

Mentorship framework for nursing

Supporting and retaining early-career nurses



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Abstract

This publication is part of a structured mentorship toolkit developed under the WHO Regional Office for Europe's EU4Health-funded Nursing Action project to strengthen nurse retention and recruitment in the European Union. It supports early-career nurses through the transition from education to clinical practice while also providing experienced and senior nurses with a tool to structure the transmission of their knowledge and competence to new colleagues. The toolkit comprises a mentorship framework and two mentorship courses, one for mentors and one for early-career nurses. Each course contains an introduction and six modules. The framework organizes mentorship around four pillars – support, reflection, development and belonging – giving health authorities and employers a frame in which they can shape the institutional and governance conditions that will ensure mentorship is rolled out at scale and across all services. The two courses follow the mentoring relationship as it develops, from preparation through role transition to readiness for independent practice. Each module is supported by a video session and a selection of practical tools, structured reflective exercises and scenario-based assessments designed to guide learning.

Keywords

NURSES
MENTORS
MENTORING
PRECEPTORSHIP
CLINICAL COMPETENCE

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The Mentorship framework for nursing is intended as a normative and guiding reference rather than as a time-limited intervention. Validation was undertaken through expert consultation and endorsement processes involving social partners of the Nursing Action project, WHO collaborating centres and selected Nursing Action focal points who helped pilot the toolkit.

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Background

Nursing is a safety-critical function that is fundamental to protecting population health. Nurses are not only providers of supportive care but deliver continuous clinical surveillance, detect early signs of deterioration, interpret complex information and intervene to prevent harm before adverse events occur. Their work involves constant surveillance of patients, risk assessment, decision-making and coordination across different parts of the health and care system, often in environments of high acuity, social complexity and limited resources (1,2).

Entering the nursing profession can be a daunting experience. Research shows that early-career nurses often experience significant stress during the transition from student to registered nurse, including challenges related to professional role adjustment, confidence and integration into the clinical environment. Without adequate support, this transition period is associated with higher turnover intentions and increased risk of leaving the profession (3,4).

These challenges were highlighted in the WHO Regional Office for Europe's report on the mental health of nurses and doctors (the MeND report) (5) and the WHO *State of the world's nursing report 2025* (6), both of which point to unsafe staffing and poor working conditions as key risks to workforce availability and long-term sustainability. Recognizing the need to protect this important frontline of their health systems, the 53 Member States of the WHO European Region unanimously adopted the Framework for action on the health and care workforce in the WHO European Region 2023–2030 at the Seventy-third session of the Regional Committee for Europe (7,8). Alongside the recently renewed *Global strategic directions for nursing and midwifery 2021–2025* (9), which Member States endorsed at the Seventy-eighth World Health Assembly in May 2025, the two international commitments place sharp focus on the retention and recruitment of the WHO European Region's 11.2 million nurses.

The EU4Health-funded Nursing Action project, led by the WHO Regional Office for Europe, supports European Union Member States in implementing evidence-informed strategies to strengthen nurse recruitment and retention.¹ Through collaboration with national focal points, professional associations and other stakeholders, the project facilitates knowledge exchange, policy development and the sharing of promising practices across participating countries.

This Mentorship framework for nursing is one of several deliverables of Nursing Action and focuses specifically on strengthening structured mentorship for early-career nurses and those in the position of mentoring them; it is intended to serve as a lever for retention, professional capacity building, integration and safe practice.

¹ EU4Health is the fourth European Union health programme, which will run from 2021 to 2027. It is the European Union's ambitious health response to the coronavirus disease pandemic and other health challenges (10).

Scope and purpose of the Mentorship framework for nursing

The primary focus of the Mentorship framework for nursing is to support Member States in positioning mentorship as a structured support mechanism during the transition of newly qualified nurses to practice and early-career development, where it plays a decisive role in preparedness for practice and professional integration.

Mentorship is a key element of nursing practice in which experienced nurses guide early-career colleagues in developing confidence, clinical reasoning and professional identity (11–13). In this context, the mentor's role extends beyond clinical supervision to encompass reflective dialogue, developmental feedback, graduated autonomy support and professional socialization.

