

Implementation and Evaluation of a Peer Mentorship Program in a Linguistic-Minority Setting

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University life and its associated factors can impose significant stress on students (Acharya et al., 2018; Asif et al., 2020). Changes in social activities, eating and sleeping habits, and living environments; increased class workload; and unfamiliar situations can negatively affect student mental health (Acharya et al., 2018). This is particularly true for nursing students, who often juggle a demanding schedule of classes, labs, and clinical practicums within one semester. Nursing students face academic stressors such as heavy workloads and fear of failure and of making mistakes, as well as clinical stressors such as workload assignments, lack of certainty in their knowledge, and interactions with staff (Alzayyat & Al-Gamal, 2014). Other research (Jimenez et al., 2010; Moridi et al., 2014; Pulido-Martos et al., 2012) highlights additional stressors for nursing students: lack of confidence in their nursing skills, uncertainty about applying theory to practice, difficulty in aiding suffering patients in clinical settings, and challenges navigating interpersonal relationships with patients and their families. Moreover, first-year students who transition directly from secondary school are susceptible to additional stressors such as working and managing financial responsibilities; some face economic uncertainties (Allan et al., 2014) that can make their first year particularly challenging compared to upper-year students (Labrague et al., 2018).

The cumulative impact of these factors can significantly affect a student's mental health. Labrague et al. (2018) and Bartlett et al. (2016) observed that nursing students, compared to their peers in other disciplines, experience heightened psychological distress. Tung et al. (2018) also noted a higher prevalence of depression among nursing students worldwide. A quantitative study (de Moissac et al., 2022) conducted with French-speaking nursing students in a linguistic-minority setting at a school of nursing in Western Canada revealed similar trends, with nursing students more likely to report poor mental health, anxiety, loss of sleep, and suicidal attempts than students in other undergraduate programs. Although more likely to manage their anxiety by using healthy living habits and meditation or mindfulness, nursing students also reported significantly higher use of prescription medication and self-medicating as coping strategies. Protective factors included life satisfaction and self-esteem; risk factors included being older, identifying as female, and not speaking the teaching language at home. These findings prompted formal consultations with the school's student population, faculty, academic staff, and psychological support staff. These consultations revealed a lack of social support for students and the need for a peer support program within the nursing department (de Moissac et al., 2022). Thus, the school sought to create, implement, and evaluate a mentorship program for first-year nursing students.

Program Planning and Evaluation Framework

The mentorship program was designed and developed using a participatory action framework stemming from a community-based approach (Israel et al., 1998). Community-based research actively involves community members, organizations, and researchers to address social and environmental inequities and translate shared knowledge into meaningful community action (Israel et al., 1998). Faculty and students were consulted on the needs of students to determine optimal supports, considering time and resource availability. We selected the program logic model for its ability to provide a clear visual structure for a potentially complex, multi-partner initiative—highlighting gaps, clarifying objectives, and illustrating what the program aims to achieve, with whom, and why (Edwards & Etowa, 2025). The logic model developed integrated two planning stages: CAT (components, activities, and target groups) and SOLO (short-term outcomes and long-term outcomes). A core principle of the program logic model is that evaluation is a dynamic and iterative process. To support this iterative process, a comprehensive program evaluation toolkit was developed, comprising 1) evaluation questions; 2) methods and logistics plan; 3) data collection tools; 4) data and findings; 5) decision; and 6) revisions—enabling annual cycles of reflection and adaptation. This toolkit guided the selection of evaluation methods to inform decision-

making during the planning and implementation phases and to identify gaps in the initial program design throughout the 3-year mentorship program.

