A Mentorship Model for Nursing Faculty in a Hospital-Based Associate Degree Nursing Program

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A Mentorship Model for Nursing Faculty in a Hospital-Based Associate Degree Nursing Program

Abstract
There is a nursing faculty shortage that affects enrollment in nursing schools and direct patient care. Although adjunct, dual-role, and clinical nurses transitioning to the nursing faculty role are being utilized to help with the nursing faculty shortage, clinical nurses may not necessarily be skilled as classroom teachers. Mentoring can be an effective vehicle used to increase the competency of qualified nursing faculty. The purpose of this transcendental, phenomenological, qualitative study was twofold: to examine best mentoring practices and to create a structured model for hospital-based associate degree nursing programs. To investigate best practices surrounding mentoring, the researcher used purposive sampling to identify participants consisting of administrators and faculty as well as archival data in hospital-based associate degree nursing schools. Four research questions were examined using semi-structured interviews. As a result of the findings, a mentoring model was created. This mentoring model incorporates the human capital variables of knowledge, experience, skill, and leadership for the development of nursing faculty mentors as pivotal strategic points for novice faculty. Additionally, the model includes: individualized orientation, classroom management recommendations, assessment/evaluation template, and support patterns for novice faculty. This model could serve as an intervention in the development of an effective nurse educators’ program, thereby increasing student enrollment and as a result, increasing nurse-delivered patient care.

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A Mentorship Model for Nursing Faculty in a Hospital-Based Associate Degree Nursing Program

By

Patricia Spoto

Submitted in partial fulfillment of the requirements for the degree Ed. D. in Executive Leadership

Supervised by

Linda Hickmon Evans, Ph.D.

Committee Member

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August 2017
Dedication

I dedicate this dissertation to my husband, Jeffrey A. Spoto, who has been with me every step of the way, with his unwavering support, encouragement, love, assistance, and humor. I would also like to thank my children, Joel (Ashley), Matthew, Raquel, and Chelsea, and my grandchildren, JaKobe, Jaylen, and Aria, who scheduled many events around my school schedule and/or understood if I had to miss a family excursion. They are very special, and I owe them my gratitude and so much more. To my parents, Lawrence Galvin, Sr. and Patricia A. Galvin, who would be so proud of this accomplishment.

I also dedicate this work to my colleagues at St. Joseph’s College of Nursing and St. Joseph’s Health. To Anne Marie Czyz, Ed. D., RN; Marianne Markowitz MSN, RN, CNE; and Loretta Quigley, Ed. D, RN, CNE who have supported me throughout this process, and to Elizabeth Woytowicz, MSN, RN, CNE who helped me in ways too numerous to count. To the St. Joseph’s faculty, who motivate me every day to be a better leader, person, and scholar.

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for the support and knowledge you provided throughout this journey. And, thank you to Kim VanderLinden, Ph. D., for your support, kind words, and encouragement.

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Finally, I would like to thank my cohort members. They will hold a special place in my heart forever. Very special thanks and appreciation to my group, Team JAB, Amy Mech, and Joshua Martin, who were always there with their love, support, encouragement, knowledge, patience, and laughter. Amy Mech, I could not have done this without your humor, patience, and numerous ways you have helped me through the last 28 months. I am a better person for having known you. I wish you both the best in your future endeavors.
Biographical Sketch

Patricia L. Spoto, MS CMSRN, is currently the Course Leader at St. Joseph’s College of Nursing. Mrs. Spoto attended Keuka College from 2009 to 2011 and graduated with a Bachelor of Science degree in Nursing in 2011. She attended Keuka College from 2012 to 2014 and graduated with a Master of Science degree in Nursing with a focus in Education in 2014. She came to St. John Fisher College in the summer of 2015 and began doctoral studies in the Ed. D. Program in Executive Leadership. Mrs. Spoto pursued her research in identifying best practices related to mentoring novice nurse faculty for the development of a mentoring model under the direction of Dr. Linda Hickmon Evans and Dr. Cynthia Smith and received the Ed. D. degree in 2017. Mrs. Spoto presented this research study for Evidence-based Practice Research at the organization in which she works. She will also be introducing her findings into a structured mentoring model for her organization. Mrs. Spoto’s e-mail address is: mmouth65@yahoo.com.
Abstract

There is a nursing faculty shortage that affects enrollment in nursing schools and direct patient care. Although adjunct, dual-role, and clinical nurses transitioning to the nursing faculty role are being utilized to help with the nursing faculty shortage, clinical nurses may not necessarily be skilled as classroom teachers. Mentoring can be an effective vehicle used to increase the competency of qualified nursing faculty. The purpose of this transcendental, phenomenological, qualitative study was twofold: to examine best mentoring practices and to create a structured model for hospital-based associate degree nursing programs. To investigate best practices surrounding mentoring, the researcher used purposive sampling to identify participants consisting of administrators and faculty as well as archival data in hospital-based associate degree nursing schools. Four research questions were examined using semi-structured interviews.

As a result of the findings, a mentoring model was created. This mentoring model incorporates the human capital variables of knowledge, experience, skill, and leadership for the development of nursing faculty mentors as pivotal strategic points for novice faculty. Additionally, the model includes: individualized orientation, classroom management recommendations, assessment/evaluation template, and support patterns for novice faculty. This model could serve as an intervention in the development of an effective nurse educators’ program, thereby increasing student enrollment and as a result, increasing nurse-delivered patient care.
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Chapter 1: Introduction

The nursing profession is facing many challenges, one of which is the growing shortage of “nursing faculty” (Allen, 2008, p. 35). According to Allen, the decline in the nurse population began when government and other insurance reimbursements plummeted between 1998 and 2002. As a result, registered nursing positions were used as a downsizing mechanism. Because of the resulting heavy workloads, less-than-desirable work hours, and adverse work environments, many nurses left the profession to explore other career options (Allen, 2008; Zimmerman & Smith, 2012). The United States Department of Human Services (2002) projected the supply, demand, and shortages of registered nurses would “grow to 29% by 2020” (p. 2). Additionally, only 2% of all registered nurses will be employed in a nursing education setting (United States Department of Human Services, 2002). Nursing faculty shortages impact nursing school enrollment, thus, the nursing shortage critically impacts nurse delivered patient care (Baker, 2010; Nardi & Gyurko, 2013; Oermann, Faan, Lynn, & Agger, 2015).

Zimmerman and Smith (2012) reported that healthcare facilities are concerned about the availability of nursing staff impacting the safety and quality of care for their patients. According to Zimmerman and Smith, nurse staffing levels affected 386 patient safety events over a 5-year time span between 1997 and 2002 (24% of 1,609 sentinel events). Other factors such as attrition, diversity, and healthcare needs of an aging society, can affect patient safety and delivery of care.
The loss of experienced, practicing registered nurses (RNs) contributes to the nursing shortage. Attrition of qualified nurses has the power to impact patient mortality. Decreased staffing leads to increased failures to rescue patients in cardiac arrest and respiratory failure, resulting in higher rates of patient fatality (Zimmerman & Smith, 2012).

The entry-level variance of educational demographics to obtain licensure as a registered nurse coupled with healthcare needs of diverse populations challenge the competency of nurses who were educated in the 20th century (Riegel, 2013; Institute of Medicine, 2010). The 20th century modeled nursing education around caring for patients with acute illnesses and injuries. For positive patient outcomes in the 21st century, medical needs must be shaped around caring for patients with chronic disease. Current and future patient population demographics require additional skills to deliver high-quality care, including leadership, system management, decision-making, health policy, and evidence-based practice (Institute of Medicine, 2010).

Huston (2013) reported that emerging technologies necessitate strategic leadership and decision-making abilities to properly expedite flexibility, communication, and interactions with patients, families, and the healthcare team. Nurses need to be experts at information and system management, including health policy and evidence-based practice. With healthcare knowledge doubling every 6 years, nurses must become leaders at gathering and distributing information rather than the guardians of the information. The human constituent is at the heart of nursing; therefore, discovering how to exploit technology without diminishing the human component is crucial (Huston, 2013).
The Institute of Medicine (2010) also described a myriad of precipitating factors that impact the nursing shortage, such as retirement, high turnover rates, less than competitive wages, and advanced degree education achievement. According to Oermann et al. (2015), nursing faculty is aging, and institutions of higher education cannot keep pace given the enrollment-to-retirement ratios. The average age of a master’s degree nursing faculty member is 57 years for professors, 56 years for associate professors, and 51 years for assistant professors (Oermann et al. 2015).

Zimmerman and Smith (2012) also highlighted key factors related to the stagnation within the field of nursing. First, Zimmerman and Smith (2012) reported that there are fewer nursing faculty educators available to hire as existing nursing faculty retire. Additionally, an estimated 71,000 nurses graduate annually. However, within the first year of employment, an average of 21,300 nurses choose to leave the field. Additionally, an estimated 24,850 to 42,600 nurse turnovers (nurses leave the organization) occur with nurses who stay in the profession (Zimmerman & Smith, 2012). The primary factors contributing to high nurse turnover rates are the inability to manage heavy work assignments, lack of role clarity, difficulty in expressing ideas in a way others can understand, neglecting the emotions and feelings of others, lack of trust and collaboration with colleagues, and lack of support for enhancing career development skills (Hunt, 2009).

Nursing faculty receive lower wages in the academy than do nurses who work in acute-care clinical settings (Allen, 2008; Oermann et al., 2015). Oermann et al. stated that low wages are another obstacle to recruiting nursing faculty. Further, Allen (2008), and Nardi and Gyurko (2013) reported that nurses who earned master’s degrees are not likely
to accept a lower wage when registered nurses (RN) can earn more practicing their craft in a clinical or medical setting. An RN can have an associate’s degree, a bachelor’s degree; however, a master’s is required to teach in the classroom. Master’s-prepared nursing faculty earn on average, $60,831 annually compared to $80,697 annually for a master’s-prepared nurse in a clinical setting (Allen, 2008; Nardi & Gyurko, 2013).

The quality of nursing education is an international concern and informs the nursing shortage (Reid, Hinderer, Jarosinski, Mister, & Seldomridge, 2013). Schoening (2013) reported an absence of necessary preparation for teaching in the academic environment when nurses graduate from a master’s degree program with a focus on education. In fact, novice nursing faculty demonstrate deficiencies in the areas of curriculum, syllabus and lesson plan development, test-item development and analysis, remediation strategies, and dealing with student problems (Baker, 2010).

Moreover, shortages in nursing faculty have led to a decrease in student enrollment in nursing programs (Oermann et al., 2015). In 2004, 37,000 nursing student applicants were denied admission to nursing programs due to shortages with nursing faculty. In 2016, the number of denied applicants escalated by an additional 58% to 64,067. Therefore, if 10 potential nursing students apply, only four will be admitted. This increase in denied admissions is most directly attributable to the shortage of nursing faculty, according to the American Association of Colleges of Nursing (AACN) (2017). In a survey of 821 nursing programs, the AACN identified over 1,567 faculty vacancies across the country (American Association of Colleges of Nursing [ACCN], 2017). Further, the report forecasted a critical need to create an additional 133 faculty positions to accommodate the student demand in the same 821 nursing programs. Allen (2008)
reported the decrease in admissions to nursing schools leads applicants to search for other career choices. Therefore, it is critical for the global infrastructure of the nursing education profession to employ and retain qualified nursing faculty (Nardi & Gyurko, 2013).

The growing nursing faculty shortage necessitates creative approaches such as utilizing adjunct faculty, using clinical nurses who perform in dual roles as a “faculty member and clinical nurse,” (Siela, Twibell, & Keller, 2009, p. 20) and the transition of clinical nurses to nursing faculty (Allen, 2008; Cash, Doyle, von Tettenborn, Daines, & Faria, 2011; Santisteban & Egues, 2014; Schoening, 2013). Complex healthcare needs create the necessity to prepare and advance the knowledge and skills of novice faculty (IOM, 2010; Morgan et al., 2014).

The National League for Nursing (NLN) is an organization that manages the nursing education sector for associate degree nursing programs in the United States. The NLN stresses mentoring as a method to develop effective nurse educators, retain faculty, promote job satisfaction, and create a healthy, quality work environment (National League for Nursing [NLN], 2006; Siela et al, 2009). Also, Frederick and Courtney (2015) reported novice faculty would be more inclined to remain in the field if a productive and sustained mentorship were provided. Further, the Institute of Medicine (IOM) suggested that training and academic preparation in decision making, leadership, teamwork, and quality improvement are necessary in overcoming barriers such as not having enough nurse faculty with the right skills (IOM, 2010). Using mentoring as a technique to overcome such barriers has been recommended (NLN, 2006).
Mentoring is a long-lasting, planned relationship that provides a mentee with guidance during professional development by a mentor (DeCicco, 2008). The term mentor denotes a proficient, skilled, and experienced person in the educational role such as a faculty expert or master’s degree prepared nurse educator who is willing to develop others (DeCicco, 2008). Mentoring nurse novice educators directly impacts these first-year educators’ experiences and increases the likelihood that these novice nurse educators will become better skilled and will persist in the classroom (Frederick & Courtney, 2015). In the case of this study, a seasoned, experienced, nurse educator would be paired with a novice nurse educator.

A variety of mentoring relationships exist including informal, situational, and formal mentoring (Bell & Treleaven, 2011; Clutterbuck & Lane, 2012; Jing, Zhuo, Haiwan, Xiaoyan, & Quiyue, 2014). Informal mentoring relies on strong personal connections with a colleague who provides guidance. An example of informal mentoring is when new nurse educators pursues peers for relationships and support (Bell & Treleaven, 2011, (McCloughen, O'Brien, & Jackson, 2011). Informal mentoring is a flexible support system that enhances knowledge and begins voluntarily.

Nursing involves a broad range of competencies taught during phases of professional development. Situational mentoring differs from an informal relationship when collaborating with a colleague through the process of learning a specific skill at a particular place and time (Clutterbuck & Lane, 2012). Situational mentoring allows for experienced nursing faculty to guide novice nursing faculty based on skill level or expertise rather than implying one experienced nursing faculty being the expert for all roles (Clutterbuck & Lane, 2012).
Formal mentoring focuses on defined outcomes, while following a structured model. A formal mentorship, which includes having the organization assign a mentor to a novice nursing faculty member, is essential for continuing support after a structured orientation (NLN, 2006). Formal mentoring has structured guidance prescribed by the organization (Santisteban & Egues, 2014; Schoening, 2013; Seekoe, 2014).

Mentor and mentee pairing is one of the most critical aspects of the mentoring relationship (Bell & Treleaven, 2011). Bell and Treleaven (2001) and Martínez-Figueira and Rapsoa-Rivas (2014) noted the importance of dependable and mutual values in the areas of privacy, work ethic, tolerance, and accountability between the mentor and mentee. Pairing that takes these values into account tend to produce a positive mentoring relationship. According to Bell and Treleaven (2011), and Martínez-Figueira (2014), if a mentor does not share the professional goals and interest of the mentee, the organization should consider using a mentor from another nursing related professional organization or a similar nursing program.

Huston (2013) advanced the notion that mentors should be employees who have the capacity for strong relational skills, are committed, and are a positive role model with a sincere concern for the professional development of others (Dhillon-Bhullar, 2013). An influential mentor inspires the mentee (Porter-O’Grady & Malloch, 2015). Additionally, mentoring supports the culture of the organization, per Dhillon-Bhullar (2013). Further, components of the mentoring relationship should meet the needs of the mentor, the mentee, and the organization (Dhillon-Bhullar, 2013).

Kutsyuruba & Walker (2015) reported that mentoring requires trust between an administration, the mentor, and the mentee. In this study, the nursing school
administration must form an environment of confidence in the nursing organizational
culture by exhibiting support, shared values, and collaboration. Additionally,
administration should assist the mentor with resources needed to deliver support and
inspiration to the mentee. Moreover, the mentee must be assigned a mentor, supplied
electronic and raw material resources, and have participated in an orientation
(Kutsyuruba & Walker, 2015). According to Davis, Sinclair, & Gschwend (2015), five
measures of mentoring including support, having a broad sense of knowledge, developing
relationships, classroom management, and diagnosing readiness, are vital to the
development of a mentor.

For the purpose of this study, mentoring is defined as a relationship used to
develop people within organizations. The desired outcome of mentoring is to provide on-
the-job training that assists with transforming a novice nurse faculty member (mentee)
into a skilled, proficient nursing faculty educator. A mentee can be defined as a new or
less-experienced person in a role such as a new faculty nurse educator (DeCicco, 2008).

**Problem Statement**

The nursing faculty shortage has created a sense of urgency in nursing programs.
Nationwide, 7% of nursing faculty positions remains vacant. Because of the shortage of
faculty, 64,067 students were denied admission to nursing programs (AACN, 2017). The
United States Bureau of Labor Statistics projects that 550,000 nurses will be needed to
replace the nurses who will retire by the year 2022 (Robeznieks, 2015). Nursing schools
are utilizing adjunct faculty, dual-role faculty, and novice-nurse faculty to fill the faculty
vacancies. However, nurses who may be expert clinicians are not necessarily skilled
teachers (IOM, 2010; Siela et al., 2009). The National League for Nursing and the
Institute of Medicine listed mentoring as an intervention to develop effective nurse faculty, increase recruitment, retain faculty, and promote job satisfaction.

Mentoring can be a vehicle for increasing the ranks of qualified nursing faculty in nursing schools. DeCicco (2008) suggested mentoring as an initiative capable of cultivating people within organizations. Historically, mentoring included components of social impact or the effect of activity on the welfare of individuals, understanding arbitration, listening, teamwork, constructing judgment, and personal organization (Smaby, Peterson, Hovland, & D’Andrea, 1994).

Nevertheless, literature does not reflect the same opportunities for nursing faculty mentors and mentees (Frederick & Courtney, 2015; Schoening, 2014; Seekoe, 2014) as does direct care nursing experiences. Direct care graduate nurses or novice registered nurses working in an acute-care setting receive an organizational orientation, a preceptorship, and a support program throughout the first year of hire (Bratt, Baernholdt, & Pruszynski, 2014; Cloete & Jeggels, 2014, Schaubhut & Gentry, 2010). Additionally, in an acute care setting preceptors (experienced nurses) are provided training that facilitate and enhance the development of a novice nurse’s knowledge, skills, critical thinking, and problem-solving skills. The vocational development of preceptors occurs through many programs such as preceptor workshops, formal education programs, and initial and continuing preceptor training in the hospital setting (Cloete & Jeggels, 2014).

While a mentoring relationship may provide support and encouragement to novice nurse faculty, not all mentoring ends with the positive professional development of the mentee. Toxic mentoring can result if the mentor impedes the path of the mentee to
develop his or her own independence and leadership style (Porter-O’Grady & Malloch, 2015). Factors that impact mentoring relationships may include but are not limited to:

- individual differences,
- the background between the mentor or mentee,
- unrealistic goals for the mentee by the mentor, or
- the mentorship becomes harmful to the mentee and the organization (Jing et al., 2014; Porter-O’Grady & Malloch, 2015).

Moreover, the manipulation of influence, anxiety, arrogance, and inaccessibility will decimate the determination, inspiration, and team building of the mentoring bond. Further, prior experiences of the mentor, positive and/or negative, can result in aggressive or intimidating training methods, causing the mentee to feel helpless and unable to grow (Porter-O’Grady & Malloch, 2015).

The difficulty of mentoring nursing faculty members has been widely documented, with impairments as basic as no primary procedure in place to guide the relationship, challenges of time and workload, and nurses who are expert clinicians but are not skilled nursing faculty (Cangelosi, Crocker, & Sorrell, 2009; Rooke, 2014). The literature also reports novice nursing faculty find it difficult to achieve success due to the “lack of support or mentorship” from experienced nurse educators (Seekoe, 2014, p. 2). Rosenau, Lisella, Clancy, and Nowell (2015) further reported that marginal resources, inexperience, substantial assignments, and an alleged absence of support are factors that constrain mentorship. According to Frederick and Courtney (2015), there are no workshops or trainings designed specifically for novice nursing faculty or nursing faculty
mentors. This study sought to research the existence and quality of structured mentoring models.

**Theoretical Rationale**

The human capital theory serves as the theoretical framework that guides this study. With roots in labor economics, human capital theory advances the position that a person’s collective skills, knowledge, and expertise serve as currency that can be considered a commodity to barter. Skills acquired from training, professional development, cognitive faculties, work experience, and education benefit both the individual and the organization (Hean, O'Halloran, Craddock, Hammick, & Pitt, 2013). Human capital theory emphasizes the personal and professional development of an employee, specifically, their knowledge, competence, and proficiency as an investment (Becker, 1997; Huston, 2013). The result of these abilities maximizes human behavior and potential, which creates greater economic value for the individual and an organization. As the value of the individual increases, the team benefits (Campbell & Banerjee, 2012). It is in the contention of this researcher, based on findings that human capital theory variables of experience, skills, leadership characteristics, and education, are compelling tenets that anchor an effective mentoring model.

Education and human capital was a standard indicator of worth dating back to the 1940s. Post-war reconstruction involved job loss and sustenance, economic freedom, wages, and welfare (Heckman, 2015; Klein & Daza, 2013; Teixeira, 2014). According to Teixeira (2014) and Heckman (2015), education and training could advance the productivity of personal and professional growth and increase the fairness of wages. The idea that training and education increase the human capital variable was at the center of
the economic program involving the general public and continued through the 1950s and 1960s (Teixeira, 2014).

Gary Becker (1930-2014), a 20th century economist, established a framework of human capital (Becker, 2008). Teixeira (2014) reported that Becker held that a person with higher educational attainment or credentials should receive a higher income than a person with little or no education, and these candidates should have more employment prospects. Becker (2008) worked at the National Bureau of Economic Research (NBER) and investigated the differences in earnings and levels of instruction, expanding the theory of human capital.

Enrollment in institutions of higher education was growing amongst diverse populations by the 1970s. Becker (2008) suggested that inequality between different groups (gender, ethnicity, or age) did not validate discrimination toward the group earning the lower wages. According to Becker (2008), the lower earnings should have included factors such as differences in education, skills, and experience. Becker’s (2008) position was that discrimination depended more on the perceptions and arrogance of consumers and employees than on the opinions and principles of employers. In Becker’s book, *The Economics of Discrimination*, Becker noted that the United States practiced racial discrimination related to wages, education, and housing (Murphy, 2015). However, concerns around gender, racial, and social detriments were not considered in terms of social justice, rather these attributes were centered in terms of economic carelessness. Thereby, these attributes of the human capital theory became offensive to some people (Gillies, 2014).
Becker embraced an investment justification when talking about education and training (Murphy, 2015). Becker acknowledged major differences in the equality of the education and experience received by different ethnic groups (Teixeira, 2014). For Becker, race discrimination represented many incidents that were separate from economics research. Becker subsequently brought the economist’s viewpoint of education, skills, knowledge, and experience as a commodity into the human capital theory (Murphy, 2015). By the late 20th century, education, training, and competence became known as an investment in human capital through Becker’s research (Becker, 2008; Finegold, 2014).

