EFN Policy Brief
Nursing Student Mentorship
Nursing Action - a WHO-led project funded by the European Commission

European Federation of Nurses Associations

Highlights

What is the issue?

- Retention of students in nursing programs is a deep concern that affects the supply and demand of nurses in the healthcare system.
- Nursing students experience stress in the clinical environment, feeling overwhelmed when encountering the unknown, and experiencing insecurity in nursing practice.
- Support is needed to cope with the emotional and physical impact of clinical practice and develop confidence.
- Assessing nursing students' competencies and the complexity of assessment is a concern for nurse educators and mentors.

Findings

- There is a need to strengthen resilience-building within undergraduate education in the transition to newly qualified practitioners.
- Mentoring nursing students makes a difference in increasing the likelihood that new graduates will remain in the profession and establish fulfilling relationships with their colleagues. Mentoring programs minimise stress and anxiety with nursing students.
- Reported benefits of mentoring include skill acquisition, understanding of the professional role, acclimation to the culture of the health profession, and personal and professional development.
- Virtual peer interaction in mentorship contributes to positive learning outcomes through increased knowledge sharing, knowledge gains, improved clinical skills and improved service delivery.

Key Messages

- The nurse mentors' role is becoming increasingly important internationally, as the role of nurse teachers/educators in mentoring students in clinical practice has declined.
- The relationship between the nurse educator, the nurse student, and the nurse mentor remains the foundation for achieving better learning and clinical outcomes.
- Nurse mentorship is an effective retention and success strategy for nursing students.
- Higher academic education for nurses and nurse mentorship facilitate the pedagogic and assessment process through focusing on critical thinking, reflection, and decision-making abilities.
- Innovation and further research regarding effective and accessible assessment methods, such as digital tools, are needed to meet future needs. The role technology plays in the facilitation of flexible and effective mentorship programs is key.

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1. Introduction

It is key to reduce dropouts during the 4-year EU education cycle for nursing students by advocating and investing in mentorship programs. To mitigate student attrition, enhancing mentorship and providing necessary practical guidance throughout their education will be crucial. Nursing students often face excessive practice hours, insufficient mentorship, and tasks beyond their educational scope, leading to dissatisfaction and a disconnect between their expectations and real-world demands.

Policies promoting mentorship and clear career pathways in healthcare are therefore vital to not only retain nursing students but also support their professional development after graduation, ensuring a stable and skilled nursing workforce for the future. As healthcare environments are more complex and demanding, mentorship must provide a supportive framework for student nurses to navigate everyday challenges. This framework should foster growth, confidence, and competencies in accordance with Directive 2013/55/EU. All undergraduate nursing study programmes in the nursing field must be developed according to the EU Directive on Mutual Recognition of Professional Qualifications (Directive 2005/36/EC amended by Directive 2013/55/EU and modernised Annexe V) requirements indicating that half of all contacts hours of each study programme are taking place in clinical practice and mentored by the tutor and clinical mentors.

The nurse mentors' role is becoming increasingly important as the role of nurse teachers mentors/educators in mentoring students in clinical practice has declined. Nevertheless, the relationship between the nurse educator, the nurse student, and the nurse mentor remains the foundation for a good collaboration.

This policy brief will make a distinction between ***tutors or nurse teachers mentors*** and ***clinical mentors as experienced frontline nurses guiding nursing students***. Both play a key role in the early professional development of nursing students, and their roles and responsibilities are closely interlinked (Macintosh, 2015; McSharry et al. 2010).

The term tutor is used to refer to the range of education and clinical instruction roles undertaken by nurses with primarily an education rather than a clinical focus in association with an institution of higher education (WHO, 2016). A clinical mentor is a "registered nurse who supports undergraduate students in their learning and is responsible for teaching and assessing students in clinical practice" (Tuomikoski et al. 2018).

Nurse mentorship has proven to be an effective retention and success strategy for nursing students. Its role in increasing diversity within the profession of nursing is significant. Mentoring involves a reciprocal relationship between a more experienced person (mentor) who offers guidance and counsel to a less experienced person (mentee). Reported benefits of mentoring include skill acquisition, understanding of the professional role, acclimation to the culture of the health profession and personal and professional development.

Mentorship is a crucial aspect of nurses' recruitment and retention, and it is, therefore, a central component of this policy brief, which highlights how the education, and consequently the competencies, of both nurse teachers mentors and clinical mentors differ across EU countries. This is key, as it will make a big difference in the professional development of nursing students, possibly being the decisive factor determining whether they will enter and stay in the nursing profession. Therefore, nursing student mentorship cannot be handled in isolation.

2. Literature Review

2.1 Introduction

The existing literature on mentorship presents fragmented and often overlapping findings, making it difficult for educators and policymakers to derive clear, evidence-based insights.

An umbrella review offers a robust method to address this challenge by synthesising findings from existing systematic reviews. This approach enables a comprehensive understanding of mentorship's role and impact, highlighting overarching trends, identifying gaps, and uncovering opportunities within the literature. Such synthesis is crucial for developing standardised mentorship frameworks that align with the diverse needs of nursing education stakeholders.

This policy brief aims to provide an integrated and nuanced synthesis of the evidence on mentorship in nursing education. By examining mentorship models, outcomes, challenges, and best practices, the study seeks to inform policy, practice, and research, ultimately contributing to enhancing nursing education and preparing skilled and compassionate nurses. More specifically, we want to investigate the impact of mentoring on student outcomes, describe the characteristics of effective mentorship, summarise the challenges and barriers to implementing mentorship programs, and discuss strategies for enhancing the effectiveness of mentorship.

2.2 Methods

This umbrella review summarises existing evidence from systematic reviews and meta-analyses concerning mentorship in nursing education. It aims to address the following questions: (1) What is the impact of mentoring on student outcomes?; (2) What are the characteristics of effective mentorship?; (3) What challenges and barriers hinder the implementation of mentorship programs?; and (4) What strategies can enhance the effectiveness of mentorship in nursing education?

2.2.1 Design

This literature review employed an umbrella review methodology, a systematic approach to synthesising evidence from multiple systematic reviews and meta-analyses. The umbrella review design was selected to provide a comprehensive overview of mentorship and potential solutions identified in the literature. This method allows for the aggregation of findings from a broad range of studies to identify recurring themes and assess the consistency and quality of evidence across different contexts.

2.2.2 Search strategy

A comprehensive search strategy was developed to identify systematic reviews and meta-analyses published in peer-reviewed journals. The search was conducted across multiple databases, including PubMed, CINAHL, Scopus, and Cochrane Library, to ensure broad coverage. Keywords and Medical Subject Headings (MeSH) terms were tailored to capture studies on mentorship barriers, clinical education, and healthcare preceptorship.

2.2.3 Inclusion and exclusion criteria

Studies were included if they were systematic reviews or meta-analyses published in English focusing on mentorship in clinical or healthcare education settings. We examined barriers to mentorship or proposed interventions. Exclusion criteria included narrative reviews, primary research studies, or studies outside healthcare settings. Reviews with incomplete data or those failing to meet quality thresholds during appraisal were excluded.

2.2.4 Data extraction and synthesis

Data from eligible reviews were extracted using a standardised template, capturing information on study objectives, methodologies, sample sizes, key findings, and recommendations. A thematic synthesis approach was employed to identify common barriers and strategies, grouping findings into broad categories for analysis.

2.2.5 Quality appraisal

The quality of included reviews was assessed using the AMSTAR-2 (A Measurement Tool to Assess Systematic Reviews) checklist. This ensured the reliability of the evidence and helped contextualise findings within the strengths and limitations of the included reviews.

Findings were synthesised narratively and, where applicable, summarised quantitatively to identify overlapping themes, gaps in the evidence, and practice recommendations. The PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines were followed to enhance transparency and reproducibility of the review process.

2.3 Results

2.3.1 Characteristics of effective mentorship

Personality of the Mentor / Personal abilities of a mentor

Effective mentors exhibit personal attributes such as patience and an open, positive attitude. There must be clear respect for the student and their contribution to the work and the learning process. This respect can be expressed as a demonstration of satisfaction by the mentor, for the work and progress of the mentee. Mentor´s personal characteristics, such as motivation and willingness in mentoring students, also improve students´ motivation in clinical learning. Mentors are more than clinical educators for students: they address learning by doing and teaching, but also by being.

Relational Capabilities of the Mentor

The ability to build strong interpersonal relationships is a cornerstone of mentorship. Effective mentors demonstrate competence in the communication process. The relationship should be interactive and supportive.

A mentor is responsible for creating a permissive atmosphere and nurturing relationship that builds on a feeling of safety for the student. This fosters a mutual relationship with the team and with patients/clients, and a supportive climate in the learning process. Folkvord and Risa (2023) summarised this as helping the student to gain access to and to belong in an enabling educational and working culture. A welcoming working environment was elsewhere identified as important. Fostering trust and a trusting relationship also add to this permissive learning environment.

A mentor offers counselling and guidance, and leans on strong emotional skills to help the mentee regulate emotions. Individualised attention is important, as well as providing support on different levels: emotional, in the learning process, and when dealing with intercultural differences (themselves or with patients).

Good communication skills should include the ability to provide constructive feedback. Feedback and self-assessment go hand in hand; mentors should reflect continuously and invite students to reflect on actions, attitudes, and the learning process.

Professional Ability

Competence in nursing skills and good clinical judgement are critical characteristics of mentors. A good mentor is well-prepared and knowledgeable. As a role model, a mentor precepts and encourages teamwork, making the student part of it. Mentors are more than just clinical experts: they are required to be pedagogical experts in guiding clinical reasoning and to be professional role models for students. In this way, mentors maintain and carry out the culture, ethics, and values of nursing; provide guidance and teaching; use decision-making competences in teamwork; and develop nursing care and nursing leadership with their expertise while providing and planning nursing care.

