

Mentoring programmes – building capacity for learning and retaining workers in the workplace

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Received 2 January 2023
Revised 21 March 2023
6 July 2023
Accepted 6 July 2023

Abstract

Purpose – The purpose of the paper is to contribute to an understanding of the relational work carried out in mentoring programmes and the implications for learning capabilities in future practices.

Design/methodology/approach – This study is based on field research of a mentoring programme bringing together senior and newly graduated workers in a large Swedish health care organisation. In total, 54 qualitative interviews with mentors, mentees, HR, managers and union representatives are included.

Findings – The findings point to the role of trust and a psychological sense of community in the socialisation work that goes on in relationships between the mentor and the mentee. This in turn leads to increased social capital in the form of learning and retaining workers. The conditions for being vulnerable and asking questions, as well as daring to be independent, are an essential and decisive part of constructing bonding within the professional group and bridging out to other professions and parts of the organisation.

Practical implications – The practical contribution from this study is the workplace conditions that are central to organising mentoring programmes, with implications for learning capabilities in future practices.

Originality/value – With its theoretical focus on social capital, the study shows the importance of relationships for learning and retaining both newly graduated and experienced employees in a context of high employee turnover. It is central to achieving strong and mutually beneficial relationships through continual and trustful interaction between actors. By using the concepts of social capital, socialisation agents and psychological sense of community, this study contributes to an understanding of mentoring and workplace learning.

Keywords Organisational learning, Retaining workers, Mentoring, Human resource management, Social capital, Socialisation

Paper type Research paper



Introduction

In health care, there is currently a high turnover rate of staff among newly trained as well as older employees (see e.g. Poon *et al.*, 2022; Willard-Grace *et al.*, 2019). This article is about a mentoring programme in a large public health care organisation in Sweden, employing 48,000. The programme is one of several measures aimed at reducing the turnover among nurses, physicians, occupational therapists and physiotherapists. In the Swedish context, reports show that many newly graduated health care professionals leave their profession altogether and go back to school or find other jobs. At the same time, older employees choose early or part-time retirement, sometimes with bridge-jobs outside of their profession. Based on previous studies, mentoring that strengthens learning, socialisation and belonging would be important to prioritise particularly in organisations with high turnover rates and labour shortages caused by early career switches (Annell *et al.*, 2019), as well as retirements and late career switches (Fuertes *et al.*, 2013; Bratu *et al.*, 2019; Brody *et al.*, 2016; Silver *et al.*, 2016).

Mentoring is often shown to provide support for further learning and training for newly graduated employees as well as older employees (Deng *et al.*, 2022; Willman *et al.*, 2020). For example, one recent study shows that mentoring programmes have the potential to increase three central aspects of workplace learning:

- (1) psychological;
- (2) social and instrumental support; and
- (3) role modelling (Deng *et al.*, 2022, p. 387).

Regarding particularly role modelling and organisational specific knowledge for newcomers in a profession, mentoring can support organisational socialisation in which the employees learn to fit in and become accepted (Allen *et al.*, 2017).

For the newly graduated, there are different reasons for continued training and support through mentoring. For example, formal professional education does not provide sufficient practical skills to cope with the increasingly complex cases, stressful work situations and being left alone with difficult decisions (Ronsten *et al.*, 2005). However, many studies primarily discuss the support a mentor can bring to a mentee, ignoring the mutuality of the relationship between the two, who often perform work in different ways and have different types of competence (Smith *et al.*, 2001; Deng *et al.* (2022)). Also, some studies have raised objections to establishing mentoring programmes because knowledgeable senior employees are not given enough time to train mentees (De Long and Davenport, 2003). De Long and Davenport (2003, p. 54) question how realistic it is for the mentor to “give 20 or 30 years of experience in one or two years”.

Another difficulty with mentorship is that socialisation may inherently conserve and reify outdated knowledge and thus be a hindrance to organisational learning because the mentee learns to fit in instead of the pair mutually learning new ways of being and doing (Allen *et al.*, 2017). One study found mentoring to have destructive effects, causing anxiety rather than reducing it (Smith *et al.*, 2001). Being assigned as a “socialisation agent” can cause mentors to balance between adjusting to their proteges’ needs and being loyal to demands of their organisational identity (Ramarajan and Reid, 2020). In this critical line of research, it has been shown that to achieve positive effects from mentoring programmes, a good relationship between a mentor and a mentee is of great importance (Eby and Robertson, 2020; Ghosh, 2014; Grocutt *et al.*, 2020; Ullrich *et al.*, 2020).

In sum, previous research on mentoring has generally addressed the issues of mentoring programmes in one of two different ways. A first set of studies emphasises how relational factors *enable learning, mainly for the mentee* (Bjørnson and Dingsøyr, 2005). A second set of

studies has questioned the purely positive view of mentoring and has focused on mentoring as a learning practice, emphasising the *mutual learning and support* between both junior and senior employees (Samarra *et al.*, 2017; Burmeister *et al.*, 2018; Naim and Lenka, 2016). Studies have shown that learning requires partakers to have confidence and mutual trust in one another (Ragins *et al.*, 2000). However, in the current study, we claim that concepts like “trust” are opaque. Such concepts hide the specifics of the relational work involved (see, e.g. Petriglieri and Obodaru, 2019). For this reason, we propose that the concept of social capital, specifically “bonding and bridging”, is helpful to unpack the mutuality of the mentor–mentee relationship (Hawkins and Maurer, 2010).

Finally, besides wanting to critically clarify the relational dynamics of mentoring in health care, we also answer the call for studies connecting mentoring relationships to organisational resilience (Kahn *et al.*, 2018). Organisational resilience is defined as the organisation’s ability to absorb strain and preserve or improve functioning despite the presence of adversity (Sutcliffe and Vogus, 2003). Health care organisations in Sweden, partly due to staffing shortages, constitute a context of considerable adversity. In the studied organisation, the turnover rate 2020 was 10% for nurses and paramedics, 9.2% for assistant nurses and 6.5% for physicians [1].

