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NEWLY GRADUATED NURSES' EXPERIENCES OF INTRODUCTION WITH COMBINED MENTORSHIP – A QUALITATIVE STUDY

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Abstract

Background: There is a problem with many new nurses quitting their new job within a year of employment and one in five nurses consider leaving the profession within five years. There is a link between the demanding work culture of today's nursing and the preparedness of new nurses to high nurse turnover. There has been promising research on structured introduction and of mentorship programs to tackle these problems, but little research made of the two combined.

Objective: The aim of this study was to explore newly graduated nurses' experiences of introduction with combined mentorship, and their views on its influence on the transition from student to nurse.

Design: Qualitative descriptive design with inductive analysis

Setting(s): Two introduction programs at two different hospitals in southern Sweden with mentorship programs present.

Participants: Seven newly graduated nurses, six females and one male.

Methods: A qualitative study with semi-structured interviews was conducted. Transcribed data was analyzed with content analysis.

Results: The analysis resulted in one overarching main category: *growing into the profession.* This main category had three generic categories: *Sense of safety*, *The importance of time* and *the conditions of the workplace.* There were also two sub-categories to every generic category- in total six sub-categories.

Conclusions: The introductional programs contributed to a sense of safety and the importance of time was expressed as a supportive factor by the informants. An unexpected finding was the importance of support from colleagues and a permissive culture in the workplace. Further research in this field is needed.

Keywords: Hospital; Interview study; Introduction; Mentorship; Nurse turnover; Reality shock.

What is already known

- *Nurses are at risk of leaving their profession if proper support is lacking from their employers*
- *Structured introduction and mentorships help new nurses socialize into their new profession*

What this paper adds

- *Newly graduated nurses experienced time, structure and mentorships as supportive factors when growing into their new profession.*

- *Both the structure of the organization and collegial support are important for newly graduated nurses finding their identity as a nurse*
- *An introduction needs a clear structure, and mentorships need to be clearly defined for better outcomes in newly graduated nurses' experiences of their introduction.*

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Background

Nurse turnover is a threat to healthcare in general and patient safety in particular (Buchan et al 2022, Bäckström et al 2024) This is a problem which feeds itself when high turnover leads to fewer experienced Registered Nurses (RN) to supervise and support Newly Graduated Registered Nurses NGRN: s (Willman et al 2020).

Nurse turnover is strongly related to the experiences during the first year as a RN and what support that is provided during that time (Rudman et al 2014, Frögéli 2018). There is a problem in healthcare with one of five RN leaving their post within the first year of employment partly due to poor introduction and high workload (Spector et al 2015, Zhang et al 2019) This is strenuous for clinics since a vacant spot needs to be replaced by someone new and that requires introduction which is time consuming and costly. Engagement in pro-active behaviors, such as providing supportive introductions and management support, is essential to prevent nurse turnover, especially NGRN: s, to help mitigate the problem (Rudman et al 2014, Frögéli 2018). One reason for NGRN: s to leave their post is lack of socialization into the new profession, meaning developing a sound identity. Socialization is one of the primary characteristics of mentorship (Rush et al 2019).

According to Shannon and Andersson (1987 p.40) mentorship can be defined as:

” *a nurturing process in which a more skilled or more experienced person, serving as a role model, teaches, sponsors, encourages, counsels, and befriends a less skilled or less experienced person for the purpose of promoting the latter’s professional and/or personal development. Mentoring functions are carried out within the context of an ongoing, caring relationship between the mentor and protégé”*

Shannon and Andersson (1987) stipulate that mentoring must rest on a clear, strong conceptional foundation. They argue that a mentorship must be clearly defined when it comes to the mentor’s *role*, *relationship*, *activities* and what *dispositions* the mentor must exhibit to be a proper mentorship (ibid). From this definition, an experienced nurse or a preceptor is not automatically a mentor, mentorship is a function or a role

of its own (Lennox et al 2008).

The positive effects of mentorships in the clinical settings for NGRN: s are many (Jangland 2021, Rose 2022, Berndtsson 2024). Mentorship has been found to be supportive for NGRN: s and leads to positive effects such as socialization into the profession and forming an identity for the mentee but also giving a sense of meaning for mentors. There is also a positive spillover effect on work environment and patient safety (Mijares et al 2020, Berndtsson 2024). The mentorship role is also a motive for experienced RN to stay in their profession, and it makes the workplace more attractive for RN seeking employment (Rush et al 2019, Mijares 2024). Mentorship can also be beneficial for NGRN: s when it is combined with an introduction up to a year (Jangland 2021). However, it is important to differentiate and define mentorship from preceptorship if one wants to study or evaluate a mentorship program (Yonge 2007). A preceptorship is typically of shorter duration than a mentorship, often lasting only a few weeks or months, whereas a mentorship can extend over several years (ibid). A preceptorship is not necessarily voluntarily, whereas a mentorship should be a mutual commitment and often serves as a way for the mentee to navigate the socialization process into their new profession (ibid).

