positive, guiding, and non-blaming approach. Mentors need to know how to contact the program managers, preferably the same person each time. If challenges arise with the protégé, the mentor needs to feel safe in handing over the situation to the organization. This feeling was obvious among our interviewees. The organization included in this study is small-scale — purposefully so, in order to achieve high quality — which makes it easier to establish close connections between mentor and program manager. From the perspective of SDT (Deci & Ryan, 2000), relatedness refers to the desire to feel connected to others; to love and care, and to be loved and cared for. A sense of belonging, both to the protégés and to the organization, was clear in our results. The engagement involved relatedness both to the organization (they are cared for) and to the protégés (they care).

Second, mentors need to feel included in the organization. The organization must communicate with the mentors and make it clear that they are not alone, but rather part of an organization in which everyone is enthusiastically working towards the same goal. Moreover, all the work that mentors do must be acknowledged. Mentors must be seen and confirmed. They engage without external rewards, and so confirmation that they are doing a significant job for the protégé is especially appreciated. From the perspective of SDT (Deci & Ryan, 2000), relatedness refers to the desire to feel connected to others; to love and care, and to be loved and cared for. A sense of belonging, both to the protégés and to the organization, was clear in our results. The engagement involved relatedness both to the organization (they are cared for) and to the protégés (they care).

Third, the mission needs to be limited in terms of time and responsibility. The organization should be particularly aware of the mentors’ initial enthusiasm and willingness to do good for their protégés. Clarification of rules and expectations is important at the beginning of the engagement, as highlighted in previous research (e.g., Spencer, 2007). To reduce the mentors’ risk of becoming burned out and emotionally drained, the organization can limit the mission. From the beginning, the organization needs to communicate the expected length of commitment in a mentoring relationship. The engagement needs to be limited to one relationship at a time, and limits can also be placed on contact between mentor and protégé outside the regular meetings. Lack of time is one common barrier to having a good relationship with one’s protégé (Martin & Sifers, 2012). In the organization studied here, mentors are aware of the one-year commitment and no contact is allowed in the dyad outside the meetings which take place every second week. In total, each mentor engages for around 4 h a month, which is a manageable commitment. It is also important to communicate that the mentors are not professionals, but simply fellow human beings volunteering to do this for no compensation; and they need to be respected just the way they are. Furthermore, related to the voluntary engagement, organizations need to communicate that the mentors do not have sole personal responsibility for the protégés, but rather that this is the organization’s responsibility. Taken together, these strategies allow the mentor to feel that engagement in a mentoring relationship is usually a simple task. In terms of SDT (Deci & Ryan, 2000), they feel competent to continue the engagement.

A major finding related to support and ongoing training of mentors is the importance of repeated clarification of the organization’s rules and expectations during the mentor’s engagement. This will help avoid the possibility of mentors experiencing the sense of responsibility, inner feeling of duty, and irrelevant expectations displayed by the mentors in this study.
Rules, limitations, and regular reporting to a program manager could result in feelings among mentors of being controlled and having no possibility to influence the engagement. However, our results show that the mentors experienced freedom of choice; that is, autonomy. The way in which the meetings and the relationship were formed was determined within each dyad, meaning that each relationship was unique. Although mentors and protégés were encouraged to meet every two weeks, each dyad maintained different schedules and modes of contact based on the needs and time constraints of the two individuals. Structures and rules create the prerequisites allowing mentors and protégés to focus on the relational process and establish the trustful relationships which women desire (Liang et al., 2002; Rhodes et al., 2008). Taken together, this shows the importance of the organization’s approach to mentoring relationships. It seems to be successful in delivering the concept to a mentor with a job description, similar to employment. Further, to ensure long-term commitment, the job description can be signed by the mentor. It is important to be clear about what is the responsibility of the organization and what is the responsibility of the mentor.

