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Importance of and Satisfaction with Characteristics of Mentoring Among Nursing Faculty

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Importance of and Satisfaction with Characteristics of Mentoring Among Nursing Faculty

A dissertation proposal submitted in partial fulfillment
of the requirements for the degree of
Doctor of Education in Adult and Lifelong Learning

by

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Abstract

The nursing faculty shortage and its contributing factors have been well documented in the literature. Contributory factors include lack of graduate prepared faculty, difficulty recruiting and retaining faculty, and a decrease in job satisfaction within the faculty role. The use of mentoring programs has the potential to impact the nursing faculty shortage by increasing job satisfaction while providing novice faculty with additional support during the transition from clinical nurse to nursing faculty.

The purpose of the study was to examine the relationship between the importance of and satisfaction with characteristics of mentoring in full time nursing faculty teaching in baccalaureate degree programs or higher. This study aimed to determine the degree to which nursing faculty perceive the importance of characteristics of the mentor and mentoring relationship, as well as the level of satisfaction with the mentor and mentoring relationship. Benner's theory of novice to expert was used as the theoretical framework for this cross-sectional study. Full-time nursing faculty in a Midwestern state were surveyed using convenience sampling. The survey instrument consisted of demographic data, modified Perceptions of Mentoring Relationships Survey, and satisfaction with mentoring. The results were analyzed using descriptive statistics with measures of central tendency, independent t-test, and standard deviation. The results did not demonstrate a statistically significant relationship among survey items; however, mentoring characteristics that proved to be both of high importance and high satisfaction were identified. Deeper insight into the characteristics of mentoring that are of importance and produce satisfaction is essential into the development of formal mentoring programs to make positive, lasting impacts on the nursing faculty shortage.

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Dedication

This dissertation is dedicated to my amazing husband who has a never ending supply of love and support of my personal, professional, and educational endeavors.

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Chapter 1

The Problem and its Setting

Background of the Study

The current nursing shortage has created numerous challenges for healthcare providers. The nursing shortage affects many aspects of the nursing profession, including the bedside nurse, the advanced practice nurse, and nursing faculty. Factors that contribute to the nursing shortage in the United States include an aging general population and nursing workforce, increasingly complex health issues in hospitalized patients, and increased access to healthcare under the Affordable Care Act. In response to the nursing shortage, nursing programs across the nation have increased enrollment in an effort to produce an influx of qualified nurses into the healthcare setting. Despite this effort, programs are unable to meet the demand for nurses due to a shortage of nursing faculty. Without qualified faculty, nursing programs are unable to contribute to efforts to decrease the shortage of nurses in the United States; therefore, the nursing faculty shortage needs to be addressed if the overall nursing shortage is to be impacted.

Central to the nursing shortage is the inability of nursing programs to increase enrollment due to the lack of nursing faculty. In 2014, nearly 69,000 qualified applicants were denied entrance into a pre-licensure nursing program due to lack of faculty, clinical sites, classroom space, preceptors, and budget concerns; however, two-thirds of schools reported lack of nursing faculty as the primary reason for limiting enrollment into the nursing program (AACN, 2015). In addition to denying entrance to pre-licensure applicants, nursing programs also denied entrance to over 15,000 graduate students seeking a master or doctorate in nursing due to a lack of nursing faculty (AACN, 2015). Nursing faculty are required to possess a minimum of a master degree in nursing in order to teach in a baccalaureate nursing degree program; therefore,

by denying entrance to thousands of graduate students each year, the nursing profession continues to limit the number of potential nursing faculty who are qualified and available to teach.

According to a survey conducted by AACN (2015), 1,236 faculty vacancies exist in the U. S. with over 56.5% of the responding schools citing difficulty in recruiting qualified faculty as their barrier to filling the vacancies. In addition, 48% of nursing faculty are over the age of 55 with half expected to retire in the next 10 years and 21% retiring in the next five years (Wyte-Lake, Tran, Bowman, Needleman, & Dobalian, 2013). While the faculty shortage exists, in part, due to the lack of ability to accept students into graduate degree programs, high stress levels experienced by novice nursing faculty, an increase in faculty workloads, and an overall lack of job satisfaction have been cited as additional factors contributing to the lack of nursing faculty (Nardi & Gyurko, 2013; Roughton, 2013; Specht, 2013).

While AACN has determined that a lack of new graduate master and doctorate prepared nurses contribute to the nursing faculty shortage; the organization has not exhaustively examined other factors that may deter nurses from entering nursing education and why nurse educators leave the profession. Nurses who work in the clinical setting have had extensive training to prepare them for patient care and must pass a national licensure exam prior to delivering patient care as a registered nurse. Despite the training and licensure requirements, when a clinical nurse moves to the role of nurse educator, there is little or no training to ensure the transition from expert clinician to novice nurse educator is successful. Research has demonstrated that making the transition from expert to novice can be anxiety producing while the novice learns the new culture of academia, including the values, required skills, politics, and the academic language (Specht, 2013). The novice nursing faculty may also struggle with finding a new professional

identity, fear of the unknown, learning to set professional boundaries with students (Spencer, 2013). Identifying a mentor, whether informal or formal, has the potential to assist the novice educator during the transition period (Baker, 2010, National League for Nursing, 2006; Spencer, 2013).

Statement of the Problem

The nursing faculty shortage in the United States is a problem that impacts nursing students, nurses, healthcare providers, and patients. Several factors have been identified as contributing to the shortage of nursing faculty, including a lack of master and doctorate prepared nurses, an aging faculty workforce, difficulty recruiting younger nursing faculty, low salaries, and a decrease in job satisfaction with the faculty role (AACN, 2015; Nardi & Gyurko, 2013; Wyte-Lake et al, 2013). Contributing factors to the decrease in job satisfaction include, a deficit of knowledge related to the faculty role, challenges with the work-role transition, job stress, and maintaining a work-life balance, which influences nursing faculty to leave the profession (Chung & Kowalski, 2012; McDonald, 2009; McDermid, Peters, Jackson, & Daly, 2012; Yedidia, Chou, Brownlee, Flynn, & Tanner, 2014). Mentoring has been consistently cited in the literature and by national nursing organizations as a viable intervention to increase the job satisfaction of nursing faculty and subsequently increase retention in the career by facilitating knowledge deficits and easing the transition from clinical nurse to nursing faculty (AACN, 2015; Chung & Kowalski, 2012; McDermid et al., 2012; McDonald, 2009; NACNEP, 2010; NLN, 2006; Roughton, 2013). Despite the recommendations for formal mentoring programs, the mentoring process is not well documented in the literature. To fill this gap in the literature, there is a need to gain further insights into the mechanics of nursing faculty mentoring to determine the factors that are associated with successful mentoring relationships. Gaining further insight into the

qualities of effective mentoring may guide in the development of formal mentoring programs, thereby, mitigating the nursing faculty shortage by increasing faculty retention.

Purpose of the Study

The purpose of the study is to examine the relationship between the importance of and satisfaction with characteristics of mentoring in full time nursing faculty teaching in baccalaureate degree programs or higher. This study will ascertain the degree to which nursing faculty perceive the importance of characteristics of the mentor and mentoring relationship, as well as the level of satisfaction with the mentor and mentoring relationship. The data collected from this study has the potential to influence the development of formal mentoring programs by gaining a deeper understanding of how nursing faculty perceive mentoring and how it relates to satisfaction with mentoring. By further understanding characteristics that are considered to be both important in the mentoring relationship and generate a high level of satisfaction can guide the development of an effective mentoring program.

Research Questions

The following research questions guide this study:

1. What characteristics of the mentoring relationship and role of the mentor are important to nursing faculty?
2. What is the level of satisfaction of nursing faculty with the mentoring relationship and role of the mentor?
3. Are there significant differences between senior nursing faculty and non-senior nursing faculty in their satisfaction of the mentoring relationship and role of the mentor?

4. What are the similarities and differences between important characteristics and level of satisfaction with the mentoring relationship and role of the mentor in nursing faculty?

Delimitations of the Study

The delimitations of the study are focused on the chosen sample. The sample for the study will include full-time nursing faculty teaching at four-year public Universities, who are accredited by the Commission on Collegiate Nursing Education (CCNE), in a Midwestern state. The sample is delimited to only those who teach full-time; part-time and adjunct clinical instructors will not be included. An additional delimitation is that only those who are teaching at the time of the survey will be included as this study is a cross-sectional research design.

Significance of the Study

In order to meet the increasing demands of the healthcare environment, additional nurses are needed to address the current and impending shortage. While educational institutions are increasing student enrollment, they are also employing techniques such as offering an increasing number of online courses, using simulation in place of clinical, and use of adjunct clinical instructors to offset the nursing shortage. These techniques may be addressing the immediate concern; however, research needs to be conducted to examine long-term solutions to address the nursing faculty shortage.

Novice nurse educators often experience an increased level of stress and a decrease in job satisfaction as they make the transition from expert clinician to novice nurse educator. Factors contributing to the lack of satisfaction and increased levels of stress include an excessive workload, lack of comparable compensation to the clinical setting, and an overall lack of knowledge of the educator role (Chung & Kowalski, 2012; NLN, 2006). Effective mentoring of

novice nursing faculty has the potential to alleviate the stressors during the first years as an educator, increase the quality of nursing education, and increase the likelihood of faculty retention (Smith & Zsohar, 2007).

While mentoring of nursing faculty is identified in the literature as an option to increase nursing faculty, the use of mentoring programs, effectiveness of mentoring, and perceptions of mentoring is not widely examined in nursing education literature. Research to understand faculty perceptions of mentoring from the perspective of full-time nursing faculty can provide valuable information in the development of formal mentoring programs. In examining how nursing faculty perceive the role of the mentor and the mentoring relationship, it is important to understand which aspects of mentoring are of value, as well as, produce a level of satisfaction with the process. By gaining a deeper understanding of the elements of mentoring that have a high level of importance and a high level of satisfaction can guide the development of successful mentoring programs. The use of effective mentoring has the potential to impact the nursing faculty shortage which impacts the growing global nursing shortage; therefore, research in this area is important to programs of nursing, current and future nurse educators, future nurses, and those accessing the healthcare system.

Conceptual Framework

Novice faculty, regardless of the discipline, experience similar struggles during the introductory phase. Faculty are expected to understand the many requirements of the faculty role. This role may include understanding performance expectations, academic culture and politics, being able to navigate the academic system, faculty evaluation, time management, teaching and curriculum, research and scholarship, grant writing, and possess the knowledge to perform the job for which they were hired, often with little or no support (Lucas & Murry, 2011).

The transition from an expert nurse clinician to that of a novice nursing faculty is one that has been shown to be stressful, anxiety producing, fearful, and create a sense of isolation (Lucas & Murry, 2011; McArthur-Rouse, 2008; Specht, 2013; Spencer, 2013). Being an expert nurse clinician does not necessarily make a nurse qualified to be a nurse educator (Neese, 2003). The process of becoming a skilled nurse educator requires support and professional development to acquire a level of proficiency with academia and the role of faculty (Spencer, 2013).

Perhaps the largest and most important aspects of the faculty transition are understanding the organizational culture, navigation of the system, and functioning within the faculty role. Cultural aspects that need to be learned by the new faculty include gaining an understanding of the organization's mission and vision, but also understanding the norms, values, and behaviors of the department and organization (Lucas & Murry, 2011). Gaining insight and understanding into these areas are essential to the successful transition into the newly acquired faculty role. Faculty are also expected to become acquainted with the overall organizational structure and how to navigate that structure, which may include learning departmental, college, and/or university level requirements depending on the size and organization of the academic setting. Additional aspects that need to be considered by the novice faculty include identification of resources, such as identification of colleagues who can serve as trusted resources of knowledge, as well as physical resources on campus.

While understanding and navigating the academic system are of high importance for the novice, faculty are also responsible for the education of the students who they serve, which may include lectures, discussions, and/or active learning strategies. The first teaching experience for novice faculty is one that is often experienced with a high level of anxiety due being fearful of appearing incompetent to the newly acquired students (Lucas & Murry, 2011). Novice faculty

often lack the formal preparation on different teaching strategies, thereby, teaching the way they were taught, which is most commonly in a lecture format. While active learning has been shown to be a more productive learning strategy, novice faculty often do not possess the skills to deliver knowledge in an active learning setting. Seeking out assistance for the basic function of classroom or laboratory instruction may be viewed as incompetence by senior faculty; therefore, novice faculty are often expected to be able to manage their teaching requirements without assistance. In addition to being able to perform in the classroom, faculty are expected to prepare, develop, and implement an assigned course and associated material, which includes writing course outcomes, lesson objectives, and syllabus development (Lucas & Murry, 2011). One or more of these activities may be foreign to the new faculty member; however, each activity requires a high level of knowledge and expertise to have a positive impact on the learners.

In addition to being expected to learn organizational structure and being able to perform the fundamental functions of the faculty role, nursing faculty are expected to possess core competencies as identified by the National League for Nursing (NLN). The NLN's (2012) eight core competencies are the requirements that are expected for all nursing faculty; however, when faculty initially enter into the role, they are not equipped with these competencies. Despite this, they are expected to quickly master the competency requirements. These competencies include facilitation of learning, facilitation of learner development and socialization to the profession, use of assessment and evaluation, participation in ongoing program enhancement and evaluation, functioning as a change agent and leader, participation in quality improvement, engaging in scholarship, and being able to function in the educational environment. This list of competencies is specific to the role of nurse educator and are ones that the expert nurse clinician is unlikely to experience in the clinical setting.

The use of a theory, such as Patricia Benner's novice to expert theory is useful in understanding the stages of progression from novice to expert role while the novice faculty gains the knowledge, experience, and competencies required of the nursing faculty role. Patricia Benner's theory of novice to expert has been well studied and applied to the transition of nursing faculty in nursing education (Anderson, 2009; Cangelosi, Crocker, & Sorrell, 2009; McArthur-Rouse, 2008; Spencer, 2013). Benner's theory suggests that as nurses gain clinical knowledge and career progression, they pass through five phases from novice to expert. The Dreyfus Model of Skill Acquisition, which utilizes experiential learning theory, is the basis for Benner's work. According to the Dreyfus Model, as learners acquire and master a skill, they pass through five levels of proficiency which include novice, advanced beginner, competent, proficient, and expert (Benner, 1982). In order to pass through the levels of proficiency, the learner must progress from relying on abstract concepts for guidance to relying on concrete experiences to guide decision making (Dreyfus, 1980). Benner's (1982) research applied the Dreyfus model to nursing practice and incorporated an "interpretative approach to describing nursing practices" (p. 134). By combining these two aspects, Benner's theory provides for initial and ongoing guidelines for clinical nursing practice knowledge development.