Academic Ability

Mentors play an important role in the development of a student. Mentors need to be experts in both their clinical area and in the pedagogical approach of guiding clinical learning in order to perform effectively in mentorship (Jokelainen et al., 2011). They should be skilled in, motivated for and committed to teaching. Ideally, mentors have a desire for teaching. A mentor can provide goal orientation, otherwise framed as tailoring learning activities to the emotional and cognitive needs of the student. A mentor should develop and maintain assessment skills. They should assist students in evaluating their learning experience and assess the students themselves. To this end, a mentor uses, adapts or designs assessment tools. On-placement feedback is crucial and should be personalised and of high quality. As mentioned earlier, feedback should be constructive, specific and documented. Its goal is to identify areas for improvement and ways to facilitate this improvement. Reflection should be structured and documented, elaborating on the reflection skills mentioned earlier. A student should receive a response to their reflection.

Characteristics in the Relationship Between Mentor and Academic Institution

Effective mentorship is strengthened by a collaborative relationship between mentors and academic institutions. Structured mentor training programs, regular communication with faculty, and access to educational resources enhance mentors' ability to guide students and provide predictability in the learning process. In this way, the academic institutions´ involvement also helps to solve the theory-practice gap and to better promote students´ professional identity and adjustment into health care organisations. Furthermore, mentors need to cooperate with nursing faculty members in order to effectively address challenging situations that emerge during the mentoring of students.

Discussion

The findings underscore the multidimensional nature of effective mentorship in nursing and midwifery education. Mentorship extends beyond guiding students in clinical practice to encompass holistic professional development. The personal abilities of mentors described in systematic reviews as contributing to building meaningful relationships that foster learning and growth are friendliness, honesty and empathy. Surprisingly absent but present in more anecdotal literature are other abilities: patience, a positive attitude, and respect. Relational capabilities, including effective communication and trust-building, are indispensable for creating a nurturing and inclusive learning environment. The included systematic reviews emphasise the importance of individualised attention and a safe environment. These aspects align with supporting literature that names the approachability (or accessibility) of the mentor as one of the most important features of a good mentor. A mentor should empower the student in a coaching role. The professional competence of a mentor as a nurse/midwife and their clinical judgement are, without question, important prerequisites for a good mentorship. Supporting literature further differentiates: showing professional competency is explained as sharing expertise, assuming responsibility and producing good documentation. A willingness to apply evidence-based practice is mentioned only in two papers. Many authors define a mentor as a role model, also including leading by example through reflection on practice. Mentors can bridge the gap between theory

and practice by modelling evidence-based practice and fostering critical thinking; mentors contribute to students' clinical competence and decision-making skills. Organisational factors, such as workload management, resource availability, and institutional recognition of mentors' contributions, play a role in mentorship effectiveness. Additionally, flexibility in adapting to diverse student needs and fostering a sense of belonging within clinical environments are important considerations. Mentors must also display self-efficacy, ensuring they feel confident in their ability to mentor students effectively (Folkvord & Risa, 2023; Pramila-Savukoski et al. 2019).

Conclusion

Effective mentorship in nursing and midwifery education is characterised by a synergy of personal attributes, interpersonal skills, professional expertise, and academic competence underpinned by robust academic support. Mentorship fosters not only clinical competency but also the holistic development of nursing students, preparing them for the complexities of professional practice. Faculty and mentors would benefit from research into a standardised mentorship framework, supporting their collaborative efforts to build effective mentorship programs.

2.3.2 Impact of mentorship on nursing students' outcomes

While the value of mentorship is widely recognised as the cornerstone of nursing education, fostering professional and personal growth (Wilkes, 2006). Effective mentorship has a profound impact on student outcomes by promoting a sense of support and belonging, enabling students to feel integrated as part of the healthcare team (Ball et al. 2022; Clarke et al. 2020; Gill et al. 2021). This integration not only enhances learning opportunities but also facilitates students' enculturation into the nursing profession and role socialisation (Ryan et al. 2024; Trede et al. 2016, Budgen et al. 2008, Udlis 2008; McClure et al. 2013; Younas et al. 2022, Zilembo et al. 2008). Moreover, positive mentorship contributes to students' wellbeing and aids in the development of the necessary skills required for nursing practice (Budgen et al. 2008; Clarke et al. 2020; Trede et al. 2016; Ball et al. 2022; Ehrich et al. 2002; Wells et al. 2014; Williams et al. 2014). Positive mentorship associated with these domains has also been linked to improved student satisfaction and retention (Omansky, 2010; Ehrich et al. 2002; Dorsey et al. 2004; Younas et al. 2022), and to enhancing overall competencies (Epstein et al. 2012).

However, this section aims to delineate the specific impacts of mentorship on nursing students' outcomes. By doing so, it seeks to deepen the understanding of how mentorship shapes the learning experience and supports the holistic growth of future nurses. The literature search identified 25 articles that provided a (partial) answer to the research question regarding the impact of mentorship on student outcomes. Of these, six were systematic reviews published between 2010 and 2023, while the remaining 19 articles comprised scoping reviews, integrative reviews, mapping reviews and literature reviews. Evidence from systematic reviews indicates that mentorship positively influences student outcomes across four key domains: skill development, emotional and psychological wellbeing, career affirmation and professional development, and satisfaction and retention.

Skill development

Mentorship plays a pivotal role in bridging the gap between theoretical knowledge and practical application, enhancing students' clinical skills by allowing them to apply theoretical knowledge in real-world settings (Lee et al. 2021; Mikkonen et al. 2016). Mentorship also facilitates the acquisition of practical skills (Mikkonen et al. 2016).

Emotional and psychological wellbeing

Strong mentor-mentee relationships evolve over time, fostering trust and personal connections that enhance the overall educational experience (Lin et al. 2018). A supportive mentor increases students' self-confidence (Lee et al. 2021; Pedregos et al. 2020). Emotional support from mentors reduces stress

and anxiety (Lee et al. 2021; Mikkonen et al. 2016). Students who feel secure are more likely to ask questions and seek learning opportunities (Luhanga et al. 2010). The importance of high-quality nurse mentorship was emphasised, especially when it involves end-of-life care, caring for dying and deceased patients, and dealing with the corporeal, emotional and relational dimensions of death for nurse students and early career nurses.

Career affirmation and professional development

Mentorship fosters career affirmation by helping nursing students gain confidence in their career choices, solidifying their commitment to the profession, and enhancing role socialisation (Cant et al. 2021; Luhanga et al. 2010). Through mentorship, students develop essential professional attitudes, such as communication, teamwork, and organisational and leadership skills (Lee et al. 2021; Luhanga et al. 2010). Mentorship prepares students for independent practice by equipping them with the skills to navigate complex healthcare environments (Lee et al. 2021).

Improved satisfaction and retention

Students evaluate the quality of clinical learning environments mainly based on the organisation of mentorship and their relationship with mentors. As such, mentorship has been shown to increase satisfaction with nursing programs and improve student retention rates (Lee et al. 2021).

Recommendations

Effective mentorship is a critical component in nursing education, requiring consistency, personalisation, and the cultivation of an empathetic relationship. Each of these elements contributes to students' professional growth, emotional well-being, and long-term career satisfaction.

Consistent mentorship ensures that students receive stable guidance and continuous feedback, fostering empowerment and a sense of pride in their profession. Students who experience consistent mentorship are more likely to develop a clear understanding of their roles and responsibilities, leading to long-term career satisfaction and commitment. Conversely, exposure to multiple preceptors with varying approaches can hinder role transition, as inconsistent feedback and a lack of continuity create confusion and impede professional growth (Luhange et al. 2010). Organisational environments should therefore promote stable mentor-student relationships, as frequent changes of the mentor during a student´s clinical placement has been documented as stressful for students

Personalised mentorship, characterised by a one-to-one approach tailored to the individual needs of the student, enhances the ability to integrate theoretical knowledge into practice. This approach fosters the development of clinical judgment, skill acquisition, and ethical behaviour (Pedregos et al. 2020). By aligning mentorship strategies with the student's learning style, abilities, and professional aspirations, mentors can promote critical thinking and overall clinical competence (Luhanga et al. 2010).

Empathetic mentorship between mentors and students is another vital element (Mikkonen et al. 2016). Emotional support provided by mentors reduces stress and anxiety, enhancing students' emotional well-being and creating a positive learning environment (Lee et al. 2021). Such relationships encourage students to feel secure, ask questions, and actively seek learning opportunities (Luhanga et al. 2010). This supportive dynamic leads to greater self-confidence and autonomy, enabling students to grow both personally and professionally.

Conclusion

The integration of consistent, personalised, and empathetic mentorship is indispensable in nursing education, with the potential to positively influence student outcomes. These mentorship elements foster the development of competent, confident, and committed nursing professionals who are well-prepared to face the challenges of healthcare practice.

The impact of effective mentorship extends beyond the individual student (Lin et al. 2018; Zilembo et al. 2008). Graduates who receive high-quality mentorship are more likely to enter the workforce as confident, competent, and well-prepared professionals. This translates into improved patient care, greater professional pride, and enhanced job satisfaction. Moreover, these graduates tend to demonstrate higher levels of commitment to the nursing profession, contributing to workforce stability and the overall improvement of quality of care across healthcare systems.

Despite these benefits, a significant gap in the literature remains. Current data do not specify which types of mentorship or mentor characteristics are responsible for these positive outcomes. As a result, establishing causal relationships between specific mentorship programs or attributes and student outcomes remains challenging.

2.3.3 Challenges and barriers to implementing mentorship programs

Although mentorship plays a crucial role in the professional development of student nurses, mentors frequently encounter various challenges that can hinder the effectiveness of the program. The literature suggests that both organisational and personal factors contribute to these difficulties. Out of the 14 articles assessed using the 'AMSTAR 2 criteria,' six identified barriers related to the implementation of mentorship programs. The most commonly mentioned barriers in the literature include: time constraints, heavy workloads, role conflict and ambiguity, mentor-related factors, student-related factors, and insufficient organisational support.