The positive effects were identified in Kim’s (2015) study where human capital theory was tested, specifically, the notion that knowledge, skills, and experience benefit both the individual and the organization. Kim (2015) performed a study to explore whether advancing an employee’s knowledge increases the organizations human capital and if the organizational human capital plays a role in facilitating the relationship between learning and performance. This study validated a direct correlation between employees’ knowledge and skills and the expansion of human capital and organizational performance. Further, Kim’s research confirmed the role of corporate human capital as an essential part of facilitating wisdom and durable organizational operation (Kim, 2015).

The human capital theory directs an organization’s choices in the professional growth of its workforce (Tarique, 2013). A principle of belief that professional development of employees benefits the organization needs to be created using the principles of human capital to strengthen the benefits of mentorship. (Porter-O’Grady & Malloch, 2015).
Statement of Purpose

The purpose of this transcendental, phenomenological, qualitative study was to generate a structured mentoring model for hospital-based associate degree (AD) nursing programs in New York State. This study examined the various aspects of human capital that align with the development of an effective mentoring model. This study was conducted from the perspectives of administrative staff who are responsible for the mentoring relationship in hospital-based associate degree nursing programs and mentors. Additionally, archival data related to mentoring from the viewpoints of mentees were read. The development of the mentoring model incorporates the human capital variables of: knowledge, skill, and leadership characteristics of nursing faculty mentors as pivotal strategic points for the development of novice faculty. Thirteen New York State hospital-based associate degree nursing schools were invited to participate in the study. The model highlights the role of the organizations, the mentors, and the mentees.

Research Questions

This study addressed the following research questions:

1. What attributes of human capital (work experience, training, skills, the level of education) do nursing faculty need to be effective mentors for novice nursing faculty members?
2. What leadership traits should nursing faculty demonstrate to be effective mentors for novice nursing faculty members?
3. What components should a mentoring model include for the mentor, mentee, and the organization?
4. How should the process of pairing of a mentor and mentee occur?
Potential Significance of the Study

Findings of this study led to the formation of a structured mentoring model that may result in the training of effective nursing faculty in hospital-based associate degree nursing programs. The design could increase the qualification and skill level of nursing faculty, encourage advanced nurses to transition to the educational environment, thereby increasing the number of student enrollments in nursing programs that affect nurse delivered patient care.

Definitions of Terms

The definitions are provided to clarify the meanings specific to the research under review:

*Adjunct Faculty* – The lowest rank of faculty instructors also known as contingent instructors who do not receive benefits as a full-time faculty and are contracted to teach for a single semester or year. Adjunct faculty are hired to fulfill faculty needs and boost student enrollment with having little or no job security.

*Effective Mentor* – An expert faculty member who: inspires new faculty to grow both personally and professionally, sets realistic goals, and allows the new faculty the autonomy to develop their style of leadership and classroom teaching.

*Novice* – An employee who has less than 1 year of experience in the current position of employment.

*Preceptor* – An experienced nurse who gives training to new graduates or a registered nurse in a clinical setting to facilitate the further development of critical thinking skills, problem-solving skills, and competencies acquired during nursing school.
Preceptorship – A relationship between an experienced nurse (preceptor) and the new graduate or registered nurse in the acute-care clinical setting.

Sentinel Event – An adverse incident in healthcare delivery or other service that either leads to, or has the potential to, lead to disastrous outcomes.

Chapter Summary

The shortage of nurses who can function as faculty impedes the training of nursing students, thereby, affecting healthcare delivery. This chapter discussed the nursing shortage in the United States, which exacerbates the ability of the healthcare industry to offer nursing education to qualified students, as well as the negative impact on the persistence of higher educational and administration opportunities in the nursing profession. The Institute of Medicine and the National League for Nursing propose mentoring as an intervention strategy capable of increasing patient safety, building trust, and encouraging persistence in the nursing profession (IOM, 2010; NLN, 2006).

Chapter 2 of this study will discuss the empirical literature concerning best practices in mentoring, work experience, training, education, and the paring of the mentor and mentee. Following the review of the literature, Chapter 3 will discuss the research design and methodology. Chapter 4 presents a detailed analysis of the results and findings, and Chapter 5 discusses the findings, implications, and recommendations for future research and practice.
Chapter 2: Review of the Literature

Introduction and Purpose

According to Shillingstad, McGlamery, Davis, and Giles (2015), nurses are expanding their roles to include leadership within their profession and communities. Nursing faculty mentors serve as leaders, and all mentors have a part in the growth of the mentees’ knowledge, skills, and leadership traits. Mentors have the capacity to drive an organization’s culture and influence the preparation of their mentees. This literature review examines the mentoring process of nursing faculty. The facilitation of the mentoring process may occur through components including the development of a mentoring model, work experience, mentor and mentee training, a mentor and mentee pairing process, and the education level and leadership traits of mentors (Shillingstad et al., 2015).

Development of a Mentoring Model

Seekoe (2014) conducted a qualitative, grounded theory study that developed and described a model for mentoring newly-appointed nurse educators (NANEs) in South Africa. Following a survey of 18 universities and 31 nursing colleges in South Africa, 15 schools and 11 nursing colleges indicated that mentoring programs did not exist. The development of the model included literature reviews, empirical discoveries, and the findings of an analyzed needs assessment of NANEs. The findings indicated the development of a mentoring model should involve the building of trust, commitment, growth, assessment, and a reflective process. The outcomes propose that mentoring takes
place at three levels including the legal and ethical, institutional, and operational. The mentors and mentees in the study were the key participants in an interactive and participative relationship with empowerment for the mentee as the outcome.

Schoening (2013) conducted a grounded theory study that investigated the utilization of adjunct faculty to meet the clinical, didactic, and online instructional needs of nursing programs. A purposive, theoretical sampling was used in the study. The participants included 20 nurse educators, who were employees of bachelor’s degree programs with a tenure system and accreditation. They were from two public and two private institutions in the Midwest. Their nursing experience ranged between 10 to 20+ years. All participants were full-time nurse educators, and 19 of the 20 participants were women. Professionally licensed for 20 years were of six participants, 11 participants had master’s degrees, and nine had doctoral degrees. Their nursing specializations varied to include medical/surgical, mental health, obstetrics, and pediatrics.

Audio-recorded, semi structured, face-to-face 1-hour interviews were conducted. The analysis process incorporated axial and open coding methods, systems for theoretical coding, and notes. The result of the study created a nurse educator transition (NET) model. Phases were revealed as essential elements for the transition from nurse to nurse educator, which included anticipation and expectation, disorientation, information seeking, and identity formation.

Phase 1, anticipation and expectation, is the period in which a nurse enters the education field with positive hopes. Phase 2, disorientation, involves the lack of organization and mentorship. Phase 3, the display of information seeking entails self-learning, self-direction, and fear of failure. Last, in Phase 4, identity formation, takes
shape as the nurse and the educator role begin to coalesce. Schoening (2013) discovered that role transition from nurse to nurse educator requires support measures beyond orientation and mentorship, which were key components for establishing a sustainable nurse educator.

Santisteban and Egues (2014) conducted a comprehensive, narrative review of the literature regarding the development of adjunct faculty as nurse educators. Literature was retrieved from Medline, PubMed, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and ProQuest databases, using the keywords education, nursing shortage, and workforce. The researchers discovered that adjunct faculty reduced the number of faculty vacancies and that they are expert clinicians. However, the position as a nurse educator requires a major switch in roles that could not be accomplished by adjunct faculty.

Researchers Santisteban and Egues (2014) learned that scant literature existed that identified issues associated with the development of adjunct faculty as effective nurse educators including role transition, orientation, mentoring, and retention. However, the review of the literature confirmed that challenges existed for organizations that chose to utilize adjunct faculty. The transitory environment of adjunct faculty resulted in the exposure of three themes regarding their development: lack of orientation accommodations, as many adjunct faculty hold full-time jobs elsewhere; adjunct faculty are individuals with advanced experience and knowledge who are committed to facilitating advancement in an organization; and faculty mentors must sustain open and supportive communication with adjunct faculty.
The findings of the study support the need that adjunct faculty require more than an orientation, and the process should include a mentorship as a vital career source. Santisteban and Egues (2014) recommended that all faculty members have mentoring orientation and that a mentoring program must provide resources, organizational support, purpose, and clarified expectations. Furthermore, Santisteban and Egues recommended that mentoring programs be part of a larger management-development effort with evident corporate involvement.

Cangelosi et al. (2009) conducted a qualitative study that explored the unique perspectives of individuals as they prepared for roles as clinical nurse educators through written narratives of nurses enrolled in a clinical nurse educator academy. The study consisted of two clinical nurse-educator schools held over a 4-day period. There was a total of 45 participants, nine from the first academy, and 36 from the second academy. Each participant was asked to write three reflective papers focusing on moving from the expert role to the novice role (nurse to nurse educators); how effective their ideas were for students as they learned new skills; and the role of mentoring. At the end of each academy, a research team analyzed the reflective papers. The research team discussed the data through online discussions and face-to-face meetings.

Cangelosi et al. (2009) identified three themes that consisted of embracing the novice, buckle your seatbelt, and mentoring in the dark. First, participants recognized being novice as disturbing, painful, and it caused feelings of uncertainty. It was not just a phase to survive. Second, in some instances, exploring the educator’s role was compared to driving for the first time, and feelings, such as apprehension, fear, and leaving the comfort zone to shape the future, surfaced. Last, participants reflected on the difficulty of
mentoring with no procedure for achievement in place. The study exposed that nurses who are expert clinicians are not necessarily effective teachers. Also, teaching requires a unique skill set, and mentoring is essential for nurses who are in the process of learning to teach.

Rooke (2014) conducted a qualitative study that evaluated the understandings and perceptions of the Nursing and Midwifery Council (NMC) sign-off mentor role. The population sample consisted of 114 new sign-off mentors, 37 students for mentor-preparation classes, and 13 nursing and midwifery lecturers in the United Kingdom. The study trialed an evaluation survey. Questionnaires occurred in three phases. The questions were multiple choice and open ended. The participants defined their understanding of the sign-off mentor role, stated the rationale behind it, and listed three benefits and three challenges of the new sign-off mentor role. In Phase 1, 120 questionnaires were distributed to the attendees at the sign-off mentor-preparation classes, with 114 (95%) responses. In Phase 2, 83 questionnaires were distributed to qualified nurses and midwives who had completed the mentor-preparation program, with 37 (44.6%) responses. And, in Phase 3, 46 questionnaires were distributed to nursing and midwifery lecturers, with 13 (28%) responses. The data was analyzed thematically with numerical data presented as descriptive statistics.

Three themes emerged concerning the rationale for the new role: public protection, maintenance of professional standards, and enhancement of student support. Four themes emerged concerning benefits of the new sign-off mentor role including fitness for practice, accountability, enhancement of the student experience, and professional development. In addition, four themes emerged concerning the challenges of
the new role: time, workload, responsibility, and assessment. The findings supported other literature in which the participants found time and workload to be a challenge to the mentor role.

In a descriptive study, Ramsburg and Childress (2012) investigated a “skill acquisition model” (p. 312) for new nurse faculty teachers. The researchers found that the model determined levels of expertise, directed nurses’ courses, and planned personal professional advancement strategies. A cross-sectional method with 339 nurses from North Carolina and West Virginia, who taught at a graduate or undergraduate nursing program, were surveyed. The Nurse Educator Skill Acquisition Assessment (NESAA) tool and the National League for Nursing (NLN, 2006) competency language tool determined the participants’ level of proficiency on a 5-point Likert scale. A scoring system was created using the Dreyfus Skill Acquisition Model (Dreyfus & Dreyfus, 1980) and each of the eight NLN core proficiencies for the calculation of the competency field and the level of skill. The NLN core proficiencies included facilitate learning, facilitate development and socialization, use of assessment and evaluation strategies, and participate in curriculum design and evaluation of program outcomes. Also included were: function as a change agent and leader, pursue continuous quality improvement in the nurse-educator role, engage in scholarship, and function within the educational environment. Ramsburg and Childress (2012) used Cronbach’s alpha coefficient to test the internal reliability of the NESAA tool, which scored a high 0.977.

Of the total number of participants who had a master’s degrees in nursing, the participants reported 1-45 years of teaching or clinical experience, 79% taught in associate degree nursing programs, and over 50% reported more than 25 hours of
professional-development activities. The researchers found that 291 participants possessed proficient to expert skill attainment; however, doctorally-prepared nurses were said to have a greater proficiency of skill attainment. Also, the nursing faculty with greater than 20 years’ teaching experience had greater skill attainment than the nursing faculty with less than 20 years’ experience.

Kim (2015) conducted a theoretical study that examined the structural relationship between organizational investments in employee development and career development. The study was explored through the lens of the human capital theory. The stratified sample population consisted of 449 corporations from the Human Capital Corporate Panel (HCCP) 2009 data set from Korea. Trained researchers collected the data through a survey method.

Kim (2015) set three categories of variables including independent, mediating, and dependent. The two independent variables, employee development (ED) and career development (CD), were learning interventions. The mediating variable, organizational long-term performance improvement, was thought to be affected by learning interventions, which improved job capability, productivity, motivation, and retention. The two dependent variables create competency, and the customer competency is an organizational performance indicator. Data was analyzed through measurement testing, examination of the research questions, correlations, and effect size. The validity of the study was determined through the statistical technique of factor analysis with an appropriate strength of greater than .60, and the reliability was examined using Cronbach’s alpha with an appropriate strength being greater than .70. The factor analysis for the mediating variable was greater than .71, and the dependent variables were greater
than .76. The reliability test demonstrated the research variables were measured as reliable by the survey items with all the alphas being greater than .70.

The findings of the Kim (2015) study demonstrated that process competency ($r = .20$), and customer process ($r = .21$) had a positive correlation with ED and CD. There was a moderately-strong correlation between ED and CD ($r = .49$). In addition, human capital was significantly related with process competency ($b = .17, SE = 0.04$) and customer competency ($b = .18, SE = 0.04$). Regarding effect size, the aggression analyses demonstrated human capital had the strongest effect on customer competency ($\beta = .22$, $\beta = .23$). Therefore, the findings indicated beneficial effects of ED and CD ($\beta = .25$, $\beta = .27$) on the organizational process. Additionally, “customer competencies are entirely mediated by improved human capital in organizations” (Kim, 2015, p. 20). The researcher reported that corporate investment in ED and CD results in long-term performance improvement through nurturing and exploiting an employee’s knowledge and skill.

Lejonberg and Christophersen (2015) conducted a theoretical study that explored how role clarity, self-worth, mentor education, and mentor experience are linked with affective commitment to the mentor position. The study was explored through the lens of social exchange theory. The population sample consisted of 146 mentors attending university-based mentor education programs in Norway. A self-reported questionnaire tested four hypotheses. The first two hypotheses included that role clarity is positively related to affective commitment to the mentor position, and self-worth is positively related to affective commitment to the mentor position. The other two hypotheses were that completed mentor education is positively related to affective commitment to the
mentor position, and the years of mentor experience is positively related to effective commitment to the mentor position. Data collection occurred during classes that the mentors attended, creating a response rate close to 100%. The participants had between 0 to 29 years of mentoring experience ($M = 3.9$). Of the participants, 91% worked as a mentor. Also, 74% of the participants completed at least 15 credits of university-based mentor education. Using structural equation modeling to analyze the data, the findings of the study support the first three hypotheses. The first, role clarity, is positively related to affective commitment ($b = 0.40$). Second, self-worth, is positively related to affective commitment ($b = 0.38$). And third, mentor education, is positively related to affective commitment ($b = 0.36$). The findings weakly support the fourth hypothesis, mentor experience, which is positively related to affective commitment ($b = 0.16$). The researchers reported that the social exchange process in a mentoring relationship positively drives affective commitment to the institute and to the academic profession.

**Work Experience**

Ng, Eby, Sorensen, and Feldman (2005) provided a comprehensive meta-analysis study of the speculations of objective and subjective career success. The researchers defined career success as positive work outcomes resulting from professional experience. Ng et al. (2005) performed a broad search of articles published in 2003 or earlier that investigated career success, and they coded the variables. Eby coded a random sample of 30 studies. The researchers had a 90% consistency of coding. Career success included salary, promotions, and job satisfaction. The variables included the number of years worked, educational level, exposure to training and skill development, career sponsorship, and organizational resources.
Ng et al. (2005) reported that an average correlation of effect size regarding the numbers of years worked ($r = .27$), education level ($r = .29$), and training and skill development ($r = .24$) demonstrated moderate predictors of salary. Career sponsorship ($r = .22$) showed a small predictor of wages, and organizational resources ($r = .07$) demonstrated a weak predictor of salary. Regarding promotions, the number of years worked ($r = .06$), educational level ($r = .05$), and organizational resources ($r = .06$) demonstrated weak predictors for promotion. Career sponsorship ($r = .12$) and training and skill development ($r = .23$) demonstrated small predictors for promotion, and, the number of years worked ($r = .00$), education level ($r = .03$), and organizational resources ($r = -.02$), demonstrated weak predictors of job satisfaction. Yet, career sponsorship ($r = .44$) and training and skill development ($r = .38$) demonstrated being large predictors of job satisfaction.

Ng et al. (2005) found that the relationship between (a) salary and job satisfaction ($r = .30$), (b) promotion and job satisfaction ($r = .22$), and (c) salary and promotion ($r = .18$) demonstrated small to moderate correlations with career success. In fact, the 95% confidence interval (CI) (.28 to .32) represented a true correlation of the relationship between job satisfaction and salary with career success. The 95% CI (.20 to .24) demonstrated a true correlation of promotion and job satisfaction with career success. Also, the 95% CI (.16 to .19) showed a true correlation between salary and promotion with career success. The findings of the study demonstrate a strong relationship between training and skill development and organizational sponsorship with career success (Ng et al., 2005).
Riegel (2013) conducted a descriptive study that examined the orientation experiences of new graduate nurses born between the years 1980 to 1989 (the millennial age bracket). The 17 participants had graduated between the years 2010 to 2013 and had started or recently completed their orientation in an acute-care setting. One participant was male and the other 16 participants were female; 47% \((n = 8)\) of the participants worked in critical care, 35% \((n = 6)\) worked in medical/surgical care, 12% \((n = 2)\) worked in a pediatric setting, and 6% \((n = 1)\) worked in emergency care. The educational levels of the participants included diploma \((n = 4)\), associate degree \((n = 1)\), and baccalaureate degree \((n = 12)\). Participants from two different organizations were contacted verbally through nurse educators, via e-mail, and through a web-based survey. The web-based survey was accessible to the participants for 3 months and closed when the participants’ answers met saturation (Riegel, 2013).

The data Riegel (2013) collected was analyzed through Colaizzi’s framework, which involved reading and rereading the responses, grouping statements, and showing meaning. The Colaizzi framework requires returning to the research participants to confirm that the information captured their experiences, including the themes resulting from the survey answers.

The findings of the Riegel (2013) study were clustered into themes including seeking structure, open communication, role transition, and the need to adjust into the unit’s culture. Other suggestions included a team-based environment, open communication, visibility of managers, emotional support, and individualized orientation. The study was rich in the analyzing of the data collected, Riegel (2013) suggested preceptor training and mentorship as a priority to retain new nurse graduates.
Cash et al. (2011) conducted a mixed-methods study that investigated what nurses think is necessary to create change to facilitate a quality work environment, analyze nurse educators’ experiences, and propose inquiries that will lead to possible change. The variables in the study included the number of years employed, ages, gender, and different schools of nursing. The sample size included a population of 11 schools of nursing, involving 350 participants, and 115 participants identified themselves as female. The time the participants were employed at their current organizations ranged between a few months to 34 years. The participants’ ages ranged between 25 to 63 years (Cash et al., 2011).

Based on a review of the literature, Cash et al. (2011) hypothesized that a closer examination of nurse educators’ environments would help to identify and develop policy initiatives to promote retention and recruitment of nursing faculty. A 6-scale SurveyMonkey instrument was implemented to calculate the arithmetic mean, triangulate the components of a superior work environment for faculty, and analyze both the qualitative and quantitative information. The findings included two domains including the structural and the relational. The structural domain included academic commitments, program leadership, and autonomy. The relational domain consisted of professional development, organizational support, and cooperative relationships among colleagues. The study provided a beginning argument to decompose and reestablish factors affecting a quality work environment. Moreover, five themes emerged that included support, excessive workloads, valuing interest and expertise, valuing legitimate knowledge, and institutional cultures (Cash et al., 2011).
Needleman, Bowman, Wyte-Lake, & Dobalian (2014) examined how teaching experiences and training were associated with the level of preferred support and job satisfaction through a mixed-methods, longitudinal study. The Needleman et al. researchers were interested to create funding partnerships between nursing schools and Veterans Affairs healthcare facilities in response to a severe shortage of nurses. Variables of the study included experience, ages, gender, only full-time faculty, one organization, and level of degree. All United States Department of Veterans Affairs Nursing Academy-funded, full-time faculty were asked to participate.

In 2011, 135 out of 153 participants responded (Needleman, Bowman, Wyte-Lake, & Dobalian, 2014). The years of faculty experience ranged from 0 to greater than 6 years, and educational credentials were associated with teaching experience. Of the participants, 79 faculty had prior clinical teaching experience, 65 had experience in classroom teaching, 40 had experience with laboratory simulation, and 23 had experience with online teaching. Of the participants, 29 faculty had a doctorate, 99 faculty had a master’s degree in nursing, 5 faculty had a bachelor degree in nursing, and no faculty had just an associate degree (Needleman et al., 2014). Of the 29 doctorate-degree faculty, 20% had more than 6 years of teaching experience, and 14% had no experience; 38% of faculty with a master’s degree had no teaching experience, and 19% had more than 6 years of teaching experience. In relation to faculty with a bachelor’s degree, 60% had no teaching experience, and 40% had less than 3 years of teaching experience. Closed-ended questions with an open-comment section of 39-item web-based surveys of novice and more experienced faculty members were conducted in 2010, 2011, and 2012 (Needleman et al., 2014).
The Needleman et al. (2014) findings presented are from the year 2011, which is due to the larger sample size and to omit the potential for duplicate information and bias. In 2011, 62% of the faculty reported the support they received was enough. The researchers contributed the score to those who had teaching experience and doctorate degrees. Satisfaction scores regarding the faculty role were high, with 50% of faculty reporting they were satisfied. Further, 95 (72%) faculty members reported being very satisfied with the support from leadership, 111 (84%) faculty reported being very satisfied with the support from colleagues, and 95 (72%) faculty reported being very satisfied in the support for improving teaching methods (Needleman et al., 2014).

Also, three themes materialized from the Needleman et al. (2014) study. First, having a mix of novice and skilled teachers provided an excellent opportunity for experienced teachers to mentor the less experienced. Second, the mentoring programs helped to improve faculty morale, career satisfaction, and self-confidence in career development. And last, a group of new faculty members bring in new and different ideas about clinical teaching, which enhances knowledge and expertise in all teaching settings. The responses totaling 87% of the participants assured the data was demonstrative of the intended population (Needleman et al., 2014).

