jaya mental health

Nursing Mentorship Framework

A step closer to leadership

Implementation guidelines
for resource-constrained environments

Section A:
Introduction - Why mentorship

- **What are these guidelines?**

These guidelines present a clear and SMART (Specific, Measurable, Achievable, Realistic, and Time-bound) roadmap for establishing a nursing mentorship framework within healthcare environments. They are designed to support institutions that rely on nursing staff and aim to strengthen mentorship practices—particularly where experience levels vary or where senior professionals' expertise has yet to be fully leveraged.

- **Who are these guidelines for?**

This guidance is intended for any health or social care setting with nursing staff, regardless of specialty or clinical focus. It is especially relevant in resource-constrained environments and countries where innovation and adaptability are essential. The framework also serves as a valuable resource for nursing associations, governmental and non-governmental health organisations, nursing schools, and health education institutions. Moreover, it supports individual nurses seeking to engage in mentorship as part of their ongoing professional growth.

- **How were these guidelines developed?**

The guidelines were created by Jaya Mental Health through its Nepal-based arm, Unity in Health, in close collaboration with nursing professionals from Bhaktapur Hospital—one of Nepal's most established healthcare institutions. Developed using the SMART methodology, the framework reflects the realities of working in low-resource settings and demonstrates how impactful mentorship can thrive despite logistical and human resource limitations (please refer to "JMH (2025) Nursing Mentorship Project – a step closer to leadership" for more details).

- **Why mentorship matters**

Mentorship is a cornerstone of professional development in nursing, offering critical support to both newly qualified and experienced practitioners. It enhances professional growth, boosts engagement in the workplace, improves job satisfaction, strengthens peer connections, and contributes to long-term workforce sustainability (Rohatinsky et al., 2018).

In many parts of the world and across diverse healthcare settings, newly qualified or newly employed nurses often enter unfamiliar environments without adequate support, and are left to navigate challenges on their own. Mentorship offers a structured approach that pairs experienced staff with junior nurses, guiding them

through their transition into new roles. This system fosters a culture of support, mutual learning, and stronger connections within the nursing workforce.

Led by nurses for nurses, mentorship serves as a powerful bridge between theoretical knowledge and practical application. It nurtures confidence, reinforces professional standards, and eases the transition of newly registered staff into practice (NMC, 2021). Importantly, it also cultivates leadership potential within mentors themselves.

Empowering nurse mentors is a foundational step toward strengthening nursing leadership globally. A structured mentorship framework allows senior nurses across various health and social care settings to:

- Create meaningful learning experiences for junior and incoming staff,
- Support mentees in achieving their professional development goals,
- Provide emotional support and constructive, growth-oriented feedback,
- Role model excellence in professional behaviour and standards.

The ripple effect of effective mentorship is far-reaching: increased job satisfaction, improved staff retention, enhanced patient care, and the advancement of person-centred approaches—with nurses leading transformative change from within the system.

Section B:

Strengthening Nursing Practice – Jaya Mental Health (JMH)'s Mentorship Implementation Approach

Jaya Mental Health's approach to implementing a nursing mentorship framework is structured around **three interconnected phases**, each building upon the progress of the previous stage. Grounded in both participation and evidence, this approach ensures that interventions capture and reflect the real-world experiences and aspirations of different nursing workforces.

Designed with flexibility in mind, the framework can be adapted to fit the unique context of each setting—**typically over a period of one to two years**—depending on the size of the nursing team and the accessibility of professional development opportunities for staff.

Suggestion 1:

When considering how to initiate a conversation about developing a nursing mentorship framework within your organisation, it may be helpful to reflect on the following questions—either individually or with your team:

- Do we currently have anything in place that resembles a mentorship framework for nurses?
- If not, what are the reasons? Are there gaps in support, structure, or awareness?

- What potential challenges might we face in designing and implementing such a framework?
- Consider factors such as time, staffing levels, existing workloads, or organisational culture.
- Have I/we discussed this idea with our service's management team?
- If not, would now be a good time to share it and explore their perspective?
- Are there other organisations I/we should be approaching (e.g. existing nursing associations and/or ministry of health representatives)?