Lack of time

A key barrier identified by mentors is the lack of time for mentorship alongside patient care. This challenge arises because mentoring is an additional responsibility on top of other duties. Mentors often feel obligated to invest extra time supervising students, especially since students frequently need more time to complete even basic tasks. Building one-on-one relationships with students is also time-consuming. Moreover, the overall staff workload further limits the time available for mentorship. As a result, students miss valuable learning opportunities, and preceptors often resort to using their personal time or taking work home to fulfil their mentoring duties, leaving little time to provide essential feedback. Additionally, mentors also face a lack of time for their own further learning, which can lead them to feel isolated and unprepared.

Workload

Workload is a second barrier perceived by mentors. High workloads are often compounded by inadequate staffing. Mentor to student ratios could also affect the quality of mentorship, mentors´ self-perception of effectiveness of mentoring, and students´ satisfaction.

Role conflict and ambiguity

Limited time and high workload were reported as major contributing factors to the tension between obligations to students and patients. This tension arises from the dual responsibilities mentors have toward both. Mentors are required to balance granting autonomy to students while maintaining ultimate responsibility for patient care. This is why mentors see role conflict as a barrier to effective mentoring. Another aspect of the mentorship role seen as a barrier is role ambiguity, specifically unclear expectations and a lack of standardisation, which lead to discrepancies between defined and actual roles.

Mentor-related factors

Another barrier identified in the literature is the lack of experience and knowledge, particularly insufficient understanding of learning theories and assessment methods, among mentors. Furthermore, a deficiency in essential mentoring skills is also recognised as a significant barrier.

Student-related factors

Several student-related factors were identified as barriers. A lack of progress in students' development, low motivation, and unclear goals were frequently reported as challenges for mentors. These issues make the mentor's role more demanding and often lead to feelings of stress and burden. Specifically, mentors find it increasingly difficult to assign tasks to students due to concerns about patient safety. The student's level of learning and commitment also make it more challenging to support them effectively.

Lack of support

Mentors often report a lack of support from their professional network, including peers and management. Additionally, the dual responsibilities of preceptors are not always acknowledged, leading to a lack of appropriate remuneration. Furthermore, there is a noted deficiency in information and training programs for mentors. Specifically, insufficient training and the absence of structured mentorship programs were identified as significant barriers. Technological challenges, including issues navigating online learning platforms, also contribute to this barrier. The lack of adequate training programs is particularly linked to feelings of isolation and a lack of preparation among mentors. Finally, the absence of institutional policies supporting mentorship programs results in unclear program goals and is identified as a barrier.

Recommendations

Considering the considerable impact these barriers have on both the student's learning process and the effectiveness of guidance, as well as on the mentors themselves, it is essential to reduce or eliminate these obstacles. Suggested strategies to overcome these barriers include:

- Providing mentors with additional time for supervising students, such as by reducing their patient workload. This would contribute to a better teaching and learning experience.
- Enhancing the mentor training program. The development of mentors´ competences improves the guidance of nursing students' education, increases students' competence in nursing, improves patient/client safety and provides patients/clients with better care
- Health care organisations should invest in mentoring education, which also provides benefits through higher commitment of newcomers and organisational stability. Collaboration between universities and health care organisations in the implementation of mentoring education programs is beneficial for both institutions
- Clearly defining the mentor's role, with specific tasks and expectations, ensuring transparency and clarity for all parties involved.
- Offering enhanced support for mentors, such as through peer support platforms and regular meetings to discuss preceptorship experiences.
- Ensuring that students are adequately prepared for the mentor's role.

Good Practice Example: The Quality mentorship for developing competent nursing students (QualMent) Project
Funded under the European Union's Erasmus+ programme, Quality mentorship for developing competent nursing students (QualMent), is a EU project that ran between 2018-2021. Its intended aim was the development of a training programme for clinical mentors with the objective to increase the quality of clinical practice for undergraduate nursing students, which complies with the EU directive.

The coordinator of the European development and research project was the College of Nursing in Celje (Slovenia), while the other partners included the University of Oulu (Finland), the Lithuanian University of Health Sciences (Lithuania), the University of Alicante (Spain), and the European Federation of Nurses Associations (EFN).

The project deliverables included:

- A **guideline on clinical nurse mentors' mentoring competence development** (available in most EU languages)
- **Advanced Mentorship Competences (Modules I-III)** (available in most EU languages to facilitate the standardisation of the education and training of nurse mentors)

The Advanced Mentorship Competences (Modules I-III) are based on an evidence-based clinical mentor's competency model (see Figure 1), which has been developed and pilot-tested in education intervention with 216 mentors in four European Union countries (Finland, Lithuania, Slovenia and Spain).

Each peer-reviewed Module is based on several key themes which play an important role in the development of qualified clinical mentors, and serve as a useful reference on which future frameworks should build on. Below is a summary of the key points for each Module:

Module I - INTRODUCTION TO MENTORSHIP IN NURSING:

1. Mentors' individual competencies include mentors' characteristics, their motivation to mentor and having knowledge about their organisations' mentoring practices, collaboration and recourses.
2. Clinical learning environment has been defined as an interactive network or set of characteristics inherent to the practices that influence learning outcomes and professional development of nursing students.
3. Mentors' role in clinical learning environment is essential in building safe learning atmosphere and offering support to nursing students.
4. Appropriate clinical mentorship for nursing students is the vehicle for compliance with the eight nursing competencies outlined in Annex V of the EU Directive 2013/55/EU.
5. High-quality clinical education is paramount to the development of a competent workforce of nurses able to deliver safe, people-cantered care.
6. Mentors' awareness regarding mentoring competence can be emphasised by educating them and providing all needed recourses they need in order to mentor nursing students in clinical practice.

Module II - COMPETENCE IN MENTORING CULTURALLY AND LINGUISTICALLY DIVERSE NURSING STUDENTS:

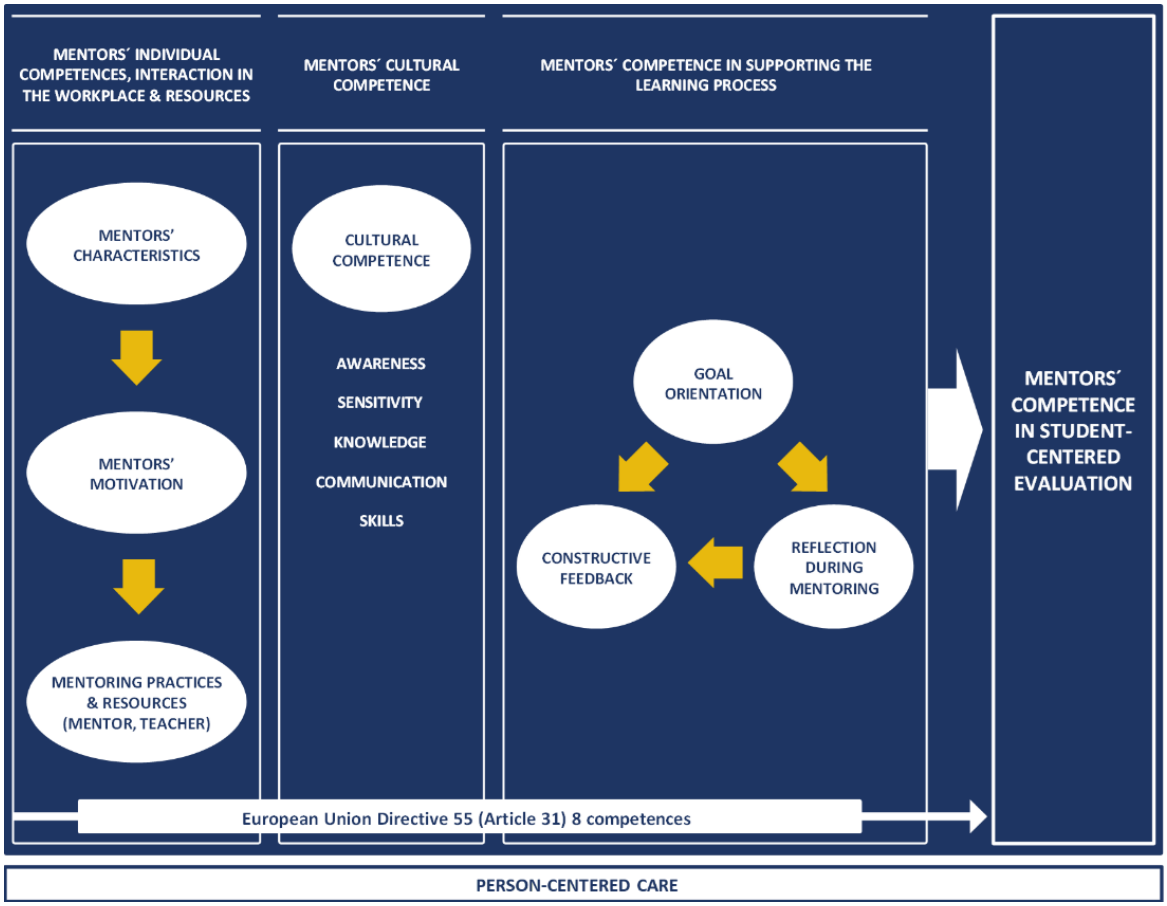
1. Mentors of culturally and linguistically diverse students are required to have good theoretical and clinical judgment skills, good interpersonal skills, mentoring and assessment skills, and the ability to understand the impact of cultural diversity and defend this.
2. It is if vital importance that mentors have the ability to create a culturally safe learning environment.
3. Guiding students from different cultures requires knowledge, time and patience. Providing guidance in a foreign language in particular has been perceived as exhausting, stressful and challenging. Mentoring can take more time and resources and it is important to get support from the work community and the nursing higher educational institution when needed.

4. Adequate support from leadership and higher educational institutions should be provided to mentors to maintain the motivation associated with mentoring.
5. Mentors should receive support from both educational institutions and the work community, especially at the beginning of the student's clinical practice.
6. It is highly recommended that mentors be provided the opportunity to attend mentoring education and also the opportunity to share their experiences with other mentors.
7. Insufficient support and information from the educational institution causes frustration for mentors. Collaboration with nurse educators has been seen as important. Nurse educators can provide support to students by providing feedback, visiting the clinical practice and providing personal support to students and mentors.

