

AN EXPLORATION OF FORMAL MENTORING EXPERIENCES  
OF JUNIOR FACULTY IN ASSOCIATE DEGREE  
NURSING PROGRAMS

by

MARSHA M. CANNON

BECKY ATKINSON, COMMITTEE CHAIR

LINDA DUNN  
DENISE KNIGHT  
STEPHEN TOMLINSON  
VIVIAN WRIGHT

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## ABSTRACT

The purpose of this study was to explore the formal mentoring experiences of junior nursing faculty. The nursing faculty were located in associate degree nursing programs in community colleges in the Southeast. Three broad research questions were developed to guide the study: (1) What are the lived experiences of junior faculty with formal mentoring? (2) What is the nature of the interactions that take place between mentor and mentee? (3) What meanings do the mentees assign to these interactions? A qualitative research design was used to conduct the study.

The participants offered a depiction of the lived experience of the formal mentoring experiences of junior nursing faculty. The results of the data analyses indicated the nurse educators encountered struggles as they acclimated into the nurse educator role. The formal mentoring that was provided for the mentees fostered within them a sense of belonging that resulted in job satisfaction and a desire to remain in nursing education. The mentees trusted that their mentors provided the best mentoring and learning experiences for them as the mentors sat in the classroom and observed them, provided guidance with instructional development, and assisted with test construction. All of these mentor actions helped the new faculty members grow as educators.

Understanding the mentoring experiences of novice nurse educators is important to nursing education. Nursing faculty members leave education for a myriad of reasons including salary, stress, unclear role expectations, and job satisfaction. Job satisfaction greatly influences a faculty member's decision to remain in nursing education. The retention of qualified nurse

educators is crucial to overcoming the nursing faculty shortage, and a means to address this problem is the mentoring of new educators. The study findings affirmed the positive nature of formal mentoring when examining the experiences of junior nurse educators.

## DEDICATION

I would like to dedicate this dissertation to my family without whom I would have never accomplished this undertaking. The pursuit of this degree has been a long and arduous journey, and their love and support provided me with the encouragement that I needed to accomplish this goal that I established many years ago. I dedicate this work to my understanding husband, Tony, and my two wonderful sons, Trey and Matthew. Their love and support throughout this endeavor gave me the courage and determination to finish. I also would like to dedicate this work to my mother, Mary Ann Gibbs. During those times when I struggled and was ready to give up, she gently pushed me to continue. My family is the reason I was able to achieve this dream; therefore, I gratefully dedicate this dissertation to them.

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## CONTENTS

ABSTRACT.....	ii
DEDICATION .....	iv
ACKNOWLEDGMENTS .....	v
LIST OF TABLES .....	xii
CHAPTER I: INTRODUCTION.....	1
Statement of the Problem.....	3
Relevant Research.....	3
Purpose of the Study .....	4
Research Questions.....	5
Methodology .....	5
Significance of the Study .....	7
Summary .....	8
CHAPTER II: REVIEW OF THE LITERATURE .....	9
Informal Mentoring.....	9
Formal Mentoring .....	11
Barriers to Mentoring.....	13
Characteristics of Effective Mentors .....	15
Characteristics of Mentees .....	16
Benefits of Mentoring for Mentors .....	17
Benefits of Mentoring for Mentees.....	17

Effective Formal Mentoring in Business .....	18
Mentoring in Higher Education .....	19
Types of Nursing Programs .....	20
Faculty Responsibilities .....	21
Mentoring and Job Satisfaction .....	21
Attrition of Nursing Faculty.....	22
Mentoring of Nurse Educators.....	24
Summary.....	25
CHAPTER III: METHODOLOGY .....	27
Qualitative Research Design.....	27
Phenomenological Methodology .....	28
Qualitative Interview Approach.....	28
Participants.....	29
Purposive Sampling .....	29
Recruitment and Selection .....	30
Ethical Considerations .....	31
IRB Approval and Informed Consent .....	31
Confidentiality .....	32
Instruments.....	33
Data Collection .....	34
Setting.....	34
Recruiting Participants .....	34
Interview Design .....	35



Data Analysis .....	36
Data Organization.....	38
Coding Data.....	38
Validity .....	39
Researcher Positionality.....	40
Timeline .....	40
Summary .....	41
CHAPTER IV: FINDINGS .....	42
Research Questions.....	42
Emerging Themes from the Data.....	43
Navigating the Way .....	47
Teaching.....	48
Teaching in the classroom setting.....	49
Teaching in the clinical setting .....	50
Mentor helpful practices .....	51
Sitting in class .....	52
Assisting with test construction .....	53
Providing guidance with instructional development.....	54
Providing constructive criticism .....	55
Role model .....	57
Time constraint .....	58
Nurse Educators' Emotions .....	60
Confidence .....	60

Trust and honesty .....	62
Belonging .....	67
Best Practices .....	68
Institutional best practice .....	68
Assigning limited responsibilities .....	68
Mentors' Nurturing Nature .....	70
Being available .....	70
Patience .....	71
Impact of Formal Mentoring .....	73
Impact on job satisfaction .....	73
Impact on the desire to remain in nursing education .....	74
Impact on professional growth .....	75
Influence of the Mentor .....	76
Addressing Formal Mentoring .....	78
Institutional responsibilities .....	79
Mentor responsibilities .....	81
Summary .....	83
CHAPTER V: DISCUSSION, CONCLUSIONS, LIMITATIONS, AND RECOMMENDATIONS .....	85
Overview of the Study .....	85
Summary of Findings .....	86
Discussion .....	88
Broad Research Question 1 .....	88
Developing a sense of belonging .....	90

Trust .....	91
Broad Research Question 2.....	92
The importance of constructive criticism .....	94
Time constraint .....	95
Broad Research Question 3.....	95
Teaching.....	96
Sitting in the classroom.....	96
Assisting with test construction .....	97
Providing guidance with instructional development.....	98
Role model.....	98
Assigning limited responsibilities.....	99
Limitations of the Study.....	100
Implications and Recommendations .....	101
Nursing Education .....	102
Specific roles and responsibilities.....	103
Program evaluation .....	103
Programmatic barriers.....	104
Mentor training .....	105
Job satisfaction.....	105
Research.....	106
Summary .....	107
REFERENCES .....	109

## APPENDICES

APPENDIX A: Letter to Directors .....	118
APPENDIX B: Informed Consent .....	119
APPENDIX C: Demographic Data Survey .....	121
APPENDIX D: Exploration of Formal Mentoring Experiences Interview Protocol.....	123

## LIST OF TABLES

1. Demographics .....	30
2. Themes and Subthemes with Meanings.....	45

## CHAPTER I:

### INTRODUCTION

Many factors influence the satisfaction of an employee with an organization, and these factors may be organizational and/or personal. Job satisfaction greatly influences an individual's desire to remain with an organization as well as commitment to the organization. Institutions of higher education spend considerable expense and resources to hire new faculty (Ambrose, Huston, & Norman, 2005); therefore, institutions must determine how to facilitate faculty satisfaction so they will remain.

The U.S. Department of Health and Human Services (2004) recently reported that by 2020 there will be a need for 2.8 million nurses, but a deficit of 1 million will exist. The current shortage of nurses can be attributed to several factors including but not limited to (a) the age of working nurses, (b) decreased job satisfaction, (c) long work hours, (d) salary, (e) difficult working conditions, (f) lack of nurses entering the workforce, (g) exit of nurses from healthcare, and (h) a lack of nurse faculty (Allen, 2008; Buerhaus, Donelan, Ulrich, Norman, & Dittus, 2006; Gwynn, 2011; Tanner, 2005). Faculty leave academia for various reasons including stress related to aspects of their positions such as issues associated with gender or race, work-life conflict, teaching duties, and role expectations that were not clearly defined (Eddy & Gaston-Gayles, 2008). One factor that has been identified as affecting the job satisfaction of faculty is mentoring. This study explored the formal mentoring experiences of junior nursing faculty of associate degree programs in the Southeast.

The origin of the word mentor is found in the Greek mythological work *Odyssey* in which King Odysseus entrusted his son to his friend Mentor when he left to fight in the Trojan War; Mentor was to be responsible for the education of Telemachus King Odysseus's son (Gentry, Weber, & Sadri, 2008). Historically, the concept of mentoring has a foundation in apprenticeship programs because apprenticeship programs were a means by which an apprentice acquired vocational knowledge and skills over a sustained period of training (Kahle-Piasecki, 2011).

Mentoring can be defined in many ways, but a general understanding is that mentoring is a process where an individual with more experience and superior status guides the progress of a less experienced person (Kahle-Piasecke, 2011; Savage Karp, & Logue, 2004). Mentoring is a concept that has been utilized in education, business, and other fields to facilitate acclimation of individuals to new roles (Erdem & Aytemur, 2008; Hubbard, Halcomb, Foley, Roberts, 2010). In order to prepare novice nursing faculty for the responsibilities of the nurse educator role, mentoring needs to be included in professional development plans (Baker, Fitzpatrick, & Griffin, 2011; Eifler & Veltri, 2010; Hubbard et al., 2010).

This phenomenological study explored the lived experiences of junior nursing faculty who participated in formal mentoring programs in community colleges in the Southeast. This exploration allowed the researcher to gain a deeper understanding of the formal mentoring experiences of the study participants by examining how junior faculty make meaning of their mentoring experiences. The study sought to identify successful mentoring strategies and techniques as described by the participants and explore if formal mentoring facilitates acclimation into the faculty role and impacts job satisfaction of the junior faculty, and indirectly encourages retention of qualified and experienced nursing faculty. The research findings can

facilitate development effective mentoring programs because the respondents provided valuable insight about successful mentoring practices, neglected relevant topics or issues, and the impact of formal mentoring on job satisfaction.

### **Statement of the Problem**

A shortage of nursing faculty is negatively impacting the availability of nurses entering the health care environment because of the inability of schools of nursing to admit new students. Nursing education must devise ways to address this nursing faculty shortage, and formal mentoring of novice nursing faculty may be a means of addressing the nursing faculty shortage by increasing job satisfaction of faculty. Unfortunately, many associate degree nursing programs in the Southeast do not have established formal mentoring programs. This study explored the formal mentoring experiences of junior faculty in associate degree nursing programs in the Southeast and highlighted the benefits of mentoring relevant to job satisfaction.

A review of the literature reveals a lack of scholarly research related to the formal mentoring experiences of junior associate degree nursing faculty. Literature exists that discusses mentoring and mentoring in nursing education, but there is a lack of research on the formal mentoring experiences of junior faculty. It is important to examine such experiences because learning how junior faculty members make meaning of mentoring provides valuable insight into effective mentoring practices. Such information can contribute to scholarship and the development of effective formal mentoring programs.

### **Relevant Research**

A literature review was conducted to ascertain what research exists pertaining to the formal mentoring experiences of junior faculty in associate degree nursing programs. The articles found provided research findings regarding the experiences of novice faculty in associate



programs (Duphily, 2011; Weidman, 2013) and empowerment and job satisfaction experienced by nursing faculty of associate degree nursing programs (Baker et al., 2011).

Junior nurse educators experience difficulty acclimating to the role of the nurse educator because of the different roles and responsibilities (e.g. teaching, examination construction, student evaluation, and advising) (Duphily, 2011; Sawatzky & Enns, 2009). Also, many new nurse educators experience great stress because of not having a foundation of educational theory (Heinrich & Oberleitner, 2012; Weidman, 2013). According to Baker, Fitzpatrick, and Griffin (2011), nursing administrators in associate degree nursing programs should use mentoring to assist new faculty in assuming the roles of the educator. Mentoring of novice nursing faculty may promote retention of qualified individuals, and this retention may help with the nursing shortage being experienced in health care (Hubbard et al., 2010; Sawatzky & Enns, 2009; White, Brannon, & Wilson, 2010).

The experiences of associate degree nurse educators in the educational environment have been explored minimally. The formal mentoring experiences of associate degree nursing faculty have not been examined or have not been examined and published for dissemination. Thus, an exploration of the lived experiences relevant to formal mentoring of junior associate degree nurse educators may guide the development of formal mentoring programs that promote the job satisfaction of new faculty and possibly facilitate the retention of qualified educators.

### **Purpose of the Study**

The purpose of this phenomenological study was to explore the formal mentoring experiences of junior nursing faculty. Exploring the experiences of junior faculty who participated in formal mentoring relationships captured an understanding of the meaning they ascribed to their experiences. This area of research will inform the field of nursing education and

assist in addressing the problem of nursing faculty shortage and contribute to the body of research and literature. Examination of the formal mentoring experiences may lead to the identification of issues and strategies that inform mentoring practices of nursing programs and enhance the development of more effective formal mentoring programs.

### **Research Questions**

To explore the mentoring experiences of the junior nursing faculty, the overarching and focused research questions were as follows. The overarching questions included

1. What are the lived experiences of junior faculty with formal mentoring;
2. What is the nature of the interactions that take place between mentor and mentee; and
3. What meanings do the mentees assign to these interactions?

The focused research questions included

1. What experiences/features of formal mentoring do junior nursing faculty say impacted their acclimation into the nurse educator role in the classroom and clinical settings;
2. What aspects of formal mentoring does junior faculty report as being positive;
3. What aspects of formal mentoring does junior faculty report as being negative;
4. How does junior nursing faculty report that formal mentoring impacts job satisfaction and the desire to remain in nursing education?

### **Methodology**

Phenomenology focuses on exploring how human beings make sense of experiences and transform those experiences into consciousness (Creswell, 2007) by explicating the “essence of human experience” (Gibson & Hanes, 2003, p. 181). According to Gibson and Hanes (2003),

phenomenology is an interpretative methodology of research that is focused on examining the meaning and nature of the everyday experience in order to culminate in a deeper understanding of the phenomenon being studied.

The German philosopher Edmund Husserl is considered to be the father of phenomenology, and Martin Heidegger worked closely with Husserl (Wilding & Whiteford, 2005). The two main types of phenomenology are Husserlian phenomenology and Heideggerian phenomenology. Descriptive phenomenological studies as developed by Husserl rely on the precise description of occurrences in everyday life as people experience and perceive them and usually involve the steps of bracketing, intuiting, analyzing, and describing. The concept of bracketing refers to the identification and negating of preconceived perceptions and ideas related to the phenomenon being examined (Polit & Beck, 2008).

In contrast, Heidegger did not prescribe to the belief that preconceived perceptions and ideas could be set aside while examining a phenomenon of interest. He did not believe that bracketing was possible because he alleged that in order to truly interpret and understand a phenomenon, the researcher had to immerse into the world of those being studied (Polit & Beck, 2008).

Further, Heidegger believed that phenomenology should not only be descriptive but interpretative. According to Heidegger, interpretative phenomenology or hermeneutics is based on the premise that human behavior should be interpreted and understood not only described. He asserted that phenomenology seeks to interpret the meaning behind an experience or idea (Polit & Beck, 2008). Larkin, Watts, and Clifton (2006) stated that Heidegger's phenomenological approach demands that the researcher formulate a hermeneutic account of the individual's relatedness to the phenomenon under consideration. "The goals of interpretative phenomenology

research are to enter another's world and to discover the practical wisdom, possibilities, and understandings” (Polit & Beck, 2008, p. 229).

Heidegger’s phenomenological approach was used to guide this study. The phenomenological approach allowed the researcher to examine the common phenomenon of formal mentoring experiences among associate nursing degree faculty in the community colleges. By using the Heideggarian phenomenological model, a deeper understanding of the formal mentoring experiences of junior faculty employed in associate degree nursing programs situated in community colleges was gained. The researcher sought to not only describe the mentoring experiences as expressed by the faculty, but interpret the experiences, also. In examining the formal mentoring experiences, the researcher interpreted the behavior of mentees within the context of the mentoring relationship. While conducting the research, the researcher attempted to interpret the meanings mentees ascribed to their formal mentoring experiences.

### **Significance of the Study**

The lack of qualified nursing faculty poses a serious threat for health care. The nursing faculty shortage can be attributed to many factors including but not limited to workplace and workload issues and poorly defined and unrealistic role expectations (Caputi, 2005; Gormley & Kennerly, 2010). Mentoring is a means by which acclimation to the educator role may be supported and facilitated and job satisfaction of faculty might occur as well as retention in nursing education. Dattilo, Brewer, and Streit (2009) stated, “a collective wisdom exists among experienced nurse educators that may encourage individuals to join the ranks and guide less experienced colleagues in their academic life” (p. 367).

The literature review reveals a gap relevant to mentoring of associate degree junior nursing faculty, especially formal mentoring. The focus of this phenomenological study was the

exploration of the lived experiences of formal mentoring relationships of associate nursing program junior faculty because the exploration of the lived experiences of mentees involved in formal mentoring relationships could potentially encourage the professional development of junior faculty resulting in job satisfaction and possibly retention of nurse educators.

### **Summary**

New nurse educators are confronted with the daunting and often overwhelming task of acclimating to the faculty role of which they have little understanding because most enter the field from a clinical setting. The acculturation into the environment of nursing education can be facilitated by mentoring which will provide the junior faculty with guidance and skills they need to successfully transition into the educator role. A lack of support for new faculty is compounded by the shortage of available nurse educators who can fill the role of mentor. As a possible means to alleviate the problem of a nursing faculty shortage and resulting practicing nurse shortage, the profession of nursing must identify and implement strategies that will facilitate job satisfaction as a nurse educator.

## CHAPTER II:

### REVIEW OF THE LITERATURE

The literature review serves to construct a logical framework for the research and situates the research in a custom of scholarly query (Creswell, 2007; Marshall & Rossman, 2011). Polit and Beck (2008) have asserted that the review of literature allows the researcher to examine the phenomenon under study from multiple viewpoints. The central question of this study focused on the lived experiences of junior nursing with formal mentoring. A literature review was conducted to examine existing literature on mentoring, formal mentoring of junior nursing faculty, formal mentoring programs, nursing shortage, and job satisfaction.

Many articles have been written about mentoring in nursing (Blauvelt & Spath, 2008; Eifler & Veltri, 2010; Smith & Zsohar, 2007). Research has been conducted to examine the reasons for the nursing educator shortage (Garbee & Killacky, 2008; Gormley & Kennerly, 2011) and the social processes that transpire during the role transition from nurse to nurse educator (Gwyn, 2011; Schoening, 2013; White et al., 2010). Yet, a lack of research about mentoring of new associate degree nursing faculty nursing exists.

#### **Informal Mentoring**

Mentoring relationships are significant because the organizations and their members receive abundant benefits (Kahle-Piasecki, 2011; O'Neill, 2005). Schwille (2008) wrote that mentoring relationships encompass skills as well as knowledge that must be learned by the mentee and are undergirded by a common goal or shared vision. Mentoring can occur in an informal or formal manner. Informal mentoring occurs when the mentor and mentee establish a

relationship in which advice and guidance is shared without an established structure (Bell & Treleaven, 2011; Kram, 1983), and the purpose of the informal mentoring is to assist the mentee with career development in an environment without formal evaluation (Kram, 1983; Leslie, Lingard, & Whyte, 2005). Mentees often seek assistance and guidance from one with whom there exists a mutual attraction and bond and resulting interpersonal comfort (Armstrong, Allinson, & Hayes, 2002).

Informal mentoring is unstructured and generally lasts longer than formal mentoring. The roles in an informal mentoring relationship depend on the needs of both the mentor and mentee and may be hierarchical or peer (Ensher, Thomas, Murphy, 2001; Tourigny & Pulich, 2005). New employees may seek out individuals with whom they identify or whom they believe can provide them with information and guidance about the organization; these relationships are not organized and do not have an established agenda or protocol (Herrbach, Mignonac, & Richebe, 2011; Tourigny & Pulich, 2005).

In the arena of higher education, a negative aspect of informal mentoring is that new faculty may experience difficulty in seeking out an experienced educator to serve as a mentor (Bell & Treleaven, 2011; Leslie et al., 2005). On the other hand, mentees engaged in informal mentoring relationships profess that they receive vocational support, role modeling, and reciprocity (Ensher et al., 2001).

Informal mentoring can be very beneficial to an employee who has recently been hired because an informal mentor can provide information and support that is valuable. The unstructured and informal nature of the relationship may be more comfortable for the new employee. Informal mentoring can provide positive benefits for someone who is new to an organization.