Benner's theory of novice to expert can be applied to all aspects of nursing practice, including new graduate nurses, nurse educators, and advanced practice nurses. When new graduate nurses begin their career they are novices, but as they develop experience over time, they experience the four additional stages of Benner's theory that result in expert clinical proficiency. When expert clinical nurses transition to the role of nurse educator, they once again become novices and move through the same five stages to become expert nurse educators. The

transition from expert to novice can create tension and be anxiety producing while the novice learns the new culture of academia (Cangelosi, et al., 2009; Specht, 2013).

The first level of Benner's novice to expert theory is the novice level. This level stipulates that learners at this stage are beginners in the situations in which they are required to perform. The learner does not possess any experiential background to approach or understand the current situation. During the novice stage, the learner is provided objective attributes and specific actions to take based on various attributes related to a given situation (Benner, 1982). The learning at this stage is rule-based without input from experiences to guide decision-making. Benner defines the knowledge imparted to the novice learner at this stage as theoretical knowledge (Benner, Tanner, & Chesla, 2009). At this stage, the novice educator likely requires assistance with syllabi development, lesson plans, and lectures (Baker, 2010). In addition, the novice educator does not have a reference point for decision making and will likely struggle with situations that do not follow a precise set of pre-determined instructions, such as clinical teaching, grading, and dealing with student situations (Bell-Scriber & Morton, 2009). The novice educator relies on the influence from the mentor to reinforce learned content, provide feedback, and guide decision making (Baker, 2010).

The next phase in Benner's novice to expert continuum is the advanced beginner phase. During the advanced beginner phase, the learner is able to demonstrate marginally acceptable performance by identifying recurring situational components and taking appropriate action either independently or with guidance from the mentor (Benner, 1982). During this phase the learner is beginning to build and utilize prior experience to guide decision making. At this phase, advanced beginner educators are beginning to set priorities for education and use experience to guide decision making; however, support from a mentor is still required as they do not possess a vast

array of experience and will continue to encounter unknown situations with little to no experience on which to guide decision making.

The third phase of Benner's theory is competency. Benner (1982) defines a competent nurse as one who has two to three years of experience and is able to see actions in terms of long-term goals or plans. At this stage, the learner is able to recognize the needed goal or plan and identify specific attributes needed that are necessary or important and those that can be ignored. The plan that is developed by the learner is based on "considerable conscious, abstract, analytical contemplation of the program" (Benner, 1982, p. 130). Educators at this level have developed the necessary skills to perform at an acceptable level, are confident in their ability to navigate the role of educator, and effectively support those who they are responsible for educating. During the competency phase, the necessary interactions with the mentor are becoming less frequent with the mentor serving in a supportive role on an as needed basis.

The next phase of Benner's novice to expert theory is the proficient level. The educator who is at the level of proficient is able to holistically understand situations, recognize when the normal aspects of the situation are absent, and more easily respond appropriately to the situation (Benner, 1982; Benner et al., 2009). The proficient educator possesses the necessary experience to make decisions on varying situation as they change over time. The educator in this phase is able to recognize varying types and severities of learner situations and respond to each situation on an individual basis considering the important aspects of that individual situation. Reliance on a mentor at this phase is becoming less frequent and may only be utilized in situations that are extremely unfamiliar.

The final phase of Benner's theory is the transition to expert. The expert possesses a vast array of experiences coupled with intuition to guide decision making without spending time

exploring options that lack validity (Benner, 1982). The primary characteristic of the expert is the ability to make intuitive links between the most important aspects of a situation and respond appropriately (Benner, et al., 2009). The expert educator functions fluently in all aspects of the educator role without reliance on a mentor to assist with decision making as the expert has been exposed to a multitude of learning experiences over time (Spencer, 2013). The expert educator now has the responsibility to facilitate growth for future novice nurse educators (Drumm, 2013).

The use of Benner's novice to expert theory is applicable to the educator role as the novice educator must work towards developing the required competencies of the role. When expert nurse clinicians transition to a new role, such as that of nursing educator, role strain is experienced as they struggle with moving from an expert to that of a novice. The novice educator is faced with learning organizational structure, educator competencies, how to teaching the classroom and clinical site, while the expert educator creates a nurturing learning environment and functions seamlessly in the role (Drumm, 2013; McDonald, 2009). By utilizing Benner's theory to recognize the developmental stages for the novice nurse educator, the mentor can be better prepared to assist the novice with prioritizing learning experiences while guiding decision making until further proficiency is developed.

Definition of Terms

Nurse Clinician. For the purposes of this study, the nurse clinician is defined as a registered nurse or advanced practice nurse who has reached the level of expert in nursing practice. The nurse clinician may work in the hospital or clinic setting caring for patients.

Nursing Faculty. Nursing faculty will be operationally defined as a full-time nursing faculty who teaches in didactic, face-to-face nursing courses. The nursing faculty is an expert registered nurse who holds a minimum of a Master of Science in Nursing degree and works with

nursing students in the classroom and clinical learning environments. The faculty may hold any level of academic appointment. A faculty with more than 10 years of experience is a senior nursing faculty.

Mentoring. “Nursing researchers have utilized Alleman’s (1987) definition of mentoring as ‘a relationship between two people in which one person with greater rank, experience, and/or expertise teaches, counsels, guides and helps other to develop both professionally and personally’ (p. 17)” (Sawatzky & Enns, 2009, p. 146). For the purposes of the study, mentoring encompasses both the mentor and mentoring relationship.

Summary

In this chapter the background, current status of the problem, and purpose of the research was discussed. The research questions, significance of the study, and theoretical framework was also identified. The chapter demonstrated a need for an increase in nursing faculty to meet the demands of nurses who wish to return to graduate school. In addition, nursing faculty are needed to meet the needs of the nursing shortage. The nursing faculty shortage exists for a variety of reasons, with the focus being on lack of job satisfaction related to increased stress associated with learning the role of nurse educator. The use of mentoring has been one method suggested in the literature as an intervention to recruit, retain, and increase job satisfaction of nursing faculty. Gaining insight into how nursing faculty perceive the importance of the mentoring relationship, as well as satisfaction with the relationship can guide the development of mentoring programs in an effort to make long-term and lasting effects on the status of the nursing faculty shortage.

Chapter 2

Review of Related Literature

Overview

The nursing shortage in the United States is at a critical juncture that is being further perpetuated by the nursing faculty shortage. In an effort to combat the nursing shortage, schools of nursing are being pressed to increase enrollment into nursing programs; however, this is not a feasible option until the nursing faculty shortage is addressed. The purpose of the study is to examine the relationship between the importance of and satisfaction with characteristics of mentoring in full time nursing faculty teaching in baccalaureate degree programs or higher. The main themes identified in the literature that will be discussed in this chapter are the factors contributing to the nursing faculty shortage, the transition for expert clinician to novice nurse educator, the use of mentoring in higher education, the use of mentoring in nursing education, and mentoring perceptions in nursing.

Summary of Search Strategies and Terms

The search strategies used for locating the literature was focused on electronic resources. CINAHL, EBSCOhost and Proquest databases were searched through the University of Arkansas library. GoogleScholar was also utilized in an effort to locate additional resources that may not be part of the holdings at the library. If an article was located that was not part of the University of Arkansas' immediate holdings, a request for the article was completed using the library's interlibrary loan feature, which allowed the library to provide articles not within their catalog. The search terms used were mentoring, mentoring and nursing faculty, mentoring and higher education faculty, perceptions of mentoring, nursing shortage, nursing faculty shortage, and characteristics of mentoring. The Boolean operator "and" was used to combine these terms in a

variety of combinations. Limiting parameters were used to locate articles published in peer-reviewed journals and to locate those published between 2000-2016. Landmark studies were exempt from the year limiting parameter.

Nursing Faculty Shortage

The nursing faculty shortage in the United States has been well-documented with its impact having far reaching effects. In documenting the nursing faculty shortage, the literature cites reasons nursing faculty do not remain in the faculty role long-term. In addition, solutions for increasing faculty retention have been examined, one such solution that has a recurrent appearance is the use of mentoring of novice faculty.

Several factors influence nursing faculty to leave the role, including, knowledge deficit, culture and support, salary, and faculty workload (McDonald, 2009). McDonald (2009) conducted a literature review to explore the transition from clinical practice to the role of nursing faculty. The literature review included articles that concentrated on the role of the novice nursing faculty and role transition. Themes identified in the review of the literature included, a deficiency of knowledge, culture and support, salary, and workload as stressors to the novice faculty. Within the theme of knowledge deficiency, novice educators were noted to struggle with learning a new organization, the role of the academic nurse educator, teaching in the classroom, and teaching in the clinical site. Additionally, novice educators were often required to teach in a clinical setting that was outside their area of clinical expertise. Per the National League for Nursing (NLN), educators are to meet a set of specific competencies that focuses on facilitation of learner development, use of assessment and evaluation strategies, and participation in curriculum design and evaluation (NLN, 2012). Expecting novice educators to teach outside their clinical specialty, such as an expert pediatric nurse teaching in the long-term care setting,

creates challenges in facilitating learner development and meeting the NLN nurse educator competencies (McDonald, 2009).

In addition to knowledge deficit, culture, support, salary, and workload were also identified in the literature by McDonald (2009). The social norms for the academic setting differ than that of the clinical setting, which can lead to culture shock without proper support and mentoring (McDonald, 2009). In addition, novice faculty also identified salary and workload as concerns. Nurse educators experience a lack of competitive salaries compared to that of the clinical role, which has significant implications on the retention of faculty. This lack of comparable compensation often leads nurse educators to maintaining a secondary position in the clinical setting to supplement their income. While maintaining a clinical practice ensures the nurse retains current clinical skills, it also increases stress for the faculty who is working two jobs.

The literature also identified the stressors of workload requirements of participating in service and research, classroom teaching, office hours, student meetings, and preparation time as concerns of novice faculty (McDonald, 2009). Learning these multiple roles further compounds the stress and culture shock of transitioning from a clinical nurse to a nurse educator. McDonald (2009) offered suggestions to ease the role transition, which include mentoring to ease the culture shock and increase retention of the novice educator, offering adjunct positions to those who are interested in teaching prior to offering a full-time position, and providing an orientation phase. Nurse administrators also have a responsibility to ensure the novice educator has knowledge about the curriculum, evaluation, teaching-learning strategies, and workload expectations. Providing a mentor to assist with learning these necessary requirements of the role has the potential to impact novice faculty retention.

An additional review of the literature was published in 2012 by McDermid et al., which aimed to discover current literature citing issues contributing to the nursing faculty shortage and direction for future research. For the purposes of their review of literature, the authors examined research in Australia, Canada, and the United States. The systematic, critical review of the literature revealed five factors contributing to the nursing faculty shortage. The trends identified by the authors were the need for advanced nursing degrees, an aging nursing faculty, salary disparities between clinical and academic practice, challenges acclimating to the academic environment, and work-role transition struggles.

As previously discussed, a minimum of a Master's of Science in Nursing is required to practice in the role of nursing faculty; however, a doctorate level degree is the preferred degree. Several agencies, such as the Institute of Medicine and the Robert Wood Johnson Foundation have called for the number of nurses with doctoral degrees to be doubled; however, there is little evidence to support that this is occurring (McDermid et al., 2012). The authors report that in 2008, the number of nurses with a graduate degree grew by 64.4% since the year 2000, despite this growth; this only represents 1% of the population of nurses in the United States. In 2010, 15 of the 111 schools of nursing in Canada reported offering a doctoral program (McDermid et al., 2012). While nurses may wish to seek an advanced degree, the lack of current faculty is a barrier which further perpetuates the situation. In conjunction with the lack of nurses with advanced degrees, McDermid et al., (2012), also determined that contributing factor to the nursing faculty shortage is an aging nursing faculty workforce. With the median age of doctorate prepared nursing faculty ranging from 61.4 years, for the rank of professor, to 51.4 years, for the rank of assistant professor, a large number of faculty are expected to retire in the next 10 years (AACN, 2013).

Next, the authors cite salary disparities between the clinical and academic setting as a contributing factor to the nursing faculty shortage with clinical salaries being significantly higher than that of academic salaries (McDermid et al., 2012). In the United States, the nursing faculty salary was found to be \$10,000-15,000 lower than in the clinical setting. While scant literature exists on dissatisfaction with salaries, one may hypothesize that the decrease in salary is a potential barrier to engaging in the nursing faculty role (McDermid et al., 2012).

The final two contributing factors to the nursing faculty shortage as identified by McDermid et al., (2012) were challenges related to roles and responsibilities of the new academic role and difficulties with the work-role transition. Upon entering the academic environment, the nurse must acclimate to a new “culture, language, expectations, values and behaviors” (McDermid et al., 2012, p. 567). Research in this area has demonstrated that nurses struggle with becoming familiar with the new environment and determining how to succeed in academia. The transition to the new role and expectations can cause “feeling of uncertainty, isolation and anxiety” (McDermid et al., 2012, p. 567). In an effort to combat the difficulties with role transition, the authors recommend a formal support system in the form of a mentoring or preceptorship program. The formal mentoring program can provide the necessary support and socialization to the new role of nursing faculty.

Roughton (2013) further explored the nursing faculty shortage by examining nursing faculty characteristics and perceptions that predict intent to leave the faculty role. In an effort to examine the faculty shortage, the author examined data from 4,118 nursing faculty teaching in pre-licensure and graduate nursing programs in the United States. The study data was obtained from the Survey of Nurse Educators: Compensation, Workload, and Teaching Practice, conducted by the NLN in 2006. The study determined that the top five reasons for leaving the

faculty role were retirement, higher compensation, increased flexibility to create a work life balance, additional career development opportunities, and a decreased workload (Roughton, 2013).