The studied mentoring programme lasts for one year and brings together employees that are near retirement with those who are newly graduated. Each pair of mentor and mentee has support from their manager and makes their own agreements on how to set up the mentoring interactions. Specifically, in this paper, we will show that this kind of mentoring, containing mutual learning and support, can be harder to achieve in contexts with physically dispersed workplaces, as well as when mentors and mentees identify as very different from each other.

Within the mentoring relationship, we introduce the concepts of *psychological sense of community* and *socialisation agents* to explain important factors for the processes of social capital *bonding and bridging*. In the studied mentoring programme, the relationship that formed between mentor and mentee allows, in addition to reduced turnover, the creation of social capital for both parties. This translates into learning capabilities for the workplace at large. However, due to a lack of psychological sense of community and the strains of being a socialisation agent, this was not always the case. The purpose of the paper is to contribute to an understanding of the relational work carried out in mentoring programmes and the implications for learning capabilities in future practices. The overarching research question is: how does the relational work in mentoring programmes support processes of social capital bonding and bridging?

Theoretical framework

To better understand the structures and conditions for building a trusting and reciprocal relationship and the mechanisms involved in mentoring, we use the concept of social capital. This kind of capital can be said to constitute both a building block and an effect of mentorship relationships. Building on Bourdieu’s (1986) definition of social capital as a frame for agency and social stratification, capital refers to assets that are applicable and can be used by individuals to establish themselves in different societal contexts. There are different types of capital, for example, cultural, symbolic, economical and the one focused on in this article – social capital. For an asset to be seen as capital and valued, it needs to be accepted by individuals active in the same social space. An example of a social space are the many professions which inhabit the health care community, such as physicians in different specialties, nurses, midwives, physiotherapists, occupational therapists and assistant nurses.

Bourdieu (1986) expresses the importance of social networks and mutual relationships as an important resource for individuals that are a part of a community. This also means that individuals who have capital may influence people in that social context. According to Lin (2017), the notion of social capital is simple: by investing in social relations, results can be expected. People therefore invest in and engage in interactions and networking to gain profits. These profits can also be of a social nature, such as being considered knowledgeable. This is true in a context where this is rewarded, such as among the professions in the health care setting.

This article discusses the relationship between two employees with different sets of social capital, where one is formally asked by their organisation to share their capital with the other and for a mutual exchange to take place. The employees participating in the exchange often differ demographically in terms of age, besides differing in experience in the specific field of knowledge and network in the organisation. These dissimilarities form a barrier to spontaneous social capital exchanges, because the two parties do not belong to the same select groups.

To further explore the mentoring relationship, we use two sub-concepts *within* the theory of social capital: bonding and bridging (Putnam, 2000). Bonding social capital often occurs within a select group where the group, in its exclusivity, finds ways to prosper. This exclusive group could be explained as a group with strong connections. An example could be family members or close friends who interact frequently. The exclusivity may somewhat limit the benefits and reach of the bonding social capital. When people have a common goal, they create their own community. This new community shares resources, has the same reference and experiences and has new social capital (cf. Hawkins and Mauer, 2010; Putnam, 2000). When people have a common goal, they create their own community. This new community shares resources and has the same reference and experiences. This type of community forms such tight connections that they conjoin and create a new group with new social capital (cf. Hawkins and Mauer, 2010; Putnam, 2000). When bonding in a mentorship programme is successful, the mentor and mentee may share the same type of knowledge as the mentors pass their knowledge on to the mentees, thus having the same social capital.

The counterpart to bonding social capital is *bridging* social capital. Bridging is more inclusive; the group itself has less value and creates bridges and collaborations with other groups to get access to their resources and get ahead. Leonard (2004) also states that the members of a group with limited resources must reach outside of their group to move forward in society, to get access to a larger variety of social capital (Putnam, 2000). In a mentoring programme, bridging is present insofar as it builds bridges between mentor and mentee and enables mutual learning as well as support in the mentees' career development. This means that many people have access to the other groups' information, knowledge and resources.

The relationship between the two members of the mentoring relationship is also linked to the social environment in which the mentoring relationship takes place. It forms a basis for socialisation, which supports the exchange of social capital. Social capital is thus generated in relation to a wider environment than the one-to-one relationship that the mentoring relationship represents. Socialisation processes in organisations entail both efforts to shape employees to fit with organisational needs and attempts by employees to define themselves within the organisation (Allen *et al.*, 2017: p. 324). Organisational members responsible for the socialisation of others must balance the organisational need for integration with the need of individuals to maintain their personal identities. This is particularly apparent in organisations with high demographic diversity (Ramarajan and Reid, 2020). The balancing act that the socialisation agent performs also depends on whether the exchange is uni- or bidirectional.

In our study, we consider the mentors to be “socialisation agents”, with the capacity to create a psychological sense of community, defined here as:

[...] the perception of similarity to others, an acknowledged interdependence with others, a willingness to maintain this interdependence by giving to or doing for others what one expects from them, and the feeling that one is part of a larger dependable and stable structure (Sarason, 1974, p. 157).

A psychological sense of community may rely on the provision of a structure that forms the basis for secure-base relationships to develop and may result in different kinds of relationships that provide different social capital. Secure-base relationships occur when both parties in a relationship experience their counterpart as dependable and supportive (Petriglieri and Obodaru, 2019). They are hence closely linked to the sense of mutuality and trust between relationship members, which are necessary for the building and exchange of social capital (Putnam, 2000). Meanwhile, the *type* and *extent of participation* in a relationship have implications for the development of trust and secure-base relationships (Petriglieri and Obodaru, 2019).