These questions can help you identify starting points, uncover potential barriers, and build early buy-in—essential steps in creating a sustainable and impactful mentorship model tailored to your setting.

- **Monitoring & Evaluation (M&E)**

Monitoring and evaluation are essential to any project as they track progress, ensure accountability, and support informed decision-making. By providing timely insights, M&E helps identify what's working, what needs adjustment, and whether resources are being used effectively. It also fosters learning, enables continuous improvement, and demonstrates the project's impact to stakeholders and funders. Ultimately, M&E strengthens project performance and supports the achievement of long-term goals.

Once a team agrees to explore implementing a nursing mentorship framework in their clinical setting, it becomes essential to consider how they will determine whether their actions are making a meaningful impact. This involves not only clearly defining the aims and objectives but also establishing how success will be measured. That's why identifying appropriate monitoring and evaluation methods from the outset is a critical part of effective project planning.

Suggestion 2:

Identify a project lead to guide your initiative and consider forming a steering group that meets regularly to assess progress, provide strategic input, and help keep your team aligned with your shared goals.

When planning the implementation of a new nursing mentorship framework, start by identifying evidence-based tools to help you measure progress and evaluate impact. Consider using a combination of qualitative and quantitative methods at baseline, midline, and endline to capture meaningful data throughout the process. If you and your team are not yet familiar with relevant monitoring and evaluation tools, consider exploring the following:

- **Job Satisfaction Survey** – to assess satisfaction levels among the nursing workforce.
- **Rosenberg Self-Esteem Scale** – to measure self-esteem and confidence among nurses.
- **Gantt Chart** – to support planning and scheduling of all implementation activities, including those related to monitoring and evaluation.

These and other tools can help ensure your approach is both evidence-informed and outcomes-focused.

- **Transforming Nursing Practice: Implementing the Three-phase Mentorship Framework**

While various approaches to nursing mentorship exist globally, JMH's three-phase model stands out for its emphasis on low cost and resource efficiency. Designed to be both practical and impactful, it offers a simple, yet powerful framework for transforming nursing practice. With minimal investment required from hospitals and other healthcare settings, the model has the potential to significantly strengthen professional development and improve the quality of patient care.

The three-phase approach

The project's three phases follow a logical sequence and are designed to complement one another:

Phase I:	Phase II:	Phase III:
Giving the nursing workforce a voice	**Building the capacity of future mentors**	**From training to impact, achieving and evaluating change**
Activities: . actively listening to the nursing workforce and validating their concerns, ensuring that their lived experiences and professional insights form the foundation of the mentorship model. . jointly agreeing on goals and outlining a clear, collaborative roadmap for achieving meaningful change.	**Activities:** . developing both soft and professional skills among senior nursing staff and emerging mentors - training in communication, supervision, clinical teaching, and emotional intelligence. Outlining a long-term leadership development strategy, ensuring that senior nurses are not only equipped to mentor others but are also supported in stepping into broader leadership roles within the healthcare system.	**Activities:** . mentors apply their new skills to support mentees within their own departments, fostering a culture of peer learning and continuous professional development. . an orientation framework is finalised and implemented, providing structured guidance for onboarding new staff. This framework becomes embedded within the hospital system and nursing practice, ensuring that mentorship is sustained as an integral part of workforce development and institutional culture.

Phase I:

Giving the nursing workforce a voice

Phase I of the nursing mentorship framework implementation approach focuses on actively listening to the nursing workforce—the very individuals who will benefit most from a structured mentorship system.

Engaging with nurses' experiences is essential, as they provide frontline insights into patient care, systemic challenges, and practical solutions that are often overlooked in high-level decision-making. Their perspectives reflect the daily realities of clinical practice—from resource constraints to emotional pressures—and highlight areas in urgent need of support or reform. By truly listening, we validate their professional expertise and lived experience, while also informing policies and practices with a grounded, human-centred understanding. This approach lays the foundation for a more responsive, resilient, and compassionate healthcare system.