Edwards, Hawker, Carrier, and Rees (2015) conducted a systematic review of the literature to determine the effectiveness of strategies used to support new nurses during the transition into a clinical environment. The literature was retrieved from Medline, British Nursing Index, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Cochrane Library, EMBASE, PsychLit, PsychINFO, PsychARTICLES, Web of Science, EBM Reviews, Biomed, TRIP, ERIC, and SCOPUS databases. The keywords
included internship, mentorship, new graduate nurses, orientation, preceptorship, residency, simulation, and transition. A total of 8,199 potential articles were retrieved and 30 papers were included in the study, encompassing 11,929 participants. The studies were conducted in the United Kingdom, United States of America, Australia, New Zealand, and Thailand (Edwards et al., 2015).

The articles included in the Edwards et al. (2015) study used a variety of research approaches including a randomized control trial, two quasi-experimental studies, and the pretest and posttest design. Additionally, there was one non-experimental correlation study, a comparative interventions study, and three descriptive comparative studies. Further, there were eight longitudinal studies, two cross-sectional descriptive studies, one mixed-methods study, one 6-year evaluation study, one retrospective study, and eight descriptive studies (Edwards et al., 2015). The studies were evaluated using the Joanna Briggs Institute for Evidenced Based Nursing and Midwifery checklists specific to the design of the studies. Two reviewers evaluated the studies, and a third reviewer settled any disagreements (Edwards et al., 2015).

The findings of the Edwards et al. (2015) study included four different types of support strategies: (a) 14 studies concentrated on nurse internship or residency programs, (b) seven studies explored graduate nurse orientation programs, (c) six studies investigated mentorship/preceptorship programs, and (d) three studies evaluated simulation-based graduate programs.

According to Edwards et al. (2015), the findings of the nurse internship or residency programs included individual outcomes, which consisted of confidence, competence, knowledge, and job satisfaction. The organizational findings included
increased retention (73 to 94%). The results of the graduate nurse orientation programs included 72% of the participants reporting greater confidence, competence, and knowledge, and the organizational outcome showed an increase of retention (77 to 94.5%). The findings of the mentorship and preceptorship programs revealed mentors and preceptors moderated stress levels, and the organizational outcome showed the retention rate reduced from 24% in 2002 to 1% in 2004. Last, the findings of the simulation-based graduate programs included improvement in confidence, competence, and readiness. Edwards et al. (2015) suggested that a structured transition process, such as mentoring, would result in positive outcomes both individually and for the organization.

Brett, Branstetter, and Wagner (2014) conducted a descriptive, correlational study that examined the gaps between nurse educators’ perceptions of the caring elements in their existing work surroundings compared to the expectation of caring elements in an ideal work environment. A multisite convenience population sample was attained using the snowball technique. The researchers sent survey questionnaires to deans who were asked to forward the invitation to their faculty; hence, the number of faculty asked to participate was unknown. However, 156 participants was the minimum sample size required. The instruments used to collect the data were a Likert-type scale, Nyberg Caring Assessment Scale (NCAS), and Cronbach’s alpha. With Nyberg’s permission, the NCAS was modified to measure the gaps between 20 caring aspects and their meaning in the existing work environment compared to an ideal work environment. Descriptors consisted of sociodemographic information and years of experience as a nurse and nurse educator. The Statistical Program for the Social Science (SPSS), paired t-tests and
parametric and nonparametric correlations were used to analyze the data (Brett et al., 2014).

Brett et al. (2014) conducted a paired-samples t-test to compare caring elements in the existing work environment to the ideal work environment conditions. There was a change in the pretest scores to the posttest scores. The five caring elements had the largest change in mean scores. The caring details consisted of listening carefully and being open to feedback ($M = -1.5$), taking time for personal needs and growth ($M = -1.4$), and focusing on helping others grow ($M = -1.3$). Also included was the goal to have a clear understanding of what situations mean to people ($M = -1.3$), and basing decisions on what is best for the people involved ($M = -1.2$). The Brett et al. (2014) findings indicate that the expectation of caring elements of the ideal work environment are greater compared to the perceived, actual caring elements of the existing work environment. In addition, the five substantial caring elements replicated previous research that related to components of caring with nurse educators feeling valued (Brett et al., 2014).

Through the inductive content analysis, Brett et al. (2014) identified strategies to promote a quality work environment consisting of mentoring, promoting work and life balance, developing a supportive culture, and promoting an empowering environment. The findings of the Brett et al. (2014) study provide a framework to propose a model to promote a positive work environment that includes mentoring.

**Training of the Mentor and Mentee**

Historically, training was provided to both the teacher mentor and mentee. Smaby et al. (1994) conducted a narrative review of literature that initiated a skilled training
program for teacher mentors and mentees. The narrative focus of the study transpired through a 2-year specialized training program to improve the professional growth of teachers through a systematic mentoring program for 11 rural school districts in the Midwest. The training program was conducted once a month, for 7 months, and the training sessions were 3 hours in length. There were 25 mentors and 16 mentees who participated in the training, and approximately 16 mentors attended all seven training sessions. Each session focused on the roles and needs of the mentors and mentees. The mentor training involved social influence, questioning and listening, empathy, mediation, decision making, self-management, and collaboration. The mentee training topics were management, collaboration, refocusing, consequences, and information (Smaby et al., 1994).

Using a 6-point Likert scale, the participants in the Smaby et al. (1994) study evaluated the material offered and its relation to the mentoring affiliation monthly, following the 3-hour training session. Totaling all seven courses, 75% of the participants gave a rating in the 5 to 6 range, and 25% rated the training sessions in the 3 to 4 range. Additionally, Smaby et al. (1994) had the participants submit mentor-mentee evaluation journals after each training session. There was no testimony of incidental relationships. In fact, 90% of the mentors described their relationship as being at the highest professional level. The findings of the Smaby et al. study reveal the training sessions made professional progress and promoted the groundwork for vocational improvement during the first year of teaching.

Martínez-Figueira and Raposo-Rivas (2014) conducted a mixed-methods study that investigated how the development of mentors is anticipated and facilitated, what the
roles of mentors were during training, and the study also assessed mentors’ practicality. The framework was a comparative methodology using Creswell’s biphasic model, which incorporated qualitative and quantitative analysis through sequential triangulation.

In the first phase of the Martínez-Figueira and Raposo-Rivas (2014) study, 26 mentors were asked to participate, and 18 (69.23%) provided data. Structured, open, guided, individual, face-to-face interviews were conducted in the first phase and the validation transpired through content analysis and triangulation. The data was analyzed using software AQUAD6. For the second phase, 83 mentors (69.16%; CI = 95% and 90%) provided data. A descriptive, specific electronic questionnaire with a longitudinal-transverse time dimension was used to collect the data in the second phase, and reliability of the questionnaire was obtained through Cronbach’s alpha which was 0.982. The validity was confirmed through content procedures using the Delphi method, a trial test of the questionnaire, and a factorial analysis (Martínez-Figueira and Raposo-Rivas, 2014).

In the quantitative findings of the Martínez-Figueira and Raposo-Rivas (2014) study, the notable activities that were most frequently implemented by the mentors were providing the mentees with knowledge of the environment and access to the organizational documents (\(\bar{x} = 3.27, \sigma = 1.037\)), joining the mentees in training centers (\(\bar{x} = 3.25, \sigma = 1.069\)), being available for the mentees (\(\bar{x} = 3.23, \sigma = 1.074\)), and establishing an open and trusting rapport with the mentee (\(\bar{x} = 3.22, \sigma = 1.230\)) (Martínez-Figueira and Raposo-Rivas, 2014). Providing the mentee with knowledge of the culture and access to organizational documents was considered the third-most important task, and being available for students was the most important task. The
activities least implemented by mentors were establishing associations with other institutions to enhance mentee development ($\bar{x} = 1.42$, $\sigma = 1.001$), and working together with the administrator in organizing the training and creating a professional profile ($\bar{x} = 1.57$, $\sigma = 1.073$). Establishing associations with other institutions to enhance mentee development was considered the least important. The dependent variables, such as gender, age, level of education, work experience, and a mentor in training, had few significant differences ($p = < 0.05; CI = 95\%$) (Martínez-Figueira and Raposo-Rivas, 2014).

The findings of the qualitative data of the Martínez-Figueira and Raposo-Rivas (2014) study agree with the data obtained in the quantitative results. The tasks most frequently implemented by the mentors included acting as mediators between academic training and the work expected afterwards; establishing a connection between academic training and professional development that is practical, authentic, and in real context; and making a connection between theory and practice. There are significant differences in the variables, and the significant associations are related to gender, years of experience, and level of education ($p = 0.05$, $CI = 95\%$) (Martínez-Figueira and Raposo-Rivas, 2014).

The findings of the study demonstrate that mentoring is crucial in the support of new employees. Building a trusting rapport, being available, providing knowledge of the culture, and support are the tasks that mentors implement the most.

Al-Nasseri and Muniswamy (2015) conducted a qualitative study with a descriptive design that evaluated new nurse faculty perceptions of their preparedness to take on nursing faculty positions. The purposive sample included new nursing faculty members working in the Ministry of Health (MOH) in the Sultanate of Oman, with a
Bachelor of Science in Nursing degree and less than 1 year of experience. The data collection was executed through a focus group, over a 3-month period, using eight open-ended interview questions. The interview was audiotaped and lasted 1 hour. The interviewer was a trained faculty member. The data was analyzed independently and anonymously using verbatim analysis. Early stages of coding led to six themes, but the final stages of the coding placed priority on the phenomena of the study, and four themes emerged. Competency awareness, preparedness for the nurse educator role, new nurse educators’ needs, and challenges to assume nurse educators’ roles were the themes (Al-Nasseri and Muniswamy). The researchers reported new nursing faculty are not strongly aware of the meaning of competency, and the participants did not know how to teach and felt they were not adequately prepared to teach. Additionally, the participants did not feel as if they were given a proper orientation, and a new nurse needs guidance by an experienced teacher. Further, the educational environment lacked support and collaboration. The findings of the study concur that the proper tools to support new nurse faculty and mentoring would assist with the transition from nurse to nursing faculty. The study supports the need to develop a program for new nurse faculty’s professional progression and advancement (Al-Nasseri and Muniswamy, 2015).

Cloete and Jeggels (2014) conducted a quantitative study that explored nurse preceptors’ opinions of positive outcomes, support, and commitment in the preceptor role. A descriptive correlational design method was used that investigated the interrelationships between positive results, support, and commitment to the preceptor role. The convenience sample size consisted of 60 nurses who registered for the nurse preceptor training program between the years 2010 and 2012. Cloete and Jeggels (2014)
collected the information through a questionnaire, including a 6-point Likert scale. The
validity and reliability of the questionnaire was pretested by two preceptors who had
previously attended the training program. These two preceptors were not participants of
the study. The data collected was analyzed using the SPSS for Social Sciences (Version
20.0) software. Also, the participants’ educational background, place of employment, and
years of experience were analyzed using the Mann-Whitney $U$ test.

The findings of the Cloete and Jeggels (2014) study revealed that the preceptors
who worked in clinical units (66% or $n = 27$) were more committed to their role than
those who worked in the education units. Of all the participants, five participants (12%)
viewed the preceptor role as a negative experience and reported no positive outcomes
from serving in the position. However, the five participants had less than 6 months of
preceptor experience. There were 59 participants ($M = 4.93$) who reported acquiring
positive outcomes from the preceptor role, and the study results indicate that nurse
preceptors who view themselves as gaining positive results are more likely to be
committed to the preceptor role.

Perceptions of perceived support did not relate to preceptors ($n = 41$) being more
committed to their roles. However, the support from managers ($M = 4.54$, $SD = 1.12$) and
professional nurses ($M = 4.32$, $SD = 1.21$) may have impacted the preceptors’
commitment to their role. Of the participants, 36% ($n = 15$) felt the workload was too
much when working as a nurse preceptor. The study found that if the workload was too
much, the preceptors did not feel supported thereby decreasing the commitment to the
preceptor role. The findings of the Cloete and Jeggels (2014) study indicate that the
commitment to the preceptor role correlates with the positive outcomes and support from
managers and professional nurses that perceived by the preceptor. Of the participants, 90% ($n = 37$) reported that they were inspired to perform their best in the position as a nurse preceptor.

Zawaduk, Healey-Ogden, Farrell, Lyall, and Taylor (2014) conducted a narrative study that explored educator practices in preceptorship through the everyday practice of electronic documentation over 4 months. The sample population of five nurse educators derived from a western Canada School of Nursing. The purpose of the study was to link educator practices to interactive teaching. The primary source of data were the daily reflections posted on an electronic discussion board by the five educators. The educators committed to meeting regularly to critically review the data and reporting an authentic representation of the thematic analysis through critical questioning of each other’s perceptions, being open-minded, and arriving at an agreement, which was similar to member checking.

The findings of the Zawaduk et al. (2014) study focused on six themes, consisting of guiding practice, seeking continuity, promoting understanding, fostering relationships, attending preceptor development, and integrating expectations. The findings of the study provided direction for reframing preceptorships. The results of the study could be generalized to other areas for the healthcare industry. The researchers suggested preceptorship as an opportunity for knowledge, skill, and leadership development (Zawaduk et al., 2014).

Letourneau and Fater (2015) conducted an integrative review of empirical articles published 2006 to 2013 to understand nurse residency programs (NRPs) and improve the transition from student nurse to skilled professional nurse. The final data analysis
included 10 empirical articles and 15 program-development articles. Five of the empirical
studies used the Casey-Fink Graduate Nurse Experience Survey (Fink, Krugman, Casey,
& Goode, 2008) and reported that nurses who utilized the NRPs were more confident and
demonstrated greater competence. Additionally, 15 of the articles explained the process
of developing a curricular framework, establishing the NRPs, and goals. The findings of
Letourneau and Fater’s study revealed that NRPs lead to higher retention rates and
facilitate the transition from student nurse to professional nurse. The researchers
proposed that the research findings of the NRPs could steer nurse educators to ease the
transition to professional practice.

Bratt et al. (2014) conducted a longitudinal cohort-design study to compare rural
and urban NRP participants’ traditional values and insights of satisfaction, critical
thinking, obligation, stress, and performance. The population sample encompassed 486
newly licensed registered nurses; 382 from 10 urban hospitals, and 86 from 15 rural
hospitals in a Midwestern state in the United States of America. The nurse residents were
working in a not-for-profit acute-care hospital setting from 2005 to 2008, mostly with
medical-surgical patients, and the residents worked similar shifts and hours. All
participants held the same RN license, but their level of education varied from an
Associate Degree in the Science of Nursing (ADN) to a Baccalaureate Degree in the
Science of Nursing (BSN). The study included variable measures of the nurses’ personal
characteristics, orientation experience, preceptorship, basic demographic data, and job
characteristics. The data was collected at the start of the program, in the middle of the
program, and at the end of the program (Bratt et al., 2014).
Instruments in the Bratt et al. (2014) study employed involved two 5-point Likert scale questionnaires, one 7-point Likert scale questionnaire, one Cronbach’s alpha, and the 6-D Scale of Nursing Performance (SDNS) inventory. The modified SDNS has a reliability estimate of 0.86-0.95. The data was analyzed using descriptive and inferential statistic methods SPSS (Version 19.0) and SAS (Version 9.2). Bratt et al. (2012) reported significant differences between rural and urban residency programs. The findings of the study revealed the rural nurses to be older ($M = 33.4$, $SD = 9.2$) than the urban nurses ($M = 29.2$, $SD = 7.9$), and all nurses were White. Of the participants, 48% and 87%, urban and rural nurses, respectively, had an ADN, and 52% and 13%, urban and rural nurses, respectively, had BSNs. The researchers reported that rural nurses spent 67 hours working with a preceptor compared to the urban nurses who spent 120 hours working with a preceptor. Rural nurses collaborated with fewer preceptors ($M = 3.8$, $SD = 2.3$) compared to the urban nurses ($M = 4.9$, $SD = 3.1$) (Bratt et al., 2014).

Bratt et al. (2014) reported differences between the rural and urban nurse residency programs at the start of the programs, in the middle of the programs, and the end of the programs. At the start of the program, the rural nurses’ job satisfaction ($M = 82.6$) scored higher than the urban nurses’ job satisfaction ($M = 79.7$). Nursing performance of the rural nurses ($M = 166.4$) scored lower than the nursing performance of the urban nurses ($M = 168.5$). The rural nurses scored lower in job stress ($M = 47.6$) compared to the urban nurses ($M = 49.5$). At 6 months, the rural nurses’ job satisfaction ($M = 82.3$) scored higher than the urban nurses’ job satisfaction ($M = 78.4$). The nursing performance of the rural nurses ($M = 180.3$) and the urban nurses ($M = 178.4$) had a significant change compared with their performance at the start of the program. The rural
nurses scored lower in job stress \((M = 47.2)\) compared to the urban nurses \((M = 49.9)\), and, at the end of the program, the rural nurses’ job satisfaction \((M = 85.7)\) scored higher than the urban nurses’ job satisfaction \((M = 81.2)\). The nursing performance of the rural nurses \((M = 195.5)\) and the urban nurses \((M = 194.5)\) continued to increase throughout the duration of the program. The rural nurses scored lower in job stress \((M = 43.0)\) compared to the urban nurses \((M = 47.6)\). The findings of the study indicate there is a difference of perception of work environments between rural and urban nurse residency programs. Also, when the job stress decreased, job satisfaction increased, and the nursing performance increased from the beginning of the program compared to the end of the program (Bratt et al., 2014).

The findings can be used to develop a residency program attached to either a rural or urban setting. Bratt et al. (2014) suggested that NRPs are a powerful recruitment tool, vital to nurse retention, and help to maintain a competent workforce, creating positive patient and organizational outcomes.

**Pairing of the Mentor and Mentee**

Bell and Treleaven (2011) conducted a narrative review of the literature examining how a mentee can be teamed up with the right mentor in a mentoring relationship. The study began with an experimental model and continued for 5 years with 121 participants. Three sets of data from the years 2005, 2006, and 2007 were provided. In 2005, there were 14 mentor-mentee pairs; in 2006, there were 12 mentor-mentee pairs; and in 2007, there were 13 mentor-mentee pairs. Demographics of the mentors were broken down into the categories including gender, professors, associate professors, senior
lecturers, and lecturers. The mentees demographic categories consisted of gender, senior lecturers, lecturers, associate lecturers, and research associates.

The pairing method in 2005 consisted of the mentees and mentors meeting for an informal lunch, then the mentee approached the mentor; and in 2006 and 2007, each mentee met one-to-one with the academic developer, then the mentee approached the mentor (Bell & Treleaven, 2011). Focus groups and reflections were conducted. All the data was gathered and analyzed thematically. The thematic analysis consisted of four themes. The topics were initial awkwardness, consultation in the formation of mentoring pairing, personal connections, and instituting mentor pairing positively (Bell & Treleaven, 2011).

In 2005, nine of the 14 mentees did not form mentoring relationships and others dropped out, which was due to the matching process of the mentor-mentee paring. Furthermore, six of 13 mentees experienced initial awkwardness or insecurity in choosing a mentor as noted through 14 comments in the focus group discussions. The personal connection was an important aspect with eight out of 13 mentees and four out of 10 mentors. In 2006 and 2007, six of the 21 mentees expressed that the one-on-one support and consultation in the formation of mentor pairing made it easier for the mentees to approach potential mentors. Additionally, in both the 2006 and 2007 programs, the significance of personal connections in pairing mentors and mentees was emphasized by 10 of the 21 mentees and eight of the 19 mentors.

The findings for instituting mentor pairing consists of three processes: (a) offer an individualized process for the mentees to select their mentor, (b) mentor selection by the mentees is based on pre-existing personal connections., and (c) formation of the mentee-
mentor pairing should be facilitated by an academic developer in a formal manner. Bell and Treleaven’s (2011) conclusion was that there is no best way to perform the pairing of a mentor and mentee; however, enabling choice and individualized support was found to be factors of effective mentoring relationships. The researcher recommended future research to discover “Professor Right” (Bell & Treleaven, 2011, p. 560).

Soto-Acosta et al. (2010) performed an experimental study to validate SeMatching for the mentoring pairing process. SeMatching is a tool that allows a computer to manipulate data and information to support the mentor pairing selection. The computerization of the matching process includes 11 criteria. The criteria groups include age, number of years of work experience, level of education, and marital status; also included were children, dependent care, life/career history, and personal skills. Further, professional skills, vocational sector, and personal values were contained in the computerization of the pairing process. The sample size was three female and two male mentor-pairing experts with 50 mentors and 50 mentees. The mentors and mentees were paired by the experts via the Delphi method. The findings confirmed a 70% (35 out of 50 mentor pairings were positive) agreement of the SeMatching mentor-mentee pairing process to the individual assessment made by the experts. Eight people with complex criteria were isolated, which improved the results of the SeMatching pairing method to 81.4%.

The researchers proposed that SeMatching allowed for development of intellectual capital by means of using new technology for the mentor pairing process and protected the culture of the organization through the mentor pairing method. Soto-Acosta et al. (2010) recognized mentoring as a beneficial tool for organizations. Furthermore, the
researchers suggested that a good mentoring program is based on the mentor-mentee pairing method.

**Education Level and Leadership**

Shillingstad et al. (2015) conducted a qualitative study of a theoretical concept of constructivism that explored participants’ viewpoints on leadership. The three perspectives included trials encountered as a mentor, the focus of organizational values, and the affect the mentors had on the mentees. Two semi-structured interviews were conducted that contained focused, semi-structured, and open-ended questions. The first interview consisted of 14 mentors who belonged to the Comprehensive Teacher Induction Consortium (CTIC). The discussion focused on teacher training and the development of teacher leadership. After analyzing the information from the first interview, more information was required concerning the mentors’ understanding of leadership, the challenges of the teacher in the mentor role, how mentors learned to engage in the culture of the organization, and how the mentor inspires a mentee to be a leader. Subsequently, three teacher leaders participated in the second interview. All participants had at least 20 years of teaching experience and served in leadership roles including the mentor role.

The findings of Shillingstad et al. (2015) in the understanding of leadership included the necessity of having a vision for the future and facilitating the process to help others share in the vision, not to be afraid of conflict, and understanding that not everyone is going to be as committed as you are. Understandings of leadership were also to: anticipate the needs of others, and allow individuals to acknowledge his or her strengths while recognizing and improving on his or her weaknesses. Second, the
findings of Shillingstad et al. regarding the challenges of the mentor role included mentoring someone who is not in the same field of expertise; learning the expectations of the role as a mentor while learning the mentee’s persona, learning style, strengths, and weaknesses at the same time; and seeing problems and issues from an organizational level. Third, the findings of how mentors engage in the culture of an organization included: asking open-ended, nonjudgmental questions; responding with agreement, positivity, or change to make a negative statement; becoming more positive regarding the culture of the organization; and allow for suggestions or ideas of a better way or different way to accomplish things. Also, according to Shillingstad et al. (2015) the findings of engagement were that the mentor should continually go back to the vision to take ownership, be purposeful, and participate in professional development. Last, the Shillingstad et al. findings focused on methods of influencing the mentees to become leaders through listening and encouragement; guiding and supporting; and mentoring, coaching, supporting, and engaging mentees into the organization’s culture.