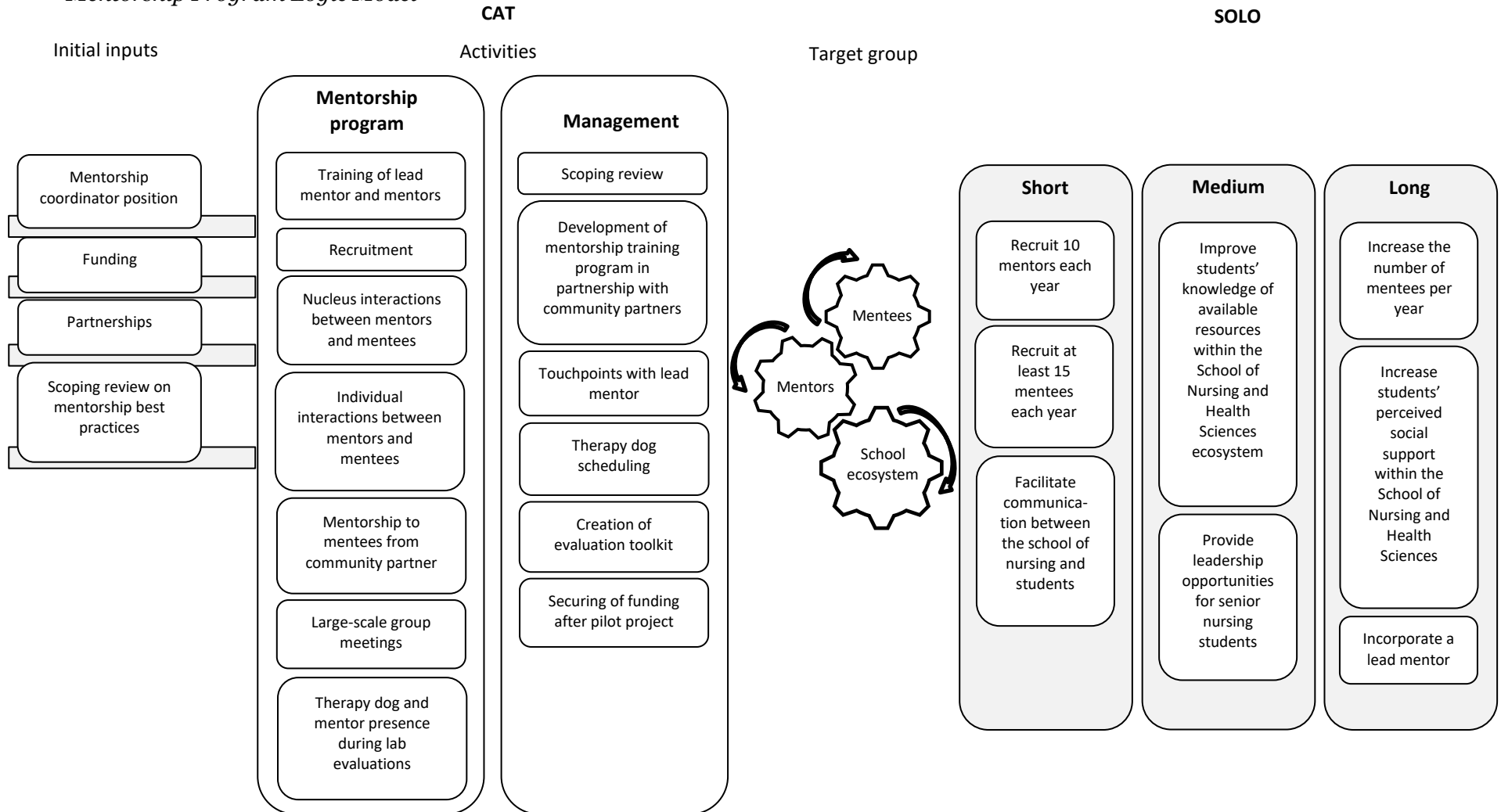
Program Planning (CAT and SOLO)

As a first step in our program development, we determined and established our goals, available resources (inputs), activities, reach, and expected outcomes (see Figure 1) based on a scoping review (Avanthay Strus et al., 2024). Our main goal was to increase nursing student well-being by improving social support for first-year nursing students, with secondary goals of improving student knowledge of available resources on campus and in the community and of providing leadership opportunities for senior students. Required resources included funding for mentors and activities, a program coordinator, and partnerships to support mentor education. Activities included collaborating with student groups and community resources to create education workshops, recruiting and educating mentors, recruiting and orienting mentees, and ensuring adequate communication between stakeholders and ways to provide feedback.

Expected outcomes were divided into the short, medium, and long terms. Short-term desired outcomes were the following: 1) recruitment of 10 mentors each year; 2) recruitment of at least 15 mentees each year; and 3) improved student mental health because of social support provided by peers within and between cohorts. Medium-term desired outcomes were the following: 1) increase in the number of mentors and mentees each year; 2) improved student knowledge of available resources on campus and in the community; and 3) leadership opportunities for senior students. Long-term desired outcomes were the following: 1) securing of continued funding; 2) increased social support and sense of belonging within and between cohorts; 3) a lead mentor role held by a senior student each year; 4) students' communication of their needs within the school setting; and 5) students' assertion of leadership opportunities within and beyond the school setting.

An important resource required for program development was knowledge on best practices. As a preliminary step, we had explored the scientific literature and other mentorship programs in Canadian nursing schools. A scoping review and consultations with seven universities across Canada was conducted to identify key components of successful mentoring programs (Avanthay Strus et al., 2024). Based on this scoping review, factors to consider were adequate mentor and mentee orientation, mentor and mentee selection process and pairing, and communication. The review revealed the need for and importance of adequate mentor and mentee orientation prior to participation in the mentorship program. Although we observed some disparity between existing mentorship programs—ranging from no education to one-page instructions to a slideshow presentation—several publications recommended clarifying program objectives and roles with participants to better align expectations (Botma et al., 2013; Flott et al., 2022; Henderson et al., 2020). Furthermore, we felt some topics should be addressed with the mentors, given our nursing student profile pertaining to their mental health status and socio-cultural diversity. Educational workshops were co-created with the university's student club and baccalaureate and practical nursing student alumni, student services coordinators, and a local non-profit organization providing counselling to francophone communities. We developed a comprehensive education program with workshops on the mentor role, group management, having difficult conversations, and cultural safety and allyship. In addition, an orientation session was provided to mentors to raise awareness of available resources on campus and in surrounding communities. Mentors were strongly encouraged to follow participate in a 2-day Applied Suicide Intervention Skills Training (ASIST) program, which, in later years of the mentorship program, was replaced with a mandatory mental health first aid (MHFA) course provided by the Canadian Mental Health Association (2024). We created an online learning platform to provide easy access to orientation documents and additional resources.