## **Formal Mentoring**

Formal mentoring programs may be utilized to develop skills and attributes in a new employee. A formal mentoring program occurs when an organization officially supports mentoring relationships and plays a role in facilitating mentoring relationships by providing structure, guidelines, and policies (Finkelstein & Poteet, 2004; Ehrich, Hansford, & Tennent, 2004). In formal mentoring relationships, organizations assign the mentees to mentors (Armstrong et al., 2002; Kahle-Piasecki, 2011; Miller & Thurston, 2009), the mentoring is usually short-term (Sawatzky & Enns, 2009), and goals and frequency of meetings are established at the initiation of the agreement (Blake-Beard, 2001). Often, the mentoring dyad is formed by administrators with consideration of mentee interests and mentor expertise (Bell & Treleaven, 2011; McCann & Johannessen, 2010; Miller & Thurston, 2009). The overarching goal of formal mentoring is the development of mentees' career by mentor guidance (Ehrich et al., 2004; Sosik, Lee, & Bouquillon, 2005).

An impetus toward the development of formal and structured mentoring programs is a disconnect between qualified and available mentors and possible mentees (McLaughlin, 2010). Inherent in effective and well-designed formal mentoring programs are program goals, training for mentees and mentors, schedules, and evaluation (McLaughlin, 2010; Tillman, 2001) as well as guidelines and activities (Guise, Nagel, Regensteiner, & Building Interdisciplinary Research Careers in Women's Health Directors, 2012; Hezlett & Gibson, 2005). Dunham-Taylor, Lynn, Moore, McDaniel, and Walker (2008) states that essential elements of an effective mentoring program are socialization, collaboration, validation/evaluation, operations, expectations, transformation, and documentation. Orientation sessions are imperative to assist mentors in understanding the goals, expectations, and roles of the program (Hamlin & Sage, 2011; Hezlett



& Gibson, 2005). Formal mentoring can facilitate achievement of organizational strategic goals by improving retention, providing ongoing career development, building morale, building teams, accelerating leadership development, and facilitating organizational learning (Perrone, 2003).

There are documented examples of formal mentoring programs that have been effectively implemented. A formal mentoring program was established at a Midwestern university to develop faculty who were ethical, knowledgeable, and caring decision makers. The evaluation of the nine-year model indicated that the program met desired college goals and mentees and mentors received benefits. The components of the program are establishing a definition of mentoring, orienting faculty, selecting and matching mentors and mentees, establishing the duration of the relationship, having monthly informal luncheons for the participants, hosting professional seminars, and evaluating program effectiveness. The program was evaluated using annual formative surveys and a five-year summative survey. Mentees and mentors identified professional networking, general support, and promotion and tenure information as extremely important. Other areas that were designated as important were knowledge of policies and procedures and friendship (Miller & Thurston, 2009).

Another example of an effective formal mentoring program is Coca Cola Foods. Coca Cola Foods has a successful mentoring program where two individuals of different status and departments are paired. The program consists of ten components. The first component is the identification of mentees during which eligible participants are selected based upon job level, department, mentee characteristics, etc. The second component of the mentoring process is identifying developmental needs of mentees so an individualized developmental plan can be constructed. The third component is the identification of potential mentors; the mentors can volunteer or can be chosen by a mentee or manager. The fourth component of the process is the

matching of the mentee and mentor based upon the needs of the mentee and the experience and knowledge of the mentor. The fifth component is the orientation of both mentee and mentor, which includes time commitment required, types of strategies and activities, and responsibilities. The sixth component is contracting which consists of a development plan, meeting frequency, role of the mentor, and duration of the relationship. The seventh component is periodic meetings, and the sessions include planning, coaching, and feedback. The eighth component is periodic reports submitted by both mentee and mentor to determine effectiveness of the process. The ninth component is conclusion in which the tasks agreed upon are completed or when the relationship can no longer continue. The tenth and final component is the evaluation and follow-up during which both mentee and mentor are interviewed to determine aspects of the program including effectiveness and value (Veale & Wachtel, 1996).

Formal mentoring programs are established to meet the needs of individuals who are new to an organization and are sanctioned by the organization itself. Formal programs differ in context and purpose based upon the environment in which the mentoring occurs, but some elements are key such as purpose, policies, and guidelines.

### **Barriers to Mentoring**

Even though organizations and institutions establish mentoring programs as a means to facilitate the growth of newcomers, the mentoring may be hindered by barriers including programmatic, sociocultural, and interpersonal ones. Programmatic barriers that may prohibit effectiveness of a mentoring relationship include time constraints because demands for research, teaching, and institutional commitments are great (McLaughlin, 2010). Preparation for mentoring requires time and rewards and prestige are limited; the matching of participants may be not conducive to a productive relationship (Bennion, 2004; McLaughlin, 2010). The lack of a

mentoring plan may exist (Hubbard et al., 2010) as well as limited access and a perceived conflict of interest (Eby, Butts, & Lockwood, 2004; Leslie et al., 2005). Also, if the research or teaching interests of the mentor and mentee are not congruent, the effectiveness of the relationship is limited and the mentoring will be adversely affected (Hamlin & Sage, 2011; Wilson, Valentine, & Pereira, 2002).

Other barriers encountered in mentoring are sociocultural ones. Evidence exists that suggests mentoring may be stronger in same-gender relationships because mentees experience an enhanced sense of interpersonal comfort resulting in facilitated mentoring (Allen, Day, & Lentz, 2005; Leck & Orser, 2013). Gender barriers, which may inhibit mentoring, include relational demography, gender stereotypes, organizational demographics, sexual liaisons, power dynamics, and gender behaviors (O'Neill & Blake-Beard, 2002). Research indicates that relationships consisting of male mentees and female dyads are the least successful (Armstrong et al., 2002).

Often, barriers to mentoring exist because of differences in race. Tillman (2001) has posited that the issue of race is important in mentoring relationships because African American faculty is underrepresented in institutions of higher education especially in predominantly White research institutions. Stanley and Lincoln (2005) have asserted that administrative personnel are frequently unsure of how to effectively promote mentoring among faculty who are racially different. Also, majority faculty may be hesitant to mentor new colleagues of color, and the minority faculty sense the lack of a mentoring relationship (Stanley & Lincoln, 2005). Ineffective mentoring may result in a feeling of social isolation and, consequently, a lack of scholarly activity (Guise et al, 2012; Tillman, 2001).

Interpersonal difference and discomfort may interfere with the effectiveness of a mentoring relationship. Impaired social skills may be a hindrance in mentoring relationships

because mentors and mentees may not be able to communicate needs or expectations (Wu, Turban, & Cheung, 2012), and mentors may disappoint their mentees by not meeting their needs (Ragins, Cotton, & Miller, 2000). The mentee may feel a sense of non-commitment (Guise et al., 2012; Herrbach et al., 2011) and even horizontal violence (Hubbard et al., 2010). Other interpersonal factors which may serve as barriers to effective mentoring are manipulative behavior on the part of the mentor, lack of expertise, and distancing behavior by the mentor (Eb et al., 2004; Hamlin & Sage, 2011).

Barriers which have been identified that hinder the effective mentoring of novice nursing educators are lack of time and availability, incompatibility between the mentee and mentor, horizontal violence, disinterest in the mentoring relationship, and an unsupportive environment (Hubbard et al., 2010; Sawatzky & Enns, 2009). These barriers may inhibit the effective transition of the new member into the faculty role and organization.

Barriers exist which may prohibit effective mentoring and include programmatic, sociocultural, and interpersonal barriers. These barriers may be actual or perceived and may involve the mentor, the mentee, or the organization. Such barriers must be identified and overcome in order for junior faculty to develop professionally as necessary to fulfill responsibilities inherent in the faculty role.

### **Characteristics of Effective Mentors**

Mentors often serve to orient and acclimate new faculty into the academic environment. They should provide assistance, guidance, and positive feedback (Caputi, 2005; Guise et al., 2012) while role modeling behaviors appropriate to the faculty role (Curtis, 2007; Hamlin & Sage, 2011; Smith & Zsohar, 2007). Important characteristics of mentors have been shown to be the ability to inspire others, self-confidence, and expert knowledge (Owens & Patton, 2003) as

well as responsibility, commitment, and competency (Hamlin & Sage, 2011). An effective mentor has strong communication skills, respect for the mentee, and the capacity to motivate, encourage, and develop others (Galbraith & Wayne, 2004). A successful mentor is one who is intuitive, accessible, empathetic, nonjudgmental, and approachable and must be able to anticipate and recognize mentees' feelings of doubt and inadequacy because the mentee may not feel comfortable expressing the feelings (Blauvelt & Spath, 2008; McCann & Johannessen, 2010).

Mentors are important in the orientation process of individuals into an unfamiliar environment. Characteristics of effective mentors have been recognized and include professional as well as personal attributes. These characteristics facilitate the mentoring process of new personnel into the culture of the organization.

### **Characteristics of Mentees**

The mentor is not the only participant in the mentoring dyad who must have attributes that make the process meaningful and effective. According to Curtis (2007), mentees need to possess certain characteristics that will facilitate their adaptation to the faculty role. For example, they must be willing to critically examine their practice and behaviors and identify not only their weaknesses but their strengths and receptiveness to constructive criticism. Galbraith and Wayne (2004) identified desired mentee characteristics as an aspiration to learn new things and strive toward an academic goal as well as being honest and truthful (Moberg & Velasquez, 2004). Additionally, communication is imperative in an effective mentoring relationship, and mentees must be willing and able to listen to the mentor, ask for assistance when needed, and communicate effectively (Hubbard et al., 2010). Hamlin and Sage (2011) wrote that mentee

behaviors that are positive include (a) taking responsibility for self-learning and self-development, (b) taking initiative in deciding the content to be included in mentoring sessions, and (c) being responsive to ideas offered by mentors.

The mentee must possess characteristics that assist the transition into the newly assigned role within an organization. These innate attributes promote a synergistic mentoring relationship and allow for professional and personal growth.

### **Benefits of Mentoring for Mentors**

Mentoring can be beneficial for the mentors who participate in mentoring relationships as well (Kahle-Piasecki, 2011; O'Neill, 2005; White et al., 2010). Positive rewards experienced by mentors include but are not limited to improved job performance, professional support, and confidence (Kahle-Piasecki, 2011; Ramaswami & Dreher, 2007).

### **Benefits of Mentoring for Mentees**

The mentoring relationship can serve to enhance the professional and personal development of the mentees. Mentees are benefactors in mentoring relationships because they profit from the personal and professional experiences of their mentor and are able to use those experiences as a guide for making choices in their professional career (Hamlin & Sage, 2011; Ramaswami & Dreher, 2007) while receiving career and social support in the form of advice, guidance, encouragement, and protection (Guise et al., 2012; Young & Perrewe, 2004). Consequently, formal mentoring results in job satisfaction and organizational commitment (Gutierrez, A.P., Candela, L.L., & Carver, L., 2012; Gwyn, 2011; Joiner, Bartram, & Garreffa, 2004). Positive outcomes associated with mentoring for junior faculty are improved job satisfaction in the academic role, a collegial and productive relationship with the mentor and

improved quality of education (Smith & Zsohar, 2007) as well as role-modeling by the mentors, assistance with student conflicts, resource persons, emotional support, and feedback (Snelson et al., 2002).

Mentees receive professional and personal benefits from the mentoring relationship established with mentees. These benefits result in professional outcomes that are positive for the mentee as well as the organization and promote success in the role and retention in the organization.

### **Effective Formal Mentoring in Business**

Many businesses have implemented formal mentoring because of the perceived and actual benefits mentoring provides (Raabe & Beehr, 2003) such as effective career development, management training, retention of employees, increased organizational commitment (Joiner et al., 2004), and diversity (Hegstad & Wentling, 2004). Research findings indicate that aspects of effective formal mentoring programs in business include (a) a structured and formal process in which mentors and mentees are paired, (b) evaluation of the mentoring program, (c) identified program purpose, (d) goals, objectives, and program design that reflect the purpose of program, and (e) organizational support (Hegstad & Wentling, 2004). Positive outcomes of formal mentoring programs are emotional and personal support, career satisfaction, personal growth (Ehrich et al., 2004) as well as career development and organizational commitment (Sosik, et al., 2005).

The aspects of effective formal mentoring programs utilized by businesses to acculturate new employees into the organization can be used by other entities. Effective mentoring programs have principles and policies (i.e., structured process, a program purpose) that can be applied universally in different settings and situations such as higher education.

## **Mentoring in Higher Education**

Institutions of higher education may have informal and formal mentoring relationships among faculty. Mentoring relationships in educational institutions differ from such relationships in other organizations. In the education setting, the mentoring relationship exists between senior faculty and junior faculty (Erdem & Aytemur, 2008; Miller & Thurston, 2009) and addresses the junior faculty's performance in the areas of teaching, service, and scholarship (Miller & Thurston, 2009; Pogodzinski, Youngs, & Frank, 2013; White, et al., 2010). Savage, Karp, and Logue (2004) wrote that historically, institutions of higher education have had orientation programs in place to facilitate new faculty matriculation. Well-developed mentoring programs can integrate new faculty into the community of higher education and are indicative of good educational practice (Miller & Thurston, 2009; Savage et al., 2004). The term educative mentoring was invented by Feiman-Nemser (2001) and refers to mentoring in which mentors intentionally shape and guide learning activities for junior faculty, and an enhanced understanding of teaching, learning, and learning to teach results.

Peters and Boylston (2006) identified areas of concern that must be addressed in the academic arena when a mentoring relationship exists: (a) acclimation and orientation to the organization, (b) teaching, and (c) career development and (d) scholarship. Mentoring is an effective means of acquiring skills needed for success in academia and formal mentoring may be a means to ensure equitable access to effective mentors (Leslie et al., 2005) while allowing for support for new faculty in discipline specific pedagogy, identification of the significance of professional organizations, and understanding the subculture of the department (Savage et al., 2004). New faculty need to experience socialization into the academic culture, and mentoring relationship characteristics that may positively impact a new faculty member's socialization are



interpersonal bonding, social support, and professional advice (Cawyer, Simonds, & Davis, 2002; Pogodzinski et al., 2013) and early mentoring relationships foster positive mentee outcomes (Allen, Russell, & Maetzke, 1997).

Faculty mentors assist with the orientation and acclimation of new faculty into the academic environment. These mentors serve to enhance the knowledge and capabilities of the novice educator so transition into the faculty role can be smoother. This transition can be easier if the mentor strives to facilitate the socialization of the new faculty member into the role and organization.

### **Types of Nursing Programs**

There are three paths for an individual to pursue when obtaining a registered nurse (RN) license, and these career pathways are diploma, associate (ADN), and baccalaureate (BSN). Diploma degree programs are most often administered in hospitals; associate degree programs are offered primarily in community colleges; and baccalaureate degree programs are offered at universities and senior colleges (Raines & Taglaireni, 2008). Historically, associate degrees nursing programs evolved as a solution to a nursing shortage that was nationwide and were considered to be more cost effective and efficient because a greater number of nurses could enter the workforce quickly (Maneval & Teeter, 2010).

According to Raines and Taglaireni (2008), diploma programs use an apprentice model of training generally with hospitals, and the number of diploma programs in the country is decreasing. The authors state that ADN programs are typically two years in length and prepare graduates to practice in a variety of settings. BSN programs are usually four years in length and include concepts the ADN programs incorporate as well as additional and more complex curriculum.

Several types of nursing programs exist to obtain a registered nursing degree. The complexity of the curriculum and length of time varies between the programs. An advantage of having multiple types of nursing programs is the regeneration of the nurse workforce.

### **Faculty Responsibilities**

Faculty members assume many roles and responsibilities when entering the educational setting. New faculty need to be cognizant of institutional and departmental requirements and expectations for the triad of the faculty role: teaching, service, and scholarship (Clark, Houten, & Perea-Ryan, 2010). The nurse educator role includes the teacher role and scholar role (Southern Regional Educational Board Council on Collegiate Nursing, 2002). Clark, Houten, and Perea-Ryan (2010) have asserted that the first triad role of teaching consists of time spent teaching students in all types of settings.

The second part of the faculty role triad is service, which encompasses public service, professional service, and institutional service (Clark et al., 2010). The third part of the triad is scholarship which may include scholarly publications, research awards, grants, and consultations (Gaskin, Lumpkin, & Tennant, 2003). The nurse educator role encompasses the aspects of teaching, service, and scholarship, and these roles and responsibilities can be overwhelming to new faculty. Therefore, novice faculty members need information and guidance in all of the facets inherent in the educator role.

### **Mentoring and Job Satisfaction**

According to Ambrose, Huston, and Norman (2005), factors that encourage faculty satisfaction include effective mentoring, valuable departmental leadership, fairness of the promotion and tenure process, and interdisciplinary nature of the institution. According to Murdock (2006), employee retention increases when individuals develop a sense of belonging

and identity with their peers and institution. Mentoring influences an individual's commitment to the organization, and organizational commitment is the predictor variable that is most likely to indicate intent to stay (Garbee & Killacky, 2008).

Mentoring is one method employers may utilize to attempt to increase job satisfaction experienced by their employees. Effective mentoring may be beneficial in increasing employee retention as a result of improved job satisfaction.

### **Attrition of Nursing Faculty**

The shortage of nursing faculty has motivated nursing programs to pursue various avenues to fill vacancies, and recruiting clinical faculty is one of the ways many schools attempt to fill the empty positions (Cranford, 2013). However, clinical faculty are not often prepared to fulfill the role of nurse educator. Many nurse educators transition from clinical practice into the educational arena where the context of practice is extremely different, and the roles and responsibilities are drastically different than previous practice environments (Billings & Halstead, 2005; Clark et al., 2010; Duphily, 2011). Studies have reported that they may experience culture shock (Siler & Kleiner, 2001) and apprehension (Duphily, 2011) because they did not receive adequate pedagogical training in graduate nursing programs (Heinrich & Oberleitner, 2012; Schoening, 2013; Smith & Zsohar, 2007; Weidman, 2013). Also, the work expectations may be unclear (Gormley & Kennery, 2011). These new educators experience role strain because stress is generated when they experience difficulty in meeting the expectations of the role (Cranford, 2013) and often feel as though they are drowning because they are so overwhelmed (Anderson, 2009).

The role of nurse educator is a multifunctional one, and responsibilities include both clinical and classroom teaching, counseling and advising students, service learning, and

committee assignments (Duphily, 2011). New faculty must utilize unfamiliar skills including teaching strategies, lecture writing, examination construction, and student evaluation (Duphily, 2011; Sawatzky & Enns, 2009; Weidman; 2013). According to Clark, Houten, and Perea-Ryan (2010), many nurse educators entering the educational arena are master-prepared, but they are still held to the same expectations and standards as doctoral-prepared faculty. Thus, nurse educators experience a great deal of stress relevant to their profession (Baker et al., 2011; Hadadi, Lindquist, & Buckwalter, 2013), and if junior faculty members are not able to acclimate into the role of nurse educator successfully, they may experience burn out and resign prematurely (Dunham-Taylor et al., 2008). Other factors that might affect faculty members' decisions to remain in nursing education are salary, a lack of collegiality and support, intradepartmental tensions, incivility (Ambrose et al., 2005) and a perception of workload inequity (Durham, Merritt, & Sorrell, 2007). Job satisfaction greatly influences a faculty member's decision to remain in the educational setting, and job satisfaction is influenced by many factors including but not limited to (a) colleagues, (b) supportive administration, (c) a collegial environment, and (d) mentorship (Ambrose et al., 2005; Bilimoria, Perry, Liang, Stoller, Higgins, & Taylor, 2006; Garbee & Killacky, 2008).

New nursing faculty must be prepared to assume the roles an educator is expected to fulfill. The National League for Nursing (2006) made the following suggestions to address this complex issue: (a) nurses need to utilize appropriate experiences that will prepare them for the nurse educator role, (b) faculty should encourage nursing educator careers and encourage experienced nurses to assume the role, and (c) senior faculty should mentor new faculty in order to facilitate professional growth. The knowledge required to be successful in nursing education is overwhelming for new faculty, and a mentor can provide information and resources relevant to

classroom and testing, curriculum, clinical, and advising (Blauvelt & Spath, 2008). According to Smith and Zsohar (2007), effective mentoring increases job satisfaction, especially during the time novice faculty is transitioning from clinical practice to academia.

New educators may experience conflict and anxiety when entering the realm of nursing education because of different role expectations and responsibilities. They need guidance on aspects of nursing education in the didactic and clinical settings as well as expectations of service and research, and this guidance may be provided by mentoring. This mentoring may facilitate acclimation into the faculty role.