The researchers found that each participant who served as a mentor had unique leadership tendencies including resilience, quietness, and innovation. Shillingstad et al. (2015) stressed that no matter how a mentor is characterized, the guidance in modeling the knowledge, skills, and persona of mentees is vital. The overall finding of the study was that mentors who are supported through professional development inspire mentees to have more positive outcomes (Shillingstad et al., 2015).

Kennett and Lomas (2015) conducted a qualitative, exploratory study of four participants’ lived experiences as mentors. The participants’ inclusion criteria consisted of having more than one voluntary mentoring affiliation and having mentored for a
period of greater than 24 months. The particular methodology used was interpretive phenomenological analysis (IPA). IPA was selected because it allowed the participants to verbalize their concerns and interviewers were permitted the to interpret the concerns from a psychological perspective. Two of the four participants received pay for mentoring, and all four participants had at least 10 years’ experience in voluntary mentoring.

Before interviewing the participants, and to promote reflection, Kennett and Lomas (2015) asked each participant to formulate examples of their mentoring experiences. The semi-structured interviews lasted 45 to 70 minutes and were recorded with the permission of the participants. Each interview was written out, read, and reread before analyzing. According to the process outlined in the IPA, the interviews were analyzed sentence by sentence to identify citations, make comparisons, and to be aware of surfacing themes. Three themes were noted as self-discovery and growth, feeling good through doing good, and managing a purposeful journey. The findings of the study indicate mentors develop feelings of self-worth that enables a sense of meaning for the mentor role. The researchers reported that mentoring allows one to act in a way consistent with one’s morals and values, creating positive emotions for one’s self. From this standpoint, Kennett and Lomas (2015) viewed mentoring as a rewarding experience for both the mentor and the organization. The researchers also claimed that mentoring improves one’s health and subsequently, it improves the groups function.

McCloughen et al. (2011) steered a hermeneutic phenomenological study of 13 Australian nurse leaders. The study was aimed at developing nurse leaders’ understandings and experiences of mentorship and determine whether mentoring
contributes to nurse leadership development. The purposive sample was imposed to guarantee that the participants had experience in both mentorship and leadership. Also, the purposive sampling provided sufficient diversity to increase the potential for a rich dependability of stories. The sample population consisted of 10 women and three men. Using an interactive and open-ended, philosophical framework for the interviewing process, conversations were 1 hour and 30 minutes long, and they were recorded. The recording allowed the participants’ dialect to reflect the values rooted in their lived experiences. The interviews were first analyzed to separate important aspects of the experience. Further analysis using Radnitsky’s principles for hermeneutic interpretation and Kvale’s format for interview texts were performed. The findings and/or understandings of the lived experiences of mentorship for nurse the leaders involved three themes including imagination, journey, and mode of being (McCloughen et al., 2011). Imagination contributed to being a servant leader to the mentors’ mentees; drive added to the mentors’ identity as a leader and mentor; and the manner of being determined improved the mentors’ professional status and behavior. The study confirmed that mentorship was a form of leadership, and it promotes growth and development. Also, the McCloughen et al. (2011) suggested that experiential learning should frame education and training for the mentor role.

Lapidus-Graham (2012) conducted a qualitative phenomenological study to obtain descriptions of the lived experiences of nurses who participated in a student nursing association (SNA) as a student. The purposive sample population consisted of two male and 13 female nursing graduates who were members of an SNA between the years 2007 to 2012, and they were from five Long Island, New York nursing schools.
The participants’ ages ranged from 21 to 50 years. Semi-structured, open-ended interviews were audio recorded and transcribed into a narrative format. The data was analyzed using the Moustakas’s modified van Kaam process. Validity included checking sections of the narrative transcription with the complete record of the participant and eliminating unrelated themes. The themes were determined after 12 or more participants identified an experience related to a specific concept.

Lapidus-Graham’s (2012) findings included six topics: (a) leadership, communication, collaboration, and dealing with conflict; (b) mentors and mutual support; (c) empowerment and ability to change practice; (d) professionalism; (e) teamwork; (f) and accountability and responsibility. Leadership, mentoring, and empowerment was identified by 14 of the 15 participants. Professionalism was identified by all 15 participants. Teamwork was identified by 11 of the 15 participants, and accountability was described by 12 of the 15 participants. Lapidus-Graham (2012) reported that the participants shared experiences of being supported and steered by effective faculty mentors, and they expressed that good leaders influenced and encouraged others. The findings support the notion that mentoring can play a role in developing leadership.

Oermann et al. (2015) conducted a web-based survey study, examining faculty openings in ADN programs, faculty shortage in ADN programs, the potential hiring of faculty with doctoral degrees, and faculty mentoring. A stratified random sample population of 554 ADN programs were surveyed, and 91.3% were in public institutions; 68% of the schools offered only an ADN program, and 13% offered a BSN or an accelerated BSN program. The survey was created after interviewing administrative staff of ADN programs in the United States, trialing an experimental survey, and revising the
survey based on a trial. There was a response rate of 45.7% \((n = 253)\) from faculty directors (Oermann et al., 2015).

Descriptive statistics were used to analyze the data through SPSS (Version 22.0). The Oermann et al. (2015) study revealed that directors of ADN programs were not looking to hire doctorally-prepared faculty for their programs; however, many nursing programs had tactics to expedite faculty into obtaining their doctoral degrees. Most of the schools \((n = 176)\) had a mentorship program for new faculty that included being paired with a teacher leader. Although, ADN programs did not have the need for faculty who had doctoral degrees, the need for nurse faculty with doctoral preparation may be needed for the administrative channel (Oermann et al., 2015).

Nardi & Gyurko (2013) conducted a comprehensive, systematic review of resolutions to the global shortage of nursing faculty. The literature was retrieved from CINAHL, CINAHL PLUS, Pubmed Central, Google Scholar, Ebsco, Full Text, Medline, Medscape, and ProQuest. The keywords included nurse faculty shortage, nurse faculty global migration, global nurse faculty shortage, and nurse faculty shortage solutions were used. A total of 1,287 articles were retrieved. The articles were filtered to remove mismatched subject matter to search criteria, duplication, articles dated outside of the years 2002 to 2012, and items that were not peer reviewed. A meta-synthesis was used to analytically evaluate the 62 items that contained 181 recommendations for resolving the nursing faculty shortage in nursing organizations. Through reviewing, grouping, and evaluation of the 181 solutions, then utilizing open coding and comparative analysis, eight solution themes evolved (Nardi & Gyurko, 2013).
According to Nardi and Gyurko (2013), the educational model change and stabilizing funding of all educational programs both expressed the need to dissolve the associate degree nursing model. Nardi and Gyurko (2013) reported that in the United States, 60% of registered nurses are educated at the associate degree level, and only 21% continue their education. According to the literature, for greater than 40 years, the professional nursing organizations have stressed that the bachelor of science in nursing should be the basic level of education for nursing. The recommendations for the nursing faculty shortage recommend more funding and resources be focused toward preparing master’s and doctorally-prepared nurses. Furthermore, Nardi and Gyurko (2013) advised that the advanced-degree nurses should be mentored into the nursing faculty profession. The researchers proposed that the results of their systematic review could be used as a rubric to develop future education models.

Morgan et al. (2014) conducted a mixed-methods study to evaluate how state-based support for services (SFS) are used by deans and directors of nursing programs. The population sample consisted of 21 state-based SFS nursing programs in the United States. According to Morgan et al., state-based SFS programs offer monetary incentives for nurses with graduate degrees to become or remain nursing faculty, including offering loan repayment. Of the 21 programs, 12 were scholarship programs for pursuing potential nursing faculty, six pursued nursing faculty; and three of the programs pursued both potential nursing faculty and nursing faculty. There were a total of 106 deans and directors of nursing programs as participants and 281 SFS participants. Of the 106 deans and directors, 103 (97%) were female with an average age of 56.0 years (SD = 8.6), and participants, 261 (93%) were female with an average age of 48.6 years (SD = 8.7), and 44
(15.8%) participants identified themselves as non-White, with five (2%) identifying as Spanish/Hispanic/Latino (Morgan et al., 2014).

The Morgan et al. (2014) study included semi-structured telephone interviews, conducted by two of the researchers who were trained in interviewing. The interviews lasted 25 to 60 minutes, and they were audio recorded. After transcribing the interviews, content analysis of the data was conducted using NVivo 10. The transcriptions were first coded using codes results from the research questions. Two researchers then reviewed the coding reports and improved the codes. The code outlines were used in the development of two web-based surveys. One was for the deans and directors and the other was for the SFS participants. The deans and directors were asked about nursing faculty vacancies, recruitment, retention, and their familiarity with the SFS program in their state. The surveys were pretested with content experts. SPSS (Version 19) was used to analyze the data gathered from the surveys (Morgan et al., 2014).

The findings of the Morgan et al. (2014) study conclude that the state-based SFS programs affect recruitment and retention of nursing faculty, and they increase the credentials of current nursing faculty. The researchers reported that 43 (40.6%) of the deans and directors expressed nursing faculty vacancies as a major problem for nursing programs; 73 (69.5%) reported one nurse faculty vacancy at the end of 2010-2011, and 31 (29.2%) had three vacancies; 15 (14.2%) reported using the SFS program as a recruitment tool, and 21 (20%) used the SFS program as a retention tool; and 30 programs (28.3%) hired faculty who participated in the SFS program, with 21 (20%) deans and directors who were unfamiliar with the SFS program (Morgan et al., 2014).
Of the respondents, 28 (10.6%) from the SFS program reported not fulfilling the service requirement to their programs; 168 participants (65.6%) specified that the SFS program swayed their choice to stay in the nursing faculty role; 110 participants (42.4%) indicated the SFS program swayed their choice to enter graduate school; and 125 participants (48.8%) indicated that the SFS program swayed their choice to pursue a nursing faculty career. In addition, 102 participants (39.5%) specified that the SFS program advanced their career (Morgan et al., 2014).

The findings of the Morgan et al. (2014) study confirmed the problem involving the nursing faculty shortage. The researchers recommended creating awareness of the SFS programs to deans and directors and communicating the opportunity to faculty. Morgan et al. (2014) expressed that the SFS programs should target types of degree, faculty promotion, and the labor market, and that deans and directors should learn how to use the SFS programs to best support nursing faculty.

**Chapter Summary**

There is a nursing shortage that negatively impacts the nurse-educator profession. This chapter has outlined the research that suggests mentoring programs as a means to develop effective teaching, promote professional development, increase job satisfaction, retain faculty, and increase human capital. However, the lack of experience, no organizational support, and heavy workloads are factors that impact mentoring. Mentors and mentees have stressors that interfere with their respective roles, and new nurse faculty report a lack of support from experienced nurse educators. There is inconclusive evidence on the organizational responsibility for providing a formal framework to mentors and what aspects of human capital are important for developing an effective
mentor. The development of a mentor model could facilitate the proper support for the new nurse faculty member, model effective teaching, embed leadership traits, promote job satisfaction, retain nurse faculty, and result in positive patient outcomes (NLN, 2006; Shillingstad et al., 2015).
Chapter 3: Research Design Methodology

General Perspective

The purpose of this transcendental, phenomenological, qualitative study was to generate a structured mentoring model for nursing faculty. The design aligned with the human capital variables, specifically, level of education, skill set, work experience, and leadership behaviors. The model assumes that nursing faculty mentors are pivotal strategic points for novice nursing faculty. Qualitative research was selected for this study because qualitative methods encompass the understanding of complications involved in individuals’ experiences (LoBiondo-Wood & Haber, 2010; Sloan & Bowe, 2013).

Transcendental phenomenology collects information that explains the essence of human experiences. For this study essence is defined as data that illuminates the true meaning of a human experience. This method allowed administrators, who were responsible for mentoring relationships, the opportunity to describe their experiences of offering mentor-mentee training (Moerer-Urdahl & Creswell, 2004). Additionally, this methodology emphasizes the core of the hospital-based nursing administrator’s and mentor’s knowledge of the mentoring relationship. Archival data of the mentorship was also explored to understand the viewpoints of the mentees.
The researcher gathered data using qualitative methodology in alignment with the following research questions:

1. What attributes of human capital (work experience, training, skills, the level of education) do nursing faculty need to be effective mentors for novice nursing faculty members?
2. What leadership traits should nursing faculty demonstrate to be effective mentors for novice nursing faculty members?
3. What components should a mentoring model include for the mentor, mentee, and the organization?
4. How should the process of pairing of a mentor and mentee occur?

The specific foci were on the what and how of the administrators, mentors, and mentees experience (Sloan & Bowe, 2013). The connection between the development of the mentor, the needs of the mentee, and the pairing of the mentor and mentee was addressed, but the actual mentoring process or relational dynamics were not addressed in this study (Moustakas, 1994; Sloan & Bowe, 2013). In qualitative, transcendental, phenomenological methodology, individual semi-structured interviewing allows the focus of the conversation to encompass the principle and understanding of the participant’s experience (Brinkman & Kvale, 2015; Sloan & Bowe, 2013). Through interviewing, the phenomenological inquiry enhanced the understanding of the nurse administrators’ and mentors’ experiences with novice nursing faculty and mentoring practices. The experiences of the mentees were gained through archival data. The qualitative, phenomenological inquiry guided the data collection using interview questions developed from the research questions located in Appendix A.
According to Frederick and Courtney (2015), mentor teaching provides support and encouragement to novice nursing faculty; however, there are no mentoring models designed specifically for novice nursing faculty or faculty mentors. Limited research exists on the organizational responsibilities and what aspects of human capital are important for the development of a mentor and how organizations provide those resources that are needed to sustain a mentorship. Moreover, studies have recognized the need for developing or reshaping existing mentoring programs into more structured contexts for novice nursing faculty competency (Santisteban & Egues, 2014; Schoening, 2013; Seekoe, 2014). This study sought to advance a structured model in clinical and academic settings.

**Research Context**

As a faculty nurse educator, this researcher had access to the contact list of the New York State Council of Hospital Schools of Professional Nursing institutions. For the purpose of this study, the researcher chose a population sample which consisted of 13 hospital-based associate degree nursing programs all of whom are endorsed by The Accreditation Commission for Education in Nursing (ACEN) and additionally are members of the New York State Council of Hospital Schools of Professional Nursing. The regions highlighted within New York State included all hospital-based associate degree nursing programs forming a broad inclusion of possible participants representing diverse populations and experiences. Therefore, the researcher invited all 13 schools from all eight regions to participate in this study (Figure 3.1).
Figure 3.1. New York State Regions Hosting Hospital-Based Nursing Programs (Office of Professions, New York State Nursing Programs, 2015).

The goal of this researcher was to identify three to six participants who met specific criteria. Data saturation using transcendental phenomenology recommends between three to six participants for the population sample size of 13 schools (Englander, 2012; LoBiondo-Wood & Haber, 2010; Mertens & Wilson, 2012).

Purposive sampling was selected for this study. A purposive sample examines a group of “people who are alike in some way” (Bernard, Wutich, & Ryan, 2017, p. 51). This researcher identified a purposive sample which included representation of administrators from New York State hospital-based nursing schools who met two of the
three eligibility criteria. This criteria included: a mentoring program that entailed pairing between experienced nurse faculty and novice nurse faculty; existence of archival data related to the mentoring of employees; and/or utilized adjunct faculty, dual-role faculty, or novice nursing faculty. Participants were reflective with the phenomenon being studied, and shared the knowledge of current mentoring practices (LoBiondo-Wood & Haber, 2010).

**Research Participants**

Participants for the study were solicited from 13 hospital-based nursing schools throughout New York State (Appendix B). Six hospital-based nursing schools did not respond to the invitation. One hospital-based nursing school was a diploma-granting institution and was therefore excluded from this study (Appendix C). One institution declined to participate (Appendix D). Of the five institutions that agreed to participate in the study, two hospital-based nursing school administrators failed to respond in a timely fashion. Three New York State hospital-based nursing program administrators agreed to participate in this study representing Genesee Valley, Central and Northeast regions.

In addition to acquiring approval from participating institutions, the researcher completed requisite requirements and gained approval from the Institutional Research Board (IRB) of St. John Fisher College to conduct this study (Appendix E). Prior to conducting any research, Institutional Research Board approval was granted by each of the three participating nursing programs (Appendix F).

These three participating hospital-based nursing schools were located in the Central, Genesee Valley, and the Northeast region of New York State. One hospital-based nursing school employed 35 faculty members consisting of 10 novice nursing
faculty, two dual-role faculty, and six adjunct faculty who instructed approximately 312 enrolled students. The second participating hospital-based nursing school employed nine faculty members which included one novice nurse educator. Enrollment consisted of approximately 120 enrolled students. The third hospital-based nursing school employed 23 faculty members, comprising of five novice nursing and 17 adjunct faculty. This group of nurse educator faculty taught approximately 130 enrolled students.

The researcher identified three distinct groups of participants who have a substantial role in any mentoring relationship. The first group of administrator participants, identified as Administrators 1, 2 and 3, were responsible for the creation and direction of the mentoring relationships in their specific hospital-based nursing school. The second group of participants represented four mentee voices drawn from archival data. The third participant group consisted of one mentor who actively participates in nursing hospital-based faculty mentoring experiences.

**Instruments Used in Data Collection**

Utilizing transcendental phenomenological qualitative methodology, the researcher is often recognized as the instrument used in data collection (Brinkman & Kvale, 2015; Sloan & Bowe, 2013). As such, face-to-face, in-person, semi-structured interviews with the hospital-based nursing administrators and one mentor were conducted by the researcher. Interview questions were constructed to align with, and provide answers to the research questions (Brinkman & Kvale, 2015).

The researcher created an interview protocol which included an interview plan consisting of the research and interview questions (Brinkman & Kvale, 2015).
protocol ensured that all questions were posed in the same way each time. The interview questions included the following types: demographic, direct, probing, and follow-up.

Various demographic questions were added to the interview questions which helped the researcher identify influences that may have impacted the participants’ responses and thoughts (Wyse, 2012). These demographic questions also assisted in ascertaining and clarifying the knowledge and experience of each participant with the focus of the research (Wyse, 2012).

Direct face-to-face interview questions were created and posed in a straightforward fashion. Direct questions allowed the researcher to gather information from participants regarding professional nursing mentoring experiences and best practices. The researcher encouraged participants to elaborate on their responses using probing questions. Probing questions allowed for further inquiry relative to the content (Brinkman & Kvale, 2015). Probing questions included periods of silence while waiting for an answer, restating the answer, asking for further comments and/or elucidation on earlier statements, and nodding or verbalizing confirmatory sounds to encourage the participant to elaborate (Bernard et al., 2017). Follow-up questions explored and clarified participant responses (Brinkman & Kvale, 2015).

Semi-structured interviews and the archival data derived from the mentees’ viewpoints allowed the research questions to inform the researcher about professional practices (Creswell, 2016; Flick, 2014; Mertens & Wilson, 2012). During the semi-structured interviews, the participants were asked a series of questions related to human capital variables and mentoring. By reviewing the viewpoints of the administrators responsible for the mentoring relationship, mentor, and archival data, the researcher
triangulated responses to unearth best practices, and gaps in training. Triangulation facilitated consistency of different sources from within the same method (Bernard et al., 2017; Cohen & Crabtree, 2006). Interviews did not exceed 60 minutes in length.

Prior to conducting any research with selected participants of this study, the researcher conducted a pilot test of the proposed interview questions with non-participant nursing managers. These nursing managers’ positions require selection of preceptors who mentor novice nurses in acute-care hospital settings. Feedback was solicited. Participants in the pilot group agreed that the interview questions did not warrant additional editing.

Lastly, the researcher tape recorded all interviews. According to Flick (2014), the use of machines to record interviews attains a real-life representation of proceedings. In addition to these recordings, the researcher took field notes that captured the non-verbal communications of the participants.

**Procedures for Data Analysis**

The audio recordings from the face to face interviews were reviewed by the researcher and transcribed in verbatim fashion by a professional transcription service. The researcher and participants reviewed the transcripts for accuracy. Data analysis consisted of a repetitive and exhaustive review of these transcripts in an effort to become immersed in the data. This immersion helped the researcher gain a robust understanding of participants’ experiences and feelings.

For this study, the researcher used the constant process of collecting and analyzing data from face-to-face interviews and archival data through a qualitative method known as coding. Coding is described as grouping similar words or phrases from participants’ responses to create new meaning (Saldana, 2016). Through continuous
analysis by the researcher, the subject of interest becomes understood through the formation of categories and themes. A theme is described as the relationship between various phrases or words (Saldana, 2016). This researcher’s thematic analysis included Saldana’s method of coding which occurs in two cycles.

In the first cycle of coding, the researcher used both descriptive and open coding to assist the researcher with identifying related content from emerging categories and themes (Saldana, 2016). Descriptive coding allows the researcher to acknowledge and highlight similar concepts and group associated content whereas open coding allows the researcher to create labels for portions of the data summarizing what the researcher sees happening comparing for similarities and differences (Flick, 2014; LoBiondo-Wood & Haber, 2010; Saldana, 2016). During this first cycle, the researcher created categories from segments of the data and linked the categories to the research questions. This allowed the researcher to confirm that the content answered the research questions.

A second cycle of coding used focused and axial coding methods in tandem with each other. Focused coding allowed the researcher to develop themes from codes which made “the most analytical sense” (Saldana, 2016, p. 240) whereas axial coding allowed the researcher to identify both logical and major themes through the relationships among the codes (Saldana, 2016). Further, the relationship between the participants’ responses and the archival data derived from four mentees captured the essences of the mentoring experience (Bernard et al., 2017; Saldana, 2016).

Flick (2014) posited that member-checking confirms the trustworthiness of the research instruments. The researcher verified the credibility of the transcription through member checking which granted each participant an opportunity to clarify, verify and
validate the authenticity of individual responses. Two interview participants had edits and/or added clarifying statements to the transcripts, the other two interview participants agreed with the content and presentation of their transcribed responses (Flick, 2014).

The researcher addressed that the possibility that bias existed based on personal experience as a former novice nursing faculty member in a hospital-based nursing school program. Bias was identified and separated through consultation with an experienced qualitative scholar. The experienced qualitative scholar read and discussed the data interpretations of the researcher, verifying the strengths and weaknesses of the data analysis. Bracketing allowed the researcher to identify bias as well as to document new insight and perceptions of various novel experiences (Creswell, 2013). In addition, field notes were documented within one hour of the interviews providing annotations about the researcher’s feelings and observations during emersion in the research setting. For this researcher, the process of bracketing occurred by capturing the meaning of the experience and looking beyond the researcher’s personal preconceptions (Tufford & Newman, 2010).

Dissemination of the Data

The focus of the study was to capture the essence of the experience of the administrators, mentors, and mentees in hospital based nursing programs to create a mentoring model for nursing faculty (Creswell, 2013). Upon the completion of the research study, the model was initially dispersed to the participants of this research study. The researcher gave participants permission to present the model to their organizations thereby increasing the researcher’s range to the targeted population and audiences (Agency for Healthcare and Research Quality, 2014). The doctoral dissertation will be
available through St. John Fisher College’s digital library. Further, results of this study will also be shared at professional workshops and conferences. Whenever published or presented, study data will be described generally, and findings will be presented in aggregate form.