Figure 1

Mentorship Program Logic Model

Note. CAT = components, activities, and target groups; SOLO = short-term outcomes and long-term outcomes.

Mentor and Mentee Selection Process and Pairing

The second key component identified in our scoping review (Avanthay Strus et al., 2024) included proper selection and pairing of mentors and mentees. Several research articles demonstrated the importance of matching mentors and mentees according to similar interests, goals, and personality traits, all of which led to better compatibility and a successful mentorship program (Lin et al., 2018; Nelson et al., 2021). We adopted a simple process consisting of a questionnaire on demographic information, activities, and interests. Program coordinators then manually matched mentees with mentors.

With respect to the mentor-to-mentee ratio, findings from our scoping review (Avanthay Strus et al., 2024) suggested that a mentor-to-mentee ratio of 1:5 was most effective for fostering relationships. This ratio not only facilitates peer mentorship but also creates a nucleus of social support among mentees, allowing for more frequent contact and conversations, thus accelerating the development of social networks among first-year nursing students and between cohorts. During our pilot year, we recruited five mentors and 15 mentees; we therefore decided to have a ratio of 1:3 to ensure the best possible social support for both mentors and mentees.

Communication

We deemed open communication between all partners to be essential for success, with opportunities to provide feedback regularly with the objective of improving the mentorship program. To ensure this communication, we felt the need for a dedicated team of individuals to support this program. Although the scoping review revealed varying degrees of human resources supporting mentorship programs, one constant remained: one coordinator oversaw the mentorship program and was supported by students or faculty (Avanthay Strus et al., 2024). For our pilot project, we began with one faculty mentorship coordinator and later expanded to two coordinators for greater support. Faculty members serving as program coordinators did not receive direct financial compensation as their roles fell within the purview of their academic functions. In addition, confidentiality of the students needed to be respected given the size of the school of nursing and internal mental health supports at the university itself. Therefore, a third-party francophone organization provided the program with a social worker who acted as a liaison between the mentors and faculty members. Direct communication occurred between the social worker and the lead mentor if any issues or concerns arose.

Program Implementation

We set out to deliver a pilot in 2020–2021. See Table 1 for details on the implementation of activities for the first 3 years of the program and Table 2 for management activities.

Program Evaluation

We used a multi-perspective evaluation approach to assess the mentorship program, incorporating feedback from mentees, mentors, program partners, and faculty after obtaining ethics approval (ETH2021 18 mars).

1. Mentees (first- or second-year nursing students) completed an online survey within 2 weeks of the final mentorship session. The survey evaluated program implementation, strengths and limitations, suggestions for improvement, and perceived impacts on well-being, social support, and awareness of campus services.

2. Mentors (fourth-year nursing students) completed an online survey and participated in a Zoom focus group at the end of the winter term. Data collected focused on training and support received, program delivery, perceived impacts on well-being and self-esteem, skill development, and recommendations. The session was audio-recorded for partial transcription.
3. The social worker from the third-party organization responsible for mentor training and supervision participated in an individual Zoom interview examining program strengths and weaknesses as well as the quality of training, support, and communication. The interview was audio-recorded for partial transcription.
4. The program coordinator took part in an individual Zoom interview with a research team member external to the school of nursing addressing similar themes, including program design, mentor support, and interprofessional communication with the social worker. This session was also audio-recorded for partial transcription.
5. Faculty members and clinical supervisors participated in a Zoom focus group after the winter term. Discussions explored observed student well-being, awareness of services, and feedback received from mentees. The session was audio-recorded for partial transcription.

Table 3 summarizes a multi-faceted evaluation of the mentorship program over 3 years, aligning closely with the program's expected outcomes. In summary, short-term goals, such as recruiting 10 mentors and 15 mentees annually and enhancing student mental health through peer support, were met with consistently high satisfaction reported by both mentors and mentees. Mentees described feeling culturally supported, comfortable, and less anxious in both academic and clinical contexts, while mentors reported increased confidence, leadership development, and a sense of pride in their role. These findings support the medium-term outcomes of growing participation, improving awareness of internal and community resources, and providing leadership opportunities for senior students. Though mentors noted moderate satisfaction in areas such as journalling and group chat engagement, qualitative feedback highlighted strong interpersonal connections and cultural safety. Recommendations emphasized increasing program visibility, improving access to mental health supports, expanding mentor education, and strengthening internal and external partnerships—key to achieving long-term outcomes such as sustained funding, increased belonging across cohorts, and empowered student leadership. Overall, evaluation data affirmed the program's effectiveness and reinforced calls to make it mandatory for all incoming students.

Short-term outcomes focused on initial recruitment and immediate student support. During the pilot year, five mentors and 15 mentees were recruited. Following strategic adjustments—including early recruitment during orientation and collaboration with the student club—mentee participation increased to 42 in the second year. This early engagement strategy proved essential in maximizing participation and fostering peer support from the outset. Despite the constraints of the COVID-19 pandemic, which limited interactions to virtual platforms (e.g., Teams, Zoom), mentor–mentee groups maintained one to three meetings per term, primarily focused on academic support. Students reported improved mental health and reduced isolation due to the social support provided by peers and senior students.

