

**NURSE FACULTY MENTORING: JOB SATISFACTION AND
MENTORING OF NURSE EDUCATORS IN A
BACCALAUREATE NURSING PROGRAM**

by

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Abstract

The purpose of this study was to analyze the effects of mentoring of nursing faculty and job satisfaction with intent of nursing faculty to stay at their current academic institution. A quantitative, descriptive design was used with a convenience sampling of baccalaureate nursing faculty from three mid-central schools of nursing in the United States. A revision of Fagan's Career Development Questionnaire was distributed via SurveyMonkey to professional e-mail addresses of 172 baccalaureate level nursing faculty, both online and onsite, who do not teach in a clinical laboratory or clinical settings. The total number of returned surveys was 54. A result of the study was that a significant amount of participants responded that they did not have a mentor or special person take an interest in their teaching career. Participants who had experience with a mentor continued to answer specific questions regarding their mentoring experiences. Results indicated that participants who had a mentor were likely to remain at their school of nursing for the next year and possibly for the next five years. Participants with a mentor ($n = 19$) reported their mentor did not influence their decision to stay or leave their current position in academia. An almost equal number of participants ($n = 11$) with a mentor reported their mentor influenced their decision to remain in academia as a nurse educator. The results of this study indicated nursing programs that utilized experienced faculty as mentors may have an increase in job satisfaction and retention of nursing faculty in their baccalaureate nursing programs.

Dedication

This dissertation is dedicated to my children, Paul, Summer, and Lance. I would also like to dedicate this dissertation to my late mother, Cletha Swenson, who never gave up on me and my goals and dreams.

Paul and Summer, you have been there for me to talk to during this entire graduate program, and even though most of our conversations during the first two years were over the phone or text messaging, I still felt your support and love for me. Being close to you both and your family of Kristen and Justin for this final journey has made a huge difference in my will to succeed and complete the doctoral program.

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CHAPTER 1. INTRODUCTION

Introduction to the Problem

The National League for Nursing published a position statement regarding mentoring of new nursing faculty to address the shortage of nursing faculty as a factor in the deficient supply of registered nurses (RNs) in the United States (National League for Nursing [NLN], 2006). In the 2006 NLN position statement, a need for researchers to study the effects between mentoring nursing faculty and retention and job satisfaction of nursing faculty was clearly identified. In 2008, the NLN addressed research priorities for nursing education to address mentoring nursing faculty under the topic of educational systems and infrastructures of schools of nursing. The identification of mentoring as a factor by the NLN was to bring attention to educational systems in schools of nursing that job satisfaction and retention could have a direct correlation to mentoring of nursing faculty (NLN, 2008). According to Finke (2009), master's level nurses who were bedside nurses or working as educators in acute care facilities might consider becoming nurse faculty in schools of nursing if there was an established mentoring process and education related to the roles and responsibilities of becoming nursing faculty.

Mentoring of nursing faculty in baccalaureate education may have a positive effect on job satisfaction and retention of nursing faculty. Mentoring has been identified as a predictor of an increase in job satisfaction and retention of nursing faculty. If nursing faculty are not satisfied with their position as faculty, there is an increased risk that they

will not continue employment in the school of nursing. Finke (2009) also proposed that the resignation of nursing faculty contributes to a shortage of nursing faculty, subsequently leading to a deficient supply of RNs to provide direct patient care.

National organizations such as the American Association of Colleges of Nursing (AACN) and the National League have summarized the current shortage of nursing faculty (AACN, 2011; NLN, 2009). The AACN (2011) reported that in 2010–2011 U.S. nursing schools turned away 67,563 qualified applicants from baccalaureate and graduate nursing programs due to a lack of qualified, prepared faculty. In 2004, 15,944 qualified applicants to baccalaureate nursing programs were denied acceptance due to a shortage of nursing faculty (Garbee, 2006). In 2010, the Institute of Medicine indicated the number of baccalaureate level RNs needed to provide health care for the aging population of Americans, ages 65 and older, would increase 80% over the next 20 years, and the population of doctoral level nurses would double. The Institute of Medicine's (2010) landmark report entitled *The Future of Nursing* funded by the Robert Wood Johnson Foundation along with the AACN (2011) report provided academic systems with documentation of the need for nursing faculty.

Findings from a study in 2007 by the Southern Regional Board of Education (SREB) documented a serious shortage of nursing faculty in 16 states and the District of Columbia. Unfilled faculty positions numbered 432 from resignations, and projected retirements led to a 12% decrease in the number of nurse educators needed in the states studied (AACN, 2011). The AACN (2011) study also projected the shortage of nursing faculty over the next five years would worsen, leading to a further deficient supply of RNs in the work force.

In the 2007 SREB annual survey of the previously surveyed 16 states and the District of Columbia, there were 758 new faculty positions, 384 unfilled faculty positions, 136 retirees, 596 anticipated retirements, 283 resignations, and 99 anticipated resignations. The SREB survey indicated 15% of the resignations were for career advancement, 15% were returning to clinical practice, and 23% of faculty resigned for other reasons. Of the 136 retirees, 13% had doctoral degrees, 70% had master's degrees, and 8% had baccalaureate degrees. According to the AACN (2011), the average retirement age for doctoral level nurse faculty with ranks of professor, associate professor, and assistant professor was 60.5, 57.1, and 51.5, respectively. The average age for master's level nurse faculty with ranks of professor, associate professor, and assistant professor were 57.7, 56.4, and 50.9, respectively (AACN, 2011). The AACN predicted that between 200 and 300 doctoral level nursing faculty would be eligible for retirement each year from 2003 through 2012. The AACN (2011) also predicted between 220 and 280 master's level nursing faculty will be eligible for retirement each year between 2012 and 2018. The information related to the next 10 years by the AACN predicts that a large number of nursing faculty will retire or resign leading to a worsening shortage of RNs.

Because of the nationwide shortage of nursing faculty, enrollment of qualified nursing student candidates into schools of nursing may obviously be affected. Strategies to implement formalized mentoring programs to encourage caring, socialization, and understanding of the roles and responsibilities of nursing faculty have been recommended by the NLN (2006) and the AACN (2011). White, Brannan, and Wilson (2010) described clear documentation by both professional organizations (the NLN and the AACN)

advocating mentoring as the primary strategy to increase job satisfaction and retention of nursing faculty.

Background, Context, and Theoretical Framework

Nursing education faculty may encounter many new roles and responsibilities integrated into their position. Benner (2001) described the learning process of these added roles and responsibilities as going from a novice nurse educator to an expert educator. The effects of shadowing experienced faculty have been an accepted method of orientation for nursing faculty, but this method allows little or no preparation for the roles and responsibilities related to the faculty position (Cangelosi, Crocker, & Sorrell, 2009). The lack of personal, active participation in the actual faculty role may be a factor in job satisfaction and retention of nursing faculty. Blauvelt and Spath (2008) proposed that including a mentoring program in nursing academia is imperative. This should include active participation with a mentor in the roles and responsibilities of being a nursing faculty member including socialization in the academic environment (Blauvelt & Spath, 2008). Blauvelt and Spath proposed the need for mentors in nursing education as a factor of job satisfaction of nursing faculty. Baker (2010) discussed the inclusion of mentoring of nursing faculty as an integral factor in job satisfaction and retention to empower nursing faculty in their roles and responsibilities as nurse educators. Baker also recommended a guided entrance into an inviting environment with an identified mentor.

The study of the effects of mentoring on job satisfaction and retention in nursing education was based on two theoretical frameworks. The theoretical framework of Watson's (2007) caring theory is applicable to the topic. Watson proposed the mentoring

of nursing faculty based on the caring concepts of support, compassion, empathy, stress alleviation, helping behaviors, and nurturing. Additionally, the inclusion of Benner's novice-to-expert theory supports the premise of nurse mentoring to improve job satisfaction and retention.

Numerous studies and professional development departments have used Benner's (2001) novice-to-expert theory as a basis for the development of new nurses by experienced or expert mentors. The relationship between mentoring of new faculty by experienced faculty provides the framework for this study using the novice (new faculty) to expert (experienced faculty) theory to ensure job satisfaction and retention of nursing faculty. Stachura and Hoff (1990) posited job satisfaction among new nursing faculty as a potential problem since nurse graduate programs do not sufficiently train master's level nurses for facilitating and understanding the increasing roles and responsibilities nursing faculty encounter during employment in academia.

The discipline of nursing education acknowledges that nursing faculty are novices in the field of teaching. Baker (2010) ascertained that to ensure a more meaningful mentoring experience, seasoned mentoring faculty must understand that novice educators have little experience in academia and are unfamiliar with the various roles and responsibilities that accompany the job. Implementing mentoring in schools of nursing is correlated to job satisfaction and retention nursing faculty (Baker, 2010). Baker also addressed mentoring as a strategy to prepare nursing faculty for the roles, responsibilities, growth, and development of nursing faculty.

The shortage of nursing faculty and the complexity of the roles, responsibilities, and demands may be overwhelming to nursing faculty. Faculty shortage and job

complexity ultimately lead faculty to decreased job satisfaction and possible intent to leave academia to return to a previous expert area of practice.

Statement of the Problem

The problem addressed in this study was the need to find mentoring strategies to increase job satisfaction and retention of nursing faculty. A shortage of nursing faculty limits the ability of nursing schools to educate qualified students. If nursing faculty are not satisfied with their teaching positions, there is an increased risk they will terminate their employment with the school of nursing worsening the shortage of faculty. The shortage of nursing faculty subsequently leads to a deficient supply of nurses to provide direct patient care. The AACN (2011) and the NLN (2008) noted that the current shortage of nursing faculty might result in a decrease in job satisfaction. A decrease in job satisfaction leads to a lack of retention of nursing faculty. This study describes the effects of the strategy of mentoring has on nursing faculty job satisfaction and retention.

Health care in America continues to face a nursing shortage in all realms of practice. The Joint Commission on Accreditation of Healthcare Organizations (2002) identified a shortfall of at least 400,000 nurses to meet the needs of the aging baby boomer population. The AACN anticipates a shortage of over 500,000 nurses by 2025. The retention of nursing faculty is imperative to produce a qualified work force of RNs to deliver superior, safe nursing care of a growing population of patients.

New nurses in the field of nursing have a turnover rate of 35–60% across the United States. According to Williams, Goode, Krsek, Bednash, and Lynn (2007), nurse managers and hospital administrators have been exploring many avenues to encourage

retention and job satisfaction. In 1983, The American Nurses Credentialing Center (2014), a component of the American Nurses Association, developed Magnet status for hospitals drawing greater status to their organizations to ensure job satisfaction and retention. To acquire Magnet status, hospitals must have specific guidelines for leaders, management, nurse input, and institutional climate. Williams et al. studied nurse turnover in Magnet facilities and found that it was only 12% compared to 35–55% in non-Magnet hospitals. Magnet facilities have established programs to mentor new nurses thereby decreasing turnover rates compared to non-Magnet facilities. Healthcare organizations face a continual challenge of providing high-quality care while being overburdened with a high-technology environment, multiple stakeholders, cost regulations, and diverse staff development while at the same time maintaining national standards from multiple accrediting bodies. Lewallen, Crane, Letvak, Jones, and Hu (2003) found that using mentors resulted in assisting nurses to learn the explicit and tacit organizational knowledge that may result in increased retention, improved job satisfaction, and improved commitment of nurses. If educational institutions, specifically colleges of nursing, would implement mentoring programs for new faculty during their first year of teaching, turnover rate could decrease in nursing education.

Nursing shortages are described in academic organizations in terms of qualified nursing faculty. Kaufman (2006) reported for the NLN in the Annual Survey of Schools of Nursing there were more than 1,900 full-time faculty vacancies in 2007, mainly due to lack of qualified applicants. At the same time, the NLN report noted that approximately 99,000—more than 40% of qualified student applicants—were rejected due to the scarcity of educators.

Blauvelt and Spath (2008) noted that for new faculty to enter into academia and successfully overcome the hurdles of a new culture, a caring community fostering support and nurturance should be in operation to build mentoring relationships. The cultures of schools of nursing demonstrate a lack of caring by assuming nursing faculty are also educators. Nursing faculty with experience in adult education is not always the case; many nursing faculty are experts in clinical practice but have little or no experience in teaching, research, advising, or serving on faculty committees. According to Yoder (1990), master's level registered nurses have many options for practice; therefore, master's level registered nurses may not choose academia due to the negative culture that exists in schools of nursing.

The literature identified a need for further study indicating that mentoring is a significant factor in creating job satisfaction and retention of nursing faculty. Baker (2010) discussed the implementation of mentoring nurse educators in the roles and responsibility at both the undergraduate and graduate levels to assist nursing students in program completion. Blauvelt and Spath (2008) identified mentoring as an aspect of transitioning graduating students into the work field as new employees, nurses into educators and deans, and nurses into leadership and advocacy roles in health care. Socialization of nurses occurs through learning the explicit knowledge needed in various settings, such as hospitals, academia, and government. The socialization process may occur through mentoring and also assist the new nursing faculty in learning the tacit knowledge required for success in research, teaching, service, advocacy, and scholarly activities (Blauvelt & Spath, 2008). Mentoring results in reducing nurse turnover by assisting with softening the reality that sometimes occurs between being a new graduate

and encountering the realities of nursing in the work force (Vance & Olson, 1998). The integration of experienced nursing faculty mentors with nursing faculty during employment in academia could positively affect job satisfaction and retention of nursing faculty, just as mentoring has increased job satisfaction and retention of new RNs in the workplace.

Borenstein, Rothstein, and Cohen (2001) used the term *mentoring* to describe different functions leading to contradiction and confusion as to role responsibilities between orienting, evaluating (precepting role), and encouraging (coaching role). Traditional aspects of mentoring are on a continuum, with the mentor on one end (mentee initiated), precepting on the other (organization initiated), and coaching in the middle (mutually initiated). Borenstein et al. concurred that mentoring is mentee driven, precepting is organization driven, and coaching is a collaborative process but more driven by the organization's needs with some collaboration with new employees.

However, nursing shortage and retention issues are not limited to healthcare organizations. Studies have explored and identified outcomes of mentoring for the mentee, the organization, and the mentor. Fagan and Walter (1982) explained the components needed in a mentoring program including the type of training needed prior to initiating a formal mentoring program. Fagan and Walter (1982) studied various professions including firefighters, police officers, and public school teachers. Fagan and Walter found that the implementation of mentoring new personnel significantly affected retention and job satisfaction. However, few studies address mentoring of new nursing faculty. Borenstein et al. (2001) discussed understanding the costs and benefits to nursing schools of implementing a mentoring orientation programs in which administrators assist

mentors in being successful and preparing them for their roles and responsibilities as future mentors.

The American Nurses Association (Almeida, 2002) identified mentoring as a factor to promote increased diversity within the nursing work force and increased opportunities for career advancement in management, leadership, education, and clinical expertise for nursing leaders. The ANA also proposed that as nurses mature into the expert role as nurse educators, there is an expectation in the nursing community to mentor and socialize those less experienced in the profession.

Benner (2001) identified that to be a good mentor; the experienced nurse must develop the ability to self-reflect to understand oneself thereby understanding the needs of others. Benner also ascertained self-reflection in mentoring prevents projecting oneself onto others under the mantle of being a mentor. In 1998, Ecklund described a reflective nurse mentor as one who promotes effectiveness in the professional role and in developing lifelong learners. A mentor's experience provides insight into the job, roles, and responsibilities to help ensure good experiences for new faculty members. Benner agreed that it is beneficial to reflect on various mentors' past experiences when advancing from novice to expert mentor.

The lack of research thoroughly exploring the thoughts, feelings, and experiences of mentors and nurses in nursing education limits the richness of understanding mentoring programs. Engaging in the research process allows for a better understanding of the unique aspects of individuals involved in mentoring. The research study identifies effective programs and provides clearer direction for defining effectiveness in mentoring new nursing faculty.

Purpose of the Study

The purpose of the study was to determine the impact of mentoring nursing faculty on job satisfaction and intent to remain employed as nursing faculty after employment in academia. The results of previous studies in the literature indicate that mentoring in other professions was a successful factor in job satisfaction and retention. The study of the effects of new baccalaureate nursing faculty mentoring on job satisfaction and continuing employment as addressed by Baker (2010) as a gap in the literature.

Research Questions and Hypotheses

The following research questions were addressed in this study:

RQ 1. What is the effect between mentoring, retention, and job satisfaction of nursing faculty?

RQ 2. What is the effect of mentoring on the retention of nursing faculty in nursing education?

RQ 3. What is the effect between mentoring and job satisfaction of nursing faculty?

Hypothesis: There is a positive effect between mentoring, job satisfaction, and retention of nursing faculty.

Null hypothesis: A positive effect does not exist between mentoring, job satisfaction, and retention of new nursing faculty.

The variables in the study are mentoring, job satisfaction, and retention.

Rationale, Relevance, and Significance of the Study

Schools of nursing continually struggle to find the best way to support new faculty. This study was designed to investigate mentoring as an option for providing this support. There is a significant amount of transition of nursing faculty during the first few years in an academic setting and the literature suggests that a new faculty member is more likely to remain in the position if appropriate mentoring was available to them. Retention and job satisfaction have been identified in the literature as primary factors in nursing faculty intent to stay in academia. The National League for Nursing (NLN, 2006) and Baker (2010) identified gaps in the literature studying the effects between mentoring nursing faculty in academia and job satisfaction and retention. Although there are a number of studies on mentoring in other professions (Walter & Fagan, 1982), Finke (2009) identified the lack of mentoring of nursing faculty as a factor in qualified faculty leaving academia shortly after completing the first year of becoming an educator in academia.

