MOVING TO ACTION

Strengthening Nurse Retention

in Manitoba and Saskatchewan

October 28, 2026 • Virtual meeting

LEAD

University of Manitoba

Raesoleil

Your hosts and facilitators

A Manitoba–Saskatchewan collaboration

Raelynn Douglas

Host
CEO, Raesoleil Inc.

Sonia Udod

Co-host
Associate Professor,
University of Manitoba

Kandis Harris

Facilitator
Associate Dean,
Saskatchewan Polytechnic

Gifty Dzorka

Facilitator
Research Coordinator,
University of Manitoba

WELCOME AND INTRODUCTIONS

AGENDA

Time (Sask)	Topic
11:00 – 11:05 am	Welcome and Introductions
11:05 – 11:15 am	What We Heard in Manitoba and Saskatchewan
11:15 – 11:25 am	What Has Happened Since We Met
11:25 – 11:30 am	Why Mentorship?
11:30 – 12:00 pm (10 mins) (10 mins) (10 mins)	**Co-Design Conversation** *Designing the Relationship* • What should a meaningful mentorship relationship look like? • What would make nurses want to participate, trust the program and stay engaged? *Participation and Technology* • What would mentors need - and what would managers or leaders need to make possible - for this to work well? • How could technology support the mentorship community - what would it need to enable - and what should it not do? *Impact and System Learning* • How would we know if the mentorship program is making a difference? • What should happen when broader workplace or system themes emerge through mentorship?
12:00 – 12:20 pm	Report Back - Bringing the Ideas Together
12:20 – 12:28 pm	Where Shall We Go From Here?
12:28 – 12:30 pm	Closing and Thank-you!

Different provinces. Similar priorities.

	Manitoba Themes	Saskatchewan Themes
1	Implement **structured mentorship** programs to strengthen long-term retention.	Build **career-long mentorship**, onboarding and peer support to strengthen belonging, confidence and retention.
2	Invest in supportive and **relational leadership** practices to foster nurses' commitment and engagement.	Strengthen visible, **relational** and psychologically safe **leadership** and workplace cultures.
3	Trial **self-scheduling** to promote work-life balance.	Redesign **workplace and system conditions** - including workload, workflow, **flexibility** and career pathways - to support sustainable nursing careers.

What Has Happened Since ...

Updates from Manitoba - Dr. Sonia Udod

and Saskatchewan - Dr. Kandis Harris

Co-Creating Nurse Retention Framework for Hospital Sustainability in Manitoba

Phase 1 · Sept 2025

Environmental Scan

- **Aim** of the project was to collaboratively identify priority needs and co-create knowledge mobilization strategies to improve nurse retention in Manitoba hospitals
- Environmental scan was completed to determine best practices for nurse retention

→

Phase 2 · Nov 2025

Workshop

- Supportive leadership fosters commitment and engagement
- Workplace conditions significantly impact nurses' decisions to stay or leave
- Professional growth opportunities strengthen long-term retention

→

Phase 3 · April 2026

Virtual Meeting

- Gathered and synthesized data from the workshop to support a priority intervention for nurse retention

Next Steps

November 2026

- **Pilot study** to develop, implement, and pilot a contextually adapted, multi-component nurse mentorship intervention across 4 clinical units to determine how structured mentorship can be feasibly integrated into clinical practice and whether it shows promise for strengthening nurses' connection, support, work environment, and intention to remain.

Objectives:

1. Identify and develop evidence-informed components for a structured nurse mentorship intervention;
2. Implement the mentorship intervention;
3. Evaluate the structured mentorship intervention.

Fall 2027

- **Primary purpose** to evaluate the effectiveness and economic value of a structured mentorship intervention on newly graduated nurses and early career nurse retention.
- A **secondary purpose** is to understand how the mentorship intervention impacts nurses' workplace experiences, career trajectories, professional development, and organizational commitment across rural, remote, and urban healthcare settings

From Forum to pre-implementation inquiry

Saskatchewan Nurse Retention Forum · June to October 2026

Phase 1 · June 2026

Priority synthesis

Analysis of the data identified five key themes / priorities related to nurse retention.

→

Phase 2 · Sept 2026

Partner engagement

Regina Inpatient Medicine identified **supporting managers to build psychologically safe nursing teams** as its top priority.