In addition to determining why nursing faculty leave the role, the Roughton (2013) further stratified the data into intent to leave in the next 1-year and in the next 5-years. Tenure played a significant role in intent to leave in the next year. Faculty who were on tenure track but not tenured, who were on tenure track but did not receive tenure, and teaching at an institution who did not have a tenure track had a significantly higher risk of leaving in the next year. Nursing faculty who felt the funding for their position may not be awarded and those with higher academic degrees were also more likely to leave the role. Lastly, faculty who expressed less job satisfaction were significantly more likely to leave the role in the next year with institutional culture, work variety, opportunity to utilize skills and abilities differently, and better relationships with colleagues being the key factors in their satisfaction. The faculty who were most likely to leave in the next 5-years were those who were concerned with the funding of their position and those who believed teaching was more important than research.

Roughton (2013) concluded the research with six recommendations for the future of nursing faculty to increase retention. First, establishment of a “formal, structured mentoring program matching an older, more experienced nurse faculty member with one who is younger and less experienced will promote personal development, professional advancement, self-efficacy, and empowerment” (Roughton, 2013, p. 224). Providing a mentoring program can benefit both experienced faculty, who are provided the opportunity to share their knowledge and experiences, and the novice educator. Additional recommendations included creation of a comprehensive marketing campaign to promote career opportunities in the academic setting,

exploration of alternatives to traditional tenure programs, provide higher salaries, examination of faculty roles and establishment of best practices to promote and support the faculty role, and provide professional development opportunities (Roughton, 2013). Creation of such a development program could be designed in conjunction with a formal mentoring program to provide support, development decision-making skills specific to the faculty role, and provide personal and professional growth.

Chung and Kowalski (2012), sought to determine if mentoring relationships among nursing faculty had an impact on job stress and psychological empowerment, furthered research on the nursing faculty shortage and impacting factors. For the study, the authors surveyed 959 full-time nursing faculty teaching in nursing programs accredited by CCNE. Participants completed a survey that collected data on mentoring, faculty stress, psychological empowerment, and job satisfaction. Of those who completed the survey, 40% indicated participation in a mentoring relationship. The authors determined that the quality of a mentoring relationship, job stress, and psychological empowerment had a significant positive relationship to job satisfaction. In addition, salary and tenure status also significantly influenced job satisfaction (Chung & Kowalski, 2012). The results of the study further demonstrate the positive effect that mentoring can have on increasing job satisfaction and decreasing job stress. By implementing strategies to impact satisfaction and stress, the retention of nursing faculty may be increased.

In addition to the research cited above supporting the effect of mentoring, job stress, and psychological empowerment on job satisfaction, additional research has linked emotional exhaustion, dissatisfaction with workload, and dissatisfaction with work-life balance as contributing factors for intent to leave the nursing faculty role within five years (Yedidia et al., 2014). In a study funded by the Robert Wood Johnson Foundation, the researchers surveyed

3,120 nursing faculty from 269 schools of nursing in the United States. The authors assessed emotional exhaustion, intent to leave the faculty role, and demographic data. The survey revealed that emotional exhaustion could be predicted by dissatisfaction with workload, spending greater than 50% of time on administrative tasks, lack of flexibility with work-life balance, health concerns, dissatisfaction with importance of work, and time spent on work activities. Using these predictors, the study determined that a high rate of survey participants, 39%, experienced emotional exhaustion (Yedidia et al., 2014). The secondary purpose of the study by Yedidia et al. (2014), was to determine if any factors predicted faculty intent to leave the role within five years. Factors identified as increasing the probability of leaving the faculty role within five years included, nearing retirement age, not holding a doctorate degree or working towards one, lack of tenure, being an advanced practice nurse or nurse practitioner, high levels of emotional exhaustion, and dissatisfaction with support systems, workload, and salary. For the purposes of the study, the authors excluded age as a predictor given that faculty were intending to retire and not make a career path change (Yedidia et al., 2014). While this study is one of the only to demonstrate a link between emotional exhaustion and intent to leave, it was a large scale study that can provide a foundation for building programs to decrease emotional exhaustion and increase faculty retention.

The literature has examined several factors contributing to the nursing faculty shortage, such as job satisfaction, job stress, lack of support during role transition, and emotional exhaustion. One area that has been explored on a limited basis is the expectations of nursing faculty by nurse administrators. The competencies as set forth by the NLN (2012) have been discussed as requirements of the nurse educator, in order to determine if these competencies align with the expectations of nursing administrators, Poindexter (2013) conducted a survey of

374 nurse administrators. Those surveyed were nurse administrators from community colleges, 4-year liberal arts colleges, research institutions, and hospital-based diploma programs. The results of the study indicated that nurse administrators from an institution with a tenure program expected faculty to possess competencies in leadership and collaboration, facilitation of student learning, and scholarly activity as the three most important competencies. In contrast, nurse administrators from a non-tenure institution preferred competency in nursing practice, leadership and collaboration, and learning development and socialization as the top competencies (Poindexter, 2013).

The implications of understanding the importance of required competencies in relation to both the NLN competencies and nurse administrator expectations relates both to the novice nurse educator and to nursing programs. Poindexter (2013) recommended that clinical nurses seeking making a transition to faculty consider a variety of academic settings and select one that aligns with their current competency level. In addition, nurses should be encouraged to seek out academic programs that offer formal mentoring and support to assist with role growth and development in order to become proficient in the NLN competencies. The author also recommends that nursing education programs focus on the NLN competencies during graduate program development to ensure graduates are well prepared to enter into the faculty role (Poindexter, 2013). Knowing and understanding the expectations of nurse administrators can guide in the development of graduate degree programs, as well as orientation and mentoring programs to guide the novice faculty to ensure success and increase retention.

Expert to Novice Transition

Several of the factors contributing to the nursing faculty shortage include high stress levels and job dissatisfaction, which are experienced by both the novice and expert educator.

Despite the commonalities between the novice and expert educator, the challenges are often greater for the novice educator as the role of faculty is foreign. As the novice educator makes the transition to the role, challenges to understand the role of faculty, supporting students, and feelings of inadequacy may be experienced.

Cangelosi, Crocker, and Sorrell (2009) examined the role transition by studying expert nurses who were interested in becoming a nurse educator, but had not yet made the transition to the educator role. The sample for the study were expert nurses who attended a Clinical Nurse Educator Academy, which was designed to provide expert nurses with a knowledge base to enter the academic environment as a clinical nurse educator. The Academy was built on Benner's novice to expert theory using narrative learning as "experienced nurses learn best with experiential learning strategies" (Cangelosi, et al., 2009, p. 368). By utilizing narratives, the researchers encouraged the participants to explore their experiences associated with the newly learned skills needed of a clinical nurse educator. In an effort to gain insight into the nurse's experiences, each participant was asked to write three reflective papers focused on the current role of expert clinician and how those experiences can apply to the role of novice educator.

As a result of the experiences described by the participants in the reflective writing, the researchers identified three distinct themes, buckle your seatbelt, embracing the novice, and mentoring in the dark (Cangelosi, et al., 2009). The participants felt they were preparing to embark on a new adventure with fear and excitement. The fear arose from the unknown of teaching and leaving the comfort of the expert clinician role while the excitement was related to sharing their knowledge and passion with students. In addition, the nurses expressed a lack of knowledge and experience to guide their role as a nurse educator in the teaching-learning environment, interacting with students, and navigating the academic environment. This lack of

knowledge and experience aligns with Benner's theory of novice to expert in that a theoretical knowledge base provides the framework for practice with lived experience providing a method of application of the knowledge (Benner, 1982; Benner et al., 2009; Cangelosi, et al., 2009). The results of the study demonstrate a need for continuing education and a mentoring process to guide the novice educator to become a successful expert nurse educator.

Anderson (2009) found similar results to those discussed above in a qualitative research study conducted with 18 novice nursing faculty from 14 higher education institutions. The research conducted aimed to explore the work-role transition from expert clinical nurse to that of novice nursing faculty. The themes that emerged from the semi-structured interviews included "sitting on the shore, splashing in the shallows, drowning, treading water, beginning strokes, throughout the waters" (Anderson, 2009, p. 204). The participants described sitting on the shore as having a desire to enter into academia, but experiencing feelings of excitement, fear, and preconceived expectations and ideas. The preconceived notions included workload, expected student behavior, and the necessary skills to be a nurse educator. Several participants experienced a period of time in which they experienced lighter workloads and were allowed to spend time observing and shadowing experienced educators. This theme of splashing in the shallows allowed the novice faculty a transition period, but was not identified as a structured mentoring process.

Perhaps the most significant themes identified by Anderson (2009) were that of drowning and treading water, which were associated with the work-role transition. The feelings identified by the participants included lack of comfort, fears of not fitting in, the need to establish new relationships, and a lack of knowledge. In addition, the participants felt they struggled to manage the demands of learning to be a faculty while preparing adequate education material for

the students. The concerns identified by Anderson (2009) are consistent with those identified in research conducted by other researchers (Cangelosi, et al., 2009; McDermid, et al., 2012; Roughton, 2013; Yedidia et al., 2014). Similar to other researchers, Anderson (2009), recommended nurse administrators develop programs to support the novice educator in the development of knowledge, skills, and attributes necessary to the nurse educator role.

Further research to understand the experiences and challenges faced by the novice educator was conducted by McArthur-Rouse (2007). The researcher conducted qualitative research using semi-structured interviews to gain insight into the challenges faced by novice educators, the contributing factors to the challenges, and the impact mentoring can have on facilitating the role transition from expert clinical nurse to novice nurse educator. The first theme identified from the data revealed that participants did not feel their previous role as an expert clinician provided them the necessary tools to be successful in their new role as nursing faculty. While the expert clinician may possess the theoretical knowledge, the experiences required to apply the knowledge have not been acquired (McArthur-Rouse, 2007). The difficulty applying knowledge without experiences to reflect upon aligns with Benner's novice to expert theory as in the novice phase, the learner is dependent upon theoretical knowledge as experiential learning has not yet occurred to guide the decision making (Benner, 1982; Benner et al., 2009).

The school of nursing in which McArthur-Rouse (2007) conducted the research had an existing mentoring program. The second theme that emerged from the research focused on the mentoring relationship. All participants were either assigned a mentor or were allowed to self-select their mentor, this variation was based on if the novice faculty already had an established relationship with the school of nursing or was new to the school. The participants all felt the

mentoring process was beneficial; however, it varied greatly in the implementation of the actual mentoring. The majority of the mentors suggested and provided experiential learning opportunities while a small number allowed the mentee to self-select individual learning experiences. In addition, the mentees reported variable formality of the mentoring relationship from extremely informal to a formal relationship with scheduled meetings and relationship boundaries. One theme that was consistent across all participants was the lack of trust with the mentor. All participants had concerns about the mentoring process and relationship that they did not express to the mentor. The concerns ranged from inability to express one's own concerns and feelings about the new faculty role, lack of guidance with teaching and supporting students, and lack of knowledge in navigating the academic system (McArthur-Rouse, 2007). The researcher recommended establishing a formal mentoring program with a new faculty handbook, mentor handbook, and creating a welcoming departmental culture to assist the novice faculty during the transition phase.

While much of the research has focused on the experiences and challenges faced by novice nurse educators, insights into the experiences of expert nursing faculty may also provide valuable information to assist novice faculty with the role transition. In an effort to understand the experiences of the novice educator from the view of the experienced educator, Dattilo, Brewer, and Streit (2009) conducted a descriptive phenomenological study to understand experiences during role transition. The researchers conducted interviews with 11 participants with greater than 10 years of experience as a nursing faculty. The themes identified from the interviews included being passionate, harmonious, investing in relationships, and believing in themselves and others. Based on the themes identified, the authors recommend asking specific questions during the faculty interview process to ensure the applicant's philosophy is in line with

that of the organization. They also recommended a formalized mentoring program to assist the novice educator with navigation of the academic setting, expectations of the institution, and management of students (Dattilo, et al., 2009). While the recommendations align with that of other researchers, the results of the study did not mention mentoring or the need for mentoring; therefore, the research does not have supporting evidence for this recommendation.

Mentoring of Faculty in Higher Education

Mentoring in higher education is a developmental intervention that has been used consistently. Higher education practitioners have conducted research on the development and implementation of mentoring programs, outcomes of mentoring programs, and the perception of mentoring programs and mentoring relationships. While not all nursing programs exist in the traditional higher educational setting, the vast majority of programs are situated in the community college or university setting; therefore, understanding the impact of mentoring in the overall higher education arena is important prior to examining its impact specific to nursing education.

As discussed, nursing is experiencing a shortage of nursing faculty, with other fields of education also experiencing a lack of qualified faculty, such as qualified elementary and secondary school principals. Sciarappa and Mason (2014) conducted survey research to determine the effectiveness of a principal mentoring training program. For the purposes of the study, the authors only studied The National Mentor Training Program, which supported aspiring principals, assistant principals, and school leadership through a structured program with mentors. The purpose of the study was to examine the mentees satisfaction with the program, satisfaction with their assigned mentor, satisfaction with their job, and examine their perception of success. The results of the study indicated that the mentor program was highly valued by the participants.

The mentors were described as well prepared, good listeners, and pivotal in developing their instructional leadership. In addition, the mentees reported high levels of job satisfaction and recommended that all aspiring or assistant principals participate in the program. The results of the study demonstrate the value of mentoring in other educational settings through a positive mentoring experience and high levels of job satisfaction, which can be applied to nursing given that both occur in the educational setting with faculty.

Eisner (2015) presented a model for mentoring and data from an established mentoring program, the Faculty Mentoring Program, which was implemented for faculty at a school of business in the United States. During the pilot phase of the program, the program developer identified components of each of the goals and objectives for the mentoring program (Eisner, 2015). After the initial phase of implementation, changes were made to components of the goals and objectives based on participant feedback. The result of the assessment revealed a need for more specific guidelines for the program goals and objectives. For example, in the initial development, expectations for participants were informal; however, the feedback resulted in formal guidelines being provided to each mentor-mentee pair. Initially, there was no role for faculty who were not in a mentoring relationship, but the program revisions allowed all tenured and non-tenured faculty to mentor and attend all collective mentoring sessions (Eisner, 2015). The research provides a possible foundation for mentoring program development, but also demonstrates the importance of ongoing evaluation to ensure the success of a mentoring program.