Rationale

The rationale for the study was to identify the use of mentoring nursing faculty and mentoring as a factor in job satisfaction and retention. The AACN (2011) addressed nursing faculty retention and job satisfaction as factors in the shortage of nursing faculty, but as Baker (2010) noted, there are gaps in the quantitative data to validate mentoring as a process in the orientation of nursing faculty. A review of the literature found numerous articles regarding the shortage of nursing faculty with data suggesting an increase in attrition during the first year of employment of nursing faculty (Fagan & Fagan, 1983). Nurses with master's degrees currently practicing as bedside nurses or as educators in

acute care facilities might consider becoming nurse faculty in schools of nursing if there was a mentorship process available with staff development in the roles and responsibilities of being school of nursing faculty (Finke, 2009; McDonald, 2008).

Relevance

The study relates to the need to retain nursing faculty by recognizing the theoretical basis for mentoring of nursing faculty in schools of nursing. The primary theoretical basis for the study is Watson's (2007) caring theory. Watson's caring theory draws its foundation on the caring concepts of support, compassion, empathy, stress alleviation, helping behaviors, and nurturing, which are the constructs for the research problem and the development of the research questions. Experienced nursing faculty understand the value of demonstrating these constructs, but have faculty actually been exposed to these constructs during their orientation at their current school of nursing? Wilson, Brannan, and White (2010) described caring as demonstrated by the mentor's sharing experiences, wisdom, and feedback to the nursing faculty member.

An additional theoretical framework to compliment Watson's caring theory is Benner's (2001) novice-to-expert theory—the progression from novice nursing faculty to expert nursing faculty. The theory describes the progression of being a novice to an expert in the nursing profession. This study contributes to the profession of nursing education by identifying new nursing faculty as novices in the field of teaching. The impact of mentoring of nursing faculty by experienced mentors in the area of academic education increases job satisfaction and subsequently retention of nursing faculty. Baker (2010) described implementing a mentorship program as assisting in job satisfaction and

retention of nursing faculty as well as meeting faculty needs in preparation for roles, professional growth, and the development of a social network.

Significance

Researchers have discussed mentoring as a potential strategy in general, but few studies have identified mentoring as a factor related to job satisfaction or retention of nursing faculty. White et al. (2010) discussed the need for further research to explore the relationships between mentoring, job satisfaction, and retention of nursing faculty. Nursing education would benefit from a study that clearly describes the effect of mentoring on job satisfaction and retention of nursing faculty.

Schools of nursing have become more aware of the benefits that mentoring has on the retention and job satisfaction of faculty (Fagan & Fagan, 1983). The roles and responsibilities of nursing faculty have undergone major changes over the past decades as increasing numbers of diploma and associate-degree RNs are returning to nursing schools to obtain bachelor's degrees in nursing. Hawkins and Fontenot (2009) described mentoring as experienced faculty assisting newer faculty in the roles and responsibilities of nursing faculty in academia. Unless faculty have been properly mentored regarding the policies, responsibilities, roles, curriculum development, and socialization aspects of the school of nursing, they may experience a decrease in job satisfaction. The decrease in job satisfaction could lead to resignation from the school of nursing within or shortly after the first year of teaching.

In mid-central United States, further research was needed to ascertain whether nursing faculty are being mentored. This study was significant to nursing education as the findings indicated that mentoring was a factor in job satisfaction and retention of nursing

faculty. The results of the research identified a need for broader studies to support a need for mentoring in order to increase job satisfaction and retention in nursing faculty. Also, the study identified mentoring as a factor in job satisfaction and retention of nursing faculty in mid-central United States.

Nature of the Study

The methodology of the study of mentoring was based on a quantitative, descriptive research design. A quantitative, descriptive research design was adopted in order to discover the effects of mentoring on nursing faculty in a Baccalaureate nursing program by using a revised survey on career development by Fagan (2010). The responses to the survey questions were descriptive in design and the data analyzed by frequency of responses to the survey questions.

The need to study nursing faculty retention and job satisfaction, if mentoring were a part of the process of becoming a faculty member, was previously identified by Baker (2010) in the literature. However, Baker also noted there have been few quantitative studies validating mentoring as an orientation process of nursing faculty. The literature review demonstrated numerous articles regarding the shortage of nursing faculty as well as an increase in attrition during the first year of employment of nursing faculty (Bally, 2007; Fagan & Fagan, 1983). Nurses with master's degrees currently practicing as bedside nurses or as educators in acute care facilities might consider becoming nurse faculty in schools of nursing if there was a mentorship process available with staff development in the roles and responsibilities of being school of nursing faculty (Finke, 2009; McDonald, 2008).

Schools of nursing have become more aware of the needs for mentoring of nursing faculty. Master's level nursing faculty with limited experience in nursing education require mentoring by experienced faculty during the first year of teaching (Fagan & Fagan, 1983). The roles and responsibilities of nursing faculty have undergone major changes over the past decades as increasing numbers of diploma and associate degree RNs are returning to nursing schools to obtain bachelor's degrees in nursing. Nurses involved in clinical practice, education, and healthcare management are seeking advanced degrees in nursing specialty areas, such as master's in nursing, master's in healthcare administration, and doctorate of nursing practice. Baker (2010) discussed advanced degrees require doctoral level faculty to facilitate and teach onsite and online; however, the number of qualified advanced degreed nurse educators has been limited in academia.

Unless new nursing faculty have been provided proper introduction and mentoring regarding the policies, responsibilities, roles, curriculum, and socialization aspects of the school of nursing, their jobs will produce increased stress and frustrations, especially during their first year of employment. This translates into low job satisfaction, which in turn could lead to resignation within or shortly after the first year of employment (Baker, 2010). Therefore, to analyze the value of mentoring within academia in the Midwest United States, this study research design of quantitative, descriptive data was appropriate within the context of the survey questions by Fagan (2010) and sought to answer the research questions of the effects of mentoring on job satisfaction and retention.

Definition of Terms

For the purpose of the research study, the definitions of mentoring, job satisfaction, and retention are considered conceptual.

Job satisfaction. Job satisfaction is a sense of achievement, reward, ability to interact with colleagues, and understand roles and responsibilities of the job (Shaver & Lacey, 2003).

Mentoring. Mentoring is defined as the relationship between an expert and another who refers to the expert for knowledge, consultation, and advocacy (Blauvelt & Spath, 2008). For the purpose of this study, mentoring is the relationship developed between the mentor and the mentee during the first year of teaching that provides guidance and support for the new faculty member (NLN, 2006).

Nursing faculty. Nursing faculty refers to a nurse with an advanced degree—master's or doctorate—teaching in a school of nursing (Hawkins & Fontenot, 2009).

Retention. Retention is the intent to stay employed as nursing faculty at the college of nursing. Factors influencing retention are salary, workload, and work hours (Brady, 2007), as well as lack of mentoring as a support factor of developing a sense of team and community in the academic environment.

Assumptions and Limitations

Assumptions

Assumptions for the study are as follows:

1. Nursing faculty value mentoring as a positive factor of job satisfaction.

2. Mentoring of nursing faculty influences decisions to stay in current positions as nursing faculty.
3. The participants will provide honest, accurate responses to the survey.

Limitations

Limitations of the study are as follows:

1. The use of convenience sampling of the participants was seen as a limitation. The researcher did not know whether the participants who choose to respond to the survey were actually representative of the population.
2. The small survey response may have affected the data analysis as a quantitative, descriptive study.

Organization of the Remainder of the Study

The study is comprised of five chapters. Chapter 2 examines key concepts of mentoring, job satisfaction, and retention as described in the current literature. Chapter 3 describes the data collection procedure. Chapter 4 presents the data analysis using SPSS 21.0 from the online survey. Lastly, Chapter 5 describes the results of the data analysis and recommends future research.

CHAPTER 2. LITERATURE REVIEW

Introduction

The roles and responsibilities of a nurse educator involve four demanding roles: teaching, research, service, and practice (Hawkins & Fontenot, 2009), along with socialization within the realm of academia. Mentoring had been identified as a job satisfaction and retention factor, but few researchers have measured the efficacy of mentoring nurse faculty. The literature review revealed many practice-based articles that are educational in content, but as White et al. (2010) identified, research studies on the results of mentoring on job satisfaction and retention of nurse faculty were very limited.

Mentoring has been defined by the NLN (2006) as a concept and strategy used in business, education, and other fields to provide individuals with preparation and support in their new roles, responsibilities, and socialization. The shortage of nursing faculty and the complex roles and responsibilities of academic nursing faculty demand knowledge of teaching practices of adult learners. Advanced practice nurses are knowledgeable in clinical practice, but they are new to the realm of nursing education. Vance (2000) conceded that the small number of nursing faculty who are adequately prepared for the nurse educator role with a master's or doctorate either chose higher paying positions or are retiring.

Chapter 2 provides a review of the literature related to the variables of this study: mentoring, job satisfaction, and retention of nursing faculty. The literature review includes the theoretical framework, support for the methodology used in this study, and a critique of previous research. The researcher conducted a search of relevant literature from nursing and general education databases. The following keywords were used in the literature search: mentoring new nursing faculty, job satisfaction of new nursing faculty, and retention of new nursing faculty. The review of the research literature provides the foundation for the need for mentoring as a strategy in nursing education as well as a factor in job satisfaction and retention of nursing faculty. The review of methodological literature indicated a need for more dedicated research related to outcomes of mentoring for nursing faculty.

Theoretical Framework

The theoretical frameworks used to support the study were Watson's caring theory and Benner's novice-to-expert theory. The primary theoretical basis for the study was Watson's caring theory. Watson's (2007) theory-based foundation of the caring concepts of support, compassion, empathy, stress alleviation, helping behaviors, and nurturing were constructs providing support for the research problem and development of the research questions. Experienced faculty understand that it is important to demonstrate caring constructs to new nursing faculty; however, at question is whether new faculty are actually being exposed to these constructs during their first year of teaching. Watson described the mentoring relationship as an important factor in the retention and job satisfaction of new nurses. Benner (2001) indicated caring was demonstrated by sharing

experiences, wisdom, and feedback from the mentor to nursing faculty upon employment in academia.

Additionally, the theoretical framework by Benner (2001), novice-to-expert theory, supports the mentoring construct. The novice-to-expert theory demonstrates the progression from novice nursing faculty to expert nursing faculty. The study provided a basis to the nursing education profession by supporting the need for mentoring of nursing faculty by experienced nursing faculty in the roles and responsibilities of teaching in academia. The implementation of mentoring into schools of nursing was described by Baker (2010) as a factor in job satisfaction and retention of nursing faculty and identified mentoring as a strategy for preparing nursing faculty for the roles, responsibilities, growth, and development of nursing faculty. Baker's study provided support for the findings of the current study.

Review of Research Literature and Methodological Literature

The key terms identified as mentoring, job satisfaction and retention were used to locate research and methodological literature in nursing education. There were numerous studies on the use of mentoring in new graduate nurses, but limited quantitative studies on mentoring nursing faculty. Primary and secondary sources were located and analyzed to provide a historical evaluation of mentoring as a predictor of job satisfaction and retention.

Mentoring

Grossman (2007) described mentoring as supportive relationships in which the individual or mentee receives guidance, encouragement, and socialization. The literature

on mentoring contained numerous articles advocating mentoring as a strategy for developing relationships between experienced nursing faculty and new nursing faculty. Blauvelt and Spath (2008) indicated that a formal mentoring program for new nurse faculty was developed in a small, private, Midwestern university after a shortage of qualified nursing education faculty occurred. The college of nursing was turning away prospective nursing students from the nursing program due to the shortage of nursing faculty in both clinical and classroom teaching environments. Using Watson's caring theory, the university developed a mentoring program to build relationships between new nursing faculty and experienced nursing faculty. The outcomes of the mentoring program described the strengths of the program as involving the faculty role, resources available to nursing faculty, and an individualized orientation tailored to the needs of the new nursing faculty (Blauvelt & Spath, 2008). New nursing faculty described recognition of the transition from practice to education by the institution as a positive factor.

Culleiton and Shellenbarger (2007) strengthened Blauvelt and Spath's findings when discussing the transition of the expert, advanced-practice RN to the nurse educator role. The challenges of the transition were clearly described with the primary challenge being a lack of mentors to assist with the transition process including roles and responsibilities, expectations for research, curriculum development, facilitation of classroom and clinical experiences, and socialization into the school of nursing (Culleiton & Shellenbarger, 2007). Discussions with new nursing faculty revealed that even with many years of nursing experience in the clinical environment and an advanced nursing degree, new nursing faculty did not feel prepared to provide quality education to students

due to unfamiliarity with the expectations, roles, and responsibilities of being a nurse educator (Culleiton & Shellenbarger, 2007).

Hawkins and Fontenot (2009) presented support related to Benner's novice-to-expert theory when describing the importance of mentoring nurse practitioners into academic faculty roles, responsibilities, and expectations. The significance of the Hawkins and Fontenot study was their defining of the relationship between mentors and new nursing faculty with advanced degrees. Mentoring is a factor in the professional development of novice nursing faculty by experienced nursing faculty. Defining the roles and responsibilities of the mentor significantly improves the orientation process of novice nursing faculty. Hawkins and Fontenot stressed the necessity to understand the relationship between new nursing faculty and experienced faculty within the context of Benner's novice-to-expert theory.

Lewallen et al. (2003) described the need for an innovative strategy during the orientation process that would provide a support group of mentors and a program of mentorship to help new nursing faculty understand the organization's culture. Stress related to being a mentor and evaluations of the mentorship experience by new nurse faculty were identified in the article. However, after addressing the identified problems, Lewallen et al. cited that mentoring decreased stress and increased confidence in the new nursing faculty.

The transition from nursing practice to nursing education has also been researched (McDonald, 2008). McDonald divided the lessons learned from the transition into four categories: knowledge deficit, culture and support, salary, and workload. Finding the right support person as a mentor is crucial to the transitioning process from practice to

education. These constructs were also supported by the NLN (2006) in a position statement regarding the need for mentoring in nursing education.

The NLN (2006) released a position statement outlining the expectations and significance of schools of nursing providing mentorship programs for new nursing faculty. The definition of mentoring, description of roles and responsibilities of new nursing faculty, and the use of Benner's novice-to-expert theoretical framework were presented in the position statement. Mentoring throughout an academic career as a nurse educator is advocated by the NLN each time a new area of nurse education is initiated by the school of nursing, i.e., transitioning from clinical nurse educator to a classroom nurse educator. In 2003, the Academy of Medical-Surgical Nurses developed a mentoring program, based on Benner's novice-to-expert theory called Nurses Nurturing Nurses. The program pairs an experienced nurse with a new graduate and planned to measure intent to stay and job satisfaction, but to date the research has not been completed. To be effective, the mentoring process must include an ongoing commitment and follow through by the schools of nursing.

Sitzman (2007) documented an example of integrating Watson's caring theory into academia as a basis for professional development, including mentoring. Implementing mentoring into academia provides a caring environment for new faculty in the school of nursing. A strategy to provide mentorship during the orientation phase of new faculty focuses on incorporating an orientation course that encourages new nursing faculty to learn the aspects of curriculum development from experienced faculty. Sitzman's findings were similar to that of Brown who conducted a study on mentoring in 1999.

Brown (1999) reported on the process and evaluation of 12 years of mentoring new faculty in a university school of nursing. Brown's quantitative study provided evaluative information from both new faculty and experienced faculty who served as new faculty mentors for one year. The feedback from both mentors and mentees regarding mentoring was positive and deemed helpful during the first year of teaching in the school of nursing. The benefits from the experience were described in open-ended responses as both psychosocially beneficial and career rewarding (Brown, 1999). As a result of Brown's report, the school of nursing constructed a list of mentoring points for mentors to use as a guide with new nursing faculty.

Mentoring new faculty was presented in the literature as an important responsibility for experienced faculty. The connection between mentoring new faculty that are transferring from other professional areas of expertise is similar across other professions, such as theology education (Hurst & Koplín-Baucum, 2003). New faculty often do not have the knowledge or experience to be successful in academia. They are ill prepared for the responsibilities of teaching and time management in the classroom, which present challenges to the new nurse educator. Additionally, even new faculty are expected to provide evidence of scholarship, such as research and publication, which are foreign responsibilities to nurse practitioners.

Vance (2003), an early leader in the nurse mentoring movement, believed that mentoring is considered a professional obligation and a privilege. Mentoring, a concept that describes the relationship between a novice and an expert, can be the key to changes in the healthcare environment. Vance and Olson (1998) referred to the mentor connection as a unique type of developmental relationship between colleagues helping each other

grow and learn. The essential qualities of a good mentor include the elements of generosity of spirit, self-confidence, and self-esteem (Vance & Olson, 1998) as well as sharing, encouragement, and support based on mutual attraction and common values (Vance, 2003), not unlike the factors required of expert nurse practitioners.