There are many ways to encourage the nursing workforce—both collectively and individually—to share their experiences, reflect on the challenges they face in their professional development, and articulate opportunities and aspirations for a future in which they are equipped to lead change. This is especially vital in a sector where nurses have traditionally had limited avenues to shape the systems they work within.

From a project implementation perspective, Phase I adopts a needs-based assessment approach. This phase is designed to:

- Identify professional priorities.
- Set realistic and context-sensitive goals.
- Most importantly, provide nurses with a safe, inclusive platform to reflect on their work environment and envision meaningful change.

This assessment phase also enables the collection of essential baseline data, which is critical for monitoring and evaluating the long-term impact of the nursing mentorship framework—both on the nurses involved and on the overall provision of care.

Suggestion 3:

Methods to Engage Nursing Staff in Phase I

To ensure the process is participatory and grounded in lived experience, consider the following engagement strategies:

1. Facilitate Interactive Sessions

Organise workshops, World Café-style discussions, or focused group dialogues that promote open, collaborative conversation. These sessions create space for shared reflection and connection. Topics you and your team might explore include:

- Day-to-day barriers and challenges faced by nursing staff.
- Leadership qualities most valued and needed in clinical settings.
- Practical and emotional support required for effective nursing leadership.
- Aspirations and visions for a supportive, well-functioning nursing team.

2. Distribute Surveys and Questionnaires

Invite individual nurses to complete evidence-based questionnaires at the beginning of the project to gather both qualitative and quantitative insights. These might include tools listed earlier such as:

- Job Satisfaction Survey
- Rosenberg Self-Esteem Scale
- Other contextually relevant self-assessment instruments

These tools help capture how nurses feel, think, and behave at the project's outset, providing a reference point for measuring change over time.

Planning for Data Collection and Use

As you collect this valuable data, consider:

- Who will be responsible for compiling and analysing the information?
- How it will be stored and interpreted?
- When to repeat some of these exercises to assess progress and adapt as needed?

By embedding structured reflection and ongoing dialogue into Phase I, the project can generate insights that not only inform implementation but also foster a stronger, more confident nursing workforce ready to lead and sustain change.

Phase II:

Building the capacity of future mentors

Building on the insights gathered in Phase I, Phase II focuses on targeted training and capacity building for **senior nurses,** equipping them to **take on effective mentorship roles**.

Developing the capacity of **nursing mentors** is essential to cultivating a strong, skilled, and confident nursing workforce. Experienced mentors play a pivotal role in guiding, supporting, and inspiring junior nurses. They help newcomers navigate clinical challenges, build professional competence, and grow in confidence—ultimately shaping the next generation of nursing leaders.

By investing in mentor development—through structured training, access to practical resources, and institutional recognition—we ensure that mentorship is not only available but truly impactful.

Strengthening the capacity of nursing mentors contributes to **increased staff retention,** enhanced **quality of patient care,** and a culture of **continuous learning** and **professional growth.** This investment benefits not only healthcare workers, but also the patients and communities they serve, laying the foundation for a more resilient and supportive healthcare system.

Central to this phase is the delivery of tailored mentorship training to senior nurses, equipping them with both **technical** and **interpersonal skills** to support mentees effectively and grow into confident nursing leaders. This stage aims to deepen nurses' sense of professional identity, strengthen their self-belief, and enhance

their team communication and problem-solving abilities—critical elements for fostering a culture of mentorship and leadership within a clinical setting.

Training Structure and Focus Areas

The mentorship training of senior nurses consists of **three core modules**, each focusing on a fundamental aspect of professional and leadership development:

Module I: Professional Identity & Reflective Practice

Key themes:

- Mindfulness and reflection on the nursing journey
- Understanding and strengthening professional identity
- "Different, but same" – exploring shared values and challenges in nursing

Objective: To help participants reconnect with the purpose of their work, reflect on their strengths, and recognise their role as agents of change within the healthcare system.

Module II: Effective Communication and Conflict Management

Key themes:

- Active listening and empathy in patient care
- Navigating personal space and professional boundaries
- Understanding and responding to stress and interpersonal conflict

Objective: To promote compassionate, clear communication and equip mentors with strategies to manage challenging conversations and maintain positive team dynamics.