In sum, the theoretical framework for this study takes the perspective that mentors are working as socialisation agents participating in organisational structures together with their mentees. The identity work of both parties may or may not contribute to their individual social capital, i.e. bonding and bridging, depending on the psychological sense of community created. This also has impact on the social capital of the larger communities that the two are part of, as they are role-modelling a form of workplace learning that others might imitate and take part in.

Design and methods

The study context

This study is based on field research on a HR initiative in the form of a mentoring programme bringing together senior and newly graduated workers in a public sector health organisation. The studied mentoring programme is a part of an initiative to become a more attractive employer. The mentoring programme was assumed to be beneficial for younger employees for the following reasons (as stated in internal documents):

- The senior employee’s knowledge and competence are shared with younger or inexperienced colleagues, and the organisation retains valuable knowledge when the older employee retires;
- Younger or more inexperienced nurses and physicians receive structured guidance from the senior colleague, become confident in providing care and treatment, and are strengthened in staying and feeling good in their workplace; and.
- Patient safety and continuity for patients increase, and loss of knowledge is minimised.

In 2020, the Personnel Committee in the studied organisation developed and implemented a pilot initiative with mentoring programme where experienced employees could support younger or inexperienced colleagues. For one year, the unit where the mentor works receives stimulus funds of approximately 2,000 euros per month. The first two-year implementation phase of the project engaged approximately 130 mentors in the mentoring programme.

The selection of mentors started with the unit managers who wanted to participate asking the senior employees themselves (55+) about their interest in being a mentor for 12 months. The mentor assignment required the mentor to be physically available to give

advice in ongoing situations, participate in discussions if situations arose and thus offer the opportunity for learning afterwards. Special emphasis was placed on the importance of individual, planned conversations with the mentee, but one can also meet in groups. Employees at each selected unit were informed, and younger or less experienced employees were asked about their interest in participating. Participation was fully optional for both mentors and mentees. Those who were offered the chance, and who were interested, joined the mentoring programme.

A start-up meeting was held at each participating unit by the manager, mentors and mentees. Two half-day seminars, one at the beginning and one at the end of the mentorship assignment, were conducted for mentors, under the project manager's guidance. In the introductory meeting, different stages of development to become professional and competent in their profession were presented and discussed. The mentors reflected on how they could meet the mentees where they were, in their professional and personal development. Furthermore, different types of knowledge were discussed, and an in-depth dialogue was held about how the mentors can describe their intuitive and unconscious knowledge, how it affects decisions and actions and how the mentees can be supported in developing their knowledge based on the mentor's "silent" knowledge. Finally, the project manager held detailed discussions with each mentor concerning their plans and conditions. The participating mentors concluded it was valuable to have time to reflect with other mentors from different units and gain insight into how to set up your own mentorship.

In this organisation, there is a widespread problem with high turnover, particularly prevalent among young and new employees. Therefore, mentors are provided to guide young and new employees into their professional roles. The explicit purpose of the mentoring programme is also to retain and make the senior employees stay longer in their working life and within the organisation. Mentoring can be both a reduction in workload and development activity for older employees by adding variation to the job. Thus, the mentoring programme has dual purposes: supporting both the new and older employees.

In this organisation, guidance, supervision and tutoring are things that would not have existed without the help of the mentoring programme. Since the healthcare sector and hospital environment are a learning environment and organisation, what is special about the programme is mainly aspects of career advice, guidance in understanding the context and gaining access to social networks. The espoused theory of the mentoring programme is to mould the inexperienced colleague into becoming more like the experienced mentor. Furthermore, one expected positive aspect is that such a programme is beneficial for colleagues in the workgroup by reducing turnover and supporting organisational learning. At the end of the year, the project manager met with the manager and mentor and summarised the year, judging the effects and possible continuation.

The study design and data collection

The study is conducted with a qualitative research method, as a case study collecting data through semi-structured interviews (Bell *et al.*, 2019; Rubin and Rubin, 2012). The sampling is done within the case leading to a purposive sampling approach, meaning that the participants are not randomly selected but rather strategically chosen because of their relevance and with regards to the research question (Bell *et al.*, 2019). In total, 54 qualitative interviews with mentors, mentees, HR, the project manager (multiple interviews), first-line managers and union representatives are included. Fifteen of the interviews were collected by master's students, the rest by senior researchers. Each interview lasted between 40 and 75 min and followed a semi-structured question guide. The question areas dealt with how

the participants joined the program, their role, the programme organisation and the perceived effects on the interview person and in their group.

The interviews were conducted and transcribed in Swedish. The analysis of the interviews was conducted on the Swedish transcribed interviews and the Swedish quotes used in the article were translated into English. The mentors and mentees represented five professional groups: physicians, nurses, assistant nurses, physiotherapists and occupational therapists. The distribution between interviewees is described in [Table 1](#).

Data analysis

The analysis of the collected data was done in several steps, starting with an initial inductive first-order coding. All members of the research group read and re-read the transcriptions separately and examined the interview transcriptions in a reiterative process to generate categories of answers inductively, inspired by [Corbin and Strauss's \(2008\)](#) analysis method. We initially labelled statements in the interview transcripts and categorised the descriptive content, with a focus on patterns of similar statements and their connections. An example of initial codes concerned how the mentoring programme was structured. Soon, certain patterns were interpreted, as interviewees answered similarly or used similar examples, while other times they did not. For the first-order coding, the researchers (first individually and then collectively) identified and mapped out code words that were used in a chart to get an overview of each interview as well as to draw parallels between them.