Medium-term outcomes included growth in participation, increased awareness of available resources, and leadership development. The number of mentees increased significantly in the second year, and mentors reported greater awareness of campus and community resources. Standardized education sessions enhanced mentor confidence and equipped them with leadership and problem-solving

skills. The introduction of a lead mentor role provided additional leadership opportunities and improved coordination among mentors, faculty, and program coordinators.

Long-term outcomes were also addressed. The program secured continued institutional support and began integrating into the school's culture. Students reported a stronger sense of belonging and social connection between and across cohorts. As the mentorship program continued, the number of mentees consistently increased. The lead mentor role was institutionalized, with annual instruction in program implementation and evaluation. Students increasingly demonstrated the ability to articulate their needs within the school system and took on leadership roles both within and beyond the academic setting.

Additional adaptations included shifting communication methods to align with student preferences. The use of WhatsApp, rather than email, significantly improved responsiveness and engagement. Challenges included limited initial awareness of the program among faculty and a temporary disruption in external partner support due to staffing changes. These issues were resolved through targeted communication efforts and the re-establishment of third-party involvement on an on-call basis.

Overall, the program evaluation indicates that the mentorship program not only achieved its intended outcomes but also demonstrated adaptability and sustainability in a minority-language nursing education context.

Table 1

Mentorship Activities and Their Evolution Over the Implementation Period

Activity	Description	First-year pilot project	Second year	Third year
1-day orientation session with mentors	The 1-day orientation session consisted of workshops on the mentor role, group management, having difficult conversations, and cultural safety and allyship. Participation was mandatory for all mentors. The program coordinator and the third-party organization facilitated these sessions.	The immediate outcome was the enhancement of mentors' understanding of their new roles. The session aimed to provide comprehensive knowledge about various aspects of becoming a mentor and provide the necessary tools to help mentors gain confidence in their responsibilities.	Feedback following the session indicated that mentors felt adequately prepared and confident in their role as student group leaders.	The session remained the same as previous years. Four of five mentors felt that the orientation session aided in the preparation of becoming a mentor; one mentor reported feeling mostly prepared.
Mental health first aid	The Canadian Mental Health Association provided mental health first aid (MHFA) training that included specific actions and responses related to mental health crises and management.	The immediate outcome qualified mentors with the knowledge and standards to respond effectively to mental health crises. This preparation established a baseline confidence level among mentors, ensuring emergency readiness.	Feedback from the evaluation of the program's second-year launch highlighted that the MHFA session was a valued educational component, despite being infrequently utilized. Mentors appreciated the session for its contribution to their overall knowledge in the potential of addressing a crisis. Additionally, the evaluation recommended the inclusion of two instructors for future MHFA sessions. This adjustment would provide participants with enhanced support regarding various critical topics.	MHFA remained part of the education process. Student mentors continued to find this educational opportunity useful and essential in the mentorship program.

Half-day training session with the lead mentor	The half-day educational session included the lead mentor along with both program coordinators. It took place on campus and encompassed budgeting, scheduling, communication needs, and roles and responsibilities.	No official lead mentor position was considered. However, one mentor, who was both a student nurse researcher and a part-time student, voluntarily took on the responsibility of organizing and guiding the mentor team. This individual played a vital role in the program's development and research since its establishment. As a result, no formal additional education for a lead mentor was provided during the first year.	Following the first year, it was recognized that establishing a lead mentor position would be valuable in ensuring effective communication and coordination among the mentors. The same student researcher from the pilot project was formally given the role of lead mentor. In addition, she contributed to the design of a half-day educational session tailored to the responsibilities of this position.	A more structured half-day educational session was implemented, and a new lead mentor was chosen. The session discussed administrative tasks such as contracts and payments, universities' policies and procedures, and guidance on role support for the mentor team.
Recruitment	Mentor recruitment was voluntary and regulated by a general invitation email sent to fourth-year nursing students. Concurrently, mentees were recruited using social media platforms and within classrooms in order to enlist first- and second-year nursing students.	During the pilot project, five mentors initially demonstrated interest, while 15 first- and second-year nursing students demonstrated interest in being mentees. The determined optimal mentor–mentee ratio was 1:5. After two mentees withdrew, the project proceeded with two groups, each consisting of two mentors and five mentees, while one mentor was assigned two mentees.	The selection process was initiated earlier to ensure mentor groups would be created by the fall semester. Twelve mentors were selected to oversee an average of three or four mentees, totalling 42 mentees. In addition, a questionnaire was developed and used for the pairing process with the intention of creating similarities and improving retention within the program. Evaluation following the second year exhibited that some first-year nursing students were not new to university life, and	The selection and screening process for mentors remained the same given that it was successful. Mentor groups were created during orientation, with the option for students to join until the end of September. Participation in the program remained voluntary. Nine mentors were selected, with two mentors assigned to each group and one mentor overseeing three mentees. In total, 17 mentees participated, resulting in a mentor–mentee ratio of 1:2–3. The questionnaire screening tool continued to be used to create and divide groups based on similarities.