Both the Framework for action on the health and care workforce and the WHO *Global strategic directions for nursing and midwifery* have identified mentorship as a strategic priority for health systems, linking structured professional support directly to workforce capacity and patient safety outcomes (7,9). Clinical competence in nursing is developmental rather than fixed: early-career nurses progress through distinct stages of professional formation and cannot be expected to function as experienced practitioners without guided support, structured feedback and time (14). The period immediately following registration is particularly critical, characterized by heightened role ambiguity, cognitive overload and identity adjustment, which, without adequate support, increase the risk of early attrition and compromised patient care (15).

This framework, and the mentorship toolkit developed under the Nursing Action project, directly address this gap by providing the structure and developmental tools needed to ensure that early-career nurses are supported effectively through the transition to clinical practice.

The implementation of mentorship initiatives for early-career nurses across European Union Member States is highly variable and often fragmented, with persistent gaps including limited national guidance, inconsistent incentives for mentors, insufficient mentor preparation, unclear role expectations and workload pressures that constrain mentoring capacity during the transition-to-practice period. At the same time, there is a strong demand for more structured mentorship approaches to support early-career nurses' transition to autonomous practice, with a need for clearer national standards, stronger governance and improved coordination across education and practice settings. There is also a need to recognize mentorship within professional development and career pathways. The benefits of strengthened mentorship are not only important for the recruitment of new nurses but are also expected to contribute to improved retention outcomes over time (16).

The Mentorship framework for nursing aims to improve the quality and consistency of mentorship experiences for early-career nurses during the transition to practice, and to strengthen the professional integration, clinical competence and identity formation of newly registered nurses. It also aims to enhance workforce retention and well-being through structured developmental support in the early-career period, to set shared expectations for mentorship quality at institutional and system level, and to support a governance architecture that enables adaptable implementation across diverse national and institutional contexts.

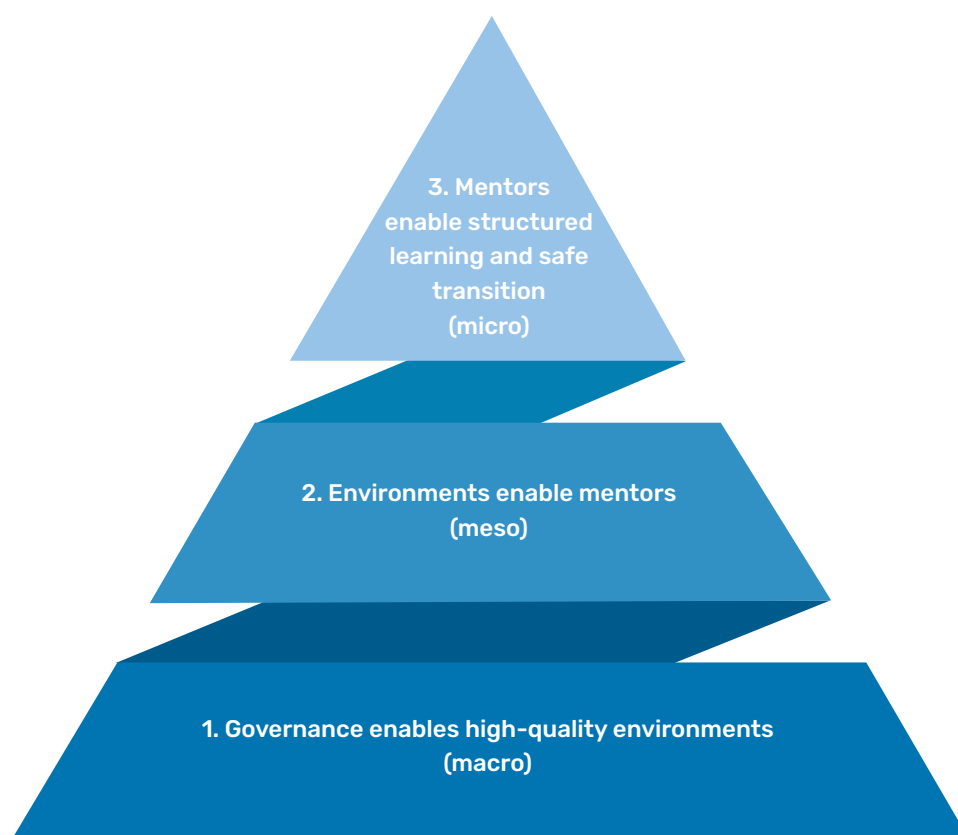
The framework is intended as a normative and guiding reference for clinical, managerial and policy stakeholders, rather than as a time-limited intervention. It establishes the conditions, processes and accountabilities needed to make mentorship of early-career nurses effective, consistent and equitable at scale.