**Storing and Discarding Research Data**

The researcher’s notes, along with audio recordings, have been stored and retained in a secure, locked container in the home of the researcher where the data will remain for 3 years after publication of this work. Thereafter, all research documentation will be destroyed in a secure manner.

**Chapter Summary**

This transcendental, phenomenological, qualitative research study used face-to-face, in-person, semi-structured interviews to understand administrators’ and mentors’ perceptions of best practices for mentoring relationships in hospital-based nursing educational settings (classroom and/or clinical). Archival data of mentoring relationships were reviewed to compare the views of the mentees to that of administrators and mentors. From hospital-based associate degree nursing programs located in New York State, three hospital-based nursing programs participated in this study. Archival data from the nursing programs were reviewed to understand the perceptions of the mentees. Categorizing and coding guided the analysis of participants’ data. Development of a mentoring model that considers the administrator, mentor, and mentee can provide proper support for the new nursing faculty member, model effective teaching, embed leadership traits, promote job satisfaction, retain nurse faculty, and enhance nurse delivered patient care.
Chapter 3 provided an overview of the design and methods used to investigate mentoring practices that align with human capital variables that can help to create a structured mentoring model. Processes and techniques were presented to clarify the qualitative, phenomenological research process as a legitimate method for investigating the experience of administrators who were responsible for the mentoring relationship, training, and orienting of novice nursing faculty, adjunct faculty, and dual-role faculty. In addition, the mentors’ and mentees’ viewpoints surrounding their professional development and mentoring experience were investigated. The processes chosen emphasized the direct experience of the phenomena to determine the administrators, mentor, and mentees true meaning of the mentoring experience.

Chapter 4 discusses the findings of the study through the exhaustive analysis of the data collected through face-to-face interviews and archival data. These findings will be used to define nursing mentoring best practices and to inform the creation of a human capital nurse faculty mentoring model.
Chapter 4

Introduction

This transcendental, phenomenological, qualitative, study explored and identified best practices in relationship to mentoring novice nurse faculty, for the purpose of developing a mentoring model. This mentoring model incorporates support for the mentee (novice nurse faculty) and the mentor (experienced nurse faculty) of New York State hospital-based associate degree nursing programs. Additionally, the model integrates organizational excellence. Mentoring nurse faculty present many challenges, which have been broadly documented, but for which no solutions have been developed to guide the mentor/mentee relationship (LoBiondo-Wood & Haber, 2010; Sloan & Bowe, 2013).

Of the 13 nursing schools that were invited to participate in the study, three participated, producing a purposive sampling, resulting in a 23% response rate. The study participants represented different regions of New York State which included: Central, Genesee Valley, and Northeast regions. Semi-structured interviews using open-ended, demographic, probing, follow-up, and direct questions were conducted with three administrators and one mentor. Archival data presenting the view of mentees were also included in this study.

Chapter 4 is organized by research questions, categories, themes, and essences. The categories were linked to the research questions. The four categories include: human capital attributes, leadership, components of a mentoring model, and pairing of the
Themes emerged from the findings using Saldana’s (2016) coding method: first cycle and second cycle coding. Saldana’s (2016) two coding cycles incorporated four coding methods: descriptive, open, focused, and axial coding. During the first cycle of coding, this researcher used both descriptive and open-coding:

- Descriptive coding allows the researcher to group associated/similar content. The researcher breaks down, examines, and compares, text within each data set (Saldana, 2016).
- Open coding permits the naming of concepts related to chunks of data (Bernard et al. 2017). Open coding can be applied “line by line or can be linked to whole texts, resulting in a list of codes and categories attached to the text” (Flick, 2014, p 406). Open coding allowed this researcher to create categories for portions of data summarizing what the researcher saw happening (Saldana, 2016).

The researcher used both focused and axial coding in tandem during the second cycle of coding:

- Focused coding are the codes that “make the most analytic sense” to the researcher (Saldana, 2016, p. 240). Focused coding appears again and again in the main categories of text and themes emerge from these sets of texts (Bernard et al., 2017).
- Axial coding identifies relationships among the codes (Saldana, 2016). Axial coding involves returning to the data for further analysis and linking the relationship of the context to the phenomenon (Bernard et al., 2017).
The eight themes that surfaced from the data included: (a) knowledge, (b) professional experience; specifically, teaching in the classroom and/or clinical setting, (c) skills; namely the ability of a mentor, (d) expected characteristics of a mentor, (e) classroom management, (f) cultivating resources to meet educational needs, (g) checking the pulse of the mentorship, and (h) establishing a supportive bond. These categories and themes provide a framework for human capital attributes, such as leadership, components of a mentoring model, and the process of paring the mentor/mentee in relation to the development of a mentoring model for nurse faculty. Lastly, unearthing essences is a practice used in transcendental phenomenology to understand the true meaning of the human experience (Moerer-Urdahl & Creswell, 2004). The researcher used the triangulation between the administrators, mentor, and archival data to create and validate the essence of the mentoring experience. Through cross verifying the responses of three different groups of participants involved in a mentoring relationship, the researcher could understand the true meaning of the participants’ experiences (Bernard et al., 2017; Cohen & Crabtree, 2006; Moerer_Urdahl & Creswell, 2004).

**Research Questions**

Four research questions guided this transcendental phenomenological, qualitative study. The research questions were:

1. What attributes of human capital (work experience, training, skills, the level of education) do nursing faculty need to be effective mentors for novice nurse faculty?

2. What leadership traits should nurse faculty demonstrate to be effective mentors for novice nurse faculty?
3. What components should a mentoring model include for the mentor, mentee, and the organization?

4. How should the process of pairing a mentor and mentee occur?

Research Participants

The researcher used three distinct groups for the study. The first group (Administrator 1, 2 and 3) consisted of administrators who were responsible for the mentoring relationships. The second group (Mentee 1, 2, 3 and 4) were drawn from archival data from mentees (four in total) who participated in a mentoring experience. The archival data consisted of four old interview transcripts from the mentees describing their mentoring experience; therefore, the archival data is written in first person. Further, the third group (Mentor 1) consisted of one mentor who contributed to a mentoring experience.

Data Analysis and Findings

Demographic questions revealed the population sample consisted of four White females ($N = 4$), with an average age of 61 years ($M = 61$). These four participants represented three administrators and one mentor. Three of the participants hold master’s degrees, and one participant has a doctorate degree. The participants have been with their organization for an average of 15 years ($M = 15$), and in their current role for an average of 6 years ($M = 6$). Two participants continued to teach in the classroom, and two participants taught both on the clinical unit and in the classroom. The archival data presented viewpoints of four mentees in relation to mentoring. Demographic data for these participants were unavailable.
The corresponding analyses were grouped as a collective to respond to the research questions. The quotes from the participants were utilized to respond to the research questions. The following legend will help identify which participants are being discussed:

- Administrator 1, 2, or 3 = administrators
- Mentor 1 = mentor
- Mentee 1, 2, 3, or 4 = archival data (mentees).

**Research Question 1.** What attributes of human capital (work experience, training, skills, the level of education) do nursing faculty need to be effective mentors for novice nurse faculty?

**Human capital attributes.** The first category linked to research question 1 is *human capital attributes*. Three themes emerged from the data: (a) knowledge, (b) professional experience; specifically, teaching in the classroom and/or clinical setting, and (c) skills; namely the ability of a mentor. The theme *knowledge* surfaced using axial coding. Focused coding raised the other two themes: *professional experience; specifically, teaching in the classroom and/or clinical setting, and skills; namely the ability of a mentor*. Triangulation of the participants’ responses unveiled several essences during the analysis that further described what administrators, mentors, and mentees were experiencing (Table 4.1).

**Knowledge (level of education).** As noted in Chapter 1, the level of education to obtain licensure as a registered nurse varies. When asked, “What is the level of education necessary for a nurse faculty member to become a mentor?” Administrator 1 stated: “The
master’s-prepared nurse would be better to mentor a new faculty . . . [One] whose had . . . Courses in education.”

Table 4.1

*Summary of Categories, Themes, and Essences of the Current Status of Mentoring*

<table>
<thead>
<tr>
<th>Category 1</th>
<th>Theme</th>
<th>Essence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Capital Attributes</td>
<td>Knowledge</td>
<td>Types of Nursing Degrees</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Quality</td>
</tr>
<tr>
<td></td>
<td>Professional experience;</td>
<td>Self-assurance</td>
</tr>
<tr>
<td></td>
<td>specifically, teaching in</td>
<td></td>
</tr>
<tr>
<td></td>
<td>the classroom and/or clinical</td>
<td></td>
</tr>
<tr>
<td></td>
<td>setting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Skills; namely the abilities</td>
<td>Challenges surrounding the training of a mentor</td>
</tr>
<tr>
<td></td>
<td>of a mentor</td>
<td>Hidden treasures</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Copping out</td>
</tr>
</tbody>
</table>

As noted in Chapter 2, associate degree nursing programs are expected to have nursing faculty with graduate-level preparation; however, 50% of the participants (administrators and mentor) revealed that not all nurse faculty have completed a Master of Science degree program upon entering the educator profession. Fifty percent of participant responses (administrators and mentor) focused on the different levels of education nurse faculty had at the time of hire rather than the level of education necessary for a nurse faculty to become a mentor. Administrator 2 disclosed: “Well, all our faculty are hired with an MS background.” “If we do hire someone with a bachelor’s, they have to be enrolled in a Master of Science program.”

Administrator 3 confirmed that all nurse faculty at their school have master’s degrees by answering “yes” when asked, “All your nurse faculty have master’s degrees?”
during a follow-up question. Administrator 3, said: “We do accept bachelor’s, if they get on the master’s buzz.”

Additionally, 25% of the participants (administrators, mentor, and mentees) discussed the challenges of the *quality* of education nursing faculty receive when going to school for a Master of Science degree with a focus in education. The participants reported novice nurse faculty demonstrate deficiencies in areas of the curriculum, syllabus and lesson plan development, test item development and analysis, remediation strategies, and dealing with student problems. Administrator 3 said:

Nursing with an educational track . . . I will say what they’ve learned in school does not serve them . . . Particularly around assessment measurement. You know, they are people who really have no idea how, how to put together a test, how to write a question.

From the responses derived from archival data Mentee 1 reported:

It was very hard for me to wrap my head around teaching conceptually. In my college, I just did not have enough of it to make me understand . . . We learned about curriculum, teaching evaluation, concept mapping, and building [a] syllabus. I think it would have been a disservice if I hadn’t had those courses. The stuff I’m learning now, I’m like, this is so helpful; this is what I’m doing. Mapping back, learning objectives, too, and the test questions to that, and how to set up a syllabus and all that stuff is so, it’s totally important to what I’m doing presently [linking test questions to the student learning objectives for the course and knowing how to create a syllabus is a very important element in the nursing faculty role]. (Archival data)
Professional experience; specifically, teaching in a classroom and/or clinical setting. Every faculty member comes with a different level of experience to a classroom or in a clinical setting. All of the participants (administrators and mentor) described how experience results in self-assurance. When asked “What kind of work experience does your school require mentors to have?” Administrator 1 responded:

It would take someone about 3 years to become an effective mentor . . . The first year to develop something in yourself, and then you redevelop it. And by the third year, you’re feeling a little more confident usually . . . I can only tell you from my experience, and I have no evidence to base this on.

Administrator 2 reported:

After a year or a year and a half of experience, most anybody could successfully mentor somebody . . . The classroom component is a little different; we would probably wait a couple years before we paired them . . . We want people to stay; whole point of mentoring them.

Per Mentor 1: “A good 3 years, six semesters, to learn your course, get it where it needs to be, and then you really get a sense of it, and then you can go.” Administrator 3 disclosed: “The job description says 5 years required . . . Clinical faculty have at least 3 years’ experience as a clinical nurse prior to teaching clinical . . . So, I’m not worried about their clinical skills.”

Further, of the four mentees’ responses derived from archival data, Mentee 1 reported that confidence helped with transitioning into the faculty role:

Another reason why this year is so much better [is] because I just have so much more confidence, and I remember that I’m a nurse. I didn’t think of myself as an
expert clinician, I thought of myself as an expert endo nurse, but as far as being an expert clinically, I didn’t think of myself as that. Now I’m getting there again, where I think I can maneuver through. I was a novice in both things. I was a novice educator, and I was a novice clinician. (Archival data)

**Skills; namely the ability of a mentor.** Professional development provided to mentors was very similar among all three nursing schools. Twenty-five percent of interviewees (administrators and mentor) said that training was not offered to mentors; but mentors teach from the experience of being a nurse educator. However, 75% of these participants described *hidden treasures*, such as subscriptions, conferences, faculty development days, and databases, as tools for acquiring professional development/training. When asked, “What type of training is provided to mentors?” Administrator 2 said:

> That’s a weak area for us. Most of our mentors, because they are experienced, just go off their experience, so we don’t train them. They already have, sort of like, some of the skills; because they’re evaluating students, they just transfer that knowledge base into working with a new faculty member. We really do need to beef up that . . . We have access to databases where we can get extra education. We also have, like, subscriptions to “Nurse,” so we can keep up on practices that are current . . . Every June, we have . . . Pretty much that whole month is either working on curriculum improvements or whatever, but in the process of that, we also have a lot of faculty development [sharing information from conferences, professional organizations, and seminars; also, participating in activities that are
brought forth by faculty members that need improvement such as writing test questions, case study scenarios] that goes on.

Administrator 3 disclosed the following:

We have a pretty robust faculty-development program. We have two faculty-development days a semester, a year . . . Faculty are all expert clinicians; I need for them to be expert teachers . . . We have a very nice . . . foundation fund trust that allows us to send people to, to national nursing education conferences . . . and the state, like, AD [Associate Degree] council every April and stuff like that. And a measurable outcome from ACEN [Accreditation Commission for Education in Nursing] is that all full-time faculty will attend one national conference every 3 years.

Administrator 1 said: “We do send our faculty to conferences, and I think that’s what the administration definitely would feel that [as the way] we provide them with faculty development.”

The essence of the organization *coping out* or avoiding fulfillment of a responsibility also emerged during the dialogue surrounding the training of a mentor. As presented in Chapter 1, novice nurse faculty demonstrate deficiencies in areas of curriculum, syllabus and lesson plan development, test-item development and analysis, remediation strategies, and dealing with student problems. Yet, 50% of the respondents (administrators and mentor) shared concerns of time constraints, workload, and the challenges of mentoring; specifically, adjunct faculty, during this conversation. In fact, when discussing training for the mentor, including communication skills, conflict resolution, and interviewing, Administrator 1 stated:
I think any of . . . And all of that would be great . . . The issue is going to be time constraints . . . And especially when you’re working with . . . Adjunct . . . It’s difficult to get them all at the same time.

Administrator 3 disclosed:

We do not have an official mentoring program. That is for a couple of reasons, one is faculty load. Because we are small, there is a lot of informal give-and-take; the course chairs have taken on the responsibility of growing [developing] their clinical instructors . . . I think you should figure out how to teach yourself, before you can teach somebody else to teach, and unfortunately, we don’t.

Additionally, Administrator 2 spoke about the type of training mentors should receive: “Mentors should be given training in: advising, coaching, resources, communication, time management, and prioritization. We should have someone that can, you know, fit in advisement, class instruction, the clinical piece, and [who] can manage that . . . Confidently.”

Research Question 2. What leadership traits should nurse faculty demonstrate to be effective mentors for novice nurse faculty?

Leadership. The second category, leadership, was linked to research question 2. The participants described behaviors that mentors should demonstrate to guide mentees through their first year of teaching. One theme emerged when using axial coding: expected characteristics of a mentor. Various leadership traits were discussed, but the participants’ idea or essence of leadership centered around the mentor being willing to guide the novice faculty (Table 4.2).
Table 4.2

Summary of Categories, Themes, and Essences of the Current Status of Mentoring

<table>
<thead>
<tr>
<th>Category</th>
<th>Theme</th>
<th>Essence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership</td>
<td>Expected characteristics of a mentor</td>
<td>Willing</td>
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</table>

**Expected characteristics of a mentor.** The participants reported attributes necessary to the success of a mentor’s leadership. Expected characteristics of a mentor mentioned by 100% of the study participants (administrators, mentor, and mentees) included: integrity, a caring attitude, an interest in student success, the ability to assess and give constructive feedback, and willing. When asked “What types or array of leadership skills do you require or look for in assigning your mentors?” Administrator 3 stated:

> I think I choose people who have insight . . . Who . . . Obviously are hard workers . . . But willing to shoulder an extra burden. You have to be a willing person, team player . . . Mentors must be people of integrity.

Mentor 1 disclosed:

> You must be willing to share your knowledge and willing to train the mentee to replace you . . . Mentors should be totally invested and totally believe in the program and not be so insecure that they’re not willing to share the knowledge.

Administrator 2 stated:

> A mentor must demonstrate diversity, compassion, willingness, assertiveness, [and] the ability to assess and give critical feedback to help the mentee grow. Be willing to grow [develop] somebody, or they’re not going to be a good mentor and being able to do that in a very kind and compassionate way.
Administrator 1 described effective leadership traits of a mentor as: “Somebody who’s kind and caring . . . Someone who knows the system, the paperwork, and who works well with people . . . Again, the vision that [that is] of the entire organization.”

Of the four mentees derived from archival data, 25% included a recommendation for leadership behaviors. Mentee 3 suggested:

I guess my recommendation would be to: one, continue the open communication, the open-door policy that it seems that each seasoned instructor has, fostering that sense of community and almost a sense of family. Administrators have that open door, and I think that’s great. (Archival data)

Research Question 3. What components should a mentoring model include for the mentor, mentee, and the organization?

Components. The third category, components, was linked to research question 3. Four themes surfaced when the participants described elements that would help novice faculty prepare and develop into effective teachers. Utilizing axial coding, three themes emerged: (a) organizational foundation: recognizing the needs of experienced and inexperienced faculty, (b) cultivating resources to meet educational needs, and (c) checking the pulse of the mentorship. The theme classroom management transpired during focused coding. During the analysis and triangulation of the participants’ responses, several essences unfolded, describing what administrators, mentees, and mentors experienced (Table 4.3).
Table 4.3

*Summary of Categories, Themes, and Essences of the Current Status of Mentoring*

<table>
<thead>
<tr>
<th>Category</th>
<th>Theme</th>
<th>Essence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category Three: Components of a Mentoring Model</td>
<td>Organizational foundation: recognizing the needs of experienced and inexperienced faculty</td>
<td>Uniqueness of the individual</td>
</tr>
<tr>
<td></td>
<td>Cultivating resources to meet educational needs</td>
<td>Knowing Challenges</td>
</tr>
<tr>
<td></td>
<td>Classroom management</td>
<td>Complexities of the job</td>
</tr>
<tr>
<td></td>
<td>Checking the pulse of the mentorship</td>
<td>Deficiency in evaluating the mentorship</td>
</tr>
</tbody>
</table>

*Organizational foundation: recognizing the needs of experienced and inexperienced faculty.* An overview of how new faculty receive orientation and/or mentoring was provided by 75% of the respondents (administrators and mentor). The importance of a personalized level of introduction to the organization and unique pathways for inexperienced and experienced faculty were discussed. When asked, “What sort of mentoring does your nursing program offer to new faculty?” Administrator 1 described different orientation pathways:

If we have a brand-new faculty member . . . To the institution, they go through one pathway versus if we have someone who’s been with the institution. For example, a person brand new to the institution would have to go through all of that, HR [Human Resource] . . . Introduction to the hospital and . . . Take the
NLN [National League of Nursing] medication test, go through all the staff education . . . Requirements. Whereas, someone who comes to us from the institution . . . They would be nonapplicable for that kind of information . . . After attending the facilities orientation, or if the person has been within the institution, they participate in a ‘round robin.’

Administrator 1 clarified the round robin meetings as:

[They have] 20-30 minutes with the dean, academic dean, coordinator, associate dean for students, the library staff, and the IT people. Following the administration portion, the individual meets with the course leader. So, it’s really with the course leader that, that they . . . Learn about the course that they’re going to be teaching in.

Additionally, Administrator 1 expressed the challenge of working with adjunct faculty: “And especially, when you’re working with . . . Adjunct . . . It’s difficult to get them at the same time.” Further, Administrator 1 stressed the multitude of abilities a faculty member needs and explained:

All of them are clinical faculty, so we set up time on the clinical unit for them to meet the nurse manager and the coordinators, and then they work on the unit . . . for pretty much, it’s a period they designate that they need. The classroom is another story. We start new faculty out with . . . Kind of half of a load, and there’s a whole lot of . . . Ongoing assistance that this person may or may not need, depending on their level of comfort and their experience.

Administrator 3 replied:
When I hire new people, I give them a chance to shadow a staff nurse on whatever unit they’re going to be working on and an opportunity to shadow . . . Experienced clinical faculty. They sit with the course chairs. They come to course orientation [course orientation refers to the nursing course the faculty will be teaching] . . . If the new faculty is not from the hospital, they must do the full 2-week classroom orientation . . . When new people come on board, the person is given a high-level overview: what’s our vision, our quality objectives, and all about ACEN [Accreditation Commission for Education in Nursing] . . . And, we have constant contact.

Administrator 2 reported that experience plays a factor in the orientation:

When we have a new full-time faculty that starts, often they’re inexperienced . . . And so, we start them in the clinical area, where most of them come from. The first year, we start them in the clinical area; we pair them with an experienced faculty person, and in the next year, we move them into the classroom, also with a faculty member that’s experienced.

Of the four mentees’ responses from archival data, one mentee (25%) reported the lack of proper orientation. Regarding receiving an organizational foundation, Mentee 2 reported:

I didn’t really feel like I was on orientation. I kind of felt like I was just . . . You know, just started and then just went for it. I mean, they talked to me. They would sit me down and explain what had to be done, but I didn’t feel like I really was on orientation. I feel like I kind of just started the job. (Archival Data)
During the dialogue, the spirit of uniqueness and individualizing the mentoring relationship surfaced. Administrator 1 stated:

You would need to assess the individual. It depends on the faculty member; some people would feel very frustrated, for instance, if you’re following [observing]. The orientation, it’s kind of tailored to the individual’s need . . . And, the mentoring relationship needs to be individualized.

Administrator 2 referred to their “faculty orientation notebook” when discussing the mentoring relationship, saying:

These all may not apply [competencies in the orientation notebook], but whatever does apply, they are responsible to go through. We look at the experience and where we’re going to be placing this person. We wouldn’t expect them to be with just a med surg [medical/surgical] nurse, when they need that higher complex level.

Mentor 1 added: “You really have to think about the learning outcomes and how can we, as a team, we move things forward.”

_Cultivating resources to meet educational needs._ One hundred percent of participants (administrators, mentors, and mentees) discussed the many different types of resources available to faculty and the many different forms utilized. In fact, the essence of _knowing_ surfaced in the following ways: knowing the many resources available, knowing how to access the resources, and knowing when to use, and how to complete documents. When asked, “What other types of components do you find valuable for a mentoring model to include?” Administrator 2 replied:
We have a lot of resources in the organization . . . Because we’re a hospital-based program . . . I think you should know your resources . . . And what other resources in the organization that they [faculty] can tap into . . . Connect [and collaborate] with all the interdisciplinary teams, to help those students get the best experience they can. I think it’s knowing the resources, not playing “I’m the premier person, and I’m the only one that can answer questions.” For example, who is the quality assurance person, and what does the quality assurance department do? Who is our nurse educator in the acute house [hospital], and how can they tap into her for different skills? . . . They need to understand accreditations and what accreditation bodies are looking for.