			students' familiarity with university systems affected their engagement in the mentorship program. Additionally, mentors reported that managing a group of three or four mentees did not cause additional stress to their own needs/requirements as students. Mentors felt confident in their ability to manage larger groups.	
Initial meeting between mentors and mentees	The initial meeting between mentors and mentees took place on the first day of university orientation week. Mentees were grouped using a strategic dividing tool developed to foster similarities between mentors and mentees.	The early introduction on the first day of orientation, fostered group familiarity and eased the transition into the university environment. Mentors were able to meet their groups, explain the purpose of the mentorship program, and gather contact information to plan and coordinate future meetings. Mentors reported satisfaction with the initial contact phase, the adequacy of communication methods, and the frequency of scheduled meetings. However, many mentors reported inexperience, and mentors desired more throughout direction on conducting preliminary group interaction. In the initial pilot project, engaging students and	The initial meeting proved to be crucial for establishing strong group connections and ensuring mentee retention. To improve attendance and communication, mentors recommended creating a group chat as early as possible among the groups. The suggested messaging platform was WhatsApp as it is compatible with all devices. Compared to the pilot project, mentees reported higher satisfaction levels regarding initial meetings with mentors.	Mentors continued to be paired with mentee groups on the first day of orientation as this first interaction remained critical for mentee engagement and retention. Mentors continued to gather contact information and establish group chats immediately to facilitate communication and meeting planning. Most mentors felt adequately prepared for their initial meetings with mentees, reflecting improved readiness compared to previous years.

		maintaining contact was difficult as it primarily relied on email communication. In addition, the COVID-19 pandemic further imposed constraints on mitigating this barrier. For future years, mentors suggested gathering contact information such as phone numbers early on as the newer generation of students primarily used text messaging.		
In-person group meetings between mentors and mentees	Mentors were encouraged to arrange a minimum of two in-person meetings per semester with their group of mentees. Mentors were expected to log meeting information within a journal that would be sent to the social worker from the third-party organization.	Mentees appreciated the opportunity to ask questions and seek clarification in a judgement-free environment, without needing to consult faculty. Most inquiries focused on academic matters and scheduling, with no instances of mentors needing to address mental health crises or personal issues. Mentees rated their feeling of support at an average of 3 on a scale of 0 (no support) to 5 (significant support). Both mentors and mentees expressed the value of group interactions; however, due to pandemic restrictions, the desire for in-person meetings remained unfulfilled. In addition, the mentors suggested that they have access	Frequency of group meetings ranged from one to five times per year. The most significant impact noted by the mentees was mentees' appreciation for receiving counsel, advice, and study support.	Frequency of group meetings ranged from three to seven times per year.

		to mentees' availability, including class schedules and exam periods, to better plan meetings and optimize attendance.		
Individual meetings between mentors and mentees, as needed	This flexibility was designed to aid students when a situation or concern needed to be addressed one on one. This enabled mentor–mentee confidentiality and problem-solving tailored specifically to the mentee's needs.	Both mentors and mentees valued individual interactions. Pandemic-related restrictions continued to limit the ability to hold in-person meetings, leaving this desire unfulfilled.	The number of individual meetings with mentors ranged from zero to three per year. Overall, mentees reported a reduction in anxiety due to the individual support they received. Of the five mentees interviewed, three noted a decrease in anxiety related to meeting other cohort members and participating in group activities. Feedback on the sense of belonging within the cohort varied: one mentee reported an increase, while four indicated no significant change or impact.	The number of individual meetings ranged from zero to five per year. The mentor surveys yielded varied feedback on the number of individual meetings. Four mentors were mostly satisfied with the frequency of these meetings, one felt indifferent, and another expressed limited satisfaction. Mentors were satisfied with the level of interaction within the group chats; frequency of communication typically ranged from one to two times per week. Of the six mentors surveyed, five found the communication methods satisfactory, while one reported feeling indifferent.
Support from community partner for mentors	The third-party organization was designated as the primary contact for lead mentors in case of difficult situations. Mentors could reach out individually to the designated representative or wait for the in-person meetings held each term. These	Mentors highlighted the significant benefits of third-party involvement in supporting the mentorship program. The external partner included a social worker who offered support and served as a liaison for the mentors. The social worker	The third-party organization remained involved and continued to support the students. Mentors felt adequately supported by the organization. To strengthen the relationship with the organization and better manage mentor–mentee interactions, all study	The third-party organization's collaboration decreased compared to the previous year. Contact primarily remained between the social worker and lead mentor to facilitate meetings as required.