→

Phase 3 · Oct 2026

Study design

A CFIR-guided, mixed-methods study has been designed, and managers are helping define the strategy.

WHY A PRE-IMPLEMENTATION STUDY

Even well-designed strategies can be difficult to implement if they do not align with the realities of the practice setting. A pre-implementation study allows us to identify potential barriers and facilitators, understand what supports and resources are needed, and inform an approach to implementation that is practical, feasible, and sustainable.

Framework: Consolidated Framework for Implementation Research, CFIR 2.0 (Damschroder et al., 2022)

Partner site and study design

Pre-implementation study · Guided by CFIR 2.0

Partner site

Inpatient Medicine

Regina General and Pasqua hospitals

9 inpatient units

8 unit managers

2 hospital sites

STRATEGY UNDER STUDY

Supporting managers to build psychologically safe teams

Quantitative

Survey of frontline nurses

Qualitative

Semi-structured interviews with managers, director, executive director

INTEGRATION

Combine survey and interview findings to identify the key barriers and facilitators to implementing the strategy

OUTPUT **March 2027**

Implementation roadmap

A summary of the key barriers, facilitators, and practical considerations to guide future implementation of the strategy

From conversations to emerging work

Manitoba

Clinical Mentor Nurse model and related developments

Saskatchewan

Forum follow-up and Sask Polytech research

Across both provinces

A cross-organizational mentorship pilot?

Mentorship is one practical opportunity to act, learn and evaluate impact.

Central Question for Today:

*What would a **mentorship model** need to look like if its goal was **not just to support nurses**, but to help **create the conditions** that enable nurses to stay?*

Throughout today's meeting, we'll use SLIDO to gather your thoughts and ideas anonymously.

How are you feeling today?

Slido results

Participant words and phrases, shown as submitted

Empowered	Fantastic	Content
Great	A bit tired	Recovering
Tired	Headache today	fine
Interested	Buzzing	Excited
Good		

Why mentorship?

Potential benefits across career stages and practice settings

Confidence

Clinical transitions and professional identity

Connection & Belonging

Support, networks and safety

Career Opportunities

Development, awareness, career path options

System Awareness

Understanding conditions of work, learning, empowerment

SLIDO: What does mentorship mean to you? (How would YOU define it?)

What does mentorship mean to you?

Slido results

Participant words and phrases, shown as submitted

- Genuine care for the wellbeing and development of others
- psychosocial & emotional support
- trust struggles
- Empowering
- Role model
- Shoulder to shoulder
- Supportive guidance in learning
- A lifeline when experiencing moral distress and burnout
- Having someone to got to for support
- Rolemodelling
- Someone safe
- Psychological safety
- Connection
- share
- Belonging and safe
- Inspiration
- Two-way relationship
- Support
- Supported
- career guidance team strengths Supportive
- Welcoming
- Guidance, Advocacy, Listening & Hearing

Co-Design Conversation

Three breakout rooms • Two questions each

SLIDO: Share your thoughts privately, or capture the group’s ideas…

Breakout Room Guide

25 minutes in rooms • Participants self-select the room that interests them most

02 min	Introductions and reporter selection
09 min	First question
09 min	Second question
05 min	Top 2–3 priorities and report-back

Breakouts are not recorded. Themes will be captured without attribution; please do not share identifiable information.

Designing the Relationship

Breakout room 1 • Facilitator: Sonia Udod

Q1 **What should a meaningful mentorship relationship look like?**

Q2 **What would make nurses want to participate, trust the program and stay engaged?**

Final prompt: What are the two or three most important things we need to get right?

Q1 · What should a meaningful mentorship relationship look like?

Slido results

Participant responses

- A mentor should get to know their mentee during the first few meetings. It might help to have structured questions to gather information about the mentee's background, their values, and their goals.

During the initial meeting, there should be a discussion about what the mentee is expecting/hoping to get out of the relationship and when/how they want to meet.

I think it's incredibly important that mentors know about burnout: the causes, signs/symptoms, and how to help nurses navigate this (i.e. coping strategies, resources etc...).

Developing trust is key and there should be an option to be matched with a different mentor if there is a personality mismatch between mentor/mentee.

- voluntary, mentorship communities, protected time, reciprocity
- the mentor is available and can anticipate when the help is needed. sometimes it is difficult to ask for help when new.
- A consistent, structured relationship that creates a safe environment where nurses can come with their concerns and questions. A relationship that assists nurses in their learning and growth.

