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Mentors' Perspectives on Supporting Newly Graduated Registered Nurses in Hospital Settings: A Qualitative Focus Group Study

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Received: 27 March 2026 | **Revised:** 22 July 2026 | **Accepted:** 18 September 2026

Keywords: focus group discussions | hospital | mentor | newly graduated registered nurses | workplace learning

ABSTRACT

Introduction: Research consistently highlights the importance of mentorship and a supportive work environment for newly graduated registered nurses entering clinical settings. Previous research on mentorship has primarily focused on new nurses' perspectives. Further research is needed to explore mentors' perspectives in greater depth.

Aim: To explore mentors' perspectives on supporting newly graduated registered nurses in their professional development in a hospital setting.

Design: The study had a qualitative explorative design using focus group discussions as a data collection method.

Method: A total of 18 registered nurses serving as mentors in a hospital care unit participated in five focus group discussions. The data were analysed using reflexive thematic analysis.

Findings: The findings revealed mentors' views that a permissive approach, creating a trusting relationship, and strengthening self-confidence build a positive foundation for novice nurses. They wished to facilitate novice nurses' learning towards professional independence by encouraging reflection and probing, and by fostering a desire for ongoing clinical competence development and patient safety through their presence in daily practice.

Conclusion: These findings underscore the crucial role of mentors as advanced nurses in fostering supportive learning environments for newly graduated registered nurses by establishing meaningful mentoring relationships that offer psychological support. Extending existing mentor literature, the results highlight their intention to deliver pedagogically grounded, hands-on clinical mentorship integrated into daily practice to ensure patient care. Thereby fostering workplace learning and professional development in daily clinical practice.

Implications for the Profession: Health care decision-makers and managers could use knowledge gained from this study to implement more targeted mentorship programmes to support newly graduated registered nurses and promote workplace learning. The findings emphasise the importance of organisational support, including protected time for mentors, to sustain meaningful mentorship and promote nurses' well-being and healthy work environments.

Impact: (Addressing):

- What problem did the study address?

Mentorship plays a critical role in supporting newly graduated registered nurses entering clinical settings. However, despite the recognised importance of mentorship, there is limited research exploring mentors' perspectives when supporting new nurses.

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- What were the main findings?

Mentors can build a positive foundation for newly graduated registered nurses by using a permissive approach to create a trusting relationship. Mentors' intention was to promote a pedagogically grounded learning environment and uphold knowledge support through being present in daily work in order to create security for new nurses and ensure patient care.

- Where and on whom will the research have an impact?

The findings of this study may support mentors and nurse managers responsible for facilitating the transition of newly graduated registered nurses into hospital settings by informing mentorship approaches that promote professional development through workplace learning and foster psychological safety during the transition period. Additionally, effective mentorship may strengthen newly graduated registered nurses' ability to deliver high-quality care, which is of particular interest to nurse managers seeking to ensure safe and effective patient care.

Reporting Method: This study conforms to the reporting of the Consolidated Criteria for Reporting Qualitative Research guidelines and checklist.

No Patient or Public Involvement: This study did not include patient or public involvement in its design, conduct, or reporting.

1 | Introduction

Mentorship to support newly graduated registered nurses (NGRNs) is of interest within healthcare settings since nurses form the largest professional group within healthcare, and their competence is vital for delivering high-quality care and ensuring patient safety (World Health Organization 2020). A significant number of NGRNs begin their careers in hospital settings, where they often face a challenging transition period, reflected in relatively high turnover rates, indicating the need for structured transition support (Lay and Masingboon 2025). NGRNs frequently face unrealistic self-expectations in combination with inadequate organisational and collegial support (Gammone et al. 2025). Mentorship programmes have shown that providing ongoing support and structured guidance can increase retention and reduce turnover among NGRNs (Södergård et al. 2025). However, previous research has predominantly focused on NGRNs' experiences and perspectives of mentorship. Consequently, further research is needed to explore mentors' perspectives in greater depth. Knowledge from the perspective of the mentor could advance understanding of the mentor's role within clinical practice, and it may also clarify how mentorship can be enacted to support and promote NGRNs' professional development.

2 | Background

NGRNs' transition from education to professional practice has consistently been recognised internationally as a challenging phase, characterised by difficulties in adapting to workplace expectations. Workplace adaptation is a multifaceted process involving adjustment to clinical responsibilities, interpersonal relationships and organisational culture, requiring a welcoming and supportive work environment for NGRNs (Baharum et al. 2023). This process involves developing an understanding of the clinical and organisational context, including adaptation to a new cultural context, awareness of the scope of practice and the ability to navigate the complexity of clinical decision-making (Kurup et al. 2024). These findings indicate that organisational support is important during the transition and adaptation process. One strategy increasingly used to provide such support is mentorship, which has been recognised as an important approach for supporting NGRNs during the transition from education to professional practice (Gammone et al. 2025).

Globally, mentorship programmes have been shown to be successful and an effective support system for NGRNs in terms of fostering emotional and psychological well-being, personal and professional growth, encouraging cultural adaptation and promoting a sense of integration and belonging (Alshehri and Alodhailah 2025). Moreover, a review that included studies from the United States, China, Northern Ireland, South Korea and Sweden revealed that mentorship positively influences self-efficacy, self-confidence, stress management, job satisfaction, professional communication and problem-solving for NGRNs (Beke et al. 2026). Furthermore, a review likewise including articles with a wide geographical distribution from the United States, Australia, Poland, New Zealand, South Africa, South Korea and Turkey revealed that mentorship in clinical practice is a fundamental need for NGRNs during their transition, and clinical mentors can facilitate NGRNs' learning process and prevent errors (Jafarimanesh et al. 2026). Although literature highlights the benefits of mentorship programmes, several barriers have been identified that hinder their effectiveness, for example, limited structural support leading to challenges in sustaining programmes. Barriers were identified in a scoping meta-review, including input from 36 countries. These included time constraints, limited physical space, and scheduling conflicts (Giltenane et al. 2026). Insufficient practical training for mentors has been identified as a factor that negatively influences the quality of the mentor–mentee relationship (Beke et al. 2026). An umbrella review by Södergård et al. (2025) identified 13 different types of mentor programmes, with considerable variation in both structure and duration, ranging from 1 week to 24 months. This heterogeneity makes it challenging to evaluate the effectiveness of mentorship programmes and to establish evidence-based best practices for mentorship.

Mentorship has been defined in many ways, and an early and commonly used definition comes from Kram (1985), which defined mentorship as a relationship between a senior, experienced individual and a junior, less experienced individual, in which the former provides support, guidance, and advice. In line with this definition, mentorship in nursing has been described as a dynamic and positive relationship between a mentor and a mentee, in which trust constitutes the essential foundation of the relationship

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What Does This Paper Contribute to the Wider Global Clinical Community?

- The findings of this study can support the development of sustainable frameworks for implementing mentorship programmes in everyday hospital practices for newly graduated registered nurses. This is important for fostering healthy work environments in hospital settings and promoting the well-being of both newly graduated registered nurses and mentors.