In addition to the modifications made to the Faculty Mentoring Program based on the results of participant feedback, the program feedback indicated that mentoring was a positive experience to engage both mentors and mentees in shared outcomes. Eisner (2015) noted that in

order to maximize the success of the mentoring program, all members of the faculty needed to be engaged in the mentoring process. The Faculty Mentoring Program was developed based on best practices identified in the literature and is recommended by the author as applicable to higher education settings, which can be lent to nursing education for consideration in development of a nursing faculty mentoring program.

Additional research in higher education that has been conducted focused on the faculty perceptions of mentoring using Zachary's Mentor Culture Audit tool (Sheridan, Murdoch, & Harder, 2015). The authors sought to understand the faculty's perception of mentoring in a higher education institution to determine strengths and weaknesses in the institutions' current mentorship environment. By using Zachary's Mentor Culture Audit tool, the researchers gained insight into if a mentoring culture was perceived in the organization, if the organization supported mentoring, and what gaps may exist in support of mentorship. The results of the study indicated that a mentoring culture existed within the organization and that organizational learning was a priority which was supported by leadership. Despite the presence of a mentoring culture, the survey results identified that organizational support for mentoring could be improved through ample financial support, support from human resources, and a dedicated paid coordinator. The researchers were unable to identify significant results related to support for mentoring and gaps in mentoring support (Sheridan, et al., 2015). While the results demonstrated an overall positive culture in relation to mentoring, it is important to note that of 420 faculty and staff, a convenience sample of 72 participants was selected with a response rate of 17%. One must consider the small sample size when generalizing results to an organization as a whole.

Collins, Lewis, Stracke, and Vanderheide (2014) sought to understand the relationship of mentoring among women in higher education. The study explored the lived experiences of eight women, who participated in a peer mentorship group, to gain insight into the strategies used by the participants to navigate their career in higher education. The peer-mentoring group began with a two-day retreat and was followed by group meetings every two weeks for the remainder of the academic year. The mentoring group identified six major themes from the participants, “pathways to academia, roles undertaken by female academics, the highlights of being academics, the challenges and limitations of academia, the future and its unknown nature, and the strengthening of academic identity” (Collins, et al., 2014, p. 100). The study identified difficulties among the participants in balancing teaching and research activities with life commitments. The second struggle identified by program participants was the ability to balance the increasing academic workload of supporting students and teaching with conducting the necessary research required for the teaching role. Participation in the mentoring group provided novice academics, characterized as those who had not previously published, with the support, collaboration, and guidance to determine their research agenda and future steps (Collins, et al., 2014). While the sample size was small, the study demonstrates the positive outcomes of mentoring for women in academics.

Mentoring of Nursing Faculty

The use of mentoring in nursing education has been documented in the literature, while the research is not widespread, several studies have been conducted to evaluate the use of mentoring in nursing education and the effectiveness of established mentoring programs. In 2013, Wyte-Lake, Tran, Bowman, Needleman, and Dobalian conducted a systematic review of the literature to examine mechanisms to increase the number of nursing faculty. In their

research, the authors located 14 peer-reviewed articles that focused on interventions to increase nursing faculty. The authors identified three recurrent strategies focused on the increasing the numbers of nursing faculty, which included, the use of academic-practice partnership models, an increase in the number of online graduate programs, and implementation of mentoring programs.

The academic-practice partnership model was identified as the most common approach to increase the number of nursing faculty. The partnership model characteristics included participation of a public university, implementation of the model using existing financial resources, and an efficient method to utilize faculty who work for two different organizations (Wyte-Lake, et al., 2013). The use of such a model can provide positive outcomes for both the hospital and university as an expert clinical nurse is able to work for both entities simultaneously; therefore, increasing the retention of the expert nurse in both the clinical and educational setting. In addition to academic-practice partnerships, the authors found that almost all of the articles included in the review of literature, cited the addition of an online graduate degree program or the conversion of an existing graduate degree program to an online versus face-to-face platform (Wyte-Lake, et al., 2013). Lastly, the authors found that the use of mentoring programs was identified as a viable option in six of the articles reviewed. The literature identified the transition from expert nurse clinician to novice nurse educator as one that produces feelings of culture shock. Culture shock was described as meeting “the demands of academia, such as evaluating student performance, communicating with students, and having a more flexible interpretation of the work schedule, are sufficiently different from the demands of practice – likely makes the transition from practice to academia difficulty” (Wyte-Lake, et al., 2013, p. 250). The description of the demands of academia is consistent with other research conducted on the difficulties novice educators face. While the use of mentoring programs is

documented, the use is not widespread, despite the fact that mentoring can assist with relieving the stress of the role transition.

In a subsequent integrative literature review, Grassley and Lambe (2015) sought to identify the components of mentoring programs aimed at easing the transition from expert to novice for the nurse educator. The authors identified 17 articles and seven websites which focused on the following needs for the novice nurse educator, formal preparation for teaching, guidance navigating the culture of academe, and structured mentoring programs. In examining the theme of formal preparation for teaching, the literature review identified the concern that many novice nurse educators enter into the role with little to no educational preparation in proper teaching strategies or learning theory. Recommended methods to obtain the necessary information related to the teaching role included an online or face-to-face nurse academy, graduate education focused on the teaching role, and a formal mentoring program. Practices for navigating the culture of academe varied from formal, structured orientation plans to orientation meetings throughout the academic year conducted by the nurse administrator. The primary focus of the orientation was learning policies and procedures, learning how to use the university system on a daily basis, and the basics of student organizing interactions (Grassley & Lambe, 2015).

While the previous two recommendations are of importance, the authors identified that the literature placed an emphasis on “the importance of a formal, structured mentoring program” (Grassley & Lambe, 2015, p. 363). The important components of a mentoring program were identified as matching the mentor and mentee, setting purpose and goals for the mentoring relationship, creating a meaningful mentoring relationship, advocating and guiding the mentee, and ensuring administrative support for the mentoring program (Grassley & Lambe, 2015).

Utilization of the identified mentoring program components has the potential to lead to a successful mentoring relationships and mentoring program. In the development of a formal mentoring program, the authors recommended creating a long-term, sustainable framework for a mentoring program, providing funding for continuing education for the novice faculty, scheduling regular meetings for mentor-mentee, and creating a focus for the mentoring relationship. The final recommendation was the need for additional research on the mentoring process (Grassley & Lambe, 2015).

Specht (2013) studied the effect of mentoring on role conflict and role ambiguity of novice nursing faculty. The sample for the study included nursing faculty with less than five years of experience employed by nursing schools who were member of American Association of Colleges of Nursing. The study was conducted using a survey designed to assess the participants' experience with mentoring, level of role conflict, and level of role ambiguity. The data collected related to the mentoring experience focused on the quality of the mentoring relationship. The results of the study indicated that novice faculty who participated in a mentoring relationship had significant decrease in their role conflict and role ambiguity than those who had not participated in a mentoring relationship. Faculty who had participated in a high quality mentoring relationship, had a lower level of role conflict and role ambiguity than those without a mentoring relationship or with a poor quality relationship. The results of the study provide significant findings as lower levels of role conflict and role ambiguity have been shown to result in higher levels of job satisfaction (Specht, 2013). The results of the study demonstrate the positive impacts of a mentoring relationship on the mentee's transition, as well as potential long-term impacts of increased job satisfaction, which may lead to career longevity.

Gwyn (2011) conducted a quantitative, cross-sectional study to examine if the quality of a mentoring relationship and years of employment had an impact on nursing faculty occupational commitment. In addition, the study examined if having a mentor impacted occupational commitment among nursing faculty. The sample for the study consisted of nursing faculty teaching in nursing schools in a southeastern state. The only correlation detected from the results of the study was between the quality of a mentoring relationship and the faculty's affective occupational commitment. While participation in a mentoring relationship did not demonstrate a correlation to overall occupational commitment, the author speculates that the relationship to the affective occupational commitment may be due to an emotional attachment to the nursing faculty's career (Gwyn, 2011).

Characteristics of Mentoring

The effects of mentoring on faculty in higher education, and more specifically, nursing education have been shown in the research to have positive effects on mentees and their career. In examining mentoring as an intervention to the nursing faculty shortage, the characteristics of a quality mentor and quality mentoring relationship should also be considered. One study examined the qualities of an exceptional mentor by conducting a qualitative research study using letters written by the mentor's mentee. The study examined 53 letters that were written for 29 faculty mentors in an academic health sciences department housed within a university (Cho, Ramanan, & Feldman, 2011). The results of the qualitative review resulted in five themes that exemplified the characteristics of a mentor, which included, admirable characteristics, acting as a career guide, mentor's time commitment to mentee, supporting a work-life balance, and leaving a legacy of mentoring (Cho, et al., 2011).

The first theme identified by Cho et al. (2011), admirable characteristics, focused on personal and professional qualities of the mentors. Common descriptors of the mentor's personality within this theme included, compassionate, honest, and enthusiastic. The professional characteristics of successful mentors include, collaborative, intellectual, and skilled clinician. The second theme of acting as a career guide, included descriptors of providing a vision and guide for the mentee's development while being unobtrusive. The next theme, which focused on the mentor's time commitment to the relationship, was described as a mentor having a strong time commitment by demonstrating frequency of meeting, availability to the mentee, duration of meetings, and quality of meetings. The fourth theme focused on being a role model for establishing a good work-life balance for the mentee. Novice faculty felt that mentors who had a satisfying work-life balance helped them to find this balance. Lastly, mentees expressed a good mentor was one who provided the skills for them to become an effective mentor to future novice faculty (Cho, et al., 2011). While this study was set in a health sciences department, which is closely related to nursing, the qualities of a mentor from this study are applicable to that of novice nursing faculty.

In nursing practice, Ferguson (2011) examined the characteristics of an effective mentor by interviewing registered nurses who were working in clinical practice and had graduated from nursing school within three years. For the purposes of the study, the author studied informal mentoring, as there was not a formal mentoring program in place for the clinical nurses. The nurses described a quality mentor as one who served as a strong role model, which encompassed clinical competence, a dedication to lifelong learning, and one who mirrored the same values as the novice nurse. In addition, a mentor was one who helped the novice nurse with socialization to the profession and workplace while being supportive of the nurse as integration into the work

environment took place. Lastly, the novice nurse found an effective mentor to be one who was willing to share knowledge in a trusting, non-judgmental environment (Ferguson, 2011). A quality mentor can assist a novice with integration into the profession, professional development, and reduce stress for the novice. The setting for this study was in clinical practice, not the academic environment. Despite this, the characteristics of a quality mentor are applicable to both settings as each nurse is experiencing role transition from novice to expert.

In nursing education, mentoring has been studied to identify the characteristics of a quality mentor specific to that setting when working with students. Huybrecht, Loeckx, Quaeyhaegens, Tobel, and Mistiaen (2010), studied the phenomenon from the perspective of the mentor using a mixed-methods approach. The authors sought to determine how mentors perceive themselves, problems that mentors encounter during the mentoring process, and advantages and disadvantages of mentoring. The characteristics that the mentors identified as quality behaviors were providing on-time feedback to students, being available to spend time with the mentee, having a positive attitude while being patient and enthusiastic. In addition, the mentors saw themselves as trust-worthy, a good problem solver, and a professional guide to the mentee. Advantages of mentoring that were identified by the mentors were the ability to share knowledge and experience while increasing their own knowledge. The disadvantages were focused on an overall lack of time. The mentors felt they needed additional time for the mentoring relationship and closer follow-up on projects with the mentee (Huybrecht et al., 2010). This study focused on the role of mentoring for students in nursing education, but the qualities of an effective mentor are consistent with the research previously discussed (Cho, et al, 2011; Ferguson, 2011).

A two-part study was conducted by researchers to understand the perspective of both mentors and mentees who were participating in a mentoring program for novice nursing faculty (White, Brannan, & Wilson, 2010). The first phase of the qualitative study focused on the experience of the mentee in the mentoring program. The researchers identified three themes from the perspective of the mentee, “creating a meaningful mentor-protégé relationship, transitioning as a new nurse educator, and the mentor-protégé program – lessons learned” (White, et al., 2010, p. 601).

The first theme identified from interviews with the novice nursing faculty was creation of a meaningful relationship between the mentor and mentee. Within this theme, the researchers identified two sub-themes of “connectedness and inclusion, and communication and openness” (White et al., 2010, p. 603). The novice nursing faculty felt that in order for the mentoring relationship to be successful, the mentor and mentee needed to feel a sense of connectedness with each other. In addition, the study found that being paired with a mentor helped the novice to feel included in the faculty team and eased the transition to the new role. The sub-theme of communication and openness focused on the need for open communication, but also included availability of the mentor to meet the mentees needs.

The second theme White et al. (2010) identified in their research was the transition to the nurse educator role, which included two sub-themes of “frustrations: go forth and teach, and putting it into practice” (p. 604). The novice faculty expressed frustrations related to the lack of preparation for the faculty role and a lack of knowledge related to role expectations. While the novice faculty expressed frustrations related to the new role, they also expressed satisfaction with the mentoring program and felt they were being given the tools to function in the faculty role (White et al., 2010). The mentoring program was providing the mentees with the skills needed

to function in the role; however, the role expectations were not addressed by the mentor or the program.

The final theme identified by the mentees participating in the mentor program focused on the lessons the mentee had learned with two sub-themes of “beneficial and not beneficial, and what comes after?” (White, et al., 2010, p. 604). Overall, the mentees had a positive experience and perception of the mentoring program. The components of the program that participants recommended changes for were a process for matching a mentor and mentee with each other and providing additional support for part-time faculty. Lastly, participants recommended that a process be in place for continuing the mentoring relationship beyond one year (White, et al., 2010). The authors recommend the use of mentoring programs to create a positive experience as the expert nurse clinician makes the transition to novice nursing faculty (White et al., 2010).

In a subsequent article the authors of the previously discussed article, published qualitative data from the perspective of the mentor (Wilson, Brannan, & White, 2010). The mentor experiences while participating in the mentoring program led to identification of three themes, the significance of the mentor-protégé relationship, the challenges associated with mentoring, and the lessons learned from participating in the mentor-protégé program. (Wilson et al., 2010). The study consisted of fifteen mentors, but given the number of novice faculty, the majority of the mentors had two mentees at the same time during the program (Wilson et al., 2010).