Managers in the clinical setting are responsible for providing structural support such as adequate introduction and providing mentorship with an appropriate level of competence for NGRN: s. As previously noted, the shortage of experienced RN poses a challenge for clinics and, consequently, for managers (Willman et al 2020). Some managers address this issue by using mentorship as a strategy (Jangland 2021, Rose 2022, Berndtsson et al 2024). There are however challenges for managers upholding the mentorship all the way, with many mentors having to fill in for vacancies or changes of their schedules with short notice (Jangland 2021, Berndtsson 2024). Challenges with many mentorship programs are that they do not rest on a voluntarily basis between mentee and mentor. Mentors are often assigned to mentees, which contradicts one of the fundamental aspects of mentorship (Yonge 2007).

The first year as an NGRN is a very vulnerable period if the gap between what has been learned in theory at university and the reality of nursing is too wide, according to

Kramers´ reality shock theory (1974). Dr. Marlene Kramer was a nurse who studied the process of transition from student to nurse. She described four phases for nurses transitioning into healthcare: 1. *Honeymoon phase* where the NGRN feels generally comfortable in their new profession, often in the initial months. 2. *Shock phase* where the NGRN discovers a world that contradicts their professional socialization, meaning reality not aligning with their ideals. Negative feelings arise and this is the most sensitive phase if not prepared for. 3 *Recovery phase* where the NGRN begins to develop more positive feelings towards the profession. 4 *Resolution phase* where the NGRN develops a sense for the nursing profession and starts to appreciate the complex nature of nursing. If not prepared for the *shock phase* and without supportive structure, new nurses risk to permanently remain in the *shock phase*, rejecting their new profession and in worst case leaving the profession. Well-structured orientation programs, effective socialization and mentorships are helpful to help the NGRN move on to the later more desirable phases of transition (Ibid).

There are different ways to obtain structure within an introduction programme. Some clinics provide theoretical and practical workshops of what is required of them as NGRN: s at that workplace, combined with recurrent reflection groups where stressful feelings and thoughts about the transitional process are handled (Rose 2022). Another way is varieties of trainee programs where NGRN: s rotate between clinics to develop clinical skills within many different settings thus being more prepared for the complexity of nursing (Spector 2015).

Although mentorship and structured introduction programs have clear benefits, many clinics still do not provide introductions that meet the needs of today's NGRN: s (Spector et al 2015, Mijares et al 2020), Instead they often depend on experienced RN: s or preceptors to act as mentors without enough time, tools or support (Jangland 2021, Berndtsson 2024).

A good introduction is not only about its length but also its quality, meaning that mentors offer structure, reflection and guidance (Spector et al 2015, Rush et al 2019, Mijares et al 2020, Yonge 2007). Most clinics manage one but not both. Since mentorship and structured introductions are known to help, it is important to explore

how NGRN: s experience programs that combine these elements. This can give managers better ways to reduce turnover among RN: s and support the move from student to nurse. However, research in this area is limited. Thus, the aim of this study is to explore newly graduated nurses´ experience of introduction with combined mentorship and their views on its effect on the transition from student to nurse.

Methods

A qualitative, descriptive design was adopted. The data was collected through interviews (Polit & Beck 2021) and an inductive content analysis as described by Elo Kyngäs (2008) was used. The reason for this was to gain a deeper understanding of the NGRN: s experiences of introduction with combined mentorship and their views on its influence of the transition from student to nurse.

Study setting and context

In this study a mentor is defined as an experienced nurse responsible for supporting the NGRN: s transition and socialize into their new profession in accordance with young et al: s study of 2007. The study was conducted at different clinics in Region Skåne during 2025 where the following two criteria are met: 1) Newly graduated nurses must be offered a minimum 8-12-weeks of structured introduction (offering both theoretical classes combined with recurrent reflective forums). 2) There must be a mentorship present with at least one experienced RN employed for the purpose of providing clinical support and structured reflection during the nurses' first year of employment. (Graduate guidance nurses or *nursing supervisor).*
In Region Skåne there are two defined roles of mentorship that meet the inclusion criteria for this study. Graduate guidance nurses (GGN) and Nursing supervisors). GGN has the role of a mentor supporting, empowering, guiding and supervising newly employed RN: s (Rose 2020). They are not employed by the clinic but at in a different organization in the hospital supporting preceptors and students) and therefore not in risk of having to "fill in for vacancies". They have three main responsibilities: providing clinical support, including supervision and assistance in nursing tasks; facilitating and ensuring educational activities such as lectures, workshops, clinical skills training, and simulations; and creating opportunities for

structured reflection (ibid).