Q2 · What would make nurses want to participate, trust the program and stay engaged?

Slido results

Participant responses

- It would be good to have a poster/brochure with an explanation about what mentorship can offer to young nurses. It's not just to support them in their current role but also to help them figure out where they'd like to take their career.

  It would be important to offer a variety of ways to interact with your mentor including one-on-one meetings, virtual meetings, and electronic communication (i.e. email, teams, etc...).

- monetary incentives, training as mentors, anticipation of when mentee needs help constructive feedback from training sessions
- Monetary incentives. protected time to meet with mentees, training for mentor before mentoring,
- Building trust and comfort.

Final question · What are the two or three most important things we need to get right?

Slido results

Participant responses

- It's important to have a solid understanding of burnout (causes, signs/symptoms, coping strategies etc..). The mentor must be comfortable discussing and navigating moral/ethical distress (including knowledge of the whistleblowers act).

- dedicated time for mentor to be trained, give feedback and meet with mentee. Monetary incentive.
- Structure and consistency.
- Clear and open communication. Clear expectations.

Participation and Technology

Breakout room 2 • Facilitator: Kandis Harris

Q3 **What would mentors need, and what would managers or leaders need to make possible, for this to work well?**

Q4 **How could technology support the mentorship community, what would it need to enable, and what should it not do?**

Final prompt: What are the two or three most important things we need to get right?

Q3 · What would mentors need, and what would managers or leaders need to make possible, for this to work well?

Slido results

Participant responses

1. Mentor preparation and training, 2. Protected time, manageable workloads and recognition, 3. Clear roles and expectations, 4. Ongoing mentor support and shared mentoring

• From a technology standpoint I would want an internal online schedule system and texting options so the dynamic of communication and booking can be done away from a personal phone or work email. I support the 'not pulling' mentality as it degrades trust.

• Training for interested experienced nurses to develop teaching and learning skills, giving feedback, diversity of learning styles etc. How to be a good mentor. They need dedicated/protected time to have the mentoring moments. Managers need to understand what mentors are and are not. Mentors support and demonstrate good practice, but are not a substitute for management if a practice issue arises. Alignment with educators and managers and mentors to have clear roles or collaboration zones. Mentors need protected time, no assignment but on the floor helping the nurses navigate their workload - supporting the new nurses, high acuity or new skills.

• Dedicated time within their workload to mentor, answer questions. Clear expectations and role clarity Orientation to the mentorship role Access to resources and practice supports Connection to a community of practice

• There are two different models - a mentor that connect and support all the nurses (mentees can self-select for a brief interaction or a longer conversation, goal setting and follow up) or the structure of 1:1 mentor/mentee which is more represented in the mentorship literature.

• clear role expectations less workload provide some form of compensation

• Clear and concise communication of what is expected, willing participants and ongoing check-ins

• Mentors should have protected time for their role-they should not be pulled to cover other roles within the clinical setting due to low staffing levels and therefore not available to be a mentor when staff need support. If the mentor is pulled to cover other areas of the clinic, staff will not feel like that person is accessible or approachable. Managers or leaders need to plan for this with regards to staffing, etc.

Q4 · How could technology support the mentorship community, what would it need to enable, and what should it not do?

Slido results

Participant responses

- Technology should make it easier to find expertise, connect with mentors, access resources, and share knowledge across organizations. The personal relationship remains at the center of mentorship. Technology should reduce barriers, not replace the human elements that make mentorship effective.
- facilitate communication Create a central resource hub for learning materials, practical tools, and best practices.
- Having a SharePoint site/chat area that outlines work processes, helpful links and tips, educational videos, etc. for staff to access.

1. Relationships first, technology second, 2. Flexible and accessible communication, 3. Access to mentor education and resources, 4. Orientation and technical support 5. Manageable demands

- If there is process map to access with active links to provide feedback into. Online profile matching. Shared responsibility model.
- The Community of Practice Teams channel (virtual meetings, repository for sharing documents) for nurse mentors is a valuable. To be able to find similar challenges and solutions even in varied settings is valuable.
- keep it simple.

Final question · What are the two or three most important things we need to get right?