Module III - MENTORING COMPETENCE IN ASSESSMENT AND REFLECTIVE DISCUSSION:

1. Assessment in clinical practice involves gathering information on students' learning and performance in order to assess the level of their nursing competence.
2. It is a part of the learning process which is combined of the elements of goal orientation, reflection during mentoring, constructive feedback and student-cantered evaluation.
3. Assessment encourages the continuous learning process of students with integration of constructive feedback and reflective discussion.
4. The student's competence assessment in clinical practice is directly related to the learning goals of teaching and learning.
5. Prior to entering clinical practice, students need to know clinical practice expectations and their own needs of competency development.
6. Mentors also should be well informed about the students' learning goals as they are involved in assessment of students' learning outcomes and competencies.
7. Students' assessment can be conducted as a continuing assessment to support their learning process, but also as a formative (mid-term) assessment and summative (final) assessment.
8. Mentors can use different assessment tools and methods to support the
9. objectivity and validity of the assessment.
10. Reflective discussion incorporates self-awareness, critical thinking, self- evaluation and collaboration between students and mentors.
11. Continuous feedback between mentor and student supports mutual professional relationship and competence development.
12. Nurses need to have adequate understanding on competency requirements defined by EU Directive 2013/55.

Figure 1. The evidence-based clinical mentors' competency model.



Discussion

A prominent barrier to the successful implementation of mentorship programs, highlighted in five out of the six articles included in this review, is the lack of time available for mentors. This barrier aligns with findings from other studies, which demonstrate that mentors find it challenging to strike a balance between mentoring and their own responsibilities, as both require a lot of time.

Three of the six articles included in this review also identify barriers such as a lack of training, ambiguity in the mentor's role, insufficient support, and student-related factors. Notably, the issue of inadequate training is emphasised in multiple other studies as well.

The mentor's role is seen as complex and multifaceted. Articles show that conflict arises not only from the factors previously discussed but also from balancing the emotional and practical demands of the role, as well as managing the dual responsibilities of advisor and evaluator.

The literature highlights mentor competencies, particularly the lack of knowledge in giving feedback and certain personality traits. These aspects, along with the elements of this barrier discussed earlier, emphasise the need for enhanced support for mentors. Peer support platforms and regular meetings to discuss preceptorship experiences have been identified as beneficial for preceptors. These platforms are particularly helpful for building confidence and providing encouragement, especially for junior mentors.

Other studies give less focus to student characteristics. To overcome this barrier, it is essential to ensure that students are properly prepared for their role as mentees.

Support for mentors is further emphasised in another study, specifically support from faculty members. Mentors requested feedback on their preceptorship performance from managers, with the suggestion that this feedback be included in their performance appraisals. Some also proposed financial rewards. Providing recognition for preceptors could increase interest in the role, potentially leading to higher-quality clinical placement experiences for nursing students. The importance of support from managers and peers is also highlighted.

The relationship between mentor and student, especially when a suitable match is lacking, is identified as a barrier, although it is not discussed in the included articles. However, one article offers the following recommendation: to improve student-mentor relationships, students should contact the placement area and preceptor before the start of their placement, either in person or by phone. This proactive approach can help both the student and mentor feel more confident and comfortable with the upcoming clinical placement period.

Conclusion

The implementation of mentorship programs is hindered by several barriers that affect their effectiveness. These barriers include time constraints, heavy workloads, and a lack of experience and knowledge among mentors, making it difficult for them to balance their responsibilities to both students and patients effectively. Role conflict and ambiguity further complicate these challenges, while student-related factors, such as low motivation and unclear goals, place additional strain on mentors. Furthermore, a lack of support from professional networks and insufficient recognition of the dual roles mentors play contribute to feelings of isolation and stress. To overcome these barriers and fully realise the potential of mentorship programs, it is essential to identify the obstacles and implement appropriate strategies to address them.

2.4 Reflections

A key role of mentors is to assess the learning goals that nursing students must meet while participating in clinical practice. The assessment of nursing students' competency and the complexity of assessment is a concern for nurse educators and mentors. The main concern centres around the interpretation of competencies, the complexity of measurement tools, and the inconsistency of assessment methods and tools between countries and institutions.

The need to develop consistent and systematic approaches to assessment and to use reliable and valid instruments in assessment is great. Innovation and further research regarding effective and accessible assessment methods, such as digital tools, are needed to meet future challenges. The role technology plays in the facilitation of flexible and effective mentorship programs needs to be further explored, and collaboration should be stimulated to improve international inconsistency in nursing care education

Digital technology serves as a promising platform for supporting CPD for healthcare professionals by providing educational content virtually and enabling virtual peer-to-peer and nurse-student mentor interaction for enhanced learning. Virtual peer interaction and nurse mentorship were found to contribute to positive learning outcomes in most studies of the review through increased knowledge sharing, knowledge gains, improved clinical skills and improved service delivery. Social support was improved, and feelings of isolation were reduced.

3. Data Collection EFN Members' Best Practices

3.1 Introduction

The EFN has a long history of collecting data on key nursing topics, namely through its membership. Facilitating the exchange of knowledge, experiences and developments among the EFN membership is very much valued as a means to share experiences with colleagues from across Europe, learn from each other's ongoing developments at national level, and communicate this evidence with the European Health Policy Institutions aiming at upscaling these best practices throughout the EU and Europe.

As such, the second step in the development of this policy brief was field research by collecting EFN members' qualitative data through a survey/questionnaire, with closed- and open-ended questions, through all 36 EFN members with specific attention to the 20 countries that signed up in the WHO Nursing Action.

We undertook a mapping exercise of the education and training requirements for nurse teachers/clinical mentors (if any), local/national policy initiatives aimed at supporting the development of competent nurse teachers mentors and clinical mentors, capacity-building activities led by National Nurses' Association (NNAs) to support the development of competent nurse teachers mentors and clinical mentors, and the presence or lack thereof of national competency frameworks for nurse teachers mentors and clinical mentors. This led to an overview of the resources and materials available in all EU member states and beyond, as EFN covers 35 countries.

The mapping exercise helped in the identification of good practices related to the education, training, and competency development of nurse teachers and clinical mentors that can be emulated across the EU and Europe.

3.2 Methods

To achieve a comprehensive understanding of the development of Nurse Student Mentorship in the EU and Europe, the EFN office collected data from the EFN Members through a questionnaire consisting of eight open-ended questions. Additionally, this policy brief builds on and expands on the results of the European QualMent project. The 2024 Nurse Student Mentorship questionnaire ran between 25 November 2024 and 3 February, when the EFN Executive Committee took place. At that moment, we still had three countries missing from the 35 countries covered by EFN membership.

The EFN Members were invited to provide information on:

- the presence of national legislation on the education and training requirements of nurse teachers mentors/clinical mentors;
- current initiatives at the local/regional/national level that support the development of nurse teachers mentors/clinical mentors;
- any NNA-led capacity-building activities aiming to support the development of nurse teachers mentors/clinical mentors;
- whether the NNA distinguishes between the learning needs of young and adult learners;
- the presence of a national competency framework for nurse teachers mentors/clinical mentors;
- the desirability of an EU competency framework for nurse teachers mentors/clinical mentors; and
- the challenges faced by nurses and educators in providing mentorships.

The questionnaire consisted of 7 questions, drafted by EFN and commended by the WHO Copenhagen office. The questions are:

1. Do you have a legislation in your country on the education and training requirements of: a) Nurse teachers mentors and b) Clinical Mentors - If Yes, please attach it (translated in English, if possible) and explain briefly the minimum education and training requirements.
2. List and describe current initiatives at the local/regional/national level that support the development of adequately trained: a) Nurse teachers mentors and b) Clinical mentors.
3. Describe any NNA-led capacity-building activities that aim to support the development of: a) Nurse teachers mentors and b) Clinical mentors.
4. Describe whether and how your NNA distinguishes between learning requirements for young and adult learners (second entry-level students) in the context of clinical mentorships.
5. Do you have a National Competency framework for: a) Nurse teachers mentors and b) Clinical mentors - If Yes, please attach it (translated in English if possible) and explain briefly the details. If you currently don't have a national competency framework, would your NNA support the development and implementation of such framework?
6. Do you believe that an EU Competency Framework for nurse teachers mentors and clinical mentors, complying with the Directive 2013/55/EU, would be of interest to your NNA?
7. What are some of the challenges nurses and educators face in providing mentorship? If these are documented or studied by your NNA, please provide this documentation.

While this policy brief was developed in the context of the WHO-EU Nursing Action Project, the report portrays the data from all the EFN Members' countries, not only those that are part of the Nursing Action Project. For clarity, the 20 countries whose national governments signed an agreement with WHO to join the Nursing Action Project are: **Bulgaria, Cyprus, Estonia, Finland, France, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovenia, Spain and Sweden.**

As a central component of the WHO-EU Nursing Action Project, the content of this Best Practice Report complements the Literature Review carried out between November 2024 and February 2025. Both the literature review and the best practice report support the drafting of a Policy Brief with key recommendations to boost Nurse Student Mentorship across the EU and Europe.

Furthermore, these collected data will be important for the EFN to lobby the EU institutions, the European Commission and the European Parliament in particular, when advancing the EU Workforce Shortages policy agenda. The better the EFN knows the national situation in each country, the better it will be able to lobby the EU institutions to shape fit-for-purpose policy solutions.

3.3 Country Reports & Analysis

3.3.1 Do you have a legislation in your country on the education and training requirements of: a) Clinical Mentors and b) Nurse Teachers mentors - If Yes, please attach it (translated in English, if possible) and explain briefly the minimum education and training requirements.

An analysis of the data available highlights that the education and training requirements for clinical mentors and nurse teachers mentors can vary quite extensively across the EU and Europe, with even many national variations. With regard to clinical mentors, legislation exists in some countries, showing

a lesser tendency towards national regulation. On the other hand, Legislation on the education and training requirements for nurse teachers mentors is present in many countries, showing a general tendency towards national regulation. It is interesting to point out that the majority of countries regulate both the education and training requirements for nurse teachers mentors and clinical mentors.