Mentoring in nursing is not a new concept; Florence Nightingale promoted basic concepts of fresh air and proper cleansing through a mentor style program, but it was not until Vance (2003) systematically explored and published research on the mentoring concept that brought the process to the forefront of academia. Mentorship was described by Cooper (1990) as the development of a nurturing relationship between an experienced person (mentor) and a novice underling (mentee). Cooper noted that the primary role of a mentor in nursing education is to advise, guide, and inspire the mentee over an extended period of time. Whereas, Watson (2007) described mentorship as a method of developing relationships with experienced educators to make the transition from practice to education a caring process. Mentors help instill survival strategies necessary to move their mentees in the direction of being a skilled practitioner.

The SREB (2007) reported that prior mentoring experiences, competence level of the mentor, and the mentor's cognitive and affective abilities affect the overall outcomes of the mentor-mentee relationship. The challenge for the mentor lies in his or her ability to impart the cognitive component of the job in such a way that it has meaning for the mentee. The affective component refers to the emotional or attitudinal characteristics of the mentor. A mutual respect evolves and continues over the length of the relationship.

Job Satisfaction and Retention

A review of the literature indicated support for mentoring as a means to increase job satisfaction and improve job retention. Mentor relationships offer longevity and can have a profound impact on career development. In many schools of nursing, new nursing educators are not introduced in a way that eases them into the workplace. The mentor provides the mentee with new opportunities and provides instant gratification of success on the job (Vance & Olson, 1998).

Although much is known about mentoring of inexperienced nurses and nursing burnout, less is known about effective leadership/mentorship programs that focus on nursing education and nurse educator retention. Olson et al. (2001) described an intensive residency program in which novice nurses were matched with more experienced peers. In their study, a partnership was formed among three educational programs and three hospitals. Mentored and non-mentored new graduates were compared regarding job satisfaction, leadership behavior, and job retention. Qualitative findings revealed that the mentored graduates were more satisfied with their positions than those who were not mentored and displayed increased job retention.

Shaver and Lacey (2003) conducted a study of staff nurses to understand why nurses were leaving the profession. The findings of the study indicated that new graduate nurses were more inclined to stay at their present position when paired with experienced staff nurses during orientation (Shaver & Lacey, 2003). Results also indicated that commitment to the organization, recognition, communication with administration, and years of experience were contributors to job satisfaction and retention of nursing staff. Negative factors contributing to decreased job satisfaction and retention included stress,

lack of mentorship, lack of professional growth and development, and scheduling of nurses' work hours.

Tanner (2002) discussed a study that examined the implications of mentoring relationships experienced by U.S. Army Reserve nurses on job satisfaction and nurse retention. Novice Army Reserve nurses were mentored by nurses in their units and helped to socialize the novice nurses into the military. Findings from the study indicated that nurses in a mentoring relationship were more satisfied and had a higher intent to stay than non-mentored nurses (Tanner, 2002). Additionally, mentored nurses who follow a more definite career plan were more satisfied with their careers when compared with nurses who do not have mentors to guide them (Peplau, 1992). Peplau found that organizational problems such as premature departure and lack of qualified personnel in the organization might be resolved by mentoring programs

Attempts to Define Mentoring

Defining mentoring is difficult because there is no one universally accepted definition of the term. The literature described the role of mentor in many ways: coach, guide, counselor, listening ear, and sponsor. Also found in the literature was that mentoring is widely discussed in the realms of business, education, and professional organizations.

Mentoring has been a concept in literature since the ancient Greeks. Individuals sought mentoring relationships with highly educated and experienced mentors since the eighth century B.C. (Lorcher, 2012). Lorcher reviewed the history of the term mentor and noted its use in Greek mythology, which is credited as the birthplace of mentoring, beginning with a fellow named Mentor. Mentor was considered a man of great

knowledge and wisdom. Mentor was entrusted to protect and educate Telemachus during the absence of his father, Odysseus. During his time with Telemachus, Mentor was a guide for him, teaching him the ways of the world. This myth, from Homer's *The Odyssey*, describes the mentor as someone more experienced who is able to share his or her knowledge with a person of less experience.

Fagan (1988) ascertained mentoring was a strategy used to assist new employees to adjust to the work environment. For some, it is used as a way for mentees to learn about the inner workings of a company to assist them with future career advancement within the organization. This bodes true in many professions, including nursing education. Mentoring is a relationship described by Fagan that empowers both mentor and mentee. Relationships developed during mentorship lead to a caring environment by increasing one's awareness about self, others, and the world. Mentoring is not a relationship built on friendship, power, gossip, or the forming of cliques. Rather, it is a partnership that allows growth opportunities for both the mentor and the mentee. Through reflection and nonjudgmental support in a safe environment, the mentee will learn to identify problems, develop goals and action plans, and work toward positive outcomes. Mentoring is an important life skill occurring inside and outside a classroom environment (Grossman, 2007). The development of a one-on-one relationship may last several months or several years. Participation in some form of mentoring at some time within one's life is common. While this concept does not necessarily require a formal mentoring process, the relationship allows the individual to develop a model of mentoring.

Mentoring, in which an experienced, highly regarded, and caring individual guides an inexperienced individual, is common in professional organizations. Within the

nursing arena, Buerhaus, Staiger, and Auerbach (2009) stated the mentor is expected to provide guidance, caring, support, and knowledge to novice nurse faculty. Furthermore, the mentor is in a position to affirm the novice nurse faculty's success as a nurse educator.

Based on the literature review, the definitions of mentoring are diverse, yet all definitions agree that mentoring is the development of a relationship that results in a form of guidance. In the profession of nursing, the mentoring relationship includes self-evaluation, guidance, caring, problem solving, decision-making, and professional development. Mentoring of nursing faculty encompasses caring, knowledge, experience, and willingness to mentor. These characteristics are identified in the various definitions and supported in the literature.

Categories of Mentoring

Categories of mentoring identified in the literature include structure, delivery of the mentoring process, characteristics of the dyad, roles of mentoring, and the preparation needed for successful mentoring. Baker (2010) identified that the various forms of mentoring occurring within an organization are based on the needs of the organization. Two types of mentoring include informal and formal mentoring (Stewart & Krueger, 1996). Informal mentoring is more relaxed, and the mentor and mentee can develop a personal relationship. Formal mentoring is a less personal method of mentoring usually encompassing the goals of the organization; however, both methods can result in positive outcomes.

Informal mentoring. Dillman (2007) described informal mentoring as spontaneous and need-based, with a length of time to implement matching the needs of

the nurse educator. Dillman added that informal mentoring usually involves mutual selection and is more focused on psychosocial goals. The informal mentoring process is a voluntary, natural occurrence, which is the result of continuous interactions between a new nurse educator and an experienced educator as trust develops. Informal relationships often develop as a more mature person guides or coaches a protégé, such as when assisting a new employee to become acclimated to the workplace (White et al., 2010). This informal relationship may be authoritarian or paternalistic in nature, resulting in a teacher–student relationship.

Informal mentoring does not involve the constraints of formal contracts and prescribed organizational outcomes. Through informal relationships, the focus is on solely meeting the needs of the nurse educator. A new nurse educator may have many informal mentors to support growth in multiple aspects of one’s development that may last a brief time or over one’s lifetime. Consequently, the informal mentoring process may not be focused on meeting organizational goals but may match the personal desires of both the mentor and the new nurse educator.

Through the course of constant interaction, a mutual agreement develops based on the nurse’s desire for further personal and professional growth. Nurse educators involved in informal mentoring experience increased satisfaction, higher salaries, and increased mentor support (Dillman, 2007). However, White et al. posited that while once a common form of mentoring, the informal style is no longer considered an effective form of mentoring.

Formal mentoring. The literature described formal mentoring as goal oriented, with a finite duration, and established by the organization (Stewart & Krueger, 1996).

Formal mentoring is focused more on career-function goals than psychosocial goals. Organizations use formal mentoring to maintain standards through such activities as orientation programs for new employees and career development for current employees. Formal mentoring requires greater organizational control of programs, objectives, and activities in order to meet institutional goals. These activities are contractual in nature and create an expectation of cooperation from the employees.

White et al. (2010) indicated that formal mentoring programs foster higher job satisfaction and a feeling of being valued by the organization. Recognition from the institution is more common in formal mentoring and often requires mentor training, time-specific interactions, and a focus on orienting new employees. Through this form of recognition, career development occurs for both the mentor and the new mentee. However, mentors within academia noted that time allotted to mentoring compromised his or her own personal class teaching time in order to accommodate mentoring novice teachers.

Newer Trends in Mentoring

Newer trends in mentoring involve the use of group mentoring, networking mentoring, cascade mentoring, and e-mentoring. Group mentoring involves mentoring two or more nurses with similar needs. Use of this form of mentoring is more common in an orientation process, more formal in structure, and may involve peer mentoring for socialization. Group mentoring creates an opportunity to develop a learning community with peer and mentor support. Organizational resources such as experienced employees are key for the success of alternative mentoring methods since they promote successful transitions and role accomplishment (Fox, 2010).

Network and cascade mentoring involves several mentors for a mentee during the same period. Within nursing, each mentor may have specific expertise that can enhance a nurse's personal and professional development. Network mentoring can benefit both the mentors and the new nurse educator. It is rarely possible to find one mentor who meets all the needs of an individual nurse educator; multiple mentors expand the opportunities for success. The mentors can share the value of teamwork and build on their specific expertise in different areas. Packard (2003) described cascade mentoring as faculty mentoring graduate students, who mentor upper-class students, who then mentor novice students.

French (2007) described a common form of mentoring that has occurred at both the student and faculty level known as lateral, peer-to-peer, or horizontal mentoring. These forms of mentoring can be informal and focus on community building through reducing competition. Peer mentoring provides the opportunity to develop a network of support. Peer mentoring in academia focuses on individual and mutual professional growth. The minimal hierarchical structure of peer mentoring encourages a nurse to closely identify with the mentor. This advantage, however, also can be a disadvantage in the area of acquiring expertise.

E-mentoring is a relatively new method of communication in nursing education. Dillman noted the increase in online learning degrees and distance learning has led to the implementation of e-mentoring. In e-mentoring activities, the mentor and mentee communicate via the use of technology. The mentor is often in a different location than the mentee. E-mentoring is considered very effective in the mentoring of new online nurse educators (Dillman, 2007). However, the style of the written message that occurs

with e-mail can be a barrier to developing a mentoring relationship. An e-mail communication is usually very brief, using shortened sentence structure void of emotion, tone, and body language. Therefore, meanings and feelings may be misunderstood in this method of mentoring. Sometimes e-mail responses come as a result of a person quickly reading a request and often with less thought than in face-to-face interaction. Participants in Stokes's 2001 study also identified the importance of occasional face-to-face interaction to enhance the more regular electronic communication (as cited in Dillman, 2007).

Mentor Models

Several formal models of mentoring are described in the literature. Well-known models include the Egan method, Pascarelli's four-stage model, and the GROW model. The literature also described models of mentoring developed specifically for nursing. One model used for nurses is the model of caring mentorship (Buerhaus, Donelan, Ulrich, Norman, & Dittus, 2006).

The Egan method. French (2007) described the Egan method as the skilled helper method, stating the model's strength is in the continual evaluation process contained within the model. Using a three-stage approach, the mentor assists the mentee in identifying problems, opportunities, and challenges. Together, the mentor and mentee develop goals and objectives to work toward outcomes. French defined the three stages as "(a) What's going on? (b) What solutions make sense for me? (c) How do I get what I need and want?" (2007, p. 2227).

Using the Egan three-stage model, the mentor assists the mentee in answering these questions and develops outcomes using a detailed action plan. The mentee's

commitment is tested, as the mentor and mentee work together to identify opportunities for improvement as well as the action plan. Both the mentor and mentee evaluate the process, using the information to maintain a helping process. To be most successful with the Egan method, mentors and mentees should be given the opportunity to participate in a formal training program prior to entering the mentoring relationship.

The GROW model. The GROW model describes another action plan development through a sequence of steps for goal setting between mentors and mentees (Fox, 2010). Based on the assumption that within each person lies more potential, this model of coaching-mentoring is applicable to staff development, team building, problem solving, and relationship building. Used in business and industry, this model is built on a framework of four sequential steps. Each step is intended to assist the mentee (learner) to explore experiences beyond his or her comfort zone with the assistance and guidance of a mentor (coach). The goals of the mentor are to develop an awareness and belief that the mentee has more potential and then to assist the mentee gain self-belief through a series of decisions and active experiences that he or she indeed has more potential and a responsibility to develop that potential. Forming the mnemonic GROW, the steps involved are (a) goal setting, (b) reality, (c) options, and (d) what (Madison, 1994).

Goal setting. In this phase, the mentor and mentee develop a series of short-term and long-term goals together to be accomplished throughout the relationship. Goal setting is accomplished through a series of questions the mentor presents to the mentee (i.e., What would the mentee would like to gain from a particular session? Does the mentee envision the goal as impacting him or her for a lifetime? And, Is this a goal for which the

mentee feels responsible?). Through this discussion, the pair will develop realistic, measurable, agreed-upon goals for the mentee.

Reality. This phase is used for exploration of the current situation and the obstacles that may impact successful goal completion.

Options. Through an exploration of problem-solving options, the mentor–mentee pair define the reality of accomplishing the goals.

What. Included in this phase is the design of realistic action steps to be taken in an attempt to achieve the goals. It is in this phase that the mentor and mentee make a commitment to carry out the goals.

The GROW model relies heavily on coaching, with a strong element of task-focused, manager–employee relationship building. While the model in its purest form does not appear to be specifically useful for peer mentoring of students, the concepts of goal setting, self-belief, and awareness of the potential that lies within are applicable to a peer mentoring process (Madison, 1994).

Pascarelli’s four-stage model. The Pascarelli four-stage model also builds on the principle of self-belief in a format applicable to nurse educators (Stamps & Piedmonte, 1986). Pascarelli’s four-stage model includes (a) initiation, (b) cultivation, (c) transformation, and (d) separation. In a national action research project, researchers studied several successful mentoring programs to find common characteristics among the programs. These findings, in conjunction with an extensive, formal literature search led to the development of a four-stage mentoring model adopted by the New York State Mentoring Program for implementation in schools, youth-oriented social agencies, and business and religious sectors. Other states and regions have adopted the model for use

within various settings. The implemented programs are the result of collaboration between schools, colleges, universities, and business sectors within the community (U.S. Department of Health and Human Services, 2004).

Findings suggest that growth occurs during the mentoring process as mentees gain increased skill in problem solving, decision making, standing up for one's beliefs, as well as the wisdom to consider values, choices, and consequences before taking action (White et al., 2010). As a mentor and supporter, the mentor builds on the skills the mentee brings to the relationship through gentle guidance, listening, and coaching. These skills lead the mentee to self-discovery. By empowering the mentee, the mentor guides the mentee in developing an action plan (Dunham-Taylor, Lynn, Moore, McDaniel, & Walker, 2008).

Pascarelli's four-stage mentoring process is built on the acceptance of providing mentorship by individuals who were previously mentored and understand the importance of mentoring (Peters & Boyleston, 2006). For example, former mentees reported a belief in human potential and of the need to helping and mentoring others. Some see this as a way of repaying society for what they personally have received from their mentor. Their behavior suggests that the mentoring experience has been pivotal in their development.

Initiation. The first stage of the process is a stage of exploring and discovery. Both the mentor and mentee begin to develop a relationship built on learning about each other's interests, hobbies, ideas, and thinking. Communication during this stage is often nonverbal, such as smiling, eye contact, facial expressions, and posturing. Both the mentor and mentee should be genuine, not artificial, during this stage as it sets the foundation for the mentoring process (Lemire, 2001). At this stage, the mentor should demonstrate an empathetic understanding as he or she begins to see the world through

the mentee's eyes including his or her attitudes and positions. Lemire cautioned the mentor to not squelch the mentee's thoughts and ideas since the goal is to build on the mentee's frame of reference and help the mentee discover new methods and ideas that provide effective outcomes.

Cultivation. The second stage of the process begins with the mentor building on the strengths of the mentee, being careful to share personal experiences sparingly, as the goal is always to guide the mentee to self-discovery. This requires skill on the mentor's part because the mentor should not problem solve for the mentee but rather guide the mentee through the process. Empathy, a keen realization of the mentee's emotions, and giving limited advice are key components of the mentor's role during this stage. While the process of mentoring is a mutual learning experience, the mentor must keep the mentee as the focus for the growth experience.

Transformation. This stage begins the actual process of the mentee taking risks, stepping out of a comfort zone, and working in a new way. It is in this stage that the mentee begins to experience increased belief in self and a desire for feedback, goal setting, and critiquing. The mentor, at this point, should be prepared to assess the mentee often, providing immediate feedback, both positive and constructive, as the mentee begins to face realities. While honesty is important, it is equally important that the mentor not be judgmental, overly critical, or defensive when providing feedback. Consequently, the mentor-mentee relationship should be evaluated frequently as this is the point where satisfaction may be overrun easily by frustration. Attitudes and perceptions should be shared often, and problem resolution should be accomplished readily so as not to hamper the process.