(Hale and Phillips 2019). Furthermore, a concept analysis of mentorship in advanced practice nursing describes mentorship as a relationship that provides both emotional and cognitive support to nurses who are new to practice or undergoing a professional transition, with the aim of fostering competence, confidence, and empowerment (Swenson et al. 2025). The present study defines mentorship as a formal relationship in which an experienced registered nurse, acting in the role of mentor, supports NGRNs over an extended period. Consistent with the definition proposed by Voss et al. (2022), mentorship involves a long-term commitment to guiding and supporting novice nurses throughout their transition into professional practice. This distinction differentiates mentorship from preceptorship, which is typically characterised as short-term, task-oriented, and evaluative support focused on the development and assessment of clinical competencies.

Despite the extensively documented advantages of mentorship, in-depth knowledge gaps remain in the literature regarding mentors' specific roles and responsibilities. To our knowledge, previous research has predominantly focused on NGRNs' experiences of mentorship, while little attention has been paid to mentors' perspectives. Some later studies have focused on mentors' perspectives, where Giltenane et al. (2025) showed that mentors saw themselves as having a positive experience in advising mentees and also found their role deeply rewarding. Alshehri and Alodhailah (2025) revealed that mentors and mentees considered mentorship to be a catalyst for professional transformation and increased development beyond what formal education or independent learning could achieve. Furthermore, due to the inherently ambiguous nature of mentorship, deeper insight is needed to understand how mentors perceive and shape mentorship in the support of NGRNs. Accordingly, this study aims to address this knowledge gap by exploring mentors' perspectives on supporting NGRNs in clinical practice.

3 | Aim

In this study, we explore mentors' perspectives on supporting NGRNs in their professional development in a hospital setting.

4 | Method

4.1 | Study Design

This study adopts an exploratory qualitative design, with the purpose of gaining in-depth knowledge of mentors' perspectives on supporting NGRNs. The study was informed by a constructivist perspective, assuming that reality is socially constructed and context-dependent (Braun and Clarke 2013). Focus group discussions were used for the data collection because they allow participants to discuss and process their experiences together. Moreover, through interaction, they enable participants to reflect and build on each other's experiences, thereby generating deeper insights (Krueger and Casey 2015). The analysis of data was guided by an inductive and data-driven approach using reflexive thematic analysis (RTA), where patterns and themes were developed from empirical material rather than predefined theoretical assumptions. RTA also acknowledges the researchers' subjectivity as an important analytic resource, with interpretation and theoretical understanding actively shaping the analytic process (Braun and Clarke 2021).

4.2 | Study Setting

This study's context concerns one health region in Sweden with associated hospitals and approximately 3800 hospital beds in total. In this study, NGRNs are defined as newly employed nurses who have completed a 3-year bachelor's degree in nursing. The study region offers NGRNs a 1-year introduction programme that typically includes a clinical introduction with a clinical supervisor; formal training days, including lectures and/or simulations; and regular group reflection meetings with other NGRNs (about once per month). Nurse managers set the initial clinical introduction period, usually consisting of the first four to six work weeks, and decide whether they will support NGRNs further with mentorship (either individual-based or with directives from hospital management) and if so, how this mentorship will be designed during the NGRNs' first year. Mentor requirements and availability differ by care unit, but the most common arrangement is regular meetings between NGRNs and mentors. Additionally, some mentors fulfilled a mentorship support role for the NGRNs, either by working in addition to the staffing complement and providing mentorship support to the NGRNs, or by serving as mentors while simultaneously being responsible for their own patients.

4.3 | Participants

Through the hospitals' websites, nurse managers were contacted by email to ask whether they offered mentorship for NGRNs. If so, mentors at the unit were contacted via email by the first author, informed about the study, and invited to participate and to sign the informed consent forms. The participants were thus chosen via purposive sampling from hospitals in the region. All 18 participating mentors were registered nurses working in somatic care, such as medicine, surgery, and paediatrics, with a formal role in supporting NGRNs at their care unit (see Table 1). The definition of a mentor in the present study is an experienced nurse with a formal role as a mentor who is tasked with supporting NGRNs over a long period in a care unit.

The initial inclusion criteria for participation were being a mentor with experience in the mentor role for at least 1 year (see Figure 1). The mentors' educational background, as related to the mentor role, differed, where some had only attended regular network meetings with other mentors or had shorter training sessions arranged by the local hospital organisation, while others had a

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formal pedagogical education at the advanced level at university, such as Supervision of Students in Clinical Practice (7.5 credits).

4.4 | Data Collection

Five focus group discussions were conducted from April to May 2023 with the 18 mentors divided into groups of 3–5 participants each. In one of the focus groups, two mentors from the same unit participated, while in all other focus groups, the mentors were employed in different care units. Three of the focus group discussions were performed face-to-face in secluded rooms near the mentors' workplaces, while two were conducted via Zoom because of the geographical spread of the participants and their shift work. The participants were encouraged to be alone in the room during the Zoom meetings; most participants were at their workplace, while others were at home. In all focus groups, the first author (P.B.), a PhD student and registered nurse with experience of group sessions, functioned as the moderator. As the moderator, the assignment was to promote a good and friendly environment in which all participants could share their experiences and interact in discussions (Krueger and Casey 2015).

In each focus group, an assisting female moderator, associate professor (M.B.) or professors (E.B., and M.S.N.) were involved. The assisting moderator took field notes, observed interactions during the discussions, asked follow-up questions and assisted with questions if audio problems occurred. The focus group sessions were opened by informing the participants about the aim of the study and the importance of sharing their experiences. A semi-structured group interview guide was used during each focus group. The guide included several key questions, such as 'How is mentoring implemented in your workplace?', 'How do you carry out mentoring in your clinical work?' and 'What kind of support do you think NGRNs need?' The assisting moderator summarised the discussions and allowed the participants to comment on or correct the summarisation (Krueger and Casey 2015). All focus group discussions were audio-recorded, and for those conducted via Zoom, separate audio-recording equipment was used. The focus group discussions were in Swedish and varied in length between 1.5 h and 2 h. The mentors generously shared their experiences in discussions, and all the discussions were rich in content. To guide adequate sample size, five focus group discussions were considered sufficient, since information power suggests that richer data reduces the number of participants needed (Malterud et al. 2016).

TABLE 1 | Participant demographics.

Characteristics	
Female participants (*n*)	18
Age (mean)	24–64 (46.7)
Years of experience as a registered nurse (mean)	3–44 (17.9)
Years of experience as mentors (mean)	1–13 years (4)
Mentors with specialist nurse education (*n*)*	5
Mentors employed at a university hospital (*n*)	9
Mentors employed at a county hospital (*n*)	9

*At least 1 year of further academic education within different specialist areas in nursing.