Nursing supervisor is a clinical specialist employed and operating at the clinic to provide support for RN: s and to act as an expert in complex situations with patients and in the fundamentals of care. They are not counted among the regular staff and thus not in risk of having to "fill in" when there are vacancies. They are described differently between hospitals, and their role is not as clearly described as a mentor, but their common name is nursing supervisor. They are responsible for the quality of care but also to act as support for less experienced RN: s (Lundmark 2022).

Two hospitals in this study shared a common introduction programme with rotation between clinics. NGRN: s received two weeks of theoretical classes and clinical simulation together the first week. After this they selected which clinic they preferred and underwent introduction at that clinic ranging from three to six weeks. They received recurrent structured reflection with other peers. After six months they selected another clinic or the same again if they felt they wanted to stay. This procedure was repeated for two years and after this they were finished with the introduction program. These informants had a nursing supervisor attached to their program.

One hospital in this study had a clinic where informants were offered 12 weeks of introduction with structured reflection every three months. Theoretical classes and simulations were also integrated into this program. These informants had a graduate guidance nurse attached to their program

Sample and recruitment

In this study, NGRN was defined as someone employed by a clinic straight from university, thus embarking on their first job as a registered nurse. A convenience sample selecting informants that most benefited the study was adopted (Polit & Beck 2021). Seven informants accepted to participate in the study, six females and one male. They were between 25-35 years of age and had worked for between three months to three years in their profession.

Organizational managers or strategic developers at each hospital within Region Skåne involved with education and introduction of NGRN: s was contacted to identify if they had any clinics who met the criteria of selection in this study. In total eleven hospitals were contacted. Three hospitals answered that they did not meet the criteria and thus were excluded. Two hospitals could not answer if they had any clinics who met the criteria and thus were also excluded. Two hospitals outside Region Skåne, both with overarching introduction programs including mentorship, were contacted. One declined due to ongoing internal research, and the other did not respond. In total, seven hospitals were excluded.

Four hospitals in Region Skåne responded that they had clinics meeting the criteria. Two of these hospitals operated in partnership with a shared structure and an introduction program including mentorship based on rotation practice like that of a traineeprogramme. The operational manager of these hospitals gave consent to the study (Appendix 1, 2), and a program manager acted as gatekeeper (Polit & Beck, 2021). Five NGRNs were initially selected and agreed to participate, but three never responded to emails. After reminders and additional recruitment by the gatekeeper, three were interviewed.

One hospital that also met the criteria granted permission through its organizational manager (Appendix 1, 2). The clinical manager acted as gatekeeper and identified 13 NGRNs, of whom six were available. One had not completed the 12-week introduction, leaving five eligible; four responded and were interviewed.
In total, seven informants in three hospitals agreed to participate in the study.

Data collection

Six interviews were conducted face to face at the informants' workplace in a secluded place and during working hours, and the seventh was conducted via Teams. The interviews were semi-structured (Polit & Beck 2021) and guided by an overarching question: *What is your experience of the introduction programme with a mentor (GGN or nursing supervisor) and how has that influenced your transition from a student to becoming a nurse?* There were three follow up questions (appendix 6). Probing questions (i.e. "Can you elaborate?"," Can you please explain further?" and

"Can you please give an example?") were used to support the interview process and encourage the participants to elaborate on their responses (Ibid). The face-to-face interviews were recorded on a smartphone and transcribed by the author with the help of an application for transcription. The transcription was then coded with an alias and written in a separate document. The seventh interview was conducted and recorded via teams, subsequently a transcription service was used, and the data was transferred with an alias to another document. Transcription errors made by the application were corrected during this stage. The interviews lasted from 10 minutes to 25 minutes.

Data analysis

The data was analyzed using an inductive content analysis as described by Elo & Kyngäs (2008). This method is appropriate when the studied material is of qualitative design and when previous research on the phenomenon is limited or absent (ibid). The analysis was performed in three main phases, starting with the *preparation phase.* In this phase each interview, after being transcribed, was read several times by taking notes in the margin to immerse into the material. After this the material was organized by open coding into meaning units that represented different meanings. These meaning units were condensed into condensed meaning units, and this resulted finally in codes representing each condensed meaning unit. Finally, the codes were abstracted into sub-categories, generic category and lastly a main category- *Organizing phase*. Lastly the analyzation of the result was reported- *Reporting phase* (ibid). The focus in the material was mainly on the words themselves, manifest content (polit & Beck 2021). An example of the organizing phase is shown in table.1 below.