Separation. Separation is the letting-go stage, the time for the mentee to begin to feel empowered and positive of a personal future. While not ideal, it is common for the mentor to perceive the mentee as oversensitive and perhaps even ungrateful. During this stage, the mentor is easing out of the role, while the mentee is gaining independence. Separation is critical stage in the process; a time for the mentor to realize the mentee is a unique individual who should be empowered to act without close guidance by the mentor, make mistakes, and learn from those mistakes. Self-reflection for the mentor is a critical component of this stage for the mentor to review the relationship and identify key learning, by both mentor and mentee. Conversation should occur between the mentor and mentee regarding the learning process and assisting the mentee to understand that the process was bidirectional in that both mentor and mentee gained from the experience (Peters & Boyleston, 2006).

The Pascarelli four-stage model provides mentors with an outline, framework, guidance, and development for a successful mentoring process. Administrators and leaders can use this model to assess current programs for effectiveness and or build new mentoring programs. The key skills and competencies outlined in the mentoring model are beneficial to those desiring to build supportive relationships within the mentoring process. Models of mentorship are important to the study since they indicate support for mentoring of new nursing faculty. The models describe the effectiveness of mentoring in professional development of new individuals in the professional and education fields.

The model of caring mentorship for nursing. Supportive relationships can be expressed as a form of caring (Peters & Boyleston, 2006). Benner's (2010) model is designed as a transformative caring model to develop partnerships in healthcare and

educational settings, both local and global. The framework for the model is relationship and relationship building, knowing self, commitment, and the philosophy of caring (Benner, 2010). The basic model is built on one's self-space; the elements of past, present, and potential future that makes up one's being. The model further represents two elements of interaction: (a) the element of internal reflection, knowing self at cognitive, affective, and transformative levels in relationships, and (b) the element of action in caring for others as a result of internal reflection, progressing from task-oriented action through interaction and on to transformation. The desired outcome is for the nurse educator to complete the journey all the way through the transformation level, resulting in the development of new capabilities for giving and receiving.

Hawkins and Fontenot (2009) describe task-oriented mentoring as both the mentor and mentee working through the stages of reflection individually. Once the pair progresses to interactive mentoring, the two begin to connect at the new level of the relationship. As the mentoring process develops further, the pair begins to share connections at the relationship level, resulting in transformative mentoring. Once the mentor and the mentee progress through the transformation cycle, the ultimate goal is for each individual to develop a sense of caring, evolving through the stages of task-oriented caring and interactive caring to transformative caring.

Peplau (1952) provided further information on the relationship level of the mentoring pair's progression through three stages. The first stage is of no relationship in which each individual has his or her own separate stories but no interaction. During Stage 2, the pair begins to interact through the sharing of stories, though there is no binding relationship. The two recognize each other, though the relationship has not yet met its

fullest potential. Stage 3 represents the transformation to sharing of one's self-space, life stories, joys, and sorrows. It is during Stage 3 that the pair begins to develop the transformation from mentoring to caring for self and others. This third stage brings with it a level of respect and mutual sharing that result in the ability to learn from each other.

The caring mentorship model has been used successfully in mentoring relationships with nurses most notably when practicing nurses mentor nursing students. In 1952, Peplau described initial attempts at using the model with practicing nurses as mentors and selected nursing students as mentees in the final stage of professional classes identified as struggling either academically or personally. This initial model was modified to use mentoring at an earlier stage in the student nurse professional class experience since the first attempt demonstrated that the students were not able to adjust to the transformation of being mentored. Peplau found for the second attempt, mentoring nursing students in the early stages of the professional class experiences was found to be very beneficial for both mentor and mentee. Mentors reported a renewed enthusiasm for their profession, while mentees reported a sense of appreciation for having support, someone to listen to them who understood their experiences firsthand, and satisfaction with the concept of having the mentor as a role model to share experiences, thoughts, and ideas resulting in a transformation for both the mentor and mentee.

Impact of Mentoring on Nurse Educators

The literature revealed that mentoring has a positive impact on nurse educators in academia. New nursing faculty who successfully completed a formal mentoring program typically are more apt to succeed academically and remain in their position as nursing education faculty (Garbee, 2006). These mentored faculty members also are more apt to

report higher satisfaction with their social life (Garbee, 2006). Garbee reported positive outcomes of mentoring including a sense of caring, friendship, and acceptance into the role of being a nurse educator.

Job Satisfaction

The AACN (2005) discussed job satisfaction of nursing faculty as a factor in the growing shortage of nursing faculty. Several aspects were identified: faculty age, faculty retirement, departure from academia, salary differentials, and the high cost of graduate education and doctoral studies. The largest percentage of nursing faculty identified job dissatisfaction related to workload and role expectation issues. The AACN also identified that new nursing faculty job dissatisfaction was related to a lack of orientation and mentorship.

Brady (2010) noted that nine work-related areas affect job satisfaction: salaries, benefits, workload, collegial environment, role preparation, scholarship, institutional support, recognition, and leadership. The development of new nursing faculty in schools of nursing is directly related to good relationships with colleagues (Brady, 2010). Brady also described development of new nursing faculty as a challenge due to faculty working in isolation. The feeling of isolation was described by Brady as a main factor in new nursing faculty leaving schools of nursing to return to previous practice settings. Therefore, mentoring is a critical factor in job satisfaction (Brady, 2010).

Another important element of academic teaching is scholarship and research. Research can be an overwhelming responsibility of nursing faculty in academia. Byrne and Keefe (2002) discussed the importance of a new nursing faculty having an experienced mentor to guide them through the research and publication requirement.

Many nurse educators have little or no experience conducting research at the academic level; therefore, having a mentor guide research is a factor in job satisfaction. Culleiton and Shellenbarger (2007) drew similar conclusions describing the transition from expert clinical practitioners at the bedside into academia. Culleiton and Shellenbarger concluded that mentoring in areas of research, preparation to teach, and role expectations developed increased job satisfaction for new nursing faculty.

Hawkins and Fontenot (2009) discussed Benner's (2010) theory of novice-to-expert as an important factor in job satisfaction of new nursing faculty. Along the same line, McDonald (2008) described the transition from nurse practitioners into nursing faculty. Three categories of personal experiences were the main focus of McDonald's research: knowledge deficit, culture and support, and salary and support. McDonald included a review of literature that indicated that experienced mentors were crucial to job satisfaction of new nursing faculty and played a role in decreasing the shortage of nursing faculty.

A position statement from the NLN (2006) outlined the expectations and significance of schools of nursing providing mentorship for new nursing faculty. Definitions of mentoring, novice-to-expert roles and responsibilities, and caring and support for new nursing faculty are all recognized in the position statement (NLN, 2006). The NLN advocated mentoring as a successful strategy in job satisfaction of new nursing faculty. Other supported strategies included shared leadership and support meetings. Evidence from reflective experiences of novice faculty with mentors during the first year of teaching in academia revealed job satisfaction, whereas non-mentored, novice faculty reported a decrease in satisfaction in the role of nurse educator (NLN, 2006).

Glynn (2003) identified job satisfaction as a key role in the retention of nurses within the hospital setting. Job satisfaction, as described by Glynn, is a degree of positive effective orientation toward employment. This orientation has long been recognized as a critical indicator of nurse performance and quality of patient care. Factors that positively affect job satisfaction of nurse educators will increase or promote retention (Glynn, 2003). Conversely, factors that negatively affect job satisfaction will also negatively affect the retention of nurses. Empowering employees (by providing access to information, resources, and support) leads to positive feelings about work and a higher level of job commitment (Glynn, 2003).

Boyle and James (1990) examined the effects of nurse-managers' characteristics of power on critical-care nurses' intent to stay. Leadership characteristics of nurse managers affected the work environment either positively or negatively based on his or her perceived characteristics. The findings indicated critical care nurses' intent to stay in their present positions was dependent upon the nurse managers' characteristics (Boyle & James, 1990). The study concluded that nurse leader's management style is critical to the nurse's level of satisfaction and determines the nurse's length of stay in the organization (Boyle & James, 1990). New nurse educators expect and depend upon administrative support to provide an orientation process that encourages satisfaction with the roles and responsibilities of academia.

Job satisfaction has long been recognized as an important indicator of nurse retention. Low turnover in nursing signifies job satisfaction and job commitment. According to Buiser (as cited in Garbee & Killacky, 2008), dissatisfaction with the roles

and responsibilities of being a new nurse educator often exhibits itself in high absenteeism, low productivity, poor morale, and lack of organizational buy-in.

Emphasis on retention of employees as a strategy to alleviate the nurse shortage is often not supported in the literature. The same strategies used to retain employees also improve job satisfaction. Job satisfaction is positively linked to respect, recognition, and organizational commitment (Fagan & Walter, 1982; Glynn, 2003). Nurse managers play an instrumental role in nurses' job satisfaction and in employees' decision to stay with an organization. Fagan and Fagan (1983) found similar results in nurses' perceptions of job satisfaction related to mentoring during the first year of employment.

Retention

Numerous articles were found in the literature regarding retention of new nursing faculty. Baker (2010) described three components of developing a new nursing faculty orientation program addressing the retention issue: (a) formalized orientation by an experienced nursing faculty for the first year as a nurse educator, (b) support for socialization into academia, and (c) mentoring of new faculty with outcome evaluations and feedback. Baker described Riverside City College School of Nursing as having implemented the aforementioned components into a new nursing faculty program with outcome evaluations indicating positive support and intention to stay in one's current position at the college.

Additionally, Brady (2007) developed an orientation program for Trident Technical College in Charleston, South Carolina after vacancies for nursing faculty were over 30% in 1 year after new nursing faculty were hired the previous year. A system of orientation, support by leadership, and mentoring of new nursing faculty by experienced

nursing faculty was implemented by Brady. With the implementation of a formalized process for 1 year, retention of new nursing faculty increased to 90% after the first year of employment in the college of nursing. Mentors were paired with new nursing faculty immediately during the orientation process and remained as key sources of support during and even after the first year of employment (Brady, 2007).

Likewise, Anderson (2008) described mentor training from experienced faculty as a key influence on reducing the turnover of nurses in their first year of hire. Anderson discussed a comprehensive literature review that revealed the first year of being a new nurse educator as the most difficult because of the gap between expert clinical practice and teaching roles and responsibilities as a nurse educator in academia. Anderson's synthesis of the literature supported the positive outcomes of having trained, experienced nursing faculty as mentors for new nursing faculty.

Peters and Boyleston (2006) discussed the importance of mentoring new adjunct nursing faculty as a factor in retention of qualified nursing faculty. Adjunct faculty usually are experts with advanced degrees in clinical practice but have little or no experience in education (Peters & Boyleston, 2006). Schools of nursing are challenged to provide orientation processes that support retention of adjunct faculty. Adjunct faculty are often left to develop methods to facilitate in the educator role without any support from experienced faculty. According to the AACN (as cited in Peters & Boyleston, 2006), the support of adjunct faculty may be implemented by an orientation process to include an experienced mentor from the existing faculty. The orientation process can be specific to the needs of the adjunct faculty, such as educational accountability, classroom activities, evaluative procedures, and formal and informal structure of the university

(Peters & Boyleston, 2006). Providing adjunct nursing faculty with experienced mentors is essential to support the professional development of adjunct professors in schools of nursing and has proven to increase the retention of new adjunct faculty. Peters and Boyleston supported an article by Tanner (2002) describing the shortage of qualified nursing faculty in schools of nursing. Tanner advocated the use of mentors as an innovative strategy in retaining qualified nursing faculty, both full-time and adjunct staff.

Studies Related to Nurses

Nurses are leaving the acute healthcare delivery system in untold numbers even as the number of patients in need of nursing care is expected to dramatically increase with the aging population. According to Kalagher (2002), the causes of the nurse exodus from acute hospital care may be affected more by intrinsic factors than extrinsic factors. Kalagher (2002) linked higher emotional exhaustion and greater job dissatisfaction in nurses with unrealistic workloads. In hospitals with the highest patient-to-nurse ratios, nurses are twice as likely to experience job-related burnout and almost twice as likely to be dissatisfied.

The decrease in nurse educators in academia also affects the number of graduate RNs available to provide nursing care to the growing population. Retaining nurses in patient care roles is often overlooked in developing strategies to deal with nurse shortages. Successfully solving the nursing shortage will require multiple strategies. Retention of quality new nurse educators is necessary for schools of nursing in order to educate enough RNs to fill the needs of the healthcare system.

The issue of nursing turnover has become more problematic over the past decade. The largest turnover appears to have occurred among new nursing graduates (Vance,

2003). Nurse educators and organizations related to nursing education have a vested interest in identifying efforts to increase job satisfaction of new nursing faculty. The paradigm shift that has occurred over the past 2 decades with the advent of the prospective payment system in 1984 has had significant consequences for nurses (Vance, 2003). One such consequence has been greater demands on nurses to demonstrate competency in a short amount of time. The competency of newly graduated nurses is inadequate to meet the expectations and demands of the hospital environment. Changes in the healthcare environment have greatly challenged both novice and experienced nurses. Experienced nurses are expected to cross-train and learn skills not previously considered as part of the nurse's role (Vance, 2003). The increased roles and responsibilities of nursing education are considered a challenge for new nurse educators as well as experienced nurse educators. There is a significant shortage of practicing RNs and nurse educators (AACN, 2011) that is only expected to increase within the next 10 years.

High turnover continues to compromise patient care as well as increase the cost of health care. The dynamics have changed since the 1970s, and it appears that salary, lack of a proper orientation, and short staffing numbers are determining factors of job retention (Hamilton, Murray, Lindholm, & Myers, 1986). Ecklund (1998) conducted a study with 84 RNs who voluntarily terminated or changed their employment status to *as needed*. These nurses were interviewed to determine the most frequent reasons given for the status changes. Their responses indicated that salary and lack of support from management were significant factors (Ecklund, 1998). Twelve years later, White et al.'s (2010) results concur with Ecklund. In a study of RNs by White et al., 70% of the

respondents complained about staffing levels, and over half (55%) complained about their salary. Of those leaving their role in the hospital, 80% are still employed in nursing in clinics or outpatient settings (White et al., 2010). At the time of the study, no respondents were willing to change to nursing education.

Ecklund (1998) ascertained that nurses of today are significantly different from nurses of the past. In the past, nurses chose nursing as a second career or revisited the field of nursing after raising their families. Because of the multitude of options within the nursing profession today and the push to focus on quality of life outside of work, nurses are looking for job opportunities that allow them to work in addition to enjoying their families and social time. New nurse educators leave clinical practice to integrate a more flexible lifestyle than clinical practice allows, but the literature indicates retention and job satisfaction are a main factor that experienced practitioners leave education.

Blauvelt and Spath (2008) identifies loss of nursing personnel is often a symptom of other deficiencies, such as motivation, working environment and climate, job dissatisfaction, organizational commitment, or job prospects. In nursing, job satisfaction is important because of the potential association with improved patient care. The results of a culture of trust and justice can be measured in terms of nurse satisfaction, commitment, and retention through the efforts of the nursing organization, whether related to health care or academics (Blauvelt & Spath, 2008). The nursing faculty shortage has contributed to poor retention and a lack of job satisfaction in qualified nursing faculty. Blauvelt and Spath found similar results in acute care nursing and nursing education.

Vance and Olson (1998) identified two distinct outcomes of supportive mentoring relationships: success and satisfaction. Their study demonstrated that successful mentoring results in increased self-development and personal satisfaction, which results in one's ability to achieve professional success easier and more readily. In a study of mentoring models for nursing students, Gardner and Schmidt (2007) found that first-year nursing students developed an awareness of the nurse–person process, which results in a nurse–patient relationship. Close, personal relationships, such as those developed in mentor relationships, provide communication and support for students as they process the complexity of the nurse–person to nurse–patient process. Mentoring support during this crucial time results in students achieving their goal of successfully completing school and becoming a registered nurse.

Few studies have examined the specific relationship between mentoring and nursing retention, or attempted to explore nurses' lived experiences and perceptions of mentoring responsibilities. In two surveys conducted by Buerhaus et al. (2006), the authors looked at measures of job satisfaction among 5,805 nurses licensed in the United States (4,108 in a first survey and 1,697 in a second survey). In both surveys, the nurses were asked to rate their level of professional satisfaction. In 2002, 21% of the nurses reported *very satisfied* and more than 60% reported *moderately satisfied*. In 2004, 34% of the nurses indicated *very satisfied* and 50% reported *moderately satisfied*. The report highlighted a 13-percentage-point jump in 2004 for nurses who reported *very satisfied*. Buerhaus et al. concluded that job satisfaction was a strong indicator of intent to stay. Currently, indications point toward poor nurse-to-patient ratios, increased patient acuity, mandatory overtime, and a lack of a supportive work environment as the key factors

contributing to today's poor retention rates. Although, Buerhaus et al. targeted practicing nurses, few studies have been published related to intent to stay in nursing education.

Workplace climate and leadership style were identified in the literature by Tanner (2002) as being instrumental in nursing retention; however, the turnover in acute care settings continues to be high. Creating a healthy work environment may improve patient and employee satisfaction and foster a climate of effective staff interaction leading to retention. Empirically, the work climate influences the workplace environment in terms of quality of care, job satisfaction, productivity, turnover, and workplace violence (Tanner, 2002). The workplace environment is considered a factor in retention of nursing faculty in the form of socialization with current faculty and administration.