4.5 | Data Analysis

The data were analysed using RTA, as inspired by Braun and Clarke (2022), following a six-step process that served as a guiding framework for the analysis. This process started with a phase of familiarisation (performed by P.B.) while transcribing the data from the focus group discussions, followed by reading through the whole dataset several times. During the second phase, all

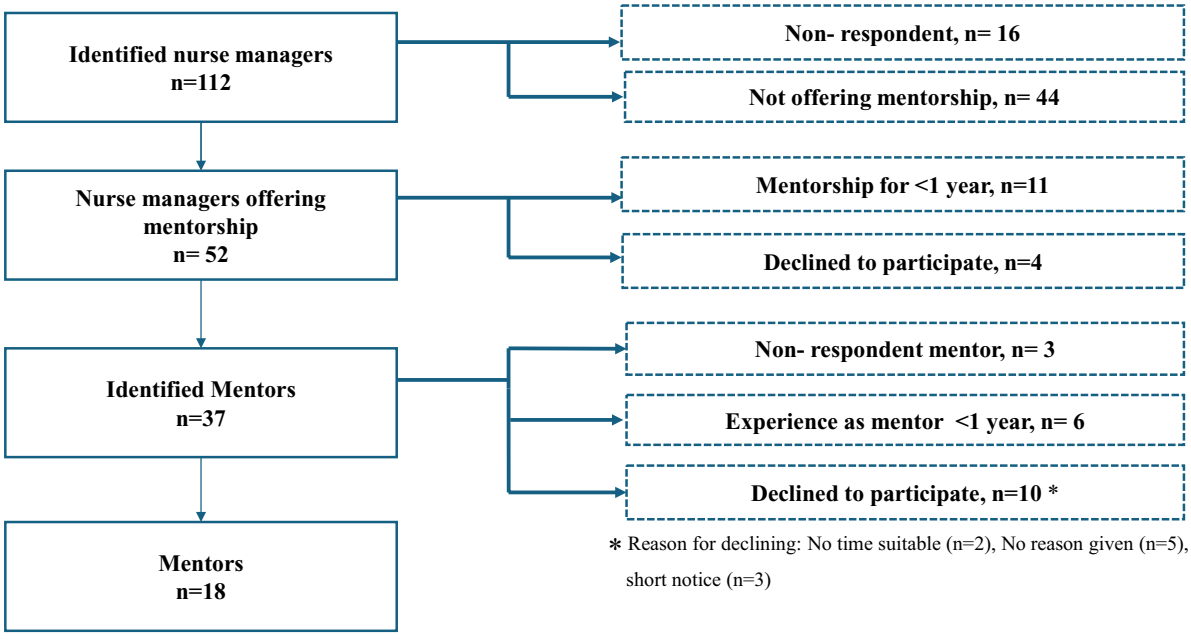

FIGURE 1 | Flow chart describing the inclusion of mentors.

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data were coded by P.B., and N-VIVO software was used to manage and structure the codes. This phase involved a reflective approach, using reflective notes, such as 'Why do I react to the data in this way?' in order to promote self-reflection and consider how assumptions shape and delimit the coding process (Braun and Clarke 2019). At first, the codes were semantically descriptive and close to the content of the empirical data to capture the mentors' perspectives. After reading the text and codes, P.B., and E.B. discussed them, along with the reflection notes. Thereby, the codes became more interpretative and latent, so the underlying assumptions and content of the data could be seen and described. The third step involved identifying clusters of codes with shared meanings, based on the study aim of exploring mentors' perspectives on supporting NGRNs in their professional development. In this step, clusters of codes were compiled into initial themes and subthemes, developed through interpretation of the data, and informed by the researchers' engagement with the data as well as their values, skills, and experiences (Braun and Clarke 2019). A thematic map was created to illustrate the interaction between the themes and subthemes and to present the overarching story they told. The themes were translated into English during this analysis process, and the translation was managed in collaboration with P.B., E.B., and M.B. to preserve meaning and at the same time ensure consistency in interpretation. During the fourth and fifth phases, themes and subthemes were checked to ensure that they coherently reflected the codes and the dataset as a whole. The themes and subthemes were revised and redefined in discussions with the entire research group, and the thematic map was continuously revised during the analysis process. In the sixth phase, the findings were compiled, resulting in three themes and nine subthemes (see Figure 2).

4.6 | Ethical Considerations

The study was conducted following good research practices in line with the Declaration of Helsinki on medical research ethics and standards (World Medical Association 2024). Before the data collection, oral and written consent was obtained from the participants. The mentors were entitled to terminate their participation at any time without giving a reason. The data was stored securely on a password-protected computer (that was only accessible to Pernilla Berndtsson) and shared with the research team members. The participants' confidentiality was considered throughout the entire research process; that is, the processed and analysed data were presented at a collective level, and the participants were assigned a numerical code to prevent identification (Focus group; FG1, FG2, FG3, etc.). The study was reviewed by the Swedish Ethical Review Authority (Reference number: 2022-00111-01).

4.7 | Rigour and Reflexivity

The rigour of the study was ensured by adhering to the principles of trustworthiness described by Lincoln and Guba (1985). This study used focus group discussions with mentors in a hospital setting to explore mentors' collective experiences. Eighteen mentors from different care units and with varying levels of mentoring experience were recruited to ensure a balance of heterogeneity and homogeneity within the groups, thereby facilitating rich and meaningful discussions (Krueger and Casey 2015). The study obtained homogeneity, as all participants had experience as mentors and could share their experience. Heterogeneity was likewise ensured, as the mentors had a diverse range of experiences in mentoring from different care units (apart from two mentors who worked in the same care unit) and varied in age, work experiences as registered nurses, and specialist education, strengthening credibility. The context of the study is mentoring within an area considered unique; however, since mentors from multiple hospitals were involved, the findings are relevant to a wider audience and may be transferable to other healthcare contexts. Dependability was strengthened by providing a clear description of the study context, using an interview guide, and offering a detailed account of the research process, including the analytic procedures. In all focus groups, P.B. served as moderator,

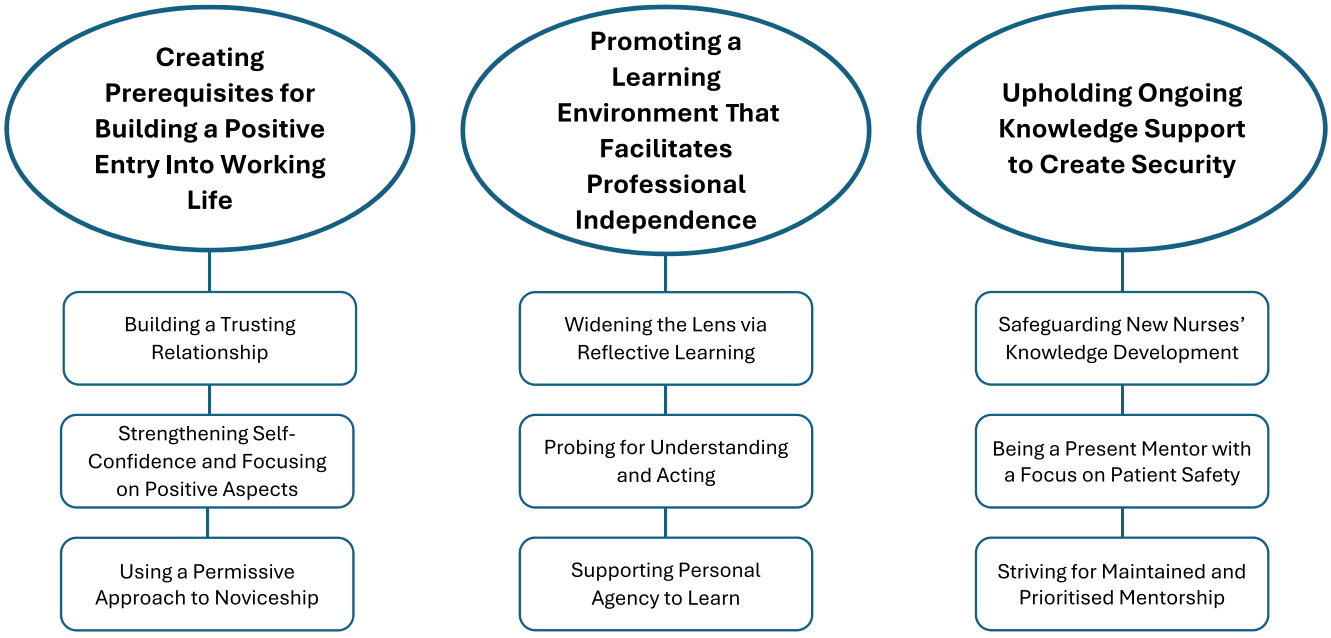

FIGURE 2 | Mentors' perspectives on supporting NGRNs, thematic map of themes and subthemes.