The first theme that was identified through interviews with the mentors focused on the significance of the relationship between the mentor and mentee, which included three sub-themes, “communication and connectedness, collegiality and reciprocal learning, and differences in relationships (Wilson et al., 2010, p. 667). The mentors identified open communication and

being available to the meet the mentor's need as a key component of the mentoring relationship. They also felt that the mentoring program and retreats that were part of the program provided additional learning opportunities for the mentor and an opportunity to build the relationship with the mentee. One barrier identified focused on the differences in relationships, as the mentors identified difficulty in connecting and building a relationship with mentees who only worked part-time or worked in a different geographic location (Wilson et al., 2010).

The next theme focused on the challenges of the mentoring relationship with three sub-themes of balancing power, trying to do a quality job, and the sharing of wisdom (Wilson, et al., 2010). The mentors struggled with learning to balance the mentoring relationship. Given that the mentees were colleagues who worked alongside them, the mentors struggled to ensure the mentees did not feel inferior to them. While the mentors identified being available with open communication, they often struggled to find the time to ensure a high quality mentoring relationship. An additional challenge identified by the mentors was sharing not only their wisdom and experience as a nurse educator, but also "in knowing how to teach the unwritten rules involved in 'playing the game' within an organization" (Wilson, et al., 2010, p. 668).

The third theme identified was centered on lessons learned during the mentoring program, which included three sub-themes, "what was beneficial?, what comes after?, and wish I had this when I started" (Wilson, et al., 2010, p. 668). The primary benefits were focused on the continuing education and retreats that were offered to both the mentors and mentees. The mentees identified these learning opportunities as being as beneficial for them as they were for the mentors. Similar to the mentees who participated in the program, the mentors expressed a desire for the mentoring relationship beyond the initial program (White, et al., 2010; Wilson, et al., 2010). The authors recommend the development and implementation of mentoring programs

as an intervention to retain nursing faculty given the benefits to both the mentor and mentee (Wilson, et al., 2010).

Summary of the Literature Review

The review of literature provides a review of five main themes surrounding mentoring. The themes identified in the literature are identification of mentoring as a potential solution to the nursing faculty shortage, the transition of the expert nurse clinician to novice nurse educator, the use of mentoring in both higher education and nursing education, and characteristics of mentoring. The nursing and nursing faculty shortage is an issue that is being addressed at the national level in the United States. The use of mentoring to combat the shortage has been shown to be a viable, yet not widely used, option.

Chapter 3

Methodology

Overview

The purpose of the study was to examine the relationship between the importance of and satisfaction with characteristics of mentoring in full time nursing faculty teaching in baccalaureate degree programs or higher. The participants for this study were nursing faculty at four-year state Universities in a Midwestern state who teach in a baccalaureate degree program or higher. A survey research design was utilized to collect data on nursing faculty demographics, length of time in faculty role, characteristics of the mentoring relationship and role of the mentor that produce satisfaction and are of importance to nursing faculty. Data analysis was conducted using descriptive statistics with measures of central tendencies, standard deviation, and independent t-test.

Research Site and Participants

The research sites for this study were four-year state Universities in a Midwestern state. At the time of the study, all sites had a baccalaureate degree program or higher that was approved by the State Board of Nursing and accredited by the Commission on Collegiate Nursing Education (CCNE). Based on these criteria, eight state Universities were included. Of those, eight had baccalaureate of science in nursing degree programs, seven had Master's of Science in Nursing degree programs, and four had Doctorate of Nursing Practice degree programs.

For the purposes of this study, the participants included all full-time nursing faculty teaching at one of the selected study sites. The full-time nursing faculty was defined as an experienced registered nurse who holds a minimum of a Master's of Science in Nursing degree.

The full-time nursing faculty may hold a variety of academic appointments based on educational preparation and scholarly work. If nursing faculty held the title of adjunct, they were excluded from the study. Additionally, senior nursing faculty was defined as a faculty with a minimum of 10 years of nursing faculty experience.

A convenience sample was used for this study. The convenience sampling method was used due to willingness of the participants to be studied and availability of the participants to the researcher (Creswell, 2015). All full-time nursing faculty teaching at the selected research sites were invited to participate. The total population size for the faculty consisted of 233 faculty members. In order to obtain a confidence level of 95% and a sampling error of near 5%, a sample size of 144 participants was needed (Patten, 2003). A total of 61 survey responses were received; therefore, the confidence level of 95% was not obtained. While this sample may be not representative of the larger population of all faculty teaching in four-year state University degree programs, useful information can be obtained from this population and the potential for future research with a more representative sample can be determined (Creswell, 2015).

Research Design

In order to address the problem and hypothesis of this study, survey research was utilized in an effort to describe the current attitudes, beliefs, and opinions surrounding mentoring of nursing faculty with relation to the level of importance and satisfaction of these items. Specifically, the cross-sectional survey design was used to examine the faculty at one point in time. While full-time faculty tend to remain the same from semester to semester, factors that impact their views of mentoring may change over time and these variables were not addressed in this study; therefore, a longitudinal study was not appropriate for this study, as this would require

the faculty to be tracked or surveyed on multiple occasions over time and extraneous variable controlled for (Creswell, 2015).

Data Collection Instrumentation

The instrument that was used to collect data for this study (Appendix A) was a modified version of the Perceptions of Mentoring Relationships Survey (Harris, 2013). In addition to the survey instrument, survey questions, developed by the researcher, were included to collect data on participant satisfaction with mentoring and demographic data. The demographic data collected included age, gender, ethnicity, highest degree obtained, participation in a previous mentoring relationship, and length of time in nursing faculty role.

Perceptions of Mentoring Relationships Survey. The Perceptions of Mentoring Relationships Survey (PMRS) was used to assess what aspects of the mentoring relationship were of importance for the nursing faculty surveyed. The survey tool consisted of three distinct areas, Benefits of Mentoring Relationships, Mentee's Role, and Mentor's Role. For the purposes of this study, the areas assessed were the Benefits of Mentoring Relationships and the Mentor's Role. The survey asked participants to rate items in each category on a 5-point Likert type scale. Permission to use the survey was received from Dr. Sandra Harris (Appendix B) at the College of Social and Behavioral Sciences, Walden University, Minneapolis, Minnesota.

In the development phase of the PMRS tool the author conducted reliability and validity testing. The author used a sequential, exploratory, mixed methods approach to development of the survey. In order to ensure reliability, the author used Cronbach alpha level of 0.70 to assess the reliability of the data for survey items (Harris, 2013). The use of Cronbach alpha is a measure of internal consistency and should be conducted prior to using a tool for research purposes. A Cronbach alpha level between 0.70 to 0.95 has been deemed as an acceptable level

(Tavalok & Dennick, 2011). As a result of the reliability testing, the author determined that the survey instrument had an overall Cronbach alpha level of 0.92. The breakdown for individual instruments within the overall survey tool were a “Cronbach alpha level of 0.88 for the Benefits of Mentoring Scale, 0.86 for the Mentee’s Role Scale, and 0.81 for the Mentor’s Role Scale” (Harris, 2013, p. 90). Because all elements of the survey instrument scored above the Cronbach alpha level of 0.70, the instrument was determined to be reliable.

Satisfaction with mentoring. The participants’ satisfaction with mentoring was assessed in order to determine if a relationship existed between items that were rated to be of high importance on the PMRS were also items that produce satisfaction in the actual mentoring process. For each question on the PMRS, a parallel question was asked regarding the respondent’s level of satisfaction with that behavior in an actual mentoring relationship. The level of satisfaction with each characteristic was assessed using a 5-point Likert type scale.

Demographics. The final component of survey data that was collected were faculty demographics, which was assessed using questions developed by the researcher. The demographic data collected included age, gender, ethnicity, highest degree obtained, participation in a previous mentoring relationship, and length of time in nursing faculty role.

Data Collection Methodology

Permission to conduct the research study was obtained from the University of Arkansas Institutional Review Board (IRB) before any research related procedures began (Appendix C). Participants were identified through each selected University’s public website that listed all nursing faculty contact information. All participants were provided informed consent prior to participating and were afforded the opportunity to review the consent and accept or decline participation without fear of negative outcomes. The survey was administered using an

electronic survey tool, SurveyMonkey®. Prior to beginning the survey, the consent was displayed and by proceeding to the survey, participants consented to participate in the survey. Participation in the research study was strictly voluntary, all responses were anonymous, and there were no consequences for declining participation.

The survey was administered electronically to faculty teaching at the selected research sites in the Fall 2016 semester. Participants were emailed an invitation to participate and a link to the electronic survey in the middle of the Fall 2016 semester. Once the survey link was opened, the invitation to participate and informed consent were displayed for the participant to review prior to proceeding to survey completion. The survey remained open for two weeks with participants receiving three email reminders until the survey was closed. Providing frequent email reminders has been shown to increase participant response rates (Nutly, 2008).

Variables

The independent variables presented in this study were faculty perceptions related to important characteristics of mentoring and satisfaction with mentoring. The faculty perceptions of mentoring were assessed using the Perceptions of Mentoring Relationships Survey (Harris, 2013). Faculty satisfaction with mentoring was assessed using questions written by the researcher.

Perceptions of mentoring. The nursing faculty perceptions of the importance of mentoring was assessed using the Perceptions of Mentoring Relationships Survey (Harris, 2013). Faculty were surveyed to determine which characteristics of the mentoring relationship and role of the mentor were perceived as important. The modified survey tool contained 16 questions. Eight questions focused on the benefits of mentoring relationships and eight questions focused

on the mentor's role. The survey used a 5-point Likert type scale that allowed the user to rate the level of importance of survey items from strongly disagree to strongly agree (Harris, 2013).

Satisfaction with mentoring. The nursing faculty satisfaction with mentoring was assessed using questions written by the researcher. Sixteen questions were written to parallel the behaviors assessed in the Perceptions of Mentoring Relationships Survey to determine the level of satisfaction of the mentoring relationship and the mentor's role.

Data Analysis Methodology

All data for the study was collected anonymously using an electronic email survey tool. After all survey data were collected, it was analyzed to answer each of the research questions. The data on faculty demographics, perceptions of mentoring, and satisfaction with the mentoring relationship was collected and reported using descriptive statistics with measures of central tendency and standard deviation. The use of descriptive statistics was appropriate due to the ability to describe overall trends in the data, understand how varied the scores were, and provide comparison of scores against each other (Creswell, 2015).

The Perceptions of Mentoring Relationships Survey (Harris, 2013) requested participants to rate the importance of the survey items on a 5-point Likert type scale. The responses from the survey were collected and reported based on each sub-set of the survey. These sub-sets included Benefits of Mentoring Scale Relationship and Mentor's Role Scale. The data collected from the PMRS tool was analyzed using descriptive statistics with measures of central tendency and standard deviation across the survey items, which allowed the faculty perceptions of the importance of mentoring to be described.

The next area of data collected that were analyzed was the participants' satisfaction with the mentoring relationship, which used a 5-point Likert type scale. The responses from the

survey questions assessing satisfaction with mentoring was collected and reported using descriptive statistics to examine the general tendencies across the survey items which allowed the faculty satisfaction with the mentoring relationship and role of the mentor to be explained. In addition to examining overall satisfaction with mentoring, respondents were stratified based on those with less than 10 years of nursing faculty experience and those with 10 years or more of experience. Faculty were compared in these groups using an independent t-test to determine if significant differences in satisfaction existed between senior and non-senior faculty.

The final item of data analysis aimed to compare the satisfaction with and importance of mentoring. In order to complete this comparison, the survey items assessing importance of and satisfaction with the mentoring relationship and role of the mentor were compared. This comparison aimed to determine if general tendencies existed between the level of satisfaction with and importance of mentoring.

Summary

This chapter discussed the population, sample, and the methods that were employed for the data collection and data analysis. The population for this study was full-time nursing faculty at four-year state Universities in a Midwestern state. Data collected included participant demographics, length of time in faculty role, perceptions of the importance of mentoring using of the Perceptions of Mentoring Relationships Survey, and satisfaction with mentoring. The data was analyzed using descriptive statistics with measures of central tendency, standard deviation, and independent t-test.

Chapter 4

Results

Overview

The nursing faculty shortage has been well documented in the literature as a critical issue that requires interventions to make lasting positive impacts to combat the shortage. One such intervention that has been consistently cited in the literature and by national nursing organizations as a viable intervention is the use of mentoring for novice nursing faculty (AACN, 2015; Chung & Kowalski, 2012; McDermid et al., 2012; McDonald, 2009; NACNEP, 2010; NLN, 2006; Roughton, 2013). Despite the recommendations for formal mentoring programs, little information exists in the literature on the components of successful mentoring for nursing faculty. The purpose of this study was to examine the relationship between the importance of and satisfaction with characteristics of mentoring in full time nursing faculty teaching in baccalaureate degree programs or higher. The results of the research questions, which aimed to gain further insight into the importance of and satisfaction with mentoring, are presented in this chapter.

Overview of the Study

The purpose of the study was to examine the relationship between the importance of and satisfaction with characteristics of mentoring in full time nursing faculty teaching in baccalaureate degree programs or higher. This study attempted to determine which characteristics of the mentoring relationship and role of the mentor that nursing faculty found to be of a high importance, as well as, which characteristics elicited a high level of satisfaction. In addition, the study attempted to determine if differences existed in the characteristics of and satisfaction with mentoring between novice and experienced nursing faculty.

For the purposes of this study, nursing faculty in a Midwestern state were surveyed using a modified version of the Perceptions of Mentoring Relationships Survey (Harris, 2013) to determine the characteristics of the mentor and mentoring relationship that produced high levels of importance. For each question on the PMRS, a parallel question was asked regarding the respondent's level of satisfaction with each specific characteristic. Lastly, faculty demographics were collected which included age, gender, ethnicity, highest degree obtained, participation in a previous mentoring relationship, and length of time in nursing faculty role. The participants were surveyed using an electronic survey tool during the Fall 2016 semester. All full-time nursing faculty in a Midwestern state teaching in a baccalaureate degree program or higher were invited to participate, which resulted in 233 invitations being sent using e-mail. Descriptive statistics using measures of central tendency, standard deviation, and independent t-test were used to analyze the results of the study.