With the combination of older nurses retiring and fewer students entering nursing, mentoring may be a crucial strategy. Work environments that focus on minimizing attrition of high-performing employees may inherently improve organizational performance. In today's healthcare environment, issues such as the nursing shortage, aging population, overtime, burnout, lack of patient safety, and high staff turnover make it imperative that organizations recruit and retain satisfied and competent nurses. Similar issues are present in academia, with increased turnover in new nursing faculty (Buerhaus et al., 2009). The research findings presented by the AACN (2011) indicated that a significant number of nurse educators will be retiring within the next five years and described the need for mentoring as a strategy to retain current nurse educators in academia.

Relevance of Retention

The term retention refers to an employing institution's ability to hire and maintain its employee base (Baker, 2010). Retention refers to the positive side of the preservation of employed new nursing faculty. The negative aspect of the term refers to concepts such as turnover, resignation, and intent to leave.

The literature revealed the increasing importance of retaining nurse educators. Low nurse educator retention and high turnover result from many interrelated and complex factors with no ideal solution to the problem. A comprehensive review of the literature revealed few studies in the area of relating mentoring to the strategic retention of nursing faculty in academia. This dearth of literature and research emphasizes the importance of further study on mentoring and nursing faculty retention.

Research that identifies the connection between mentoring and nursing education retention is necessary to combat the current nursing shortage. By exploring the phenomenon of mentoring, organizations may improve employee satisfaction and thereby generate teamwork, collaboration, and synergy among employees to provide a deeper insight into retention and leadership development. The role of the mentor may vary depending on the situation and the needs of the mentee. Further research is needed to examine the role of experienced nursing faculty in mentoring. Mentoring is an important role that every nurse should assume, formally or informally, in his or her professional life. Dillman (2007) described mentoring as a tool with the potential to decrease nursing faculty turnover and increase satisfaction and retention of qualified nursing faculty within academia.

Review of Methodological Issues

Research studies on mentoring in nursing education posit that mentoring is a factor in retaining nursing faculty. Cash, Daines, Doyle, and Von Tettenborn (2009) conducted a qualitative study of nurse educators' workplace environment related to the culture of the school of nursing. The researcher categorized the perceptions of new nurse educators of the workplace environment and job satisfaction. The findings indicated that mentoring as a support for novice faculty was a positive factor.

Chapter Summary

Job satisfaction and retention during the transition from nursing student to RNs in practice have been researched consistently in the literature. Although there is a plethora of articles and studies on newly graduated nurses and the stressors related to the profession, the literature lacks current information and research on the relationship between mentoring, job satisfaction, and retention of new nursing faculty. The vast majority of the studies focused on the difficulties experienced during the transition process, although this may be due to the fact that difficulties are more easily recalled than the satisfying aspects of the job.

Nursing faculty enjoy the responsibility of working as a nurse, but the feeling of being unprepared for the responsibility of the role as an educator has been found to be a dissatisfying factor in academia. Satisfaction has also been investigated as an independent variable in samples of newly graduated nurses. Among new nursing faculties, job satisfaction was positively related to a sense of belonging and negatively related to conflict, role ambiguity, and role stress. Additionally, achievement, advancement, the

work itself, working conditions, status, supervision, and security integrated with the same factor as job satisfaction, suggested these factors had an effect on job satisfaction.

Retention was increased in schools of nursing that implemented models of mentoring based on theoretical frameworks of caring and education, but the need for quality, experienced faculty continues to be a factor in providing competent RNs in the healthcare system. Changes in faculty responsibilities and workloads in academia may have changed the previous literature findings necessitating the need for a more current study.

CHAPTER 3. METHODOLOGY

Introduction

This chapter discusses the methodology used for this research. Chapter 3 begins with a brief introduction of the purpose of the study, followed by the research questions and hypotheses, and concludes with the research design. Specific information on then instrumentation and sampling techniques is also included. A descriptive design was used to examine the effect of mentoring as the independent variable of the study and job satisfaction and retention of nursing faculty as the dependent variables.

Purpose of the Study

The purpose of this study was to determine whether mentoring of nursing faculty effects job satisfaction and retention in the academic environment. The independent variable was faculty mentors, and the dependent variables were job satisfaction and retention. The participants were baccalaureate level nursing faculty; the site for the research was the academic environment. The study provided responses from nursing faculty describing whether or not mentoring was implemented in the academic environment they were currently employed. In addition, responses were provided by the participants to the specific questions related to having a mentor when first employed in the academic environment.

Research Questions and Hypotheses

Several studies suggest mentorship as a strategy to provide nursing faculty with an experienced faculty member to guide, direct, and provide socialization during employment in academia (Blauvelt & Spath, 2008; Hunt & Ellison, 2010; Lewallen et al., 2003; Lindeman, 2000). The following research questions and hypotheses were developed for this study:

RQ 1. What is the effect between mentoring, retention and job satisfaction of nursing faculty?

RQ 2. What is the effect of mentoring on the retention of nursing faculty in nursing education?

RQ 3. What is the effect between mentoring and job satisfaction of nursing faculty?

Hypothesis: There is a positive effect between mentoring, job satisfaction, and retention of nursing faculty.

Null hypothesis: A positive effect does not exist between mentoring, job satisfaction, and retention of new nursing faculty.

Research Design

The research design was a quantitative, descriptive study examining the effects of mentoring on job satisfaction and retention within the nursing faculty arena. The study did not involve treatments, manipulation of variables, or determination of causality; therefore, a descriptive design was appropriate for the research. The Career Development Questionnaire developed and revised by Fagan (2010), professor of psychology at

Kentucky Wesleyan College, Owensboro, Kentucky was used to collect the data in an online survey forum. Dr. Fagan granted permission to use the instrument along with revisions to adapt the tool to the current study. The survey was distributed via e-mail to faculty currently teaching in baccalaureate programs at three schools of nursing via both online and onsite, after receiving Institutional Review Board (IRB) approval, committee approval, and permission letters from the deans of the three schools of nursing.

The tool was a revision of the Kentucky Mentoring Survey, first developed for studying the effects of mentoring of professionals in law enforcement, teaching, firefighters, and nurses (Fagan & Walter, 1982). A specific definition of mentoring, as defined by the NLN (2006), was included in the explanation of the survey to provide the participants guidance on responding to the survey questions. Specifically, mentoring is defined as the relationship between an expert and another who refers to the expert for knowledge, consultation, and advocacy (Blauvelt & Spath, 2008).

For the purpose of this study, mentoring is the relationship developed between the mentor and the mentee during the first year of teaching that provides guidance and support for the new faculty member (NLN, 2006). A mentoring relationship is one in which an experienced nurse educator with more than one year of teaching nursing education (either online, onsite, or both) mentors a nurse educator (either online, onsite, or both) and provides personal and professional interest in the nurse educator's success as a faculty member.

Retention was not questioned in the original instrument design; therefore, three questions regarding the participant's intention to remain as nursing faculty at their present organization of employment were added to the online survey. The researcher conducted a

field trial test with three doctoral level experienced full professors to determine the reliability and validity of the revised survey with the added questions on retention. The additions of the questions added relevance to the study by integrating mentoring, job satisfaction, and retention as operational variables in the study. The conceptual variables of caring and socialization were also integrated into the survey questions.

Research Design Rationale

In October 2010, the Institute of Medicine indicated that the number of baccalaureate level RNs needed would increase over 80% of the current number of nurses to provide health care for the growing population of Americans 65 and older. This landmark report, entitled *The Future of Nursing*, was funded by the Robert Wood Johnson Foundation to provide academic systems with documentation of the need for nursing faculty (Institute of Medicine, 2010). Findings from a study in 2007 by the SREB documented a serious shortage of nursing faculty in 16 states and the District of Columbia. Unfilled faculty positions numbering 432 from resignations and projected retirements led to a 12% increase in the number of nurse educators needed in the states studied (AACN, 2011). The AACN (2011) indicated a need for quantitative data regarding the relationship between faculty leaving academia and job satisfaction and retention. The variables can be measured by percentages and frequencies and the data compiled by the use of a descriptive design data collection.

Target Population, Sampling Method, and Related Procedures

The target population was identified as faculty currently employed in academia in baccalaureate nursing programs. The sampling method was best described by the use of a simple, convenience sampling method. Related procedures were the implementation of the email to the target population retrieved from the websites of the specific three colleges of nursing in the Mid-central United States explaining the purpose of the study. An invitation to participate, informed consent, and criteria for participation were in the related procedures.

Target Population

The population for the study was nursing faculty from three colleges of nursing located in mid-central United States. The sampling most suitable for this study was convenience sampling since baccalaureate faculty with teaching experience was the target population. Recruitment was via e-mail explaining the study, the purpose of the study, and informed consent. Informed consent was indicated by return of the survey from the participants. The three universities offer baccalaureate, master's, and doctorate nursing degrees and have similar mission statements; therefore, the colleges were unified by a similar philosophy. The three schools of nursing were selected because of the described similarities to allow for a more homogeneous sample. The number of potential participants was 172 total faculty that met the inclusion criteria.

Sampling Method

A convenience sample method was used to collect data from baccalaureate nursing faculty, online and on-site, at their current university. Each faculty member meeting the criteria of baccalaureate nursing education faculty with teaching experience

at their current place of employment were given equal opportunity to participate in the study. The sample is considered a simple, convenience sample related to the availability of nursing faculty with employment in their current faculty position.

Participants were invited to participate in the study through online e-mail communication through the e-mail providers of the colleges of nursing. An explanation of the study, the purpose of the study, along with the credentials of the researcher was included in the e-mail to potential participants. Participants completing and returning the survey indicated their informed consent. Statistical software, SPSS 21.0, generated descriptive, frequency data from the simple convenience sample. Data was described in an imported Excel spreadsheet from nursing faculty responses to the survey questions.

Sample Size

The sample was garnered from three colleges of nursing located in mid-central United States. The researcher gained Institutional Review Board, dissertation committee, and each school of nursing's approval prior to initiating data collection. The sampling method most suitable for the study was simple, convenience sampling since nursing education faculty in baccalaureate programs were the target population. The potential number of participants from all three colleges of nursing was estimated to be 200 onsite and online nursing faculty in baccalaureate programs. The estimate was related to the total faculty e-mail addresses obtained from each school of nursing. The sample size was dependent on the number of surveys returned since the researcher could not be guaranteed that the e-mail address lists obtained from each school was 100% complete. In order to estimate the possible number of participants, the e-mail address lists of nursing

faculty obtained from the schools of nursing were compared to each of the schools' websites to verify employment and e-mail addresses.

To determine the sample size, a power analysis was the most effective method to approach how the sample size affects the conclusions of the study. Quantitative studies depend upon larger sample sizes to obtain significant results; however, due to the unknown number of baccalaureate nursing faculty meeting the inclusion criteria, a power analysis was needed to determine the necessary sample size. The results of the power analysis indicated that a sample size of at least 75 participants would be adequate for statistical analysis.

Setting

Three colleges of nursing were the target settings from where the participants were sought. The three universities all have baccalaureate, master's, and doctorate of nursing practice degrees with similar mission statements; therefore, the colleges are unified by a similar philosophy. The three schools of nursing were selected because using similar types of universities would allow for a more homogeneous sample.

Recruitment

A recruitment letter sent in e-mail explained the researcher's intent and the purpose of the study. Returning the survey indicated the participants' informed consent. E-mail addresses were obtained from each school's nursing department. Names of the participants were not requested, only e-mail addresses to maintain participant anonymity. In the explanation of the study, the participants were assured that e-mail addresses were not distributed to third party organization.

Instrumentation

The revised survey was distributed via SurveyMonkey as an online survey to all baccalaureate level nursing faculty in their current position at three colleges of nursing. E-mail addresses were obtained from nursing departments at each college of nursing and compared to each school of nursing website. Participant consent was considered given by return of the survey. IRB approval was acknowledged in the explanation of the survey as was the research study method, problem, purpose, and relevance to nursing education. Demographic data was solicited from the participants via five multiple-choice questions on the survey. The demographic data assists in defining the sample.

The survey's data collection instrument consisted of a multiple-choice tool. The survey was designed to obtain demographic data as well as answer questions related to the research questions regarding mentoring, job satisfaction, and retention of nursing faculty in baccalaureate nursing programs. The Career Development Questionnaire developed by Fagan in 2010 is a revised version of the Kentucky Mentoring Survey developed by Fagan and Fagan in 1983. The Kentucky Mentoring Survey has been used in numerous studies of policemen, firemen, and nurses to evaluate their mentoring experiences during their first year of employment. The researcher contacted Dr. Fagan by telephone. Fagan indicated that the Career Development Questionnaire has been used only for informational, exploratory studies in faculty development at Kentucky Wesleyan University. The findings from the Career Development Questionnaire have not been published as of this time. The Career Development Questionnaire had been distributed only to faculty in the psychology department at Kentucky Wesleyan University; therefore, data from the schools of nursing will test face validity to the revision of the

Kentucky Mentoring Survey. The field trial test was conducted and ascertained a Cronbach's Alpha of 0.34.

The literature regarding the Kentucky Mentoring Survey described the reliability and validity of the survey as being based on the face and content validity of Fagan and Walter's (1982) original study using Chi square testing. Revisions to the Career Development Questionnaire originally developed by Fagan in 2010, were developed by the researcher to focus on nurse educators and were approved by Fagan.

The revised survey contained five demographic questions: gender, age, highest educational degree, primary current occupation, and current educational position within the school of nursing. All responses to the demographic questions were multiple-choice. The survey had 23 questions related to experiences in the respondent's current occupation. Questions related to mentoring were multiple-choice and directed toward the mentoring process during employment. The data collected was quantitative and descriptive. Since the survey was multiple-choice, it was easily adapted to an online survey format to generate quantitative data. The researcher added an additional three questions regarding faculty retention to the survey bring the total number of survey questions to 31. The survey in completion included (a) an introduction to the researcher, (b) the reason for the survey, (c) five demographic questions, (d) a definition of mentoring, (e) 23 multiple-choice questions regarding mentoring and job satisfaction, and (f) three questions regarding retention.

In order to establish reliability and validity of the tool, three full professors with terminal degrees in academia examined content and face validity of Fagan's original survey including the demographic questions and the three questions relating to retention.

After the field trial results were returned, Cronbach's alpha was used to establish external consistency. The Cronbach's alpha rated the instrument at 0.34. The field-test experts and the dissertation committee recommended revising the mentoring-related questions to be specifically directed toward nurse educators. The necessary changes were made to the questions to improve its reliability and validity. Dr. Fagan approved the revisions and final use of the instrument.

Data Collection

The data collection procedure was through an online survey via SurveyMonkey. The revised survey was distributed to all nursing faculty in nursing education at the baccalaureate level of nursing education in three colleges of nursing via e-mail. The online provider kept the responses anonymous.

Following Institutional Review Board approval by Capella University and the doctoral committee, the deans of the schools of nursing were contacted regarding participation of faculty. Approvals and permissions from each dean were received via e-mail. After receiving the e-mail list from each university's nursing department, a comparison was made with the school of nursing's website that listed the school's faculty. One list was formed from this comparison. An invitation with an introduction to the study, explanation of the survey, and informed consent information was sent to each faculty member via SurveyMonkey. Informed consent was considered given when the completed survey was returned to SurveyMonkey through the computerized system via e-mail. There were no ethical concerns regarding the preservation of anonymity of the participants due to the online survey format through SurveyMonkey, which keeps all

personal information anonymous. An e-mail preceded the survey containing an introduction to the researcher, the purpose of the study, the identified problem, and contact information for the researcher and faculty mentor. Two weeks were allotted for the completion and return of the surveys before a second survey and reminder e-mail was sent to those who had not responded. After a total of four weeks, a final reminder to complete and submit the survey was sent to all participants who had not completed the survey. Following that deadline, the survey was considered closed.

Data Analysis

The researcher used the software program SPSS 21.0 for descriptive analysis of the data from the online survey. The raw data was organized by the data analysis tool provided by SurveyMonkey as well as the management and processing of the information collected by the return of surveys. The data was entered into an Excel spreadsheet and SPSS 21.0 software for analysis. The descriptive and frequency statistical data of the results of demographic responses and responses to data related to the three research questions were obtained from the software and entered into tables. The collected, analyzed data was stored in a private folder by the researcher in a password-protected document in the researcher's personal computer. Tables of the data related to demographics and the research questions were developed from the analysis of the returned surveys. The effects of mentoring on job satisfaction and retention were analyzed from the tables to support the findings of the study.

Limitations of the Research Design

This research study has several limitations. First, the sample size of returned, completed surveys was very small; hence, this research may not represent the overall population. The survey was sent to faculty during the summer, which also could have affected the response rate. As a result of the small response rate, the findings cannot be generalized to the target population. Also, participants interpreted the survey questions and honest responses were expected but may have not been submitted since some of the questions were omitted (not responded) by participants. This could factor into the analysis of the responses to describe the effects of mentoring on job satisfaction and retention.

Expected Findings

The results of the data analysis were expected to reflect previous studies' findings of mentoring new nursing faculty. The data collected from the online survey was anticipated to indicate whether mentoring was a factor in job satisfaction and intention to stay in nursing education. Findings from the study reflected the literature reviewed, indicating that mentoring of new nursing faculty increases job satisfaction, which leads to retention of nursing faculty. The studies using the Kentucky Mentoring Survey (e.g., Fagan & Fagan, 1983; Garbee, 2006; Glynn, 2003) provided quantitative data showing significance in the effects between mentoring nurses, nursing faculty, and job satisfaction. It was expected that positive effects would be found in this study as well. Inclusion criteria to participate in the study were:

- nursing faculty to be instructors in a baccalaureate program,

- involved in nursing education either online or on-site,
- not limited to clinical or laboratory instruction, and
- indication that the participants had teaching experience in nursing education with at least a master's degree in nursing.