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supported by an assistant moderator (E.B., M.S.N., and M.B.), each of whom was familiar with the study's aim and procedures. According to Krueger and Casey (2015), having the same researcher involved in data collection and analysis strengthens the study's credibility. Furthermore, the assistant moderator asked follow-up questions when clarification was needed and summarised the discussion at the end, giving participants the opportunity to confirm or correct statements based on their experiences as mentors (Krueger and Casey 2015). This strengthened confirmability in the data collection process by ensuring the participants' perspectives were clarified.

All female researchers were RNs with different clinical specialities and mentoring experience. P.B. had worked as a mentor while E.B., M.S.N., and M.B. had experience of various healthcare settings and were involved in the methodological steps of the study, including the analysis. Reflexivity was addressed throughout the research process. P.B. continuously wrote reflective notes during the study process to critically examine interpretations and assumptions. In addition, there were regular discussions within the research group. These contributed multiple perspectives and strengthened the credibility and confirmability of the analysis. Collaboration between the researchers in the analysis was used to deepen understanding and support nuanced interpretations rather than to achieve consensus (Braun and Clarke 2019, 2022). Illustrative quotes were included to strengthen confirmability, and the study followed the COREQ checklist (Tong et al. 2007).

5 | Findings

In this study, we explore mentors' perspectives on supporting NGRNs in their professional development in a hospital setting. The findings are presented under three themes: *Creating Prerequisites for Building a Positive Entry into Working Life*, *Promoting a Learning Environment that Facilitates Professional Independence* and *Upholding Ongoing Knowledge Support to Create Security*. Each theme includes three subthemes (see Figure 2), which are verified with quotes.

5.1 | Creating Prerequisites for Building a Positive Entry Into Working Life

The first theme illustrates mentors' views of crucial approaches to building a positive foundation on which to support NGRNs during their first year at work. This theme includes three subthemes: *Building a Trusting Relationship*, *Strengthening Self-Confidence and Focusing on Positive Aspects*, and *Using a Permissive Approach to Noviceship*. The term *noviceship* refers to the NGRNs' position as novices, or beginners who are not familiar with or experienced in the clinical setting.

5.1.1 | Building a Trusting Relationship

To promote a positive entry into the workplace, the mentors described their focus on getting to know the NGRNs in order to build a relationship and establish mutual trust. They encouraged the NGRNs to speak openly and share their experiences, feelings, moods, and thoughts. The mentors stated that NGRNs need to discuss their feelings in relation to being new at the workplace and that it is important to capture such feelings to prevent them from being overwhelmed by the new role. A trusting relationship is created through a longer process in which the mentors regularly offer dialogue, most commonly throughout the NGRNs' entire first year as nurses. One mentor stated, '*You get to know them over a long period of time, and if you have talked so much in depth, it gives a lot in terms of relationships*' (FG5). Creating a trusting relationship is not achieved through brief communication in the corridor; instead, it is created through an unburdened dialogue between NGRNs and mentors. The NGRNs are also made aware of the structure of these dialogues and of the fact that they are confidential conversations that will not be shared with managers unless the NGRNs give their consent.

Through a trusting relationship, the mentors also became aware of NGRNs' concerns, knowledge, and skill gaps, particularly regarding certain patient groups and managing the stress of having too many patients. The mentors reflected on how they could capture concerns through conversations with the NGRNs and adjust the care unit's plan and distribution accordingly. This is exemplified in the quote below:

> *You capture so much in these conversations...and it has been beneficial because you also notice for yourself* [as a mentor] *how you organise and distribute the patients* [among NGRNs].
>
> (FG1)

5.1.2 | Strengthening Self-Confidence and Focusing on Positive Aspects

The mentors tried to strengthen the NGRNs' self-confidence by complimenting them on how well they managed their work to encourage them while simultaneously trying to reduce the high expectations they placed on themselves. They could strengthen NGRNs in vulnerable situations, such as in challenging conversations with relatives or doctors in which the patient's best interests were viewed differently. The mentors described how they acknowledge NGRNs by focusing on their positive qualities and achievements. They provide feedback on positive aspects so that NGRNs can gain confidence instead of highlighting only negative points, which the NGRNs tend to focus on. This idea is represented below:

> *It is so nice to see when people* [NGRNs] *grow; you can hear how someone takes a call, and you can say how nicely they took it, what patience they had when they responded and that they sounded so matter-of-fact all the time, and you see what it does to the person who gets that praise.*
>
> (FG1)

To strengthen NGRNs' self-confidence, the mentors also tried to focus on the positive aspects of their performance, with the intention of having the NGRNs end their workdays with a good feeling instead of a feeling of dissatisfaction. For example, in a

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negative experience related to an emergency alarm with no positive outcomes, mentors can turn the situation around to gain insight into what was done well and managed effectively.

5.1.3 | Using a Permissive Approach to Noviceship

The mentors described their views on allowing NGRNs to be new in their role, recognising that it takes time to develop as a nurse. Notably, NGRNs need to be accepted as novice nurses in a welcoming environment when entering the workplace. The mentors emphasised that NGRNs are important in the care unit, even as novice nurses; therefore, the mentors took a permissive approach, supporting NGRNs in a friendly way and answering questions with patience and without judgement. A permissive approach also involves being a good listener who is skilled in conversation and has the personal maturity to focus on NGRNs' needs: '*It is about being able to go outside oneself and look at the needs of this new nurse*' (FG3).

The mentors also highlighted their own experience, humility and a willingness to acknowledge NGRNs as significant aspects of this permissive approach. Specifically, the mentors stated that not all highly experienced nurses were perceived as equally accepting of noviceship. In turn, they always reflected on themselves as mentors in supporting NGRNs, even in their general nursing role when they do not have specifically allocated mentoring time: *'I am not the person who says no, I don't know, go and ask someone else; I usually instead try to help them* [NGRNs] *to find the information and then also help them'* (FG4).

5.2 | Promoting a Learning Environment That Facilitates Professional Independence

The second theme illustrates mentors' intention and efforts to facilitate NGRNs' learning and thereby promote professional independence by using different pedagogical approaches. This theme includes three subthemes: *Widening the Lens* via *Reflective Learning*, *Probing for Understanding and Acting* and *Supporting Personal Agency to Learn*.