System conditions for effective mentorship

The effective mentorship of early-career nurses depends on conditions that extend beyond the individual mentor–mentee relationship. At system and institutional level, mentorship must be supported across three interdependent levels – macro, meso and micro – to ensure it is consistently accessible, high-quality and sustainable.

As illustrated in Fig. 1, these levels are interdependent in nature: governance structures enable high-quality learning environments; organizational environments enable mentors; and mentors, in turn, enable structured learning and safe transition for early-career nurses. The model demonstrates the cascading and interdependent nature of mentorship infrastructure, highlighting that sustainable mentorship is embedded within broader system conditions rather than dependent solely on individual commitment.

Fig. 1. The three levels for effective, consistent and accessible nursing mentorship



Governance and policy (macro level)

Effective mentorship of early-career nurses requires an enabling policy environment. This includes clear national or institutional standards for mentorship during the transition-to-practice period, defined accountability structures and alignment between educational and health system requirements. Governance frameworks should specify minimum standards for mentor preparation, mentorship duration and structure, and the documentation of mentee progress and outcomes.

Where national frameworks are absent or inconsistent, health institutions carry heightened responsibility for establishing local governance structures that define roles, protect dedicated mentorship time and create accountability for mentorship quality. Effective governance also requires mechanisms for monitoring mentorship outcomes and using evidence to drive continuous improvement.

At the European level, Directive 2013/55/EU establishes harmonized minimum training requirements for general care nurses, providing a shared baseline of competency standards across Member States (17). While the Directive does not regulate mentorship systems directly, it sets out a strategy on how stakeholders can support the implementation of nationwide standardized mentorship initiatives for early-career nurses. Macro-level stakeholders – including health ministries, professional regulatory bodies, and nursing and midwifery councils – are responsible for translating these European Union-level qualification standards into national workforce policies. This includes determining whether and how structured transition-to-practice and mentorship frameworks are formally recognized, funded and embedded within national health systems.

Health-care institutions (meso level)

Health-care institutions play a pivotal role in translating policy intentions into everyday mentorship practice. While governance structures establish expectations and standards, it is at the organizational level that mentorship is implemented, supported and sustained. Institutions are responsible for creating the conditions that enable effective mentorship through appropriate leadership, workforce planning, mentor preparation, protected time and supportive learning environments. By investing in these organizational enablers, health-care institutions can strengthen the quality and consistency of mentorship experiences for early-career nurses and support their successful transition into professional practice.

Mentor preparation and ongoing development

Mentors working with early-career nurses require specific preparation that goes beyond clinical expertise. Evidence identifies core mentor competencies that include facilitation of reflective practice, provision of constructive developmental feedback, support for professional identity formation and the ability to foster psychologically safe and inclusive learning environments (18,19). These competencies are not reliably acquired through clinical experience alone and require structured preparation and ongoing professional development support.

Mentor preparation programmes should equip registered nurses with the knowledge, skills and reflective capacity to support early-career colleagues through the specific developmental challenges of the transition-to-practice period, including transition shock, confidence-competence calibration and professional identity formation. Recognition of the mentoring role within professional development frameworks and workload planning is essential to sustaining mentor capacity and motivation.

Supportive learning environments

The quality of the clinical learning environment is a primary determinant of mentorship effectiveness. Positive learning environments are characterized by accessible supervision, clear orientation structures, psychological safety, open communication, mutual respect and a nonpunitive approach to early-career learning (18,20). These conditions enable early-career nurses to ask questions, disclose uncertainty, reflect on practice and engage actively in their professional development without fear of blame or judgement.