Clinical Mentors Requirements

In **Belgium**, in the case of the French-speaking diploma, there is a short training course focusing on strengthening clinical mentors pedagogical competences, but it is not widely used, while the case of the Dutch-speaking baccalaureate has specific requirements which can be seen here. In **Denmark**, it is a prerequisite of the approval of the internship site that there are clinical mentors who have pedagogical qualifications equivalent to 1/6 of a diploma program, according to the existing statutory order.

In **Estonia**, the minimum education requirements for clinical mentors supervising bachelor's degree students is a bachelor's degree, and a master's degree for those supervising master's degree students. In **Finland**, clinical mentors must have a valid nursing license and they must be appointed in writing. Furthermore, additional requirements specifying the way mentorship should be delivered are also present, including that a clinical mentors must have sufficient practical experience of their profession, they should monitor, guide, and supervise students' activities and intervene immediately in any shortcomings that may arise as well as interrupt activities if patient safety may be compromised.

In **Germany**, the requirements include qualification as a general care nurse in line with the Directive 2005/36/EC, a minimum of one year of professional experience, additional vocational training of at least 300 hours, and a minimum of 24 hours of CPD per year, are required. In **Italy**, clinical mentors must hold at least a bachelor's degree in Nursing and a minimum of two years of clinical experience. Additionally, Italy also regulates the way mentorship should be delivered, specifying that the ratio of mentor to student should be a maximum of 1:2 (Ministerial Decree of September 24, 1997, Table 1 Letter D). In **Lithuania** a valid license of nursing practice and at least 3 years of professional experience are required.

In **Norway**, the current regulations set requirements for clinical placements, including the provision of training for supervisors by the university. Several institutions have established 10 ECTS courses offered to clinical mentors, and the number of participants in these courses is increasing. Furthermore, educational institutions must establish collaboration agreements with placement providers in accordance with the Regulations on a Common Framework for Health and Social Care Education § 3, second paragraph. The educational institution must ensure that the placement provider is involved in drafting these agreements. The agreements must address aspects such as planning of placement periods, teacher guidance and presence, suitability assessments, and the development of learning outcome descriptions with tailored learning activities for the clinical placement period. The agreement must facilitate the supervisor's familiarity with the education program and the teacher's understanding of the clinical placement site. The educational institution must offer training in supervision, and the parties must collaborate on a plan for the implementation of this training.

In **Malta**, MUMN, through the collective agreement, established that they need to have at least 5 years of professional experience and that they need to undergo a mentorship course with success. Additionally, through the collective agreement MUMN has also manged to establish how much mentors get paid, how many students they can accept, and their tasks. This is particularly impressive, considering that until 8 years ago, the number of mentors were falling drastically as they were not paid. In **Poland**, clinical mentors are required to have a valid nursing license and to be employed in the healthcare institution where the clinical placement takes place. Furthermore, the internship is overseen by a faculty practice supervisor from the university.

In **Portugal**, clinical mentors need to be full members of the Ordem dos Enfermeiros (an EFN Member), hold the professional title of Nurse with at least 2 years of clinical practice or hold the professional title of Nurse Specialist, and either hold a postgraduate education with a minimum of 30 ECTS accredited by the Ordem Dos Enfermeiros, or have training in the area of Clinical Supervision and have professional experience in mentoring. In **Sweden**, they need to be a registered nurse having followed a 180 ECTS course, have specialist education amounting to at least 60 ECTS, 1-2 years of professional experience, and have additional education as supervisor/mentor amounting to 7,5-15 ECTS.

In **Slovenia**, there are guidelines and standards in place to ensure that clinical mentors are adequately trained to mentor nursing students in clinical settings. These are set by the where there is legislation for both nurse teachers mentors and clinical mentors. See the Slovenian Quality Assurance Agency for Higher Education (NAKVIS) and the Minimalni-standardi-neuradno-precisceno-besedilo_eng.doc. In **Switzerland**, the education and training requirements for clinical mentors change at the level of the Colleges of Higher Education, where they are regulated by the Plan d'études cadre "Soins infirmiers" ES Chap. 5.6.2 (French only), and at the level of the University of Applied Sciences in French-speaking Switzerland, where clinical mentors have to complete the CAS as Praticiens formateurs et praticiennes formatrices HES-SO (French only).

Countries where mentorship is not regulated

In **Austria**, there is no specific legislation, but a recommendation to follow a 16 ECTS course for clinical mentors. In **Bulgaria**, there is no regulation, however the established practice is that clinical mentors are selected either among nurses who have acquired a Master degree in Health Care Management, willing experts, or long-term practice nurses and distinguished professionals. In **Croatia** there are no formal requirements, and the selection criteria are independently chose by educational/healthcare institutions.

In **France**, there are currently no formal requirements for mentors, who are either recruited on a volunteer or inclination basis. In **Iceland**, there is no legal requirements, however, a course in Clinical Guidance for Nurses is available, which is worth 6 ECTS at the master's level. This course is worth 6 ECTS credits at the master's level. The primary aim of this course is to provide nurses involved in mentorship at healthcare institutions with enhanced knowledge and skills to help students and newcomers bridge the gap between theory and practice. The course aligns with European standards for clinical guidance.

In **Latvia**, the requirements vary depending on the educational institutions. In **Luxembourg**, the education and training requirements for clinical mentors are not regulated, and the same is in the **Netherlands**, **Romania, Serbia, and the UK**. In **Slovakia**, there is no specific law regulating the minimum education and training of clinical mentors, but they have an accredited Continuing Education Programme titles "Mentor of clinical practice in nursing". The conditions for admission to this programme are a valid license to practice and at least 2 years of professional experience. On the other hand, if the hospital which is the site of the clinical placement does not have mentors available, the practical training is then provided by a nurse teacher or a nurse who is not a mentor.

In **Spain**, there is currently no standardised mentoring program for undergraduate students. Some universities—mainly private institutions—have implemented mentoring programs, but this is not uniform across Spain or all universities. On the other hand, regulations only exist for tutoring students specialising in nursing through the residency system. In these cases, it has been established that a mentor cannot have more than five students. However, for the Bachelor's Degree in Nursing, there is no standardised rule applicable to all universities.

Good practices, common ground and notable differences in the development of clinical mentors across Europe

The analysis of the EFN Members' input revealed some interesting trends in relation to the development of highly qualified clinical mentors who can guide and supervise nursing students during the clinical practice.

First of all, among the countries where there are formal requirements for the education and training requirements of clinical mentors, all countries require at minimum an active nursing registration. In addition, several require previous professional clinical experience as a registered nurse, with time frames typically between 1 to 5 years. What is clear however, is that even among the countries where there are formal requirements for clinical mentors, there is a general lack of standardisation in both the education and training requirements, but also in the way mentorship is delivered and its quality assured.

In **Belgium** and **Switzerland**, for example, these vary according to the region and language community. **Denmark** stresses the importance of achieving pedagogical competences equivalent to 1/6 of a diploma. Similarities are seen in **Germany, Norway, Malta, Portugal, and Sweden**, where nurses who wish to become clinical mentors need to follow additional education and training, providing them with adequate skills and competences to supervise nursing students on clinical placements. Germany has one the most comprehensive models in compliance with the Directive 2005/36/EC, which defines that the half of all contact hours of each nursing study programme are done in the clinical environment and mentored.

Norway distinguishes itself by establishing a formal collaboration system between the site of the clinical placement and the educational institution, which is a key quality assurance mechanism by ensuring that clinical mentors are well-acquainted with the nursing students curricula and expected learning outcomes, as well as ensuring that clinical mentors can receive adequate training. In addition, this ensures that learning activities during the clinical placement are tailored to the needs of the nursing students.

In **Malta** on the other hand, support to mentors in the form of additional pay and the provision of training, was ensured through the collective agreement. Furthermore, the collective agreement also established ratios of mentors to patients, which is a very important quality assurance mechanism. In addition to Malta, this is currently present only in **Italy**, where the mentor to students ratio is set at 1:2, and **Spain**, where despite there are no harmonised education and training requirements for clinical mentors, existing rules establish that mentors in the residency system cannot supervise more than 5 students. Another quality assurance mechanism was established in the existing regulations by Finland, where clinical mentors must intervene immediately in any shortcomings that may arise as well as interrupt activities if patient safety may be compromised.

On the other hand, it is also clear that several European countries are lagging behind and are still lacking any formal framework regulating the education and training of clinical mentors. This is particularly concerning as certain countries like France, Croatia, or Bulgaria, reported that clinical mentors are selected on a voluntary basis or through other informal means, which undermines the quality and consistency of mentorship, impacting on the retention of nursing students, as clearly demonstrated by the outcomes of the literature review.

Among those countries with no formal requirements on the other hand, in some there are accredited trainings, provided by the university, which can be accessed on a voluntary basis, including in Austria, Iceland, and Slovakia. While this is a very limited approach, it notwithstanding shows a recognition of clinical mentorship and offers a possible framework to be upscaled across the countries in question.

Nurse Teachers Mentors Requirements – a minimum of a bachelor's degree

Countries requiring at least a bachelor's degree include:

Albania, where nurse teachers mentors additionally need to be a registered nurse and they need to have over 3 years of professional experience; **Bulgaria**, where practical training must be conducted by teachers who have obtained a bachelor's degree in nursing or a master's degree in health care management; **Belgium**, in the case of nurse teachers mentors dedicated to practical training in the French-speaking baccalaureate, and for nurse teachers mentors dedicated to both practical and theoretical training in the French-speaking diploma. In the French-speaking baccalaureate, additional requirements include two years of clinical practice and a pedagogical certification specific to higher education.

Croatia, where additional requirements include a valid nursing license issued by the Croatian Chamber of Nurses, the completion of a Pedagogical-Psychological-Methodological-Didactic Teacher Training (PPDMN), and having passed a professional exam for work in secondary education; **Germany**, where the law updated in 2023, requires nurse teachers mentors to have acquired the qualification as a general care nurse in line with the Directive 2005/36/EC, and to have followed either a two-year training course or a bachelor's degree. From 2029, only a master's degree will be accepted; **Lithuania**, where also at least 3 years of professional experience are required.

