

Self-Efficacy of Nurse Educators Mentoring Novice Nursing Faculty

A Dissertation submitted

by

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to

College of Saint Mary

in partial fulfillment of the requirement

for the degree of

DOCTOR OF EDUCATION

with an emphasis on

Health Professions Education

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Dedication

This dissertation is dedicated to my late father, Dr. Robert Rasmussen, a life-long learner who inspired me to excel personally and professionally. I also want to dedicate this to my mother, Rita Rasmussen, who instilled in me from an early age to always remain optimistic and persevere through life's struggles. Finally, and most importantly, this is dedicated to my husband, Dr. Thomas Schemmel, who was my constant companion and number one champion throughout this journey. It would not have been possible to achieve this dream without your unending love and support.

Acknowledgement

I would like to express a profound appreciation and sincere gratitude to my Chair, Dr. Melanie Felton for her encouragement and guidance throughout the dissertation process. Thank you for always providing thoughtful and positive feedback on my progress. I would also like to thank my other doctoral committee members, Dr. Karla Bergen and Dr. Joan McCleish, for your time and support along the way. I am also very grateful to Dr. Lois Linden for her valuable contribution in developing the proposal.

I would like to sincerely thank the participants who took the time to share their experiences of becoming effective mentors. Your contributions to nursing education are immeasurable. Finally, I would like to thank my colleagues, family, and friends for their support and encouragement over the years.

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Abstract

The purpose of this qualitative phenomenological study was to explore the lived experience of developing mentor self-efficacy for nurse educators mentoring novice nursing faculty at pre-licensure baccalaureate colleges of nursing in the states of Iowa and Nebraska. Bandura's (1989) theory of *Self-efficacy* and Benner's (1984) *From Novice to Expert Skill Acquisition* model provided the foundation for this study. Faced with a lack of experienced nursing educators, many colleges and universities have hired novice nursing faculty with no formal teaching preparation. The importance of high-quality mentoring is critical to the successful development and retention of novice nursing educators. Understanding how faculty mentors develop mentoring self-efficacy plays a key role in nursing educators' effectiveness as mentors.

An interpretive research methodology was used for this study which included interviews with seven experienced nurse faculty mentors who shared their perceptions of developing the self-efficacy to effectively mentor novice nursing faculty. While participants in this study were experienced nursing faculty mentors and had achieved a high mentoring self-efficacy, a lack of formal preparation and evaluation of mentors was revealed. Based on the findings of this study, recommendations to enhance mentor self-efficacy included: administrative support of mentorship programs, establishment of mentor development programs, and development of a formal process for evaluation of mentors.

Chapter I: Introduction

People who regard themselves as highly efficacious, act, think, and feel differently from those who perceive themselves as inefficacious. They produce their own future, rather than simply foretell it.
Albert Bandura

This chapter provides an introduction of the study. It includes the purpose of the study, background and rationale, problem statement, research questions and definitions of terms.

Purpose of the Study

The purpose of this qualitative phenomenological study was to explore the lived experience of developing mentor self-efficacy for nurse educators mentoring novice nursing faculty at pre-licensure baccalaureate colleges of nursing in the states of Iowa and Nebraska.

Background and Rationale

In response to the continuing nursing shortage, nursing education programs across the United States have answered the call to expand student capacity and increase the number of graduates entering the workforce (American Association of Colleges of Nursing [AACN], 2015b). Consequently, the number of newly licensed Registered Nurses (RNs) increased by 45% to over 150,000 between 2001 and 2013 (AACN, 2015b). Although the number of nurses entering the workforce is impressive, nursing faculty vacancy rates are restricting admissions to nursing programs when there is a growing demand for RNs to meet the nation's health care needs (AACN, 2015a; National League for Nursing [NLN], n.d.). The most commonly cited contributing factors to the nursing faculty shortage have been the increasing numbers of faculty nearing retirement age and higher compensation attained in clinical and private-sector settings (AACN, 2015a; NLN, n.d.).