Module III: Time Management and Teamwork

Key themes:

- Identifying and addressing time management barriers
- Tools and techniques for effective planning and prioritisation
- Importance of communication and collaboration in high-functioning teams

Objective: To improve productivity, reduce burnout, and promote a culture of mutual support and accountability within nursing teams.

Methodology and learning approach

The delivery approach combines theoretical instruction with practical, experiential learning, making the content relevant and immediately applicable to the nurses' clinical context. Key methods to be used include:

- Interactive discussions grounded in real-life scenarios.
- Role play and simulation exercises to build problem-solving confidence.
- Peer learning and group reflection to encourage critical thinking and solidarity.
- Facilitated feedback to reinforce growth and self-awareness.

This phase offers not only a structured learning experience but also a safe, supportive environment where senior nurses can express themselves, learn from one another, and begin to see themselves as confident, capable leaders of the future.

Suggestion 4:

Identifying the Right People to Deliver Training

In some clinical settings, you or your team may find yourselves asking: Who is best placed to deliver the training modules? If this question arises, consider exploring the skills and resources available both within your organisation and among partner institutions. Potential sources of support may include:

- Senior nursing staff with the confidence, experience, and facilitation skills to help deliver the three training modules effectively.
- Colleagues with backgrounds in psychology or counselling who can provide valuable input—particularly when addressing emotional well-being, communication, and reflective practice.
- Teaching staff from local nursing schools or universities who may be interested in co-facilitating the training or contributing to other stages of the mentorship framework implementation.

In addition to identifying facilitators, take time to gather relevant reference materials and evidence-based resources to support the delivery of this training. Ensuring that the content is grounded in best practices—and tailored to the cultural and social context in which you operate—will make the experience more meaningful and impactful for participants.

Phase III:

Achieving and evaluating change

The third and final phase of the nursing mentorship framework focuses on consolidating learning, evaluating outcomes, and supporting the transition from training to real-world impact within clinical settings.

Beyond individual development, this phase aims to ensure the long-term integration of mentorship practices into everyday clinical routines. It also focuses on assessing the broader impact of the project—both on individual participants and on the overall culture within the hospital.

Key activities in this phase may include:

- Refresher workshops to reinforce key concepts and address emerging challenges.
- Reflective exercises and collaborative group sessions to deepen learning and peer support.
- Revisiting the country's official Nursing Code of Conduct, reinforcing ethical and professional standards.
- Developing and embedding a formal Nursing Orientation Framework into the clinical system, ensuring sustainability and institutional ownership.

Together, these elements solidified the gains from earlier phases, helping transform short-term training into lasting change embedded in practice and culture.

This transitional, third phase of the approach is critical. It is often characterised by uncertainty and pressure, as newly trained nursing mentors begin to navigate the complexities of clinical environments.

It is also when the gap between theoretical learning and practical application becomes most visible. Mentors can for example, start testing and implementing change initiatives within their own departments, applying their new skills to support mentees, improve team culture, and enhance service delivery. To bridge this gap, structured support mechanisms are essential. These may include:

- Clinical supervision
- Peer mentoring
- Opportunities for reflective practice

Such support encourages nurses to apply their new skills confidently and deliver patient-centred, high-quality care. A well-supported transition not only improves clinical competence and job satisfaction but also contributes to better patient outcomes and long-term workforce sustainability*.

*Please see the Appendix section for examples of tools that nursing mentors and mentees can use to strengthen the application and integration of mentorship practices within the nursing work environment.

Suggestion 5:

Integrating the Nursing Code of Conduct into Mentorship Practices

While not all countries have formally adopted a national nursing code of conduct, in those that have, this document can serve as a cornerstone for shaping effective and ethical nursing mentorship systems. Typically issued by the official nursing regulatory body, the code outlines the professional standards that nurses, midwives, and nursing associates must meet to be registered and practise within that country.

With this in mind, a key objective in Phase III should be aligning mentorship and orientation practices with the national nursing code of conduct—where one exists. This alignment ensures that new and existing staff are grounded in the ethical and professional expectations that govern their roles.