5.2.1 | Widening the Lens via Reflective Learning

The mentors emphasised encouraging NGRNs' reflection on their daily work, both through conversations behind closed doors and during daily work. They encouraged reflectiveness to enhance NGRNs' awareness and help them develop critical thinking skills, with the idea '*That you actually have time to stop and talk about different things that you do and not just only perform clinically at work*' (FG5). The mentors discussed the need to encourage reflection on both what was good and what could be developed to enhance NGRNs' learning. The mentors asked NGRNs questions such as 'How can I understand what happened?', 'Why did it turn out one way or the other?', 'Could you have done this differently?', and 'What can you learn from this situation?' The mentors considered this process as a way for the NGRNs to develop deeper reflection on different clinical situations, enabling them to learn and determine how to perform better in future. As NGRNs, who are novices, have difficulty grasping the complexity of clinical situations, mentors should use their experience and tacit knowledge from different clinical situations in their reflective discussions to broaden NGRNs' perspectives, as exemplified in the quote below:

> *From my experience, I might think of ten things* [in a clinical situation], *while the new nurse thinks about two when doing an assignment. So, the more they reflect on the different things* [in the reflective conversations], *the bigger it becomes for them* [NGRNs], *and in the end, it expands their understanding of what to think about the next time.*
>
> (FG5)

5.2.2 | Probing for Understanding and Acting

The mentors explained that they aimed to support NGRNs by posing thought-provoking questions that would enhance the NGRNs' prioritisation skills and strengthen their time-management abilities. Through this probing, the NGRNs can gain comprehension of why they do what they do and the outcomes of their prioritised choices, which enables them to better prioritise their daily work. For example, when several patients require antibiotics at the same time, it is important to understand on what grounds which patients must be prioritised and who can wait. The mentors discussed how probing is more time-consuming, and when NGRNs are stressed due to a high workload, they instead want to be relieved of the tasks. The mentors also described an expectation among managers and colleagues that they should relieve the NGRNs of particular tasks to minimise their stress, instead of probing their understanding through reflective questioning. Under conditions of high workload, mentors sometimes found it difficult to avoid becoming task-oriented themselves. Nevertheless, the mentors said that they need to invest this time in probing NGRNs rather than performing the task themselves. By using probing, they produce long-term positive learning outcomes for NGRNs in developing their professional independence, as the quote below expresses:

> *If I go in and perform the task, then they* [NGRNs] *won't learn anything from it, and the next time it gets* [to be] *too much, they won't know how to deal with it.*
>
> (FG1)

5.2.3 | Supporting Personal Agency to Learn

The mentors described their perspective on supporting NGRNs' active involvement in the learning process, fostering lifelong learning, and promoting their sense of responsibility and personal agency for their own learning. The mentors viewed professional development as a continuous process of learning through work life, and they aimed to bestow this perspective on NGRNs. They stated that NGRNs' personal agency is about developing preparedness and the ability to search for knowledge, such as by learning how to find guidelines or knowing where or who to turn to for guidance rather than knowing everything themselves. The mentors discussed how they could support NGRNs

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in their learning; however, NGRNs must be motivated and actively exercise personal agency to master nursing skills and develop independence. The mentors' pedagogical approach employed collaborative learning to support NGRNs' personal agency, and they described themselves as partners rather than masters whose performance NGRNs should copy, as the quote below expresses:

> *This master–apprentice learning method, where I lead as a master and you do as I do or say as I say... it doesn't work like that when you are mentoring new nurses or students.*
>
> (FG3)

5.3 | Upholding Ongoing Knowledge Support to Create Security

The third theme reflects a more comprehensive understanding of the mentor role within care units, emphasising a strong commitment to supporting NGRNs through continuous knowledge development over an extended period in their daily clinical work. This theme is presented according to three subthemes: *Safeguarding New Nurses' Knowledge Development*, *Being a Present Mentor with a Focus on Patient Safety* and *Striving for Maintained and Prioritised Mentorship*.

5.3.1 | Safeguarding New Nurses' Knowledge Development

The mentors emphasised the importance of safeguarding NGRNs' continued competence development and said that their role becomes even more important after NGRNs complete the first weeks of their workplace introduction with clinical supervisors. They stated that many NGRNs do not have sufficient knowledge to work independently after completing the introduction. One reason for this was unsatisfactory clinical supervision during the introduction due to inexperienced supervisors:

> *There are new nurses who are not confident in themselves yet have to introduce newer ones* [NGRNs] *in the workplace; there are many pitfalls that surround this, so more is required of us to support new nurses further.*
>
> (FG1)

Another reason was the complex care environment, where NGRNs sometimes have to handle assignments that require specialist skills, sometimes involving the use of medical equipment with which they gained no experience during the initial introduction. Moreover, they may lack experience in caring for specific patient groups. To safeguard NGRNs' knowledge, mentors assessed their understanding with checklists and offered targeted education to ensure they had the required nursing competencies. Another way to safeguard NGRNs' knowledge development was to use the shadowing method on a workday after the NGRNs had worked independently for a few months. In this method, the mentors follow the NGRNs in their daily work, and the NGRNs have the opportunity to ask questions and discuss nursing issues with the mentors. Not all mentors used this method, but they agreed that it seems to be an effective strategy to establish ongoing support and deepen NGRNs' knowledge, as exemplified below:

> *After the first introduction, our role becomes even more important, following and shadowing and asking how they plan the work, how they collaborate with the assistant nurse and how they execute nursing work during the day.*
>
> (FG3)

5.3.2 | Being a Present Mentor With a Focus on Patient Safety

The mentors emphasised the necessity of being present in daily work in terms of both NGRNs' needs and patient safety. Through their presence, they could observe how the work flowed for the NGRNs and could step in and provide tangible support if the NGRNs had difficulties. For example, when patients became acutely ill and the NGRNs felt inadequate, the mentors could assist and ensure proper care was provided: *'I ask if they* [NGRNs] *need help, because they don't always ask for help themselves, even if you can see that the team station is literally burning beside them'* (FG4). In this way, the mentors could support NGRNs when they encountered new procedures and wanted support, such as using a central IV catheter or inserting a nasogastric tube. Also in such cases, the mentors could double-check how NGRNs carried out new tasks and confirm that they understood the guidelines accurately before the procedure was carried out. The unique aspect of their mentoring is that if NGRNs needed or wanted hands-on support, the mentors could demonstrate or guide NGRNs during bedside care, as described in the following quote:

> *We should also be there when new nurses start working on their own and have to insert a nasogastric tube, which they never had the opportunity to do during the introduction.... You don't want to do it yourself. You think it's a bit uncomfortable, or you just want a sense of security from someone in the room, and we are supposed to be that person.*
>
> (FG1)

The mentors also acknowledged, unfortunately, that not all mentors had the opportunity to be present every day in daily work to support NGRNs. Even if this were a possibility, the implementation would depend on the nurse managers' and top managers' different views of organising mentorship. The mentors who had the opportunity to be present in daily work strove to spread their work hours across each shift during the week and on weekends, depending on the scheduling hours and the number of mentors in the care unit.

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5.3.3 | Striving for Maintained and Prioritised Mentorship

The mentors discussed the need for the entire care unit to have the same viewpoint of a protected mentorship to be able to prioritise ongoing NGRN support. To initiate and maintain mentorship, the mentors required prerequisites from nurse managers and management organisations. The mentors expressed their concern that mentoring is deprioritised during times of high workload, when it is actually most required by NGRNs. This is due to a lack of resources in the healthcare organisation. To prioritise mentoring, the mentors even suggested that mentoring opportunities should be mandatory for NGRNs. The scheduling of mentoring needs to be planned well in advance too, considering that both mentors and NGRNs can work the same shift or on the same day. However, scheduling was seen as another challenge due to shift work, workers' self-scheduling and rapidly changing working hours, which leads to mentoring time being deprioritised in favour of the organisation's needs.