Latvia, where the requirements for nurse teachers mentors can vary between educational institutions, but at least nurse teachers mentors must also have a valid nursing licence and professional experience; **Luxembourg**; and **Poland**, where the requirements are similar to **Latvia**.

Nurse Teachers Mentors' Requirements – a minimum of a master's degree (or higher)

Countries requiring at least a master's degree include:

Austria, where a Master's degree with 120 ECTS is required; **Belgium**, for nurse teachers mentors dedicated to theoretical in the French-speaking baccalaureate, where a pedagogical certification specific to higher education is also needed; **Cyprus**, where nurse teachers mentors in universities must have a master's degree within a percentage of the sum of teachers for the whole universities and not the nursing programme only. In fact, most nursing teachers need to have a PhD otherwise the programme will need to close. In **Denmark**, nurse teachers mentors in the bachelor's degree programme must collectively have a higher qualification level than the graduation level of the education, in addition to pedagogical competence and documented theoretical, professional, and vocational and/or professional competence.

Estonia, where according to the Higher Education Act, nurse teachers mentors are also expected to have previous professional experience, and they are offered pedagogical training; **France**, where to become a nurse teacher, you need to have either a 60 ECTS Master's degree in Education Sciences after 4 years of practice, or a Master's degree in Health Sciences Pedagogy Level 7 RNC; **Finland**, where the lecturer is required to have a master's degree, and the principal lecturer is required to have a PhD, and both must also have at least three years of clinical experience.

Italy, for part-time professors (who continue to work on the ward), while for full-academic faculty, the requirement is a PhD. However, due to nursing shortages and academic hierarchy, nursing is often taught by non-nurse professors; **Malta**, where the two existing universities accept only nurse teachers mentors with a minimum EQF level 7, who need to achieve an EQF level 8 while teaching, and who underwent a course on teaching skills; **Norway**, where pedagogical competence is also required, and some universities may require clinical experience.

Portugal, where you need to be a specialist as established under the legal regime for higher education institutions or to have a PhD; **Sweden,** where specialist education is accepted by some universities or a

PhD for the majority of the universities. **Slovakia (not in the Nursing Action)**, where a nurse teacher is required to have a master's degree in nursing, and a PhD degree in the case of an assistant professor at the university.

Spain is the only country where to obtain accreditation; nursing education programmes must be taught by a certain number of professors that hold a doctoral degree.

Nurse Teachers Mentors' Requirements - Countries with less formal education requirements

In **North Macedonia**, according to the existing legislation, nurse teachers mentors need to receive training over two semesters at the university level in psychology, pedagogy, and methodology. In **Romania**, nurse teachers mentors must follow a course in psycho-pedagogy and participate in other educational activities like courses, workshops, and projects. In **Serbia**, the existing regulation requires nurse teachers mentors to have followed education lasting at least two years.

3.3.2 List and describe current initiatives at the local/regional/national level that support the development of adequately trained: a) Clinical Mentors and b) Nurse Teachers Mentors.

An analysis of data available on the existing current initiatives at the local/regional/national level that support the development of adequately trained clinical mentors and nurse teachers mentors highlights that these can vary quite extensively across the EU and Europe, with many national variations that are analysed in more depth below. The EFN Members' countries in which there are no ongoing initiatives for the development of highly qualified clinical mentors include **Albania**, **Austria**, **Denmark**, **Finland**, **Germany**, **Lithuania**, **Malta** (apart from the mandatory training described in the previous section), **Montenegro**, **Romania**, **Serbia,** and **Spain**.

The implementation level of these initiatives varies significantly. Clinical mentor initiatives show stronger implementation at national and local levels, while the funding, however, comes primarily from institutional and healthcare facility sources. Nurse teacher initiatives operate predominantly at national and local levels, typically receiving government and EU funding support.

Local-level initiatives to support the development of qualified clinical mentors

In **Belgium**, for both the French-speaking baccalaureate and for the French-speaking diploma, there are short training sessions for clinical mentors. In **Bulgaria**, the Medical University of Varna offers a good practice example in relation to mentorship model and the mentors training. In fact, there is a system with clear criteria for the selection of mentors, opportunities for mentors to be trained, and a structured relationship between the educational institution and mentors from the health facility.

In **Croatia**, several educational institutions are independently developing training for clinical mentors. A similar approach is followed in **Estonia**, where higher education institutions provide training in practical supervision to clinical mentors.

In **Iceland**, education and training opportunities for clinical mentors exist only, in some cases, at the level of the healthcare institutions. In **Italy**, professional master's and specialisation courses have been developed by the universities, and several initiatives have been launched at the hospital level in partnership with universities. In **Norway**, the training of clinical mentors is done in collaboration between the universities and the healthcare institutions. In **Sweden**, there are initiatives at the local level to support the development of clinical mentors. In **Portugal**, continuous professional training is offered by healthcare institutions. In **Slovakia**, additional salary is offered to nurses who carry out mentoring of nursing students.

Regional-level initiatives to support the development of qualified clinical mentors

In **Belgium**, there are short training courses organised by the nursing teachers' association (FINE). In **Norway**, several initiatives have been established at the regional level, focusing on developing the supervisor role to improve the quality and capacity of clinical placements These initiatives focus mainly on organisation, training, and collaboration. In **Sweden**, there are initiatives at the regional level, established in the regional agreement, to support the development of clinical mentors. In **Slovakia**, additional salary is offered to nurses who carry out mentoring of nursing students.

National-level initiatives to support the development of qualified clinical mentors

In **Cyprus**, clinical mentors are offered extra pay, however there is other initiative aiming to develop highly qualified clinical mentors. In **Switzerland**, cantons and the federal government fund projects aimed at the development of adequately trained clinical mentors.

In **Norway**, at the national level, it is required that educational institutions enter into collaboration agreements with the site of the clinical placement, and the educational institutions must ensure that the clinical placement is involved in the drafting of these agreements. The agreement must ensure that supervisors are familiar with the education program, and that teachers from the educational institution are familiar with the placement site. The educational institution must offer training in supervision, and the parties must collaborate on a plan for the implementation of supervision training.

In the **Czech Republic**, there is a non-mandatory course certified by the Ministry of Health for clinical mentors, however there are no other mandatory additional benefits and rewards, which remain at the discretion of the employer. In **Slovakia**, credits for continuing professional development are offered to nurses who follow trainings in clinical supervision. In **Luxembourg**, there is a continuing professional development opportunity for clinical mentors, offered by the University of Luxembourg Competence Centre, aiming to strengthen their pedagogical competences.

In the **UK**, different initiatives, such as the NHSE educator workforce strategy, and the professional development framework for educators, as well as several learning materials produced by the Royal College of Nursing (RCN), support the development of clinical mentors. In **Portugal**, nursing schools offer postgraduate courses in clinical supervision with a programme defined by the Ordem dos Enfermeiros with less than 30 ECTS. In **Poland**, at the national level, the Polish Nurses Association and the Chambers of Nursing and Midwifery support the development of specialised training and postgraduate education. In **Slovenia**, various training courses and support mechanisms are provided at the national level to enhance the skills of clinical mentors. These initiatives include face-to-face training sessions and regulatory support to ensure high standards in clinical mentorship.

National-level Initiatives with international support to support the development of clinical mentors

In **Latvia**, great focus is placed on continuing professional development for nurses, including through EU-funded projects such as the Erasmus+ Nured projects, however these are not specifically targeted to clinical mentors, and the same is the case for the non-formal continuing professional education available for nurses. In **North Macedonia**, at least 49 clinical mentors were trained through several initiatives supported by the NNA, WHO, the Ministry of Health, and other international partners (including in the context of the Lemon project). However, as a law on mentoring in clinical practice has not yet been established, the certificates for continuing professional development awarded to these nurses are not recognised.

In **Slovenia**, several initiatives supported by WHO and the EU, have contributed to upgrading the education and competences of clinical mentors. A key example brought up by the **Nurses and**

Midwives Association of Slovenia is the **Quality Mentorship for Developing Competent Nursing Students (QualMent),** an Erasmus+ project that aimed at strengthening clinical nurse mentors' mentoring competence. Through this project, the Slovenian NNA hac contributed to developing international mentoring guidelines and educational interventions to improve the quality of clinical mentorship.

Initiatives to support the development of qualified nurse teachers

In **Belgium**, in the French speaking region there are initiatives at both the local and regional level, focusing on the CAPAES and on short trainings organised by nursing schools. In **Bulgaria**, there are PhD opportunities for nurse teachers. In **Cyprus** the only initiative consists in extra payment. In **Estonia**, teacher training is offered to nurse teachers. In **France**, the government has created the National University Council (CNU) to improve the recruitment of nurse teachers. In **Italy**, initiatives have been put in place by the NNA, and the same was done in **Albania** and **Poland,** where also the Chambers of Nursing and Midwifery are involved. In the **Netherlands**, the government launched an initiative called "Nursing Education Innovation Fund", which provides grants to nursing schools to ensure that nurse educators are equipped with pedagogical skills. In addition, several universities and healthcare institutions offer CPD courses for nurse educators.

In **Norway**, it is up to each individual university to support the development of nurse teachers. In **Slovenia**, the Strengthening Community Health Nursing initiative, and the New Nurse Educator Project, have focused on enhancing the skills of nurse educators and harmonise educational requirements. In **Sweden** initiatives are present at the local and regional level. In **Switzerland**, cantons and the federal government fund projects aimed at the development of adequately trained nurse educators.

Current approaches and emerging trends

International collaboration represents a significant development pathway. Countries like North Macedonia, Latvia, and Slovenia are actively engaging in substantial international partnerships, which often provide access to resources and expertise that might not be available nationally. These collaborations often lead to innovative approaches that can be adapted across different national contexts. The connection between research and practice also continues to strengthen, with countries including Norway and Italy developing integrated approaches, which shows that countries are increasingly recognising the need for development initiatives that bridge the theory-practice gap. These trends suggest future development initiatives will likely emphasise closer international collaboration and closer alignment between academic and clinical practice while addressing the ongoing issues, which will be analysed in the following sections.