### **Mentoring of Nurse Educators**

Novice nurse educators need to be acclimated to the role, and this process can be achieved with the use of mentors. Blauvelt and Spath (2008) state that nurse mentors should be seasoned faculty members who demonstrate professionalism as well as enthusiasm, and who possesses a comprehensive knowledge of nursing education in addition to a working knowledge of the institutional goals, policies, and procedures. Mentors should provide assistance, guidance, support, and positive feedback to the mentees (Caputi, 2005; Smith & Zsohar, 2007). They should anticipate that mentees will make mistakes and offer support and guidance while modeling appropriate responses to the situation (Curtis, 2007). Also, they must assist junior faculty in developing their teaching skills (Schwille, 2008; Wilson et al., 2002), in improving their knowledge about professional networking, in performing teaching responsibilities, in managing time appropriately, and in meeting professional responsibilities (Hadidi et al., 2013; Ramaswami & Dreher, 2007). The mentors are more effective if they adjust their mentoring activities and actions based upon their learners' needs (Schwille, 2008).

The mentoring relationship between an experienced nurse educator and a beginning educator can facilitate the ability of the junior faculty member to effectively participate in all aspects of the educator role (Beresin, 2004; Caputi, 2005). Smith and Zsohar (2007) stated that mentoring relationships have a positive influence on nursing clinicians who assume the role of educator resulting in improved job satisfaction with the faculty role, collegial relationship with the mentor, improved quality of nursing education, and retention of the new faculty in the nursing education arena.

According to Penn (2008), new nurse educators will develop formal and informal relationships while acclimating to the nurse educator role; the formal mentoring will orient the new educator to the job expectations inherent in the nurse educator role in addition to available teaching resources. Formal mentoring of junior nursing faculty is more effective if: a) developing relationships that promote open communication is important, b) new educators needing guidance and support are connected to someone familiar with inherent challenges of the nurse educator role, and c) activities are planned that enhance the professional growth of the new faculty (White et al., 2010). The formal mentoring may result in mentee personal development, empowerment, and self-efficacy (Roughton, 2013).

### **Summary**

The faculty role of nurse educator is complex and often overwhelming, and novice nurse educators must navigate the unknown waters of their new occupation. This journey may be easier with the assistance of a mentor who is knowledgeable, concerned, and approachable. The utilization of such a mentor may enhance the professional growth of the new educator and result in positive outcomes for the individual and organization.

The review of literature reveals research regarding mentoring in the educational environment and other professions that has provided valuable data about underlying principles for effective formal mentoring programs, benefits of mentoring programs, barriers inherent in mentoring relationships, mentoring in higher education including nursing as well as positive outcomes for the mentor and organization. The implementation of effective formal mentoring programs has been proven to facilitate the transition of new employees into the different role they assume. The implementation of formal mentoring programs in associate degree nursing programs may make the transition from nurse to nurse educator smoother; thereby, promoting job satisfaction of novice faculty and perhaps retention.

### CHAPTER III:

### METHODOLOGY

This chapter discusses the research methods that will be used to explore the formal mentoring experiences of junior nursing faculty. The research questions underpinning this study include the following:

1. What are the lived experiences of junior faculty with formal mentoring;
2. What is the nature of the interactions that take place between mentee and mentor;  
and
3. What meanings do the mentees assign to these interactions?

#### **Qualitative Research Design**

Qualitative research refers to research about the lives and lived experiences of individuals (Strauss & Corbin, 1998). A qualitative design was chosen for this study because the lived experiences of junior faculty members who participated in a formal mentoring program were to be examined. According to Creswell (2009), qualitative research allows for the examination and understanding of meanings groups or individuals assign to human or social problems; the researcher sought to ascertain the meaning of a phenomenon from the perceptions of participants. The qualitative design allows the data to be collected in the participants' natural setting and inductively analyzed to arrive at conclusions (Creswell, 2009).



### **Phenomenological Methodology**

The primary objective of this study was to understand the formal mentoring experiences of junior nursing faculty. Phenomenology requires that the researcher comprehend the meaning of the lived experience of several individuals and ascertain the commonalities or essence (Creswell, 2007). The researcher attempts to examine and understand the world of the participants and describe what that world is like (Larkin et al., 2006). According to Gibson and Hanes (2003), phenomenology is directed toward gaining an in-depth understanding of not only the nature but the meaning of the experience of everyday life; for this study specifically, the experience of participating in a mentoring program.

“Phenomenology describes how one orients to lived experience” (van Manen, 1977, p. 4). An underlying assumption of phenomenology is that human beings search for meaning from their experiences in addition to the experiences of others (Gibson & Hanes, 2003). The formal mentoring experiences of junior faculty members relevant to their formal mentoring processes were explored through interviews to gain an understanding of their lived experiences of participating in the formal mentoring processes.

### **Qualitative Interview Approach**

The data for the research was obtained by the use of semi-structured interviews and a demographic survey. The researcher used the interview guide to lend structure and organization to the interview process. The questions were open-ended to allow the participants to frame their answer in what way they wished, and the participants were allowed ample time to answer the questions. Prompting questions were utilized to elicit more information, clarify responses, or refocus the participant.

## **Participants**

Participants for this study were ten junior nursing faculty employed full-time by six associate degree nursing programs in the southeastern United States. The study participants completed a researcher-prepared demographic survey before the interview to ensure that inclusion criteria were met. The participants were interviewed to gather data related to their experiences with formal mentoring.

### **Purposive Sampling**

According to Creswell (2009), participants must be selected carefully because they must all share the experience of the phenomenon being explored and will best aid the researcher understand the phenomenon. For this study, criterion sampling was utilized because all of the participants needed to have experienced the phenomenon of formal mentoring. The researcher reviewed the demographic sheets before informed consent was obtained to assure all participants met the inclusion criteria.

Ten participants who responded and met the inclusion criteria were interviewed for the study. The participants were employed as full-time nurse educators in associate degree nursing programs at six community colleges in the Southeast United States. Eight participants were employed at four community colleges with two at each college and the remaining two at separate community colleges. Nine of the participants were female and one was male; nine were Caucasian and one was African American. All of the participants taught in both the classroom and clinical settings and were credentialed with a Master of Science in Nursing degree. See Table 1 for a summary of demographics.

Table 1

*Demographics*

Name	Age	Gender	Ethnicity	Years of Nursing Education Experience Mentor Had	Length of Mentoring Program
Randi	50-60	F	C	11-15	6 mo. – 1 yr.
Kerri	50-60	F	C	21-25	6 mo. – 1 yr.
Skylar	40-50	F	C	> 25	6 mo. – 1 yr.
Logan	50-60	M	C	6-10	6 mo. – 1 yr.
Sydney	30-40	F	C	>25	6 mo. – 1 yr.
Ashley	30-40	F	C	16-20	6 mo. – 1 yr.
Morgan	30-40	F	C	6-10	6 mo. – 1 yr.
Sandy	40-50	F	C	6-10	6 mo. – 1 yr.
Kendall	40-50	F	C	11-15	1 yr. – 2 yr.
Danni	40-50	F	AA	16-20	6 mo. – 1 yr.

The participants were selected based on specific inclusion criteria, and must (a) have had greater than one year but less than three years teaching experience as a full-time faculty member of an associate degree nursing program, (b) have been master prepared or doctoral prepared, and (c) have completed a formal mentoring program within one year prior to the study.

According to Polit and Beck (2008), phenomenology studies usually have small numbers of participants. For this study, ten junior faculty members were selected. Data saturation occurs when no new categories were identified during data collation and analysis (Mapp, 2008). Data saturation occurred with the use of the ten participants.

### **Recruitment and Selection**

After approval was granted by The University of Alabama's Institutional Review Board, the researcher contacted the program directors of associate degree programs in community

colleges in the southeastern United States by telephone to inquire if they had formal mentoring programs for junior faculty. The purpose and selective criteria of the study were explained to determine if any potential participants were available at the institution. For those institutions that had formal mentoring programs and potential study participants, a letter (see Appendix A) was mailed via the United States Postal Service explaining the research study and inclusion criteria. The letter provided the definitions of formal mentoring program and junior faculty member to ensure the recruitment of faculty who had experienced the phenomenon being examined, and the letter ask that program directors supply any prospective study participant with the contact information of the researcher. Contact between the researcher and participant was initiated by the participant to assure that participation was voluntary.

### **Ethical Considerations**

No physiological harm was experienced by the study participants. There was minimal psychological harm to the participants anticipated, but the participants may have recalled an unpleasant mentoring experience resulting in distress or discomfort. All of the participants expressed that their mentoring experiences were positive. They did not recall any negative occurrences except one faculty member who recalled experiencing some interpersonal conflict with faculty other than his mentor. He stated that the mentor helped him resolve the conflict with the other faculty and did not appear to be in any distress. At the beginning of the interview process, the participants were informed that they have the option of withdrawing from the study at any time without question.

### **IRB Approval and Informed Consent**

IRB approval from The University of Alabama's Institutional Review Board was obtained in May of 2014. Informed consent was obtained from all participants before the

interview process began, and a copy of the informed consent can be found in Appendix B. The informed consent form stated that no anticipated physical and no or minimal psychological harm was anticipated to be incurred by the participant, and that they might withdraw at any time from the study without reprisal.

The participants were encouraged to read the consent form before signing. The signing of the consent form gave permission for audio taping of the interview. The participants gave consent in writing by signing and dating the form, and none withdrew from the study at any time.

### **Confidentiality**

Confidentiality of the study participants' personal information was paramount; thus, informed consent forms and data forms were coded using a pseudonym that only the researcher knew. Prior to obtaining informed consent, participants were informed of the procedures the researcher would take to ensure confidentiality of all study materials. The informed consent and data forms were kept in a locked filing cabinet in the researcher's office. The researcher will destroy these materials in five years.

Pseudonyms were assigned by the researcher, and a document which included the names and pseudonyms of the participants was developed and kept on the researcher's personal computer. Confidentiality was ensured because access to the computer was password protected. Once pseudonyms were assigned, all transcriptions and data analyses only referred to the participants by the pseudonyms.

Confidentiality was maintained during the transcription process. A transcription service was used to transcribe the interviews verbatim. As a participant referred to someone by name (i.e., their mentor) during the interview, a pseudonym was assigned to that person as well; that pseudonym was used during the transcription process.

Steps were taken within the research to adhere to ethical principles and standards. The IRB was the initial entity that attempted to ensure that the study posed no harm to the participants. Prior to the admittance of participants into the study, they signed an informed consent that provided information relevant to the study as well consent for audio-taping. Confidentiality was preserved during the process by assigning pseudonyms and maintaining records in a secure location.

### **Instruments**

Two instruments were used in this study: a research-prepared demographic survey and an interview guide. The participants were asked to complete the demographic questionnaire (see Appendix C) which asked questions about gender, age, ethnicity, whether employed in a community college, the number of years employed in nursing education, the highest degree obtained in nursing, and how many years ago did he/she participate in a formal mentoring program as a mentee.

A semi-structured interview guide (see Appendix D) was used to guide the interview and gather data about the mentoring experiences of the faculty members. The questions for the interview protocol (see Appendix D) were developed after the review of literature was performed. According to Marshall and Rossman (2011), phenomenological interviewing examines the meanings that events have for individuals with the belief these meanings guide interactions and actions. Therefore, interview questions were developed with the intent to elicit information about meaning, understanding, and impact of the lived experiences of the junior faculty and their mentoring experiences.

Open-ended and broad questions were developed to allow participants to answer the overarching and focused research questions and discuss the phenomenon under study fully and

tell stories or provide descriptions (Polit & Beck, 2008). The questions were developed in order to elicit information in a logical manner; prompting questions were utilized to gather more detailed information.

The instruments to be utilized for data collection were developed with regard to the population and phenomenon to be studied. An extensive literature review provided a background of information, which guided the development of the interview protocol. The purpose of the interview guide was to solicit information regarding the phenomenon being studied.

## **Data Collection**

### **Setting**

Potential participants were contacted via telephone or e-mail to determine interest in the study and to be sure inclusion criteria were met. The researcher explained the purpose of the study to potential participants to assure understanding. The participants were allowed to select the site for the interview to assure an environment for free discourse, and the researcher traveled to the selected interview site. All of the participants decided to meet at their place of employment either in their office or a conference room. The participants were encouraged to choose a site that was private and comfortable in order to facilitate the interviewing process. The researcher met the participants at the designated locations. Before the interview began, the participants were again provided with information regarding the focus of the study to assure understanding.

### **Recruiting Participants**

For those institutions that had formal mentoring programs and potential study participants, the researcher sent a letter (see Appendix A) explaining the research study and inclusion criteria. The letter provided the definitions of formal mentoring program and junior

faculty member to ensure the recruitment of faculty who had experienced the phenomenon being examined, and the letter asked that program directors supply any prospective study participant with the researcher's contact information.

### **Interview Design**

On the day of the interview, the researcher arrived at the selected meeting place early to determine if the location selected by the participant to conduct the interview was an area that would be free of distractions and offer confidentiality. According to Polit and Beck (2008), the interviewer should place the participants at ease during the interviewing process to allow for expression of honest opinions, in their own words. The researcher was cordial when greeting the participant and that allowed a welcoming and comfortable environment. The purpose of the study was reviewed with the potential participant to assure understanding. Also, the researcher discussed the informed consent including audio-taping the interview and the process for maintaining confidentiality. The participant was allowed time to review the informed consent form and ask questions for clarification. After the consent form was signed, the researcher assigned a pseudonym to the participant.

The initial interview of each participant lasted approximately 60 minutes and was face-to-face and conducted by the researcher. Creswell (2007) stated that the interview questions focus the central question as well as the subquestions of the study. The interview questions were broad and allowed for prompting by the researcher to elicit more information by the mentee regarding mentoring experiences. When the respondent did not completely and appropriately answer a question, a probe was utilized to elicit more information. The interview process was iterative because the researcher asked questions for clarification or if ideas or commonalities emerged. The participants were informed that a second interview might be conducted by telephone if



necessary to clarify previously provided information. A follow up phone call was conducted with participants to gain more information regarding mentoring experiences. At the end of the interview, the participant was allowed the opportunity to ask questions or clarify information. None of the interviewees asked any questions or requested information clarified.

The interviews were audiotaped using an electronic device. The researcher hired a transcription service to transcribe the interviews verbatim. The audiotapes and transcriptions were reviewed to assure the transcriptions accurately reflected the information provided by the participants during the interviews. After the individual transcription was completed, the researcher e-mailed a copy of the transcription to the participant for a member check. According to Lincoln and Guba (1985), data should be shared with participants to promote validity and credibility of findings. The transcription hard copies, anecdotal notes, flash drives, and audiotapes will be kept in a locked filing cabinet in the office of the researcher for five years.

### **Data Analysis**

According to Polit and Beck (2008), the purpose of data analysis is to systematize, provide organization to, and extract meaning from research data. The authors state that qualitative analysis is a very difficult process that encompasses creativity, hard labor, and conceptual sensitivity and is difficult for three reasons: a) no common rules for analysis exists, b) an enormous amount of intensive work is necessary, and c) the amount of data that must be reduced for reporting is vast. Corbin and Strauss (2008) asserted that data collection and data analysis should be performed concurrently, and data analysis should begin with the first interview. According to Marshall and Rossman (2011), data analysis entails seven phases: (a) data organization, (b) data immersion, (c) category and theme generation, (d) data coding, (e) interpretation offerings, (f) alternative understandings presentation, and (g) study presentation.

Colaizzi's (1978) method of data analysis was used to interpret the data obtained from the participants. The steps of Colaizzi's analysis are as follows: (a) reading and re-reading transcripts to gain a general understanding; (b) extracting significant statements relevant to the phenomenon under study and recording them on a separate sheet noting pages as well as line numbers; (c) formulating meanings from the significant statements; (d) sorting meanings into categories, theme clusters, and themes; (e) integrating the findings into a description of the phenomenon; (f) describing the phenomenon; and (g) validating findings with the study participants (Colaizzi, 1978).

The researcher interviewed each participant using a research based interview protocol guide to elicit information about experiences with formal mentoring. The researcher read and re-read each transcript to gain a sense of the whole of the content of the experience. Significant statements and phrases related to the formal mentoring experiences of each participant were extracted and placed on separate sheets with the transcript number, page number, and line number. The significant statements were reviewed and meanings were formulated; each meaning was coded in one category as they reflected an exhaustive description. All of the formulated meanings were grouped into categories that reflected a unique structure of cluster of themes; each cluster of themes was coded to include all formulated meanings related to that group of meanings. Next, groups of clusters of themes were incorporated to form a distinct construct of theme. The researcher identified emergent themes from the constructed themes. All of the emergent themes were merged into an exhaustive description, and the whole structure of the phenomenon was extracted. The researcher sent an executive summary to participants for member checking to determine if the description reflected their experience; the participants agreed that the description was accurate.

An analytic memo was typed after each interview in which thoughts and impressions of the participant and interview was documented. A summary of the transcribed interview and analytic memo was written before subsequent interviews. Data saturation was determined when no new meanings arose.

### **Data Organization**

According to Polit and Beck (2008), data organization must involve a method to classify and index the data, and Creswell (2008) writes that data should be organized and prepared for analysis. The data must be converted into small, manageable units (Polit and Beck, 2008).

### **Coding Data**

Coding is the process of taking data obtained during data collection, separating sentences into categories, and labeling the categories (Creswell, 2009). The researcher read and reread the transcriptions and memos to organize the data into segments or categories. The researcher revisited the first set of categories to find smaller divisions throughout the process.

According to Creswell (2007), researchers conducting phenomenological research should identify significant statements within the interviews that discuss how the participants experienced the phenomenon being examined, and meaningful descriptions will be written out from the significant phrases or statements. Next, the meaningful descriptions will be clustered into categories, and the categories will be examined for themes. During data analysis, “qualitative researchers develop codes or categories” (Creswell, 2007, p.152). The researcher read through the data looking for items, word phrases, and words or themes that were suggested in the literature review. Also, the researcher examined how the concepts related to each other. After analysis was completed, the researcher interpreted the results. According to Creswell (2007), the researcher should develop the essence of the phenomenon under study by developing

a textural description that identifies what happened and a structural description which examines how the phenomenon was experienced. Textural and structural descriptions were developed to describe the overall experience or the essence of the phenomenon (Creswell, 2007).

The process of coding data obtained from participants was imperative to exploring and understanding the phenomenon of formal mentoring. The methodical coding of data obtained from the junior nursing faculty facilitated the development of a deep understanding of the meaning of the formal mentoring experiences. This process was arduous and time consuming but lent to the validity of the study.

### **Validity**

Validity of the study was accomplished in multiple ways. Face validity was established by requesting a colleague familiar with formal mentoring to review the interview protocol. Content validity was established because the interview protocol was developed after exploration of the literature on mentoring, and the area of study was formal mentoring of junior nurse educators. Construct validity was established because the questions were designed to elicit the desired response from the participants regarding their formal mentoring experiences.

The researcher validated that the transcriptionist accurately transcribed the audiotapes by comparison of the transcriptions and audio files. Findings were clarified with each subsequent interview and through member checks. The completed transcript was mailed to the participant via e-mail with a request to notify the researcher of the accuracy of the data. All participants were able to receive the transcripts via e-mail.

The researcher assessed findings throughout the iterative process. The researcher validated significant statements, theme clusters, meanings, emergent themes, and the exhaustive description of the phenomenon with the dissertation chairperson. The researcher provided each

participant with an executive summary containing a description of the experience via e-mail.

The researcher asked that the participants read the manuscript and respond within one week with any correction or feedback. None of the participants had any corrections or feedback so the researcher assumed the description of the experience was accurate.

### **Researcher Positionality**

I have been a nurse educator in an associate degree nursing program for sixteen years. I did not have any formal mentoring when I entered the field of nursing education from clinical practice. I had served as a clinical instructor for a licensed practical nursing program, but my primary employment was as an acute care staff nurse at a rural hospital. I remember struggling with the roles and responsibilities of the position when I first became an educator. I was able to ask my peers for advice and guidance but often felt as if I was a hindrance or bother. I do serve as a mentor for new faculty when they are hired as well as other senior faculty members. I believe new faculty benefit greatly from the support and guidance that is available during formal mentoring processes if those processes are effective. During the conduction of the research, I did not collect any data from any nurse educators with whom I am acquainted.

### **Timeline**

Proposal defense was sought during April of 2014. IRB approval was granted in May of 2014. The researcher contacted the directors of associate degree nursing programs in community colleges in the Southeast during June of 2014. The selection process for study participants was conducted in June, July, and August. The first round of interviews began in June of 2014 and interviews were completed in August of 2014. Follow-up interviews were conducted via telephone in August. The interviews were transcribed and analyzed throughout the interviewing

process. Data analysis began after the first interview. Interpretation of the data was concluded by the end of August of 2014. The defense of the dissertation was during October of 2014.