Ethical Issues

Participants were assured that their identity would remain confidential throughout the data collection and analysis of the study. E-mail addresses without names of prospective participants were obtained from the nursing departments from each university as well as from the websites of each school of nursing. Informed consent was assumed given by the return of the survey through the online provider. To ensure that ethical standards were met in the study, approval by the Institutional Review Board of Capella University and the dissertation committee was received prior to contacting the deans of each of the three schools of nursing. Written letters of consent to conduct the survey via professional e-mail were obtained from each dean of the three schools of nursing. The responses from the returned online surveys were kept separate from the email addresses obtained from the school of nursing websites.

The identity of the participants is vital to protection of privacy and the codes of conducting ethical research, which was reviewed by the Internal Review Board of Capella prior to distributing the e-mails to the deans of each school of nursing. The study was also reviewed by one of the three universities of the target population and approved by the Internal Review Board of the university as meeting ethical research.

The standards of informed consent were from the elements of the Capella informed consent. The standards included a statement of the purpose of the study, voluntary participation, description of the projected number of participants in the study, inclusion criteria for participation in the study, description of any benefits of participation, any risks of participation, confidentiality, contact information, and instructions for agreement to the informed consent and participation in the study.

Chapter Summary

Chapter 3 presented the methodology for researching the effects of mentoring on job satisfaction and retention in nursing education based on the theoretical frameworks of Watson's (2007) caring theory and Benner's (2001) novice-to-expert theory. The mentoring of new nursing faculty was based on caring concepts of support, compassion, empathy, stress alleviation, helping behaviors, and nurturing (Watson, 2007). Cangelosi et al. (2009) identified lack of support, compassion, empathy, and nurturing as causative factors of decreased job satisfaction in nursing faculty. Faculty with the intention to remain employed in academia as a result of the mentoring process should understand the importance of expanding Watson's caring theory in nursing education.

Baker (2010) supported Benner's (2001) novice-to-expert theory in describing the transition of the expert nurse clinician to the novice nurse educator. The transition of roles from expert to novice is reversed from novice to expert with mentoring of nursing faculty. Baker (2010) reported the mentor provides guidance in curriculum development, classroom instruction, roles and responsibilities in scholarship and research, and socialization into academia.

Findings from the study supported both Watson's (2007) caring theory and Benner's (2001) novice-to-expert theory. The study provided responses from nursing faculty indicating the effects of mentoring on job satisfaction and retention. The NLN (2006) listed mentoring as one of the top priorities for research since there seems to be an endless nursing faculty shortage. The findings of the study included the perceptions of master's and doctoral nurse educators of the effects of mentoring or lack of mentoring in their current academic role. Master's or doctoral level RNs generally command higher salaries in clinical practice, but they switch to academia because of a sincere interest in educating the next generation of nurses. Unfortunately, master's or doctoral level nurses who are experts in clinical practice are generally not prepared for the realities of academia. This study yielded descriptive data to address the need for strategies in schools of nursing to include mentoring as a factor in job satisfaction and retention of nursing faculty.

CHAPTER 4. DATA ANALYSIS AND RESULTS

Introduction

The purpose of this study was to determine whether mentoring of nursing faculty affects job satisfaction and retention in the academic environment. The researcher surveyed full-time and adjunct baccalaureate faculty, teaching online or face-to-face, to assess the mentoring process experienced at their current educational institutions. Potential participants' e-mails were obtained from the school of nursing departments and school websites. Data was collected using a convenience sample of nursing faculty facilitating online and or face-to-face education in baccalaureate nursing programs from three colleges of nurses in mid-central United States. SurveyMonkey was the Internet provider used to distribute the survey and collect the returned data.

Chapter 4 includes the description of the sample, a summary of the survey results, and a detailed report of the descriptive data. SPSS 21.0 for Windows was used to analyze the data from an Excel spreadsheet downloaded from SurveyMonkey. Approvals were received from Capella University's Institutional Review Board and the researcher's doctoral committee as well as from the deans of each school of nursing. The study was conducted through online contact with possible participants with an introductory e-mail introducing the proposed study, the purpose of the study, and inclusion criteria. Inclusion criteria to participate in the study included:

- nursing faculty to be instructors in a baccalaureate program,
- involved in nursing education either online or on-site,
- not limited to clinical or laboratory instruction, and
- indication that the participants had teaching experience in nursing education with at least a master's degree in nursing.

Faculty who did not meet the inclusion criteria were asked not to complete the questionnaire and were thanked for their consideration in reviewing the e-mail.

The Career Development Questionnaire, developed and revised by Fagan (2010), was slightly revised by the researcher to be more specific to nursing faculty. The researcher contacted Dr. Fagan to advise him of the changes, and no comments were received from Dr. Fagan. Previously, Dr. Fagan had submitted a letter allowing use of the questionnaire for data collection. The revised survey was approved by the committee chair and entered into SurveyMonkey for distribution. A total of 172 possible participants from the three colleges of nursing were sent the survey. A reminder to complete the survey was sent via SurveyMonkey after two weeks to faculty who had not yet responded. A final reminder was sent via SurveyMonkey after a total of four weeks. The survey was closed at the end of the four weeks with returned responses totaling 54. All 54 responses fit the inclusion criteria and were suitable to collect demographic data including whether or not the faculty member had a mentor at their current school of nursing.

Data was downloaded into an Excel format and transferred into SPSS 21.0. Data analysis was processed with the guidance of a research professor with a PhD via teleconference on three different occasions to review the data collection from the Excel

spreadsheet, insert the data into SPSS 21.0, analyze the frequency tables, and place the collected data into useable tables into Microsoft Word. Chapter 4 is organized with the findings related to the three research questions:

RQ 1. What is the effect between mentoring, retention and job satisfaction of nursing faculty?

RQ 2. What is the effect of mentoring on the retention of nursing faculty in nursing education?

RQ 3. What is the effect between mentoring and job satisfaction of nursing faculty?

Description of the Sample

Three schools of nursing in mid-central United States provided the sample for the study using convenience sample method. A total of 172 e-mail addresses were obtained from each school of nursing. A total of 244 nursing faculty were listed on the three schools of nursing faculty websites as full-time faculty, but only 172 faculty taught in the baccalaureate programs. Of the 172 surveys sent out via SurveyMonkey, 54 baccalaureate faculty responded or 31% of the potential sample.

After the time limit for responding to the survey ended, the data was collected and entered into an Excel spreadsheet. Data was then downloaded into the SPSS 21.0 software program on the researcher's personal computer. The data was saved in a password secured document on the researcher's personal computer located in the researcher's home office. The data will be kept for seven years as per Capella University

IRB guidelines at which time the researcher will destroy the document containing the data.

Demographic data was collected along with the data related to mentoring, job satisfaction, and retention. The researcher considered gender, age, highest educational degree, primary current occupation, and current educational position within the school of nursing as demographic data. Frequency data to describe the findings of the demographic and research questions were used in this study and analyzed by SPSS 21.0 for Windows. The study sought to describe responses from faculty who had a mentor at their current school of nursing related to their satisfaction as nursing faculty and if intention to remain at their current position was affected by a mentor.

Summary of the Results

The sample size of the study was 54 participants ($n = 54$) from three schools of nursing located in mid-central United States. A total of 118 nursing faculty who received the request to participate in the study did not respond. A total of 54 participants continued the survey after reviewing the inclusion criteria described in the request to participate e-mail. The findings from the returned surveys were used to answer the research questions.

Research Question 1

RQ 1. What is the effect between mentoring, retention and job satisfaction of nursing faculty? Responses related to Research Question 1 indicated 33.3% of the participants had been in their current educational position for 4–7 years ($n = 17$), and 46.2% of the participants were satisfied most of the time with their current education position ($n = 37$). A total of 22 (26%) of the participants indicated they had not had a

mentor at their current school of nursing. The remainder of the participants ($n = 32$) indicated they had a mentoring experience and continued to complete the survey.

Research Question 2

RQ 2. What is the effect of mentoring on the retention of nursing faculty in nursing education?

Responses related to Research Question 2 indicated 93.5% of the participants ($n = 29$) out of the 32 participants that had a mentor were likely to remain at the school of nursing for the next year; 6.5% of the participants that had mentors were undecided ($n = 3$) as to whether or not they were likely to remain at the school of nursing for the next year. The majority of participants (77.4%) reported they were likely to remain in their current faculty position for the next five years ($n = 24$); 61.3% of the participants with a mentor reported that their mentor did not influence their decision to stay or leave their current position in academia ($n = 19$); 35.5% of the participants with a mentor reported their mentor influenced their decision to remain in academia as a nurse educator ($n = 11$), and 3.8% ($n = 2$) of the mentored participants failed to respond.

Research Question 3

RQ 3. What is the effect between mentoring and job satisfaction of nursing faculty?

The initial 54 participants responded to questions related to Research Question 3. The responses indicated that 33.3% of the participants had been in their current educational position for 4–7 years ($n = 18$), 29.4% of the participants had been in their current educational position for 8–15 years ($n = 16$), 19.6% of the participants had been in their current educational position for 1–3 years ($n = 11$), and 9.8% of the participants had been

in their current educational position for less than 1 year ($n = 5$). Only 2% of the participants had been in their current educational position for more than 25 years ($n = 1$). Three (5%) of the initial 54 participants did not respond.

Thirty-two participants indicated that they had a mentor and completed the survey. Their responses related to the influence their mentor had on their current job satisfaction as a nurse educator indicated 51.6% identified their mentor as *slightly influential* ($n = 16$), and 48.4% identified their mentor as *very influential* ($n = 15$). One participant failed to respond.

Hypotheses

Hypothesis: There is a positive effect between mentoring, job satisfaction, and retention of nursing faculty.

Null hypothesis: A positive effect does not exist between mentoring, job satisfaction, and retention of new nursing faculty.

The results of the study supported the hypothesis of a positive effect between mentoring, job satisfaction and retention of nursing faculty who had a mentoring experience.

Detailed Analysis

Data analysis was conducted from the results of the returned surveys. The problem investigated was whether mentoring of nursing faculty has an influence on job satisfaction and intention to remain as nursing faculty. Demographic data consisting of gender, age, highest educational degree, primary current occupation, and current educational position within the school of nursing was contained in the analysis and displayed in Tables 1-4 with frequency and percentages. Certain survey questions were

considered informational rather than directly related to the research questions, accepting the hypothesis or rejecting the null hypothesis. The results of all survey data are briefly elaborated on.

Gender

A total of 51 participants responded to the demographic question of gender. Three participants did not respond. The majority of the responses ($n = 50$) were from female nursing faculty with only one male nursing faculty responding to the question of gender. Female nursing faculty accounted for 93.0% and male nursing faculty responding to this question accounted for was 2.0% of the total of 51 responding participants (see Table 1). The data indicates there are more female faculty responding to the survey than male faculty.

Table 1. *Gender of Participants*

Gender	<i>n</i>	%
Female	50	93
Male	1	2
Missing	3	5
Total	54	100

Age

Participants ranged in age from 21 to 74 with the highest percentage of nursing faculty at 48.1% within the age range of 55–64 years of age and a frequency of 26 participants. A total of 53 participants responded to the question of what is your age with

one participant not responding (see Table 2). This data indicates the majority of faculty respondents are nearing retirement age.

Table 2. *Age Range of Participants*

Age range	<i>n</i>	%
21–24	1	1.9
25–34	1	1.9
35–44	6	11.1
45–54	16	30.1
55–64	26	48.1
65–74	3	5.0
Missing	1	1.9
Total	54	100.0

Highest Degree of Participants

The data indicates that the largest percentile of nursing faculty in the study had master’s degrees at 66.0% ($n = 35$). Nursing faculty with doctorate degrees accounted for 27% ($n = 15$) of the responding participants. Four nursing faculty did not respond to this question (see Table 3). The data indicates there are fewer doctoral level nursing faculty teaching in baccalaureate nursing programs.

Table 3. *Highest Degree of Participants*

Highest degree	<i>n</i>	%
Doctorate	15	27
Master’s	35	66
Missing	4	7
Total	54	100

Primary Occupation of Participants

A total of 49 of the 54 participants responded to this demographic question; 61.1% of the participants responding were full-time nurse educators ($n = 33$), and 30% of the participants were full-time in nursing practice in a clinical setting and part-time (adjunct) nurse educators ($n = 16$). Five participants did not respond to this question (see Table 4). There were more full-time nursing faculty responding than part-time (adjunct) faculty to this question.

Table 4. *Primary Occupation of Participants*

Occupation range	<i>n</i>	%
Full-time nurse educator	33	61.1
Full-time nurse in a clinical setting and part-time (adjunct) faculty	16	30.0
Missing	5	8.9
Total	49	100.0

Job Title

The final demographic question asked participants their job title for their current educational position. Two participants did not respond to this question. The data analysis indicates that the majority of the faculty participants were part-time nursing faculty. The percentages of assistant professor, associate professor and full professor are added together with the total percentile at 40.4% ($n = 21$) and the percentage of part-time (adjunct and affiliate faculty) was 59.6% ($n = 31$). The data indicates there is more part-time nursing faculty than full-time nursing faculty.

Table 5. *Job Title for Current Educational Position of Participants*

Job titles	<i>n</i>	%
Adjunct	25	46.3
Affiliate	6	11.1
Assistant professor	13	24.0
Associate professor	6	11.1
Full professor	2	3.5
Missing	2	3.5
Total	54	100

Survey Questions 6-28

Question 6 asked, “About how long have you been in your current educational position?” A total of 51 participants responded to this question regarding length of time in current position. Three participants did not respond to this question, which accounted for 5.9% of the total responding participants. Nursing faculty with less than 1 year at their current educational position accounted for 9.8% ($n = 5$). Nursing faculty with 1–3 years at their current educational position accounted for 19.6% ($n = 10$). Nursing faculty with 4–7 years at the current educational position accounted for 33.3% ($n = 17$). Nursing faculty with 8–15 years of experience at their current educational position accounted for 29.4% ($n = 29$). Nursing faculty with 16–25 years at their current educational position accounted for 5.9% ($n = 3$). Faculty with over 25 years at their current educational position accounted for 1% ($n = 3$), which supports the literature that the number of the most experienced faculty are the smallest percentage of nursing faculty staying at their current positions. This data indicates that new nursing faculty percentages are small and faculty within the 4–7 years range at their current educational position was the largest percentage.

Question 7 asked, “How satisfied are you with your current education position?” A total of 52 participants responded to this question. Two participants did not respond to this question. A total of 46.2% ($n = 24$) of nursing faculty were *satisfied most of the time*; 30.8% ($n = 16$) were *very satisfied almost all of the time* with their current education position; and 23.0% ($n = 12$) were *satisfied* with their current education position about *half the time*. There were no participants that were *dissatisfied most of the time* or *very dissatisfied* with their current education position.

Question 8 asked, “What sort of mentoring help did you receive when beginning your current academic position?” This question was relevant to the data analysis in determining the percentage of nursing faculties’ mentoring help they received at the beginning of their current academic position. Fifty participants responded to the question and four participants did not respond. A total of 40% ($n = 20$) of nursing faculty who responded to this question had a more experienced nurse educator assigned to them as their mentor; 8% ($n = 4$) of nursing faculty had more than one nurse educator who helped them, but only one person was especially influential; 26.0% ($n = 13$) of nursing faculty that had more than one nurse educator help them, but no one person was especially influential. The nursing faculty who reported no experienced nurse educator took a special interest in their teaching career and it was a *sink or swim* experience was 26% ($n = 13$). The data analysis indicated 52% of the participants responding to this question did not have an influential, experienced nursing faculty when beginning their current academic position.

Question 9 asked, “Which statement correctly identifies your mentoring experience?” The instructions prior to this survey question allowed the nursing faculty

that did not have a mentoring experience to forego the remainder of the survey. The total number of participants decreased from 54 to 32 participants with this question. This decrease in mentored faculty is important to note since 59% of the participants that responded to the survey were not mentored as new nursing faculty at the beginning of their current academic position.

The mentored faculty responded to this question regarding their mentoring experience. A third (75%) of the mentored nursing faculty had a caring, experienced mentor ($n = 24$). Equal percentages of nursing faculty with mentors or assigned faculty to mentor them that showed no interest in mentoring were 12.5% respectively ($n = 4$). This data analysis indicates that a caring, experienced mentor was predominantly the choice of mentored nursing faculty.

Question 10 asked, “What was the professional relationship between you and your mentor?” The professional relationship between nursing faculty and their mentor was 45.2% ($n = 14$) as colleagues in nursing education (coworkers). Only 29% ($n = 9$) were full-time or part-time professors, and 25.8% ($n = 8$) were adjunct educators. One participant who continued the survey did not respond to this question. The data analysis indicated the largest percentage of mentors had the same rank as the new nursing faculty.