Administrator 1 described the mentee going “through the facilities” in relation to learning about the many resources available:

Meeting the administrative team, working with the library, and with the library comes the introduction of our IT [Informational Technology] kind of people . . . The introduction of electronic resources when the new faculty first comes, and familiarizes the new faculty to the clinical unit, nurse manager, and coordinator.

Administrator 3’s response related the direct connection to the hospital as access to immediate resources:

We have one other person who is our learning resource coordinator . . . We have direct contact with clinical practice, and we are in touch with health care issues in real time. And it keeps people clinically current . . . Being hospital-based, we have a pretty good finger on the pulse of real-time health care, I think.

In reviewing the archival data, Mentee 4 suggested the need to:
Make some sort of orientation handbook or guidelines. Maybe just a checklist of things that would be helpful to have, or tasks you should complete prior to teaching. I was given orientation to [the share drive on the computer] where everything was found in the share drive, and then if I needed to look at examples, they were in the share drive or another faculty member could give them to me. But I never sat down with anyone who was like, “this is when you write a SOFI [Student Opportunity for Improvement], this is when you write a SPRT [Student Progress Report].” I was like, for the longest time, I’m like, “What is a SPRT?” No, “You’re going to need to write a SOFI if this happens. These are lists of things you want to write [in a] SPRT if this happens. This is how you reverse a SPRT. These are the guidelines for writing a SPRT. If you get a SPRT, they’re unsatisfactory on their evaluation now.” I was getting three different answers from all these different people. Just to even sit down with a clinical faculty member and just to say, “Okay, this is [an evaluation, and] you’re going to need to do evaluations by this week; this is what you’re looking for.” (Archival Data) Mentee 2 stated: “Just showing a novice educator where to find the answers. You know, like the share drives. There’s like 1,000 files in there. Like, showing what to look for . . . things like that” (Archival Data).

Additional challenges surrounding computer skills, faculty being required to work with electronic resources, and the lack of electronic software were discussed by 75% of the respondents (administrators and mentor). Administrator 2 suggested:

People must have computer skills. Most of our classroom technology is all computer based, so someone without computer skills would be lost . . . Mentors
and mentees have brought forward concerns with resources and how things run, advisement, as well as teaching. They need some more education, and some more help, and, again, knowing the resources of the community.

Administrator 1 stated: “When the new faculty member first comes in, they’ll meet with our IT person, who will set them up with their e-mail, the share drive, electronic management system . . . Electronic resources.” Mentor 1 reported a lack of data, which resulted in the use of personal resources, specifically:

We don’t have that much data. I do . . . I do recordings on my own personal cell phone. And I have a Drop Box account. And, I . . . We have a whole format. The course that I teach is totally paperless. Everything is on there for them, from clinical props and each class, each unit. And . . . Everything is there, so I do 15- to 30-minute clips, voiceover[s], recordings.

**Classroom management.** All of the participants (administrators, mentor, and mentees) reported the challenges of creating an inclusive, positive teaching environment. Complexities, including conflict and climate of the classroom, were emphasized while speaking about classroom management. When asked, “What components of skills training or competence would you include in a mentoring model?” Administrator 1 stated:

I think . . . A lot of faculty right now . . . They could use a little more backup with classroom management, especially with the younger student these days. So, classroom management, by that, what I mean is, like, if there are problems or disciplinary issues or people . . . Having their own whole ordeal in the back of the
classroom or even how to get up there and know that you’re effective. Classroom management, that’s not anything you really learn in school.

Mentor 1 spoke of classroom management skills required to be a proficient mentor: “So, well, I mean, you’ve got to be open-minded, transformational . . . You know, fair, impartial but firm and assertive, pragmatic.” Administrator 3 explained:

Classroom management skills are tough. You know to keep the show running, to be organized for them, to start on time, to finish on time, to shut up frequent fliers, and to column the shy ones . . . Make the ones whispering in the back of the room be quiet.

Administrator 2 described the component of classroom management skills as:

A very important part . . . We pair them up with an experienced person, someone who’s experienced in their field, so they’ve had some classroom instruction skills . . . We use competency sheets for the classroom piece . . . In other words, what does it take to put a classroom together?

Mentee 4 reported:

Not only a novice educator, but just a novice nurse, is that I just have found that some of the students, I just have a feeling that they maybe don’t take me as seriously or don't really respect me as much, because I’m younger, and I’m closer in age to some of the students. It’s a fine line between being obviously their friend and being close in age to them, and then judging them, being their evaluator, and assessing them. It also is sometimes a daunting task knowing if I’m a resource for the students sometimes, because I don’t . . . Not that I would need to know
everything, but sometimes I’m not very familiar with some of the skills on clinical
or even in the classroom, or content. (Archival Data)

Mentee 1 described classroom as a challenge because:

Getting up in front of a group of 100, because that’s massive, and I’m a chicken
and have never liked public speaking or anything. I’m so much better hands-on
doing the labs, and it’s a touch smaller group, so that was a big challenge for me,
but every time it gets easier, thankfully. But that was a big challenge I think. I
think knowing . . . Another thing I’ve struggled with is the books. Having two
different text books that both cover the same thing, and I’m like, “Which one do
we teach out of?” I think that’s hard. I wanted someone to tell me, “teach out of
this book,” and nobody told me. They said, “whichever one you think fits better,
blah blah blah.” I’m like, “How do I know if the students got anything?” That’s
what I struggle with. (Archival Data)

Mentee 2 also reported challenges as a novice educator with classroom
management:

I think time management, because we’re only on a unit from like 7:30 to 11:00,
and now that we’re giving meds, it’s crazy in the morning. We don’t have time to
do everything. That’s like running back and forth between students, and having
them lined up in the hall is kind of challenging. (Archival Data)

Mentee 3 described significant challenges since entering the faculty role. Specifically,
disciplining students, reprimanding them or correcting. I think my issue is
correcting behaviors . . . I guess I didn’t know what I didn’t know until I got here,
and then I realized that there’s another aspect of nursing. It’s not just being
present with the students. It’s more about fostering their communication, fostering a culture of compassionate care for every person, every time. And I think if I consider the novice nurse I was when I started with the other college, versus the experience I’ve had here, I’ve just learned to not only be present with the students on clinical, but also help them grow as a person and not just learn to do tasks . . . if you understand what I mean. (Archival Data)

**Checking the pulse of the mentorship.** As noted in Chapter 2, the National League for Nursing stresses evaluation of program outcomes as an essential part of a nursing program. Fifty percent of the participants (administrators and mentor) described the essence of evaluation as an understanding of what is working and what is not. Administrator 3 stated:

Peer observation would be part of a mentoring program, we’ll sit down and talk about what went right, what didn’t go right . . . Evaluating the clinical setting is one of the hardest things . . . If a novice person wasn’t getting what they needed, they’re right in the door and say [they come right to you and tell you], “You know, I’m overwhelmed.” One faculty did write in their evaluation they thought we needed a mentor program. Without having a program that’s structured . . . we’re just assuming it’s working.

Mentor 1 stated:

It’s about, are we safe practitioners . . . Both mentors and mentees verbalize what worked well and what they felt they needed more of. For example, here is a statement from a mentee, “You know I’m uncomfortable with this, like how do I do it?”
Additionally, two of the four mentees’ responses derived from archival data (50%) felt the mentoring relationship was not being evaluated for effectiveness, or they were uncertain if the mentoring relationship was evaluated. Mentee 4 reported: “I haven’t really been evaluated yet because I'm so new” (Archival Data). Mentee 1 said:

We’re in such a unique position by still being nurses and educators. It’s hard, because there’s so much autonomy, to know who’s watching us to make sure we’re doing things right. You know? How do they know I just taught cognition? How do they know I’m even teaching it right? What if I'm not? I know it’s reflected in the NCLEX [National Council Licensure Examination], [but] by then, it’s too late. It’s a challenge because you don’t really know. I guess the peer reviews are good. Having someone sit in and peer review is good because they were totally truthful and not trying to be nice. Peer reviews are great. Rounding is great. Yeah, and someone did ask to see some of my CPGs [Clinical Practice Guidelines] to see how I was with the students, and so that was good. Maybe just sitting in on, and someone has sat in on my lectures, just to make sure I’m doing things the right way. (Archival Data)

Further, one of four (25%) participants (administrators and mentor) shared that they did not do evaluations of the mentoring relationship; however, Administrator 2 stated:

I think that’s a great idea . . . Right now, we rely on student evals [evaluations] . . . And we do have peer-to-peer evals for the classroom . . . I think there needs to be a more formal process.
Research Question 4. How should the process of pairing a mentor and mentee occur?

Pairing of the mentor and mentee. The fourth category, pairing of the mentor and mentee was linked to research question 4. Axial coding raised one theme from the data: establishing a supportive bond. Additionally, the triangulation (cross verifying three groups of participants’ responses to establish the true meaning of the pairing experience) of the participants’ (administrators, mentor, and mentees) answers exposed three essences during the data analysis (Table 4.4).

Table 4.4

Summary of Categories, Themes, and Essences of the Pairing Mentor/Mentee

<table>
<thead>
<tr>
<th>Category 4</th>
<th>Theme</th>
<th>Essence</th>
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</thead>
<tbody>
<tr>
<td>Pairing of the Mentor/Mentee</td>
<td>Establishing a supportive bond</td>
<td>Accessibility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Personality</td>
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<td>“Super Users”</td>
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Establishing a supportive bond. The essence of accessibility, personality traits, and super users were emphasized during the dialogue with 62% of all participants (administrators, mentor, and mentees). Three of eight participants (37.5%) commented on the positive support received from colleagues when reaching out for answers or direction. When asked, “How does your nursing program assign the mentor to the mentee?” Administrator 1 stated:

We kind of look at personalities a little bit and maybe clinical units or . . . experiences . . . I personally try to match up personalities, someone who is not quick to anger, a little calmer, who has [knowledge and sees] the vision that of the
entire organization . . . And, what’s available, skill wise . . . Because we are teaching to such a broad variety of students, ESLs . . . And students who have different learning needs.

In the professional experience of Administrator 2, mentors should demonstrate the following personality traits:

Be very diversity minded, very kind and compassionate. But also, very assertive and willing to take the opportunity to grow [develop] somebody. . . Three of the top skills mentors should have are good communication skills, can supervise and give appropriate feedback, and know how to coach [train] . . . We have super users [experts] for each of our programs . . . And all of us are super users for something, and so they’re paired up with us to do that.

Administrator 3 shared that the pairing process . . .

It’s the personalities, the energy level, and sometimes it doesn’t work, and you should say it isn’t working . . . These people [referring to clinical faculty] are experts, or at least well versed . . . So, I’m not worried about their clinical skills . . . It’s about the [mentors] skills level. You pick the best everybody has to offer and move the mentee around.

Mentee 1 shared the informal mentoring experience related to peers’ support:

Peers have been wonderful to me since I’ve been here. Very encouraging. They’ve been very helpful to share things . . . I think coming in here not having a system yet, like, it was so nice starting this year having been through last year and just knowing how to do CPGs [Clinical Practice Guide] and write notes on them and send them to the student right from . . . All those little weird things that you
learn at the beginning. How to maneuver through canvas [electronic learning management system] . . . They’ve been very helpful with how to pick items from the test banks. Then just the little helpful sheets that they’ve given. Helpful sheets that they give to their students and helpful things around clinical and how to organize things; they’ve been fabulously helpful with that . . . I don't think I’ve run into anyone that has not gone above and beyond to help with the transition and make sure I’m successful . . . Administration has also been very supportive. It’s good to have their support and know that they have faith in me when I am wimpy and didn’t necessarily have faith in myself. Very helpful with, if I had any concerns about things here. Very receptive. I haven’t had any issues. (Archival Data)

Mentee 2 said: “I guess the support from the other educators here has been really, really good” (Archival Data). Mentee 4 described a supportive bond with a mentor: “She’s been approachable and kind, and open with any resources she uses. Open to answering any questions I have” (Archival Data). Related to peers: “It’s been almost 100% positive. Everybody has been very helpful; my office mate has been very helpful with resources and guided me in the right direction. Haven’t really had any negative experiences with the other faculty members” (Archival Data).

Mentee 4 believed establishing a supportive bond can be accomplished through being: “welcoming and warm, and just be respectful that everybody’s coming from a different place—no matter what setting or what clinical setting they worked in beforehand. Everybody has different knowledge to bring, and just to be open and
receptive, even if you don’t agree with or don’t have the same background or same beliefs as that educator. (Archival Data)

**Incidental Findings**

There was one finding related to the nursing faculty profession but not necessarily to the subject of mentoring. During the interview process, the researcher asked the participants, “What type of faculty positions does your nursing program employ?” The question was asked to validate the eligibility criteria for the participants to participate in the study. Using focused coding, one theme emerged from the study: *faculty titles related to type of employment*. The administrators’ responses highlighted the essence of confusion related to the various terms used to label career positions. Of the three administrators, 100% answered with various terms to label the same career position. An example of this is the term “adjunct,” where “the term per diem and pool carry the same meaning.” Terms used to identify faculty roles and rankings can cause confusion with mentoring practices including the orientation (organizational foundation). Administrator 1 described faculty positions as:

> Full-time, part-time, and it is called adjunct faculty . . . Because we’re an associate degree program . . . Primarily our faculty positions are . . . Well, our faculty positions are all clinical . . . We have clinical/clinical [teaches only on the clinical unit] . . . We have . . . Clinical/theory [teaches both in the clinical unit and in the classroom].

Administrator 2 stated this about faculty positions: “We employ full-time and part-time people . . . On occasion, we do use an adjunct, but most of ours are full-time or
part-time. . . . They all do clinical and classroom.” Administrator 3 labeled faculty positions:

We have per diem. They are not part-time, and they are not benefitted. . . Clinical instructors. And we, we call them adjunct sometimes, and we call them per diem sometimes, and we call them pool, and we call them . . . But we call them clinical instructors. All the faculty here; all the full-time faculty have clinical teaching responsibilities.

When asked, “Do you do any job sharing with the hospital?” Administrator 3 volunteered: “No. And I’d like to . . . I actually got approval to . . . Create joint appointments maybe 4 years ago.”

**Chapter Summary**

The experience of the participants detailed the mentoring relationship. Further, participants highlighted the challenges and strengths of mentoring. Additionally, the skills/training of the mentor and leadership traits were conveyed. Individualizing components of the mentoring relationship and making the mentoring experience unique were emphasized. Lastly, the context of the pairing of the mentor and mentee was communicated.

The purpose of this transcendental, phenomenological study was to explore New York State hospital-based associate degree nursing programs’ best practices for mentoring novice nurse faculty and to develop a structured mentoring model that simplifies the mentoring process. Four categories and eight themes emerged from the data. Triangulation between the administrator, mentor, and mentee created the essence or captured the true meaning the participants revealed.
Chapter 5 of this study delivers a summary of the findings and describes the implications, limitations, and recommendations for future studies and a structured mentoring model for nursing faculty in hospital-based associate degree nursing programs within New York State.
Chapter 5: Discussion

Introduction

A nursing shortage exists, impacting future nurse faculty and nurses who deliver patient care in hospitals. The nursing faculty shortage negatively affects enrollment in nursing schools and direct patient care. Although nursing programs are employing adjunct faculty, dual-role faculty, and transitioning clinical nurses to the faculty role to meet the student enrollment demand, expert clinical nurses may not necessarily be skilled classroom teachers. The National League for Nursing and the Institute of Medicine recommend mentoring as an intervention to training new nurse faculty. The findings in this study reflect the problem statement presented in Chapter 1. Specifically, identifying best practices as it relates to mentoring novice nursing faculty and the development of a mentoring model that streamlines the processes and outlines the nature of professional relationships between mentees (inexperienced nursing faculty) and mentors (experienced nursing faculty) of New York State hospital-based associate degree nursing programs.

This transcendental, phenomenological, qualitative study encompassed three nursing schools from different regions of New York State including Central, Genesee Valley, and Northeast. The purposive sample included administrators responsible for mentoring relationships, a mentor, and archival data representing the perspectives of mentees. Semi-structured interviews, using open-ended, demographic, probing, follow-up, and direct questions revealed valuable information about mentoring. Additionally, data disseminated from mentees archival records provided meaningful feedback about
best practices of a mentoring relationship and the mentoring process. Understanding the views of administrators who were responsible for the mentoring relationship was one gap identified in the literature where previous studies focused only on mentees’ and/or mentors’ perspectives. The perspective of administrators who were responsible for the mentoring relationship were previously unknown; this study sought to fill that gap.

Further, this study highlights the fact that there is no structured mentoring procedure for novice nursing faculty in the institution under review. This speaks to the position of Cangelosi et al. (2009) and Rooke (2014) who contended that mentors and organizations are still experiencing challenges of time, workload, and nurses who are expert nursing clinicians but who are not skilled nursing faculty. This study further tested the theoretical rationale of human capital by incorporating approved questions into semi-structured interviews (Appendix A).

Lastly, four research questions guided this transcendental phenomenological, qualitative study. The research questions were:

1. What attributes of human capital (work experience, training, skills, the level of education) do nursing faculty need to be effective mentors for novice nurse faculty?
2. What leadership traits should nurse faculty demonstrate to be effective mentors for novice nurse faculty?
3. What components should a mentoring model include for the mentor, mentee, and the organization?
4. How should the process of pairing of a mentor and a mentee occur?
Chapter 5 analyzes and presents findings by categories, themes, and essences; all of which are linked to the research questions. Thematic analysis of the data followed Saldana’s (2016) coding cycles. According to Saldana (2016), comparing “data to data, data to code, code to code, code to category, category to category, and category back to data” (p. 68) is a cyclical process involving two main coding methods: first cycle and second cycle. During first cycle coding, descriptive and open/initial coding were applied. Descriptive and open/initial coding created a detailed record of the content; namely, the mentees’ viewpoints derived from archival data, field notes, and acclimating oneself to the participants’ perspectives. Focused and axial coding were used during second-cycle coding. Second cycle coding involves returning to the data for further analysis and linking the relationship of the context to the phenomenon (Bernard et al., 2017).

Unveiling essences is a practice used in transcendental phenomenology. Essences were identified to expose the true elemental nature of experiences shared by participants during the interview process, including the viewpoints of mentees gleaned through review of archival data.

This chapter recapitulates the research process that uncovered aspects that guided the development of a mentoring model for nurse faculty in hospital-based associate degree nursing programs. The research findings, recommendations, and limitations are discussed, and a concluding statement is made. Moreover, implications for mentors, mentees, and the organization are described.
Implications

The purpose of mentoring is to advance the skills acquired from training that benefits the mentor, the mentee, and the organization (Hean et al., 2013). As the value of individuals increase, the organization benefits (Campbell & Banerjee, 2012). This transcendental, phenomenological, qualitative study identified common meanings of experiences by interviewing one mentor and three administrators who were responsible for the mentoring relationship, and by reviewing archival data of mentees’ viewpoints in New York State hospital-based associate degree nursing programs. The study yielded insights into the professional development of a mentor and mentee and the organizational responsibility related to the mentoring process and relationship. The analysis of the data revealed four broad categories: human capital attributes, leadership, components of a mentoring model, and pairing of the mentor/mentee (Table 5.1). These categories were further deconstructed and evolved into the following themes: (a) knowledge, (b) professional experience; specifically, teaching in the classroom and/or clinical setting, (c) skills; namely the ability of a mentor, (d) expected characteristics of a mentor, (e) classroom management, (f) cultivating resources to meet educational needs, (g) checking the pulse of the mentorship, and (h) establishing a supportive bond. Three themes that were most prevalent in relation to human capital theory from the data included: (a) knowledge, (b) professional experience; specifically, teaching in the classroom and/or clinical setting, and (c) skills; namely the ability of a mentor.
Category 1: human capital attributes. A 20th century economist, Gary Becker, established the theory of human capital which emphasizes the personal and professional development of an employee, specifically, their knowledge, competence, and proficiency as an investment for the individual and the organization (Becker, 1997; Becker, 2008; Huston, 2013). The human capital theory variables of: experience, skills, and education, are held as compelling tenets toward the development of an effective mentor.

The first theme that evolved from human capital attributes was knowledge. Additionally, two essences emerged: types of degrees related to the level of education of nursing faculty mentors, and the quality of education nursing faculty receive from a Master of Science in Nursing program with a focus on education. This speaks to the position of Riegel (2013) and the Institute of Medicine (2010), who contended that there are various levels of educational demographics (Associate, Bachelor of Science in Nursing, Master of Science in Nursing, or Doctor of Nursing Practice) an individual can possess when obtaining licensure as a registered nurse. Ramsburg and Childress (2012) found that nurses who are highly educated are efficient learners. Per the researcher’s
current study, the participants suggested that nursing faculty have a Master of Science degree with a focus on education to be considered for the mentor role.

The quality of education nursing faculty receive was discussed by 25% of all participants (administrators, mentors, and archival data) in the current study. Participants reported that Master of Science in Nursing with a focus in education novice nurse faculty demonstrate deficiencies in areas of the curriculum, syllabus and lesson plan development, test-item development and analysis, remediation strategies, and dealing with student problems without advanced training.

Second theme: **professional experience; specifically, teaching in the classroom and/or clinical setting**, captured the essence of **self-assurance** when analyzing participant data. Skills acquired from work experience benefit both the individual and the organization (Hean et al., 2013). Ramsburg and Childress (2012) reported that nursing faculty with greater than 20 years teaching experience had greater skill attainment than nursing faculty with less experience. Additionally, Needleman et al. (2014) reported faculty who has more than 3 years of teaching experience feel supported and satisfied in their job position. Perspectives drawn from participants conveyed the sentiment that 3 years of clinical and classroom teaching experience should be the minimum requirement for an individual to be considered a mentor.

Third theme: **skills; namely the ability of a mentor** displayed the following essences: (a) **challenges surrounding the training of a mentor**, (b) **hidden treasures** related to professional development, and (c) **coping out** in relation to the organization offering mentor’s instruction when examining participants’ responses. Skills acquired
from training, professional development, combined with an individual’s cognitive faculties benefit both the individual and the organization (Hean et al., 2013).

Seventy-five percent of participants from the researcher’s current study expressed the opinion that mentors were not trained to be mentors specifically, but performed based on experience. In fact, many participants expressed that a nursing faculty mentor is expected to use the same assessment and evaluation practices as provided to students in their faculty mentor position to guide novice nursing faculty. With having no structured/formal professional development process for mentors, challenges surrounding the training of a mentor surfaced, per participants.

Additionally, Ramsburg and Childress (2012) alleged the training and development of a mentor can be achieved through experience and professional conferences. The participants agreed that no training for professional growth was offered to mentors. However, the findings of this study revealed that professional growth does occur through “hidden treasures,” such as professional conferences, continuous education, nursing journals, participating on committees, belonging to a professional association, and faculty development days. These hidden treasures bring knowledge to colleagues through presentations and in-services presented at faculty development day and faculty meetings.