It's important to acknowledge that, due to diverse personal and professional pathways, even experienced nurses in leadership roles may be unfamiliar with the code or its detailed contents. This disconnect often points to a broader systemic challenge around how regulatory standards are communicated and embedded across the health sector.

Where such gaps exist, consider introducing a structured programme that supports the **interpretation, discussion**, and **contextualisation** of the code's core principles. This approach encourages senior nurses to actively engage with the standards, reflect on how they align with the realities of their practice settings, and explore practical ways to integrate them into mentorship, supervision, and everyday care. It also opens the door for developing department-specific examples that illustrate how the code can guide ethical decision-making and foster a culture of professionalism.

Suggestion 6:

Key Components of an Effective Nursing Mentorship Framework

A strong nursing mentorship framework doesn't need to be complex to be impactful. At its core, it should provide clarity, structure, and adaptability. When designing or reviewing such a framework, consider incorporating the following essential elements:

- A clear structure for mentor–mentee relationships, including defined roles, expectations, and lines of communication;
- Practical tools that guide both mentors and mentees through each phase of the mentorship journey, from initiation to evaluation;
- Time-bound stages with clearly defined goals and milestones, ensuring that progress can be measured and celebrated;
- Built-in flexibility, allowing the framework to adapt to the specific dynamics, capacities, and evolving needs of different hospital departments.

In essence, the framework should outline expected responsibilities, key developmental milestones, and mechanisms for regular feedback and reflection. To support consistency while allowing room for personalisation, it can also include useful templates—such as mentorship agreements, reflection journals, and evaluation forms (see Appendix section for examples).

Suggestion 7:

Establish a Supervision and Support System for Nursing Mentors

Effective supervision is a cornerstone of professional development in nursing—and this applies just as much to mentors as to those they guide. Even the most experienced nurses benefit from dedicated spaces where they can reflect, share challenges, and receive support in their mentorship role.

Implementing a structured supervision and support system for nursing mentors ensures that mentorship remains a dynamic, collaborative process, rather than a one-way responsibility. It also fosters resilience, professional growth, and consistency in the quality of mentorship provided.

Consider the following strategies:

Establish a peer support group for nursing mentors

Create regular opportunities for mentors to come together—formally or informally—to discuss challenges, successes, and ideas for improving mentorship. These peer groups can provide emotional support, promote shared learning, and generate practical solutions drawn from lived experience.

Offer individual supervision to mentors

Identify someone within your organisation—a senior nurse, supervisor, or clinical educator—who has experience in staff development and can provide one-to-one support to mentors. Where this isn't possible internally, consider reaching out to professionals from partner institutions or nursing schools who may be able to offer external supervision or guidance.

Encourage upward feedback

Create a pathway for mentors to share insights and reflections with the organisation's leadership. This feedback loop can inform broader service improvements, highlight systemic gaps, and ensure that the mentorship programme contributes meaningfully to raising standards of care across the board.

Section C:

Ensuring the Long-Term Sustainability of Your Actions

One of the most significant challenges in designing and implementing a nursing mentorship framework is not only achieving short-term goals, but also ensuring that its impact endures over time. This challenge is especially relevant in contexts marked by high staff turnover, where nurses frequently move between institutions or leave the profession for various personal and professional reasons.

However, the knowledge, skills, and systems developed through a well-structured mentorship programme do not have to be lost. There are several practical strategies you and your team can adopt to promote long-term sustainability and ensure mentorship becomes embedded within the culture of care:

- **Launch a "Train the Trainer" (ToT) Programme for Nursing Mentors**

Where staffing levels allow, consider establishing a ToT initiative. This equips experienced mentors with the tools and confidence to train others—not only onboarding new staff in their own institutions, but also supporting colleagues in other health, social care, and educational settings. A well-run ToT programme promotes a ripple effect of expertise, leadership, and collaboration.

