



Empowering the Future of Nursing through Mentorship, Professional Development, and Leadership

Cassandra Cassidy

DNP, MSN, RN, PLNC, EBP-C, United States of America

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Summary

The objective of this article is to present the importance of mentorship in nursing. Explain how professional development supports career growth. Discuss leadership competencies needed for the future. And, finally, identifying strategies to strengthen mentorship and leadership programs.

***Corresponding author:** Cassandra Cassidy, DNP, MSN, RN, PLNC, EBP-C, United States of America.

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Why this matters? We have a nursing workforce shortage. According to the Health Resources and Services Administration, the U.S. will be short Registered Nurses eight percent in 2028 in larger cities with upwards of 24% shortage in rural areas forecasted. Though this number is forecasted to decline by 2038, a deficit remains. Licensed Practical Nurses are forecasted with 17% shortage in 2028 and 30% shortage in 2038. Globally, the World Health Organization reports persistent shortages of nurses within low- and middle-income countries are hit hardest by the nurses they need and the nurses they can train, employ, and keep. Burnout and turnover are the reasons for these matters. According to nurse.org, the U.S. national Registered Nurse turnover rate

rose to 17.6% in 2025, a 1.2% increase from 2024. This costs the average hospital 5.19 million annually, in U.S. dollars. This does not consider the staff that do not leave and the impact it has on their workplace cultural implications. Another reason for mentoring, professional development, and leadership matters is increasing patient complexity. An observational cohort study that included some 3.4 million nonelective hospital admissions and about 1.3 million nonelective hospital admissions and about 1.3 million patients between 2002 and 2017 with patients being admitted to the hospital toward the end of the study period were more than twice as likely to have been admitted through the emergency department than patients admitted at the beginning of the study period. This among other studies and factors

such as evolving technology to learn and increasing demands. We need succession planning in nursing. Evidence universally speaks to there being a lack of necessary measures in implementing succession planning in clinical nursing management, as well as leadership. There is an anticipated 12% growth in nurse leadership positions through 2030 (Bouchrika, 2026). We must remember, investing in nurses is investing in patient outcomes. Further, we must grow our own nursing professional to ensure all levels of nursing needs are met. So as that demand grows, so too is the need to cultivate new leaders.

As you can see in the forecasted numbers of U.S. numbers, even though as previously mentioned in rural areas the number is increasing over the next decade, the overall gross national deficit for Registered Nurses is declining. Compared to LPNs who are forecasted to climb in deficit. This is why intervening now matters. Even though we are anticipating a lowering of RN deficits in the U.S. over the next decade, we still need to cultivate growth for the RN and all levels of nursing within the profession to continue growth for the decade beyond this forecast. Additionally, we need to adjust for those retiring or exiting the profession as well. There is a direct shortage in the U.S., but the shortage is a global issue.

The current nursing landscape includes staffing challenges, which have been reviewed previously. The National Council of State Boards of Nursing (NCSBN) shared in 2024, the median age rose slightly to 50 years, showing relative stability but masking a deeper crisis with nearly 40% of nurses reported planning to retire or leave the profession within five years. The Board of Labor Statistics projects increase in number of RNs. However, this occurs alongside replacing nurses who retire or leave the workplace. One study completed by the University of Florida (2025) reflects nearly 40% of surveyed nurses being hired into ICU or ED, where demands are high. The study also revealed that stress and workload concerns were common among new nurses and have been a leading factor in nurse turnover. This study, among others, confirms the need to align stronger academic-clinical partnerships by aligning education with actual practice challenges to better prepare new nurses, reduce burnout, and improve retention. This approach is instrumental, but we must support those

nurses in place. We must create the training systems academically, but importantly also in practice settings that reflect what our professional needs are noted to be. This will support addressing increasing stressors with increased complexity of care and the challenges that may be presented within implementations and changes in technology and innovations within the practice setting.

To help us understand, we must understand the core components of the subject being discussed. A mentor is someone who acts as an advisor to a less experienced individual, known as their mentee. There can be formal or informal mentorship. Formal mentorship is defined (Oxford Review) as “a structured and intentional process where an organization or institution pairs mentors and mentees to facilitate professional or personal growth. Formal mentoring involves defined goals, timelines, and processes, often within the framework of diversity, equity, and inclusion initiatives. Formal mentoring programs provide equal access to mentorship and can be aligned with business objectives. Compared to informal mentorship defined (Together Platform) as “occurring naturally in workplace relationships without structure, offering flexibility and immediate support, and develops organically. Mentors gain personal benefits that include (indeed.com, n.d.) boosting interpersonal skills, strengthens knowledge, expands network, may receive recognition, establish leadership skills, adds to qualifications, serves as a learning opportunity, builds confidence, gain new perspectives, receive a sense of fulfillment, offers self-reflection opportunities, and can help strengthen your company. Mentees gain personal benefits by being mentored by a good mentor to include (Psychology Today, 2025) feeling safe, supported, and seen through feedback both positive and critical promoting psychological safety. Also, stronger sense of belonging and community can clarify goals strengthening and renewing our sense of identity and purpose-which helps us imagine bigger possible futures. Further, learning through struggles and missteps supports building resilience. Good mentoring reduces anxiety and improves life satisfaction or growth towards being self-actualized.