Table.1 Example of the organizing phase according to Elö Kyngäs (2008)

Meaning unit	**Condensed meaning unit**	**Codes**	**Sub-category**	**Generic category**	**Main category**
"It is important as a new nurse to be able to land safely and have a long introduction, because there is a lot to learn. Going from student to qualified nurse….it´s not easy" Informant n:1	The long introduction gave a sense of safety in the difficult transition becoming a nurse	safety	Attitude towards the length of the introduction	The importance of time for professional growth	Growing into the profession
"There has been someone you know amongst every, well, 59 people. So there has been someone you know and available to ask about" Informant nr 3	A known face amongst all new faces	socialization	The importance of the mentor	Sense of safety	Growing into the profession

To reduce potential bias in the later stages of text analysis, which could arise from the author conducting the process alone, a senior researcher was involved in the organizing phase. They reached consensus on how to condense the meaning units and assign codes, ensuring that incorrect assumptions were minimized (ibid).

Ethical considerations

This study did not involve any personal data or require physical or psychological interventions and therefore did not require ethical approval (Swedish law of ethical approval 2003:460, §§3–4). However, ethical guidance for the study was received from the Ethics Committee at the Faculty of Health and Society at Malmö University, S 2025/806. The author has not received any financial support for this study.

The study followed the Helsinki Declaration ethical principles for medical research (WMA Declaration of Helsinki 2013). Thus, the participants were given oral and written information about the study. Participation was voluntarily and participants was informed of their right to withdraw from the study at any time without having to provide an explanation. Confidentiality was ensured by coding the transcripts and assigning each quotation a code/alias. The material was stored on a USB memory in a locked cabinet.

Results

The data was abstracted into an overarching theme "Growing into the profession". This theme represented how the informants described the sensation of what the structured introduction with combined mentorship meant to them and how that experience manifested itself. The overarching theme was divided into three generic categories which symbolized the aspects of what the informants felt was needed to grow into their profession. These generic categories were named *"Sense of safety*", "*The importance of time*" and "*The conditions of the workplace*".

The category "*Sense of safety*" was organized into two sub-categories called "The importance of the mentor", and "Structure of the introductional program". The Category *"The importance of time in professional growth"* was organized into two sub-categories named "Attitude toward the length of the introduction" and" A change in professional identity". The last category "The *conditions of the workplace*" was organized into two sub- categories called "Trusting and permissive cultures for professional growth" and "The importance of collegial support".

Sense of safety

The category “Sense of Safety” reflects the informants’ feelings of security associated with the introductory programme that included combined mentorship. While all informants reported a sense of safety, they emphasized different nuances within this category. There were two sub-categories “The importance of the mentor” and “The structure of the introductional program”.

The importance of the mentor

Many informants stressed the importance of familiar faces and the feeling of recognition giving them an increased sense of safety. Several informants addressed the fact that the mentor was known to them all the way from day one through the whole introduction. The feeling of knowing and to be recognized by the mentor was valued among several informants. One informant highlighted that the hospital was very anonymous and collaboration between clinics was poor. Knowing a person by name helped the informant building a network that made collaboration easier. Another informant felt secure knowing and recognizing the mentor among all new faces.

"There has been someone you know amongst every, well, 59 people. So there has been someone you know and available to ask about” Informant nr 3

There were on the other hand issues for some of the informants with the mentor’s absence. If the clinic could not provide a mentor who had the time or was present, the informants had to turn to other nurses or managers for help and support. One informant hardly met her mentor and that caused confusion for her since there was no clear picture of who she could turn to with questions. Those who benefited from a mentor who was present felt that there was someone they always could turn to, especially when preceptors were occupied or absent. Informants also expressed a sense of safety with mentors’ personal engagement in their introduction with someone who they felt gave their full attention. This increased the informant’s sense of safety but could be a problem at times when the mentor was off duty, especially evenings or weekends since the mentor most often was scheduled daytime. This was a problem mainly early during their introduction but not so much at the later stages when the informants had become more confident.

"She was my rock during the introduction…she has been a huge support but also the workmates. But she has…. sort of focused on ME, that I should thrive as much as possible. And that's a luxury to have as a new nurse" Informant nr 1

In clinics where the mentor organized recurrent structured reflective meetings where relevant problems related to the socialization process were discussed with other peers the informants developed some sort of helpful perspective. The comfort of knowing that other peers struggled with similar problems and feelings gave the informants a sense of safety that they were not alone. Some informants described the mentor's role as similar to that of a coach. The mentor offered personal advice, helped unlock thoughts, and broadened their perspective.

One informant highlighted the mentors helping with bookings of CPR trainings and other mandatory clinical simulations, thus making it easier to focus on the job itself. Again, some informants experienced little or no help from mentors in certain clinics and turned to other nurses for reflection or coaching advice.