	meetings provided opportunities for debriefing sessions, sharing advice, and reviewing challenging situations, allowing the social worker to check in on each mentor.	created a safe space for mentors to express concerns without risking conflict of interest, particularly when addressing challenging situations. Additionally, the social worker facilitated group interactions with mentors, which aided in troubleshooting and problem-solving.	participants suggested that an additional staff member be appointed to support the mentors. This extra support would help oversee the mentor–mentee relationships.	Mentor response regarding the support from the community agency was mixed. Five of six mentors felt adequately supported, while one mentor expressed that support from the organization was limited. As for the number of meetings with the organization, half of the mentors felt the scheduled meetings were adequate, while the other half were either indifferent to or unsatisfied with the frequency of these meetings.
Group activities within each mentor–mentee group	Mentors were encouraged to do a group activity within their respective group (e.g., dining at a restaurant, bowling). The purpose was to create an informal environment in which all the mentees could interact with one another and their mentors. It was designed to foster team-building and create connections between mentees.	Due to pandemic restrictions, activities within groups was not possible.	Mentors suggested further guidance on activity ideas to engage their groups. Furthermore, mentors suggested having access to informal meeting locations at the university as needed.	No additional feedback was given. Mentors felt prepared for planning/executing group activities.
Large-scale group meeting at the end of term (pizza party)	This activity was encouraged to give all mentees, mentors, and program coordinators the opportunity to engage in an informal setting, and to foster interactions and socialization.	This activity did not take place within the first-year pilot project; however, it was suggested during the evaluation process for consideration for future years.	This activity took place and was beneficial as it allowed all students involved in the program to participate and engage as a large group. Given this success, it was decided to incorporate the activity into future years.	This activity continued to be considered beneficial to the students in the mentorship program.

Mentor presence during clinical evaluations with a therapy dog	Given the high stress of technical nursing skills exams, some mentors and a therapy dog were present in the waiting area to help diminish the stress, provide a distraction, and empower students to perform to the best of their abilities.	This activity was not considered during the first-year pilot project.	Mentors suggested having a therapy dog during technical skill evaluations to help alleviate some of the stress involved in taking these evaluations. A therapy dog was accompanied by volunteer mentors in a designated classroom near the evaluations. The mentees could enter the classroom before or after an evaluation to decrease their stress and anxiety.	The therapy dog continued to be accessible during evaluations as it was determined to be beneficial for students.
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Table 2

Management Activities

Activity	Description	First-year pilot project	Second year	Third year
Maintaining ongoing communications between the coordinator and lead mentor	A lead mentor was established to bridge communication between the mentors, the program coordinator, and the external agency. This approach ensured clear and organized communication among all parties.	No official lead mentor was established during the pilot project. Instead, a student nurse researcher who was also a mentor took on an informal leadership role. The student discussed with the program coordinator as needed.	The student nurse researcher from the pilot project became the formal lead mentor. This role was found to be beneficial and aided in creating a liaison between the mentors and program coordinators.	A new lead mentor learned the responsibilities of communication between all parties, the lead mentor, mentor, and the program coordinators. This role remained beneficial to the program's functionality.
Creating schedules for mentors during lab evaluations	Mentors were scheduled to be present in a designated quiet room during lab evaluation days so that students could feel supported before their evaluation. The goal was to decrease student anxiety and possibly increase student success.	This activity was not considered for the pilot project.	This activity was initiated in the second year, and mentors were scheduled shifts during mentee evaluations for support and encouragement.	This activity remained beneficial to mentees and allowed mentors to practise engaging in a supportive role. This activity will continue to be used in future years.
Adding a second program coordinator	The addition of a second program coordinator intended to aid in organization and communication, to decrease the pressure and workload on the single program coordinator, and to provide a second perspective when planning. Having a second coordinator also offered more availability to mentors.	One program coordinator was available in the initial year. Participants suggested adding a second program coordinator for future years to divide tasks for increased program support.	A second program coordinator was added and was found to be beneficial in all aspects of planning, communication, and student availability.	The addition of a second program coordinator continued to be beneficial. It will be considered for all future years of the mentorship program.
Securing funding	Funding was required for mentor honoraria (\$500) and social activities.	Funding was available through student services.	Funding was available through Health Canada.	Funding was available through Health Canada.