### **Summary**

This chapter describes the proposed method of phenomenological research design, data collection, and data analysis for the purpose of understanding the experiences of junior nursing faculty with formal mentoring. The specific goals of this study were to understand the nature of formal mentoring relationships, how formal mentoring experiences influence acclimation into the educator role, and how formal mentoring impacts job satisfaction and the desire to remain in nursing education.

I chose qualitative research as the design of this study because of the desire to explore the phenomenon of formal mentoring of junior nurse educators, and the design facilitated the expression of feelings and thoughts. A phenomenological methodology allowed the exploration of the interactions of the participants in the lived experience of formal mentoring. Semi-structured interviews assisted the researcher in understanding the mentees' experiences within the formal mentoring relationship. Hopefully, this study has obtained information that can be utilized to develop effective formal mentoring programs within associate degree nursing programs.

## CHAPTER IV:

### FINDINGS

This study used a phenomenological approach to interpret the lived experience of nurse educators who participated in formal mentoring programs. This methodological approach requires that the researcher understand the meaning of the lived experience of several participants and determine the essence of the phenomenon being studied (Creswell, 2007). Seven themes were generated from the data analysis. These themes were the following: (1) navigating the way, (2) nurse educators' emotions, (3) best practices, (4) mentors' nurturing nature, (5) impact of formal mentoring, (6) influence of the mentor, and (7) addressing formal mentoring.

#### **Research Questions**

There were three overarching and four narrowly focused research questions the researcher answered during the analysis of the data. The overarching research questions were as follows:

1. What are the lived experiences of junior faculty with formal mentoring;
2. What is the nature of the interactions that take place between mentor and mentee;  
and
3. What meanings do the mentees assign to these interactions?

In addition to the three overarching questions, there were four narrowly focused questions that served to gather information to assist in answering the overarching questions. The narrowly focused research questions were as follows:

1. What experiences/features of formal mentoring do junior nursing faculty say impacted their acclimation into the nurse educator role in the classroom and clinical setting;
2. What aspects of formal mentoring does junior faculty report as being positive;
3. What aspects of formal mentoring does junior faculty report as being negative; and
4. How does junior faculty report that formal mentoring impacts job satisfaction and the desire to remain in nursing education?

### **Emerging Themes from the Data**

The participants were asked to share their personal thoughts, feelings, and beliefs regarding their formal mentoring experiences. Initially, the participants were asked to discuss why they found it difficult to enter nursing education if they did and why it was difficult to transition from clinical practice if they found it to be so. The researcher elicited additional information regarding their mentoring experiences by encouraging discussions on their mentoring relationships, interactions with their mentor, features of the mentoring program, barriers they encountered, the impact formal mentoring had on their job satisfaction and desire to remain in nursing education as well as the need for formal mentoring programs in associate degree nursing programs. The participants were also asked to identify characteristics of their mentor and roles they fulfilled or did not fulfill. During the interview process, the researcher sought to elicit mentees' perceptions and emotions about the key words of mentee, mentor,



formal mentoring, and mentoring relationship. The participants' discussions of their mentoring experiences were examined and analyzed for emerging themes.

Upon analysis of the transcriptions, seven emergent themes were found to be interwoven throughout the participants' transcripts. The themes that emerged were (1) navigating the way, (2) nurse educators' emotions, (3) best practices, (4) mentors' nurturing nature, (5) impact of formal mentoring, (6) influence of the mentor, and (7) addressing formal mentoring. A list of the themes and subthemes with the ascribed meanings can be found in Table 2.

Table 2

*Themes and Subthemes with Meanings*

Themes/Subthemes	Meaning
Navigating the Way	The experience shared by the mentees as they made their way from being a new nurse educator trying to learn the many different responsibilities of the educator role including teaching, dealing with students, and professional duties to being an experienced nurse educator.
<ul style="list-style-type: none"> <li>• Teaching</li> <li>• Teaching in the classroom setting</li> <li>• Teaching in the clinical setting</li> <li>• Mentor helpful practice</li> <li>• Role Model</li> <li>• Time Constraints</li> </ul>	<ul style="list-style-type: none"> <li>• Providing information to students</li> <li>• Providing information to students in the classroom setting</li> <li>• Providing information to students in the clinical setting</li> <li>• Practice(s) the mentor performed that helped the mentees learn how to teach and function in the classroom and clinical settings.</li> <li>• The mentor who demonstrated behaviors the mentee wanted to mimic</li> <li>• Lack of time with the mentor which interfered with the mentee being able to accomplish tasks.</li> </ul>
Nurse Educators' Emotions	Emotions the mentees felt during the mentoring experience.
<ul style="list-style-type: none"> <li>• Confidence</li> <li>• Trust</li> <li>• Belonging</li> </ul>	<ul style="list-style-type: none"> <li>• The emotion experienced by the mentee when he/she was able to successfully perform tasks with minimal supervision by the mentor.</li> <li>• Emotions experienced by the mentees as a result of the mentor behaviors that conveyed support, honesty, and comfort</li> <li>• Emotion the mentees experience when they were welcomed by the mentor and felt like nursing education was where they were supposed to be</li> </ul>
Best Practices	Practices that assisted the mentee in acclimating to the nurse educator role
<ul style="list-style-type: none"> <li>• Institutional Helpful Practice</li> <li>• Mentor Helpful Practice</li> </ul>	<ul style="list-style-type: none"> <li>• Practice implemented by an institution that facilitated the acclimation of the mentee into the nurse educator role</li> <li>• Practice(s) the mentor performed that helped the mentees learn how to teach and function in the classroom and clinical settings</li> </ul>

*Table 2 continued...*

Themes/Subthemes	Meaning
Mentors' Nurturing Nature	Caring for the mentee
<ul style="list-style-type: none"> <li>• Being Available</li> <li>• Patience</li> </ul>	<ul style="list-style-type: none"> <li>• Caring for the mentee by being welcoming, willing to answer questions, and always there when the mentee needed assistance or guidance when performing the responsibilities of the nurse educator</li> <li>• Encouraging the growth of the mentee as a nurse educator by being calm and even-tempered</li> </ul>
Impact of Formal Mentoring	Effect of formal mentoring experiences on the mentee as a nurse educator.
<ul style="list-style-type: none"> <li>• Impact on Job Satisfaction</li> <li>• Impact on the Desire to Remain in Nursing Education</li> <li>• Impact of Formal Mentoring on Professional Growth</li> </ul>	<ul style="list-style-type: none"> <li>• Effect of formal mentoring on the job satisfaction of the mentee.</li> <li>• Effect of formal mentoring on the desire of the mentee to stay in nursing education.</li> <li>• Effect of formal mentoring on the professional growth of the mentee in the classroom and clinical settings</li> </ul>
Influence of the Mentor	Effect of the mentor's behaviors/actions on the mentees as a nurse educator
<ul style="list-style-type: none"> <li>• Professional Influences of the Mentor</li> <li>• Personal Growth of the Mentee</li> </ul>	<ul style="list-style-type: none"> <li>• Effect of the mentor actions/behaviors on the professional growth of the mentee</li> <li>• Effect of the mentor actions/behaviors on the personal growth of the mentee</li> </ul>
Addressing Formal Mentoring	Nurse educators' thoughts on how formal mentoring programs can be designed and facilitated
<ul style="list-style-type: none"> <li>• Mentor Responsibilities</li> <li>• Institution Responsibilities</li> </ul>	<ul style="list-style-type: none"> <li>• Responsibilities assigned to the mentor by the participants that were deemed necessary for a successful mentoring program</li> <li>• Responsibilities assigned to the institution by the participants that were deemed necessary for a successful mentoring program</li> </ul>

## **Navigating the Way**

*Navigating the Way* was interpreted by the researcher to refer to the experience identified by mentees as they made their way from being a new nurse educator trying to learn the many different responsibilities of the educator role including teaching, dealing with students, and professional duties to being an experienced nurse educator. Novice nurse educators often experience difficulty when transitioning into the new role of educator because the context of practice is different than in the clinical setting in which they have been practicing (Clark et al., 2010; Dumphily, 2011). The responsibilities of the nurse educator are varied and numerous including but not limited to examination construction, student evaluation, advising, and teaching (Dumphily, 2011; Sawatzky & Enns, 2009).

The study participants were asked to reflect on their transition from clinical practice to nursing education and discuss why the transition was difficult if they found it to be so. The narratives of the participants' mentoring experiences revealed discussions about their teaching responsibilities in the classroom and clinical settings because scholarly and service activities are not the foci of associate degree programs. The mentors helped the new educators learn how to meet the responsibilities of the teacher role.

Most of the respondents stated that the time of transition was challenging for them because the responsibilities of the educator role were so different than those they had previously performed in the clinical setting. Morgan, a staff nurse on a medical-surgical floor, said, "It was a little difficult for me to transition because I had never taught in a classroom before. . .I had no idea how to teach in the classroom." Sydney who was an assistant nurse manager on a pediatric unit said, "It was a little difficult for me because I was just a staff nurse.

The majority of the participants stated that the most challenging thing for them as they entered into the role of nurse educator was developing instructional materials (e.g., lectures and audiovisuals) and learning how to teach in the classroom. Danni said,

I think the most difficult thing for me was just learning how to I guess learning how to teach, learning how to organize the content that I was going to teach in class. Learning how to organize it in a way that was easy for the students to understand. I also think it was very difficult having to teach to a large group of students...I think just learning how to I guess interact with students because I was used to interacting with patients and families and just learning how to interact with students...

**Teaching.** For this study, the researcher interpreted *teaching* as providing information to students. The participants discussed classroom and clinical teaching in their narratives. The participants had different meanings for teaching. Most of the participants' narratives revealed that they thought of teaching as the more traditional method of lecturing. When they spoke of teaching, they talked about developing lecture presentations and audiovisuals. Sandy said that her mentor helped her with "looking at my content that I was supposed to teach and deciding what was most important to tell them. She did help me with developing my Power point slides too."

Even though most of the participants talked about teaching as the more customary way of lecture, two mentees expressed a different view of teaching. Logan thought of teaching as being new and innovative ways of teaching. He organized study groups and developed study guides for students to help them learn the content that he presented. This method of teaching was not the accepted norm within his school, and he experienced conflict with other faculty because they did not want him to help the students in that way. He said that "it was a frustration of seeing some people that were not as focused on the students...being more focused that it was basically a job." Morgan thought of teaching as being creative. She said she occasionally "wanted to try something to be more creative" and she "wanted to step out and try something new." She said

that she would try different methods of teaching to try to help students learn (e.g. role play and interactive case studies). Morgan thought of teaching as more than the customary method; she was more imaginative in her approach.

***Teaching in the classroom setting.*** The mentees had to navigate their learning how to teach in the classroom. For this study, *teaching in the classroom setting* was interpreted as providing information to the students in a classroom setting. Terms and phrases used by the participants when talking about teaching in the classroom included but were not limited to (a) instruction, (b) conveying the information to them, (c) telling them what they need to know, and (d) providing them with the knowledge. The discussions revealed that most of the new educators did experience struggles when preparing for classroom instruction as well as actually teaching.

Sydney said,

It was a little difficult for me to transition because I was just a staff nurse...I did not have experience with working with large groups of people, so that was the most difficult part of me...Also, it was difficult for me because I just had never had that type of experience.

Sydney was not the only respondent who recalled that she experienced difficulty when trying to acclimate to the role of educator. Ashley stated,

I did find it a little difficult because I had never really taught anyone except my patients and maybe the patient and just one or two of the family members. I had to learn so many different aspects of the nurse educator role, the clinical, and everything that goes along with that. The teaching and the different types of evaluations and how to interact with the students and working with other faculty. I just think it was hard at first.

Several other participants echoed thoughts similar to those of Sydney and Ashley.

The transcripts revealed the mentees strived to reach a point where they could be more confident in their teaching skills, relationships with colleagues, and interactions with students.

The mentees perceived that the mentors were invaluable in assisting them to reach that point.

All of the participants perceived that their mentors helped them during the transition period by helping them achieve the tasks of the nurse educator role. Sidney stated, “She worked with me on developing my content. She worked with me one on one. We would spend a lot of time together working on tests.” Another educator Kerri said, “She would come in and sit with me while I taught. I think the positive side of that was I was able to get positive feedback.” Sandy affirmed that her mentor helped her during the transition when she said, “She sat down with me when I was developing my content, my lectures and tried to help me figure out what was important and how to effectively deliver that to the students so they would understand.” The participants saw that the mentors were committed to providing them with the skills necessary to become a nurse educator, most specifically the teaching aspect.

The mentors helped the mentees prepare for the teaching by multiple means including but not limited to reviewing theoretical content and assisting with preparing audiovisuals. The language that the mentees used in discussing *teaching in the classroom* included but was not limited to (a) developing content, (b) developing lectures, (c) preparing for class, (d) instruction, and (e) conveying the information to them. All of the participants stated that their mentors helped them in when they were preparing their instructional materials. None of the participants conveyed that their mentors did not assist them.

***Teaching in the clinical setting.*** For this study, *teaching in the clinical setting* was interpreted as providing information to students in a clinical setting. When the mentees discussed teaching in the clinical setting, they used language such as teaching them skills, having a clinical group, and teaching them in clinical. The majority of the participants revealed they did not experience difficulty teaching in the clinical setting. Three of the respondents had served as clinical instructors before being employed as full-time faculty, and these participants expressed

that they felt comfortable fulfilling the clinical responsibilities of the nurse educator role because of the prior experiences. For example, Morgan said, “The clinical part was not a problem for me because I was a part-time clinical instructor for this nursing program for five years before I became a full-time faculty member.” Logan stated, “I was a part time instructor during clinical for the school here for a few years before I became a full time instructor, so I kind of got used to that.”

Some mentees who did not have any experience as an instructor expressed that they did experience difficulty when assuming the responsibilities of clinical instruction. Kendall said that she struggled because “I had been in the clinic for so long. I had been out of the hospital. Going back into the hospital was a little different... That was probably a little more stressful for me.” Sandy said that she struggled because she had no experience with teaching students and she had never evaluated students before.

Most of the participants were able to perform the responsibilities of the clinical without difficulty especially those who had served as clinical instructors for nursing programs. Those mentees who did struggle attributed the difficulty to not having experience with students and being unsure of the student evaluation process.

**Mentor helpful practices.** The subtheme of *mentor helpful practices* was defined as practice(s) the mentor performed that helped the mentees learn how to teach and function in the classroom and clinical settings. The *mentor helpful practices* emerged when the participants were asked to describe their mentoring experience and how their mentor helped them during their transition into the nurse educator role. All of the nurse educators expressed that their mentor had demonstrated some practice(s) that were helpful during their transition. The *mentor helpful practices* cited most frequently were (a) sitting in the classroom, (b) assisting with test



construction, (c) providing guidance with instructional development, and (d) giving constructive criticism.

***Sitting in class.*** Some of the nurse educators stated that their mentor observed them while they were conducting class. *Sitting in class* was defined as the mentor observing the mentee during classroom presentations and providing input about the mentees' performance. A common theme in the educators' responses regarding didactic teaching was that they struggled due to a lack of experience because they had never taught in a classroom setting prior to entering nursing education. This lack of experience and for some of the mentees, feelings of fear or nervousness, caused them to feel insecure or afraid.

To assist the new educators in learning how to conduct the classroom, the mentors observed them while they were teaching and provided feedback about their performance. Randi recounted, "She actually sat in on one of my lectures in the very beginning and gave me some feedback for the overall lecture." Another participant Kerri said, "She would come listen to the lecture. She would take notes and we would go over what to do differently." Also, Sandy discussed that the mentor "being in the classroom and watching me teach and kind of giving me some constructive criticism about how I was teaching and things I could improve on was very helpful."

Several of the participants stated in their narratives that an important or the most important aspect of their mentoring program was the mentor sitting in the classroom and providing them with constructive criticism regarding their teaching. For example, Sandy said, "I think the most important thing was her sitting in on the classroom and helping me develop my lectures." The meaning of *sitting in class* held the same meaning for all of the participants and mentors who stated that their mentor did observe them in the classroom. The narrative revealed

that the mentors observed the mentees in the classroom as well as provided input regarding the new educators' performances so that the mentees could change any aspects of their teaching that needed to be altered. The language that was used when the mentees reflected on their experiences were sitting in the classroom, observed me, and watched me. This practice of sitting in the classroom reflected the nurturing nature of the mentors because the mentors cared about the mentees.

***Assisting with test construction.*** Another *mentor best practice* that was identified during discussions regarding mentors was *assisting with test construction*, which for this study, was defined as the mentor providing guidance for the mentee with the construction of test items. Some respondents said they struggled with writing test items as well as ensuring the items were testing at the appropriate level; the primary reason cited for this struggle was a lack of experience with test item writing.

The common sentiment expressed by the participants was that the mentors were very supportive in helping them learn how to construct exam questions. Sydney said, "She worked with me one on one. We would spend a lot of time together working on tests." Logan said that the mentor "overlooked my tests when I wrote them out and gave me hints on how to better develop the questions." The value of the mentors' helping the mentees with learning how to write exam questions was evident when another participant Sandy said:

One of the most important things was I was able to sit down with my mentor and go over the NCLEX Test Plan and learning how to write questions because I had no clue or any idea how to write questions or anything about test construction. She had me write questions, and she critiqued the test questions and showed me how to write them better.

The mentees were receptive to the constructive criticism the mentors provided as they learned how to successfully develop test items because the mentors were not judgmental or critical when discussing the changes with the mentees. They saw the mentors assisting them with test

construction as being supportive, and they felt comfort when the mentors helped them. The new educators said that the mentors helped them learn how to construct tests by reviewing their content, looking at the NCLEX Test Plan, etc. The words and phrases used when discussing test construction included but were not limited to go over the NCLEX Test Plan, look at questions, write questions, and critique questions.

***Providing guidance with instructional development.*** The researcher identified a mentor best practice of *providing guidance with instructional development*. For this study, *providing guidance with instructional development* was defined as the mentor assisting the mentee learn how to prepare for teaching by helping them with the development and organization of lectures, audiovisuals, and other materials. Interwoven throughout the transcripts were accounts of participants' struggles with developing and organizing materials and information for classroom presentations. The participants stated that they struggled with knowing what information was important, organizing the information in an orderly and understandable manner, and developing audiovisuals that were organized. Participant narratives revealed that the mentors were instrumental in helping the new educators learn how to prepare for classroom instruction.

The mentor behaviors included, but were not limited to, providing previously used notes and audiovisuals, assisting with developing audiovisuals, providing information on alternative teaching strategies, and helping with organizing materials. For example, Kerri stated that her mentor supplied previously used teaching materials by stating, "Okay, Kerri, this is what I've done in the past. These are my old notes...Let's talk about this and see if this applies to you." Other mentors helped mentees by providing guidance with content organization. Danni stated, "She showed me how to look at my content, how to organize my Power Points, and how to

figure out what was important in my content. She showed me how to follow the nursing process.”

According to Sandy, her mentor “sat down with me when I was developing my content, my lectures and tried to help me figure out what was important and how to effectively deliver that to the students so they would understand.” Sydney affirmed the importance of mentor assistance by saying, “what was important in my mentoring program was really helping me develop as an effective teacher...the most important thing was learning how to teach in the classroom. That was the most important to me was helping develop my teaching skills.”

Reflection on the participants’ narratives revealed that the mentees saw the mentors helping them with instructional development as being supportive. They were receptive to the mentors providing input because the mentors were not judgmental or critical when they discussed their performance. Words or phrases that were used by the participants when discussing instructional development included but were not limited to looking over content, helping with audiovisuals, and helping develop teaching skills.

***Providing constructive criticism.*** A *mentor practice* common in the majority of participants’ discussions of mentoring experiences and interactions with mentors was *providing constructive criticism*. For this study, providing constructive criticism was defined as the mentor providing input or constructive criticism regarding mentee performance of tasks of the nurse educator role. The participants referred to constructive criticism as constructive criticism, helpful advice, input, and guidance. The respondents collectively stated constructive criticism was helpful in providing guidance in the classroom setting. Many of the new educators stated that they struggled with classroom presentations because of a lack of experience, and the

constructive criticism the mentors provided was integral in improving their performance. For example, Sandy stated,

My mentor came in the classroom and watched me the first semester I taught adult health. I was really nervous when she was in there, but I knew she was there to help me. After she watched me, she told me some things I needed to change like I read from my slides a lot. She told me that I needed to ask the students some questions too, so that I could keep their attention. She was really nice when she talked to me, not critical at all.

Sandy's recollection of her mentor being kind when telling her what she could change to be a better instructor in the classroom was echoed by other participants. The meaning of constructive criticism for Sandy was that her mentor was provided her with advice that would improve her performance in the classroom in a manner that was helpful without being critical.