Thereafter, all members of the research group – first separately and then collectively – organised the empirical categories deductively based on the theoretical terms of social capital and socialisation relationship theory. For the second-order coding, we looked at statement patterns and the connections between them through the lenses of social capital “Bonding” and “Bridging,” complemented by socialisation relationship theory using operationalisations of the concepts “Psychological sense of community” and “socialisation agent work”.

Role	No. of interviews	Professions
Human Resources	2	HR
Project manager	4	HR
Trade union representatives	2	Trade union representatives
Managers	7	Managers (Nurses (4), Physicians (2), Physiotherapists (1))
Mentors (senior employee, 55 years or older)	19 (13 women and 6 men)	Physicians (6), Nurses (7), Assistant nurses (2), Physiotherapists (2), Occupational therapists (2)
Mentees (new, inexperienced employee)	20 (15 women and 5 men)	Physicians (7), Nurses (6), Assistant nurses (3), Physiotherapists (2), Occupational therapists (2)
<i>In total</i>	54	

Table 1.
Overview of interviews

Source: The authors

The concepts of “Psychological sense of community” and “socialisation agent work” enabled us to analyse the capacity creation that resulted in the kinds of relationships that provided different types of social capital and mutuality. The theoretical term “Bonding” helped us to highlight how the mentor and mentee shared the same type of knowledge within their profession and workplace. The theoretical term “Bridging” enabled us to analyse the building of bridges between mentor and mentee as well as within the larger organisation. An overview of the first- and second-order coding is presented in [Table 2](#).

Examples of quotes from the interviews are presented in the findings section. We have presented quotes from several of the interviewees, selecting the quotes that are most clear but that also represent the variety of types of answers found in the analysis. The number of interviewees represented in each category of interview response is of little interest in this type of qualitative coding, since the selection of interviewees is meant to bring out variation in answers. The representativeness of each interview is unknown because the sample is not random (Bell *et al.*, 2019).

Findings

When asked about the purpose of the mentoring programme, most of the mentors, mentees and line managers saw a positive impact and first mentioned knowledge transfer as the main gain. Some stated that learning and the knowledge transfer achieved through the mentoring programme would have taken them several years to develop without it. Moreover, many mentees also mentioned that being part of this mentoring programme had provided them with a sense of safety, self-confidence and their ability to trust their own knowledge and skills.

The interviews showed that two types of psychological sense of community happened when the programme was perceived as successful:

- (1) having trust to show *lack* of knowledge or skills and in this way *be vulnerable*; and
- (2) having *confidence* to step out of ones’ comfort zone to show knowledge or skills in new situations.

First-order coding	Second-order coding – social capital
<ul style="list-style-type: none"> • Relationship • Similar experiences • Working together • Security in profession • Safe to ask questions • Mutual learning • Learning culture 	<p><i>Bonding</i> – sharing the same type of knowledge and being part of the same profession-based group, based on finding similarities and being able to be vulnerable together</p>
<ul style="list-style-type: none"> • Knowledge transfer • Independent colleagues • Network • Information sharing • Understanding the organization 	<p><i>Bridging</i> – bridging divides between seniority levels as well as between professions and different parts of the organization, understanding the organization as a whole</p>

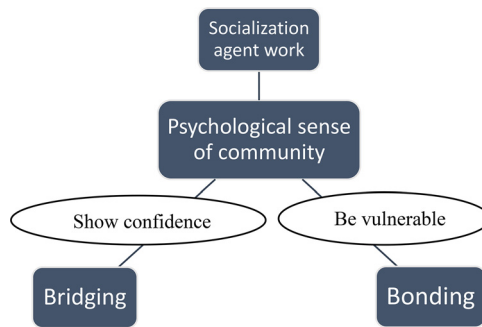
Source: The authors

Table 2.
Overview of the first- and second-order coding scheme

This was achieved through the mutual socialisation agent work involved in the mentee becoming part of the professional group, i.e. *bonding* social capital, and by the mentee learning to relate to the larger organisation and other professions i.e. *bridging* social capital. [Figure 1](#) shows an overview of the analysis, and the relationships between the concepts used in the presentation that follows.

Profession-based relationships – bonding

Socialisation agent work for bonding of social capital. In the mentoring programme, the sharing of professional knowledge and skills and being able to learn together proved important beyond the technical knowledge sharing. Both parties took part in this socialization agent work. It also formed bonds of the social capital within the professional group in the workplace (see [Table 3](#)). The mentors and mentees had the mutual interest in creating a better workplace for each other, reducing turnover and contributing to a more supportive and developing workplace culture. The plan was that the senior workers would get motivated to stay longer when asked to enter a bonding relationship of being mentors, while at the same time making it easier for the new mentees to feel at home:



Source: The authors

Figure 1.
Categories used in the analysis

Mentor quotes	<p><i>We really should do more of that, to treat the patients together, because then you see so much more. So, it is always developing to oneself to do this, not only as a mentor but together.</i> (Mentor 2, Physiotherapist)</p> <p><i>It is always developing to discuss things, also for oneself. You're continuously learning. It is not me who knows everything . . . the mentees have great knowledge too, so it is a give and take situation.</i> (Mentor 3, Occupational Therapist)</p> <p><i>We take up the most difficult, worst situations we can think of. So, we train and go through them theoretically and practically on manikins as best we can./ . . . A common form seems to be that mentor and mentee, sometimes several mentors and mentees together, discuss what has arisen during the mentees' work in order to learn from this in future similar situations.</i> (Mentor 17, Nurse)</p>
Mentee quote	<p><i>For us, it's very much a transfer of skills, I would say. It's about the mentor, who has worked for many years, wanting to teach his skills and share his knowledge. And then there's . . . As a nice side effect, it's been very nice and social when we've seen each other.</i> (Mentee 14, Physician)</p>