Mentorship has core components that can be referenced as the Four Cs. Communication needs to be clear, easily understood between mentor and mentee. Connection between the two is strong, each relates to the other. Clarity

through defined goals with the relationship understood with both being committed. And commitment to being engaged, valuing the opportunity.

Evidence shows mentorship matters through improving confidence, which supports improving clinical competence. This increases job satisfaction through feeling better about what they are doing on the job. Retention increases and professional identity is refined supporting leadership readiness. All of this supports better patient care.

According to Amelia Williams (2026), Professional Development is defined as “the ongoing process of gaining new skills, expanding knowledge, and improving performance to grow in your career. It reflects a personal commitment to continuous learning and self-improvement across all stages of professional life. With professional development, we focus on the individual, but by doing so, we impact on the overall profession. Examples of Professional Development include gaining a certification, attending conferences/summits/conventions, continuing education, advancing with formal education, specialty training, participating in or leading quality improvement projects. There are also informal learning occurring with professional development that includes peer discussions, observing colleagues, independent study, and feedback from performance reviews. Professional development is not a one-time task but a continuous effort to stay current, perform better, and create future career opportunities. It is relevant to anyone seeking to grow, from early career professionals to experienced leaders. We must cultivate opportunities within our nursing workforce that encourages and values continued learning. In the nursing profession, we continue to learn and grow, expanding our professional possibilities.

As we continue to grow and expand our professional knowledge boundaries and practices, the components we learn must be based on current knowledge grounded in evidence-based practice. Reflection is a modality that allows us to learn from experiences through self-reflection and consciously solicit ways to improve performances as well as taking feedback from others and evaluating their perspectives of our own performances to support our growth process along. We must not allow ourselves to become antiquated. As educators, we may or may not have adequate practice

time allotments, or as leaders, we may not make that systematic opportunity to practice in our environments as our charges do every day. For us to stay abreast of what is affecting or influencing our practice environments or culture, we must be present and carrying a load within often enough to discern as well as remain being seen as a viable resource for direction. As we grow, we must reflect our growth in our professional presentation methods having at a ready means to capitalize upon opportunities as they present themselves. And, we can encourage them along to that next step ensuring there is a formal ladder program within a practice area, if size is enough to permit, to allow individuals a means to systematically expand their skillsets working toward the next level of career responsibility or position. This empowers individuals to be productive or directive in their own growth vision(s) while readily providing a means to encourage participation within for the purpose of professional growth.

Management in nursing ensures the units or nursing areas run through completion of staffing grids, supply inventory is at par, policy compliance or meeting procedural expectations, etc. Compared to leadership, which is about shaping clinical culture, setting expectations for how colleagues treat one another providing the vision to which they share, and support cultivation. No set leadership style is ideal for all nursing scenarios or environments, and we must have flexibility in how we hold true our vision and the culture we are striving to grow. Units or nursing areas that can maintain consistent leadership does not just produce a one-time bump in quality, they show cumulative gains as teams develop sharing mental models, communication habits, and a sense of collective accountability that deepens with each cycle of improvement. For health systems, investing in leadership is not a quick fix, it is a long-term strategy that builds on itself (Delgado, 2026). Again, there is no one approach to leadership in anyone nursing area, therefore, as we groom our emerging leaders, we must cultivate an understanding to various styles providing valid tools for any growing leader to pull out for usage as the environment needs that dictates ensuring overall quality patient care is maintained while the area is meeting the mission of the institution.

Some key leadership behaviors include communication being effective and collaborative, advocacy, emotional intelligence, and effective decision making. By

promoting growth within these characteristics as we mentor, we are grooming our next leaders. According to the American Association of Colleges of Nursing (AACN), there are core leadership competencies: systems thinking, interprofessional collaboration, quality improvement, informatics, population health, and equity and inclusion. These are characteristics to cultivate in those we mentor.

Mentorship promotes professional growth, professional growth promotes leadership development, and this improves patient outcomes. Each influences the next. According to mentorink.com (n.d.), 97.6% of U.S. Fortune 500 companies have mentoring programs. 100% of U.S. Fortune 50 companies have mentoring programs. Ninety-seven percent of those with a mentor say it is valuable. And mentors are six times more likely to be promoted compared to those who do not mentor, again per mentorink.com (n.d.). Data tells us it is valuable, from multiple sources.

Strategies that successful organizations use include developing mentoring programs, offering leadership academies, support certification, providing tuition assistance, recognition for accomplishments, and encouraging succession planning. Barriers can include time, staffing shortages, lack of mentors, and limited funding. Strategies to overcome these barriers include administrative support, promotion of protected mentoring time, recognition programs, and virtual mentoring.

We must create the environments that we hope to see. We must have mentoring programs moved into the expectancy or normalize it within our workplaces. If we can treat this as a normal expectation within our workplaces, we can grow the cultural expectations within those spaces to expect mentorship and growth opportunities, leading to harboring and promoting those characteristics. Transformation into workplace environments that embodies mentorship, professional growth opportunities and leadership development will galvanize innovation, reduce turnover, increase patient safety/quality. This while building a steady flow of new leaders and competent staff. We must envision what we want our profession to be prior to achieving it. Look at the nursing landscape with the characteristics you aspire for—grounded by evidence and incrementally arrange to have

each component available that promotes growth, competency, and professionalism in the direction we want to go. Mentorship builds confidence. Professional development builds competence. Leadership creates change. Together, they improve patient care and strengthen the nursing profession.

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