To summarize, our findings indicate that motivation to engage as a female mentor can be understood in terms of an SDT approach. The results suggest that female mentors engage because of pleasure, not pressure. According to SDT (Deci & Ryan, 2000), this indicates that the mentors are intrinsically motivated; that is, they find the activity inherently interesting and rewarding. The mentors engaged because the activity was in itself a source of satisfaction and enjoyment; as stated by one mentor, “I really enjoy just seeing her.”

Mentoring programs can promote mentor recruitment and retention efforts by understanding what motivates their volunteer pool and then tailoring their recruitment messages and experiences accordingly (Rhodes, 2006). A gender-specific mentoring program, such as the one investigated in this study, provides a possibility to target recruitment messages specifically to women. Based on our finding that women engage because of compassion for other women, it seems worthwhile to include this in the recruitment message. This must be considered for CBM programs in general, such as the Big Brothers and Big Sisters organizations (Herrera, DuBois, & Grossman, 2013), because they include both boys and girls in the same program.

5. Conclusion

To recruit and satisfy mentors in female mentoring programs, organizations can facilitate the mentors’ experience of the three psychological needs of autonomy, competence, and relatedness. As a result, mentors will self-initiate their engagement and achieve positive psychological well-being during the engagement, because of the pleasure of being a mentor.

5.1. Limitations and strengths

This study has some limitations. First, mentors were asked about their initial motives for engagement despite the fact that they had already been mentoring for periods ranging from 3 to 30 months. As mentoring motives may change across time (Stukas & Tanti, 2005), their answers may have been different if the same question had been asked before their engagement began. Second, the motivations were gathered only from mentors engaged in mentoring relationships, with no comparison group. Thus we cannot be sure that the initial motives mentioned actually made any difference at all. Non-volunteer female mentors might have the same needs, and be similarly motivated (Musick & Wilson, 2008). Third, the number of interviews was fairly small, and therefore we cannot be sure to have covered all the perspectives of motives among female mentors. It is possible that those who agreed to participate in the study (26% of the target sample) were predominantly those with positive experience of and satisfaction with the mentoring relationship. However, there were a few mentors who had started a relationship but did not follow the plan for the one year stipulated. These limitations should be addressed in future research. Finally, this study is based on a sample study group of participants involved in a small-scale organization and it includes volunteer mentors who seek out the organization themselves and who stay in the organization for at least a year. This must be considered concerning the issue of to what extent the findings are transferable to other CBM programs.

Despite these limitations, the findings from the current study have several important strengths. First, the voices of women mentors have been heard, and they have had the possibility to express their experiences of this engagement. Second, this study used a well-established organization as an educational example from which much can be learned. Third, this is the second study using this organization as an evidence-based practice example, which generates an overall understanding of how mentoring programs can be designed and developed to be especially adopted to the needs of women (for the first, see Larsson et al., 2016).

5.2. Issues for further study

While the findings of this study identify the female mentoring program as an intervention worth exploring and continuing, from the perspectives of mentors, many questions remain unanswered. Seen from a voluntary perspective, it would be of interest to conduct longitudinal studies of mentors to see how their voluntary engagement develops over time. Future studies should examine the quality of the mentoring relationship, and follow both mentor and protégé over time to identify the relational factors producing a successful relationship. Additionally, the question of the organization’s focus remains unanswered. What roles do the aim, focus, and type of the organization play in recruiting and retaining mentors? Are gender-specific mentoring organizations needed to recruit and retain mentors successfully?

Authors’ contributions

All authors contributed to the conception and design of the study. ML, CP, and CE prepared and processed the ethics applications. ML and CP collected the data, prepared the data, and were mainly responsible for the initial interpretation of qualitative data. All authors contributed to the interpretation of the data. CP, TS, and CE provided scientific oversight and feedback throughout the development of the study and the manuscript. ML drafted the manuscript. All authors critically revised, read, and approved the final manuscript.

Conflict of interests

The authors declare that they have no conflict of interests.

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