The mentors also mentioned that although they are allocated time to work as mentors, the NGRNs themselves need opportunities to attend mentoring sessions. It is difficult for NGRNs to prioritise mentoring sessions because of how difficult it is to hand over tasks to colleagues on the next shift. In the discussions, one notable thought emerged: '*The most terrifying thing for NGRNs is to leave tasks to the next colleague*' (FG5). The mentors described how colleagues were not always willing to let the NGRNs go to the mentoring sessions if they had tasks left to complete during their shift, as exemplified below in a discussion:

> *Not all colleagues are nice and let them go. They think that everything should be arranged on a silver platter.../ and they say that new nurses should have done this before they leave* [for the mentors' sessions] *...and then you get a little scared of the dark, because it's like the colleagues don't want to let them go either.*
>
> (FG4)

6 | Discussion

This study explored mentors' perspectives on supporting NGRNs in their professional development in a hospital setting. The mentors' perspectives on mentoring reflected their personal understanding and the organisational conditions working as mentors within the hospital setting.

The theme *Creating Prerequisites for Building a Positive Entry Into Working Life* illustrated mentors' ambition to establish trusting relationships with NGRNs during their initial period in their profession. In line with a previous study from Ireland, the mentor/mentee relationship was identified as central to the success when a mentorship programme was implemented (Giltenane et al. 2025). Furthermore, the most important mentor qualities for creating good relationships were effective communication, compassion, and critical thinking. In the present study, the results show that the mentors' ambition was to engage in regular dialogues during a long process with NGRNs to create a relationship with the aim of identifying the NGRNs' support needs. In line with this, a recent study shows mentoring relationships can provide essential emotional support and psychological well-being, thereby offering a safe space for emotional expression and processing the intense demands of challenging clinical experiences (Alshehri and Alodhailah 2025). Meanwhile, mentors do not have sole responsibility for building relationships, and they said in our present study that they wanted mentoring conversations to be a high priority for both NGRNs and healthcare organisations. This has been confirmed by Kakyo et al. (2025), who studied the role of mentee, mentor and organisation in informal mentoring in acute care settings. Organisational support is vital for ensuring mentors and NGRNs have time for mentor conversations. Several studies have confirmed obstacles to providing this and to being able to implement mentorship programmes. A review by Beke et al. (2026) identified challenges such as the increased workload of mentors and the insufficiency of management support. Furthermore, one other study identified barriers such as the demanding and unpredictable nature of clinical work that hindered mentors and mentees from engaging and also found that shift work and competing responsibilities caused missed or rescheduled mentor meetings (Giltenane et al. 2025). This means that organisational constraints—such as high demands, limited time, and insufficient support for mentors—may obstruct the formation of trusting mentor–mentee relationships, resulting in limited provision of psychologically safe and meaningful support for NGRNs.

The theme *Promoting a Learning Environment That Facilitates Professional Independence* illustrates how mentors actively wanted to support NGRNs in their learning process. The present study adds new perspectives regarding mentors' pedagogic views and being a facilitator of workplace learning. In this study, mentors discussed their pedagogical approach using probing to support NGRNs to comprehend what they do and why, and the outcomes of their prioritised choices. The way mentors promote a learning environment can be linked to the sociocultural learning theory of Vygotsky (1978), where learning is mediated through social interactions between a less knowledgeable individual and a more knowledgeable other. A central concept in Vygotsky's sociocultural theory is the *Zone of Proximal Development*, which represents the gap between what learners can achieve independently and what they can accomplish with guidance from a more knowledgeable other. In the present study, mentors aimed to support NGRNs' learning by adapting their guidance to the novice's level of knowledge and skills. Through probing and reflective dialogue, NGRNs gained access to the mentor's experience, promoting progressive understanding and professional development. Furthermore, mentors sought to foster NGRNs' independence rather than continued reliance on support. Consistent with this approach, Tan et al. (2023) found that autonomy-oriented support promotes independent task completion and enhances task mastery. Our findings suggest that although probing may be more time-consuming in the short term, it is a worthwhile investment that supports the development of professional independence among NGRNs.

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The mentors in the present study also discussed the importance of having a reflective dialogue, probing, and supporting NGRNs in their professional agency, and this pedagogical approach could be seen as a manifestation of the mentors' teaching skills within workplace learning. Several studies emphasise the need for pedagogical competence; for example, a review by Wang et al. (2025) highlights that effective learning support for NGRNs relies on teaching competence and pedagogical skills integrated with clinical expertise. It was identified in our study that several mentors had a pedagogical education or a shorter mentor education. An intervention study with advanced nurses as mentors revealed consistently high ratings in clinical teaching behaviour that increased the post-intervention implementation of a mentorship programme (Kallerhult Hermansson et al. 2026). Clinical teaching behaviour includes committing to teaching, building a learning atmosphere, using appropriate teaching strategies, guiding inter-professional communication, and providing feedback. The same study revealed that mentors experienced feelings of inadequacy that included moments of self-doubt. This may suggest that, although mentors perceived themselves as having adequate teaching competence, they required greater clarity regarding their mentor role. Our study found that several of the mentors had a long experience as registered nurses, although they had worked a relatively short time as mentors; thus, they were relatively new in the mentor role. Therefore, mentors could benefit from education for role clarity. This was confirmed in a review by Giltenane et al. (2026), which found that mentors generally could benefit from education in order to be more effective in their roles and to facilitate their role development. This indicates that the healthcare organisation needs to support mentors with continued education to create conditions for effective mentorship.

The theme *Upholding Ongoing Knowledge Support to Create Security* illustrates mentors' motivation to be present in NGRNs' daily work in order to provide continuous support and foster a sense of security. The present study adds new perspectives by highlighting the need to complement ongoing knowledge support with more hands-on clinical mentorship. The findings are aligned with NGRNs' perspectives when needing practical support from clinical mentors who are well acquainted with the care unit and can support them in situations that arise during the day (Berndtsson et al. 2026). The present study revealed that mentors possess extensive nursing knowledge within the care unit and want to both support NGRNs and ensure good care for the patient. According to Benner (1984), experienced nurses serving as mentors play a crucial role in supporting and protecting NGRNs while ensuring high-quality patient care. Recognising that NGRNs progress through stages of clinical competence from novice to expert, mentors facilitate this developmental process by helping novice nurses integrate theoretical knowledge acquired during their education into the realities of clinical practice. This mentoring role aligns with the principles of situated learning, which emphasise learning as a social process embedded within a specific context and community of practice (Lave and Wenger 1991). Consistent with these perspectives, the findings of our study indicate that mentors were motivated to share their clinical knowledge and experience with NGRNs through everyday interactions in practice, thereby supporting their professional growth and integration into the workplace. Additionally, mentors may also benefit from the mentoring relationship through opportunities for self-improvement, enhanced professional knowledge, and increased engagement with current evidence through interactions with mentees, as reported by Kakyo et al. (2025). Mentorship may promote mentors' well-being when they are able to ensure the patient's care and contribute to more sustainable working conditions. A review by Bond et al. (2025), examining how organisational factors can positively contribute to nurses' well-being in the workplace, found that mentor support plays a pivotal role in fostering strong professional relationships that contribute to both individual and collective well-being. Furthermore, mentoring relationships and accessible support systems were found to bolster nurses' confidence and resilience. In the context of ongoing global workforce pressures, the importance of investing in and prioritising nurse well-being is vital. Supporting nurses extends beyond professional courtesy since it is fundamental to the delivery of high-quality care and contributes to the development of safer and more resilient healthcare systems.