The structure of the introductional program

All informants expressed a sense of safety regarding the flexibility within the introductional programs. The possibility to change the type of learning activities, adjusting the level of progression especially if they had prior experiences from healthcare, or simply adding or removing the length of the introduction depending on the level of progression was appreciated. A sense of safety was especially present when the informants could be part of deciding if they were ready to move on to more demanding procedures, such as a larger patient groups or critically ill patients, which gave the possibility to slowly grow in their profession without unnecessary setbacks.

"I sort of got to choose which pace I preferred to feel safe, and that strengthened me- because then I dared. I wasn´t thrown into everything, needing to take a step back, but rather felt that now I'm ready to take a step forward- and so I did, and I made it! That made me think- great! Now I'm ready for another step! I dared to…" Informant nr 4

Several informants who had rotation within their introductional programme expressed that this gave them a sense of safety since they always had the option of leaving for another workplace if things did not work out and this without risking losing their job. On the other hand, one informant expressed mixed feelings at the end of each

placement. Leaving for another workplace just as things had started to settle and having to be thrown into uncertainty again challenged the sense of safety.

One informant felt that previous experience as an assistant nurse made some of the early theoretical classes seem redundant and boring, although they were useful for refreshing the informant's knowledge. She suggested that the programme should be more adaptable for participants with prior healthcare experience.

Many informants felt that the time and structure of the introductory programme provided the right tools to progress through the introduction without feeling insecure or rushed. Being prepared for the next step was important to them, and the gradual increase in responsibility helped them achieve that. The theoretical introduction was acknowledged as giving structure and a base to start from. Reoccurring training sessions or lectures also gave the informants structure and as a result, a sense of safety. One informant was sceptical about the clinics ability to provide structure especially when it came to the mentorship. A better organized introduction was called for by the informant.

Many of the informants had positions within acute care such as the emergency-wards or clinics with medical equipment with demanding technical skills. They gave praise to the length of the introduction, giving them time to develop skills and adding tools to their basket of experience. The possibility to see and take part in situations of critical care gave them tips and tricks that were useful when they later had to become independent. It gave them a sense of readiness that in turn gave them a sense of safety

The length of the introduction and everything that had to be learned could also be stressful for the informants. One informant experienced mixed feelings with wanting to learn everything but there simply was too much to learn. Complicated procedures mixed with basic nursing skills created a conflict of interest regarding knowledge for the informant.

"Today we´re learning the manual defibrillator, as well as we´re learning to rinse this closed arterial blood sampling system- and I was like- I can´t even put an IV in, can we begin with that please? Informant nr 7

The importance of time for professional growth

The category “The importance of time for professional growth” represented a phenomenon that all informants pointed out as crucial for growing into the profession and for the transition from student to nurse. The category was divided into two sub-categories: “Attitudes toward the length of the introduction” and “A Change in identity”

Attitudes toward the length of the introduction

Attitudes toward the length of the introduction varied depending on the hospital to which the informants belonged. The informants from the hospital with rotation schedule mainly shared the view that there was certain point of the introduction and after that it did not add anything significant anymore, you just had to jump into it and could not be prepared for everything. Those from the hospital with 12 weeks of introduction were on the other hand quite united in the belief that the time was well spent and that they needed every second of it. One informant described it as a “soft touchdown” thanks to the length of the introductional programme.

“It is important as a new nurse to be able to land safely and have a long introduction, because there is a lot to learn. Going from student to qualified nurse….it´s not easy” Informant nr 1

Many informants from both hospitals agreed that the introductory programme was a key reason they applied for the position. There were as stated before in this study some conditions that were dissimilar such as the rotation schedule on one hospital and 12 weeks of introduction on the other hospital but they both said the same thing- time to learn is an attractional pull when applying for a job as a new nurse, and generally, that longer time to learn is a strength within these two programs.

A change in professional identity

Several informants expressed some sort of change in professional identity during their time in the programs. There was also a sense of mixed contradictory feelings, having finished nursing education but not really identifying themselves as RN: s. Informants shared the same view of starting all over again on their first placement and that they were far from being an RN in full. They gradually, step-by-step, grew into the

profession, and by the end of the introduction they were still far from their more experienced colleagues with extensive knowledge, but they had become an RN capable of making independent decisions.

"you´re a baby nurse, haha…. i feel that´s quite fitting, because you are sort of stumbling as a new nurse. You ARE a nurse but again you´re not…. i don´t know…you're not a skilled nurse" Informant nr 1

One informant also connected the opportunity to get acquainted with people in other clinics collaborating with the informant's clinic, and the informant felt there was time to do this thanks to the length of the introduction. This was described to as leading to a greater understanding of the informant's role within the system and contributed to the informant's sense of professional role.