Table 3

Program Evaluation

Evaluation measures	First-year pilot project	Second year	Third year
The evaluation of the mentorship program engaged multiple partners. Participants, comprising mentors and mentees, submitted feedback via an online survey. Individual meetings via Zoom were arranged with the designate from the third-party organization and the program coordinator. Feedback from faculty and supervisors directly involved with the students was gathered through a focus group via Zoom.	Feedback from the pilot project was positive for both mentors and mentees. Mentees felt supported and secure in asking questions and obtaining advice. On a scale of 0 (inadequate) to 5 (adequate), mentees expressed an average of 3 regarding overall adequate support. High satisfaction (4) was reported for educational modules and journal entries, while medium satisfaction (3.6) was noted for the mentor toolkit, meetings with external organization and feeling well prepared as mentor, particularly for conducting the first mentor–mentee meeting. The qualitative feedback from mentees yielded overwhelmingly positive results, which differed from the quantitative feedback identified above, indicating a high level of satisfaction. Mentees reported feeling comfortable and culturally supported throughout the mentoring process. They expressed contentment with the initial contact phase, the adequacy of communication methods, and the frequency of scheduled meetings. The primary take-away from the pilot project was that mentees experienced reduced anxiety and increased support regarding coursework and clinical expectations. Similarly, mentors were able to improve leadership skills and strengthen their personal confidence. Mentees expressed greater confidence in navigating challenging situations and seeking assistance from faculty. They valued the availability of mentors for guidance and support during moments of anxiety. Furthermore, mentors appreciated access to third-party social workers and felt emotionally supported.	Mentee satisfaction was high for all measures, and strong recommendations to make this program mandatory were expressed. Mentors' satisfaction scores were high (≥ 4) for the number of mentees per group, cultural safety training, comfort in managing a group, program explanation prior to initiation, adequate preparation, initial meeting and communication plan, and mentor toolkit. Medium satisfaction (3.5 to 4) was reported for the number of organized visits, the number of attendees at meetings, and support from the external organization. Lowest satisfaction (< 3.5) was observed for interaction within the group chat and journaling. Mentors provided positive feedback, expressing that the program helped them gain self-confidence, a high sense of value, and leadership capabilities. All mentors appreciated the opportunity to support a group of mentees, encouraging them to practise their leadership skills, problem-solving abilities, and effective communication skills. They felt their role was influential in demonstrating the success of the program.	Mentee satisfaction was high for all measures, and strong recommendations to make this program mandatory were expressed. Mentors' satisfaction scores were high (≥ 4) for the number of mentees per group, cultural safety training, comfort in managing a group, program explanation prior to initiation, adequate preparation, initial meeting and communication plan, and mentor toolkit. Lowest satisfaction (< 2.5) was observed for interaction within the group chat and journaling; four of six mentors felt indifferent about journal-keeping during meetings with their mentees. The qualitative feedback from mentors revealed that they felt relatively

During the program's first year, most of the faculty and clinical instructors were unaware of the mentorship program. They did not perceive a change in student well-being, interactions, and access to support services offered by the university. Further recommendations included encouraging informal check-ins, scheduling large-scale meetings for all mentees to foster relationships, establishing a secure drop-in area (e.g., classroom, meeting room) for mentees to consult with their mentors, and mandating program participation for students entering directly from high school. Proposals for mentor education included expanding the toolkit to incorporate communication resources, providing guidance on setting boundaries to prevent mentor burnout, and scheduling post-group meetings after the initial meeting to facilitate experience sharing. Moreover, participants recommended adding a mid-session meeting between the social worker and mentors to increase support. Goals for future mentor groups encompassed maintaining a mentor-mentee ratio of 1:5 and organizing a minimum of three meetings per term. Implementation strategies to achieve these objectives, such as early collection of contact information, were emphasized. Additionally, suggestions included arranging large-scale meetings, such as pizza lunches, to encourage student interaction, and designating private meeting spaces for mentors to meet to for planning purposes. For optimal program evaluation, participants advised informing all faculty and supervisors of participating students about the mentorship program. Furthermore, participants recommended incorporating additional support from the university's professional team to facilitate program coordination.	Suggestions included increasing the visibility of internal services offered at the university, such as mental health access, to help participants become more familiar with the available resources. For those uncomfortable accessing internal services, offering external counselling options was recommended, ensuring all participants have access to necessary support. All evaluation participants recommended making the mentorship program mandatory for all first-year students. From the perspective of the program coordinator, mentors conveyed a sense of pride in becoming leaders, which in return increased their confidence levels and encouraged them to participate in future leadership roles, such as becoming preceptors. The program coordinator expressed the crucial importance of informing the administration of the education that mentors receive to support their mentees, as doing so would increase awareness of the competencies that mentors exhibit. Lastly, the program coordinator emphasized reinforcing the partnership with the third-party organization and counselling services to better support the students through the mentorship program. The third-party organization was unable to evaluate the program due to a change of position.	comfortable within their group to interact and communicate effectively with their mentees. All the mentors reported feeling culturally safe within the mentorship program. All mentors reported the adequacy of the mentor-mentee ratio. Mentors also noticed that mentees had learned to build and develop relationships among themselves and had created connections such as helping one another.
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Discussion

The mentorship program was designed to provide students with the necessary tools and support to best navigate the complexities of a nursing program (Jacobs, 2017). By prioritizing relationships between nursing students, the mentorship program encouraged opportunities, improved self-confidence and leadership confidence, and allowed senior students to gain professional development skills prior to entering their future career in nursing. Additionally, the program prioritized support for the emotional impact of nursing education on nursing students. A study by Yosep et al. (2025) confirmed how stress, anxiety, and depression are common among nursing students given the intensity and requirements of their program. Nursing education is demanding in terms of coursework, expectations, and clinical rotation. Yosep et al. (2025) also added that social support and social interactions can help alleviate feelings of isolation and provide a sense of belonging. By including mentorship programs in nursing education, new students can benefit from additional support systems and coping strategies not only for the first year of study but throughout their program and professional life.