Slido results

Participant responses

- creating the conditions for learning, ensuring accessible support through mentorship and resources, and providing a clear, practical pathway that builds competence and confidence over time.
- Keep human connection at the centre; Provide simple tools for connecting with mentors
- Outlining clear mentorship roles (vs preceptorship roles) and protected time for mentors to work within their role

- the rollout needs to be tight, the time needs to be protected, the portals etc. need IT support, it would be advantageous to provide compensation of some sort
- Protected time for mentors; flexibility and commitment from the site/unit team (mentors / manager / charge / educators) to find the path to support the needs

Impact and System Learning

Breakout room 3 • Facilitator: Gifty Dzorka

Q5 **How would we know if the mentorship program is making a difference?**

Q6 **What should happen when broader workplace or system themes emerge through mentorship?**

Final prompt: What are the two or three most important things we need to get right?

Q5 · How would we know if the mentorship program is making a difference?

Slido results

Participant responses

- Nurses would stay in the position, they would report they are feeling supported, we would expect to see increased confidence and competence over time.

They would feel safe to ask questions and challenge their fellow nurses when appropriate.

I would also expect we would see increasing numbers of nurses wanting to join the site/region/profession as nurses who feel supported are informal recruiters

- whether nurses feel better supported, whether their working conditions improve, and whether they actually stay.
- New nurses feeling supported, retained and feeling more confident in their roles
- Group morale/energy/attitude in the workplace.

Q6 · What should happen when broader workplace or system themes emerge through mentorship?

Slido results

Participant responses

- We can consider how mentorship could become a source of workforce learning without compromising the trust between mentors and mentees.

  For example if nurses across different organizations are repeatedly describing inadequate orientation, workload pressures, or difficulty accessing support, that information could be extremely useful for retention planning. But we need a process for bringing those themes to people who have the authority to respond, while protecting confidentiality.

- Concerns should be brought to the attention of the manager/higher leadership either by the mentee or mentor
- if you enter into a mentorship program, there should be a mechanism in place to manage/address these shared concerns. That might involve a group of people who are involved in different roles int he organization but must include front line nurses, both seasoned and emerging.
- Bring it up the ladder as appropriate. Policy reform and advocacy for staff

Final question · What are the two or three most important things we need to get right?

Slido results

Participant responses

• For me, the three priorities are trust, sustainability, and accountability.

First, nurses need to feel safe enough to participate honestly.

Second, we need to support the mentors themselves. We can't build a retention initiative that unintentionally adds to the workload pressures contributing to turnover.

Third, we need a mechanism to act on the broader issues mentorship reveals. If nurses keep identifying the same workplace barriers, someone needs to own the response.

1. There has to be a connection into some oversight group with influence over systemic conditions

2. Feedback loops on themes that are elevated for action to know that voice has impact

• Supporting those who are mentoring to ensure they have the correct resources

• establishing priorities and expectations for both mentees and mentors establishing an avenue for feedback

Bringing the ideas together

Each room shares its key takeaways (2 mins / question)

1. **Two or three most important insights**
2. **Important differences or unanswered questions**
3. **One priority for what comes next**

SLIDO: Is there anything we didn't ask – but that you feel is important for you to share?

ADDITIONAL COMMENTS

Is there anything we didn't ask – but that you feel is important for you to share?

Slido results

Original participant response

Provide questions in advance to prepare and pick group based on questions of interest

Where shall we go from here?

Explore practical tools / resources

Technology, confidentiality and accessibility

Develop a proposed model

Mentorship relationships, partners and supports, design options

Develop and invite participation

Pilot design, identify measures, invite participants and partners

Want to stay involved?

Express interest in shaping the next phase

SLIDO: Quick evaluation of this meeting – thank you!