Question 11 asked, “What is the age difference between you and your mentor (estimate mentor’s age, if you are not certain)?” The data indicated that 28.1% ($n = 9$) of mentors were about the same age (within 12 months) of the mentored nursing faculty, 18.8% ($n = 6$) had a mentor who was younger than the new nursing faculty, 25.0% ($n = 8$) had a mentor who was 1–7 years older than the new nursing faculty, 21.9% ($n = 7$) had a mentor who was 8–15 years older than the new nursing faculty, and 6.3%

($n = 2$) of the new nursing faculty had a mentor who was 16–23 years older than the new nursing faculty. This question has questionable relevance to the research questions, but similarity in age of mentors and new nursing faculty could be relevant to job satisfaction and retention.

Question 12 asked, “How many more years of experience in your position did your mentor have?” The data analysis of years of experience of the mentor in the same position as the mentored nursing faculty had the highest percentage in the 4 to 7-year range of 40.6% ($n = 13$), 21.9% ($n = 7$) of the participants had mentors who had 8–15 years of experience, 15.6% ($n = 5$) of the participants had mentors who had 1–3 years more experience than the new faculty, 12.5% ($n = 4$) of the participants had a mentor who had 16–23 years of experience, and the lowest percentage of 9.4% ($n = 3$) of the participants had a mentor with more than 23 years of experience than the participants.

Question 13 asked, “When did a nurse educator with experience in nursing education take an interest in you?” The data indicated 65.6% ($n = 21$) of the mentored participants had an experienced nurse educator take an interest in them as a new nurse educator within one week of employment, 31.3% ($n = 10$) reported having an experienced nurse educator take an interest in them within the first six weeks of employment, and 3.1% ($n = 1$) had an experienced nurse educator take an interest in the new nurse educator within the first year of employment. One participant did not respond to this question.

Question 14 asked, “How did you and your mentor become acquainted?” The highest percentage, 67.7%, and number of participants ($n = 21$) with a mentor became acquainted with their mentor was after the mentor was assigned, 16.1% ($n = 5$) became

acquainted with their mentor via e-mail, 12.9% ($n = 4$) of the new nursing faculty worked closely with their mentor in the classroom, and 3.2% ($n = 1$) became acquainted with their mentor at a faculty meeting. One participant did not respond to this question.

Question 15 asked, “During the orientation stage of your relationship with any mentor, was your mentor more like which of the following?” A total of 77.4% ($n = 24$) of the mentored participants felt their mentor was more like a peer, 9.7% ($n = 3$) of the mentored participants felt their mentor was more like a parent, 6.5% of the mentored participants ($n = 2$) felt their mentor was more like a best friend. The same percentage and frequency of 6.5% ($n = 2$) of the mentored participants felt their mentor was like an older sibling. One participant did not respond to this question.

Question 16 asked, “In the early stages of your relationship with your mentor, did you look up to this person and want to be like your mentor?” The mentored participants responded to this question with 46.9% ($n = 15$) with *somewhat*, while 43.8% ($n = 14$) responded with *definitely yes* as looking up to their mentor and wanting to be like their mentor. Only 9.4% ($n = 3$) of the mentored participants responded they *did not look up to* their mentor *nor did they want to be like* their mentor. All mentored participants responded to this question.

Question 17 asked, “Did you see your mentor socially?” The literature identifies socialization of new nursing faculty as an important part of being satisfied with their current academic position. The percentage of mentored nursing faculty that only met their mentor professionally was 87.5% ($n = 28$). Meeting their mentor at primarily work-sponsored events and outside of academia was equal at 6.3% ($n = 2$) each. All mentored

participants responded to this question. The data indicates that socialization is rarely outside of the academic environment.

Question 18 asked, “Did your mentor’s influence extend beyond the classroom?” The mentor’s influence was only in the classroom environment with 75% ($n = 24$) mentored faculty responding. Personal influence not related to the classroom was 12.5% ($n = 4$), and the same frequency of responses to the mentor was a significant influence on both personal and professional life of the mentored participant at 12.5% ($n = 4$). All participants that had mentors responded to this question. The responses reveal mentors in nursing education are more apt to mentor only the academic aspect of the roles and responsibilities of being a nurse educator.

Question 19 asked, “Which of the following statements describes the relationship between you and your mentor?” The results of the data describing the relationship between the mentored nursing faculty and the mentor indicate that 32.3% ($n = 10$) had a professional relationship only in the classroom, 32.3% ($n = 10$) of the mentored participants responded there was a rather friendly relationship to each other outside the classroom, only 12.9% ($n = 4$) had a very good friendship outside the classroom, and 22.6% ($n = 7$) did not have any type of relationship outside the classroom. One participant did not respond to this question.

Question 20 asked, “How long did your mentor continue to help you as a nurse educator?” A total of 54.8% ($n = 17$) indicated that their mentor continued to help them for less than 1 year as a nurse educator, 19.4% ($n = 6$) were mentored for 1–2 years, 19.4% ($n = 6$) of mentored faculty were mentored for 3–5 years, 6.5% ($n = 2$) were

mentored for more than 5 years. One mentored faculty participant did not respond to the question. The literature indicated that mentorship should be at least 1 year.

Question 21 asked, “What is the most significant contribution your mentor made to your success in your current nurse educator position?” The most significant contribution the mentored nursing faculty received from their mentor was the teaching of the technical aspects of the position with the percentage of 38.7% ($n = 12$), 25.8% ($n = 8$) of the mentored participants responded the mentor helped gain confidence in the ability to become a nurse educator, only 12.9% ($n = 4$) of the mentored faculty were helped to understand the responsibilities of a nurse educator, 12.9% ($n = 4$) of the mentored participants responded the mentor provided knowledge to increase professional development, 6.5% ($n = 2$) of the mentored faculty indicated their mentor listened to ideas and encourage creativity. The lowest percentage was 3.2% ($n = 1$) who had a mentor who encourage the mentored nursing faculty to become socially integrated into the role of a nurse educator. One participant did not respond to this question. The data shows a significant percentage of mentored nursing faculty received only the technical aspects of the position of nurse educator, which is only one aspect of the many roles of the nurse educator.

Question 22 asked, “Which of the following statements best describes how the relationship with your mentor changed over time?” Sixty percent ($n = 18$) of the mentored faculty described the relationship with the mentor as remaining as colleagues and peers, 23.3% ($n = 7$) indicated the relationship had not changed from mentor and new nursing faculty, and 16.7% ($n = 5$) responded the mentor and new nursing faculty had drifted apart without any conflict. Two participants did not respond to this question.

Question 23 asked, “When your working relationship with your mentor was at its peak, how much time did you spend together, either in the classroom or otherwise?” The data results from this question were unexpected as 48.4% ($n = 15$) had time spent with their mentor as less than one hour per course, 41.9% ($n = 13$) indicated the mentor spent 1–2 hours each week with the new nursing faculty participant. The participants responded that 6.5% ($n = 2$) had 1–2 hours each working day with the mentor, but only one (3.2%) participant had over 3 hours each working day with the mentor.

Question 24 asked, “With regard as to how your mentor treated you, what was your mentor’s greatest fault?” More than three quarter (76.7%, $n = 23$) of the mentored faculty found no faults in their mentor while 23.3% ($n = 7$) identified a fault as their mentor was unavailable, too busy, or preoccupied. Two of the participants failed to respond to this question.

Question 25 asked, “How influential was your mentor in your current job satisfaction as a nurse educator?” This survey question is directly related to Research Question 2 of the study. A total of 51.6% ($n = 16$) indicated that their mentor was *slightly influential* in their job satisfaction, and 48.4% ($n = 15$) felt their mentor was *very influential* in their job satisfaction. No participants indicated the mentor had a *slightly negative influence* on job satisfaction or a *very negative influence* as a response (see Table 6). The analysis supports the hypothesis that mentoring is related to job satisfaction and retention of new nursing faculty.

Table 6. *How Influential Was Your Mentor in Your Current Job Satisfaction as a Nurse Educator?*

How influential was mentor?	<i>n</i>	%
Very	15	48.4
Slightly	16	51.6
Slightly negative	0	0.0
Very negative	0	0.0
Total	31	100.0

Question 26 asked, “James Clawson and others have defined some terms that may describe your mentor. Which term most closely describes your mentor?” More than half (51.6%, $n = 16$) of the mentored nursing faculty indicated the definition from Clawson and others of mentor most closely described their mentor as taking a personal and professional interest in a novice, 25.8% ($n = 8$) described their mentor as a role model, and 22.6% ($n = 7$) described their mentor as a coach. One participant did not respond to this question. This result is over 50% of the mentored faculty felt their mentor took a personal and professional interest in them and was defined as a mentor by Clawson.

Question 27 asked, “How much planning has been involved in your professional career progress?” The results from this question on professional career progress were very similar with *some planning* at 38.7% ($n = 12$) and 41.9% ($n = 13$) with *quite a bit of planning*, 9.7% ($n = 3$) indicated that *not much planning* was involved in professional career progress, and 9.7% ($n = 3$) responded *very much planning* was involved in their professional career progress. Frequencies of not much planning and very much planning were equally described. One participant did not respond to this question.

Question 28 asked, “In your present nurse educator position, have you had the opportunity to mentor a new nurse educator within the past year?” The results from this

question indicated that the new mentored faculty have been mentors to one or two new nurse educators at 59.3% ($n = 16$). Only 3.7% ($n = 1$) preferred not to be a mentor, 7.4% ($n = 2$) had mentored three or more new nurse educators, and 29.6% ($n = 8$) had not mentored new nurse faculty since they did not have enough experience to be a mentor. Four participants did not respond to this question.

Question 29 asked, “After this year as a nurse educator in your current position, are you likely to remain at the school of nursing for the next year?” The results from this survey question are related to Research Question 2 indicating whether mentoring has any effects on retention of new nursing faculty. A total of 93.5% ($n = 29$) indicated they were very likely to remain at their current school of nursing for the next year. Only 6.5% ($n = 2$) were undecided and one did not respond (see Table 7).

Table 7. *After This Year as a Nurse Educator in Your Current Position, Are You Likely to Remain at the School of Nursing for the Next Year?*

Likelihood of staying	n	%
Not likely	0	0.0
Undecided	2	6.5
Very likely	29	93.5
Total	31	100.0

Question 30 asked, “How likely are you to remain in your current position as a nurse educator for the next five years?” This survey question is also related to the hypothesis for the study and Research Question 3 on retention. More than three quarters (77.4%, $n = 24$) indicated they were very likely to remain in their current position as a

nurse educator for the next five years, and 22.6% ($n = 7$) were undecided. One participant did not respond to this question.

A total of 61.3% ($n = 19$) participants indicated that their mentor had not influenced their decision to stay or leave academia, 35.5% ($n = 11$) indicated their mentor had influenced their decision to remain at their current position, and 3.2% ($n = 1$) indicated their mentor influenced their decision to leave their current position. One participant did not respond to this question. The data described new nursing faculty was not influenced by their mentor to stay. Fewer new nursing faculty were influenced by their mentor to stay at their present position in academia. The findings from this question were in response to Research Question 3 (see Table 8).

Table 8. *Did Having a Mentor During Your Employment at Your Current School of Nursing Influence Your Decision to Remain in Academia as a Nurse Educator?*

Mentor influence	n	%
Not influenced	19	61.3
Influenced to stay	11	35.5
Influenced to leave	1	3.2
Total	31	100.0

Chapter Summary

The results from the analysis of the responses of baccalaureate nursing faculty were supportive of the hypotheses of this study. The hypotheses of a positive effect between mentoring, job satisfaction, and retention of nursing faculty was supported. A total of 172 adjunct, affiliate, and full-time nursing faculty at three colleges of nursing in mid-central United States were invited to participate in the survey. The total number of

returned surveys was 54. A total of 22 participants reported they did not have a mentor as faculty at their current school of nursing and did not continue the survey, and 32 participants continued the survey and responded to the questions specifically related to having a mentor.

Thirty-two participants continued the survey that indicated they had a mentor. A total of 93.5% of participants that had a mentor felt their mentors were influential in deciding to remain at the school of nursing for the next year, 6.5% were undecided if having a mentor was influential as to whether or not they were likely to remain at the school of nursing for the next year, 77.4% of the participants that had a mentor were likely to remain in their current faculty position for the next five years, 22.6% of the participants were undecided if they were likely to remain in their current faculty position for the next five years, 61.3% of the participants with a mentor reported that their mentor did not influence their decision to stay or leave their current position in academia, and 35.5% of the participants with a mentor reported their mentor influenced the decision to remain in academia as a nurse educator. The results of this study indicate nursing programs that utilized experienced faculty as mentors may have an increase in job satisfaction and retention of nursing faculty in their baccalaureate nursing programs.

Chapter 5 discusses the relationship of the purpose of the study and the results described in Chapter 4 within the context of the existing literature.

CHAPTER 5. CONCLUSIONS AND DISCUSSION

Introduction

This research study described the effect between mentoring, job satisfaction, and retention of baccalaureate nursing faculty by analyzing responses to an online survey. The purpose of the study was to determine the effect of mentoring nursing faculty and its effect on job satisfaction and intent to remain employed as nursing faculty. Institutional Review Board from Capella University approval the study, and permission from the deans of three colleges of nursing was granted to distribute the survey via professional e-mail to baccalaureate nursing faculty at the respective schools of nursing. A simple, convenience sample was used consisting of 172 adjunct, affiliate, and full-time baccalaureate nursing faculty from three colleges of nursing in mid-central United States. SurveyMonkey distributed a total of 172 surveys. An introductory e-mail was included with the invitation to complete the survey. Informed consent was included prior to the survey and considered to be given by the participants with the return of the survey. A total of 54 baccalaureate nursing faculty responded to the online survey and met the inclusion criteria.

The study was quantitative and descriptive in nature. Two weeks were allotted for the completion and return of the surveys before a second survey and reminder e-mail was sent to those who had not responded. After a total of four weeks, a final reminder to

complete and submit the survey was sent to all participants who had not completed the survey. Following that deadline, the survey was considered closed. The data was transferred to an excel worksheet and entered into SPSS 21.0 for frequency and descriptive data analysis.

Chapter 5 summarized the results of the study by the research questions followed by a discussion of the results and interpretation with related literature and theoretical framework. The limitations of the study were described and improvements in future research related to the limitations of the study were identified. Also included in Chapter 5 were implications of the results related to nursing practice and recommendations for further research on the relationship of mentoring, job satisfaction, and retention of nursing faculty. A final summary of the answers to the research questions was provided in the conclusion of Chapter 5.

Summary of the Results

The purpose of the research study was to determine the effect of mentoring nursing faculty on job satisfaction and intent to remain employed (retention) as nursing faculty after the first year of employment in academia. The survey used to collect quantitative data was a revision of the Career Development Questionnaire, which was a revision of the Kentucky Mentoring Survey. The Career Development Questionnaire and the Kentucky Mentoring Survey were both developed by Dr. Michael Fagan and permission to use a revision of the Career Development Questionnaire in this study was obtained. A field test was completed with a Cronbach's alpha score of 0.34.

Demographic variables of the research study sample ($n = 54$) provided data that indicated the majority of the participants were female, between the ages of 55 to 64, had master's degrees, and were employed as nurse educators. The majority of the faculty responding to the survey was adjunct faculty and had been in their current educational position 4–7 years. The adjunct faculty were part-time nursing faculty, both onsite and online.

Research Question 1

The research question of what are the effects between mentoring, retention, and job satisfaction was analyzed and demonstrated that 46.2% of the faculty responding to the question were satisfied most of the time, and 40% of the faculty had mentors. The variables of mentoring and job satisfaction were positively related to job satisfaction, retention, and having a mentor.

Research Question 2

The research question of what is the effects between mentoring and job satisfaction of nursing faculty was analyzed. The variables of job satisfaction were positively related to having a mentor since these participants indicated they all had mentors.

Research Question 3

The research question of what is the effect of mentoring on the retention of nursing faculty in nursing education was analyzed by the participants responding to a survey question that asked if having a mentor influenced their decision to remain in academia as a nurse educator. A total of 61.3% of the 32 mentored nursing faculty indicated their mentor did not influence their decision to remain at their current school of

nursing, 35.5% indicated their mentor influenced their decision to stay at their current school of nursing, and 3.2% indicated their mentor influenced their decision to leave their current school of nursing. The data showed that mentors had some influence on retention but also had some influence on decision to leave their current position.

The data obtained from the survey was descriptive, and frequency analysis was performed using SPSS 21.0 software. Results indicated job satisfaction and retention were related to having a mentor, and 46.2% of the sample were satisfied most of time with their current education position.

Discussion of the Results

The research study had three research questions. The data analysis results indicated there are faculty in nursing that did not have a mentor, and it was a sink or swim experience for them in their current faculty position. There were faculty that had a mentor, and the results of the survey indicated the mentor had an effect on job satisfaction but not necessarily on retention or intent to stay at their current faculty position.

The majority of the participants were adjunct faculty between 55–64 years of age. This result echoes those of the AACN (2011) study of nursing faculty reporting the average retirement age for master's level nurse faculty is 57.7 years of age and doctoral level faculty is 60.5 years of age. The AACN report prediction that a large number of nursing faculty will retire between 2012 and 2018 validates the average age of the participants in this study. Many adjunct faculty may be retired master's-level nurses instructing part-time for the schools of nursing.