3.3.3 Describe any NNA-led capacity-building activities that aim to support the development of: a) Nurse teachers mentors and b) Clinical mentors.

An analysis of the input of the EFN Members highlights the critical role played by National Nursing Associations (NNAs), EFN Members, in the organisation of capacity-building initiatives that aim to support the development of clinical mentors and nurse educators. The countries where the NNAs are not currently supporting any specific activity for the development of clinical mentors include: Albania, Austria, Belgium (in the French speaking region), Cyprus, the Czech Republic, Finland, France (possible activities are currently being studies), Italy, Lithuania, Luxembourg, Malta (a part from the crucial role it played in the negotiations for the collective agreement which strengthened the quality of clinical mentorship in the country), the Netherlands (where the NNA is currently investigating how to organise training courses and workshops for clinical mentors), Slovakia, Spain, Switzerland,

NNA-led capacity building activities supporting the development of clinical mentors

The most frequent type of initiatives led by the EFN Members are those related to the development of training and other continuing professional development opportunities: this is the case for the **General Nursing Union of Belgium**, which supports the development of training of clinical mentors in the context of the Dutch-speaking baccalaureate, the **Estonian Nurses Union** (ENU), which works closely with the higher education institutions to support clinical mentors; for the **Romanian Nursing Association**, which collaborates with nursing schools for the organisation of conferences, workshops, nursing magazine, and articles, and has contributed to strengthening the link between schools and hospitals; and by **Vårdförbundet** in Sweden, which organises a conference for clinical mentors once a year.

The **Bulgarian Association of Healthcare Professionals** (BAHPN) organises postgraduate training courses for clinical mentors via the BAHP platform, and the same is done by the **German Nurses Association** (DBFK), which offers CPD courses for clinical mentors and organises conferences, by the **Icelandic Nurses Association** (INA), by **NU'91** in the Netherlands, by the **Polish Nurses Organisation**, which organises didactic courses and training, as well as postgraduate education, for clinical mentors, and by the **Ordem dos Enfermeiros** in Portugal, which organises e-learning training for clinical mentors.

The EFN Members are also involved in knowledge exchange and advocacy activities with the **Croatian Nurses Association,** which has developed a Society of Nursing Educators that regularly organises professional conferences, promotes the exchange of knowledge and best practices, and encourages lifelong learning. A similar type of professional society was developed by the **Danish Nurses Organisation** (DNO), which promotes the professional development of clinical mentors, and DNO has also developed a policy paper entitled: "Better Frameworks and conditions for clinical mentors in the nursing education", with 8 key recommendations on improving the quality of clinical mentorships. The document is currently only available in Danis, and the 8 recommendations, outlined below, were translated using a web-based translation tool:

1. Clarify Learning Opportunities in Clinical Practice;
2. Recognise Education and Clinical Supervision as Core Responsibilities;
3. Develop a National Job and Function Description for Clinical Supervisors;
4. Improve Financial Frameworks for Clinical Practice in Nursing Education;
5. Ensure Time Allocation for Clinical Supervision;
6. Enhance Collaboration Between Educational Institutions and Clinical Practice Sites;
7. Provide Ongoing Professional Development for Clinical Supervisors;
8. Implement Quality Assurance Measures for Clinical Supervision.

The **Norwegian Nurses Organisation** (NNO) has succeeded in establishing PhD scholarships for nurses involved in education, conducted several research projects to highlight to the government the challenges posed by the lack of qualified clinical mentors, and secured more government funding for scholarships. The **Royal College of Nurses** (RCN) in the UK is developing the first UK Professional Framework for nursing across all settings, including education, which will be available by mid-2025.

Finally, the EFN Members are also involved in and supporting international partnerships focused on the development of qualified clinical mentors, like is the case for the **Latvian Nurses Association**, which is also responsible for reviewing and approving all the non-formal education programmes in Latvia; the **Nurses and Midwives Association of Slovenia**, through its involvement in the Erasmus+ project QualMent, and which also develops continuous professional development opportunities for clinical mentors; **MAMN** in North Macedonia, which is involved in different international projects,

including one in collaboration with the Slovenian NNA; and the **Nurses and Midwives Association of Montenegro**, which has been involved in the TAIEX mission since 2008.

NNA-led capacity building activities supporting the development of nurse teachers

Like for clinical mentors, the main activities supported by the NNAs are those related to continuing professional development. Such opportunities are promoted by the **Order of Nurses of Albania**, by the **Bulgarian Association of Healthcare Professionals (BAHP)**, via its CPD platform, by the **Croatian Nurses Association,** the **Danish Nurses Organisation (DNO)**, via its professional society, by the **Estonian Nurses Union**, which works closely in collaboration with the higher education institutions, by **CNAI** in Italy, which every year organises a summer school for nurse educators, CPD courses, and conferences, by the **Latvian Nurses Association**, which reviews and approves all the non-formal education programmes in Latvia. CPD opportunities are also organised and offered by the **Polish Nurses Association**, by the **Ordem Dos Enfermeiros** in Portugal.

3.3.4 Describe whether and how your NNA distinguishes between learning requirements for young and adult learners (second entry-level students) in the context of clinical mentorships.

Currently, **only the Croatian Nurses Association** distinguishes between learning requirements for young and adult learners (second entry-level students) in the context of clinical mentorships, according to the learning outcomes. In **Cyprus**, the NNA distinguishes only between the needs of student nurses and adult learners, intended as registered nurses who are following their specialisation programme. In **Bulgaria**, educational materials and methods of teaching are constantly updated and modernised to ensure that they can satisfy the learning requirements of all types of learners. In **Italy**, the NNA does not distinguish between the learning requirements for young and adult learners, however, clinical mentors often adjust their approaches based on the learner's prior experience and professional background. The same approach is followed by higher education institutions in **Latvia** and **North Macedonia**.

3.3.5 Do you have a National Competency framework for: a) Clinical Mentors and b) Nurse Teachers Mentors - If Yes, please attach it (translated in English if possible) and explain briefly the details. If you currently don't have a national competency framework, would your NNA support its development and implementation?

National Competency framework for clinical mentors

An analysis of the data on National Competency frameworks for clinical mentors reveals that only a few EFN Members' countries have one. These include **Belgium** but only at the regional level for the French-speaking baccalaureate (2016), which is currently under revision; **Estonia**, where the competencies of clinical mentors are defined under the relevant legislation regulating the education and training requirements of clinical mentors, and in addition, continuing education curricula have also been developed; **Portugal**, where the Regulation on Differentiated and Advanced Added Competence in Clinical Supervision establishes its regime and conditions of access; and the UK, where there are national standards (2023) developed by the Nursing and Midwifery Council for the preparation of Practice Supervisors and Practice Assessors.

The standards developed by the Nursing and Midwifery Council, in particular, offer a clear framework of reference which can support the development of future national competency frameworks for the development of qualified clinical mentors. The framework is divided into 10 sections (for more details please refer to the original document):

1. Organisation of practice learning;
2. Expectations of practice supervision;
3. Practice supervisors: roles and responsibilities;
4. Practice supervisors: contribution to assessment and progression;
5. Practice supervisors: preparation;
6. Assessor roles;
7. Practice assessors: responsibilities;
8. Practice assessors: preparation;
9. Academic assessors: responsibilities;
10. Academic assessors: preparation.

In **Italy,** like for nurse teachers, there is no specific framework, but standards for clinical mentorship are guided by professional guidelines at the regional and university levels. Finally, in **Slovenia**, while there is no national competency framework, the QualMent project has aimed at filling this gap, by establishing a competency framework for clinical mentors (more information can be found in the literature review section).

Furthermore, importantly, some EFN Members have confirmed that they would support the development of a specific national competency framework for clinical mentors. These are the NNAs from **Belgium** (only for the French-speaking baccalaureate and for the French-speaking diploma), **Bulgaria**, **Croatia**, **Cyprus**, **Denmark**, **Finland**, **Germany**, **Iceland**, **Italy** (where CNAI is already working on the development of such a framework), **Luxembourg**, **North Macedonia**, **Norway**, **Poland**, **Serbia**, **Slovakia**, **Slovenia**.

National competency framework for nurse teachers mentors

An analysis of the data on National Competency frameworks for nurse teachers mentors reveals that only few currently have one. These include **Belgium**, but only at the regional level for the French-speaking baccalaureate (2016), which is currently under revision; **Bulgaria**, where uniform state requirements exist for nurse teachers, including relevant provisions for clinical, pedagogical, and psychological training, which however, do not necessarily comply with EU standards; **Estonia**; **Finland**; **Montenegro**, which has a Montenegrin Framework of Key Competences; the **Netherlands**, where the CanMEDS framework is widely used to define the competencies required by healthcare professionals in several key roles, including nurse teachers; **Portugal**, where it is set in the career statute for teaching staff in polytechnic higher education; and the **UK**, where there are national NMC standards for the preparation of Academic Assessors.

Then you have the cases of **France**, where there is no competency framework specific for nurse teachers, but there is a national competency framework for the Master's degree in Health Sciences and for the Master's Degree in Educational Sciences Level 7, which are currently the courses which can be followed to become nurse teachers; **Italy**, where there is no national competency framework by there are general guidelines for at the academic and professional level; **Slovenia**, where the competencies of nurse teachers mentors are set in the Slovenian Quality Assurance Agency for Higher Education (NAKVIS); and **Spain**, where there is no regulation mandating specific competencies, but there is a system for accreditation as a professor.

On the other hand, importantly, some EFN Members have confirmed that they would support the development of a specific national competency framework for nurse teachers. These are the NNAs from **Belgium** (only at the French-speaking baccalaureate level), **Croatia**, **Cyprus** (only if it does not lower the minimum standards set by law at the university level), the **Czech Republic**, **Denmark**, **France**, **Germany**, **Iceland**, **Luxembourg**, **North Macedonia**, **Norway** (depending on whether it will align

with the formal requirements for employment in universities and colleges) **Poland**, **Serbia**, **Slovakia**, and **Slovenia**.