- **Integrate Mentorship into Staff Orientation Programmes**

Make mentorship a core component of your organisation's induction process. Introducing all new staff to the framework from day one reinforces its value and ensures a shared understanding of expectations, support systems, and professional standards. Cultivate a psychologically safe and creatively supportive environment, and make sure your organisation's board is willing to give nurses the flexibility to explore new ideas without fear of judgment or failure.

- **Use Visual Aids to Reinforce Mentorship Culture**

Eye-catching posters, infographics, and leaflets displayed throughout the workplace can visually reinforce mentorship processes and key principles of the nursing code of conduct. These materials not only promote reflection among staff but also enhance public transparency and respect for the nursing profession among patients, visitors, and other healthcare teams.

- **Certify Senior Nurses as Trainers**

Encourage senior nurses—such as managers and charge nurses—to become certified mentorship trainers. This step boosts motivation, recognises leadership potential, and enables the creation of a peer-led support network that spans across hospital units and institutions. Over time, this can contribute to the development of local, regional, or even national mentorship platforms.

- **Strengthen Collaboration with Educational Institutions**

Partner with nursing colleges and training centres to reinforce the practical application of leadership and mentorship skills in clinical settings. This collaboration helps bridge the gap between classroom theory and workplace realities, better preparing nursing students for confident, ethical, and effective practice.

- **Engage with National Health Authorities**

Explore opportunities to collaborate with your Ministry of Health or equivalent regulatory body to advocate for system-wide integration of mentorship into nursing education and professional development policies. Policy-level engagement can drive structural change and secure the long-term future of mentorship practices.

By taking these steps, you are not only preserving the gains of your mentorship initiative but also fostering a culture of continuous learning, shared leadership, and professional excellence in nursing.

Suggestion 8:

Key Challenges to Be Aware of and How to Address Them

When designing and implementing a nursing mentorship framework, your team may face a range of challenges influenced by factors such as staffing levels, institutional culture, regional context, and broader social dynamics. Being aware of these potential obstacles from the outset can help your team plan proactively and build in the flexibility needed to overcome them.

The State of the World's Nursing Report 2025, published by the World Health Organisation (WHO) and the International Council of Nurses (ICN) with support from the Burdett Trust for Nursing, highlights that nursing remains a profession overwhelmingly dominated by women. In some contexts, this can present a significant challenge when introducing innovative mentorship models—particularly in health systems where decision-making structures are male-dominated and women's voices are not always afforded equal weight.

Yet, this challenge also presents an opportunity. In many settings, mentorship frameworks have the potential not only to strengthen the nursing profession but also to promote greater gender equity, leadership, and visibility for women across the healthcare system. By championing mentorship, your team could contribute to broader shifts in power, professionalism, and inclusion.

In addition, consider the following common implementation challenges—and how to prepare for them:

- High staff turnover: Frequent changes in nursing, management, or administrative staff can disrupt continuity and make it harder to institutionalise tools such as Job Satisfaction and

Rosenberg Self-Esteem surveys. To counter this, focus on building transferable systems and documentation, and train multiple team members to ensure knowledge is retained.

- Time constraints and competing priorities: In many healthcare environments, nurses are stretched thin and may have limited capacity to engage in designing or implementing new frameworks. If professional development is not embedded in the organisational culture, mentorship can be seen as an "extra." This is precisely why your team's work is crucial: mentorship can create space for leadership development and sustainable professional growth.
- Lack of governance structures: In some contexts, your team may need to build systems from the ground up. While this can increase complexity, it also provides an opportunity to design governance processes that are inclusive, locally relevant, and fit for purpose from the start.
- Fragmented communication across departments: In larger or more decentralised settings, nurses may not know colleagues outside their immediate teams. This makes collaboration challenging. Facilitating cross-departmental dialogue and building relationships into the mentorship model is essential to foster shared learning and trust.
- Limited institutional buy-in: Without commitment from senior leadership, even the best-designed mentorship programmes risk stalling. Advocate early for clear accountability mechanisms and ensure that mentorship is aligned with institutional goals and values. Position the programme as a strategic investment in workforce development, quality of care, and staff retention.