Further, Rooke (2014) conducted a qualitative study that evaluated the understandings and perceptions of the mentor role. The findings supported other literature in which the participants found time and workload to be a challenge to the mentor role (Rooke, 2014). Per the researcher’s current study, organizational time restraints were found to be a “cop out” in relation to offering training to mentors. Also, heavy work
assignments and overloading a mentor was reported by administrators as a reason for ineffective mentoring.

**Category 2: leadership.** Upon analysis, the theme *expected characteristics of a mentor* was demonstrated with the essence of a mentor being “willing” to mentor. Porter-O’Grady and Malloch (2015) suggested that toxic mentoring can result if the faculty member is not willing to mentor which obstructs the professional development of the mentee.

The participants of this study thought leadership behaviors consisted of the following characteristics: diversity prepared, kindness, compassion, and vision and values of the organization. Moreover, all the participants stated that the willingness to share knowledge and train a novice faculty is most important for a successful mentoring relationship.

**Category 3: components of a mentoring model.** Four themes emerged in this category. First theme, *organizational foundation: recognizing the needs of new or novice faculty*, was depicted by the essence: *uniqueness of the individual*. Cangelosi et al. (2009), found teaching requires a unique skill set. Therefore, individual modifications linking back to the nursing administration to create different orientation pathways impact the mentoring relationship (Jing et al., 2014). Per Santisteban and Egues (2014), participation in orientation is the beginning step for the novice faculty member to become effective nursing faculty.

The participants in this researcher’s current study stressed that different pathways of orientation are necessary for a newly hired faculty member. These pathways of orientation may depend on the individual’s context: whether these novice faculty
members are transitioning from clinical nurse placements to the nursing faculty within the same organization, or are newly hired by the organization. All nursing faculty are hired with a Master of Science in Nursing or must be enrolled in a Master of Science in Nursing program. However, per the participants of this study, the type of orientation a new employee receives is dependent upon the career position/rank the new faculty is offered. The participants reported that adjunct faculty may receive a different orientation pathway than a faculty member who is hired full-time due to the availability of adjunct employees. Further, prior experience of a faculty nursing member was also reported to be a factor in determining the orientation pathway the faculty member received. The participants agreed that the organizational foundation/orientation a new faculty obtains affects the mentoring relationship.

Second theme: *cultivating resources to meet educational needs* showed the essences: *knowing* and *challenges*. Mentoring requires trust between the administration, the mentor, and the mentee. Additionally, the administration should assist the mentor with the resources needed to deliver support and give encouragement to the mentee. Moreover, the mentee must be assigned a mentor, participate in orientation, and resources must be supplied; specifically, human resources, capital resources, monetary resources, and raw material (Bell & Schaffer, 2005; Kutsyuruba & Walker, 2015). Human resources incorporate the type and number of employees, skills, and collaboration. Capital resource include buildings, machinery, tools, and equipment. Monetary resources involve the budget, cash on hand, finances, and wages. Raw materials are supplies used to develop or create product (Bell & Schaffer, 2005). Per all the participants of this researcher’s current study, the availability of resources was an essential component in a mentoring
model. The nursing administrators in this study who are responsible for the mentoring relationship expressed the importance of knowing the hospital and organizational resources.

In addition, the participants in this study suggested providing knowledge of accreditation and curriculum was an important factor to include under resources. Roseman University Accelerated Nursing (2014) stated that accreditation at the institution and program levels are indicators of quality and may affect students directly. A student who attends an unaccredited school may not be eligible for federal and state financial aid programs. Additionally, entering a graduate program may depend on the accreditation of the undergraduate school where the Bachelor credential was issued (Roseman University Accelerated Nursing, 2014). Per Alvior (2015), curriculum sets goals, standards, and student learning outcomes that allow faculty to provide an operational and superior education. Further, curriculum allows the faculty member to recognize if a student is ready to move to the next level of learning (Alvior, 2015).

Per this study, mentees reported the lack of resources offered to novice educators. Archival data of the mentees’ perspectives revealed that just showing novice faculty where to find answers, documents, and what to look for in grading papers are helpful. In other words, providing mentees with knowledge of the environment and access to organizational documents would assist a mentee in avoiding struggles or recreating the proverbial wheel (Martínez-Fiqueira & Raposo-Rivas, 2014).

Additionally, the participants found challenges surrounding electronic resources and the availability of electronic software. Today’s patient population requires skills in systems management, health policy, and evidence-based practice (Institute of Medicine,
2010). Huston (2013) also reported that nurses need to be experts at information and systems management including health policy and evidence-based practice. Discovering how to exploit technology without diminishing the human component is crucial (Huston, 2013).

During this research study, the nursing administrators stressed that without computer skills, a new faculty member would be lost. Most classroom technology is computer based. According to the participants, one of the first things new faculty do when hired is meet with information technology (IT) to get set up with the electronic management system. Additionally, 25% of the participants revealed the absence of electronic software, resulting in faculty using personal devices to teach. Findings of this study confirmed that computer skills, the availability of electronic software, and accessing data are essential in today’s health care environment.

Third theme: classroom management demonstrated the essence complexities of the job. Smaby et al. (1994) conducted a narrative review of literature that initiated a skilled training program for mentees. The mentee training topics were management, collaboration, refocusing, consequences, and information. The findings of the study revealed that the training sessions made for professional progress and promoted the groundwork for vocational improvement during the first year of teaching (Smaby, 1994).

For this researcher’s current study, discipline, organization, time management, fostering communication and compassion, and knowing individual effectiveness were areas that participants promoted as essential parts of classroom management. The nursing administrators stressed knowing how to quiet the chatty students and how to support the fearful students as important pieces of classroom management. One mentee reported that
classroom teaching is not just about being present with the students but to help students grow both personally and professionally.

Fourth theme: checking the pulse of the mentorship brought forward the essence: deficiency in evaluating mentorship. The National League for Nursing (2006) core proficiencies include assessment and evaluation of program effectiveness. Additionally, Seekoe (2014) conducted a qualitative, grounded-theory study that developed and described a model for mentoring newly-appointed nurse educators in South Africa. The findings indicate the development of a mentoring model should involve assessment and reflection. The participants of this current study suggested a continuing assessment and evaluation process be conducted during the first year of the mentoring relationship. In fact, the mentees reported not being assessed or evaluated after receiving the initial orientation. And, the administrators expressed that without an evaluation process, it is just assumed the mentoring process is working.

Category 4: pairing of the mentor/mentee. The theme: establishing a supportive bond displayed the following essences: accessibility, personality, and super users. Bell and Treleaven (2011) conducted a narrative review of the literature examining how a mentee can be teamed up with the right mentor in a mentoring relationship. The findings in the Bell and Treleaven (2011) study consisted of four themes: initial awkwardness, consultation in the formation of mentoring pairing, personal connections, and instituting mentoring pairing positively. Additionally, instituting mentoring pairing consists of three processes: offering an individualized process for the mentees to select their mentor, mentor selection by the mentee be based on pre-existing personal connections, and formation of mentor pairing should be facilitated by an academic
developer in a formal manner (Bell & Treleaven, 2011). During this current study, all the nursing administrators stated that the organization assigns mentors to mentees. Findings of this research study revealed that personality is not the prime factor when pairing occurs; rather, the availability of a faculty member is what drives the selection. However, one nursing administrator revealed that super users are utilized throughout their organization. A super user is a person who is an expert in a certain area of nursing (clinical or classroom teaching), such as in writing test questions or developing student learning outcomes.

**Limitations.**

There were several limitations in this study. These limitations were related to (a) sample size, (b) lack of significant archival data, and/or access to mentees, (c) self-reported data, (d) researcher status, and (e) method. These limitations are explained further in the subsections below and may prove helpful to future researchers who are interested in nursing education and/or structuring mentoring models.

**Sample size.** Three administrators responsible for the mentoring relationships and one mentor agreed to participate in the study. This small sample size limits the ability to generalize findings for the study.

**Lack of available data.** The participating sites had limited archival data or persons available to present the perspectives of mentees and mentors. One hospital-based nursing school captured the viewpoints of the mentees in a comprehensive fashion. Another hospital-based nursing school had limited data capturing a summary statement of the viewpoints of mentors and mentees offered by the administrator. The final hospital-based nursing school had the researcher interview one of their mentors because there was
no archival data relating to the mentoring relationship/process. It is difficult to know if other hospital-based nursing schools use the same mentoring and record keeping practices for novice faculty as those covered in this study. Generally, the mentoring data was collected at each site; although, the data that reflects the viewpoint and perspectives of the mentoring process of the mentors and mentees is not comprehensive. Sharing the Human Capital Nurse Faculty Mentoring Model with participating organizations may be the first step to structuring the mentoring process.

**Self-reported data.** The self-reported data was limited by the fact that the researcher had to assume the participants truthfully remembered events related to mentoring as was reported. The experience of the nursing administrators responsible for the mentoring relationships, and the mentor who participated may differ from those who did not participate. The institutions represented by the nursing administrators and mentor who were interviewed lacked a focused mentoring model and/or procedure. Half of the participants divulged that mentoring occurs informally, however, their institution did not have a formal or structured mentoring program. This led to exploring best practices involved in mentoring novice faculty, but it did not allow the researcher to explore best practices of a structured or formal mentoring program.

**Researcher status.** The researcher’s status as a registered nurse with longevity in the profession, but a novice as a nursing faculty member may have had an impact on the study design of the questions, the analysis of the data, and the interpretation of the findings.

**Method.** The only participants were those administrators responsible for the mentoring relationships, a mentor, and archival data representing the viewpoints of
mentees in hospital-based associate degree nursing programs of New York State. Administrators, mentors, and archival data derived from other non-hospital-based associate degree nursing programs, baccalaureate programs, and diploma programs were not included in this study nor were participants from other states. Additionally, applying to several Institutional Review Boards for approval to conduct this study led to time constraints related to the timing of the doctorate program in which the researcher is enrolled.

Further, all participants were White, with an average age of 61 years, at least 15 years of experience, and all had been in their role for at least 6 years. As such, no diversity represented. The information from a more diverse group of nursing administrators and mentors might have yielded different data sets.

**Recommendations.**

Acknowledgement must be given to the practices for mentoring outside a structured mentoring model or policy that guides the mentoring process. The following are practices that were identified during this study: utilizing faculty as mentors who have a master’s degree, 1 to 3 years’ experience at the organization in which these mentors are employed, willingness to share knowledge and assist with the professional development and growth of others, and displaying the vision of the organization. Additionally, organizations are supporting the mentoring relationship through team teaching, implementing half workloads for novice faculty, and providing an individualized/tailored orientation for novice faculty. Mentees contribute to the relationship by communicating their needs, seeking out experienced faculty as a resource, and trusting in the leadership of the organization. Eight recommendations from this study that build upon many of
these practices by suggesting considerations or opportunities include: (a) introduction to the organization, (b) increase professional development, (c) super users, (d) classroom management best practices, (e) team teaching, (f) observations and evaluations, (g) universal terminology, (h) future studies, and (i) human capital nurse faculty mentoring model. Additionally, these recommendations include the need for nursing leaders to take responsibility for social justice and setting policy. There is a need to contest past perspectives and hypothesize new opportunities. A structured mentoring model for nurse faculty in hospital-based associate degree nursing programs that will encourage social justice in the nursing faculty profession of the future should be a priority.

**Introduction to organization (hospital and/or college of nursing).** The profession of nursing should focus on providing a structured organizational foundation to improve their recruitment, retention, and job satisfaction. This recommendation can be accomplished through administration offering orientation pathways that are dependent on the way a new faculty member is enjoined to the organization. Additionally, the organization would be strengthened by administration, faculty, and staff “modeling social justice values and practices” (Neville, 2015, p. 162). Social justice requires an organization to establish a rapport of trust through the delivery of support and by providing resources and guidance to both mentors and mentees. Social justice can be demonstrated through establishing the same opportunities for every employee within the environment—regardless of gender, religion, race, or sexuality (Neville, 2015). An organization that demonstrates social justice sends the message to trainees through their words and actions, which may transform educational and patient care environments to
embrace fair and all-encompassing practices. Additionally, demonstrating social justice may foster an environment that translates to the retention of employees (Neville, 2015).

**Increase professional development.** Organizational excellence includes social justice. Providing training, educational, and cultural opportunities are pieces of social justice in mentoring (Neville, 2015). Regarding mentoring, Rosenau et al. (2015) reported marginal resources, greenness, substantial assignments, and an alleged absence of support as factors that constrain mentorship. Rizkalla (2014) suggested that organizations financially invest in training employees and provide the needed support to both mentors and mentees in guiding mentoring relationships. In fact, financially investing $1,500 or more per employee per year on training nets an average of a 24% higher profit margin for organizations willing to make the investment. Additionally, 10-30% of an organization’s competencies are lost every year resulting in the loss of 41% of staff (Rizkalla, 2014). Cloete and Jeggels (2014) said that investing in training for employees makes the employees feel worthy, and these employees gain a sense of empowerment. Applying continuing training efforts can be accomplished through workshops, training modules (online courses), webinars, hands-on opportunities, and initial and continuing mentor/mentee training (Cloete & Jeggels, 2014). Providing instruction to develop mindfulness for employees to distinguish the ways in which power and oppression work to build rapport and impact relationships encompasses developing cultural sensitivity (Neville, 2015).

Mentoring workshops and/or training modules should include: role clarity, learning styles, personality types, diversity, constructive written and oral feedback, assessment and evaluation, goal setting, communication, conflict management, and
computer/electronic resource assistance. Workshops and/or training modules should also allow the nursing faculty to receive credit hours for continuing nursing education by the American Nurse Credentialing Center commission on Accreditation.

The participants of this study suggested a mentor have a minimum of 3 years of teaching/clinical experience and 1 year of that experience being with the organization where the nurse faculty is currently employed, which would allow faculty to gain individual teaching role confidence. The participants also expressed the opinion that a master’s degree-prepared nurse with an educational track should be required for a faculty member to become a mentor. Indeed, toxic mentoring can result through an inexperienced mentor impeding the professional growth of a mentee due to lack of confidence on his or her own capabilities (Porter-O’Grady & Malloch, 2015).

Additionally, a mentor who demonstrates social injustice based on dissimilarities; one who is forceful, uncompromising and unapproachable, and who sets impossible goals and does not share the vision and values of the organization, can become harmful to the mentees and the organization. Therefore, leadership qualities of the mentor should include compassion, kindness, a shared vision of the organization, experience, skills, knowledge, and effective communication. Moreover, mentors should be willing to train a novice faculty member and not be forced into the position.

Super users. Faculty experts should be utilized as a resource for mentees. Nurse faculty who demonstrate expertise in writing test questions, creating student outlines, computer skills, or a specific lab skill should become a super user of that area and be available as a resource to novice faculty. Faculty who are specialized in oncology or pediatrics should become the super user of that specific content and be available as a
A mentee does not have to be assigned to one mentor; a mentee could travel from expert to expert to develop skills.

**Classroom management best practices.** Organization, time management, and preparedness to teach are vital to classroom management. When teaching, faculty need to know the material being presented, prepare for their lectures or classes ahead of time, and they need to practice presenting the material prior to the class. In most instances, preparation and practice guides time management and allows for organization. Effectiveness is a two-way street. Students should come to class prepared; however, if students do not come to class prepared, teachers should be equipped to teach the class in a different manner than planned. If students are not prepared for class, group work/activities will fail. Implementing a ticket to class using preparation quizzes, pre-class assignments, or dialogue about the reading materials assigned are methods available to assess if students have opened a book.

Following policy and procedure will facilitate classroom etiquette for a novice faculty. Fostering communication and compassion is vital to the teacher-student relationship. Open-communication requires skills acquired from social awareness. Understanding how a faculty member approaches a student or the tone of the words spoken can nurture or destroy a relationship. Establishing guiding principles and expectations can assist students in understanding proper classroom behavior.

Correcting behaviors that disrupt the classroom can be difficult. Empathy, understanding, avoiding sarcasm, patience, and respect are a few mannerism teachers might incorporate when approaching a student who displays disruptive behaviors in the classroom. A teacher should never talk down to students, embarrass, make fun of, accuse
a student, or play favorites. “Teaching is not just about being present with the students,” (Archival Data). It includes representing social justice principles in every-day practice.

**Team teaching.** Twenty-five percent of study participants suggested that pairing seasoned faculty with novice faculty for one to two semesters would facilitate the development of classroom management skills. Additionally, 25% of the participants voiced that being teamed up with an experienced faculty member could result in novice faculty developing confidence. Lejonberg and Christophersen (2015) found that mentor education and mentor experience link the goals, vision, and mission of an organization to the mentor position and build confidence. Confidence gained through experience was expressed in the archival data of the mentees’ viewpoints and through the interview data. According to the participants, experience advances confidence.

**Observations and evaluations.** Ramsburg and Childress (2012) say that to pursue continuous quality improvement in the nurse educator role, use of assessment and evaluation strategies must take place. A needs assessment of new or novice nurse educators and mentors should occur at the time of hire and routinely take place throughout the first year of hire. This practice would provide the administrator who is responsible for the mentoring relationship an opportunity to make adjustments that strengthen outcomes for the mentee. An evaluation of the mentoring relationship should also occur at the end of the first year to provide information to the administration on what methods and approaches are working and what are not working.

**Universal terminology.** Siela et al. (2009) discussed the various career positions that are now being offered to fill the nursing faculty shortage and to meet student enrollment demands. Because of an incidental finding related to faculty titles, which are
used to label career positions, a recommendation to adapt universal terminology for career positions as it relates to nursing faculty would lessen the confusion of professional identity. With various titles, such as, clinical/clinical, clinical/theory, joint appointments, dual-role, per diem, and adjunct, it is difficult to understand what the meaning of these positions are and what the responsibilities are of these faculty members.

**Future studies.** Future studies are needed to explore the mentoring process by administrators, mentors, and mentees in the present culture of all nursing education, as this study served only to identify the issues that affected hospital-based associate degree nursing programs. Additionally, studies need to investigate best practices of mentoring in nursing programs that have a structured mentoring procedure in place. Further, investigating the classroom management or clinical skills a mentor needs to be proficient would add to the body of literature surrounding best practices in developing effective nursing faculty. Additionally, investigating what motivates a person to become a mentor may add value to the organizations insight for professional development of mentors.

**Human capital nurse faculty mentoring model.** The final recommendation presents a structured model for mentoring nurse faculty. The researcher’s understanding of best practices involved in mentoring relationships provided the framework for the development of a mentoring model. The model provides a structured process that promotes a successful mentor and mentee relationship. The model also assimilates organizational excellence. The findings of the study included the human capital variables needed for the development of an effective mentor: (a) 1 to 3 years of teaching classroom/clinical experience preferred, (b) completed a master of science degree program with an educational track, (c) provided continuous training and support from the
organization, and (d) must possess a positive demeanor, demonstrate the vision/mission of the organization, and be willing to share knowledge. The mentee should be provided with: (a) an organizational foundation/orientation, (b) electronic, organizational, hospital, and system management resources including evidence-based practice and a health policy, (c) and classroom management/clinical skills. The pairing process should consider personalities, professional skills, and values. Further, the relationship should be assessed and evaluated when hired and intermittently throughout the first year of the mentoring connection.

Ideally, the purpose of this model will coordinate the relationship and responsibility of nursing administration, mentor, and mentee for the lifespan of long-term employment. The mentoring process can be implemented individually or with a group. This relationship begins at the time of hire and extends throughout the lifecycle of employment. The mechanisms involved with each role of the mentoring relationship are detailed in Figure 5.1. The mentoring model will demonstrate interconnectedness and relationship between the organization, mentor, and mentee and is in congruence with the National League for Nursing and Institute of Medicine. This model is captured in Figure 5.2
Figure 5.1. Detailed Mechanisms Involved with each Role of the Mentoring Relationship.

Figure 5.2. Spoto Human Capital Nurse Faculty Mentoring Model.
Conclusion

A nursing shortage exists, impacting future nurse faculty and nurses who deliver patient care in hospitals. By the year 2020, the United States Department of Health and Human Services (2002) projects the supply of registered nurses at 2,810,414. Roughly, 56,208 of those registered nurses are anticipated to be disseminated to the education setting. Enrollment in nursing schools and direct patient care are negatively affected by this nursing faculty shortage. This upward nursing faculty shortage demands initiatives such as adjunct faculty, clinical nurses who perform in dual roles, such as faculty member and clinical nurse, and clinical nurses transitioning into classroom teachers. However, expert clinicians are not necessarily skilled classroom teachers. The National League for Nurses stresses mentoring as a method to develop effective nurse educators, retain faculty, and promote job satisfaction.

Mentoring can be a vehicle for increasing the ranks of qualified nursing faculty in nursing schools. The purpose of mentoring is intended to increase nurse capabilities in addition to advancing the teaching ranks, which ensures a constant nursing stream. Simplification of the mentoring process could occur through such mechanisms as the development of a mentoring model, work experience, training, pairing of mentors and mentees, and the level of education and leadership characteristics.

Studies and past practices reflect the difficulty of mentoring nurse faculty with impediments as basic as no primary procedure in place to facilitate a bond, challenges of time and workload, and nurses who are expert clinicians but are not skilled nursing faculty (Cangelosi et al., 2009; Rooke, 2014). The literature also reports novice nurse faculty find it difficult to achieve success due to the “lack of support or mentorship” from
experienced nurse educators (Seekoe, 2014, p. 2). Additionally, there are no workshops or training offered specifically for novice nurse faculty or nurse faculty mentors (Frederick & Courtney, 2015).

The purpose of this qualitative, transcendental, phenomenological study was to explore and identify best practices related to mentoring novice nurse faculty for the development of a mentoring model that incorporates support for the mentor and mentee and integrates organizational excellence. The model aligned with human capital variables, namely: skill, experience, level of education, and leadership behaviors. Professional development/skills on an incoming level are broad due to a mentor’s years of experience. This model synthesized, analyzed, and reflected these skills/ideas to be narrowed for the application to a specific mentee’s needs, and when shared, will be later amplified by teaching/mentoring others as the mentees become mentors.

Qualitative research was chosen for this study because qualitative methods involve the understanding of difficulties tangled within experiences. Transcendental phenomenology assembles data capturing the connection of human experiences. The population sample included three hospital-based associate degree nursing programs located in the Central, Northeast, and Genesee Valley regions of New York State. Semi-structured, face-to-face interviews with three administrators and one mentor allowed the research questions to inform the researcher about mentoring practices. Archival data derived from four mentees added to the researcher’s knowledge about mentoring practices.

The study addressed the following research questions:
1. What attributes of human capital (work experience, training, skills, the level of education) do nursing faculty need to be effective mentors for novice nurse faculty?

2. What leadership traits should nurse faculty demonstrate to be effective mentors for novice nurse faculty?

3. What components should a mentoring model include for the mentor, mentee, and the organization?

4. How should the process of pairing of a mentor and mentee occur?

The researcher used three distinct groups of participants for the study. The first group of participants were administrators who were responsible for the mentoring relationship. The second group of participants was drawn from archival data from mentees who partook in a mentoring experience. The third participant group consisted of one mentor who contributed to a mentoring experience. The participants (nursing administrators and one mentor) were all females, White, with an average age of 61 years, at least 15 years of experience, and have held the nurse administrator position for an average of 6 years. Demographics of the mentees derived from archival data were not available to the researcher.