Organizational factors – including workload arrangements, staffing ratios and institutional culture – directly affect the capacity for mentorship to occur. Health institutions and system-level stakeholders share responsibility for creating and sustaining the conditions under which effective mentorship of early-career nurses is possible.

Individual/practice level (micro level)

At the micro level, the effectiveness of mentorship is determined by what occurs within the individual mentor–mentee relationship. This is the level at which the framework’s four core pillars – support, reflection, development and belonging – are enacted in practice. The quality of the mentoring relationship depends on the capacity of both parties to engage with honesty, developmental intent and professional accountability.

Structured mentorship processes

Structured, timebound mentorship programmes with defined objectives, regular check-ins and documented progress are consistently associated with stronger outcomes for early-career nurses compared with informal or ad hoc arrangements (21,22). At the practice level, this means that individual mentors and mentees engage within a clear programme structure: agreeing shared goals at the outset, meeting regularly with a developmental agenda, reviewing progress against competency milestones and documenting the mentee’s growth over time. Structured processes at this level provide the scaffolding within which reflective dialogue, feedback and graduated autonomy can occur consistently.

The mentoring relationship in practice

Effective mentoring at the individual level is characterized by regular developmental conversations in which the early-career nurse is supported to reflect on clinical experiences, articulate reasoning, identify learning needs and plan next steps. Mentors facilitate this process through constructive and timely feedback, coaching-oriented questioning that builds clinical reasoning rather than simply providing answers and the progressive extension of the mentee’s autonomy as competence and confidence are demonstrated. Psychological safety within the relationship – the early-career nurse’s ability to disclose uncertainty and acknowledge mistakes without fear of judgement – is a foundational condition for this developmental dialogue to occur.

The micro level is also the point at which the adaptability of the mentorship programme is most consequential. While macro- and meso-level structures provide the enabling conditions, the actual experience of mentorship – its developmental value and its contribution to the early-career nurse’s integration, confidence and professional identity – is shaped by the quality, consistency and relational character of the individual mentoring relationship. The mentorship programme developed under the Nursing Action project provides a structured six-module curriculum, in mentor and mentee editions, designed to equip both mentors and early-career nurses to engage productively at this level, within the governance and institutional conditions established above.

The Mentorship framework for nursing directly addresses these needs by providing an evidence-based, adaptable model that sets shared expectations for the mentorship of early-career nurses in clinical settings. By ensuring mentorship is supported through effective governance, competent mentors, high-quality learning environments and structured processes, the framework promotes safer practice, smoother workforce integration and improved early-career retention among newly registered nurses.

The Mentorship framework for nursing is accompanied by mentorship modules for both mentors and early-career nurse mentees to support its implementation. Links to these can be found below.

Mentorship toolkit

This overview provides information on the Mentorship toolkit for early-career nurses.

Mentorship course for nurse mentors



Introduction (23)



Module 1. Foundations of mentoring practice (24)



Module 2. Introduction to mentorship (25)



Module 3. Preparing for role transition and onboarding (26)



Module 4. Transitioning into the new role (27)



Module 5. Ongoing communication and professional development (28)



Module 6. Consolidation and readiness for independent practice (29)



Please access the video for nurse mentors (30) by scanning the QR code.

Mentorship course for early-career nurses



Introduction (31)



Module 1. Foundations of mentoring practice (32)



Module 2. Introduction to mentorship (33)



Module 3. Preparing for role transition and onboarding (34)



Module 4. Transitioning into the new role (35)



Module 5. Ongoing communication and professional development (36)



Module 6. Consolidation and readiness for independent practice (37)



Please access the video for early-career nurses (38) by scanning the QR code.

Terminology and definitions

For the purposes of this framework, the following core terms apply.

Mentorship is defined as an intentional developmental relationship within a structured programme, bound by a time frame and defined objectives (39). It encompasses not only the improvement of knowledge and clinical competence, but also the integration of early-career nurses into their professional role and institution (13).

Within this framework, mentorship refers specifically to the structured support of nurse graduates and early-career nurses in the transition-to-practice period and through the first years of professional registration. In this context, mentorship is used as an encompassing term that integrates preceptorship (see below) and developmental mentoring across the early-career continuum.