The development of the mentorship program was evidence-informed using a scoping review of the literature and of mentorship programs across Canada (Avanthay Strus et al., 2024). According to Avanthay Strus et al. (2024), adequate education and support for the mentors, suitable pairings based on similar interests, and an appropriate mentor-to-mentee ratio were all factors that contributed to the success of a mentorship program. Based on this research, various elements such as orientation, selection process, and communication facilitation were integrated into the mentorship program and demonstrated a significant impact on the operations of the program. Mentor education was identified as a focus as mentors required a strong foundation regarding around their roles and responsibilities, including access to university resources. We therefore provided highly structured mentorship education. In collaboration with the third-party organization, the university coordinators developed workshops addressing mentor roles, group management, communication skills, and mental health awareness. This comprehensive educational approach ensured that mentors were well prepared to guide and support their mentees effectively. The inclusion of an online learning platform provided additional accessibility to resources and educational materials.

A secondary focus was matching mentors and mentees. Our review of the literature revealed the importance of matching mentors and mentees and how the pairing that can affect the outcome of the relationship. Busby et al. (2023) explored mentor–mentee matching and found that relationships between mentor and mentee appeared to thrive when the matches were compatible and shared common goals and interests. We therefore prioritized the success of this part of the process. Recruitment posed a significant challenge in the initial stages due to limited engagement from students, largely related to a lack of awareness regarding the mentorship program and how mentorship groups were structured. Efforts to onboard students highlighted the need for a more proactive approach. Therefore, in subsequent years, recruitment was integrated into the first day of university orientation. Mentors collected contact information during this orientation and engaged students on the first day, which resulted in a higher participation rate. Furthermore, a questionnaire pertaining to demographic details and information regarding interests and activities was to be completed by students. This questionnaire proved to be most successful in mentor–mentee matching, which in return supported meaningful connection and improved retention within the mentorship program.

Our third focus was on effective communication, which was challenging for various stakeholders in the early phases of the program. To improve coordination, a lead mentor was designated to facilitate communication between students, program coordinators, and the third-party social worker. Additionally,

within mentor groups, initial reliance on email communication led to low engagement. To enhance responsiveness and interaction, we introduced WhatsApp in later years as the primary communication platform. During the pilot project, the COVID-19 pandemic constrained the maintaining of effective contact with mentees, including planning activities and sustaining engagement. However, as pandemic restrictions were lifted, these barriers diminished.

Our fourth focus area concentrated on the francophone minority setting, given the paucity of publications identified during our scoping review. Nursing students in the French linguistic setting tend to report higher prevalence of mental health issues, anxiety, sleep deprivation, and suicidal attempts compared to students in other majority-language undergraduate programs (de Moissac et al., 2022). This finding can be especially true for francophone international nursing students, who, in addition to studying in a challenging program, have to adjust to a new university and new culture and navigate the health care system in which there is often limited access to active offers of care in French (Beogo et al., 2023). Additionally, Lalonde (2019) revealed a decrease in passing rates for the French NCLEX as students have fewer French resources available to them for studying. Therefore, the implementation of the mentorship program aimed to mitigate these concerns for students and directly provided them with supports offered by the university, such as mentor support, access to a confidential third-party social worker, and on-campus counsellors. This program was paramount, given that to our knowledge, the present study is the only research study that considers linguistic-minority contexts.

We recognized several unexpected benefits after the implementation of the mentorship program. Beyond the individual advantages for each student involved, the program encouraged community building and reduced the divide between student cohorts at different levels. Latif et al. (2021) reported that strengthening relationships among nursing students within the program can directly affect students' daily lives by exposing them to positive influences that encourage positive actions and attitudes. The mentorship program aimed to create an environment that allowed students to develop meaningful connection, share proficiency and knowledge, and promote teamwork. In addition, as the program develops over time, a cycle of growth and empowerment within the student body will take place as first- and second-year nursing students are encouraged to become influencing role models and senior students are provided with leadership roles.

In the future, the mentorship program has potential to affect the transformation of the overall nursing profession as it nurtures the growth and development of well-rounded and educated leaders and creates guided experience for these students. It equips and prepares early-career nurses to hold future complex roles such as charge nurses, clinical resource nurses, clinical nurse educators, or management roles. By instilling leadership skills and fostering teamwork early on at the student level, the program contributes to a future culture of mentorship within the nursing career. In the long term, this preparation can lead to stronger nursing teams, improved collaboration, and ultimately better patient care, which, in turn, enhances the quality and culture of health care delivery.

Conclusion

The mentorship program demonstrated a meaningful and sustained impact in supporting first-year nursing students while offering senior students valuable leadership development opportunities. Designed to foster a sense of unity and peer support within the nursing student community at the university, the program aimed to reduce stress, thus enhancing academic success and building a stronger sense of belonging.

Over the course of the initiative, both mentors and mentees reported increased confidence, improved academic and clinical preparedness, and a deeper understanding of the nursing profession. Senior students gained practical leadership experience through structured mentorship, learning to navigate complex interpersonal dynamics, take initiative, and support their peers—skills that are directly transferable to their future roles as health care professionals.

The program's success highlights the importance of peer-led support systems in nursing education, particularly in high-stress, high-demand academic environments. Ongoing evaluation and adaptation were critical to the program's effectiveness and sustainability, ensuring it remained responsive to student needs and institutional priorities. As the program continues to evolve, it holds strong potential to contribute to long-term improvements in student well-being, retention, and professional readiness within the nursing field.

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