The participants' reflections regarding constructive criticism revealed that they all thought of constructive criticism as when the mentor provided advice or input that would improve their performance in the classroom setting without being critical. None of them said their mentor was judgmental when providing input about their performance. The educators saw their mentors as being supportive when critiquing them in the classroom.

The mentors also provided constructive criticism when working with the new faculty on writing test items. Several of the participants stated the mentors allowed or instructed them to write test items and then provided input regarding the items. Logan said that his instructor looked at the test items he wrote and told him how he could improve them. Other participants' narratives told of similar experiences. They used terms including but not limited to writing questions, writing test items, and making up tests. The new educators' thoughts regarding test construction were similar; the meaning was that their mentor assisted them when they were attempting to learn how to write test questions. The mentors worked with the mentees as they

wrote the questions, but some of the interviewees stated that their mentors critiqued their questions when they completed them. Mentors employed different methods to assist mentees during the process of learning how to construct tests. The participants saw the mentors as being supportive when providing constructive criticism regarding their construction of test items.

According to the participants, the constructive criticism provided by the mentors was welcomed and improved their performance as a nurse educator. The constructive criticism provided by the mentors was an integral component of the mentoring process. The mentees were receptive to the constructive criticism because it was given in a supportive and nonthreatening manner. Even though the mentors provided criticism, the mentees thought the practice was positive.

**Role model.** Another way the mentors helped the new educators navigate the way was by being a *role model*. The majority of the new educators stated that they were able to observe the experienced faculty they respected in the classroom and/or clinical settings. Some of the participants used the term role model to speak about the mentors' performance that they wanted to mimic in the classroom and clinical settings. Danni recalled, "Seeing how she interacted with the students, how she tried to engage the students and how she tried to use some interaction to make them think and make them learn showed me how I needed to conduct my classrooms."

She also said,

I did go in the classroom and observe her in the classroom, and I think that was very positive because I consider her to be a very good nurse educator. I just think seeing her in the classroom showed me how I needed to be as a nurse educator. How I needed to conduct a classroom I guess. I think that observation helped me and then we talked about afterwards how to conduct a classroom. I talked to her about what I observed in observing her. She talked to me about how you can handle a classroom. If there are disturbances or you observe students not paying attention and those kinds of things about how to manage a classroom.

Sydney said, “The way she interacted with students in the classroom when I would watch her, and the way that she would talk to students or the way she would interact just really made me want to be that way.” The meaning of role model for the mentees was consistent in their narratives. They stated that their mentor was someone who displayed actions and/or behaviors that they wanted to mimic or copy or “be that way” as stated by Sydney. Their thoughts on role modeling were that the mentors acted or behaved in the classroom and clinical settings in such a manner that it allowed them to see how they wanted to be as a nurse educator. The discussions revealed that some of the mentors encouraged the mentees to attend their classes as well as other faculty members to observe how the more experienced educator conducted classroom instruction.

The participants’ discussions revealed that the role modeling by the mentors encouraged them to think they had a place in nursing education. Danni said, “I felt like I was getting what I needed to be the educator I wanted to be,” and this sentiment was echoed by other participants. The support and guidance the mentors provided during the transition period facilitated their acclimation into their new role.

***Time constraint.*** A barrier some participants identified when recalling the time of trying to acclimate into the educator role was a lack of time with their mentor, which interfered with the mentee being able to accomplish tasks. The theme of *navigating the way* was divided further into a subtheme of *time constraint*.

During analysis of the participants’ discussions of the mentoring experiences, the researcher identified a subtheme of *time constraint*. *Time constraint* was defined as the interference with the performance of mentee/mentor tasks caused by a lack of time with the mentor. The mentees referred to this as not having enough time, never enough time, and not

being able to talk to my mentor. This interference most often occurred because of busy schedules or lack of access. Kerri said, “I would say, of course, it’s always time constraints. I would...there’s never enough time to do everything we want to do.” Another participant Skylar recounted, “...she was at clinical a lot. It was just her and another instructor that did clinical at this one certain place...they’d be here one day of the week.” Ashley stated, “We just didn’t have the time. Time sometimes was an issue. Sometimes we just didn’t have enough time.”

Danni affirmed that time constraint was an issue also by saying, “Our schedules are so hectic a lot of times that sometimes it was difficult trying to find time to meet and go over the content or to go over test questions.” The mentees wanted to be able to have access to their mentors so that their mentors could help them learn what they needed to be an effective educator.

The meaning of *time constraint* for the mentees was not being able to perform the tasks they wanted to and needed to with their mentor because of a lack of time. None of the participants who discussed *time constraint* stated that their mentor deliberately did not want to assist them. All of the participants discussed how their mentor was supportive of them and helped them whenever they were able. None of the narratives discussing *time constraint* stated that the mentors were concerned about the lack of time or interference with task performance. That is not to say that the mentors were indifferent, but the mentees did not discuss the mentors’ feelings regarding the lack of time. As stated previously, the mentees unanimously stated that their mentor tried to help them learn the responsibilities of the nurse educator role. The interviewees who did experience a problem with time with their mentor did not assign any fault to the mentor but attributed the lack of time to the responsibilities of the nurse educator.

Their reflections on their mentoring experience revealed that the participants considered the time they spent with mentors to be extremely valuable and helpful when working on the tasks



they had to perform as they navigated the way to being a nurse educator. Some participants' responses revealed a belief that time constraints interfered with tasks important to the mentoring process.

### **Nurse Educators' Emotions**

The theme *nurse educators' emotions* was identified as an emergent theme during data analysis. For this study, *nurse educators' emotions* theme was defined as emotions the mentees felt during the mentoring experience. The formal mentoring experiences elicited emotions in all of the participants. These emotions were interwoven throughout the transcripts as the participants discussed the mentoring experiences, the interactions with mentors, characteristics of mentors, roles fulfilled by mentors, and the impact of formal mentoring on job satisfaction and desire to remain in nursing education.

Emotions expressed by the participants that were directly related to the mentoring experiences and the mentors were positive. Negative emotions revealed were relevant to the difficulties encountered by the participants as they assumed the role of nurse educator (e.g., frustration and fear). Participants' responses did not reveal any frustration or fear related to the mentoring experience even those of respondents who cited a struggle with time constraints. Therefore, all of the emotional subthemes were positive in nature. *Nurse educators' emotions* were further broken down into subthemes of *confidence*, *trust and honesty*, and *belonging*.

**Confidence.** A subtheme of *confidence* was identified in participants' discussions of their mentoring experiences and their interactions with their mentors. For this study, *confidence* was interpreted as the emotion experienced by the mentee when he/she was able to successfully perform tasks with minimal supervision by the mentors. Confidence was chosen over comfortable and independence, because the mentees developed a sense of confidence when the

mentors gave them the freedom to do some tasks independently or with little guidance by the mentor. The language the mentees used included but was not limited to (a) made me feel confident, (b) I felt like I knew what I was doing, (c) gave me a sense of confidence, and (d) I felt comfortable. The mentors recognized that these new educators were competent enough to perform some of the tasks of the educator role, and thus, allowed the mentees some autonomy.

One of the participants Randi stated,

I was allowed to pursue the different aspects at my own speed. Not to say you have to do a certain thing on a certain given day, but I was allowed to work with staff and develop what I needed for myself in order to be able to incorporate the best of what they're teaching and the lessons that they had learned in my own lesson plans and in my content.

For Randi, confidence meant being allowed the freedom to determine what she needed to obtain to perform the tasks of instruction at a pace that she determined was best for her.

Randi was not the only participant who discussed being independent when recalling the mentoring experience. Danni said, "I felt comfortable doing some things by myself. She was okay with that. I liked being able to do things by myself." For Danni, confidence meant being able to do things independently of her mentor, and her mentor allowed Danni the freedom to function autonomously.

Another educator Logan stated that his mentor allowed him the freedom to develop lectures and audiovisuals as he desired with guidance or assistance only upon request. This freedom Logan experienced fostered confidence that was conveyed when he stated,

...it kind of helps to have somebody say, yeah you're doing the right thing, you need to keep heading down this road and it just encouraged me to, ah, that I was doing the right thing and that I was growing as a nurse educator.

Logan stated that the actions by the mentor made him "feel confident" and gave him a "sense of pride." For Logan, confidence meant being allowed to develop his instructional materials with minimal supervision by his mentor. The mentor's affirmation that he was performing the tasks

correctly encouraged his sense of confidence. Logan perceived that the mentor had confidence in his ability because he encouraged him to continue his actions.

The actions of the mentor of another participant Morgan allowed her to feel confident enough to be imaginative when she was conducting the classroom. This fact was evident when Morgan recounted that the mentor “always allowed me to try what I wanted to when I was lecturing...if I wanted to try something more creative. She was supportive when I wanted to step out and try something new.” For Morgan, confidence meant being comfortable enough to teach in a new and creative way and to teach the information effectively in a manner that was creative and different. Morgan thought she was capable in her teaching and confident enough to try something new. Morgan’s discussion revealed that she felt that her mentor was confident in her ability to try different methods of instruction other than lecture.

The participants who were allowed some independence during the mentoring process expressed that they felt comfortable performing tasks of the nurse educator role. Those educators also stated elsewhere in their discussions that their mentor was always there for them so they knew that even though they were performing some tasks independently; their mentor was available and accessible if they needed them.

**Trust and honesty.** *Trust* was a very common subtheme in the descriptions and discussions of mentoring experiences and interactions with mentors provided. The researcher chose the label trust over support because the support the mentors provided allowed the mentees to experience trust. The interpretation of *trust* for this study was understood as the emotion experienced by the mentees as a result of the mentor behaviors that conveyed support, honesty, and comfort.

When reflecting on the transcripts of the participants, the researcher identified that all of the educators said their mentor was supportive of them, and this behavior allowed the mentees to experience comfort. Some of the language that conferred support included, but were not limited to (a) supportive, (b) supported me, and (c) always there for me. All of the nurse educators expressed in their discussions that they felt that either their mentor or other individuals at the community colleges were supportive of them. Seven of the participants stated that their mentors were either supportive or supported them.

The new educators were often anxious because of the new responsibilities they had as a classroom instructor. Morgan said, “I was scared to stand up in front of the students and teach for a long time.” Danni echoed the same sentiment by saying, “...it was very difficult, having to teach to a large group of students that was a little intimidating, having to be in such a large classroom. That was very frightening to me.” Other participants expressed that clinical instruction was more intimidating including Kendall who said, “Going back into the hospital was a little different...That was probably a little more stressful for me than actually the classroom.”

Mentees also saw that their mentors were supportive of them when they allowed them to function with some freedom. Kendall stated,

...whenever I developed my first lecture and she allowed me the freedom to rather than hovering over me and tell me what I had to teach and how I had to teach it, allowing me the freedom to kind of develop it on my own to begin with and then coming back and giving me the constructive criticism. I kind of liked that freedom initially to see what I could do and then coming back and telling me, you know how to improve it. I think that was very positive because it made me feel like she trusted me.

For Kendall, supportive meant able to develop instructional materials and teach without the mentor hovering over her. She knew the mentor would allow her the freedom to perform the tasks independently but would provide guidance when necessary. Her narrative did not reveal

what the mentor said regarding support, but she thought her mentor demonstrated support by allowing her to try things on her own and being available to help her when she needed it.

The mentors realized the mentees were anxious and were kind when interacting with the new educators. The comment made most frequently by the educators was that they were so comfortable with the mentors that they could tell them anything or talk to them about anything. The sense of comfort experienced by the mentees encouraged an open dialogue with the mentors and allowed for a more productive mentoring experience. This open dialogue allowed the mentees to feel that they had access to their mentors or that their mentors were available to them. Morgan said of her mentor:

She was open to answering questions for me. She never made me feel that I was a bother or a nuisance. I was never made to feel that I was not welcome to ask her anything at any time. I never felt like she would not answer if I was wondering about something or needing her help in the classroom or clinical.

For Morgan, support meant being able to rely on her mentor to help her whenever she needed it by being available and welcoming.

The mentors' kindness was apparent even when the mentoring duties required that they correct mentor behaviors. Danni said,

...I never felt like she was critiquing me even though if she had to tell me that I was maybe doing something a little bit wrong or something. I never felt like she was critiquing me. I always felt like she would give me constructive criticism. She never was demanding or anything. She was always supportive, she would give me constructive criticism, it was never negative. It was always constructive. She would tell me how to do something better. I just always felt like she was supportive of me.

For Danni, support meant that her mentor gave her input and guidance regarding her responsibilities as an educator but doing in a manner that was not negative. When examining Danni's discussions, the researcher recognized that the mentor provided the new educator with advice that was meant to improve her performance as an educator, but she provided the guidance

in a supporting and non-punitive way. The new educator thought of support as the mentor trying to better her abilities in a way that was helpful and not critical. Morgan's narratives told of times her mentor helped her prepare for functioning as a nurse educator by telling her of the things she needed to correct; she was supportive of her.

The mentee Randi recounted, "There was never a time that I felt like I shouldn't ask her a question because I was going to be demeaned over the question." This statement conveyed that Randi felt the mentor had a sense of respect for her. To Randi, support meant being able to ask the mentor about something and knowing that the mentor would not be hurtful or demeaning to her and would treat her with respect when answering her. The fact that she could always ask her a question without the fear of being demeaned conveyed that Randi considered her mentor to be very supportive.

Morgan felt a sense of comfort because she knew the mentor provided honest advice that would help her succeed in the classroom setting. Morgan stated,

I was always able to go to her and ask her opinion or ask her advice, and she was more than willing to help me. She would be very honest with me, and that was great because she gave me such great and honest advice and guidance. It really helped me when I was working on my lectures because I knew she if I did what she told me to then my lectures would be like they needed to be. She was honest when she thought I needed to change something because she wanted my lectures to be what the students needed, and so did I.

Morgan was able to feel a sense of comfort because her mentor provided her with information and guidance that was honest. To her, this honesty meant that she was willing to assist her by telling her what needed to be changed. She told of how her mentor assisted her to prepare for the

role by giving her advice that was helpful. Morgan was not the only participant who perceived his/her mentor was honest. Sandy said,

I think my mentor was very honest with me. I could always count on her to tell me if I was doing something wrong. I remember one time when she told me that my lecture was not interesting enough, and I was not keeping the students' attention. She told me that I was boring because I was just reading from my slides. She wasn't mean when she told me that. She was just being helpful.

In addition to *honesty*, trust was also an element that was present in mentee narratives of their mentee experiences. The mentees conveyed in the discussions that they trusted their mentors to provide the best mentoring experience for them. Danni said,

I knew that she was giving me the best experience that she could so I felt like I was really benefitting from the relationship. I felt comfortable in that relationship so I really felt that it was effective. I knew that I was getting everything that I needed to get out of that relationship to be the nurse, be a nurse educator.

For Danni, trust meant knowing that her mentor was providing her with an experience that would help her prepare to be a nurse educator. Nothing in Danni's narratives conveyed that the mentor did anything that would cause her not to trust her. She only discussed the fact that the mentor provided her with advice that would benefit her in her role. The language that Danni used when she said that she knew the mentor was providing the best experience she could to be a nurse educator affirmed the belief that the mentor was worthy of her trust.

Ashley told of a story when her mentor went to clinical with her when she first assumed the role and observed her. She recalled,

Of course, the first week I made mistakes and it wasn't anything life threatening or anything like that. It's just that I should have done things a little differently. Rather than jumping in or saying anything in front of the students, she waited until the end of the day and then she conference with me. She told me how I could change things and make things a little different and do things a little better... made me feel good because I knew she was trying to help me. After that, I knew I could go to her for help with anything, and I knew she would tell me the right thing to do.

**Belonging.** When analyzing the data, the researcher identified a subtheme of *belonging*. For this study, *belonging* was interpreted as the emotion the mentees experienced when they were welcomed by the mentor and felt like nursing education was where they were supposed to be. The researcher chose belonging over welcomed/accepted because the participants felt they nursing education was where they belonged. Seven of the participants' discussions of the mentoring experiences revealed that they felt the mentor/other faculty made them feel welcomed and/or accepted. Kerri said she felt "very welcomed, very warm, very well-received and like they're...they're glad to have me onboard." Skylar stated "It made me feel very welcomed, a welcoming environment, not a stressful environment." Kendall said that interactions with the mentor:

...made me feel like I had actually arrived at where I was supposed to be. They made feel like I was doing what I was meant to do. Like nursing education was where I was supposed to be. The way she made me feel, because she made me feel so welcomed and made me feel so comfortable.

The other participants' discussions were similar in nature to the aforementioned.

The mentees used language that conveyed they felt the mentors wanted them to feel a sense of belonging, and the words used included, but were not limited to (a) welcoming, (b) welcomed, (c) receptive, and (d) accepted. The meaning for the mentees was that the mentors and others were welcoming them into nursing education. The mentees did not say anything in the narratives that indicated the mentors did not want them to feel a sense of belonging or did not welcome them. The mentors' behaviors conveyed that they wanted the mentees to feel welcomed as they transitioned into the role of nurse educator. The sense of belonging felt by the educators was instrumental in ensuring job satisfaction and the desire to remain in nursing education.



Throughout the interview process, the researcher asked the participants to describe their mentoring experiences. The researcher attempted to elicit responses of feelings by asking the participants, “How did this make you feel” when discussing interactions with the mentors, positive and negative mentoring experiences, characteristics of the mentors, and barriers. The participants expressed varying degrees of positive and negative feelings related to the mentoring experience, but the responses by the participants were overwhelmingly positive. The discussions revealed that the participants had strong emotions related to their mentoring experiences and their mentors; the emotions had significant impacts on the participants.

### **Best Practices**

The next emergent theme identified was *best practices*, which for this study, was defined as actions that helped the mentees learn how to function as a nurse educator. All of the participants indicated that either the mentor and/or the institution had implemented practices that made the acclimation into the nurse educator role easier; therefore, the subthemes identified by the researcher were *mentor best practices* and *institutional best practice*.

**Institutional best practice.** In addition to the various *mentor helpful practices* discussed earlier, the researcher also identified an *institutional best practice* when analyzing the transcripts of some of the mentees. *Institutional best practice* is defined as a practice implemented by an institution that improves the acclimation of the mentee into the nurse educator role.

**Assigning limited responsibilities.** Several participants mentioned this practice either when discussing their personal mentoring experience or when making program recommendations. The *institutional best practice* identified by the researcher was assigning to new faculty members limited responsibilities in the classroom and/or clinical setting. Three

participants stated they were only assigned portions of theoretical content to present initially, and one said he/she was assigned to shadow other faculty for the first semester in the clinical setting rather than being responsible for a clinical group solely. When discussing the transition into the educator role, Sidney said,

To start with, I did not have a lot of things that I had to do by myself. I was not responsible for whole lectures. I just had to give small lectures on topics. That was good because I was not intimidated. I was given a couple of topics and I would have to present on that, so I wasn't responsible for a whole module or a large amount of content. Just being able to start out slowly and gradually being able to enter the classroom, being able to do those small topics and being able to do it slowly, I think really helped rather than being thrown in. Also, I was able to go to clinical with a couple of different instructors and observe how they interacted with students.

Sydney was not the only participant who was introduced into the clinical and didactic settings slowly. Danni stated,

I was allowed for the first semester to go to clinical following someone. I was not responsible for a total group myself so actually the first semester I went to several different clinical sites with several different instructors. I thought that was beneficial because I was able to observe them in clinical and watch how they interacted with students. Also the first semester I did not have any theoretical responsibilities. I observed people teaching in the classroom and then the second semester, I started teaching.

Another mentee Morgan's introduction into the nursing educator role was similar to Sydney's and Danni's. Morgan recalled,

In the beginning, I really did not have a lot of things that I was responsible for by myself. I was not entirely responsible for whole lectures. I was only asked to present small parts of lecture, and my mentor went over the lectures with me before I presented. That made me feel more comfortable. I was glad I was not responsible for an entire lecture because I would have been so overwhelmed.

The phrases the mentees used to describe the limited responsibilities or easing into the role included, but were not limited to (a) small parts, (b) start out slowly, (c) not responsible for a lot, and (d) entering slowly. The meaning for the mentees was that they were allowed to ease into the educator role by not being assigned responsibility for entire lectures or clinical groups. The

mentees thought this meant the institutions were allowing them the benefit of learning how to be a nurse educator by limiting their responsibilities when they first entered into the role. The other participants who were afforded the opportunity of easing into the educator role were not overwhelmed initially because they were not entirely responsible for developing theoretical content. The institutions that employed this practice allowed the new educators to learn by not being responsible for large portions of lecture or entire clinical groups.