Table 3.
Examples of quotes about socialization agent work for bonding

Source: The authors

The aim of the mentoring programme was to somehow keep us in healthcare, we who have a lot of experience and knowledge. Plus, to improve for the new ones who come here. They should feel safe, and we should be able to help them in many ways then. (Mentor 2, Physiotherapist)

Some mentors and mentees saw each other for one hour per week, and some spent around three days per week together. Some pairs chose to work together in everyday settings, for example, when meeting patients or analysing patient lab results or radiology pictures together. Or as in this case, physicians operating together:

At the beginning of the mentoring programme, we had a few meetings where we discussed ethics and difficult cases. And that was good, but then both the mentors and the mentees thought that was enough. They wanted more practical focus. So, now we have rescheduled, and have a focus on surgery and the clinic/. . ./Then the mentor and the mentee operate together. (Manager 4, Physician)

Mutual learning, joint activities and shared professional experiences seemed to be directly related to the extent to which bonding occurred within the mentoring pairs. Some mentees expressed that the knowledge exchange confirmed that their thought process and decision-making were correct and that the mentor would have done things the same way. A first line manager also explained the importance of showing the limits of ones' knowledge and skills, which the mentoring programme offered to both parties:

I think that they become more confident in their profession. They feel secure and are getting better knowledge. A lot of confidence and the "good enough" – feeling that it is impossible to know it all, a person that has been working for 30 years does not know everything either because every case is different. (Manager 1, Nurse)

They thus identified with the mentor, seeing their similarities through the discussions about specific work situations and what was the correct or adequate way to think and act. It implied and assumed that both parties saw value in what was considered a mutual learning and exchange and were therefore willing to trust each other. Here the social capital was mostly limited to the two people taking part in the mentoring relationship, the mentor and the mentee, even if it also involved incorporating and socialising a new member of the professional group.

Psychological sense of community and daring to be vulnerable. The mentees who worked in the same locations as their mentors employed the use of their mentors often, e.g. to ask small questions and feel supported in the day-to-day work. Working together every day made it feel natural to ask questions. In a mentoring programme, mentees were expected to ask questions, decreasing the risk of feeling inadequate or too vulnerable to ask (also, see [Table 4](#)):

It gives me more confidence to know that the person expects me to ask, and it doesn't feel strange and that I dare to ask. (Mentee 6, Physician)

Other mentors and mentees interacted through digital meetings once a week, discussing difficult situations or issues related to patient work. The ones who had their mentor in a different facility needed to save their questions and ask them at a specific time. In some (a minority of the) cases, the mentees would have wanted additional time with their mentors to get the most out of the relationship. The importance of sufficient time together was stressed to have the opportunity to discuss issues that are vulnerable to both parties:

There have been two of us then, me and another colleague who has met with our mentor. And then I can perhaps feel sometimes that you don't get the opportunity. I can't say what I want to say, because the time hasn't been enough. (Mentee 10, Occupational Therapist)

The mentoring relationship enables, new inexperienced employees to ask questions without feeling that they are a burden to their colleagues. When this is done successfully, a common

Table 4.
Examples of quotes
about psychological
sense of community –
being safe to ask
questions, creating a
learning culture

Mentor quotes	<i>That they have someone to ask, that they feel safe and that they know why they are doing something. I think that's so important, that you don't just do things, but that you find out why you do them. (Mentor 1, Physiotherapist)</i> <i>We should help the younger people to want to stay by making them feel welcome in the workplace from us employees and feel a sense of well-being in the work group, but also by getting an increased competence. (Mentor 4, Occupational Therapist)</i>
Mentee and manager quotes	<i>It's very helpful to go over with my mentor before testing patients. There are things that can go wrong if you don't do things the right way. I can feel a bit nervous about those situations, you want to do your best. The health of the patient is at stake, so those are often important moments. (Mentee 19, Nurse)</i> <i>A mentoring programme becomes a social training for the mentors to answer questions. It becomes not only a focus on knowledge but also a personal relationship. Both the mentor and the mentee learn things as human beings as well and not just in their profession. It's about an attitude or approach to the work. There's a lot of social stuff around work and not just knowledge, about what is really important. (Manager 3, Physician)</i>

Source: The authors

community based on mutual social capital develops, meaning that bonding could be established. The bonding process was intertwined with the development of a supportive collegial workplace culture of learning in the group of colleagues working together:

If you know someone has had a tough day working with someone seriously ill or something at work that you can ask: How did it go? Was it hard for you?/[. . .]/You can do that with anybody, it doesn't have to be with your mentees. To introduce a culture of learning and helping. (Mentor 7, Physician)

Mentors also described how it was rewarding to mentor someone, often emphasising the shared experience of being in the same profession and mutually sharing knowledge:

I was asked if I was interested in participating in this. I thought: Finally! Because I've missed this, that you kind of carry knowledge through the ranks, for a long time./[. . .]/So, I was very happy when this came up and I took it immediately./[. . .]/I also get a learning gain for myself in this. (Mentor 8, Nurse)

This illustrates the bonding of social capital that took place in the mentorship relationship. The programme created the social arena for both parties to gain access to the each other's professional knowledge when there was enough trust and a feeling of mutuality between the two. Statements that the mentoring programme had a positive impact on the workplace climate emphasised the emergence of a "culture" of collaboration and learning. Described as a product of the mentoring programme, the emerging culture was said to encourage questions being asked and answered as well as new contacts, relationships and social networks being established. This was the case, not just between the mentor and mentee but in the group where they worked at large.

Connecting across professional, hierarchical and organisational divide – bridging Socialisation agent work for bridging social capital. Bridging social capital is about creating bridges between different groups and being inclusive, according to [Putnam \(2020\)](#). Being asked to become a mentor was intended as an affirmation that one's knowledge was too valuable to be let go of. It had to be transferred through learning between mentor and mentee and thus retained in the organisation. Successfully executed, this would imply bridging of social capital across the seniority divide, with the mentors sharing their

knowledge, experience and support and at the same time acquiring knowledge from the mentees who had just finished their training (see Table 5).