These challenges are real—but they are not insurmountable. By planning for them, your team can build a mentorship framework that is robust, inclusive, and impactful. Embedding flexibility, prioritising capacity-building, and engaging leadership from the outset will increase the likelihood of lasting success and meaningful systems change.

- **Final reflections**

Implementing a robust nursing mentorship framework in resource-constrained areas is not only feasible — it is transformative. By investing in relationships, peer learning, and contextually grounded support systems, we create resilient pathways for nursing leadership, capacity-building, and improved patient care.

These guidelines are designed to be adaptable and sensitive to local realities, enabling health systems and institutions to grow from within. Whether through informal peer mentorship or structured supervisory models, the strength of this framework lies in its ability to empower nurses as both learners and leaders.

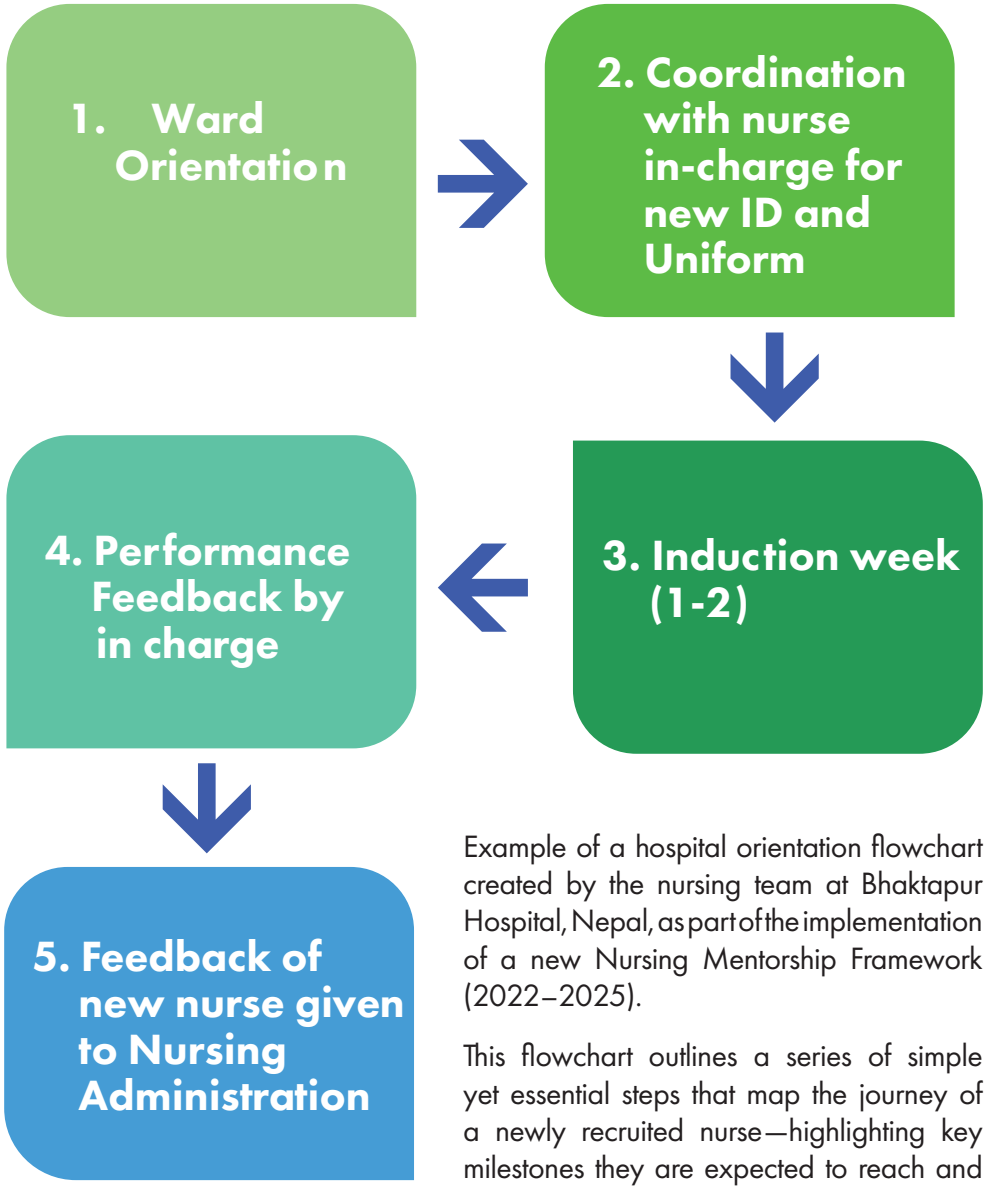
As a nursing-led organisation committed to advancing the training and professional development of our nursing colleagues worldwide, **Jaya Mental Health** is here to support you. Whether you have questions about implementing these guidelines or would like tailored support throughout the process, our team is ready to assist. We are eager to share our experience—and equally keen to learn from yours. If you and your team choose to use these guidelines in your workplace, **we would be delighted to hear from you** (contact details in last page).