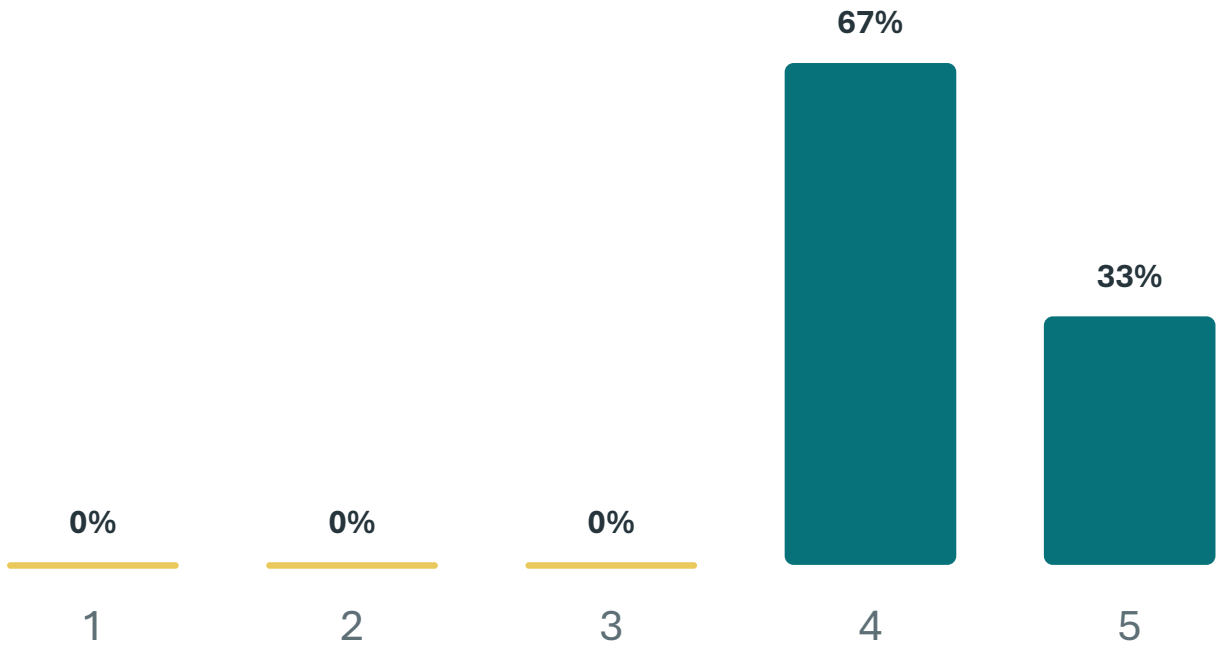
How valuable was today's discussion in helping move nurse retention ideas toward practical action?

Slido results

9 responses • Average score: 4.3 / 5

4.3/5

Average rating



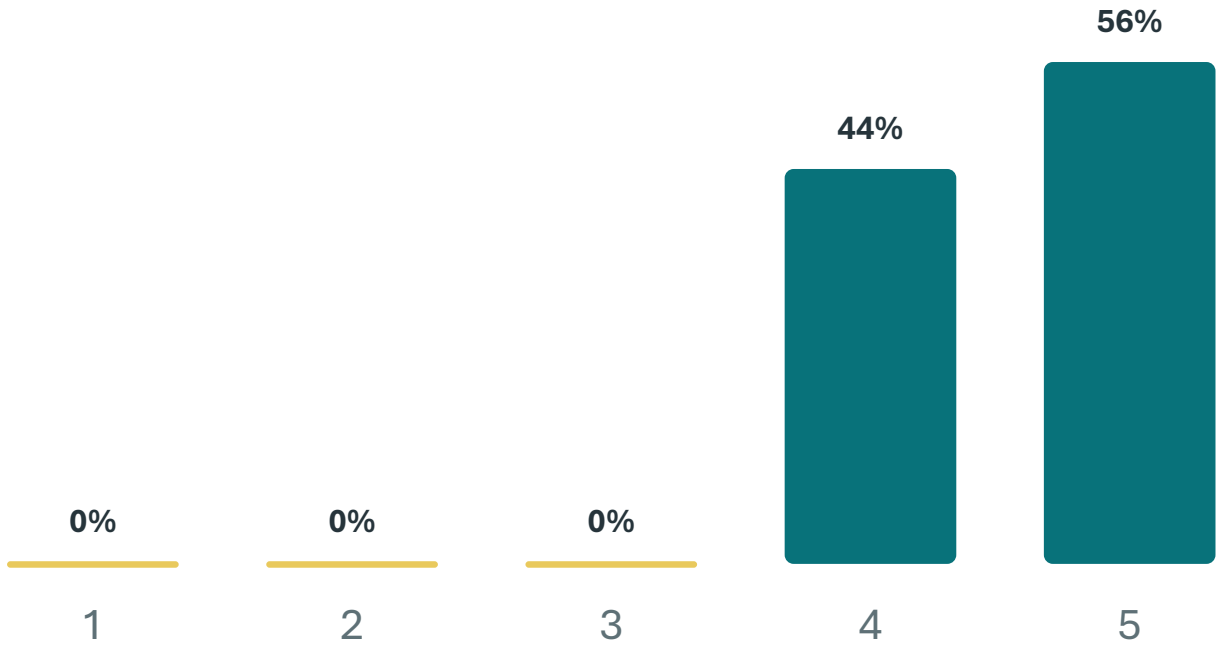
To what extent did you feel comfortable sharing your perspectives and ideas during today's meeting?