The results of our study confirm and build upon prior research that highlights the role of mentors in creating a pedagogically grounded learning environment and offering clinical mentorship with practical, hands-on support in everyday work. In accordance with the umbrella review by Södergård et al. (2025), mentorship programmes that integrate structured educational components are associated with improved retention and reduced turnover among NGRNs. The review further concluded that mentoring programmes characterised by ongoing support and structured guidance contribute to increased retention and lower turnover rates among NGRNs. This is vital for establishing healthy work environments for NGRNs. However, this study revealed organisational constraints that may hinder the sustainability of mentorship, thereby obstructing the development of trusting mentor–mentee relationships and the provision of meaningful psychological, educational, and hands-on support necessary to promote the well-being of both NGRNs and mentors.

6.1 | Strengths and Limitations of the Study

Recruitment for the focus groups was challenging due to the mentors' shift work and the geographical spread. These difficulties align with what Krueger and Casey (2015) identified; organising focus groups can be complex, as some participants may become unavailable because of schedule conflicts or sick leave. One limitation of this study is that each focus group only involved a small number of participants. Depending on the discussed topic, a group size of five to eight participants is desirable for a focus group (Krueger and Casey 2015). However, Ivanoff and Hultberg (2006) argue that sample size is not crucial; more important is the participants' involvement in the discussions. In the present focus groups, the participants were active, and the discussions were rich in content. This strengthens the claim that the focus groups were not too small. Regarding the number of participants, the study's information power was considered sufficient due to the richness and quality of the dialogue between participants (Malterud et al. 2016). Data collection was conducted through focus group discussions held either face-to-face or via Zoom. Conducting some discussions via Zoom may be considered a limitation, as face-to-face discussions can provide greater

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opportunities for interaction and the development of group dynamics. However, focus groups via Zoom have many advantages, such as reaching participants who would not otherwise be able to participate (Willemsen et al. 2022). This was relevant in the present study due to the geographic spread of the participants. All mentors were active in the Zoom discussion, which could be related to their conversation skills. Additionally, this study focused on mentors' perspectives, particularly their intentions and desire to support NGRNs. The focus group discussions also revealed challenges within the mentoring role, primarily related to supporting NGRNs in practice. Furthermore, broader organisational barriers affecting mentors' overall role were identified, indicating a need for further exploration in future studies.

6.2 | Recommendations for Further Research

Further research is needed to deepen understanding of mentorship, particularly the role of mentors in hospital settings, and to develop and implement targeted mentorship programmes for NGRNs based on established best practices. Additionally, studies are required to identify sustainable structures that support clinical mentorship in everyday hospital practices. These studies should include the perspectives of nurse managers and NGRNs.

6.3 | Implications for Policy and Practice

Decision-makers and managers can use the knowledge gained from this study to implement mentorship programmes that are more targeted at supporting NGRNs in healthcare. Knowledge from the mentors' perspective that facilitates support to NGRNs provides deeper insight into how to structure mentorship. Furthermore, the healthcare organisations can facilitate workplace learning by mentors, which is essential for NGRNs and mentors themselves for continuous professional development. Decision-makers and managers need to support mentors with organisational support and allocated time and make mentorship an integral part of the culture of the hospital, rather than only relying on the mentors themselves to carry the responsibility for establishing mentorship on their own. In order to create healthy work conditions for both mentors and NGRNs, sustainable mentorship needs to be prioritised and integrated with the work structure in the hospital.

7 | Conclusion

These findings underscore the crucial role of mentors in clinical practice as advanced nurses who foster supportive learning environments for NGRNs and reflect their commitment to supporting novice nurses during their transition to professional practice. The findings reflect both mentors' understanding of their role and the organisational conditions that influence their ability to function effectively as mentors within the hospital setting. The present study contributes to the growing body of research on mentorship by providing internationally relevant insights into mentors' efforts to deliver pedagogically grounded, hands-on clinical mentorship integrated into everyday nursing work while maintaining high-quality patient care. The study found that mentors sought to establish meaningful mentoring relationships that offered psychological support, educational guidance, and continuous knowledge sharing, thereby fostering workplace learning and professional development in daily clinical practice. The findings further emphasise the responsibility of healthcare organisations to prioritise and support sustainable mentorship structures, thereby enabling mentors to effectively support the professional development of NGRNs and contribute to healthy work environments.

Author Contributions

Pernilla Berndtsson: conceptualization, data curation, formal analysis, methodology, project administration, validation, visulazation, writing – original draft. **Eva Brink:** conceptualization, supervision, validation, writing – review and editing. **Maria Skyvell Nilsson:** conceptualization, validation, writing – review and editing. **Malin Berghammer:** conceptualization, methodology, supervision, validation, writing – review and editing.

Acknowledgements

The authors would like to express their appreciation to all participants of mentors sharing their perspectives.

Funding

The authors have nothing to report.

Disclosure

Declaration of Use of Artificial Intelligence (AI): The authors did not use generative AI or AI-assisted technologies in any part of the research process or manuscript preparation.

Ethics Statement

This study was reviewed by the Regional Ethical Review Board in Linköping, Sweden, number: 2022-00111-01. Informed consent was secured from all participants, and all procedures followed the principles outlined in the Declaration of Helsinki.

Consent

The authors have nothing to report.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

Research data are not shared.

References

Alshehri, W. M., and A. M. Alodhailah. 2025. "Exploring Nurses' Experiences and Perceptions of Mentorship Programs in Riyadh, Saudi Arabia: An Interpretive Phenomenological Analysis." *BMC Nursing* 24, no. 1: 1484. https://doi.org/10.1186/s12912-025-04250-y.

Baharum, H., A. Ismail, L. McKenna, Z. Mohamed, R. Ibrahim, and N. H. Hassan. 2023. "Success Factors in Adaptation of Newly Graduated Nurses: A Scoping Review." *BMC Nursing* 22, no. 1: 125. https://doi.org/10.1186/s12912-023-01300-1.

13652648, 0, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/jan.70769 by University West, Wiley Online Library on [30/10/2026]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

Beke, M., H. Kaya, G. Çonoğlu, and Y. Şen. 2026. "Mentorship Programs Provided for New Nurses: A Systematic Review." *Nurse Education Today* 163: 107110. https://doi.org/10.1016/j.nedt.2026.107110.

Benner, P. 1984. *From Novice to Expert: Excellence and Power in Clinical Nursing Practice*. Addison-Wesley.

Berndtsson, P., M. Berghammer, L. Walter, and M. Skyvell Nilsson. 2026. "The Importance of Clinical Mentorship Through the Lens of Newly-Graduated Registered Nurses: A Focused Ethnographic Study in a Hospital Setting." *Journal of Clinical Nursing* 35, no. 8: 3525–3537. https://doi.org/10.1111/jocn.70339.

Bond, C., R. Jarden, A. Watson, and D. Jackson. 2025. "Organisational Factors and Nurses' Well-Being in the Workplace: An Integrative Review." *Journal of Advanced Nursing* 0: 1–24. https://doi.org/10.1111/jan.70333.