In some of the constellations, if not for the mentoring programme, the pair would not have interacted with each other. Bridging thus occurred in the sense that the mentorship programme brought together employees who, without it, would not have built a relationship due to reasons related to seniority and perhaps, in some cases, gender. Drawing on social capital theory, we note that several of the mentors in the study experienced mutually beneficial exchanges in their relationships with the mentees. Thus, people that would normally not interact did so because of the circumstances. In addition to the formalisation of the mentoring programme, support from managers constituted an important aspect of creating the necessary conditions for this type of bridging to take place:

The older woman (name) would absolutely never have shared her knowledge with the younger man (name) if I (line manager) did not have the incentive to put them on the same schedule for more or less the entire year. (Manager 3, Physician)

Some of the mentors in the programme were separated from the rest of the work group in terms of the location they worked from. For these mentors, the mentoring programme enabled them to feel more included in the overall work group. In this way, social capital bridging was created, even though mentor and mentee seldom got to meet. Social capital could then begin to form and develop as knowledge and experiences were shared across thresholds otherwise present in the healthcare organisations. These thresholds were produced by e.g. distance between work locations and hierarchy, as one manager commented:

They get more support and feel closer to their own profession, which is particularly important for occupational therapists in primary care who are alone in each unit. This strengthens them and gives them a colleague. They do have colleagues on site, but they are from a different profession. [. . .] I think that you can still get more support when you are a mentee and a mentor than when you are in a collegial exchange and the mentor is also more structured and can decide what you are going to focus on. (Manager 7, Occupational Therapist)

This shows how the mentors and mentees represented themselves as individuals but also the organisation, balancing the individual and organisational identities:

I think I understand who the surrounding entities to us are. I can talk to the mentor about cooperation difficulties with colleagues or other units, e.g. that referrals are unclear. (Mentee 9, Physician)

Mentor quotes	<i>Mentoring, it involves much more than just supervision. Supervision may refer to more practical things or practical issues, but in mentoring you have to start from and create a whole picture and a plan to achieve a certain whole. (Mentor 10, Nurse)</i> <i>I would say that as mentors we help with other things as well, other colleagues or issues that no one else has time to deal with currently. That you don't just devote yourself to just your mentee, but you do things that are good perhaps for the whole department. . . . It could be that you contact another department because we want to bring up something that we all feel needs to be improved in the day-to-day work. (Mentor 7, Physician)</i>
Mentee quote	<i>We usually know all the units that we get patients who come here on referral, but sometimes we get a referral from some other unit that we didn't get before. The mentor has helped me to understand the organisation in general, different levels, different agencies that ask you questions or send patients to us. (Mentee 9, Physician)</i>

Table 5.
Examples of quotes about socialization agent work for bridging

Source: The authors

One mentee described that the mentoring programme had enabled a cross-unit network where questions could be asked and answered by other doctors and nurses. Another mentee described an absence of hierarchies as part of the new culture of learning, meaning that everyone could participate in the knowledge exchange as well as support each other.

Psychological sense of community and daring to show confidence. In terms of professional knowledge and judgement, the mentoring programme was described as an apprenticeship programme. A mentee explained that it had allowed them to gain an amount of knowledge and learning that within the time span and without the mentoring would not have been feasible. When the psychological sense of community was achieved through mentoring, the mentee gained confidence in their knowledge and skills (also see Table 6):

I have received an amount of training that has not been possible to achieve in normal clinical everyday life/ [. . .] /I notice a clear progression in my skills both technically and theoretically which are connected. (Mentee 8, Nurse)

This type of confidence involved a bridge between more experienced and less experienced colleagues, but also with the organisation at large and in reaching organisational goals. Both mentors and mentees expressed that the exchange created a sense of confidence in mentees that translated into clinical knowledge and improved medical safety:

It is of utmost importance to be involved in doing things together and then their confidence improves, they become more independent. The medical safety increases enormously. (Mentor 9, Physician)

Mentees also felt the trust and safety in the relationship that helped them go out and show their new skills in the workplace, thus bridging social capital that was found outside the smaller group consisting only of the same profession and the mentor relationship. The

Mentor quotes	<i>To maintain the knowledge in the workplace, yes in a future perspective, as well as carrying the old knowledge into the new. And to support the new employees to dare to stand on their own feet and learn as they go along.</i> (Mentor 1, Physiotherapist) <i>So, that they can acquire a sense of what it's like to be an independent specialist. This thing about making decisions independently and this role you have as a doctor, to do it. It's clear that for the younger ones who don't get a mentor to support them, it's like a gap in their career.</i> (Mentor 13, Physician)
Mentee and manager quotes	<i>If you're a bit insecure, you might not see that you need to be ahead of the events and pick up [before being asked]. It's very much a solo job for us assistant nurses here at the clinic, we don't work in groups. There's a need to be supported by someone in between or outside the clinics.</i> (Mentee 7, Assistant nurse) <i>We became more confident after we got our mentors. . . / I don't have that much worry, but still, there's always some little worry that you might do something wrong, some mistake. But the mentoring has helped us a lot.</i> (Mentee 8, Nurse) <i>I dare and can do more. It is primarily surgical but also in the handling of the patient that the greatest progress has been made. It is in the handling, that if you have a patient where it is difficult to decide which investigations should be done.</i> (Mentee 13, Physician) <i>The effect has been that the mentee can almost work completely independently on these tasks today and the mentor has been able to retire. There are very few tasks that the mentee is not able to assess and carry out on their own now.</i> (Manager 3, Physician)

Table 6.
Examples of quotes about psychological sense of community and the confidence to be independent

Source: The authors

majority of the mentees testified to how the mentoring programme increased trust, not only in one's self-ability but also towards the organisation and the rest of the workplace. In cases where bridging is improved, the whole organisation benefits from the mentoring programme as the new social capital connections increase the learning and knowledge exchange in the organisation. This coincides with an increase in trust in the community, colleagues, mentors and organisation, as previously suggested by the theory of social capital (cf. Putnam, 1993).