3.3.6 Do you believe that an EU Competency Framework for nurse teachers mentors and clinical mentors, complying with the Directive 2013/55/EU, would be of interest to your NNA?

Very importantly, many EFN Members would support an EU Competency Framework for nurse teachers mentors and clinical mentors complying with the Directive 2013/55/EU. These include the NNAs from **Albania**, **Austria**, **Belgium** (French-speaking baccalaureate and French-speaking diploma), **Bulgaria**, **Croatia**, **Cyprus** (if it will not lower the high standards demanded by the existing legislation in Cyprus), **Czech Republic**, **Denmark** (but it must act as a lever towards professional development), **Estonia** (where the Directive 2013/55/EU already guides the curricula development in universities), **Finland**, **France**, **Iceland**, **Italy**, **Latvia**, **Luxembourg**, **Malta**, **Montenegro**, the **Netherlands**, **North Macedonia**, **Poland**, **Romania**, **Serbia**, **Slovakia**, **Slovenia**, **Spain**, **Switzerland**, and the **UK** (despite not being anymore an EU country, as this could support the RCN's work in this area).

3.3.7 What are some of the challenges clinical mentors face in providing mentorship? If these are documented or studied by your NNA, please provide this documentation.

An analysis of the input of the EFN Members on the challenges faced by clinical mentors in providing mentorship underlines that throughout Europe there are several shared challenges, in addition to other challenges specific to the national context. Below is an overview of the challenges most frequently faced by clinical mentors, as well as of those more linked to specific national contexts.

The nursing shortages, leading to difficult working conditions, lack of work-life balance, and an excessive workload which prevents mentors from dedicating sufficient time to the students or having to work overtime, is one of the main challenges faced by clinical mentors in most EFN Members' countries: **Albania**, **Belgium**, **Cyprus**, the **Czech Republic**, **Denmark**, **Estonia**, **Germany**, **Iceland**, **Italy**, **Latvia**, **Lithuania**, the **Netherlands**, **Portugal**, **Romania**, **Serbia**, **Slovenia**, **Slovakia**, **Sweden**, and **Switzerland**.

The lack of financial incentives, resources, or other forms of institutional support is another prominent challenge, faced by clinical mentors in many EFN Members' countries: **Belgium**, **Cyprus**, the **Czech Republic**, **Denmark**, **Estonia**, **Finland**, **Germany**, **Iceland**, **Italy**, **Latvia**, **Lithuania**, **Luxembourg**, the **Netherlands, Norway**, **Poland**, **Romania**, **Serbia**, **Slovakia**, and **Slovenia**.

Insufficient education and training or lack of insufficiently educated and trained mentors is another less prominent but still significant challenge faced by clinical mentors in many EFN Members' countries: **Albania**, **Belgium**, **Denmark**, **Finland**, **Italy**, **Latvia**, **Luxembourg**, **Portugal**, **Slovakia**, and **Slovenia,** where despite the QualMent project was an important initiative, more widespread and consistent training opportunities are necessary to ensure all mentors are adequately prepared.

A less frequent challenge includes the generational gap between clinical mentors and students, reported in **Albania**, **Belgium**, and **Bulgaria**; but also the difficulty in using new technologies, as reported in **Albania** and **Bulgaria**; furthermore, the increasing number of students with learning difficulties is a key challenge as reported in **Denmark** and **Finland**; there is also a lack of an uniform mentorship model, as reported in **Finland** and **Italy.** A challenge is also the inadequate ratio of mentors to students, reported in **Germany** and **Poland**; and the lack of a regulatory framework, reported in **Montenegro** and **Poland**.

Then, some countries have also reported challenges which are specific to their national context, including **Albania**, where there is a lack of passion among clinical mentors; **Croatia**, where a major challenge is the transition from being a registered nurse to being a clinical mentor, as there are no prescribed minimum standards to become a clinical mentor; **Belgium**, where there are too many different levels of nursing education with varying learning requirements; **Finland**, where language barriers and excessively long qualification periods for migrants present significant challenges; **France**, where the main challenges include were lack of awareness about the function of clinical mentors by the profession, as well as the lack of professional autonomy; **Norway**, where the ageing workforce presents a major issue; and **Poland**, where nursing experts usually have two full-time jobs, which gives them less time to dedicate to mentorships.

Interestingly, **Malta** is the only country where nurses and educators do not face any particular challenge in providing mentorship, with good coordination between nurse educators and clinical mentors.

4. Recommendations

The findings of this policy brief clearly raise the need for concrete policy interventions at the National, EU, and European levels that target the education and training of clinical mentors, in order to ensure that they can develop the adequate competences and skills needed to supervise nursing students; the way clinical mentorship is delivered, with the necessary quality assurance mechanisms; and the structural causes which are currently preventing clinical mentors from providing high-quality mentorship. These aspects are multifaceted, and therefore need to be tackled at different policy levels.

1. As the survey of the National Nurses' Associations, EFN Members, has revealed, some European Member States (ie. Norway, Malta, Germany) have put in place effective frameworks, either through national regulation or collective bargaining, to ensure the availability of highly qualified clinical mentors that can guide nursing students during clinical placements. These are good practices which should be upscaled across the EU, and the other Member States can therefore learn from them in order to implement frameworks which match their unique national requirements.
    - At the National Level, implement frameworks which regulate the education and training of clinical mentors, learning from the available good practices.
2. In order to ensure the provision of highly qualified clinical mentors, a great supportive mechanism can be the establishment of a national competency framework which clearly outline the competencies which clinical mentors are expected to have, in line with the learning requirements and expectations of nursing students. Such a framework was developed by the Nursing and Midwifery Council in the the UK, and it therefore should be used a reference in order to implement similar frameworks in the other Member States.
    - At the National Level, develop and implement a national competency framework for clinical mentors, ensuring that the mentors competences' align with the learning needs and expectations of nursing students. These should build on the available good practices.
3. The implementation of National Competency Frameworks for clinical mentors could greatly benefit from the development of an *EU Competency Framework* and clinical mentors, complying with the Directive 2013/55/EU, which the EFN Members would support. In this case, a good

practice which should be upscaled and built on, offering a useful reference, is the evidence-based clinical mentors' competency model developed in the context of the European project QualMent, as clearly outlined in the literature review section.

- At the EU level, develop and EU Competency Framework for clinical mentors, complying with the Directive 2013/55/EU, by building on existing good practices, including the deliverables of the European project QualMent.

4. As the survey of the National Nurses' Association, EFN Members, has revealed, multiple initiatives to support the development of qualified clinical mentors are being implement in the EFN Member States at the local, regional, and national levels. As most of these directly involve and are supported by the EFN Members, the national governments should engage the EFN Members and work closely with them, benefitting from their expertise and leadership.

    - The National governments should work closely with the EFN Members, in the development and implementation of initiatives at the local/regional/national levels, which aim to support the development of qualified clinical mentors.

5. In addition to the education and training of clinical mentors, as the literature review clearly demonstrated, there must be addition quality assurance mechanisms in order to ensure that clinical mentorships match the needs and expectations of nursing students. Some of these can be tackled at the policy level, like in the case of Norway, where the regulatory framework facilitates the collaboration between the site of the clinical placement and the educational institution, which benefits both the mentors and the students; or like in the case of Italy, which established mandatory mentors to students ratio.

    - At the National level, regulate the way mentorship is delivered, putting in place adequate quality assurance requirements that match the nursing students needs and expectations which were outlined in the literature review.

6. As the survey of the National Nurses' Association, EFN Members, has revealed, there are several barriers to the provision of high quality nursing students mentorship, with the most prominent being the nursing shortages, the lack of incentives and rewards, and insufficient training for clinical mentors. Tackling these requires adequate levels of funding, which must be provided at both the National and EU levels.

    - At the EU level, provide adequate funding to tackle the barriers to high quality nursing students mentorship, through the development of a new EU fund dedicated to healthcare workforce capacity building and development.
    - At the National level, increase funding for healthcare budgets dedicated the healthcare workforce capacity building and development. While this may be seen as too great of a cost, it will be offset by the improved retention of nursing students and newly registered nurses, which will strengthen the resilience of the European healthcare systems.
    - At the EU and National levels, develop and implement policies to improve the recruitment and retention of nurses, including by providing better working conditions, better work-life balance, better salaries, and safety from physical and psychological violence.

5. Conclusions

The foremost strategy to alleviate the nursing shortage in the EU is a substantial investment in domestic nursing education and training programs. Governments must focus on creating domestic nurses to compensate those retiring, reducing their working hours or leaving the nursing profession. Domestic production becomes the critical factor for workforce and healthcare systems sustainability.

By strengthening nurse education and training programs, we can nurture a robust pipeline of skilled nursing professionals well-equipped to meet the healthcare needs of our communities. This includes channelling resources into nursing schools, promoting research in nursing education, and enhancing the appeal of the nursing profession to potential students.

Moreover, we must explore why people do not enter nursing education and why nursing students drop out halfway through their degree programmes.

A significant challenge is the low interest in nursing as a profession. The number of students in EU nursing education programmes declined in 2023 by 40% (compared to 2019). One of the critical reasons people are not entering nursing training is the lack of mentorship support.

Furthermore, nursing students across the EU report excessive practice hours, a lack of educators and mentors, and requirements to undertake tasks beyond the scope of their clinical placements. These issues lead to students leaving their studies or deciding not to seek employment within the nursing profession upon graduation. Nursing students experience an increasing mismatch between their expectations and the reality of practice. Although the issue of nursing student attrition has never been more pressing, political recommendations have never been made to address this issue.

Therefore, preventing dropouts by promoting and investing in mentorship for nursing students is essential. Policy initiatives should support nursing students in finishing their nursing education by ensuring adequate practical supervision and guidance.

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8. About EFN

The European Federation of Nurses Associations (EFN) was established in 1971. The EFN represents over 36 National Nurses Associations and its work has an effect on the daily work of 3 million nurses throughout the European Union and 6 million in Europe. The EFN is the independent voice of the nursing profession and its mission is to strengthen the status and practice of the profession of nursing for the benefit of the health of the citizens and the interests of nurses in the EU and Europe.

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