Participant Demographics

A total of 233 full-time nursing faculty teaching in a baccalaureate degree program or higher at a Midwestern state university were invited to participate in this study. Invitations were sent during the Fall 2016 semester using the researcher's e-mail account. The e-mail included an invitation to participate in the study and a link to the electronic web-based survey. Three follow up reminder emails were sent to participants. Of the 233 invitations that were sent, 61 participants completed the survey, which resulted in a 26% response rate. According to Nutly (2008), the response rate for online surveys tends to be lower than that of paper surveys. The average response rate for online surveys is 33% versus 56% for paper surveys (Nutly, 2008). The participants were primarily female (n=59) with males representing 3.3% (n=2) of the survey respondent population. The age of the nursing faculty ranged from 30 to 73 years of age with

two respondents choosing to not report their age ($n=59$, $M=52.9$, $SD=10.5$). The majority of the participants (94.9%) reported their race and/or ethnicity as White (non-Hispanic), 3.4% reported Asian, Asian American, or Pacific Islander as their race and/or ethnicity, and one reported race/and or ethnicity as Hispanic or Latino. The most predominate degree reported was a Master of Science in Nursing ($n=27$) with a Doctor of Education or Doctor of Philosophy being the second most common degree ($n=25$). A Doctor of Nursing practice was reported by 8 participants with a master degree in a field other than nursing being reported by 1 participant. The level of experience of the nursing faculty ranged from zero to four years of experience to greater than 15 years of experience with greater than 15 years being the most frequently reported at 34.4% ($n=21$, $SD=4$). Participants with zero to four years of experience accounted for 24.6%, five to nine years of experience being 21.3% of the population, and 19.7% accounting for those with 10-14 years of experience. Lastly, 93.4% ($n=57$) of the nursing faculty reported having participated in a mentoring relationship in their role as nursing faculty with 6.6% ($n=4$) having not participated in a mentoring relationship.

Findings

The study findings are presented to answer each of the research questions. In an effort to achieve the purpose of the study, the following research questions were addressed using survey research.

1. What characteristics of the mentoring relationship and role of the mentor are important to nursing faculty?
2. What is the level of satisfaction of nursing faculty with the mentoring relationship and role of the mentor?

3. Are there significant differences between senior nursing faculty and non-senior nursing faculty in their satisfaction of the mentoring relationship and role of the mentor?
4. What are the similarities and differences between important characteristics and level of satisfaction with the mentoring relationship and role of the mentor in nursing faculty?

Importance of the mentoring relationship and mentor. The purpose of the first research question was to determine the characteristics of the mentoring relationship and role of the mentor that are of most importance to nursing faculty. The survey asked participants 16 questions aimed to answer this research question. Participants were asked to rate the level of importance for each of the 16 items using a five-point Likert scale. The Likert scale included the following ratings, 1=strongly disagree, 2=disagree, 3=neutral, 4=agree, and 5=strongly agree. Descriptive statistics using measures of central tendency and standard deviation were used to provide insight into the importance of mentoring characteristics.

The 16 items focused on importance of mentoring received 56 responses with two participants voluntarily skipping this item. The mean of the 16 items ranged from 4.02 (SD=1.09) for the level of importance of the mentor being a source of psychological support to 4.57 (SD=0.84) for the level of importance of a mentoring relationship being a trusting relationship. All items resulted in a median of 5, strongly agree, except for the first item which rated the level of importance for a mentoring relationship providing a sense of encouragement and motivation (Mdn=4). The items that rated as the most important characteristics for the mentoring relationship and mentor were a relationship that provided the opportunity to learn from a successful nurse educator (M=4.45, SD=0.9), a mentor provides advice (M=4.45,

SD=0.89), a mentoring relationship providing a source of guidance (M=4.46, SD=0.84), and a mentoring relationship being a trusting relationship (M=4.57, SD=0.84). Table 1 presents the total number of participants who responded to each item, mean for each question item, median for each question item, and standard deviation for each question item. This set of 16 items aimed to determine level of importance with the mentoring relationship and role of the mentor.

Table 1

Level of Importance with Mentoring Relationship and Role of Mentor

<i>Question Content</i>	<i>n</i>	<i>M</i>	<i>Mdn</i>	<i>SD</i>
1. Mentoring relationship provides source of encouragement	56	4.23	4	0.87
2. Mentoring relationship provides guidance	56	4.46	5	0.84
3. Mentoring relationship provides experience sharing	56	4.21	5	1.01
4. Mentoring relationship provides a role model	56	4.36	5	0.93
5. Mentoring relationship is a trusting relationship	56	4.57	5	0.84
6. Mentoring relationship promotes professional goals	56	4.30	5	0.92
7. Mentoring relationship provides opportunity to learn from a successful educator	56	4.45	5	0.90
8. Mentoring relationship provides ability to communicate feelings	56	4.23	5	0.93
9. Mentor provides psychological support	56	4.02	5	1.09
10. Mentor provides guidance	56	4.43	5	0.86
11. Mentor provides encouragement	56	4.36	5	0.88
12. Mentor provides advice	56	4.45	5	0.89
13. Mentor is a good teacher	56	4.32	5	1.05
14. Mentor has good listening skills	54	4.44	5	0.92
15. Mentor serves as a role model	55	4.47	5	0.87
16. Mentor provides support	54	4.37	5	0.91

Satisfaction with the mentoring relationship and mentor. The second research question sought to understand the level of satisfaction with the mentoring relationship and role of the mentor among nursing faculty. The survey asked participants 16 questions aimed to answer this research question. Participants were asked to rate their level of satisfaction for each of the 16 items using a five-point Likert scale. The Likert scale included the following ratings, 1=strongly disagree, 2=disagree, 3=neutral, 4=agree, and 5=strongly agree. Descriptive statistics

using measures of central tendency and standard deviation were used to provide a deeper understanding into the characteristics of the mentoring relationship and role of the mentor that resulted in high levels of satisfaction for nursing faculty.

The 16 items focused on satisfaction with mentoring was reserved for those participants who reported previous participation in a mentoring relationship (n=57), while two participants voluntarily skipped this item resulting in a total response rate of 55 participants. The mean of the items ranged from 3.63 with the highest mean being 4.04. The item with the lowest mean of 3.63 (SD=1.18) was for satisfaction with the degree to which the mentoring relationship provided someone who was able to advise on achieving professional goals. The item with the highest mean of 4.04 (SD=1.09) represented satisfaction with the mentoring relationship being a trusting relationship. All items relating to satisfaction with the mentoring relationship and mentor results in a median score of 4. Table 2 presents the total number of participants who responded to each item, mean for each question item, median for each question item, and standard deviation for each question item. This set of 16 items aimed to determine level of satisfaction with the mentoring relationship and role of the mentor.

Table 2

Level of Satisfaction with Mentoring Relationship and Role of Mentor

<i>Question Content</i>	<i>n</i>	<i>M</i>	<i>Mdn</i>	<i>SD</i>
1. Mentoring relationship provided source of encouragement	55	3.76	4	1.08
2. Mentoring relationship provided guidance	54	3.94	4	1.08
3. Mentoring relationship provided experience sharing	55	3.75	4	1.25
4. Mentoring relationship provided a role model	54	3.91	4	1.16
5. Mentoring relationship was a trusting relationship	54	4.04	4	1.09
6. Mentoring relationship promoted professional goals	54	3.63	4	1.18
7. Mentoring relationship provided opportunity to learn from a successful educator	54	3.93	4	1.21
8. Mentoring relationship provided ability to communicate feelings	54	3.80	4	1.22

Table 2 (Cont.)

Level of Satisfaction with Mentoring Relationship and Role of Mentor

<i>Question Content</i>	<i>n</i>	<i>M</i>	<i>Mdn</i>	<i>SD</i>
9. Mentor provided psychological support	54	3.69	4	1.21
10. Mentor provided guidance	53	3.96	4	1.10
11. Mentor provided encouragement	54	3.87	4	1.16
12. Mentor provided advice	53	3.87	4	1.13
13. Mentor was a good teacher	54	3.89	4	1.18
14. Mentor had good listening skills	53	3.98	4	1.07
15. Mentor served as a role model	54	3.98	4	1.22
16. Mentor provided support	54	3.83	4	1.13

Senior and non-senior faculty satisfaction with the mentoring relationship and mentor. The third research question attempted to determine if senior and non-senior nursing faculty had differences in the level of satisfaction with the mentoring relationship and role of the mentor. Senior faculty were defined as those with greater than 10 years of experience and non-senior faculty those with less than 10 years of experience. The survey asked participants 16 questions which focused on satisfaction with the mentoring relationship and the mentor. Participants were asked to rate their level of satisfaction for each of the 16 items using a five-point Likert scale. The Likert scale included the following ratings, 1=strongly disagree, 2=disagree, 3=neutral, 4=agree, and 5=strongly agree. Descriptive statistics using measures of central tendency, standard deviation, and independent t-test were used to determine if differences existed in the level of satisfaction with the mentoring relationship and role of the mentor among senior and non-senior nursing faculty.

The senior faculty consisted of 33 respondents with a mean age of 57.78 years. The most prominent degree was a Doctor of Education or Doctor of Philosophy (n=21), followed by 10 participants reporting a Master's of Science in Nursing, and two participants reporting a Doctor

of Nursing Practice. Three respondents reported no prior participation in a mentoring relationship; therefore, they did not complete the satisfaction questions on the survey. For senior faculty, the mean satisfaction with mentoring survey items ranged from 3.54 to 4.00. The item with the lowest mean of 3.54 (SD=1.26) was for satisfaction with the degree to which the mentoring relationship provided someone who was able to provide advice on achieving professional goals. The highest rated item was that the mentoring relationship was a trusting one (Mdn=4.0, SD=1.12).

The non-senior faculty consisted of 28 respondents with a mean age of 47.18 years. The most common degree held was a Master of Science in Nursing (n=17), second was a Doctor of Nursing Practice (n=6), third was a Doctor of Education or Doctor of Philosophy (n=4), and one participant reported holding a master of science in a field other than nursing. One respondent reported no prior participation in a mentoring relationship; therefore, the satisfaction questions on the survey were not completed. For non-senior faculty, the mean of the satisfaction with mentoring survey items ranged from 3.73 to 4.12. The lowest mean of 3.73 applied to three of the survey items, which included the mentoring relationship provided an opportunity to share experiences with someone who has made the transition from clinical practice to higher education (M=3.73, SD=1.28), the mentoring relationship provided someone who was able to advise on achieving professional goals (M=3.73, SD=1.12), and the mentor provided psychological support when needed (M=3.73, SD=1.25). The highest mean of 4.12 applied to two of the survey items, which included the mentoring relationship provided guidance when needed (M=4.12, SD=1.07) and the mentoring relationship provided the opportunity to learn from a successful nurse educator (M=4.12, SD=1.14).

In an order to determine if a significant difference existed between senior and non-senior nursing faculty levels of satisfaction an independent t-test was performed. The independent t-test was used to determine if the differences in the means of the selected survey items were statistically significant. For senior nursing faculty, the three highest scoring items and the three lowest scoring items were compared to the same items on the non-senior faculty using the independent t-test. A statistically significant difference was not present when the means for the lowest scoring survey items were compared. Table 3 lists the three survey items with the lowest means for senior faculty as compared to that of non-senior faculty for the same items.

Table 3

Senior versus Non-Senior Faculty Satisfaction, Lowest Scoring Items

<i>Question Content</i>	<i>Senior</i>		<i>Non-Senior</i>		<i>t</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
6. Mentoring relationship promoted professional goals	3.54	1.26	3.73	1.12	0.54	<0.05
8. Mentoring relationship provided ability to communicate feelings	3.61	1.29	4.00	1.17	0.24	<0.05
9. Mentor provided psychological support	3.64	1.22	3.73	1.25	0.79	<0.05

Next, the three items with the highest means for senior nursing faculty were compared to the means of the same items for non-senior faculty. An independent t-test was performed to determine if a statistically significant differences existed in the survey items with the highest means between senior and non-senior faculty. A statistically significant difference was not present when the means for the highest scoring survey items were compared. Table 4 lists the three survey items with the highest means for senior faculty as compared to that of non-senior faculty for the same items.

Table 4

Senior versus Non-Senior Faculty Satisfaction, Highest Scoring Items

<i>Question Content</i>	<i>Senior</i>		<i>Non-Senior</i>		<i>t</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
4. Mentoring provided role model	3.93	1.18	3.88	1.18	0.89	<0.05
5. Mentoring relationship was a trusting relationship	4.00	1.12	4.08	1.09	0.79	<0.05
15. Mentor was role model	3.96	1.32	4.00	1.17	0.91	<0.05

A comparison of the highest and lowest survey items for non-senior faculty were compared to senior faculty. In an order to determine if a significant difference existed between non-senior and senior nursing faculty levels of satisfaction an independent t-test was performed. The independent t-test was used to determine if the differences in the means of the selected survey items were statistically significant. For non-senior faculty, the three items with the lowest means were used for comparison to senior faculty. Of the three items that scored the lowest, two of the items were also among the lowest scoring items for senior faculty. A significant difference was not present when the means for the lowest scoring survey items were compared. Table 5 lists the three survey items with the lowest means for non-senior faculty as compared to that of senior faculty for the same items.

Table 5

Non-Senior versus Senior Faculty Satisfaction, Lowest Scoring Items

<i>Question Content</i>	<i>Non-Senior</i>		<i>Senior</i>		<i>t</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
3. Mentoring relationship provided experience sharing	3.73	1.28	3.76	1.27	0.93	<0.05
6. Mentoring relationship promoted professional goals	3.73	1.12	3.54	1.26	0.54	<0.05
9. Mentor provided psychological support	3.73	1.25	3.64	1.22	0.79	<0.05

Next, the items with the highest means for non-senior nursing faculty were compared to the means for the same items for senior faculty. For non-senior faculty, two items held the highest mean and three items held the second highest mean; therefore, the five items with the highest means were used for comparison to senior faculty. A significant difference was not present when the means for the highest scoring survey items were compared. Table 6 lists the five survey items with the highest means for non-senior faculty as compared to that of senior faculty for the same items.