Braun, V., and V. Clarke. 2013. *Successful Qualitative Research: A Practical Guide for Beginners*. SAGE.

Braun, V., and V. Clarke. 2019. "Reflecting on Reflexive Thematic Analysis." *Qualitative Research in Sport, Exercise and Health* 11, no. 4: 589–597. https://doi.org/10.1080/2159676X.2019.1628806.

Braun, V., and V. Clarke. 2021. "One Size Fits All? What Counts as Quality Practice in (Reflexive) Thematic Analysis?" *Qualitative Research in Psychology* 18, no. 3: 328–352. https://doi.org/10.1080/14780887.2020.1769238.

Braun, V., and V. Clarke. 2022. *Thematic Analysis: A Practical Guide*. SAGE.

Gammone, M., M. Calzolari, A. Moro, et al. 2025. "Evaluating Approaches to Enhance Transition and Retention in Newly Qualified Nurses: An Updated Rapid Evidence Assessment." *Nurse Education in Practice* 87: 104484. https://doi.org/10.1016/j.nepr.2025.104484.

Giltenane, M., L. Murphy, A. Chatzi, et al. 2025. "Experiences of Irish Mentors and Mentees Engaged in a National Nursing and Midwifery Mentorship Programme: Mixed Methods Study With a Qualitative Focus on Mentors' Views." *Journal of Advanced Nursing* 81, no. 11: 7978–7991. https://doi.org/10.1111/jan.70026.

Giltenane, M., L. Murphy, C. McNamara, et al. 2026. "The Reported Evidence of Nursing and Midwifery Mentorship Programmes Internationally: A Scoping Meta-Review Providing a Comprehensive Overview of Mentorship Programmes." *Journal of Advanced Nursing* 82, no. 2: 1176–1205. https://doi.org/10.1111/jan.17028.

Hale, R. L., and C. A. Phillips. 2019. "Mentoring Up: A Grounded Theory of Nurse-To-Nurse Mentoring." *Journal of Clinical Nursing* 28, no. 1–2: 159–172. https://doi.org/10.1111/jocn.14636.

Ivanoff, S. D., and J. Hultberg. 2006. "Understanding the Multiple Realities of Everyday Life: Basic Assumptions in Focus-Group Methodology." *Scandinavian Journal of Occupational Therapy* 13, no. 2: 125–132. https://doi.org/10.1080/11038120600691082.

Jafarimanesh, H., S. Ghiyasvandian, B. Lyman, H. Ghanaati, and M. Zakerimoghadam. 2026. "Educational and Professional Needs of Newly Graduated Nurses During Transition to Practice: An Integrative Review." *Teaching and Learning in Nursing* 21, no. 2: e912–e923. https://doi.org/10.1016/j.teln.2025.10.013.

Kakyo, T. A., L. D. Xiao, and D. Chamberlain. 2025. "The Stakeholders' Role in Informal Mentoring: A Qualitative Descriptive Study of Nurses and Midwives Working in Acute Care Settings." *BMC Nursing* 24, no. 1: 357. https://doi.org/10.1186/s12912-025-03020-0.

Kallerhult Hermansson, S., Y. Hilli, F. Norström, R. Solbakken, and K. Bölenius. 2026. "Advancing Nurse Mentors' Development Through a Mentoring Intervention: A Mixed Methods Study." *Journal of Advanced Nursing*. https://doi.org/10.1111/jan.70636.

Kram, K. E. 1985. *Mentoring at Work: Developmental Relationships in Organizational Life*. Scott Foresman.

Krueger, R. A., and M. A. Casey. 2015. *Focus Groups: A Practical Guide for Applied Research*. SAGE.

Kurup, C., A. S. Burston, V. Betihavas, and E. R. Jacob. 2024. "The Perspectives of Internationally Qualified Nurses Regarding Their Specialty Skill Transition to Australia: A Cross-Sectional Survey." *Journal of Advanced Nursing* 80, no. 5: 1868–1881. https://doi.org/10.1111/jan.15952.

Lave, J., and E. Wenger. 1991. *Situated Learning: Legitimate Peripheral Participation*. Cambridge University Press.

Lay, K. S. M., and K. Masingboon. 2025. "Turnover Prevalence and the Relationship Between Transition Shock and Turnover Intention Among New Nurses: A Meta-Analysis." *International Journal of Nursing Studies Advances* 9: 100390. https://doi.org/10.1016/j.ijnsa.2025.100390.

Lincoln, Y. S., and E. G. Guba. 1985. *Naturalistic Inquiry*. SAGE.

Malterud, K., V. D. Siersma, and A. D. Guassora. 2016. "Sample Size in Qualitative Interview Studies: Guided by Information Power." *Qualitative Health Research* 26, no. 13: 1753–1760. https://doi.org/10.1177/1049732315617444.

Södergård, E., J. Juntunen, H.-M. Kuivila, M. Tomietto, and K. Mikkonen. 2025. "The Effect of Mentoring Programmes on Newly Graduated Nurses' Retention and Turnover: An Umbrella Review." *Journal of Advanced Nursing* 82, no. 7: 6948–6969. https://doi.org/10.1111/jan.70326.

Swenson, C., S. Ogilvie, and S. Richardson. 2025. "Mentorship and the Advanced Practice Nurse: A Concept Analysis." *Journal of the American Association of Nurse Practitioners* 37, no. 12: 683–691. https://doi.org/10.1097/jxx.0000000000001135.

Tan, B., Z. Li, H. Cheng, and Z. Wang. 2023. "Teach Me Fishing or Give Me the Fish: Differential Effects of Receiving Autonomous and Dependent Help on Task Performance." *International Journal of Environmental Research and Public Health* 20, no. 1: 647.

Tong, A., P. Sainsbury, and J. Craig. 2007. "Consolidated Criteria for Reporting Qualitative Research (COREQ): A 32-Item Checklist for Interviews and Focus Groups." *International Journal for Quality in Health Care* 19, no. 6: 349–357. https://doi.org/10.1093/intqhc/mzm042.

Voss, J. G., C. M. Alfes, A. Clark, K. D. Lilly, and S. Moore. 2022. "Why Mentoring Matters for New Graduates Transitioning to Practice: Implications for Nurse Leaders." *Nurse Leader* 20, no. 4: 399–403. https://doi.org/10.1016/j.mnl.2022.01.003.

Vygotsky, L. S. 1978. *Mind in Society: The Development of Higher Psychological Processes*. Harvard University Press.

Wang, Q., L. Liu, Q. Zeng, S. Su, and S. Gao. 2025. "Key Competencies for Effective New Nurse Preceptorship: A Scoping Review of Essential Skills and Knowledge." *Journal of Nursing Management* 2025: 4509979. https://doi.org/10.1155/jonm/4509979.

Willemsen, R. F., J. J. Aardoom, N. H. Chavannes, and A. Versluis. 2022. "Online Synchronous Focus Group Interviews: Practical Considerations." *Qualitative Research* 23, no. 6: 1810–1820. https://doi.org/10.1177/14687941221110161.

World Health Organization. 2020. *State of the World's Nursing 2020: Investing in Education, Jobs and Leadership*. World Health Organization. https://www.who.int/publications/i/item/9789240003279.

World Medical Association. 2024. "WMA Declaration of Helsinki—Ethical Principles for Medical Research Involving Human Participants." https://www.wma.net/policies-post/wma-declaration-of-helsinki/.

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