The conditions of the workplace

The category "The conditions of the workplace" represented views, attitudes and feelings expressed by the informants not directly correlated to the introductional programme but rather conditions of the workplace that helped the nurses grow into the profession. The category was divided into two sub-categories: "Trusting and permissive cultures for professional growth" and "The importance of collegial support".

Trusting and permissive cultures for professional growth

Most of the informants described both trusting culture and permissive culture as being strengthening and helping them grow into their profession. To trust other colleagues but also the trust in the colleagues as NGRN: s being capable and ready for handling situations by their own was especially strengthening. To be able to ask questions without being judged was also something the informants expressed helped them to relax in their new role. Permissive attitude in general helped them to feel safe and capable.

It´s a sense of safety to know there is people backing you and not judging you or criticizing you when you forget something. There is our omvårdnadsledare also here in the emergency, she is so…. here it´s not like-oh you forgot to ask this rudimentary

thing, you should know! It´s more like- well you just arrived here and been thrown into it" Informant nr 5

The importance of collegial support

Several informants mentioned the importance of collegial support. Informants had a sense that their colleagues "got their back" and that gave them courage and confidence in difficult situations relating to be a struggling NGRN. Colleagues were also an important function when they needed to ventilate or reflect upon certain situations. The colleagues and the mentor, which in many cases were the same person, was someone they could ask or turn to in problematic situations, but they could also be the cause of the problem. A couple of informants experienced difficulties with some colleagues and ended up in disagreements or discrepancies on how to handle things and therefore turned to the mentor for counselling, the mentor being a neutral part.

"I also believe that it creates sort of a certain trust for each other like- we´re all in this together and going through the same things and you have someone you always can turn to. Regardless if it was the GGN: s or the other colleagues who was there" Informant nr 7

Some informants expressed that having more than one mentor was important to reflect upon different mentors' ways of handling situations and if they should adopt or discard the methods applied by other nurses. It also helped them gaining a perspective of who they wanted to be or not to be as a nurse.

Discussion- strengths and limitations

It is important that the interviews are conducted carefully, and the interviews should be properly prepared so that the informants feel that they can speak freely (Polit & Beck 2021). Thus, the author started with an open-ended question and asked probing questions (ibid) to make sure the informants spoke freely about the topic at hand. The interview guide helped keeping close to the study's aim and follow up questions narrowed the answers which gave more detailed answers which led to saturation of the material, which adds to *credibility* according to polit & Beck (2021). The interviews were conducted close to the workplace of the informants adjacent to or during work hours, which should have mitigated unnecessary stress for the informants

and made them somewhat comfortable. One informant participated via the web-application *TEAMS* in the informants own home. This could be a problem since the informant maybe felt stressed and obliged to use spare time, but this was the informant's own choice and could have helped the informant to feel safer in a safe environment. The author conducted the interviews alone which should have levelled power-balance (ibid).

The sample should be of wide variety to achieve *credibility* (Graneheim & Lundman 2004). The sample consisted of both men and women, representing the demographics of the clinics chosen, one male and six females. The informants had varying lengths of professional experience, ranging from three months to three years, which adds to the credibility of the findings. However, they were all within a relatively narrow age range which could be considered a limitation. The scope of data also affects a study's *credibility* (ibid). The lengths of the interviews varied from 10 to 25 minutes, and the total number of interviews was seven. Most interviews were approximately 20-25 minutes but one was only 10 minutes. This interview was shorter than desirable and compromises credibility but contributed with valuable insights that added to the data and was therefore included. Although the sample size was small, which may affect credibility, the interviews were rich and yielded conclusive insights, thus strengthening the study's credibility. However, the small sample size may have implications for the study's overall dependability.

Transferability refers to the extent to which the study's findings can be applied to other settings (Lincoln & Guba 1985). Most informants had experience from clinics within acute care, which limits transferability primarily to similar acute care contexts.

In one clinic some of the informants were known to the author by name and profession but they had not worked together. This could lead to pressure among the informants to participate or answer in ways to please the author. This could lead to bias and affect *conformability*. The author was aware of this and avoided talking about the project beforehand with the informants and instead corresponded via email.