The mentees saw this easing into the nurse educator role as being supportive of the new nurse educator. This practice facilitated the mentees' acclimation into the role of the nurse educator because it allowed the mentees time to collaborate with their mentor on the development of classroom materials as well as allowed them to observe faculty in the classroom. When asked by the researcher for recommendations for mentoring programs, these participants included a suggestion for requiring new educators to only teach portions of theoretical content.

### **Mentors' Nurturing Nature**

When asked to discuss the mentoring experiences and interactions with mentors, participants use language including open, very kind, supportive, caring, friendly, etc. When examining these discussions, the researcher identified a theme of *mentors' nurturing nature* which for this study is defined as caring for the mentee. The analysis of mentors' nurturing nature was divided into the subthemes of being available and patience. The participants' narratives revealed that the nurturing nature of the mentors fostered positive mentoring experiences.

**Being available.** *Being available* was defined as caring for the mentee by being welcoming, willing to answer questions, and always there when the mentees needed assistance or guidance when performing the responsibilities of the nurse educator. Many of the respondents

acknowledged that they experienced difficulty during the transition into nursing education because the responsibilities were so different; the mentors helped them accomplish tasks by being available. Morgan recalled, “I was always able to go to her and ask her opinion or ask her advice, and she was more than willing to help me.” Another participant Kendall said,

She was willing to work with me. She was willing to listen to me and answer any questions I had. She never acted like that I was a bother. She was always willing to do whatever I asked. If I asked her to work with me on a test or if I asked her to come listen to me in the classroom or whatever, she was willing to do it.

The meaning of *being available* to the respondents was that their mentor was available to them to answer questions and help them in whatever way was necessary. Several participants recounted how the mentor was always there for them. Sandy’s mentor told her “just come to my office whenever you need help with something.” Ashley stated, “She was always there for me. I felt I could always ask her anything.” This availability allowed these new educators to feel a sense of comfort because they knew their mentor was accessible to them. Participants discussed how they could contact their mentor whenever they had questions or needed help.

Two respondents said they had even called their mentor after business hours to ask a question regarding theoretical content. Kerri recalled, “I called her on her cell phone and I said I’ve got a question about this curriculum...knowing that I could call her at 7:00 at night...and she was going to stop what she was doing and talk to me. I felt important enough.” These two mentors deemed that being available to help the mentees was extremely important because they were available even after business hours. The educators conveyed how meaningful it was to them to have a mentor who was so readily available to help them during the mentoring process.

**Patience.** Mentors also demonstrated support by being patient with their mentees. Skylar said, “Whenever I had to ask her a couple of times again for how I do this or whatever, she didn’t get frustrated or she didn’t say, I already showed you that,” or she didn’t...She wasn’t like that.”

Several mentees described their mentor as being open including Ashley who said her mentor was very open and honest with her. Other terms or phrases used included but were not limited to: friendly and patient. The friendliness of the mentors allowed the mentees to experience an environment of support in which they felt able to approach the mentors and solicit guidance and advice. The friendliness of the mentors promoted and facilitated positive mentoring experiences resulting in job satisfaction and acclimation into the nurse educator role.

Some educators revealed that their mentors never became angry or upset even when they had to repeat things. Mentor patience was also demonstrated when the participants discussed mentor activities/practices including but not limited to sitting in on classroom presentations, assisting with writing test items, and helping organize classroom content and audiovisuals.

Danni said,

She sat down with me and we went over test construction because I had no idea about test construction. I had never worked with a test or written a test or anything and she sat down with me and went over, we just went step by step of test construction. She showed me how to write a test question, and she showed the different components of the test and the different test questions, and then she had me write several test questions, and then she went back and critiqued those questions and showed me how I could make them better. We did that several times because it took me a while to get the hang of it.

To Danni, patience meant the mentor spending the time necessary to help her develop the skills to write test questions. None of the mentees who discussed their mentor assisting them to learn how to write or construct test items said that their mentor did not spend adequate time with them or that they were impatient. As a matter of fact, several stated that their mentor worked with them one on one and others said that they performed the activity repeatedly. Therefore, they demonstrated patience when interacting with the mentees. The mentees thought that patience was when their mentor helped them perform tasks without being upset or angry.

Participants' discussions of their mentoring experiences, especially of their interactions with mentors, revealed mentor behaviors that were conducive to a positive mentoring process. The mentor behaviors promoted constructive interactions with the mentees which encouraged job satisfaction.

### **Impact of Formal Mentoring**

The researcher identified a subtheme of *impact of formal mentoring*, which for this study was interpreted as the effect of formal mentoring experiences on the mentee as a nurse educator. All of the nurse educators' responses indicated that the formal mentoring experience had an impact on their transition into the nurse educator role either in the classroom or clinical setting or both, and the impact was positive in nature. The *impact of formal mentoring* was further divided into subthemes of *impact on job satisfaction*, *impact on the desire to remain in nursing education*, and *impact on professional growth*.

**Impact on job satisfaction.** For this study, *impact on job satisfaction* was interpreted as the effect of formal mentoring on the job satisfaction of the mentee. The nurse educators all indicated the mentoring experience had an impact on their job satisfaction. The formal mentoring encompassed the mentoring experience including the relationship with the mentor. Many of the participants stated that the relationship with the mentor had a significant impact on their satisfaction with the job. For example, Sydney said,

If it were not for the relationship I had with my mentor, I don't know that I would be as happy or I guess maybe not as happy, maybe as satisfied as I am now. There's such a big difference between the clinical area and nursing education. I don't know that I could have adapted as well without a mentor. I am more satisfied. I don't know what I would have done if I had just been thrown in. If I had just been thrown in and told to go teach... Just having someone to bounce things off of and talk to really helped me develop confidence...

For Sydney, the impact on job satisfaction meant that she was happy with her job because of the relationship with her mentor. The language she used was happy, satisfied, and adapted to describe how the relationship impacted her or made her feel. Several participants referenced mentor influence when discussing their satisfaction with the job as a nurse educator.

In addition to the relationship with the mentor having an impact on job satisfaction, the overall mentoring experience impacted the job satisfaction of many the nurse educators. Danni said, “I think the formal mentoring allowed me to be or I felt more comfortable in the role. I feel like it allowed me to acclimate into the role easier. I felt supported...” Ashley also stated that the mentoring experience had a positive impact on her satisfaction with her job as a nurse educator by saying, “It allowed me to transition easier. I think it has made my transition easier and so I am relatively satisfied.” The mentoring experience had a positive impact on all of the participants with regards to their satisfaction with the job as a nurse educator.

**Impact on the desire to remain in nursing education.** The *impact on the desire to remain in nursing education* which was defined as the effect of formal mentoring on the desire of mentees to stay in nursing education was another subtheme identified during data analysis. The formal mentoring experience and/or mentor were so positive for some of the participants that they attributed their remaining in nursing education to that experience. Words that come to mind include but are not limited to (a) wanted to make me stay, (b) felt like nursing education was where I was supposed to be, and (c) made me feel comfortable. They said they did not know if they would have remained in nursing education if they had not been part of a mentoring program. For example, Sandy stated,

I think I would have been overwhelmed if I did not have a mentor. Honestly, I do not know that I would still be in nursing education if I did not have a formal mentor or someone to kind of guide me through that process.

Sandi was not the only participant who stated that the mentoring process and/or mentor impacted their desire to remain in nursing education. Kerri said, “I think it absolutely fermented my desire to stay. Because again, I have felt welcomed from the time that I walked in these doors. Um, and you know how we...how nurses eat their young. We know that. I never felt that here, never.” Other respondents’ narratives revealed that their mentoring experiences were positive, and the decision to remain in nursing education was greatly impacted by the experiences.

The analysis of the data revealed that the participants unanimously believed formal mentoring had a positive impact on their satisfaction with their job as a nurse educator. For the participants, the meaning was that the mentoring experience positively impacted the desire to remain in nursing education. All participants thought the mentoring played a significant role in their desire to stay in nursing education. This impact not only affected their job satisfaction, but influenced the desire to remain in nursing education. The responses of the participants regarding the impact of the formal mentoring indicated the value the participants assigned to their formal mentoring and mentor.

**Impact on professional growth.** *Impact on professional growth* was defined as the effect of formal mentoring on the professional growth of the mentee in the classroom and clinical settings. The impact of formal mentoring on the participant’s professional growth was evident in the discussions of their mentoring experiences and interactions with the mentors. Impacts included but were not limited to improved organizational skills, enhanced performance in the classroom and clinical settings, and better interpersonal skills. Language that was used by the mentees included but was not limited to (a) helped me learn, (b) showed me what to do, (c) guidance, and (d) knew what to do. Kendall said, “It provided the guidance that was necessary for me to actually learn how to teach in the classroom setting as well as the clinical and to



develop the skills that are necessary to function in those areas.” Sandy provided an exemplar by saying, “It’s allowed me to pull out the NCLEX Test Plan and figure out when I sit down and open up my book how to develop my classroom lectures and how to figure out what is important.” Ashley, another participant, recalled how the mentoring experience prepared her to be more effective in the classroom by saying:

I don’t think I would have known how to organize my thoughts and develop my Power points to be ready for class. The fact that she sat down and showed me her Power points and kind of how she organized her thoughts by the nursing process...I never really had experience with students so the fact that she went with me the first couple of weeks and really stood back and let me take the lead and then she directed me after that and then supported me during those first couple of weeks really helped me.

Several respondents discussed how formal mentoring helped them grow as nurse educators. The meaning for them was the impact the mentoring had on them as they completed the tasks of the role. The narratives stated that the mentors tried to help them with the responsibilities they had, and they thought the mentors helped them grow as a nurse educator.

The participants referenced the same types of professional growth including but not limited to: (a) improved instructional abilities, (b) better organizational skills, and (c) better communication skills. All of the participants stated mentoring impacted them professionally in some manner whether related to job satisfaction or professional growth. The analysis revealed that the participants believed formal mentoring significantly improved their ability to function in the nurse educator role and increased their desire to remain in nursing education. The impact of formal mentoring was significant for all of the participants.

### **Influence of the Mentor**

Another emergent theme identified by the researcher was *influence of the mentor* as the transcripts were read and reread. For this study, *influence of the mentor* was defined as the effect of the mentor’s behaviors/actions on the mentees as a nurse educator. Influences of the mentor

were woven throughout the transcripts in the descriptions of the mentoring experiences and interactions with the mentors.

Participants' discussions revealed the influence of the mentor on their growth as a nurse educator. Language the interviewees used when discussing the influence of the mentor included but were not limited to (a) helped me develop, (b) showed me what to do, and (c) made me want to be like her. The respondents credited the mentors with helping shape them as nurse educators or helping them develop as nurse educators. Sydney said, "...the relationship really helped me develop into what I think I am as a nurse educator today. I feel like what she provided has allowed me to be the educator that I feel that I am." Morgan echoed the same sentiment when she stated that her mentor "...helped me develop into what I think I am as a nurse educator today."

Other participants stated that mentors' behaviors including being a student advocate and interacting professionally with students influenced the way they act in the classroom and/or clinical settings. For the participants, the meaning of *influence of the mentor* was that the mentors' behaviors and actions influenced them in developing instructional material and assuming nurse educator responsibilities by showing them what to do and making them want to mimic their behavior or be like them. The mentees who discussed the influence of the mentor thought that the mentors were such good educators that they provided them with the experiences they needed to become nurse educators themselves. They thought the mentors were such excellent educators that they aspired to be like them. None of the participants' responses revealed that the mentors thought they themselves were such excellent teachers that they had a great influence on the mentees. Some of the respondents did say that the mentors encouraged

them to observe in the classroom and clinical settings to gain an idea of how those experiences should be conducted.

Even though most of the mentor influences discussed by the participants were of a professional nature, some responses reflected personal mentee growth. In this study, *personal influences of the mentor* was defined as the effect of the mentor actions/behaviors on the personal growth of the mentees as a nurse educator. Sydney stated that her mentor was someone he/she looked up to and that the mentor boosted his/her confidence. Kerri asserted that her mentor helped him/her become more independent and “built my character.”

### **Addressing Formal Mentoring**

The last theme identified by the researcher when analyzing data was *addressing formal mentoring*. This theme emerged when the participants were asked questions that elicited information regarding facilitation and implementation of formal mentoring programs. The first question asked the respondents to describe how formal mentoring programs could be facilitated in associate degree nursing programs. The second question that provided the information was participants were asked if they were to design a mentoring program what elements would be included. Subthemes that were identified by the researcher were *institutional responsibilities* and *mentor responsibilities*.

For the purpose of this study, the subtheme of *institutional responsibilities* was defined as the responsibilities the participants assigned to the institution that were deemed necessary for a successful mentoring program. The *mentor responsibilities* subtheme was defined as the responsibilities assigned by the participants to the mentors that were deemed necessary for a successful mentoring program.

**Institutional responsibilities.** During data analysis, the researcher identified many *institutional responsibilities* that the participants stated as either being successful or proposed as being successful. Concepts that were present in multiple transcripts were as follows: (a) mentor training, (b) policies and procedures, (c) careful mentor selection, and (d) evaluation. All of the participants' narratives revealed practices the institutions implemented that helped them be successful acclimating to the nurse educator role; these practices were discussed previously. When the participants were asked to discuss how associate degree nursing programs could facilitate formal mentoring and also what aspects should be included in formal mentoring programs, the nurse educators had several suggestions.

Only one participant shared that she knew her mentor had training as a mentor or participated in formal mentoring; the others were unsure that their mentor received any training. Randi, the respondent who knew her mentor had participated in training said,

I have heard her explain or state on multiple occasions, through general conversations or even in official discussions, that you know, she was mentored by the person who is now in the role of our director of health sciences while she was faculty, and then also, while she was in the role of program director.

The meaning for *institutional responsibilities* for the mentees was the activities the institutions should do to have a successful mentoring program. Many of the recommendations by the mentees were the same or similar. A belief shared by the majority of respondents was that the mentors should receive training. Logan proposed, "Training them in the aspects that you want to develop with the new people; what they need to focus on and how they need to focus on it." The participants recognized the importance of mentoring training so that mentees would be assured of receiving the guidance and support that was necessary for them to successfully acclimate into the educator role.

Another belief shared by several of the participants was the necessity of mentoring programs having established policies and procedures. They saw that policies and procedures should be included in mentoring programs to ensure everything is addressed and to promote consistency. Policies and procedures that were suggested by the participants were establishing scheduled meetings with agendas and delineating expected mentor and mentee responsibilities. One of the participants discussed the fact that a policy regarding introduction to the electronic health record software needed to be included in her departments' policies and procedures because not all of the new instructors received the same information.

Most of the mentees could not remember the specific policies and procedures of their institution, yet several stated that they considered them important to the success of the mentoring. The narratives did reveal that some of the mentors discussed the school of nursing's policies and procedures with them and the mentors stressed how important those policies were. Again, the mentees could not remember the policies.

One of the most shared assertions by the participants was the careful selection of mentors by the appropriate personnel. The nurse educators' responses demonstrated the conviction that mentor selection is imperative to successful mentoring. Two commonalities were identified when respondents were discussing mentor selection: mentor personality and mentor experience. Some of the words and phrases used to describe the characteristics of potential mentors included but were not limited to (a) supportive, (b) friendly, (c) experienced, and (d) approachable. The participants avowed the mentors needed to have supportive personalities. Sandy said that mentors should be selected "who would be supportive and patient with new faculty members because it takes a lot of time working to develop new faculty's skills." The participants' recollections of their mentor conveyed that all of the mentors were perceived as having

supportive personalities. The respondents thought that having supportive personalities was a major contributing factor to the success of their formal mentoring.

Mentor experience was another factor identified as being important to the mentoring process. The educators who discussed this stressed that those individuals who serve as mentors need to be experienced nurse educators. Kerri stressed that mentors needed to be experienced not necessarily in years of nursing but in years of teaching. Some of the respondents discussed that their mentors were experienced educators; they saw this fact as having a positive impact on the mentoring. Sydney stated, “I was actually assigned to the course coordinator, and she had thirty years of experience as a nurse educator...she had a lot of valuable experience that I felt like I benefitted from.” Ashley affirmed this by saying about her mentor, “She has been here a while. She has been teaching in nursing education for a long time...she really is very knowledgeable. She was always there for me. I felt like I could ask her anything, and she would have the answer.” Participants thought that nurse educators who serve as mentors are better suited to be mentors if they have teaching experience.

The participants identified practices they believed nursing programs should implement or utilize when developing formal mentoring programs, and these beliefs were underpinned by their mentoring experiences. The respondents assert the formal mentoring programs would be effective and meet the mentee needs if these practices employed. The mentees also identified practices the mentors should execute to make the mentoring process more effective.

**Mentor responsibilities.** When discussing formal mentoring programs, the participants shared thoughts on what actions mentors could implement so that programs could be successful. Participant responses revealed the following suggestions: mentors should schedule frequent

meetings with mentees and mentors should observe mentees in the classroom and clinical settings and provide feedback.

The respondents saw the importance of having regularly scheduled meetings to address any concerns that either the mentor or mentee had. The mentee's development as a nurse educator was dependent on the input and guidance of the mentors so meetings were of utmost importance. One of the struggles the new educators struggled with was time constraints, and scheduling meetings could help address that problem because the mentor and mentee would have that time devoted to the meeting. The participants saw the interactions they had with their mentors when the mentors were helping them with instructional development as important to the mentoring process. Regularly scheduled meetings could make them feel supported by their mentor and could ensure promote mentor availability.

A helpful practice that was cited throughout the participants' narrations was the presence of the mentor in the classroom as they observed the new educators and provided constructive criticism. The mentees thought this practice was instrumental in their successful acclimation into the nurse educator role. As a result of the positive outcome of the constructive criticism, many respondents encouraged the practice for future programs. Sandy said,

I think it is very important that mentors watch their mentees in the classroom and clinical, but especially the classroom. The new people need to know what they are doing right and what they are doing wrong so they can make changes if they need to. I think the mentors have to give the mentees advice on their teaching, and the only way they can really do that is watch them.

All of the participants discussed beliefs on how associate degree nursing programs could implement and facilitate formal mentoring programs. These beliefs encompassed institutional responsibilities and mentor responsibilities. Even though the participants asserted that mentors

could help with formal mentoring programs, overwhelmingly most of the suggestions posited were related to institutional responsibilities.

### **Summary**

The researcher used the overarching and focused research questions as a guide to examine the lived experience of full-time associate degree nurse educators with formal mentoring. The themes were obtained from analyses of the transcripts that captured the collective feelings, thoughts, and perspectives of the participants. Each research question had aligned themes and subthemes, and the themes and subthemes could be aligned with more than one overarching or focused research question. The researcher examined each theme in relation to the experience of formal mentoring and to gain a better understanding of the shared experience of the nurse educators.

The emergent themes identified from the transcripts of the participant responses were, *navigating the way, nurse educators' emotions, best practices, mentors' nurturing nature, impact of formal mentoring, influence of the mentor, and addressing formal mentoring*. The themes were examined in relation to concepts in the research questions including interactions with the mentors, positive and negative experiences, acclimation into the role, job satisfaction, and meanings from interactions.

Throughout the examination of the participant responses, the researcher gained insight into the shared lived experience of nurse educators with formal mentoring. The participants shared personal stories and exemplars that were unique, yet at the same time, commonalities of experiences were recognized. The participants' accountings of formal mentoring provided insight into personal perceptions and experiences. The participant's mentoring experience and interaction with the mentor was distinctive and personal but shared perceptions were present.



It is important to recognize that even though experiences were unique, the development of themes revealed that all participants affirmed formal mentoring as positive and beneficial. The different aspects of the formal mentoring experience including but not limited to positive and negative experiences, interactions with mentors, barriers encountered, and the impact of mentoring were all examined. The breakdown and examination of the themes revealed that the shared experience of the participants was very positive.

By using the research questions and themes as a guide, the researcher was able to examine the shared formal mentoring experience of nurse educators in associate degree programs in the Southeast. The findings of the study allowed the researcher to understand the meaning behind the lived experience of nurse educators impacted by formal mentoring. The following chapter discusses how these findings answer the research questions and offer implications and recommendations emerging from the study.

## CHAPTER V:

### DISCUSSION, CONCLUSIONS, LIMITATIONS, AND RECOMMENDATIONS

This chapter provides an overview of this research study, summarizes the findings, answers the research questions, and examines the study findings in light of existing research. Also, the implications of the study, limitations of the study, and recommendations for future research are discussed.