Because of faculty shortages, baccalaureate and graduate nursing programs across the country have turned away more than 78,000 qualified applicants for the 2013-2014 academic year (AACN, 2014). In addition, nearly 69,000 qualified applicants for the 2014-2015 academic year were denied admission, including over 15,000 to master's and doctoral nursing programs (AACN, 2014; AACN, 2015b). A lack of master's and doctorally prepared nursing faculty has been a major obstacle not only in maintaining the nurse workforce, but also in recruiting qualified nursing faculty (AACN, 2015a). AACN (2015a) reported a national nurse faculty vacancy rate of 6.9% in 2014. Most of these vacancies (86.9%) were positions in which holding a doctoral degree was either required or preferred (AACN, 2015a). Although the academic qualifications of nursing faculty vary among state boards of nursing and professional organizations, AACN's position statement (2008) on *The Preferred Vision of the Professoriate in Baccalaureate and Graduate Nursing Programs* identified the following regarding educational preparation for high quality educators: "Faculty with primary responsibility for the oversight of courses in baccalaureate, master's, and doctoral nursing programs will have doctoral preparation" (AACN, 2008, para. 2). In light of an existing nurse faculty shortage, along with the projected wave of retirement of existing faculty in the next 10 years (AACN, 2015a; NLN, n.d.), the recruitment and retention of nursing faculty in academia are vital to achieving and maintaining qualified faculty.

To fill the nurse faculty gap, expert clinical nurses are commonly hired to teach in undergraduate nursing programs, but many lack the formal academic preparation and qualifications necessary to step into the role as competent educators (Cangelosi, 2014; Poindexter, 2013; Weidman, 2013). Without previous teaching experience or educational theory, expert clinicians transitioning to academia as novice educators are often negatively

impacted by high levels of stress, leading to job dissatisfaction and poor retention rates (Anderson, 2009; Clark, 2013; Duphily, 2011; Paul, 2015; Schoening, 2013; Weidman, 2013).

Faced with a nationwide lack of experienced nurse educators, the NLN published a position paper in 2006 identifying mentoring as a major pathway for career development and retention of nursing faculty. This paper highlighted the need for developing ongoing mentoring relationships across the career continuum of nurse educators. Other strategies stressed by the NLN, to enhance the mentoring process, included workshops for learning how to be a mentor, a sustained commitment to mentoring from administrators and faculty, and further research on benefits and barriers to mentoring (NLN, 2006). The importance of high-quality mentoring for novice nurse educators remains in the forefront today in nursing academia; indeed mentoring has been identified as “the single most influential way to successfully develop new nursing faculty, reaping the benefits of recruitment, retention, and long-term maturation of future nurse mentors” (Dunham-Taylor, Lynn, Moore, McDaniel, & Walker, 2008, p. 337).

Several studies have suggested that novice nurse educators who have mentors are more likely to transition successfully to the educator role (Gardner, 2014; Griffin, 2012; Nowell, 2014; Weidman, 2013). Most researchers agree that effective mentoring is central to the development of instructional skills, socialization into academia, faculty retention, career advancement, and career satisfaction (Cangelosi, 2014; Feldman, Arian, Marshall, Lovett, & O’Sullivan, 2010; Gardner, 2014; Paul, 2015). Although there has been a focus in the literature on the mentoring process, characteristics of effective mentors, and barriers and facilitators to mentoring of novice nurse educators (Heale, Mossey, Lafoley, & Gorham, 2009; Morin & Ashton, 2004), less is known about mentors’ perceptions of developing mentoring self-efficacy.

Bandura's theory of self-efficacy can be used to study how nurse educators develop mentoring self-efficacy. Self-efficacy, the belief one has about one's ability to perform in specific situations to obtain a desired outcome (Bandura, 1977), plays an important role in nursing educators' effectiveness as mentors. "People's self-efficacy beliefs determine their level of motivation, as reflected in how much effort they will exert in an endeavor and how long they will persevere in the face of obstacles" (Bandura, 1989b, p. 1176). Thus, self-efficacy has a significant influence on how one, feels thinks, and acts. Bandura (1977) identified four sources of information that form self-efficacy beliefs: performance accomplishments gained through actual experience; vicarious experience through observing others succeed; verbal persuasion such as feedback; and physiological or emotional cues, with a greater sense of self-efficacy from positive rather than negative cues. Of the four sources, performance accomplishments and vicarious experiences are considered the most significant contributors to developing self-efficacy in any area (Bandura, 1977; Schunk, 2012). Exploring the self-efficacy perceptions of faculty mentors is pertinent to bridging the gap in the literature on how mentors develop self-efficacy to function in a mentoring role.