Preceptorship is understood as a structured, time-limited educational approach in which experienced registered nurses directly supervise early-career nurses, facilitate skill development and support transition into practice (21). It is an evidence-supported form of transitional support for early-career nurses and forms the foundational component of the structured mentorship programme developed under this project (22).

Within this framework, preceptorship is treated as the initial, structured phase of an early-career mentorship programme that evolves over time into a more developmental, coaching-oriented mentoring relationship as competence and professional identity consolidate.

Mentor refers to an experienced registered nurse who assumes responsibility for guiding, supporting and facilitating the professional development of an early-career nurse within a structured mentorship programme. Effective mentors demonstrate clinical expertise, emotional intelligence, reflective capacity and the ability to foster inclusive and psychologically safe learning environments (18,40).

Target group

This framework is directed at a single primary target group: nurse graduates and early-career nurses in their first years of professional practice following registration.

Early-career nurses are defined, for the purposes of this framework, as registered nurses in the period from graduation through the first five years of professional practice. This period encompasses the full arc of transition from novice to developing practitioner, including the preceptorship phase, structured mentorship and the consolidation of autonomous professional practice. Early-career nurses are the primary mentee group addressed by this framework and by the mentorship toolkit developed under the Nursing Action project.

Regulatory context

The framework is situated within the existing European regulatory context for nursing education and practice. Directive 2013/55/EU (Article 31) defines eight core competency areas that all nurses trained within the European Union are required to achieve (41). Within this context, mentorship plays an enabling role in supporting early-career nurses to progressively develop and demonstrate the following competency areas during their transition to professional practice:

1. ability to assess nursing care needs using current theoretical and clinical knowledge, and to plan, organize and implement appropriate nursing care;
2. ability to work effectively with other actors in the health sector, including contributing to the practical education and training of health personnel;

3. ability to support individuals, families and groups in promoting healthy lifestyles and self-care;
4. ability to initiate and implement life-preserving measures and to respond effectively in crisis and disaster situations;
5. ability to provide advice, instruction and support to people requiring care and their attachment figures;
6. ability to assure and evaluate the quality of nursing care;
7. ability to communicate professionally and collaborate effectively with members of other health professions; and
8. ability to analyse the quality of care in order to reflect on and improve one's own professional nursing practice.

These competency areas are transversal and closely aligned with the objectives of the Mentorship framework. By supporting early-career nurses' development across these domains, mentorship contributes to regulatory compliance, quality of care and the preparation of a competent, confident nursing workforce, while allowing for adaptation to national education systems and practice contexts.

Core pillars of the Mentorship framework

The Mentorship framework is organized around four evidence-based core pillars that together define the content and quality of effective mentorship for early-career nurses. Each pillar addresses a distinct and essential dimension of early-career professional development; together they provide an integrated architecture for the mentorship programme. The specific application of each pillar to the mentorship of early-career nurses is explained in Fig. 2.