#### **Overview of the Study**

According to the literature, a shortage of nurse educators exists and one reason nursing faculty members leave education is because they are not satisfied with their job. One way to address nursing faculties' job satisfaction and possibly the nurse educator shortage is by mentoring new nurse educators. Understanding the mentoring experiences of nurse educators is important for faculty and administrators who seek to facilitate job satisfaction of nurse educators.

The purpose of this study was to explore the formal mentoring experiences of junior faculty. The researcher sought to gain a better understanding of the lived experience of associate degree nursing faculty in associate degree nursing programs in the Southeast who participated in a formal mentoring program. To achieve understanding, participants' recollections were examined to identify the themes and meanings.

The researcher began by performing a literature review to gain knowledge of mentoring, formal mentoring, job satisfaction, and the nursing shortage. The researcher utilized the data obtained from the literature review to guide the design of the research study. Also, the researcher compared the results of the study to data obtained from the literature review.

Seven research questions, which consisted of three broad and four focused questions, were answered throughout this study. The focused questions were closely aligned with the broad questions; therefore, the answers are included in the broad questions. The overarching research questions were as follows:

1. What are the lived experiences of junior faculty with formal mentoring;
2. What is the nature of the interactions that take place between mentor and mentee;  
and
3. What meanings do the mentees assign to these interactions?

The focused research questions were as follows:

1. What experiences/features do junior nursing faculty say impacted their  
acclimation into the nurse educator role in the classroom and clinical settings;
2. What aspects of formal mentoring does junior faculty report as being positive;
3. What aspects of formal mentoring does junior faculty report as being negative;  
and
4. How does junior nursing faculty report that formal mentoring impacts job  
satisfaction and the desire to remain in nursing education?

The researcher identified seven emergent themes when the participants' reflections of their mentoring experiences were examined. The themes were (1) navigating the way, (2) nurse educators' emotions, (3) best practices, (4) mentors' nurturing nature, (5) impact of formal mentoring, (6) influence of the mentor, (7) addressing formal mentoring.

### **Summary of Findings**

Overall, the mentees agree that the mentoring experience was positive. They agreed that the mentors were supportive and helpful by assisting them to develop skills that allowed them to

teach in the classroom and clinical settings. Examination of the narratives revealed that the mentees deemed certain practices by the mentor (e.g., sitting in the classroom, assisting with test construction, providing guidance with instructional development, and providing constructive criticism) and the institution (e.g., assigning limited responsibilities) as beneficial to their development as a nurse educator. The mentees stated that all aspects of the mentoring experience were positive except for a time constraint that was encountered by some when the mentor did not have time to help them with tasks.

The participants' discussions revealed their emotions were an important aspect of the mentoring experience. The new educators developed confidence as a result of the mentors helping them with their responsibilities as they were able to perform them effectively. The mentees expressed that the relationship with the mentors fostered a sense of trust and honesty because they knew the mentors were available to them and provided them with guidance and support during the transition time.

The relationship with the mentor and the mentoring experience fostered a sense of belonging in the mentees. All of the participants stated that the mentoring experience positively impacted their satisfaction with their job as well as the desire to remain in nursing education. Also, the interviewees said that the mentor influenced them as a nurse educator in the classroom and clinical settings by serving as role models and demonstrating effective and appropriate behaviors. As a result of these positive aspects, job satisfaction and retention of the nurse educators was achieved.

The participants identified components or aspects that they thought should be included in formal mentoring programs that might facilitate the success of such programs. The ideas included but were not limited to (a) instituting policies and procedures and making the

participants familiar with the policies because most of the mentees could not remember their program policies, (b) using mentors that have supportive personalities because all of the mentors stated their mentors were supportive, (c) establishing regularly scheduled meetings between mentors and mentees that will allow time for the mentors and mentees to perform tasks, and (d) allowing the mentees to evaluate the programs because none of the participants formally evaluated their programs. The mentees based these suggestions on positive aspects of their mentoring programs as well as deficiencies.

The following section will discuss more fully the findings of the study as they answer the research questions. The findings will be examined in light of existing literature.

## **Discussion**

This section discusses the findings from this study as they relate to the research questions as well as existing literature.

### **Broad Research Question 1**

The first research question for the study was as follows: What are the lived experiences of junior faculty with formal mentoring? Analysis of their responses showed evidence of three main responses to this question. Mentees' lived experiences were characterized as experiences of struggle, developing a sense of belonging, and building a sense of trust in their mentors.

The participants' narratives revealed that their lived experience was described as one of struggle as they entered into nursing education even though they stated that their mentors helped them during the transition and their mentoring experiences were positive. They experienced difficulty when learning and performing the tasks encompassed in the nurse educator role. These difficulties were primarily related to preparation for classroom instruction (e.g., audiovisual development, test construction, and lecture preparation). The main reason the new nurse

educators struggled was because none of them had taught in a didactic setting before becoming faculty which was reflective of the study performed by Sawatzky and Enns (2009) which asserted that new nurse educators struggle because they have vast clinical experience but often no formal classroom teaching experience. All of the participants had entered into nursing education from a clinical practice setting (e.g. hospitals, health department, clinics), and most of their experiences with teaching were related to teaching patients and families about disease processes, procedures, and medications. According to the literature, clinical faculty members often are not prepared to fulfill the role of nurse educator because the context of practice as well as the roles and responsibilities are different (Billings & Halstead, 2005; Clark et al., 2010; Duphily, 2011). Additionally, new nursing faculty may not have a foundation of educational theory (Heinrich & Oberleitner, 2012; Weidman, 2013).

The mentors were invaluable in providing the new faculty with the knowledge and skills to meet the responsibilities that are requisite to the educator role. As they were able to learn and effectively perform the responsibilities of classroom and clinical instruction, with the guidance of their mentors, they developed a sense of confidence. This acquired confidence allowed them to more effectively fulfill their new role which is supported by a study by Datillo, Brewer, and Streit (2009) which found that faculty need to have confidence in themselves and their ability to make appropriate decisions. The mentees were receptive to the helpful practices of the mentors (sitting in the classroom, assisting with test construction, and helping with instructional development) because they saw these practices as beneficial in helping them develop as nurse educators exclusively to teachers, and according to a study by Anderson (2009) these practices promote an easier transition for new faculty. Mentors were an integral factor in ensuring the mentees had a positive experience. All of the participants stated their interactions with their

mentors were effective and positive; they asserted that the mentors provided the best mentoring and learning experience for them that they could. These findings are supported by existing studies that concluded that mentoring should be included in professional development plans to prepare novice nurse educators to meet the responsibilities of the nurse educator role (Baker et al., 2011; Hubbard et al., 2011).

**Developing a sense of belonging.** Another element of their lived experience was marked by the development of a sense of belonging as they were welcomed by their mentors and other faculty members. The mentees felt as though they had found their niche in nursing education because the mentors and others made them feel valued. The experienced faculty encouraged and praised the new educators as they were able to accomplish tasks. As a result of these behaviors, the mentees were able to develop confidence as an educator.

The mentees felt connected to and accepted by their mentor and, consequently, developed a bond that prevented them from feeling isolated or alienated, and this bond met the need of the novice educator to belong in their new environment. These findings are supported by the literature because according to a study performed by Cawyer, Simonds, and Davis (2002), new faculty need to be socialized into the educator role and mentoring relationship characteristics that can facilitate this socialization are interpersonal bonding, social support, and professional advice. The sense of belonging that the mentees felt fostered a satisfaction with their job as a nurse educator that resulted in a desire to remain in nursing education.

The participants were faculty members of associate degree nursing programs, and they were being socialized into the associate degree nurse educator's role. Associate degree nursing programs are most often located in community colleges, and the program of study is two years in length (Raines & Taglaireni, 2008). All of the participants were employed as full-time faculty of

associate degree nursing programs in the Southeast and were instructors in the clinical and classroom settings. The lived experience of associate degree nursing faculty was shared among the participants.

**Trust.** All of the mentees' lived experiences included the importance of trust. Mentees developed a relationship of trust with the mentors; the mentors provided the mentees with experiences that facilitated their growth as effective nurse educators. The advice and guidance the mentees received was valuable because it helped the new educators learn how to construct tests, write lessons, develop audiovisuals, evaluate students, and use learning management systems and according to a study by Weidman (2013), these tasks produce stress in new faculty so the guidance is beneficial. The assistance was presented in a supportive manner, and the mentors were not critical of the mentees. The mentees were comfortable asking the mentors for help because of the trust they shared. The mentees felt the mentors were nonjudgmental as well as empathetic, and these findings are supported by existing literature (Blauvelt & Spath, 2008; McCann & Johannessen, 2010).

As a result of the trust the mentees had with the mentors, they felt that the mentors were supportive of them, and a study by Hadidi, Lindquist, and Buckwalter (2013) posits that personal support of mentees is necessary for successful mentoring. The mentees trusted the mentors, and they knew that the mentors would not intentionally let them do something incorrectly. This support allowed the mentees to be creative and innovative in their teaching. Also, the freedom that the mentees were allowed in developing instructional materials and/or teaching promoted a sense of self-assurance. The mentors created an environment of openness with the mentees so they were able to trust that the information the experienced educator was providing was accurate and true.



According to the literature, new faculty need to be socialized into the educator role and mentoring relationship characteristics that can facilitate this socialization are social support and professional advice (Cawyer et al., 2002; Pogodzinsk et al., 2013), and the participants did assert that the mentors supported them and provided advice in both the classroom and clinical settings. A positive outcome of mentoring for the mentee is emotional support (Snelson et al., 2002), and the new educators did feel the mentors provided emotional support during the mentoring process. This finding of the importance of mentor support is reflective of previous research findings.

The mentees stated that the mentoring experiences were positive, and the mentors and mentoring experiences were instrumental in fostering the professional growth of the new nurse educators. The mentees viewed mentoring as being helpful for the development of novice nurse educators in the classroom and clinical settings.

## **Broad Research Question 2**

The second research question for the study was as follows: What is the nature of the interactions that take place between mentor and mentee? Primarily, the nature of these interactions was positive. The nature of the interactions was evident in the mentees' narratives of their mentoring experiences especially when asked specifically about the interactions with the mentors. All of the participants stated their mentors were very helpful to them during the mentoring experiences.

One of the most important aspects of the mentoring experience to the mentees was that the mentors were "there for them." The accessibility and availability of the mentors fostered a sense of trust within the mentees. Exploration of the data revealed the mentees saw their mentors as being available, and this availability was important to the mentees especially when they had questions about the responsibilities of the educator role. The importance the

participants placed on mentor accessibility was validated by studies performed by Cawyer, Simonds, and Davis (2002) and Hubbard, Halcomb, Foley, and Roberts (2010). The fact that the mentors were accessible to them allowed the mentees to feel that they could rely on them to provide guidance and information that was timely. The mentees shared that the mentors were willing to help them and answer questions whenever they needed help no matter how trivial the question might have been. This fact that the mentors were so willing to help them and be available to them promoted a sense of confidence in the mentees because they knew they had access to a valuable resource.

According to the literature, successful mentors are accessible to mentees and are able to recognize feelings of doubt and insecurity within the mentees (Blauvelt & Spath, 2008; McCann & Johannessen, 2010). Mentors acclimate new faculty into the academic environment by providing assistance, guidance, and positive feedback (Caputi, 2005; Guise et al., 2012). To do so, an effective mentor must possess the characteristics of the capacity to encourage and develop others (Galbraith & Wayne, 2004; Wilson et al., 2008), and according to the literature, a successful mentor is one who is accessible to mentees (Blauvelt & Spath, 2008; McCann & Johannessen, 2010).

Participants agreed that their mentors were helpful in the classroom and clinical settings, particularly the classroom where they provided assistance and support in many areas including but not limited to test item writing, audiovisual development, and instructional development. Studies from the literature affirm this finding, stating that effective mentors help mentees with skills needed to teach not only in higher education (Peters & Boylston, 2006) but also in nursing education (Schwille, 2008).

**The importance of constructive criticism.** One of the most important practices as discussed by the participants was the constructive criticism their mentors provided and according to a study by Anderson (2009), new nurse educators want and need feedback from experienced faculty. The mentors' input was underpinned by their expert knowledge as a nurse educator, and the mentees valued their guidance. The experienced educators critiqued the mentees' performances while they were teaching in the classroom and clinical, but most of the feedback was related to the didactic setting. This critique served to improve the mentee's performance because the mentor had an idea of how to accomplish a task and was able to communicate those thoughts to the new educator. The respondents stated that the mentors' feedback was helpful when they were developing instructional materials as well as when they were teaching the students.

The participants recalled that even when providing criticism, the mentors were supportive and kind. These mentor behaviors allowed the mentees to trust that the mentors were giving them advice that would help them grow as educators. Also, a sense of confidence was fostered within the mentees because they were able to teach more effectively as a result of the mentor input.

The study findings were reflective of existing literature. Mentors should provide positive feedback (Caputi, 2005; Guise et al., 2012) while being empathetic and nonjudgmental (Blauvelt & Spath, 2008; McCann & Johannessen, 2010), and the participants stated their mentors were supportive while they provided constructive criticism. Mentoring may result in improved quality of education (Smith & Zsohar, 2007) as well as empowerment and self-efficacy of the new nurse educators (Roughton, 2013). The constructive criticism the mentors provided was a significant aspect of the mentoring experience for the mentees because it had such a positive impact on their

development as a nurse educator. The researcher was surprised how important constructive criticism was to the mentees.

**Time constraint.** The only negative aspect of the mentoring experiences reported by participants was a lack of time with the mentors. The lack of time was attributed to schedule conflicts and job responsibilities, and according to studies by Sawatzky and Enns (2009) and Hubbard, Halcomb, Foley, and Roberts (2010), a lack of time and availability are barriers that have been identified as a barrier to effective mentoring of new nurse educators. The meaning of time constraint was the same for the interviewees who spoke of it as not being able to perform the tasks they wanted to and needed to with their mentor because of a lack of time. The lack of time with the mentors did not affect the perception the mentees held of the mentors or mentoring experiences. The mentees trusted that the mentors were providing the best mentoring experience they could within the limits of their job responsibilities. Even though some mentees stated that they did experience a problem meeting with their mentors, they did not state that the lack of time negatively impacted their development as a nurse educator.

Time constraint is a programmatic barrier that may interfere with the effectiveness of a mentoring relationship (Bennion, 2004; McLaughlin, 2010). The researcher considers this finding to be significant because program administrators need to be aware that mentors and mentees should have time to meet and address the learning needs of the mentees; means to ensure that they are allowed to do so should be established. The fact that the mentees did not report any more negative experiences was surprising to the researcher.

### **Broad Research Question 3**

The third question for the study was as follows: What meanings do the mentees assign to these interactions? Analysis of their responses showed evidence of six main concepts that held

meaning for the mentees. Meanings were assigned to teaching, sitting in the classroom, assisting with test construction, providing guidance with instructional development, role model, and assigning limited responsibilities.

**Teaching.** The mentees had different understandings or meanings for *teaching*. The majority of the participants referred to teaching in the more traditional sense: lecture. Others viewed teaching as using more creative and innovative means to provide information to students. Those new educators who were allowed and/or encouraged to be more imaginative stressed how supportive their mentor was to them. When the mentor was willing to allow the new educator to “step out of the box” as one participant described, the mentee felt empowered because the mentor trusted and respected them enough to let them make independent decisions.

Review of the literature did not ascertain specific meanings of teaching held by mentees. The teacher role is discussed (Clark et al., 2010) as being part of the triad of the faculty role, and the literature does speak to the responsibilities of the nurse educator in reference to the teaching role including classroom and clinical responsibilities (Duphily, 2011). The literature asserts that new faculty must develop skills including teaching strategies, test writing, and student evaluation (Duphily, 2011; Sawatzky & Enns, 2009; Weidman, 2013). Yet, research on the meanings of teaching to new nurse educators was not present.

**Sitting in the classroom.** One of the most important things the mentor did to help the new educator was *sitting in the classroom*. The meaning held by the mentees was the same for this interaction: sitting in the classroom to observe the mentee teach and provide input regarding the performance. The fact that the mentor took the time to sit in the classroom and give attention to the mentee meant the mentor was invested in the mentee’s success. It also meant that the mentor was willing to share valuable information that was gained over a lengthy career. The

mentee was able to reap the benefits of the mentor's experience and knowledge when learning how to function as a faculty member in higher education. The participants stated that the input provided by the mentors regarding their teaching performance was beneficial in improving their teaching skills, and according to studies by Datillo, Brewer, and Streit (2009) and Anderson (2007), feedback is important to faculty development.

The researcher found no literature related specifically to mentors attending classroom presentations of mentees and observing them while providing constructive criticism. The literature does posit that mentors need to provide guidance and feedback to the mentees (Caputi, 2005; Smith & Zsohar, 2007) while helping the mentees learn teaching skills (Schwille, 2008; White et al., 2002) and professional responsibilities (Hadidi et al., 2013). The study findings were supported by the literature. The participants' narratives reflected the importance of this action in their growth as a nurse educator; this finding was significant for the study.

**Assisting with test construction.** One of the responsibilities of the nurse educator role that was most frequently discussed by the mentee was assisting with test construction. The mentees held the same meaning for *assisting with test construction*. They viewed this practice as the mentors helping them look at test items, reviewing the NCLEX Test Plan, writing test items, as well as providing construction criticism about the test items they wrote. The mentees shared how difficult item writing was for them because of the lack of experience with test construction, and this finding was reflective of a study by Weidman (2013) which found new nurse educators experience difficulty when performing new skills. The mentees were apprehensive when performing this undertaking because of the unfamiliarity with the process as well as the importance of the task. The mentors spent a lot of time with the mentees as they learned how to

develop test writing skills. The mentors invested time with the mentees because they wanted them to be successful in performing this important responsibility of the nurse educator role.

The literature does discuss that the fact that new nurse educators are unfamiliar with test construction because the skill is an unfamiliar one (Dumphily, 2011; Sawatzky & Enns, 2009), and mentors can provide information regarding test construction (Blauvelt & Spath, 2008). Test construction was an area where the participants struggled because of the lack of experience, and the guidance by the mentors was essential to their developing skills to construct test items.

**Providing guidance with instructional development.** *Providing guidance with instructional development* held the same or similar meanings for the mentees. They viewed these practices as the mentor helping them develop lectures, determine what information should be included in the presentations, and develop audiovisuals, and according to Weidman (2013), mentors should assist new faculty socialize into the educator role by providing advice. They told of how the mentors: (a) reviewed the instructional materials they prepared, (b) sat in on their classroom presentations, (c) were available for questions, and (d) helped them with test construction.

**Role model.** A recurring theme in mentees' narratives was that the mentors served as a *role model* for them and showed them how a nurse educator should perform or act in situations because according to the literature, mentors should role model appropriate faculty behaviors to acclimate new faculty into the academic environment (Curtis, 2007; Hamlin & Sage, 2011; Smith & Zsohar, 2007), and the role modeling should result in a positive outcome for the mentee (Smith & Zsohar, 2007). The mentees desired to mimic the behaviors of the mentors and use them as a guide when functioning as a nurse educator and performing responsibilities required of them.

The meaning of *role model* was as follows: the mentor who demonstrated behaviors the mentee wanted to mimic. The respondents shared that the mentors' role modeled behaviors in both the classroom and clinical settings. These behaviors included but were limited to (a) engaging students in the classroom, (b) being professional when interacting with students, and (c) conducting effective classrooms. Some of the mentees stated their mentors encouraged them to attend class sessions and observe them teaching in the classroom and/or other faculty as well. Also, some of the mentees were allowed the opportunity to shadow or observe their mentor in the clinical setting before they assumed responsibility of a clinical group. The mentors were committed to the success of the mentees as educators. To facilitate their success, the experienced teachers were receptive to the mentees attending their classroom and/or clinical sessions and observing them perform in the nurse educator role, and according to studies by Hamlin and Sage (2011) as well as Smith and Zsohar (2007), mentors should role model behaviors that are appropriate to the faculty role. The literature affirms that role modeling is beneficial in the development of an educator.

**Assigning limited responsibilities.** One of the most positive practices used by some institutions to help new faculty adjust to the new role of nurse educator was allowing the new educators to ease into the role by assigning limited responsibilities. The mentees stated that not being assigned total responsibility for classroom or clinical instruction allowed for decreased stress; thereby promoting confidence and ultimately, job satisfaction. The mentees were able to develop confidence in their instructional abilities because they were allowed to develop small portions of content with the guidance of their mentor and were not overwhelmed. Mentoring of new nurse educators is more effective if activities are planned that enhance the professional growth of the mentee (White et al., 2010).



### **Limitations of the Study**

In that this study uses a phenomenological approach, the findings are not generalizable to the larger population of junior nurse educators. However, the study findings do provide an understanding of the lived experiences of junior associate degree nursing faculty in the Southeast and can inform the literature and nursing programs. The understanding here can inform mentoring programs and mentors' practices.