In summary, there is an undeniable need to recruit and retain nurse educators to lessen not only the shortage of practicing RNs but also shortages of nursing faculty. Because many novice faculty are not prepared to assume the educator role, mentoring has become a viable strategy for successful transition from clinical practice to academia. Yet, there is little knowledge of how nurse faculty charged with mentoring novice faculty develop self-efficacy to function in a mentoring role. A focus on development and support of faculty mentors' self-efficacy may facilitate their ability to meet the needs of novice faculty transitioning to the academic role. Mentors are important to successful retention of novice faculty.

Problem Statement

Understanding how individuals develop mentor self-efficacy is needed to prepare mentors to assist novice faculty transitioning to academia. Most studies focusing on the mentor have identified characteristics of effective mentors, learning needs of mentors, and barriers to mentoring (Heale et al., 2009). While there has been a significant amount of research on the benefits and effectiveness in the mentoring process of nursing faculty (Cangelosi, 2014; Gardner, 2014; Nowell, 2014), there has been relatively little mention in the literature on how nurse educators develop the self-efficacy to function effectively in the mentoring role to novice nursing faculty.

Research Questions

The following overarching research question guided this study: How do nurse educators in selected baccalaureate nursing programs in Iowa and Nebraska describe the lived experience of developing self-efficacy to function effectively in the mentoring role to novice nursing faculty? The following are subquestions that arose from the overarching question:

1. How have Bandura's sources of self-efficacy influenced mentors' perception of their ability to mentor novice nursing faculty?
2. How do faculty mentors' sense of efficacy in mentoring novice faculty change over time with transition from novice to expert mentors?

Definition of Terms

Terminology for the purposes of this inquiry included the following definitions:

Mentee. The mentee is a novice nursing educator who enters into a formal mentoring relationship with a mentor (NLN, 2006).

Mentor. The mentor is recognized as an experienced nurse educator with the ability, desire, and expertise to guide and support a mentee or novice nurse faculty toward teaching excellence

(NLN, 2006). An experienced mentor is one who has mentored two or more novice faculty for a minimum of two semesters each.

Mentoring. Mentoring is an evolving relationship in which more-experienced faculty share their expertise, advice, and time with less-experienced faculty to support and guide their accomplishments and self-efficacy (Mijares, Baxley, & Bond, 2013; Schunk, 2012). Mentoring refers to a process in which an experienced nursing faculty mentor enters into a mentoring relationship with a novice faculty member (mentee) that is sustained for a minimum of two semesters.

Mentoring relationship. A mentoring relationship is a reciprocal process in that both the mentor and mentee willingly engage in a relationship that fosters the development and socialization of the novice nursing faculty into the educator role (Sawatzky & Enns, 2009).

Mentor self-efficacy. Self-efficacy of a faculty mentor refers to an individual's belief or judgment about his or her capability to successfully mentor novice nursing faculty (Bandura, 1977). A sense of self-efficacy is developed by four sources of information: (a) performance accomplishments stemming from successful enacting of a behavior, (b) vicarious experience derived from performance of a behavior following observation of another person modeling the behavior, (c) verbal persuasion or feedback from another individual on performance of a behavior, and (d) emotional reactions or feelings to a challenging situation (Bandura, 1977).

Novice nurse educator. The novice nurse educator refers to a nurse educator with less than two years of experience in nursing academia who lacks formal preparation in teaching and learning theory (Weidman, 2013).

Socialization. The socialization process of the novice educator into the academic role involves assuming a new identity through assimilating the knowledge, skills, values, and behaviors essential for functioning within the academic community (Anderson, 2009).

Assumptions/Limitations/Delimitations

Assumptions

Assumptions are beliefs pertaining to the research problem that are accepted as true without confirmation (Polit & Beck, 2014). The research questions in this study focused on nursing faculty mentors' lived experiences of developing self-efficacy in mentoring novice nursing faculty. The first assumption is that the faculty mentors voluntarily choose to participate in the interviews and provided open and honest dialogue about their experiences. All identifying information was kept confidential and secure. A second assumption was that the faculty mentors will have a general understanding of the term *self-efficacy*. The final assumption was that the researcher was knowledgeable about the faculty mentoring role, and used ethical decisions and practices in collecting and translating data.