When conditions for psychological sense of community and socialisation agency are lacking

Not all mentoring couples seemed to have used the mentoring programme fully. This could have been due to time and spatial constraints. While mentors and mentees were free to shape their collaboration according to their own preferences in the sense that there was no set structure to follow, in practice, work organisation and management set a framework for how the pairs could work together. When it came to allowing for time together, one line manager mentioned staffing planning challenges as an obstacle. The potential of the mentoring programme to provide an opportunity for knowledge transfer requires planning. One of the mentors explained that they met their mentees only for one hour per week because taking more time to mentor was considered too costly by their manager. The gains from the programme were difficult to calculate and thus discounted:

If I were to decrease my work hours then it would impact the unit, primarily my manager, and I would not contribute to making enough money [for the unit]. [For this to be viable] then you would have to see the benefit of the mentees becoming independent faster. They don't think about saving money that way. (Mentor 5, Physician)

Another mentor testified to the difficulties in finding time to be available for the mentee and being able to schedule meetings in advance. This mentor had demanded regular meeting times from their manager as a condition for accepting the role. This was promised, but during the programme, the mentor work was often added on top of the regular duties:

I have tried scheduling to get those times. I was encouraged. But still it has been difficult to always have the time. I have had to pick times in the afternoon when we are done with the ward work and can leave. It is sort of put on top. (Mentor 3, Occupational Therapist).

Also, in a small minority of cases, the difficulties in creating a psychological sense of community were due to a poor match between mentor and mentee:

There was one person that I wanted as a mentor because I had a lot of trust in that person. But now we had no choice. We only have one mentor, and it might not be the best fit for me. (Mentee 7, Assistant Nurse)

In sum, the mentoring programme worked as a social capital bond between those who found similarities and built on a common profession, creating a psychological sense of community that is safe enough to ask questions. For others, or at other times, it worked as a bridge between different groups to enable sharing and spreading of experience and knowledge in and from the larger organisation. However, if time allocation, location or lack of matching personalities prevented the relationship from occurring, they would at most achieve and stay within a temporary and light form of social capital bonding or bridging. For the relationship to become strong enough for proper bonding and bridging to occur, the mutuality of the psychological sense of community was needed for mentees to get to try their wings. In the studied socialisation process, both the mentor and mentee took on socialisation agent work by balancing the needs of their individual identities with those of the organisational identity that they were part of.

Discussion

The bonding and bridging processes that took place within the mentoring programme related to and produced socialisation as well as a psychological sense of community. Initially, trust developed between mentor and mentee and a sense of mutuality, which in turn laid the foundation for increased professional confidence combined with technical and clinical learning. This process also meant that the mentor, in the role of socialisation agent, supported the mentees in their professional roles. The mentee in turn dared to be vulnerable, and thus both contributed to the learning in a collegial workplace culture.

When bridging occurred, the psychological sense of community was extended to include others outside the mentoring relationship, such as workplace colleagues and actors with whom the mentees came into contact in their professional practice. This involved building on the psychological sense of community created within the mentoring relationship and transferring it to being independent at work and in the larger organisation. In this process, socialisation mainly concerned the mentees and mentors creating a mutual understanding of the organisation – dynamics, networks, how everything works in the knowledge and social exchange between colleagues from other professions both inside and outside the work unit.

The overall result of this study highlights the importance of the relational aspects of mentoring programme in creating learning capabilities and socialisation. The simultaneous learning and social capital gain that took place included the mentees' socialisation into a professional role as well as a professional setting. For the mentors, the social capital acquisition involved being attributed value both within the mentor-mentee relationship and in the larger social setting at work. Hence, the analysis yields evidence that mentoring programmes have the potential to support a *mutual* learning relationship and socialisation between senior and junior employees.

However, one important condition for achieving a mutual learning relationship and socialisation is the amount of time and closeness of the work relationships. One conclusion is that bonding and bridging may demand specific ways of structuring the work relationships, such as close relationships for a longer period within a larger psychological sense of community. We found hindrances to both bonding and bridging in the form of lack of time and support from managers, despite the funds set aside by HR for this programme.

The study also shows how trust between mentor and mentee is part of a psychological sense of community that facilitates learning capabilities and socialisation. The learning culture that is created in the relationship and sometimes in the workplace at large is facilitated by two kinds of trust: daring to be vulnerable to ask questions and daring to be confident or independent, knowing support is available when needed. The social working environment is also affected by the judgement-free zone the mentoring programme provides. More talking and discussions occur with people that normally would not spend much time with each other, both through the bonding and bridging of social capital across hierarchical, professional and spatial boundaries.

To put this study's results in the context of previous research, it both builds upon and develops the field by showing how mentor and mentee do socialisation agent work that, when successful, creates a psychological sense of community, leading to bonding and bridging of social capital for the communities that they belong to. It contributes to the tradition that focuses on how mentorship acts as a condition for the *newly graduated* to learn (see, for example, Bjørnson and Dingsøyr, 2005; Allen *et al.*, 2017; Ramarajan and Reid, 2020), as well as to the research tradition that highlights mentoring as a learning practice focusing on the *mutual learning* between junior and senior employees (see, for example, Samarra *et al.*, 2017; Fuertes *et al.*, 2013; Bratu *et al.*, 2019; Brody *et al.*, 2016; Silver *et al.*, 2016). This study advances previous

research on how to structure mentoring as community-building interventions. Specifically, this study contributes in the following five ways to the previously reviewed research.