Pillar 1. Support

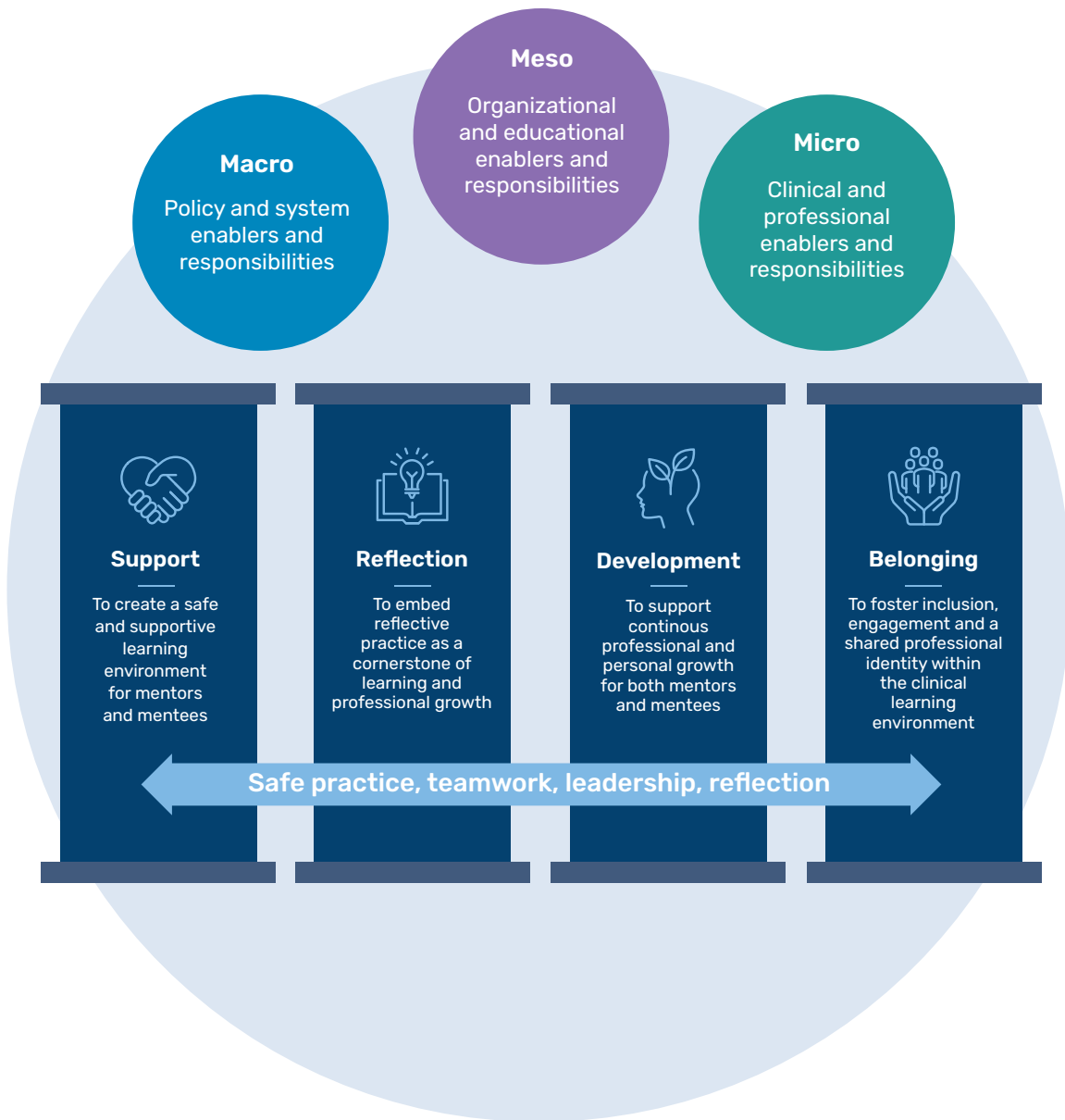
This pillar focuses on creating the conditions that enable early-career nurses to receive consistent, practical and emotional support throughout the transition to practice and the early years of professional registration. Effective support extends beyond the individual mentor-mentee relationship and is shaped by the wider learning environment, including organizational culture, supervision structures and workload arrangements that allow dedicated time and capacity for mentoring.

For early-career nurses, the transition-to-practice period is characterized by heightened cognitive load, role ambiguity and identity adjustment – features that together constitute so-called transition shock (15). Supportive mentorship during this period is characterized by accessible supervision, clear orientation to clinical settings, psychological safety and timely guidance in clinical decision-making. Positive learning environments – marked by open communication, mutual respect and a nonpunitive approach to learning – enable early-career nurses to ask questions, acknowledge uncertainty and engage actively in their development without fear of blame.

Feedback is a core component of effective support. Providing timely, constructive and learning-oriented feedback enables early-career nurses to reflect on their practice and progressively develop professional competence (20). Delivering high-quality feedback requires sensitivity to the early-career nurse's developmental stage, recognition of the distinction between competence gaps and confidence gaps, and an empathetic approach that understands clinical competence as developing through guided practice, reflection and accumulated experience, rather than as an innate attribute (19,43).

Effective mentorship support is underpinned by a broader set of mentor competencies including clinical expertise, emotional intelligence, facilitation of reflective practice, support for professional identity formation and the ability to foster positive and inclusive learning environments (18). These competencies are transferable across mentoring contexts and provide a foundation for high-quality support, particularly in high-pressure clinical settings where early-career nurses are most vulnerable.

