

Nurse and Midwife Support acknowledge the Traditional Owners of Country throughout Australia and recognise the continuing connection to lands, waters, and communities. NMS pay respect to Aboriginal and Torres Strait Islander cultures; to Elders past and present and upholds a deep appreciation for the cultural authority of First Peoples.



From Pilot to Practice

*Strengthening Wellbeing and Mentorship
for Nursing & Midwifery Graduates*

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With acknowledgement of: Kasia Wojcik (Turning Point), Sukhjot Bains (Monash University), Annette Peart (Monash University)

02:30

am

An early-career nurse
in a rural health facility

is learning fast.

And feels completely alone.

Graduate support is workforce strategy

Wellbeing is foundational, not optional.

01

Transition is the highest attrition point

of a nursing or midwifery career

02

Early experiences

Shape long-term career pathways

03

Poor support drives

Drives disengagement and attrition

04

Strong support builds

confidence, capability, retention

The pilot

Nurse & Midwife Support Mentorship Pilot, May 2021- May 2023

50 : 50

mentors paired 1:1 with mentees

National participation

Diverse practice settings

Manual matching: profession, location, speciality

Evaluation

Conducted by Turning Point with researchers at Monash University

n = 31

survey responses

n = 12

semi-structured interviews

Mentors and mentees were surveyed independently, not as paired units.

Structured mentorship works - when it works

82%

of mentors would mentor again

86%

of mentees found the program appealing in concept

When matched well, mentees reported:

- Reduced anxiety
- Increased confidence
- Clearer career direction

“

It was helpful to support my mentee. She received benefit from the support. I found it interesting to hear her perspectives as a graduate, and her impression of experiences she was having helped me support graduates at my own hospital.

Pilot mentor

The demand is not metropolitan

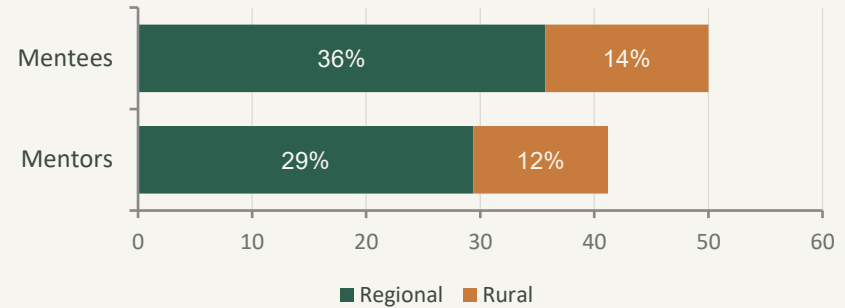
Among survey respondents (n = 31)

45%

*practised in regional
or rural settings*

32% regional | 13% rural

By role (% of respondents)



The pilot wasn't designed as a rural intervention. *The participation pattern told us it should have been.*

What didn't work - and why that matters

The problems were operational, not conceptual.

~50%

of mentees would recommend the program

Engagement decayed — after the first year

Digital platform was clunky — and disrupted use

Manual matching — produced some poor pairings

Light-touch facilitation — became no-touch facilitation

“

I was not contacted to be a mentor again after I had two mentees pull out before we'd even established a relationship.

Pilot mentor

From pilot to practice

What 2026 looks like

12

month

Structured program

Not two years - matched to the support window



Active facilitation

Regular scheduled check-ins, not 'we're here if you need us'



Refined matching

Smarter intake; clear rematching pathway



Simpler technology

Participant choice over communication tools



State-specific toolkits

Context-aware resources for graduates



Targeted recruitment

Regional, rural and remote settings

Your Wellbeing, Our Priority



Free, Confidential Wellbeing Support

Peer-Led conversations

Open 24/7, Nationally

Brief Intervention and referral signposting



I cannot thank [Kate] enough. I want every nurse to have a [Kate] standing with them. She made such a profound impact on me.

Caller to NM Support – Kate used as a pseudonym

THE 2026 PROGRAM

Expression of interest is open now.

Mentor

Be mentored

Partner with us

 graduates@nmsupport.org.au