Table 6

Non-Senior versus Senior Faculty Satisfaction, Highest Scoring Items

<i>Question Content</i>	<i>Non-Senior</i>		<i>Senior</i>		<i>t</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
2. Mentoring relationship provided guidance	4.12	1.07	3.79	1.10	0.27	<0.05
5. Mentoring relationship was a trusting relationship	4.08	1.09	4.00	1.12	0.79	<0.05
7. Mentor provided opportunity to learn from successful educator	4.12	1.14	3.75	1.29	0.27	<0.05
10. Mentor provided guidance	4.08	1.09	3.85	1.13	0.46	<0.05
14. Mentor had listening skills	4.08	1.04	3.89	1.26	0.53	<0.05

Relationship between satisfaction with and importance of mentoring characteristics.

The fourth research question attempted to determine the relationship between satisfaction with and important characteristics of the mentoring relationship and role of the mentor among nursing faculty. The survey asked participants 16 questions, which focused on satisfaction with the mentoring relationship and the mentor. In addition, 16 questions were asked that focused on the characteristics of the mentoring relationship and role of the mentor that were important to nursing faculty. Participants were asked to rate their level of satisfaction for each of the 16 items using a five-point Likert scale. The Likert scale included the following ratings, 1=strongly

disagree, 2=disagree, 3=neutral, 4=agree, and 5=strongly agree. Data was analyzed using descriptive statistics with measures of central tendency and standard deviation.

The means of the satisfaction with and important characteristics of the mentoring relationship and role of the mentor were closely related. All items related to satisfaction shared a median score of 4, which was a response of agree. All items related to importance shared a median score of 5, except for one (Mdn=4). The important characteristics represented a response of strongly agree. Given the close range in responses, faculty find the characteristics of mentoring to be of both satisfaction and importance.

The lowest mean for satisfaction with mentoring was 3.63 (SD=1.18, Mdn=4) for providing advice on professional goals while this item was rated as being of high importance for a characteristic of a mentor (M=4.30, SD=0.92, Mdn=5). The highest mean for satisfaction with mentoring was 4.04 (SD=1.09, Mdn=4) and the highest mean for important characteristics was 4.57 (SD=0.84, Mdn=5) with the mentoring being a trusting relationship being represented in each category. While a trusting relationship rated high for both satisfaction and characteristics, a mentor who provided support, advice, and a relationship that promoted achievement of professional goals were rated as important characteristics, but had lower levels of satisfaction. Table 7 represents the mean and mean difference for each item for satisfaction with and important characteristics of the mentoring relationship and role of the mentor.

Table 7

Similarities and Differences between Satisfaction with and Importance of Mentoring Characteristics

<i>Question Content</i>	<i>M Importance</i>	<i>M Satisfaction</i>	<i>MD</i>
1. Mentoring relationship provided source of encouragement	4.23	3.76	0.47

Table 7 (Cont.)

Similarities and Differences between Satisfaction with and Importance of Mentoring Characteristics

<i>Question Content</i>	<i>M Importance</i>	<i>M Satisfaction</i>	<i>MD</i>
2. Mentoring relationship provided guidance	4.46	3.94	0.52
3. Mentoring relationship provided experience sharing	4.21	3.75	0.46
4. Mentoring relationship provided a role model	4.36	3.91	0.45
5. Mentoring relationship was a trusting relationship	4.57	4.04	0.53
6. Mentoring relationship promoted professional goals	4.30	3.63	0.67
7. Mentoring relationship provided learning from a successful educator	4.45	3.93	0.52
8. Mentoring relationship provided ability to communicate feelings	4.23	3.80	0.43
9. Mentor provided psychological support	4.02	3.69	0.33
10. Mentor provided guidance	4.43	3.96	0.47
11. Mentor provided encouragement	4.36	3.87	0.49
12. Mentor provided advice	4.45	3.87	0.58
13. Mentor was a good teacher	4.32	3.89	0.43
14. Mentor had good listening skills	4.44	3.98	0.46
15. Mentor served as a role model	4.47	3.98	0.49
16. Mentor provided support	4.37	3.83	0.54

Summary

For the purposes of this study, survey research was conducted to examine nursing faculty satisfaction with and important characteristics of the mentoring relationship and the role of the mentor. The survey was completed by 61 nursing faculty teaching in baccalaureate programs or higher in a Mid-western state. Survey data were analyzed using descriptive statistics with measures of central tendency, standard deviation, and independent t-test. The characteristics of mentoring that produced the highest levels of satisfaction and were of importance were

identified, as well as those that produced the lowest satisfaction and importance. The results revealed that a statistically significant difference did not exist between senior and non-senior faculty satisfaction with mentoring. A trusting mentoring relationship was found to be of high importance and of high satisfaction. Despite trust being a satisfier and important, items such as the mentor providing support, advice, and a relationship promoting professional goals were identified as important but had lower levels of satisfaction.

Chapter 5

Discussion

Overview

The nursing faculty shortage issue is one that impacts all members of the healthcare community, future nurses, and those accessing the healthcare system. Several items have been cited as contributory factors to the shortage of nursing faculty, including a decrease in job satisfaction (AACN, 2015; Nardi & Gyurko, 2013; Wyte-Lake et al, 2013). Aspects that have been shown to lead to a decrease in job satisfaction include, a knowledge deficit of the faculty role, difficulties with work-role transition, job stress, and maintaining a work-life balance, all of which influence nursing faculty to leave the profession (Chung & Kowalski, 2012; McDonald, 2009; McDermid, Peters, Jackson, & Daly, 2012; Yedidia, Chou, Brownlee, Flynn, & Tanner, 2014). Mentoring has been consistently cited in the literature and by national nursing organizations as an intervention to increase the job satisfaction of nursing faculty (AACN, 2015; Chung & Kowalski, 2012; McDermid et al., 2012; McDonald, 2009; NACNEP, 2010; NLN, 2006; Roughton, 2013). Despite the fact that mentoring has been identified as a viable intervention to combat the nursing faculty shortage it's use has not been well documented in the literature. In an effort to gain further insight into the aspects of mentoring, survey research was conducted to understand the characteristics of mentoring that nursing faculty find satisfaction with and important.

Study Summary

The purpose of the study was to examine the relationship between the importance of and satisfaction with characteristics of mentoring in full time nursing faculty teaching in baccalaureate degree programs or higher. This study aimed to understand the characteristics of

the mentoring relationship and role of the mentor that nursing faculty found to be of a high importance, as well as, which characteristics elicited a high level of satisfaction. Survey research was conducted in order to understand the characteristics of mentoring among nursing faculty in a Midwestern state. The convenience sampling method was used to recruit participants for the study given the willingness to be studied and availability of the participants to the researcher (Creswell, 2015).

Nursing faculty were surveyed using a modified version of the Perceptions of Mentoring Relationships Survey to determine the characteristics of the mentor and mentoring relationship that was of importance (Harris, 2013). In addition, participants were asked to rate their level of satisfaction with each characteristic of the mentor and mentoring relationship. Faculty demographics were also collected which included age, gender, ethnicity, highest degree obtained, participation in a previous mentoring relationship, and length of time in nursing faculty role. The participants were surveyed using the electronic survey tool, SurveyMonkey®, during the Fall 2016 semester. A total of 233 email invitations were sent to full-time nursing faculty teaching in a Midwestern state baccalaureate degree program or higher. The survey received 61 responses with descriptive statistics being used to describe the data. The data analysis included measures of central tendency, standard deviation, and independent t-test.

Research question one. What characteristics of the mentoring relationship and role of the mentor are important to nursing faculty? Nursing faculty identified all characteristics of the mentoring relationship and role of the mentor as being important. The mean rating for important characteristics of the mentoring relationship and role of the mentor ranged from 4.02 (SD=1.09) to 4.57 (SD=0.84) with the median response being 5. All items were rated using a 5-point Likert type scale. The findings revealed that the item with the lowest mean was that a mentor provide

psychological support when needed and the item with the highest mean being that a mentoring relationship is a trusting one. The findings indicate that the characteristics of mentoring and the role of the mentor are desirable characteristics. Consideration of these items in the development of a mentoring program and in identification of mentors has the potential to lead to a successful mentoring program, identification of appropriate mentors, and guide development in the mentoring relationship.

Research question two. What is the level of satisfaction of nursing faculty with the mentoring relationship and role of the mentor? Nursing faculty identified all characteristics of the mentoring relationship and role of the mentor as being elements that lead to satisfaction with mentoring. The mean rating for characteristics that created high levels of satisfaction for the mentoring relationship and role of the mentor ranged from 3.63 (SD=1.18) with the highest mean being 4.04 (SD=1.09). The median response for all items related to satisfaction was 4. The findings demonstrated that the item with the lowest mean was that a mentoring relationship provided advisement of achieving professional goals and the highest mean was for the mentoring relationship being a trusting relationship. The findings on items that resulted in high satisfaction can be used to guide formation of formal mentoring programs. In addition, the results could be used to train prospective faculty to be mentors. Even though all received a median score of agree, focusing on the items with a lower mean can increase satisfaction with the mentor and mentoring relationship.

Research question three. Are there significant differences between senior nursing faculty and non-senior nursing faculty in their satisfaction of the mentoring relationship and role of the mentor? For research question three, nursing faculty were identified as either senior or non-senior nursing faculty based on years of experience. Senior nursing faculty were defined as

those with ten or more years of experience. The highest and lowest scoring survey items for both senior and non-senior faculty were compared using an independent t-test. The results of the independent t-test revealed a statistically significant difference did not exist between the two groups of faculty. While a statistically significant difference did not exist, similarities were present between the faculty groups on items resulting in low satisfaction. The survey items for a mentoring relationship promoting professional goals and the mentor providing psychological support scored among the lowest for satisfaction for both senior and non-senior faculty. These results indicate that focusing on pairing mentee with the appropriate mentor who can provide ongoing professional support and development opportunities can lead to increased satisfaction. If the mentor cannot provide the appropriate amount of support for goal attainment and psychological support, providing mentors with the necessary education and resources to provide this support can lead to increase satisfaction with mentoring.

Research question four. What are the similarities and differences between important characteristics and level of satisfaction with the mentoring relationship and role of the mentor in nursing faculty? Nursing faculty closely rated satisfaction with and important characteristics of the mentoring relationship and role of the mentor. Survey items that focused on the satisfaction with mentoring had a median score of 4 and items related to important characteristics of mentoring had a median score of 5. The results revealed that a mentor providing advice on professional goals was rated as high importance ($M=4.30$, $SD=0.92$, $Mdn=5$), but this item received low scores on satisfaction ($M=3.63$, $SD=1.18$, $Mdn=4$). Additionally, mentoring being a trusting relationship scored high on both satisfaction ($M=4.04$, $SD=1.09$, $Mdn=4$) and as an important characteristic ($M=4.57$, $SD=0.84$, $Mdn=5$). The results provide a framework for ensuring the development of a mentoring program provides mentors the necessary skills and

resources to ensure the aspects of the mentoring relationship and the mentor role can meet both the important characteristics, as well as those that results in high levels of satisfaction with the mentoring process.

Theoretical Framework

The theoretical framework for the study consisted to two selected works. The first selected work was that of Lucas and Murry (2011) who published a guide for academic beginners. This work was selected to guide the development of the study as it provides a framework for the knowledge and skills expected of faculty, but not possessed by the novice. The knowledge and skills identified by Lucas and Murry (2011) included understanding performance expectations, the academic culture and politics, navigation of the academic system, being able to conduct research, engage in scholarship, and grant writing. In addition, faculty are expected to be effective teachers, develop curriculum, and conduct student evaluation. Identification of these key requirements of the faculty role aides in the mentoring process by providing guidance on items that should be focused on in the mentoring relationship.

The second selected work for this study was Benner's (1982) novice to expert theory. Benner's (1982) theory was selected to guide the development of this study as it provides a framework for the transition that a faculty experiences as one moves from the role of expert clinical nurse to that of novice nursing faculty. The theoretical model provides attributes that are experienced at each of the levels of the novice to expert transition. For example, at the novice level the faculty does not possess the experience to guide decision making and must rely on a mentor to assist. At this stage the novice faculty needs to feel the mentoring relationship is a trusting one with open communication. Acknowledgement of these attributes at each level can assist in recognizing the needs of novice faculty and guide the mentoring relationship.

Limitations

Limitations identified prior to beginning the study were focused on the chosen sample for the study. Specifically, the study was limited to only full-time nursing faculty teaching in baccalaureate programs or higher in a Midwestern during the Fall 2016 semester. In addition to the pre-determined limitations, additional limitations presented throughout the progression of the study, which included sample size and sample selection.

The first limitation of the study was the sample size with low survey response rate. The sample focused only on those previously identified, which included 233 nursing faculty and resulted in 61 survey responses or a 26% response rate. The sample size could have been enlarged by including all nursing faculty, regardless of degree program. Additionally, the study only focused on faculty in one state, the sample could be expanded to additional states to increase the possible sample size. Given the limited sample size, the results of the study are not generalizable to the overall population of nursing faculty.

The second limitation identified was selection of the survey participants. The survey focused on nursing faculty who were employed full-time during the Fall 2016 semester. This sample was chosen due to convenience sampling and availability of contact information on public University websites. Additional insight could be gained from surveying adjunct nursing faculty who teach in the clinical setting while maintaining a nursing practice. Adjunct faculty may have less years of experience than full-time faculty bringing a new perspective to the important and satisfying characteristics of the mentoring relationship and role of the mentor.

Recommendations for Future Research

The results of this study revealed several recommendations for future research. Recommendations for future research include sample size with generalizability to the population;

research specifically focused on novice educators, and focused research on clinical adjunct faculty. Further research focusing on these areas has the potential to increase the body of knowledge related to mentorship of nursing faculty.