The research study indicated the majority of the mentored participants had a mentor beginning within their first week as a nurse educator. The large percentage of faculty surveyed that had a mentor at the beginning of the current position as a nurse educator is encouraging. This data supports the NLN (2008) research for nursing education to consider mentoring nursing faculty as a factor in job satisfaction and retention. The findings from the study indicated less than half of the participants had a more experienced nurse educator as their mentor. There were nurse educators who reported a nurse educator helped but was not influential. Similar numbers of nurse educators had no support when beginning their current academic position. The findings indicated mentoring strategies are not adequately standardized throughout all schools of nursing.

The research questions regarding the effect of mentoring to job satisfaction, the effects of mentoring on retention of nursing faculty, and the effect between mentoring and job satisfaction of nursing faculty were adequately answered in the study with nearly half of the mentored participants responding that their mentor was very influential in their current job satisfaction. More than half of the mentored participants responded their mentor was slightly influential in their current job satisfaction. No participants responded their mentor was a negative influence on their job satisfaction. This supports the hypothesis that mentoring has a positive effect on job satisfaction, and the results answer the research questions related to job satisfaction.

The research questions related to retention were not as positive in the relationship of the mentored faculty to their mentor influencing their decision to stay or leave. Less than half of the mentored faculty indicated their mentor influenced their decision to

remain in their current nurse educator position. A small number of participants with a mentor had a negative response related to the mentor influencing any decision to leave their current position as a nurse educator. The results could be due to the culture of the school of nursing demonstrating a lack of caring and assuming the new nursing faculty had a master's degree or a doctoral degree and would be able to teach without the support of an experienced mentor (Blauvelt & Spath, 2008).

Discussion of the Results in Relation to the Literature

Research findings of this study indicated that a majority of the mentored nursing faculty viewed their mentor as a peer, and only a small number viewed their mentor as a friend. The theoretical framework of Watson's caring theory and Benner's novice-to-expert theory in relationship to the results of this study are analyzed by the findings from the survey of the mentored faculty.

Various professions have embraced the strategy of mentoring to promote job satisfaction and retention within the organization. Fagan and Walter (1982) studied various professions including firefighters, police officers, and teachers and found that these professions using mentoring as a strategy for new employees significantly affected retention and job satisfaction. In this study, nursing faculty was asked to define terms that might describe their mentor from traditional methods of introducing new professionals to a position. The mentored faculty identified that their mentor was more like a coach. Borenstein et al. (2001) described coaching in the literature as a collaborative process driven by the organization's need with a narrow influence on the new employee. Less than half the mentored nursing faculty identified that their mentor was more like a role

model whom learned and observes from but did not develop a personal relationship with. Borenstein et al. (2001) identified this as the preceptor role, which is also organizationally driven. Mentoring is based on a continuum where the mentor takes a personal and professional interest in the new faculty (Fagan & Fagan, 1983). Over half of the mentored faculty described their mentor as defined by Fagan and Fagan, which is encouraging to the nursing profession.

Brady (2010) discussed job satisfaction as affected by the development of nursing faculty in their professional career by mentoring as one of the nine work related areas that influenced job satisfaction. This study found that less than half of the mentored faculty received planning in their professional career progress from their mentor. An even lesser number of participants with a mentor received some planning in their professional career progress from their mentor. An insignificant number of mentored nursing faculty did not receive much planning in their professional career progress. The mentored faculty that received much planning in their professional career progress was also insignificant. Brady noted that professional planning was a deterrent to the challenge of isolating new faculty in nursing education.

There are few studies related to mentoring and retention of nursing faculty, whether new to academia or other aspects of the nursing profession. In 2007, Brady developed an orientation program that included new nursing faculty having a mentor for the first year as a nurse educator in academia. The literature addressing retention indicated that at least one year of mentoring was needed to reduce the turnover of new nursing faculty (Anderson, 2008; Peters & Boyleston, 2006) in academia. The results from this study indicated that over half of the mentored faculty were mentored less than 1

year. Less than 20% of the mentored faculty received mentoring for one to two years as well as the same percentage received mentoring for three to five years. Only two participants had the help of a mentor for more than five years.

The study also found that less than half of the mentored faculty were only taught the technical aspects of the role of the nurse, which could contribute to frustration and a lack of understanding of the nurse educators' environment. One fourth of the mentored faculty were helped to gain confidence in their ability as a nurse educator and very few mentored faculty were encouraged to become socially integrated into the role of a nurse educator. In a study by Cash et al. (2009), perceptions of new nurse educators of the academic roles and responsibilities, along with the importance of socialization into the academic environment were noted as key factors in job satisfaction and retention of nursing faculty.

Discussion of the Results in Relation to the Theoretical Framework

Caring is demonstrated by Watson's (2007) caring theory as sharing experiences, wisdom, and feedback from the mentor to the new nursing faculty member. The results from this study found that the mentored faculty looked up to their mentor and wanted to be like their mentor more than those who did not look up to their mentor nor did they want to be like their mentor. A significant number of the mentored faculty somewhat looked up to their mentor and wanted to be like them, and a slightly less number definitely looked up to their mentor and wanted to be like them. A very insignificant number of mentored participants did not look up to their mentor nor did they want to be like them.

The strongest relationship between the theoretical framework of Watson's caring theory and the results of this study was the number of mentored faculty that had a caring, experienced faculty member who showed interest in mentoring. A significant number of mentored faculty reported having a mentor who was experienced and caring. A fewer number of mentored faculty had a mentor who showed no interest in mentoring.

Benner (2001) described the mentor as having either a good experience as a new faculty member or a bad experience as a new faculty member. The mentor with a good experience in the mentoring process would likely mentor others. Those who had a bad experience in the mentoring process would not likely want to mentor others. This study found that over half of the mentored faculty had mentored one or two new nurse educators. A small number of mentored nurse educators had mentored three or more new nurse educators. Less than half of the mentored faculty did not believe they had enough experience to mentor a new nurse educator. An insignificant number of nursing faculty preferred not to be a mentor at all. These results support the theoretical framework that mentored nurses can become more effective in educational professional roles with a good mentoring experience (Benner, 2001). Mentored new nursing faculty may be integral in the development of a caring mentoring experience to developing new nurse educators.

Limitations

Several limitations to this study were identified after the study was conducted. The small sample size of the returned surveys was a limitation identified in Chapter 1 of this study. There were only 244 nursing education faculty listed as full-time or adjunct faculty from the three schools of nursing and their websites that met the criteria of

baccalaureate nurse educator online or onsite instruction. The convenience sample criteria of only including classroom educators limited the population from 244 possible baccalaureate nursing program educators to 172. The actual responses to the survey totaled 54. The number decreased to 32 participants when the survey ended for faculty who did not have mentors at the beginning of their current position as a nurse educator. A larger population might result in similar findings as the literature supports the implementation of mentoring nursing faculty as a factor in job satisfaction and retention. Also, with all three colleges being located in the Midwest, there may not be generalization of the findings to all areas of the United States. Faculty who did not have a mentor could be beneficial to understanding in more depth the relationship of mentoring to increasing job satisfaction and intent to stay in academia.

A limitation of the study would be the lack of area for comments from participants regarding their mentoring experience and responses that lend to data that can be analyzed using inferential statistics. This type of data would be beneficial to support existing studies, which are few in quantitative research regarding the relationship between mentoring, job satisfaction, and retention. The study indicated a large number of nursing faculty are considered part-time, adjunct faculty. A recommendation of future research would be to study the combined effects of mentoring on all online and classroom nursing faculty.

Another limitation might be the number of nursing faculty that have been experienced mentors to new nursing faculty and are planning to retire within the next 5–10 years. The effects of retiring experienced faculty could have a significant effect on

mentoring programs that may be established in schools of nursing since experienced staff will no longer be available to mentor.

Implication of the Results for Practice

The theoretical framework of caring behaviors, willingness to share experiences, and integration of socialization into academia are the implications of this study in mentoring new nursing faculty. This research indicates that mentoring is a factor to increase job satisfaction and retention of faculty. The findings also demonstrate that mentored faculty who had good mentoring experiences were willing to mentor new faculty, but nursing faculty that possibly had a bad experience would prefer not to mentor new nursing faculty. This study reinforces Watson's (2007) caring theory and Benner's (2001) novice-to-expert theory by indicating that mentors who take a personal and professional interest in a novice are valued by new nursing faculty who look up to their mentors and want to be like them. Schools of nursing would benefit by implementing a mentoring program with experience faculty who report a good experience and want to mentor new faculty.

Recommendations for Further Research

Studies on mentoring relationships are still needed in the nursing profession addressing quantitative data. Qualitative studies comprised the majority of research addressing the experiences of mentoring relationships between experienced mentors and new nursing faculty (White et al., 2010).

The ability of nurse researchers to expand literature reviews of any further studies that are qualitative or quantitative lend validity to previously published studies and reports, such as the position papers and research priorities established by the NLN and the AACN. This study demonstrated quantitative, descriptive statistical data of the relationships between mentored faculty and the variables of job satisfaction and retention. Further research could include open-ended comments to established mentor/mentee surveys to enrich the data collected from nursing faculty in various levels of nursing education.

Studies that identify strategies used by professions that have successful mentoring programs could also be used in nursing research as a comparative study of another profession as described by Fagan and Walter (1982) such as firefighters, lawyers, or teachers in other academic settings. Studies of this type could provide nursing education with understanding of the need for standardized mentoring practices and an increase in job satisfaction and retention of nursing faculty.

Conclusion

This study used a descriptive, quantitative survey distributed to three schools of nursing in mid-central United States. The survey was distributed online via SurveyMonkey to professional e-mails of baccalaureate nursing faculty with inclusion criteria of being full-time or adjunct classroom faculty. The possible return sample was 172 faculty from all three schools of nursing. The resulting sample of 54 participants, 31% response rate met the inclusion criteria and returned the completed surveys. Twenty six percent of the participants did not have a mentor as faculty in their current academic

workplace, and 59% had a mentor in their current academic workplace. Descriptive, frequencies, and percentage analyses of the responses were used to determine that the faculty without a mentor had no introduction into academia. The faculty with a mentor indicated their mentor was caring and experienced. Additionally, their mentor was influential in their job satisfaction and their intent to stay at their current school of nursing for at least one year or even for possibly five years. The data analysis indicated that having a mentor who was involved in planning the faculty's professional career was a positive factor in both job satisfaction and retention.

Nursing education in academia is currently dealing with a shortage of qualified nursing faculty. The shortage of nursing faculty has a direct impact of the admission of candidates into undergraduate nursing programs as well as graduate nursing programs. The results of this study on the effects of mentoring on job satisfaction and retention of nursing faculty support previous findings in the literature that mentoring have a positive effect on job satisfaction and retention.

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APPENDIX. SURVEY

Survey from Career Development Questionnaire by M. Fagan, 2010. (Survey has never been published and is not copyrighted.) Adapted with permission.

1. What is your gender?
 - a. Female
 - b. Male

2. What is your age?
 - a. 21 to 24
 - b. 25 to 34
 - c. 35 to 44
 - d. 45 to 54
 - e. 55 to 64
 - f. 65 to 74
 - g. 75 or older

3. What is the highest degree you have received?
 - a. Doctorate
 - b. Master's

4. Which of the following best describes your primary current occupation?
 - a. Education full-time as a nurse educator
 - b. Full-time nursing practice in a clinical setting and part-time as a nurse educator in academia

5. What is the job title for your current educational position?
 - a. Adjunct faculty
 - b. Affiliate faculty
 - c. Assistant professor
 - d. Associate professor
 - e. Full professor

6. About how long have you been in your current educational position?
 - a. Less than one year
 - b. 1–3 years
 - c. 4–7 years

- d. 8–15 years
 - e. 16–25 years
 - f. More than 25 years
7. How satisfied are you with your current education position?
- a. Very satisfied almost all of the time
 - b. Satisfied most of the time
 - c. Satisfied about half the time
 - d. Dissatisfied most of the time
 - e. Very dissatisfied almost all the time
8. What sort of mentoring help did you receive when beginning your current academic position?
- a. A more experienced nurse educator was assigned as my mentor
 - b. More than one nurse educator helped me, but only one was especially influential
 - c. More than one nurse educator helped me, but no one person was especially influential
 - d. It was “sink or swim” for me: No experienced nurse educator took a special interest in my teaching career
9. If you DID NOT have a mentoring experience, then you do not need to respond to any additional questions. You have completed the survey! Please scroll to the end of the survey and press submit. Thank you so very much for taking time to provide your input. If you DID HAVE a mentoring experience, please continue to complete the remainder of the survey. Which statement correctly identifies your mentoring experience?
- a. Experienced faculty was available, but they showed no interest in mentoring me
 - b. I had a caring, experienced faculty member who showed interest I mentoring me
 - c. I had an assigned mentor who showed no interest in mentoring me
10. What was the professional relationship between you and your mentor?
- a. Colleagues in nursing education (a coworker)
 - b. Professors in nursing education (full-time or part-time)
 - c. Adjunct educators in nursing education (not a professor)
11. What is the age difference between you and your mentor? (Estimate mentor’s age, if you are not certain)
- a. Mentor is younger
 - b. Mentor is about the same age (within 12 months)
 - c. Mentor is 1–7 years older

- d. Mentor is 8–15 years older
 - e. Mentor is 16–23 years older
 - f. Mentor is more than 23 years older
12. How many more years of experience in your position did your mentor have?
- a. 1–3 years
 - b. 4–7 years
 - c. 8–15 years
 - d. 16–23 years
 - e. More than 23 years
13. When did a nurse educator with experience in nursing education take an interest in you?
- a. During the first week as a nurse educator
 - b. During the first 6 months as a nurse educator
 - c. During the first year as a nurse educator
14. How did you and your mentor become acquainted?
- a. Online via e-mail
 - b. Working closely together in the classroom
 - c. At faculty meetings
 - d. Mentor was assigned to me
15. During the orientation stage of your relationship with any mentor, was your mentor more like which of the following?
- a. A parent
 - b. An older sibling
 - c. A peer
 - d. A best friend
16. In the early stages of your relationship with your mentor, did you look up to this person and want to be like your mentor?
- a. Definitely yes
 - b. Somewhat
 - c. No
17. Did you see your mentor socially?
- a. No, we met only professionally
 - b. Sometimes, we were at social events, but primarily work-sponsored events
 - c. Yes, we socialize outside of the academic arena

18. Did your mentor's influence extend beyond the classroom?
 - a. No, my mentor only helped me with the classroom
 - b. Sometimes, my mentor helped me with personal questions not related to the classroom
 - c. Yes, my mentor was a significant influence on my personal and professional life

19. Which of the following statements describes the relationship between you and your mentor?
 - a. We were very good friends outside of the classroom
 - b. We were rather friendly to each other outside the classroom
 - c. We had a professional relationship only in the classroom
 - d. We did not develop any type of relationship

20. How long did your mentor continue to help you as a nurse educator?
 - a. Less than one year
 - b. One to two years
 - c. Three to five years
 - d. More than five years

21. What is the most significant contribution your mentor made to your success in your current nurse educator position?
 - a. Helped me gain confidence in my ability as a nurse educator
 - b. Taught me the technical aspects of the position
 - c. Encouraged me to become socially integrated into the role of a nurse educator
 - d. Helped me to understand the responsibilities of a nurse educator
 - e. Listened to my ideas and encouraged creativity
 - f. Provided me with the knowledge to increase my professional development as a nurse educator

22. Which of the following statements best describe how the relationship with your mentor changed over time?
 - a. Our relationship has not changed
 - b. We are colleagues (coworkers) and peers
 - c. We had conflicts and no longer communicate
 - d. We have gradually drifted apart without any conflict

23. When your working relationship with your mentor was at its peak, how much time did you spend together, either in the classroom or otherwise?
 - a. Over three hours each working day
 - b. One to two hours each working day
 - c. One to two hours each week
 - d. Less than one hour per course

24. With regard as to how your mentor treated you, what was your mentor's greatest fault?
- Too domineering
 - Too critical
 - Unavailable or too busy or preoccupied
 - No faults identified
25. How influential was your mentor in your current job satisfaction as a nurse educator?
- Very influential
 - Slightly influential
 - Slightly negative influence
 - Very negative influence
26. James Clawson and others have defined some terms that may describe your mentor. Which term most closely describes your mentor?
- Coach: A coach has a narrow influence on a novice. They are coaching a few skills. They are task oriented
 - Sponsor: A sponsor extends their role by advertising the talents of the novice
 - Role model: The novice learns and observes from the role model, but there is no personal relationship
 - Mentor: Mentors take a personal and professional interest in a novice
27. How much planning has been involved in your professional career progress?
- Not much at all
 - Some planning
 - Quite a bit of planning
 - Very much planning
28. In your present nurse educator position, have you had the opportunity to mentor a new nurse educator within the past year?
- No, because I do not have enough experience
 - No, I prefer not to be a mentor
 - Yes, I have mentored one or two new nurse educators
 - Yes, I have mentored three or more new nurse educators
29. After this year as a nurse educator in your current position, are you likely to remain at the school of nursing for the next year?
- Not likely
 - Undecided
 - Very likely

30. How likely are you to remain in your current position as a nurse educator for the next five years?
 - a. Not likely
 - b. Undecided
 - c. Very likely

31. Did having a mentor during your employment at your current school of nursing influence your decision to remain in academia as a nurse educator?
 - a. My mentor has not influenced my decision to stay or leave
 - b. My mentor has influenced my decision to remain at my current position
 - c. My mentor has influenced my decision to leave my current position