Firstly, [Smith *et al.* \(2001\)](#) and [Deng *et al.* \(2022\)](#) discussed that mentoring programmes can provide social as well as learning support to the mentee. It can reduce turnover in this group, which was also one of the goals of the studied programme. We add our case study and the use of theoretical concepts that unpack how this support can be accomplished as well as reasons for when it is less successful, i.e. socialisation agent work and psychological sense of community. We found little evidence of outright destructive effects of the studied mentoring programme compared to [Smith *et al.* \(2001\)](#), though stress for the mentor and disappointment for the mentee did occur in a few cases among our interviewees. One of the hindrances that we found to bonding and bridging was a lack of time from the side of the mentor, which is similar to critique of mentoring found in the study of [De Long and Davenport \(2003\)](#). However, it is beyond the scope of this qualitative study to judge how representative this disappointed group is.

Secondly, [Greene and Puetzer \(2002\)](#) study focused on senior employees' knowledge retention and employees with little knowledge and on the relationship between them. We add to this literature the theoretical lens of social capital theory. Our study supports the idea that the relationship between the mentor and mentee is essential and decisive for these types of programmes because it creates bonding or bridging of social capital. Whether either bonding or bridging took place within the relationship determined if the programme supports mutual learning interactions and capabilities for both the experienced and the inexperienced employees. We propose that this is also the mechanism that may impact turnover rates in both groups.

Fourthly, adding to previous literature on socialisation agent work ([Ramarajan and Reid, 2020](#)), this study emphasises the shared psychological sense of community in decreasing the risk of identity threat for the mentoring couple. This is particularly important for mentors such as those in our study, who are at the end of working life and sometimes become marginalised as somebody about to exit the organisation. Even if [Ramarajan and Reid \(2020\)](#) also suggest a multidirectional portrait of the socialisation process, this study highlights how to create such a process through bonding within the professional group and bridging out to other groups.

Finally, in contrast to [Ramarajan and Reid \(2020\)](#), this study focused on how mentors and mentees *both* engage with each other, balancing institutional demands from the organisation and individual demands for learning. We propose that the balancing act that the socialisation agent does is different in the case of mentoring, which is multidirectional. Our study thus builds on [Boyd and Nowell \(2014\)](#) conclusion that individuals in organisations should be studied with a focus on their *interactional* relationships and with a specific focus on how they maintain or give up their independence. In this way, our study demonstrates *how* the formalised platform for relational interaction that the mentorship programme provides, contributed to organisational resilience, in answer to [Kahn *et al.* \(2018\)](#) call.

The increase in learning, capabilities and supportive culture in the workplace testified to resilience when facing difficulties such as high turnover and stress, which are common in health care organisations in many countries. Also, the socialisation agent's work is complex, which our study showed demands time, working in the same location and a psychological sense of community. Future studies might investigate how so called "secure-base attachment" explains when bridging occurs. This is when the mentor or mentee becomes a secure base from which the other dares to go off and be independent, which might be particularly challenging in organisations struggling with resilience (see, i.e. [Petriglieri and Obodaru, 2019](#)).

When it comes to contributions to practice, our study shows that mentoring programmes could serve as a learning practice and a method to deliberate on what to do in different situations, help the mentee bridge the gap between knowledge and action and build social capital in the form of trust between mentors and mentees. Moreover, mentoring programme relates to HR objectives associated with ensuring organisational capability to decrease high turnover among newly recruited employees, since the dialogue between mentor and mentee creates a space for support and to addresses questions concerning competence and doubts on their ability among the mentees. This has implications not just for the two people in the mentoring pair but also for others in the groups where they work.

To increase the organisational capability to retain knowledge, the management of mentoring programmes as an HRM practice needs to engage in long-term knowledge transfer during the employees' whole careers. This study shows that mentoring programmes could be structured based on four conditions:

- (1) knowledge transfer between mentor and mentee including lifelong learning;
- (2) making sure that both mentor and mentee get career development;
- (3) actively supporting bridging knowledge and action continuously during everyday work in the larger organisation; and
- (4) mutual learning building on the diverse social capital between the mentor and mentee.

Concluding remarks

Employee turnover and retention, and thus learning capabilities – which in this study has been analysed as a form of social capital – are an important continued and future issue for the resilience of many organisations, particularly in health care. This study has shown that mentoring programmes as a HR practice have the potential to support both learning capabilities and socialisation between senior and junior employees in a health care setting with extensive employee turnover. The work relationships between the mentor and the mentee are central. To make sense of this, the concepts of bonding and bridging social capital between mentor and mentees were used. These processes were easier to achieve in the mentoring programme than in ordinary ways of working.

This study contributed to the knowledge about bridging by showing that it is sometimes difficult to merge the social capital between several groups and to create a mutual learning community, despite concerted efforts. Bonding and building the close and trusting relationship seem to be dependent on preconditions such as spending enough time in the same place, sharing work practices and experiencing work-specific situations together. When successful, such closeness created a psychological sense of community that enabled the socialisation agents to work mutually in the bonding and bridging process, sharing and building new social capital.

The practical contribution from this study, with implications for learning capabilities for future practices, is evidence of workplace conditions and relational structures that are central in organising mentoring programmes for senior and junior employees. For example:

- The relationship building needs to be in focus when initiating a mentoring programme, especially in the early stages.
- Feeling safe to ask questions and having the support to be independent in the larger group or organisation is essential for the mentorship to reach its potential and eventually become self-propelled.

Such relationships could potentially lead to a well-functioning workplace where a mutual learning community consists of collaboration and helping each other, which comes naturally.

Note

1. The average age of employees is 45 years; the group between 20 and 29 is growing, while those above 60 are diminishing.

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