Discussion

The findings in this study are that the factors helping NGRN: s grow in their profession are time and safety. Time stands for possibilities within a prolonged introduction helping the NGRN: s finds themselves but also helping them to land safely. Safety stands for the mentor facilitating their needs and holding their hand along the way but also a guaranteed structure for NGRN: s. There were differences between the different introductional programs in the two hospitals mainly regarding structure and the role of the mentor and to summarize it is helpful with a clearly described mentorship and a flexible structure. This is conclusive with the findings in studies regarding structured introduction up to a year and different mentorships positive effects on NGRN: s path into their new profession (Spector et al 2015, Jangland 2021, Rose 2022). Most informants gave praise to the mentor as someone providing guidance and support which also is seen in other studies demonstrating positive effects of different mentorships (Mijares 2020, Jangland 2021, Rose 2022, Berntsson 2024). This can although be a problem when expecting support and help from a mentor but receiving none as a few informants experienced in one hospital. If a mentorship is to be adopted, it must be carefully planned and defined (Shannon and Andersson 1987, Young 2009). There should also be a proper structure and organization behind it (Jangland 2021; Berntson 2024). This seemed to be the case in the clinic where the mentor's role was more clearly defined. In this clinic all informants expressed a feeling of present mentorship and felt stronger support from this function.

Another finding was that some informants associated mentorship with a form of socialization within the workplace. For them, it was important both to recognize the mentor and to feel recognized by the mentor as this was someone senior and important giving them legitimacy in the clinic. This finding is in coherence with Youngs (2007) views on mentorship as opposed to preceptorship. Here is the difference between someone (preceptor) helping them with the basics for a short while opposed to someone (mentor) committing to the longer endeavour, socializing into their new profession (Ibid). The role of the mentor seems to be someone providing something stable in an unstable environment and that gives a sense of safety to the informants.

The findings align well with Kramers reality shock theory (1974). Recurrent structured reflection helped the NGRN: s ventilate and find the socialization process which is a necessity to overcome the second phase without rejection and negative feelings toward their profession. Kramer also pointed to helpful supportive structures and mentorships to help nurses move through the phases without getting stuck in the *shock phase* (ibid). The nurses in this study presented positive feeling about their profession and felt lucky to have both time and support to handle the demanding nature of their profession. They were beyond the *shock phase* and were largely moving towards the *recovery phase* with more positive feeling regarding their profession (ibid).

There was also another finding, the importance of support from colleagues and an allowing culture in the clinic. This was something not possible to plan or organize but something that maybe develops because of a culture of learning or simply something that exists everywhere regardless of introductional programs or mentors. The importance of collegial support is described as something central in nursing and it connects shared values, structures and behaviour (Kangasniemi 2024). It is also crucial for nurses coping abilities when enduring hard times together (Nagel 2025). It is worth reflecting upon that despite long structured introduction with mentors and flexible learning capabilities it is simply the culture and the people of the workplace that seems to be an equally important safety net for NGRN.s. One could argue though that a clinic with engaged mentors and a culture of learning will on the other hand create those individuals and that allowing culture.

Conclusions

From this study the conclusion is that managers need to give NGRN: s an introduction with both theoretical and reflective content. It is not the number of weeks, even though a higher number helps, but what you make of the content of the introduction. NGRN: s needs to reflect with mentors or other peers on their new profession on a regular structured basis. Although structure is crucial, flexibility and the possibility to adapt to prior experiences or slower progression than expected is necessary in supportive introductions.

A mentorship can be supportive and helpful for NGRN: s to better cope with their first time in their profession but it needs to be clearly defined, and mentors needs to be given time for their task.

Further research is necessary, both on similar circumstances but also to see how nurses with normal introduction without mentorships perceive their situation.

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Appendix 1

Informationsbrev till verksamhetschef

Projektets titel: **Introduktion med kombinerat mentorskap**	**Date:2025-03-10**
Ansvarig student **Johan Lindblom** **johan.lindblom@skane.se**	**Student vid Malmö universitet** **Fakulteten för Hälsa och Samhälle** **205 06 Malmö, telnr 040- 6657000** **kurs: Mastersprogram i omvårdnad** **Nivå: Master uppsats**

Hej!

Jag genomför en studie inom mitt masters program.
Studiens syfte är att belysa nyutexaminerade sjuksköterskor erfarenheter av introduktion med kombinerat mentorskap. För att få material till studien undrar jag om jag har ditt tillstånd att intervjua nyutexaminerade sjuksköterskor i din verksamhet som uppfyller syftets kriterier. Dom som svarar ja till att medverka I studien kommer att intervjuas kring hur de uppfattar sin introduktion med kombinerat mentorskap och hur detta har hjälpt deras övergång från student till färdig sjuksköterska.
Intervjun planeras ta ca 60 minuter och kommer sedan kodas och förvaras säkert.
Materialet kommer att förstöras efter studien är färdig och uppsatsen kommer att publiceras på DIVA portalen vid Malmö universitet.
Om det är möjligt skulle jag vilja genomföra studien på arbetstid och detta planeras till höstterminen 2025.
Önskar du mer information, kontakta ansvarig student ovan.
Om du samtycker, vänligen fyll i och sänd detta dokument till mig

Vänligen
Johan Lindbom

Appendix 2

Samtycke från verksamhetschef

Projektets titel: Introduktion med kombinerat mentorskap
Ansvarig student: Johan Lindblom

Nivå: Masters program OV714A

Jag ger härmed studenten från Malmö universitet tillstånd att genomföra studien.