As we move forward, let this framework serve as a foundation for long-term investment in the nursing workforce. With commitment, collaboration, and innovation — even in the face of limited resources—we can cultivate environments where nurses thrive, and communities benefit.

Mentorship is not a luxury — it is a necessity. And with the right tools and will, it becomes a catalyst for equity, excellence, and sustainable health system strengthening.

Jaya Mental Health
July 2025

Appendix



Example of a hospital orientation flowchart created by the nursing team at Bhaktapur Hospital, Nepal, as part of the implementation of a new Nursing Mentorship Framework (2022–2025).

This flowchart outlines a series of simple yet essential steps that map the journey of a newly recruited nurse—highlighting key milestones they are expected to reach and the corresponding support they should receive at each stage of their integration into the hospital workforce.

MENTORING PARTNERSHIP AGREEMENT (example)

As a mentor and mentee working at xxxxxx (name of hospital/clinical setting/ nursing educational institution), we agree to abide by the following set of guidelines:

1. Commit to making time to meet on a regular basis.
2. Keep the content of our conversations confidential.
3. Practice active listening.
4. Provide each other with honest, direct, and respectful feedback.

Preliminary goals:

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.....
.....

Other:

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.....
.....
.....
.....

Mentor: Mentee:

Date: .....

Source: Jaya Mental Health

NURSING MENTOR GUIDE

Supporting Mentees Through Clinical, Professional, and Emotional Growth

For use in mentorship sessions | Adaptable for resource-constrained settings

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1. Clinical Competence

Area	Notes / Actions
Basic assessments and vital signs	
Infection prevention and control	
Safe medication administration	
Prioritising patient care	
Emergency response and problem-solving	

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2. Knowledge & Learning

Area	Notes / Actions
Understanding hospital protocols	
Applying evidence-based practices	
Participation in training or CPD	
Identified knowledge gaps	

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3. Communication & Teamwork

Area	Notes / Actions
Communication with patients & families	
Team collaboration & delegation	
Handover and documentation skills	
Conflict resolution / escalation	

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4. Emotional Well-being

Area	Notes / Actions
Managing stress and workload	
Signs of burnout or fatigue	
Access to peer or supervisor support	
Work-life balance discussion	

5. Professionalism & Ethics

Area	Notes / Actions
Adherence to ethical standards	
Confidentiality and patient rights	
Punctuality and reliability	
Respect for cultural and gender norms	

6. Career Development

Area	Notes / Actions
Career goals (short- & long-term)	
Interest in specialisations	
Leadership or training potential	
Plans for further education or study	

7. Reflective Practice & Feedback

Area	Notes / Actions
Self-assessment and reflection	
Mentor feedback and guidance	
Goal-setting and progress tracking	
Learning from mistakes	

8. Contextual Challenges

Area	Notes / Actions
Resource limitations affecting care	
Workload / staff ratio concerns	
Cultural or systemic barriers	
Suggested solutions or advocacy actions	

Mentorship Session Summary

Item	Notes
Date of session	
Goals for next session	
Agreed actions	
Additional support needed	
Next session (date)	

Mentor (name) ..... **Mentee** (name) .....

Mentor (signature)..... **Mentee** (signature) .....

Source: Jaya Mental Health

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