Slido results

9 responses • Average score: 4.6 / 5

4.6/5

Average rating



What is one thing we could improve about today's session?

Slido results

Five responses · original wording retained

Frontline staff

Strategies that can be put into practice in the immediate future, not waiting for something larger scale

More frontline staff

share the agenda ahead of time

N/A

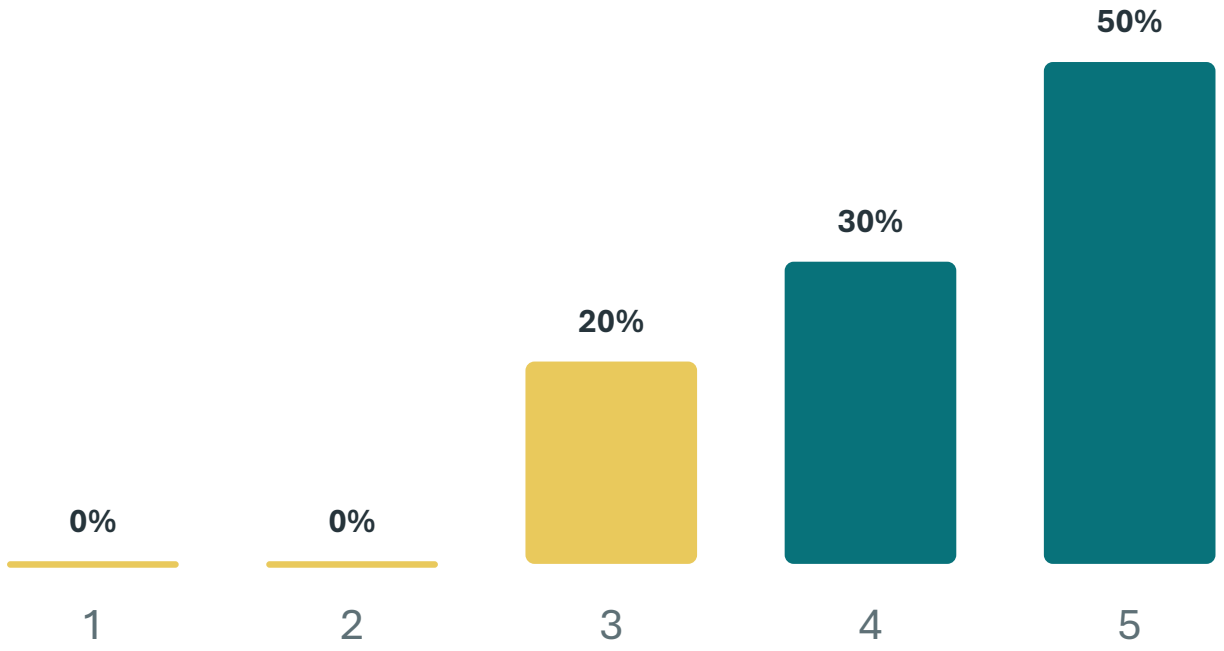
How hopeful do you feel about our ability to make a difference in nurse retention?

Slido results

10 responses • Average score: 4.3 / 5

4.3/5

Average rating



Want to stay involved?

Please click here or scan the QR code if you would like to stay connected on this mentorship initiative.

A separate Typeform survey will open to collect your contact information.

CLOSING AND THANK YOU!

Stay connected:

Health Workforce Sustainability Network (HWSN)

www.linkedin.com/groups/38510033/

Sask updates:

- www.linkedin.com/in/raelynndouglas/
- www.raesoleil.com/nrf/saskatchewan-2026/

Manitoba updates:

- www.linkedin.com/in/sonia-udod-76852286/
- www.leadoutcomesresearch.ca/nurse-retention

Thank you!