One limitation of this study was the small sample size, while the survey was sent to 233 nursing faculty, 61 survey responses were received. Increasing the number of potential respondents by widening the target sample can increase the generalizability of the results of the overall population of nursing faculty. One method to increase the sample size includes widening the sample to include faculty teaching in associate degree programs. For the purposes of this study, only faculty teaching in baccalaureate programs or higher were included. In addition, this study was limited to schools of nursing accredited by the Commission on Collegiate Nursing Education (CCNE); however, two additional nursing accrediting bodies exist, Accreditation Commission for Education in Nursing (ACEN) and Commission for Nursing Education Accreditation (CNEA). Lastly, this study was limited to one Midwestern state, a multistate study including all nursing faculty would greatly increase the sample size, thereby, increasing the confidence level and reducing the risk of sampling error.

The next opportunity for future research would be to conduct similar research focused specifically on novice and advanced-beginner nursing faculty. Benner's theory of novice to expert was used as a guiding theory for this study, using the same theoretical foundation in a future study with a focus on nursing faculty with less than three years of experience could provide valuable insight into the mentoring relationship and role of the mentor (Benner et al., 2009). Nursing faculty in the novice and advanced beginner phases are actively learning the role of nursing faculty and are beginning to learn appropriate situational responses, but also still rely on guidance from the mentor (Benner, 1982). Due to this continued, long-term reliance on a

mentor, novice and advanced beginner nursing faculty may have a deeper insight into the important characteristics and satisfaction with the mentoring given the active engagement in a relationship with a mentor.

In addition to focusing on novice nursing faculty, the inclusion of adjunct nursing faculty should be considered. Adjunct nursing faculty typically maintain a nursing practice and teach as nursing faculty in a limited role, primarily in the clinical setting. Adjunct nursing faculty possess a bachelor's or graduate degree in nursing; however, a graduate degree is not required to provide clinical instruction. Adjunct faculty have a unique perspective given their limited interaction with the schools of nursing due to their narrow role of teaching in the clinical setting. These faculty may identify a varying degree of important characteristics and satisfaction with the mentoring relationship and role of the mentor. One must consider the varying needs of perspectives of adjunct versus full-time nursing faculty as one mentoring program may not apply to both groups of faculty.

Recommendations for Future Practice

The results of this study revealed several recommendations for future practice. As suggested in the literature, the use of mentoring can increase the job satisfaction of nursing faculty, which in turn, can lead to increase retention. (AACN, 2015; Chung & Kowalski, 2012; McDermid et al., 2012; McDonald, 2009; NACNEP, 2010; NLN, 2006; Roughton, 2013). Ongoing retention of nursing faculty is of particular importance given the nursing faculty shortage. Recommendations for future practice as a result of this study include, the development of a formal mentoring program and focused education for mentors.

As previously discussed, the implementation of mentoring programs has the potential to impact nursing faculty job satisfaction and thereby have an impact on the nursing faculty

shortage. One recommendation for future practice is for schools of nursing to use the results of this study to guide the development of formal mentoring programs. By identifying the characteristics of mentoring that nursing faculty find to be of high importance and lead to high levels of satisfaction, mentoring programs can be customized to ensure the needs of the novice nursing faculty are met in the mentoring relationship and in the role of the mentor.

The second recommendation as a result of this study is for schools of nursing to consider formal training for mentors. The training should focus on the characteristics of the mentoring relationship and role of the mentor that were found to be of high satisfaction and importance, but also on those items that scored as low satisfiers and importance. By focusing on the low scoring items, the mentor education can provide additional knowledge and information on those behaviors, as well as institution specific information for assisting the novice faculty when needed. For example, assisting the novice faculty with achieving professional goal development was a low scoring item and providing the mentor with the necessary resources to guide the novice faculty could lead to an increase in overall satisfaction with mentoring and potentially increase in job satisfaction. A formal mentoring program would not be necessary to conduct mentor education, this could be accomplished in a setting where informal mentoring relationships exist and development occur within the nursing faculty.

Summary

The results of this study did not provide statistically significant results related to the mentoring relationship and role of the mentor; however, it did provide insight into the characteristics of the relationship and role of the mentor that nursing faculty find to be of importance and produce a level of satisfaction. By understanding the important characteristics of and satisfaction with mentoring can assist with the development of formal mentoring programs.

In addition, by understanding the characteristics, the mentor can be better prepared to assist the novice nursing faculty in professional development.

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Appendix A

Survey Instrument

Please complete the following survey.

1. Please enter your age.

2. What is your race and/or ethnicity?

American-Indian or Native Alaskan

Asian, Asian American or Pacific Islander

Black or African American

Hispanic or Latino

White (non-Hispanic)

Multiracial

Other

3. What is your gender?

Male

Female

4. What is your highest degree obtained?

BSN

MSN

DNP

Ed. D/Ph. D

Master degree in field other than nursing

5. How many years of experience do you have as full-time nursing faculty?

0-4

5-9

10-14

15 or greater

6. Have you participated in a mentoring relationship in your role as a nursing faculty?

No

Yes

Perceptions of Mentoring Relationships Survey

For each item, select the response that most closely matches your level of agreement or disagreement with each statement. There are no right or wrong answers to the items in the questionnaire. Please respond to each item as honestly as possible (Harris, 2013).

Please rate the following items using a 5-point Likert scale.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

1. I feel it is important that a mentoring relationship provides me with a source of encouragement to keep me motivated when I am feeling discouraged.
2. I feel it is important that a mentoring relationship provides me with a source of guidance when I need it.
3. I feel it is important that a mentoring relationship provides me with a chance to share experiences with someone who has made the transition from clinical practice to higher education.
4. I feel it is important that a mentoring relationship provides me with a person who can serve as a role model.
5. I feel it is important that a mentoring relationship is a trusting relationship.
6. I feel it is important that a mentoring relationship provides me with someone who can teach/advise me on how to achieve my professional goals.
7. I feel it is important that a mentoring relationship provides the opportunity to learn from the experiences of someone who is a successful nurse educator.
8. I feel it is important that a mentoring relationship provides me with someone whom I can communicate with regarding my feelings, both positive and negative.
9. I feel it is important that a mentor is a source of psychological support when I need it.
10. I feel it is important that a mentor is able to provide guidance to those who need it.
11. I feel it is important that a mentor is available to provide encouragement when it is needed.

12. I feel it is important that a mentor is able to advise individuals in the areas that they need assistance.

13. I feel it is important that an effective mentor is also a good teacher.

14. I feel it is important that an effective mentor has good listening skills.

15. I feel it is important that a mentor serves as a role model.

16. I feel it is important that an effective mentor is one who can provide the support that is needed.

For the following items, consider a mentoring relationship that you have participated in and rate your level of satisfaction with each item using a 5-point Likert scale. If you have not participated in a mentoring relationship, you do not need to complete this section.

1	2	3	4	5
Strongly Dissatisfied	Dissatisfied	Neutral	Satisfied	Strongly Satisfied

1. My mentoring relationship provided me with a source of encouragement to keep me motivated when I was feeling discouraged.
2. My mentoring relationship provided me with a source of guidance when I needed it.
3. My mentoring relationship provided me with a chance to share experiences with someone who has made the transition from clinical practice to higher education.
4. My mentoring relationship provided me with a person who was able to serve as a role model.
5. My mentoring relationship was a trusting relationship.

6. My mentoring relationship provided me with someone who was able to teach/advise me on how to achieve my professional goals.
7. My mentoring relationship provided me with the opportunity to learn from the experiences of someone who is a successful nurse educator.
8. My mentoring relationship provided me with someone whom I can communicate with regarding my feelings, both positive and negative.
9. My mentor was a source of psychological support when I needed it.
10. My mentor was able to provide me guidance when I needed it.
11. My mentor was available to provide encouragement when I needed it.
12. My mentor was able to advise me in the areas I needed.
13. My mentor was also a good teacher.
14. My mentor had good listening skills.
15. My mentor served as a role model.
16. My mentor provided me support when I needed it.

Appendix B

Permission to Use Perceptions of Mentoring Relationships Survey

Saturday, April 23, 2016 at 10:28:27 AM Central Daylight Time

Subject: RE: Permissions Request for Perceptions of Mentoring Relationships Survey

Date: Tuesday, April 19, 2016 at 9:32:31 PM Central Daylight Time

From: Sandra M. Harris

To: Jacklyn Gentry

Jacklyn,

You have my permission to use the survey. I only ask that you give proper credit to me as author.

Do you have a copy of the instrument?

Sincerely,
Dr. Harris

From: Jacklyn Gentry [mailto:jdb14@uark.edu]

Sent: Tuesday, April 19, 2016 7:08 PM

To: Sandra M. Harris

Subject: Permissions Request for Perceptions of Mentoring Relationships Survey

Dear Dr. Harris,

I am a doctoral student from the University of Arkansas, Adult and Lifelong Learning Executive Leadership Ed. D program. I am writing my dissertation titled Nursing Faculty Perceptions of Mentoring and Effect on Job Satisfaction and Career Longevity, under the direction of my dissertation committee chaired by Dr. Kit Kacirek who can be reached at kitk@uark.edu.

I would like your permission to use the Perceptions of Mentoring Relationships Survey instrument in my research study. I would like to use and print your survey under the following conditions:

- I will use the surveys only for my research study and will not sell or use it with any compensated or curriculum development activities.
- I will include the copyright statement on all copies of the instrument.
- If you like, I will send a copy of my completed research study to your attention upon completion of the study.

If these are acceptable terms and conditions, please indicate so by replying to me through e-mail at jdb14@uark.edu

Sincerely,
Jacklyn Gentry, MSN, RN
Doctoral Candidate
University of Arkansas

Appendix C

University of Arkansas Institutional Review Board Approval



Office of Research Compliance
Institutional Review Board

September 23, 2016

MEMORANDUM

TO: Jacklyn Gentry
Kit Kacirek

FROM: Ro ~~Windwalker~~
IRB Coordinator

RE: New Protocol Approval

IRB Protocol #: 16-09-093

Protocol Title: *Importance of and Satisfaction with Characteristics of Mentoring among Nursing Faculty*

Review Type: EXEMPT EXPEDITED FULL IRB

Approved Project Period: Start Date: 09/22/2016 Expiration Date: 09/21/2017

Your protocol has been approved by the IRB. Protocols are approved for a maximum period of one year. If you wish to continue the project past the approved project period (see above), you must submit a request, using the form *Continuing Review for IRB Approved Projects*, prior to the expiration date. This form is available from the IRB Coordinator or on the Research Compliance website (<https://vpred.uark.edu/units/rscp/index.php>). As a courtesy, you will be sent a reminder two months in advance of that date. However, failure to receive a reminder does not negate your obligation to make the request in sufficient time for review and approval. Federal regulations prohibit retroactive approval of continuation. Failure to receive approval to continue the project prior to the expiration date will result in Termination of the protocol approval. The IRB Coordinator can give you guidance on submission times.

This protocol has been approved for 240 participants. If you wish to make any modifications in the approved protocol, including enrolling more than this number, you must seek approval *prior to* implementing those changes. All modifications should be requested in writing (email is acceptable) and must provide sufficient detail to assess the impact of the change.

If you have questions or need any assistance from the IRB, please contact me at 109 ~~MLKG~~ Building, 5-2208, or irb@uark.edu.

**Importance of and Satisfaction with Characteristics of Mentoring Among Nursing Faculty
Implied Consent to Participate in a Research Study**

Principal Researcher: Jacklyn Gentry

Faculty Advisor: Dr. Kit Kacirek

INVITATION TO PARTICIPATE

You are invited to participate in a research study about the satisfaction with and characteristics of mentoring among nursing faculty. You are being asked to participate in this study because you have been identified as a nursing faculty. In order to participate in the study, you will complete a survey using an electronic survey tool. By completing the survey, you are providing implied consent for study participation.

WHAT YOU SHOULD KNOW ABOUT THE RESEARCH STUDY

Who is the Principal Researcher?

Jacklyn Gentry, MSN, RN

Doctoral Candidate

University of Arkansas

Jdb14@uark.edu

Who is the Faculty Advisor?

Kit Kacirek, Ed. D.

Dissertation Chair

Associate Professor

University of Arkansas

kitk@uark.edu

What is the purpose of this research study?

The purpose of the study is to examine the relationship between the importance of and satisfaction with characteristics of mentoring in full time nursing faculty teaching in baccalaureate degree programs or higher. This study will ascertain the degree to which nursing faculty perceive the importance of characteristics of the mentor and mentoring relationship, as well as the level of satisfaction with the mentor and mentoring relationship.

Who will participate in this study?

Full-time nursing faculty teaching in baccalaureate degree programs or higher will be invited to participate. 240 nursing faculty will be invited to participate in the survey.

What am I being asked to do?

Your participation will require for you to complete a one-time survey using an electronic survey tool.

What are the possible risks or discomforts?

There are no anticipated risks for participating in this study.

What are the possible benefits of this study?

There are no anticipated benefits for participating in this study.

IRB #16-09-093
Approved: 09/22/2016
Expires: 09/21/2017

How long will the study last?

Your participation in this study is a one-time, voluntary survey completion. The survey will take approximately 15 minutes to take using an electronic survey tool.

What are the options if I do not want to be in the study?

Participation in this study is strictly voluntary. If you do not want to be in this study, you may refuse to participate. Also, you may refuse to participate at any time during the study. Your job will not be affected in any way if you refuse to participate.

How will my confidentiality be protected?

All information will be kept confidential to the extent allowed by applicable State and Federal law. The survey data is anonymous and names of participants will not be collected or associated with the data in any way. After the survey data has been collected it will be maintained in a password protected spreadsheet to ensure data security.

Will I know the results of the study?

At the conclusion of the study you will have the right to request feedback about the results. You may contact the faculty advisor, Dr. Kit Kacirek, kitk@uark.edu or Principal Researcher, Jacklyn Gentry, jdb14@uark.edu.

What do I do if I have questions about the research study?

You have the right to contact the Principal Researcher or Faculty Advisor as listed below for any concerns that you may have.

Jacklyn Gentry, MSN, RN

Jdb14@uark.edu

Kit Kacirek, Ed. D.

kitk@uark.edu

You may also contact the University of Arkansas Research Compliance office listed below if you have questions about your rights as a participant, or to discuss any concerns about, or problems with the research.

Ro Windwalker, CIP
Institutional Review Board Coordinator
Research Compliance
University of Arkansas
109 MLKG Building
Fayetteville, AR 72701-1201
479-575-2208
irb@uark.edu