Fig. 2. Mentorship framework for nursing



Source: Conceptual model developed by the authors, informed by the NHS England Preceptorship Framework (42).

Pillar 2. Reflection

This pillar emphasizes reflective practice as the core mechanism through which clinical experience is transformed into learning, professional growth and safe autonomous practice. For early-career nurses, reflection allows the integration of theoretical knowledge with clinical experience, supports the development of clinical judgement and promotes the professional identity formation that is central to long-term workforce retention.

Within mentorship, reflection is supported through the creation of psychologically safe spaces for dialogue, debriefing and guided discussion. Mentors play a key role in encouraging early-career nurses to examine their reasoning, decision-making and responses to clinical situations, helping them to recognize strengths, identify areas for development and plan purposeful learning. Reflective engagement is most effective when it is embedded as a regular, valued component of the mentorship relationship, rather than being treated as an isolated or remedial activity.

Reflective practice encompasses a range of professional skills including self-awareness, critical analysis, consideration of multiple perspectives and the ability to integrate insights from experience into future practice (44,45). Structured approaches to reflection support early-career nurses not only in revisiting past experiences but also in anticipating future challenges and planning purposeful action.

The Mentorship framework for nursing positions reflection as a shared responsibility across mentors, organizations and systems. While specific reflective methods such as guided discussion, reflective writing or structured reflective records, as part of continuing professional development, may vary by context, the consistent inclusion of reflective practice within mentorship is essential to fostering learning-oriented cultures, professional accountability and high-quality early-career development.

Pillar 3. Development

This pillar focuses on supporting the progressive development of clinical competence, professional confidence and emerging autonomy across the early-career continuum. Development within mentorship is understood as a structured and supported process through which early-career nurses gradually expand their clinical capabilities and professional responsibilities in alignment with their developmental stage and readiness for practice.

Goal-oriented mentoring plays a central role. Development is most effective when mentors and early-career nurses work collaboratively to clarify learning priorities, align expectations and monitor progress over time. Clear and shared learning goals support purposeful engagement in clinical practice and help early-career nurses understand how day-to-day experiences contribute to longer-term competence development and professional growth (13,39).

The Mentorship framework for nursing emphasizes that developmental support must be grounded in mentors' awareness of required competency outcomes and their ability to tailor learning opportunities accordingly. By recognizing early-career nurses' existing capabilities and developmental needs, mentors can support the gradual consolidation of clinical skills, the integration of theoretical knowledge into practice and the assumption of increasing professional responsibility within a safe and supervised environment.

Development also extends beyond technical competence to include the cultivation of professional confidence, decision-making capacity and emerging leadership capabilities appropriate to the early-career nurse's role and context (13,46,47). Through mentorship that allows regular review of progress and ongoing developmental dialogue, early-career nurses can take an increasingly active role in their own professional development while ensuring alignment with educational requirements and standards of practice.

Pillar 4. Belonging

This pillar addresses the social, relational and cultural dimensions of entry into the nursing profession. A strong sense of belonging supports early-career nurses' well-being, motivation, professional identity formation and sustained engagement with the profession; it is also closely associated with retention and successful transition into practice.

Within mentorship, belonging is fostered when early-career nurses feel accepted, respected and valued as members of the clinical team. Mentors play a key role in supporting newly registered nurses to understand professional norms, navigate workplace cultures and develop a positive professional identity. This is particularly important for culturally and linguistically diverse early-career nurses, for whom experiences of exclusion or marginalization can significantly affect learning, confidence and progression (48,49).

The Mentorship framework for nursing emphasizes culturally conscious and inclusive mentoring as a foundation for belonging. Cultural competence in mentoring is understood as a dynamic and developmental process involving ongoing reflection, self-awareness and responsiveness to diversity. Evidence indicates that mentors' cultural awareness, sensitivity and communication practices significantly influence early-career nurses' experiences of safety, inclusion and participation within clinical learning environments (49).

The framework positions belonging as a shared responsibility across mentors, teams, organizations and systems. By embedding cultural awareness, inclusive practices and psychological safety within mentorship structures, health and education systems can support equitable early-career development, strengthen professional identity formation, and foster resilient and diverse nursing workforces.

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Notes

Notes

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