Namn:
……
……

Varksamhetsområde:

……..……
……

Datum:
……

Signatur:
……..

Namnförtydligande:
……..

Appendix 3

Email till sjuksköterskorna

Jag har fått tillstånd från din verksamhetschef att genomföra en studie. Jag undrar om du samtycker till att vara med i studien.
Studiens syfte är att belysa nyutexaminerade sjuksköterskors erfarenheter av introduktion med kombinerat mentorskap (Omvårdnadsledare or utbildningssjuksköterska) på din klinik.

Om du önskar medverka I studien, läs informationen, underteckna och tag med till intervjutillfället

Johan Lindblom
Student vid Malmö Universitet

Appendix 4

Information till sjuksköterska

Projekt titel: **Introduktion med kombinerat mentorskap**	**Datum:2025-03-10**
Ansvarig student: **Johan Lindblom** johan.lindblom@skane**.se**	**Student vid Malmö universitet, Fakulteten för Hälsa och samhälle 205 06 Malmö, Telnr 040- 6657000** **Kurs: Mastersprogram inom omvårdnad** **Nivå: Master uppsats**

Hej!

Jag genomför en empirisk studie inom mitt mastersprogram.
Syftet med studien är att belysa nyutexaminerade sjuksköterskors erfarenheter av introduktion med kombinerat mentorskap. För att få material till studien skulle jag vilja intervjua sjuksköterskor som inkluderas i dessa kriterier. Om du accepterar att medverka I studien kommer du att frågas om hur vad du har för erfarenheter av introduktion med kombinerat mentorskap (Omvårdnadsledare eller utbildningssjuksköterska) och hur det har hjälpt dig med övergången från student till färdig sjuksköterska.
Intervjun beräknas ta ca 60 minuter och kommer sedan förvaras säkert och kodad.
Allt material kommer att förstöras när studien är avslutad och uppsatsen kommer att publiceras på DIVA portalen vid Malmö Universitet.
Om det är möjligt skulle jag vilja genomföra studien på arbetstid.
Studien planeras till Hösterminen 2025.
Om du vill få mer information, vänligen kontakta ansvarig student ovan.
Om du samtycker till att delta I studien, vänligen skriv under bifogad samtyckesblankett och ta med till intervjutillfället.

Härmed tillfrågas du om att medverka i studien

Vänligen,
Johan Lindbom

Appendix 5

Samtycke för deltagande i studien

Projekt titel: **Introduktion med kombinerat mentorskap**	**Datum:2025-03-10**
Ansvarig student: **Johan Lindblom** **johan.lindblom@skane.se**	**Student vid Malmö universitet,** **Fakulteten för Hälsa och samhälle** **205 06 Malmö, Telnr: 040- 6657000** **Kurs: Mastersprogram inom omvårdnad** **Nivå: Master uppsats**

Jag har blivit informerad muntligt och skriftlig om syftet och metoden för denna studie.
Jag är medveten om att jag närsomhelst och utan förklaring kan avsluta min medverkan i denna studie

Härmed ger jag mitt medgivande att delta I denna studie:

Datum: ……..

Signatur: ……

Appendix 6

Intervjuguide Masteruppsats

Forskningsfråga" Syftet med studien är att belysa nyutexaminerades erfarenheter av introduktion med kombinerat mentorskap".
Mikrofonen sätts på. Författaren hälsar informanten välkommen och beskriver förutsättningarna för intervjun och informerar om att informanter när som helst och utan förklaring får avbryta sin medverkan. Materialet kommer att kodas och förvaras säkert. Efter intervjun kommer materialet förstöras. Informationen avslutas med "samtycker du till att medverka i studien?"
Intervjun startar med att informanterna får beskriva hur länge de varit färdiga sjuksköterskor, hur introduktionsprogrammet är uppbyggt och mentorns roll samt hur långt de kommit in i introduktionsprogrammet.

Huvudfråga: " Vad är din erfarenhet av introduktionen du genomgått med kombinerat mentorskap och hur har den påverkat övergången från student till färdig sjuksköterska?"
Följdfråga 1: Hur är relationen mellan längden på introduktionen och kvaliteten?
Följdfråga 2: Hur har mentorens roll påverkat introduktionen
Förljdfråga 3: Vilken faktor har stärkt dig mest i din roll som nyfärdig sjuksköterska?