The method of data analysis was coding and categorizing. Categories were linked to the research questions. The four categories included: human capital attributes, leadership, components of a mentoring model, and pairing of the mentor/mentee. Eight themes that surfaced from the data utilizing descriptive, open/initial, focused, and axial coding included: (a) knowledge, (b) professional experience; specifically, teaching in the classroom and/or clinical setting, (c) skills; namely the ability of a mentor, (d) expected
characteristics of a mentor, (e) classroom management, (f) cultivating resources to meet educational needs, (g) checking the pulse of the mentorship, and (h) establishing a supportive bond. Additionally, the triangulation between the administrator, mentor, and mentee responses created several essences of the true meaning of the mentoring experience.

Chapter 5 provided an overview of how leaders are approaching challenges of mentoring. Additionally, connections to the literature in areas that mentors, mentees, and nursing administrators have begun to examine these areas were demonstrated. Further, this chapter discussed how the findings relate to the problem statement, purpose of this study, and potential significance. Chapter 5 also reintroduced the research questions that steered this study and intertwined the human capital theoretical rationale.

Key findings, recommendations, opportunities to consider, study limitations, and suggestions for future research were shared in Chapter 5. The purpose of this study was to develop a mentoring model and add to the bodies of literature surrounding mentoring of nursing faculty. The aim was to understand best practices that have been implemented for mentoring to inform stakeholders of the challenges leadership is faced with and to recommend opportunities for organizational improvement. The goal for this study arose from a desire to cultivate novice nursing faculty of New York State hospital-based associate degree nursing programs into effective teachers. Development of a mentoring model that considers the administrator, mentor, and mentee can provide the proper support for novice nursing faculty, model effective teaching, promote job satisfaction, retain nursing faculty, and enhance nurse delivered patient care. Additionally, the
development of a mentoring model that provides just and all-inclusive practices, procedures, and policy embraces social justice.
References


of Qualitative Methods, 3(2), 1. Retrieved from https://sites.ualberta.ca/~iiqm/backissues/3_2/pdf/moerer.pdf


Appendix A

List of Research/Interview Questions

Demographic Questions:

1. What is your age?
2. Please specify your ethnicity.
3. What is the highest degree of education you have completed?
4. What is your marital status?
5. How long have you worked for this organization?
6. How long have you been in your current role?
7. Do you presently or did you teach in the classroom?
8. Do you presently or did you teach on the clinical unit?

Research Question One:

1. What attributes of human capital (work experience, training, skills, level of education) do nursing faculty need to be a mentor for novice nurse faculty?

Interview Questions:

1. What types of faculty positions does your nursing program employ?
2. What sort of mentoring does your nursing program offer to new faculty?
3. What kind of work experience does your school require mentors to have?
4. What type of training is provided to mentors?
5. What level of education is necessary for a nurse faculty to become a mentor?
6. What types of classroom management or clinical skills does the mentor need to be proficient?
Research Question Two:

1. What dispositions should nurse faculty display to be a mentor for novice nurse faculty?

Interview Questions:

1. What types or array of leadership skills do you require or look for in assigning your mentors?

2. What personality characteristics of a mentor do you find most beneficial for the mentee and the organization?

Research Question Three:

1. What components should a mentoring model include for the mentor, mentee, and the organization?

Interview Questions:

1. What components of leadership would you include in a mentoring model?

2. What components of skills training or competence would you include in a mentoring model?

3. What other types of components do you find valuable for a mentoring model to include?

Research Question Four:

1. How should the process of the pairing of the mentor and mentee occur?

Interview Questions:

1. How does your nursing program assign the mentor to the mentee?

2. How many mentors does a mentee have during the first year of hire?

3. What type of pairing process would you consider the most beneficial to the mentee, the mentor, and the organization?
Appendix B

Institutional Participant Invitations/Acceptances

First Invitation/Acceptance Letter

Re: research study

You replied on 9/16/2016 12:37 PM.
Sent: Friday, September 16, 2016 9:32 AM
To: Patricia Spoto

Patricia
We would love to participate in your study. I will need you to present to the IRB board here at the college. Our schedule is somewhat flexible if you would like to let me know when you are available to come, you would present, we would grant approval and you can interview the same day. Let me know.

“The best way to predict the future, is to create it”

>>> Patricia Spoto <Patricia.Spoto@sjhsyr.org> 9/16/2016 9:28 AM >>>

September 16, 2016

Dear

I am Patricia Spoto, a doctoral candidate of St. John Fisher College, and I am conducting a study that examines the way hospital-based Associate Degree (AD) nursing programs operate their mentoring programs. The goal of this study is to develop a mentoring model for novice faculty in hospital-based AD nursing programs.

The Administrative staff person(s) who facilitates your mentoring program may have very insightful information about the mentoring process concerning the mentors’ professional skills and abilities, and the pairing process of the mentor and mentee.

I am writing to you to inquire about the steps needed to be taken for your organization’s Internal Review Board approval, if applicable. With your help, we can meet the study
goals, creating an equitable mentoring model for faculty, students, and the nursing school organizations.

If you agree to participate, I would like to interview the administrative staff person(s) involved with your mentoring program (which will take approximately 45 - 60 minutes). Participation is voluntary. The information provided will be kept confidential. It will not include the name of the interviewee, your organization, or any other identifying information, and no one at the organization will see the answers provided. I look forward to your involvement.

Sincerely,

_____________________________________________
Patricia Spoto
Principal Investigator
Development of a Mentoring Model
Second Invitation/Acceptance Letter

RE: [EXTERNAL] IRB Approval

Sent: Thursday, September 29, 2016 10:13 AM
To: Patricia Spoto
Cc: 
Attachments: Patricia

Thank you for your interest in research. Our IRB committee typically meets at least quarterly and other times as needed. Our next meeting is actually scheduled for this afternoon so review will not occur until our December meeting unless there are some mitigating circumstances that require a quicker review.

Attached is the application for research that will need to be completed and sent back to my attention (electronically) along with a copy of the research protocol. You stated that you have spoken with XXXXXXXX and she expressed interest however I would need to confirm that there is a commitment on her end as well as willingness of hospital nursing administration to participate if applicable.

On a side note, while I will still remain on the board, I will be stepping down as the IRB chairperson and have included XXXXXXXX on this response to keep her informed.

Thanks

RE: [EXTERNAL] research study

You replied on 9/16/2016 3:17 PM.
Sent: Friday, September 16, 2016 9:20 AM
To: Patricia Spoto

The chair of the XXXXXXXX IRB is XXXXXXXX, his contact information is:

Thank you for reaching out to me, let me know if I can be of any further help.

From: Patricia Spoto [mailto:Patricia.Spoto@sjhsyr.org]
Sent: Friday, September 16, 2016 9:15 AM
To: Patricia Spoto, a doctoral candidate of St. John Fisher College, and I am conducting a study that examines the way hospital-based Associate Degree (AD) nursing programs operate their mentoring programs. The goal of this study is to develop a mentoring model for novice faculty in hospital-based AD nursing programs.

The Administrative staff person(s) who facilitates your mentoring program may have very insightful information about the mentoring process concerning the mentors’ professional skills and abilities, and the pairing process of the mentor and mentee.

I am writing to you to inquire about the steps needed to be taken for your organization’s Internal Review Board approval, if applicable. With your help, we can meet the study goals, creating an equitable mentoring model for faculty, students, and the nursing school organizations.

If you agree to participate, I would like to interview the administrative staff person(s) involved with your mentoring program (which will take approximately 45 - 60 minutes). Participation is voluntary. The information provided will be kept confidential. It will not include the name of the interviewee, your organization, or any other identifying information, and no one at the organization will see the answers provided. I look forward to your involvement.

Sincerely,

Patricia Spoto
Principal Investigator
Development of a Mentoring Model
September 28, 2016

Dear:

I am Patricia Spoto, a doctoral candidate at St. John Fisher College, and I am conducting a study that examines the way hospital-based Associate Degree (AD) nursing programs operate their mentoring programs. The goal of this study is to develop a mentoring model for novice faculty in hospital-based AD nursing programs based on best practices in the field and evidenced based research.

The administrative staff person(s) who facilitates your school’s mentoring program may have very insightful information about the mentoring process; particularly concerning the mentors’ professional skills and abilities, and the pairing process of the mentor and mentee.

I am writing to you for two purposes. Specifically, I would like the Samaritan Hospital School of Nursing to participate and to inquire about the steps that must be taken to secure your institutions Internal Review Board approval, if applicable. With your help, we can meet the study goals, creating a more universal mentoring model for faculty, students, and nursing schools. I have spoken with Susan Birkhead, DNS, MPH, RN, CNE, of the Samaritan Hospital School of Nursing, and Susan Birkhead showed an interest in participating in the study.

If Samaritan Hospital approves the research study, I would like to interview the administrative staff person(s) involved with your mentoring program (which will take approximately 45 - 60 minutes). Participants would receive a separate consent letter, and it will be reiterated that their participation is voluntary. The information provided will be kept confidential. It will not include the name of the interviewee, your organization, or
provide any other identifying information, as responses will be presented in an aggregate manner. I look forward to your involvement.

Sincerely,

_____________________________________________
Patricia Spoto
Principal Investigator
Development of a Mentoring Model
I would be happy to participate – I am the person who does the mentoring or oversees the mentoring. Please contact XXXXXXXX to inquire about XXXXXX IRB and what you need to do. If you get permission (and I expect you will), you could also interview XXXXX, the director of our sister school, the XXXXXXX (also part of XXXX).

Best regards,

______________________________
Patricia Spoto
Principal Investigator
Development of a Mentoring Model

September 16, 2016

Dear:

I am Patricia Spoto, a doctoral candidate of St. John Fisher College, and I am conducting a study that examines the way hospital-based Associate Degree (AD) nursing programs operate their mentoring programs. The goal of this study is to develop a mentoring model for novice faculty in hospital-based AD nursing programs.

The Administrative staff person(s) who facilitates your mentoring program may have very insightful information about the mentoring process concerning the mentors’ professional skills and abilities, and the pairing process of the mentor and mentee.

I am writing to you to inquire about the steps needed to be taken for your organization’s Internal Review Board approval, if applicable. With your help, we can meet the study
goals, creating an equitable mentoring model for faculty, students, and the nursing school organizations.

If you agree to participate, I would like to interview the administrative staff person(s) involved with your mentoring program (which will take approximately 45 - 60 minutes). Participation is voluntary. The information provided will be kept confidential. It will not include the name of the interviewee, your organization, or any other identifying information, and no one at the organization will see the answers provided. I look forward to your involvement.

Sincerely,

_____________________________________________
Patricia Spoto
Principal Investigator
Development of a Mentoring Model
Appendix C

Institutional Participant Invitations/Refusal Due to Criteria

First Invitation/Refusal Letter

Hi Patricia, We are a hospital based Diploma program. I am not sure we meet your inclusion criteria. Please let me know.

Best wishes with your study.

I am Patricia Spoto, a doctoral candidate of St. John Fisher College, and I am conducting a study that examines the way hospital-based Associate Degree (AD) nursing programs operate their mentoring programs. The goal of this study is to develop a mentoring model for novice faculty in hospital-based AD nursing programs.

The Administrative staff person(s) who facilitates your mentoring program may have very insightful information about the mentoring process concerning the mentors’ professional skills and abilities, and the pairing process of the mentor and mentee.

I am writing to you to inquire about the steps needed to be taken for your organization’s Internal Review Board approval, if applicable. With your help we can meet the study goals, creating an equitable mentoring model for faculty, students, and the nursing school organizations.
Appendix D

Institutional Participant Invitations/Refusal

Second Invitation/Refusal Letter

Hello Patricia,

I hope all is well. Thank you for the opportunity to be considered as part of your research study. At the present time, our Mentorship Program is in its developmental stage, and not quite at the point of implementation. I will have to decline at the present time, but wish you well in your endeavor.

Best regards,

Patricia Spoto
366 Leonard Street
Appendix E

Collaborative Institutional Training Initiative (CITI Program)

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)
COMPLETION REPORT - PART 1 OF 2
COURSEWORK REQUIREMENTS*
* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details.
See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

• Name: Patricia Spoto (ID: 5704545)
• E-mail: pls07366@sjfc.edu
• Institution Affiliation: St. John Fisher College (ID: 3316)
• Institution Unit: Social & Behavioral Research Investigators
• Phone: 315-395 4161
• Curriculum Group: Social & Behavioral Research - Basic/Refresher
• Course Learner Group: Social & Behavioral Research
• Stage: Stage 1 - Basic Course
• Report ID: 20472272
• Completion Date: 14-Aug-2016
• Expiration Date: 14-Aug-2019
• Minimum Passing: 80
• Reported Score*: 99

REQUIRED AND ELECTIVE MODULES ONLY DATE COMPLETED SCORE
Belmont Report and CITI Course Introduction (ID: 1127) 12-Aug-2016 3/3 (100%)
History and Ethical Principles - SBE (ID: 490) 12-Aug-2016 5/5 (100%)
Defining Research with Human Subjects - SBE (ID: 491) 12-Aug-2016 5/5 (100%)
The Federal Regulations - SBE (ID: 502) 12-Aug-2016 5/5 (100%)
Assessing Risk - SBE (ID: 503) 12-Aug-2016 5/5 (100%)
Informed Consent - SBE (ID: 504) 12-Aug-2016 5/5 (100%)
Privacy and Confidentiality - SBE (ID: 505) 12-Aug-2016 5/5 (100%)
Populations in Research Requiring Additional Considerations and/or Protections (ID: 16680) 12-Aug-2016 5/5 (100%)
Research with Children - SBE (ID: 507) 12-Aug-2016 5/5 (100%)
Research in Public Elementary and Secondary Schools - SBE (ID: 508) 12-Aug-2016 5/5 (100%)
Internet-Based Research - SBE (ID: 510) 13-Aug-2016 5/5 (100%)
Vulnerable Subjects - Research Involving Workers/Employees (ID: 483) 13-Aug-2016 4/4 (100%)
Conflicts of Interest in Research Involving Human Subjects (ID: 488) 13-Aug-2016 5/5 (100%)
Unanticipated Problems and Reporting Requirements in Social and Behavioral Research (ID: 14928) 13-Aug-2016 5/5 (100%)
Cultural Competence in Research (ID: 15166) 13-Aug-2016 5/5 (100%)
Consent and Subject Recruitment Challenges: Remuneration (ID: 16881) 14-Aug-2016 4/5 (80%)

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.
Verify at: https://www.citiprogram.org/verify/?1b75eac0-f79e-4396-b4ae-bf1c6cc1e656
CITI Program
E-mail: support@citiprogram.org
Phone: 888-529-5929
Web: https://www.citiprogram.org

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)
COMPLETION REPORT - PART 2 OF 2
COURSEWORK TRANSCRIPT**
** NOTE: Scores on this Transcript Report reflect the most current quiz completions, including quizzes on optional (supplemental) elements of the course. See list below for details. See separate Requirements Report for the reported scores at the time all requirements for the course were met.

• Name: Patricia Spoto (ID: 5704545)
• E-mail: pls07366@sjfc.edu
• Institution Affiliation: St. John Fisher College (ID: 3316)
• Institution Unit: Social & Behavioral Research Investigators
• Phone: 315-395 4161
• Curriculum Group: Social & Behavioral Research - Basic/Refresher
• Course Learner Group: Social & Behavioral Research
• Stage: Stage 1 - Basic Course
• Report ID: 20472272
• Report Date: 14-Aug-2016
• Current Score**: 99

REQUIRED, ELECTIVE, AND SUPPLEMENTAL MODULES MOST RECENT SCORE
History and Ethical Principles - SBE (ID: 490) 12-Aug-2016 5/5 (100%)
Defining Research with Human Subjects - SBE (ID: 491) 12-Aug-2016 5/5 (100%)
Belmont Report and CITI Course Introduction (ID: 1127) 12-Aug-2016 3/3 (100%)
The Federal Regulations - SBE (ID: 502) 12-Aug-2016 5/5 (100%)
Assessing Risk - SBE (ID: 503) 12-Aug-2016 5/5 (100%)
Informed Consent - SBE (ID: 504) 12-Aug-2016 5/5 (100%)
Privacy and Confidentiality - SBE (ID: 505) 12-Aug-2016 5/5 (100%)
Research with Children - SBE (ID: 507) 12-Aug-2016 5/5 (100%)
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Vulnerable Subjects - Research Involving Workers/Employees (ID: 483) 13-Aug-2016 4/4 (100%)
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Populations in Research Requiring Additional Considerations and/or Protections (ID: 16680) 12-Aug-2016 5/5 (100%)
Consent and Subject Recruitment Challenges: Remuneration (ID: 16881) 14-Aug-2016 4/5 (80%)

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Verify at: https://www.citiprogram.org/verify/?1b75eac0-f79e-4396-b4ae-bf1c6cc1e656

Collaborative Institutional Training Initiative (CITI Program)
E-mail: support@citiprogram.org
Phone: 888-529-5929
Web: https://www.citiprogram.org
St. John Fisher College IRB Approval

January 9, 2017

Patricia Spoto
St. John Fisher College

Dear Ms. Spoto:

Thank you for submitting your research proposal to the Institutional Review Board.

I am pleased to inform you that the Board has approved your Expedited Review project, “Development of a Mentoring Model for Nurse Faculty in a Hospital based Associate Degree Nursing Program.”

Following federal guidelines, research related records should be maintained in a secure area for three years following the completion of the project at which time they may be destroyed.

Should you have any questions about this process or your responsibilities, please contact me at irb@sjfc.edu.

Sincerely,

Chair, Institutional Review Board

ELB: jdr
Appendix F

IRB Approval Letter 1

January 16, 2017

Patricia Spoto, MS CMSRN
St. Joseph’s Hospital
301 Prospect Ave
Syracuse, NY 13203

Your study, Development of a Mentoring Model for Nurse Faculty in a Hospital-Based Associate Degree Nursing Program is granted “exempt” status.

It is important to note that the Research Committee be notified immediately if any of the following occur:

- significant deviations from the approved protocol;
- serious complications or untoward effects result from the investigation;
- closing of the study;
- results of the study being written up for presentation or publication (any manuscript must be submitted to the Administration Office prior to presentation or publication).
IRB Approval Letter 2

January 31, 2017

Patricia Spoto  
Doctoral Candidate, SJFC  
pls07366@sjfc.edu  
(315) 395-4161

Re: Development of a Mentoring Model for Nurse Faculty at a Hospital-based Associate Degree Nursing Program

Dear Ms. Spoto:

Thank you for your interest in research. Under full board electronic review, we are pleased to approve your study as stated above. The XXXXXXX Institutional Review Board is meeting on March 30, 2017 at 12:00pm and we look forward to hearing the presentation of your study.

As a reminder, no additional changes may be made to this research project without first submitting the changes to the IRB for approval. Any inquiries or unanticipated problems must also be promptly reported.

Thank you.

Sincerely,
Chairperson
XXXXXXX Institutional Review Board
To: Patricia Spoto, MS Faculty  
St. Joseph's College of Nursing  
206 Prospect Ave, Syracuse, NY 13203

Re: IRB# 17-0210-2

Development of a Mentoring Model for Nurse Faculty in a Hospital based Associate Degree Nursing Program

Date: March 8, 2017

This is to inform you that XXXXXXX Institutional Review Board (IRB) has reviewed your proposed research study and has determined that it meets the criteria for an exempt study. This determination was made based on the exempt criteria put forth by the federal regulations as defined in 45 CFR 46.101(b).

Since this study is exempt, no further IRB reports will be required by XXXXXX IRB unless you make changes in the protocol or procedures. If you have any questions, please feel free to contact the IRB office using the contact information below.

Signed Wednesday, March 8, 2017 10:10:52 AM ET

Chairperson, IRB
Appendix G

St. John Fisher College

INFORMED CONSENT FORM

Title of study: A Mentorship Model for Nursing Faculty in a Hospital-based Associate Degree Nursing Program

Name(s) of researcher(s): Patricia Spoto

Faculty Supervisor: Dr. Linda Hickmon-Evans, PhD.

Phone for further information:
Patricia Spoto Cell (315) 395-4161, Office (315) 448-6512
Dr. Evans -Cell: (585) 738-9604, Office: (315) 498-7265

Purpose of study:
To develop a mentoring model for novice faculty and faculty mentors in hospital-based Associate Degree nursing programs based on best practices in the field and evidenced-based practice.

Place of study:
Central, Genesee Valley, Metropolitan, Mid-Hudson, and Northeast regions of New York State.

Length of participation: 45-60 minutes

Risks and benefits: The expected risks and benefits of participation in this study are explained below:
There are no harms associated with participating in this research study. You will not directly benefit from participating in the research study.

Method for protecting confidentiality/privacy:
The information you provide will be kept confidential. Information that could identify you will be kept separate from all other information you might provide. The records of this study will be kept private, in a locked safe in the principal investigator’s home. When I share the results of this study, I will not include any information that will make it possible to identify individual participants.

Your rights: As a research participant, you have the right to:

1. Have the purpose of the study, and the expected risks and benefits fully explained to you before you choose to participate.
2. Withdraw from participation at any time without penalty.
3. Refuse to answer a particular question without penalty.
4. Be informed of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to you.
5. Be informed of the results of the study.

I have read the above, received a copy of this form, and I agree to participate in the above-named study.

______________________________________________________________
Print name (Participant)Signature Date

______________________________________________________________
Print name (Investigator)Signature Date

If you have any further questions regarding this study, please contact the researcher listed above. If you experience emotional or physical discomfort due to participation in this study, please contact the Health and Wellness Center at (585) 385-8280 for appropriate referrals.

The Institutional Review Board (IRB) of St. John Fisher College has reviewed this project. For any concerns regarding this study and/or if you experience any physical or emotional discomfort, you can contact Jill Rathbun by phone at 585.385.8012 or by e-mail at: irb@sjfc.edu.
Appendix H

Audio Tape Release Form

I voluntarily agree to be audio taped during the interview being conducted by Patricia Spoto, a doctoral candidate of St. John Fisher College. I understand the tapes will be used to gather information about administrators’ experiences and perceptions of the mentoring relationship between experienced faculty (mentor) and novice faculty (mentee), and such information will be used to develop a mentoring model for hospital-based associate degree nursing programs that adds to the literature regarding the mentoring of novice nurse faculty. The tape will be kept for approximately three years and will be securely stored and locked in a cabinet at the personal residence of Patricia Spoto.

________________________
My Signature

________________________
Date

________________________
Signature of the Investigator

________________________
Date
Refusal to be Audio Taped

I do not agree to be audio taped during the interview conducted by Patricia Spoto, doctoral candidate of St. John Fisher College. I understand that I will not receive compensation. By refusing to be audio taped, I understand that I may not continue to participate in the study.

________________________
My Signature

________________________
Date

________________________
Signature of the Investigator

________________________
Date