A limitation of this study is the sample composition. The researcher examined the lived experience of eight White females, one African American female, and one White male. The sample was a purposive sample, and the participants contacted the researcher if they were interested in participating in the study. The limitation could impact the understanding of the formal mentoring experiences of males and African American educators. Also, the sample size was small thus, making the findings not generalizable as with a larger sample. Although interviews were conducted until data saturation was reached, a larger sample might be more representative of the experiences of the population.

Another limitation of the study was that all the participants were employed by institutions in the Southeast. The researcher recognizes the experiences of the participants may not be reflective and representative of new nurse educators in other regions of the United States.

The researcher recognized a limitation as being the restricted number of associate degree nursing programs who have formal mentoring processes for new faculty. When searching for associate degree nursing programs in the Southeast who had formal mentoring programs, the researcher found that the number of such program was small. Therefore, the researcher was limited in selecting participants from programs, which varied in location and size. This limitation could have implications on the findings of the study.

Another limitation identified was the small number of nursing faculty who had completed a formal mentoring program within the last year. The researcher had a limited number of respondents who met this inclusion criterion from which to choose participants. This restricted number of potential participants could have implications for the study.

Very little research on formal mentoring experiences of junior nursing faculty, especially of faculty in associate degree, exists. Therefore, the researcher had little research to which the study findings could be compared.

Lastly, the data obtained through the use of interviews was self-reported by the participants so the truthfulness of the data could not be verified. The phenomenological approach utilizes self-reporting by participants so the researcher recognizes the limitation of not being able to verify data.

### **Implications and Recommendations**

The purpose of this study was to explore the formal mentoring experiences of junior faculty. The researcher strived to gain an understanding of the meaning they ascribed to their experiences. The researcher also sought to address the impact of formal mentoring on the job satisfaction and desire to remain in nursing education of the participants. The researcher asked the nurse educators their thoughts on how associate nursing degree programs can facilitate formal mentoring and what aspects of formal mentoring are important to program development.

This research study is important for nursing education because improved job satisfaction of nurse educators is an important means of addressing the nursing shortage. The information gathered by this study reflects the personal experiences of junior nursing faculty who participated in formal mentoring programs, and this information can be utilized to inform the

literature and nursing programs. The researcher concluded that mentoring of new nurse educators is imperative in encouraging job satisfaction in the new role.

The findings of this study have implications for nursing education and research regarding the formal mentoring of new nurse educators. The study revealed that the mentees perceived their mentoring experience as beneficial and valued. All of the participants, regardless of age, gender, and length of formal mentoring program, felt mentoring programs are beneficial and needed by new nurse educators. The conclusions derived from the narratives of the participants have allowed the researcher to suggest recommendations nursing education and research. The recommendations were informed through an increased understanding of the participants' experiences with formal mentoring.

### **Nursing Education**

The findings of this study supports formal peer mentoring for newly employed nurse educators. New nurse educators often experience difficulty transitioning from clinical practice to nursing education because of the different roles and responsibilities of the nurse educator role (Dumphily, 2011; Sawatzky & Enns, 2009). Junior nursing faculty need mentoring programs that will facilitate their acclimation into the role of nurse educator by providing an experienced faculty member to help them (Baker et al., 2011). A mentor can assist the new educators by assisting them to develop the skills they need to be effective in the classroom and clinical settings.

While conducting the research study, I discovered that there are a limited number of associate degree nursing programs located in community colleges in the Southeast that have formal mentoring programs for new faculty. The question can be posed: Why do associate degree programs not have formal mentoring processes for new nurse educators?

**Specific roles and responsibilities.** Mentoring programs that address the specific roles and responsibilities of the nurse educator in the classroom and clinical settings should be developed. These programs need to include mentoring on instructional development, evaluation, test item construction, and other responsibilities required of the nurse educator role. Examination of the narratives revealed the participants did not know if their mentoring program had policies related to the responsibilities of the mentor. To assure that the mentees receive the assistance they need, policies should be developed that delineate the responsibilities of the mentor including the tasks that need to be addressed. If the needs of the mentees are addressed, retention of qualified faculty will be encouraged.

**Program evaluation.** The interviewees stated that they felt they could approach their mentor and ask them anything. They also stated that the administrators of the nursing programs were supportive of the formal mentoring process, but only two participants disclosed that the administrators asked them about the program and their progress. Participants stated that there was no formal evaluation of their mentoring program. The mentoring program needs to be evaluated because the mentees could provide valuable insight into what is successful and what is not as successful from the perspective of the mentees. Evaluation allows for improvement of the mentoring program including but not limited to policies and procedures, selection of mentors, and the responsibilities of mentors and mentees.

The department administrator need to ensure that evaluation of the mentoring program is performed, and that the critique will not jeopardize the mentees' job position or relationships with other faculty. Administrators should create an open dialogue with the mentees so the mentees feel comfortable discussing the mentoring program including positive and negative aspects. If the mentee is not getting the mentoring they need as a result of programmatic,

sociocultural, or interpersonal barriers, the administrator needs to be aware of the issue and should make whatever changes are necessary. Evaluation of the mentoring program is important to the administrators and mentees as well as the mentor. The administrators need to have an understanding of the aspects of the program that are successful and those that are unsuccessful so that changes can be made as needed.

Program evaluation is important to the mentees because it will allow the mentees to have input into the mentoring process, and changes to mentoring programs can be made based on the input. Mentees can provide valuable information about the mentoring programs and mentoring experiences. The administrators can use the information provided by the mentees to improve the mentoring programs by making necessary changes.

The mentor should be aware of evaluation findings so that effective as well as ineffective behaviors can be identified. In identifying these behaviors, the mentor can continue and/or improve those behaviors seen as effective and change the behaviors that are perceived as ineffective. Evaluation of mentoring programs can lead to more effective mentoring by mentors.

**Programmatic barriers.** A programmatic barrier that interfered with mentoring that was mentioned by several interviewees was time constraints. The participants stated that they sometimes struggled when trying to meet with the mentors to accomplish tasks; the difficulty in establishing meetings often was due to incompatible schedules or busy schedules. Program administrators need to determine means that will allow the mentor and mentee to meet regularly because of the importance of the mentoring process. The program administrators should consider time release for the mentor and/or mentee to allow the needs of the mentee to be met or other ways to ensure the mentoring is effective.

**Mentor training.** Only one of the respondents stated they knew that their mentor had received any training relevant to mentoring. To ensure that the needs of the new educators are being met, the nursing programs need to provide professional development or training for the mentors before they are assigned to a mentee. The mentors need to be aware of the different aspects of classroom and clinical instruction that need to address with the mentees, and the professional development will provide the mentors with this knowledge.

**Job satisfaction.** All of the participants affirmed that their mentoring experience positively influenced their job satisfaction. For some participants, the formal mentoring they received resulted in their staying in nursing education, and if they had not had the mentoring, they would have left nursing education. The mentoring impacted their satisfaction with the job, and retention may have been indirectly affected by the job satisfaction. For example, Danni said, “I don’t know that I would have stayed in the educator role if I had not participated in the formal mentoring program.” Mentors are integral in helping the new faculty acclimate into the role of nurse educator by helping them learn the tasks and responsibilities that will be required to perform (Beresin, 2004; Caputi, 2005). New faculty must feel comfortable asking the mentors for assistance with learning these tasks and responsibilities. The study participants felt they had successful mentoring experiences because their mentors were approachable. These findings indicate that the selection of mentors is an extremely important aspect of the mentoring process, and administrators should carefully consider characteristics and personalities of potential mentors when choosing faculty to serve as mentors.

In addition to looking at the characteristics of the mentors, the administrators should determine the needs of the mentee in regards to instructional responsibilities. The selected mentor needs to be able to meet the mentee’s needs by being familiar with the theoretical content

that the new educator will be assigned to teach. All of the interviewees revealed that their mentor taught in the same course or in the same level as they. Their narratives revealed how their mentors helped them prepare for teaching in the classroom setting and how invaluable that assistance was to them. If the mentor has knowledge of the theoretical content, he/she can effectively help the new educator prepare for instruction in the didactic setting.

### **Research**

Recommendations for future research are presented based on the findings of this study, which can increase the literature on formal mentoring experiences of associate degree nursing faculty. The study sample consisted of ten faculty members from small community colleges in three southeastern states. Future studies should be conducted using a larger sample of participants because a larger sample may be more representative of the population. In that the participants were all from the Southeast, future research should be performed with participants from all regions of the United States to better represent the population. Comparison of mentoring experiences of faculty from different regions could determine similarities and differences.

This study was conducted to examine the experience of mentees with formal mentoring programs. Future research should be conducted to examine the mentor's experience with formal mentoring. Research comparing the experiences of mentor/mentee dyads should be performed to explore the beliefs, feelings, and perspectives of the participants.

Many nursing programs in the Southeast that were contacted by the researcher did not have a formal mentoring program for newly hired educators. Even though the participants in this study were formally mentored, some discussed receiving assistance from faculty other than their mentor. Research should be conducted to examine the informal mentoring experiences of new nurse educators to compare those experiences with formal mentoring experiences.

As stated, very few associate degree nursing programs located in community colleges in the Southeast had formal mentoring programs for new faculty. Research should be conducted to examine why such programs do not have formal mentoring processes. Also, research should be conducted to explore why nursing programs in other regions of the United States do value mentoring of new faculty and have formal mentoring programs. The findings could be compared.

Participants discussed the actions (practices) by the mentors and institutions that helped them to acclimate into the nurse educator role. Future research should be performed to determine if these practices are common in associate degree programs nursing programs. The research could be quantitative and/or qualitative.

Part-time clinical faculty members are often unprepared to assume the role of nursing educator because of the different context of practice. Even though the roles of the part-time clinical instructor and full-time faculty member are different, part-time faculty could benefit from mentoring. Research of clinical faculty needs could identify strategies and information to be included in mentoring programs that would meet faculty needs. The research could result in the development of mentoring programs for part-time clinical instructors.

### **Summary**

It is no secret that nursing is experiencing a shortage including a shortage of nurse educators. Understanding mentoring experiences of new nurse educators is important for faculty and administrators who seek to increase job satisfaction and possibly retention of nurse educators. Mentees expressed that mentoring has an impact on their acclimation into the nurse educator role. This research study revealed the mentoring was valued by the mentees. Throughout the study, participants offered narratives of their personal experiences with formal



mentoring. Additionally, the nurse educators provided insight into the how nursing programs can design and facilitate effective formal mentoring programs.

Discussion, conclusions, implications for nursing education and research were presented. The findings of the study may inform the literature as well as programs of nursing. The study will allow for a deeper understanding of the formal mentoring experiences of junior nursing faculty.

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## APPENDIX A

### Letter to Directors

Dear Dean or Director of Nursing:

One week ago I contacted you requesting that nurse educators from your institution, who have experienced formal mentoring, participate in a research study on formal mentoring in associate degree nursing programs. I requested your participation, which would involve informing the nurse educators from your institution about the study and providing my contact information to those who express an interest in participating in the study.

The purpose of this study is to explore formal mentoring experiences of junior nurse educators. For this study, a formal mentoring program is one in which an experienced faculty member is assigned to help a junior faculty member develop the skills and knowledge necessary to acclimate to their new role as a nurse educator. The mentoring program should have established policies. The program The study will explore if formal mentoring facilitates acclimation into the educator role, what barriers exist, if any, to the mentoring process, if formal mentoring impacts job satisfaction, and what experiences are perceived as positive and negative mentoring.

I am writing to encourage participation in this study and ask if there are any questions or concerns that I can answer for you or the nurse educators at your institution. Questions or concerns or nurse educators who are interested in participation in this study can contact me either by e-mail at [mac@uwa.edu](mailto:mac@uwa.edu), cell telephone number at (334) 341-0160, or office telephone number at (205) 652-3518. Questions concerning this study can also be addressed to my academic advisor, Dr. Becky Atkinson at (205) 348-0357 or e-mail at [atkin014@bama.ua.edu](mailto:atkin014@bama.ua.edu).

Thank you in advance for your consideration and assistance.  
Sincerely,

Marsha Cannon, EdD(c), MSN, RN  
Doctoral Candidate, Instructional Leadership, Nurse Educator

## APPENDIX B

### Informed Consent

#### Informed Consent

FOR QUESTIONS ABOUT THE STUDY, CONTACT:

Dr. Becky Atkinson, Assistant Professor, Educational Leadership, Policy and Technology Studies

Telephone Number: 205-348-0357

[atkin014@bamaed.ua.edu](mailto:atkin014@bamaed.ua.edu)

Graves Hall 323a

Box 870302

Tuscaloosa, Alabama 35487

Marsha Cannon, Ed(c), MSN, RN

Doctoral Candidate, Instructional Leadership, Nurse Educator Program

Telephone Number: 334-341-0160 or 205-652-3518

[macannon@crimson.ua.edu](mailto:macannon@crimson.ua.edu)

DESCRIPTION: You are invited to participate in a research study on the formal mentoring experiences of junior faculty in associate degree nursing programs. Nurse educators' experiences with formal mentoring will be explored seeking understanding of the effects on junior nursing faculty. The impact of formal mentoring on nurse educators' teaching in classroom and clinical settings, job satisfaction, and acclimation into the faculty role will be explored also. This information might be used to develop more effective formal mentoring programs to better assist new nurse educators acclimate into the nurse educator role. You will be asked about many aspects of your formal mentoring experience(s) but to give you an idea of the types of questions that will be asked, a few broad questions have been included. You will be asked to share your experience(s) related to formal mentoring and how formal mentoring has impacted you as a nurse educator. You will be asked about administrative support of formal mentoring in your institution as well as barriers to formal mentoring (e.g. programmatic, sociocultural, and interpersonal). You will be asked to discuss positive and negative characteristics of your mentor and the roles your mentor fulfilled during your program. Also, you will be asked how formal mentoring has impacted your transition into the nurse educator role.

The interview will be audiotaped using an iPad to make an accurate record of your responses, and the interview will be transcribed into a word document. Your consent form, transcripts and other identifying information will be kept strictly confidential by giving you a pseudonym to protect your identity. The iPad will be password protected, and only the researcher will know the password. The transcripts, demographic surveys, and consent forms will be kept in a locked cabinet in the researcher's office, and only the researcher will have access to the cabinet. All study materials will be destroyed in five years. The results of the study will be used for Mrs. Cannon's dissertation and possibly published in a professional journal, but no names will be used. If people's actual words are used to illustrate a point, their pseudonym will be used. Also, the dissertation and the article will say only that the nurse educators in the study came from associate degree nursing programs in the Southeast.

UNIVERSITY OF ALABAMA IRB  
CONSENT FORM APPROVED: 5/23/14  
EXPIRATION DATE: 5/22/2015

RISKS AND BENEFITS: The risks associated with this study are that you may experience some emotional discomfort during or after the interview if you recall uncomfortable or disturbing events and/or experiences. We cannot and do not guarantee or promise that you will receive any benefits from this study. However, it is possible that you may have positive feelings knowing that telling about your experience(s) with formal mentoring may assist in the development of mentoring programs that more effectively facilitate the acclimation of new nurse educators into the faculty role. You may also enjoy talking about your positive and/or negative mentoring experience(s) with an impartial person who is not affiliated with your institution.

TIME INVOLVEMENT: Your participation in this experiment will take approximately one to two hours. The initial interview will take 60 to 90 minutes. A second interview may be needed by telephone if it is determined that some questions in the initial interview were not answered fully or to gain clarity of your response(s). This interview should last approximately 30 to 45 minutes.

PAYMENTS: You will receive no payment.

SUBJECT'S RIGHTS: If you have read this form and have decided to participate in this project, please understand your participation is voluntary and you have the right to withdraw your consent or discontinue participation at any time without penalty. You have the right to refuse to answer particular questions. Your individual privacy will be maintained in all published and written data resulting from the study.

If you have questions about your rights as a study participant, or are dissatisfied at any time with any aspect of this study, you may contact - anonymously, if you wish - the Office of Research Compliance (ORC) at 205-348-8461 or toll free at 877-820-3066.

You may also ask questions, make suggestions, or file complaints and concerns through the IRB Outreach website at [http://osp.ua.edu/site/PRCO\\_Welcome.html](http://osp.ua.edu/site/PRCO_Welcome.html).

After you participate, you are encouraged to complete the survey for research participants that is online at the outreach website.

I give consent to be audiotaped during this study:

please initial: ☐ Yes ☐ No

I give consent for tapes resulting from this study to be used for transcription:

please initial: ☐ Yes ☐ No

The extra copy of this consent form is for you to keep.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Protocol Approval Date: \_\_\_\_\_

Protocol Expiration Date: \_\_\_\_\_

UNIVERSITY OF ALABAMA IRB  
CONSENT FORM APPROVED: 5/23/14  
EXPIRATION DATE: 5/22/2015

## APPENDIX C

### Demographic Data Survey

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Directions: Please circle the correct answer for each question

1. Do you teach nursing in the classroom, clinical setting, or both?

2. How long have you been a nurse?

<5 years

6-10 years

11-15 years

16-20 years

21-25 years

>25 years

3. How long have you been a nurse educator?

1 year

2 years

3 years

4 years

4. What is your current age?

< 25

25-30

30-40

40-50

50-60

5. What is your gender?

Male

Female

6. What is your race/ethnicity?

White

Black or African American

Hispanic or Latino

Asian

American Indian  
Other

7. What is your highest degree in nursing?

BSN  
MSN  
Doctorate

8. How many years of nursing education experience did your mentor have?

3-5 years  
6-10 years  
11-15 years  
16-20 years  
21-25 years  
>25 years

9. How long did the formal mentoring program last?

< 6 months  
6 months -1 year  
1-2 years  
2-3 years

9. How long ago did the formal mentoring end?

<6 months  
6 months - 1 year  
1-2 years

10. Who assigned your mentor?

Nursing Program Director  
Institution Administrator

## APPENDIX D

### Exploration of Formal Mentoring Experiences Interview Protocol

1. Is there anything about the study you would like me to clarify before we begin?
2. Discuss the responsibilities you had in the job you held before you entered nursing education?
3. Discuss the aspects of the nurse educator role you found most difficult when you first became a nurse educator?
4. Tell me why you found it difficult to transition from clinical practice to nursing education, if you did?
5. I am going to say four words or phrases. I want you to say the first word that comes to your mind when I say the prompt words or phrases:
  - a. Mentee
  - b. Mentor
  - c. Formal mentoring
  - d. Mentoring relationship
6. Tell me your definition of a formal mentoring program?
7. What did you think formal mentoring meant before you participated in the mentoring program?
8. How has your perception about formal mentoring changed since participating in the program?
9. Tell me about the features of the formal mentoring program of which you were a participant?
10. How are the mentoring assignments made in your program?
11. Tell me about the information you received regarding your mentoring program?



12. Describe the administrative support in your institution related to formal mentoring including policies and procedures.
  - a. Within the parent institution?
  - b. Within the academic department?
13. Tell me about the training your mentor received to prepare him/her to be a mentor?
14. Describe your mentoring experience?
15. Tell me your definition of a formal mentor?
16. Describe your relationship with your mentor?
17. Describe your interactions with your mentor?
18. Can you describe the roles your mentor fulfilled during your relationship?
19. Describe positive characteristics/attributes, if any, of your mentor?
20. Describe negative characteristics/attributes, if any, of your mentor?
21. Discuss examples of your formal mentoring that you think were positive, if any occurred?
22. Discuss examples of your formal mentoring that you think were negative, if any occurred?
23. Discuss barriers, including programmatic, sociocultural, and interpersonal, you encountered, if any, during the mentoring process?
  - a. Programmatic:
  - b. Sociocultural:
  - c. Interpersonal:
24. Tell me what your mentor emphasized or considered important?

25. Tell me of any topics or issues that you believe should be included in mentoring programs that were not included in yours and why you believe they should be included?
26. Describe considerations you consider important in developing effective mentoring relationships?
  - a. For the mentor?
  - b. For the mentee?
27. Describe how formal mentoring has impacted your transition into the role of nurse educator, if it has?
  - a. Tell how formal mentoring has impacted you as a nurse educator in the classroom setting?
  - b. Tell me how formal mentoring has impacted you as a nurse educator in the clinical setting?
28. Tell how or if formal mentoring has impacted or changed your job satisfaction or desire to remain in nursing education?
29. Discuss why associate degree nursing programs need formal mentoring programs, if you believe they do?
30. Tell how you believe formal mentoring in associate degree nursing programs can be facilitated?