Limitations

Polit and Beck (2014) described limitations of qualitative research applicable to this study. The subjectivity of information collected from participants can yield varying interpretations among researchers. In addition, a limitation of this phenomenological study design was that the qualitative data collected from a small number of participants may not translate to faculty mentors from other nursing education settings.

Delimitations

Delimitations refer to what a research problem will not address (Leedy & Ormrod, 2013). The study was limited to experienced nursing educators who have mentored novice nursing

educators. A delimitation of this study was that the research did not focus on nursing educators who have oriented but not mentored novice faculty educators.

Summary

This qualitative phenomenological study explored the lived experience of developing mentor self-efficacy for nurse educators mentoring novice nursing faculty at pre-licensure baccalaureate colleges of nursing in the states of Iowa and Nebraska. The shortage of qualified nursing faculty has resulted in many educational institutions hiring expert clinicians lacking formal teaching preparation. Because many newly hired faculty are not prepared to assume the educator role, mentoring support is essential for successful transition to the academic role (NLN, 2006; Schoening, 2013). Effective mentoring facilitates success in socialization, commitment, career satisfaction, and retention of novice educators (Dunham-Taylor et al., 2008; NLN, 2006; Nowell, 2014). Yet, there is little knowledge of how nurse faculty charged with mentoring novice faculty develop self-efficacy to function in a mentoring role. Mentor self-efficacy refers to one's belief or judgment about his or her capability to successfully mentor novice nursing faculty (Bandura, 1977). A focus on development and support of faculty mentors' self-efficacy may facilitate his or her ability to meet the needs of novice faculty transitioning to the academic role.

CHAPTER II: LITERATURE REVIEW

As nursing education programs attempt to keep up with the demand for educating nurses in an ongoing nursing shortage, these programs are simultaneously dealing with a shortage of qualified nursing faculty. Experienced expert clinicians, lacking formal preparation to assume the educator role, are frequently recruited to academia but are not always successful in making this transition (Anderson, 2009; McDonald, 2010). The transition from an expert clinician to a novice educator is challenging, especially when an individual lacks support or time to prepare for this new role (Cangelosi, Crocker, & Sorell, 2009). An insightful statement by Cangelosi, et al. (2009) identified the magnitude of this challenge: “Teaching is not a natural byproduct of clinical expertise, but requires a skill set of its own” (p. 369). Likewise, Anderson (2009) noted “Clinical expertise can facilitate the work-role transition, however facilitating the cognitive aspect of the transition involves support for developing skills as an educator” (p. 208). Mentoring by experienced nursing faculty has been identified in the literature as an essential strategy to support novice faculty in developing the skills, values, and behaviors needed to function in the new role (NLN, 2006). While there has been a significant amount of research on the benefits of mentoring novice nursing educators (Cangelosi, 2014; Gardner, 2014; Nowell, 2014; Schoening, 2013; Schriener, 2007), a gap exists in the literature on how mentors develop their self-efficacy to be effective in the mentoring role.

This study seeks to examine the lived experience of developing self-efficacy to function effectively in the mentoring role to novice nursing faculty. Given the importance of mentoring novice nurse educators, the literature review adds to the knowledge of how mentors develop self-efficacy beliefs and provides rationale for this study. Two theoretical frameworks are used to guide this study: Bandura’s social cognitive perspectives of observational learning through

modeling and self-efficacy; and Benner's theoretical model, entitled *From Novice to Expert*, which illustrates how nursing knowledge and skills are applied to nursing practice, education, research, and administration. Following this discussion, relevant research is presented on the mentoring process and mentoring relationships.

Social Cognitive Theory

The construct of self-efficacy is derived from Bandura's social cognitive theory (Schunk, 2012). Self-efficacy denotes how capable one feels in successfully performing a behavior or accomplishing a goal (Bandura, 1977; Schunk, 2012). Social cognitive theory, based on the view that learning occurs in a social environment, evolved from Bandura's research on how observational learning, self-beliefs, and self-control influence behavior (Bandura, 1977; Schunk, 2012). Bandura (1989) recognized that learning occurs not only enactively through actual performance, but also vicariously through observing or modeling what others perform; both are strong influences on self-efficacy (Schunk, 2012). According to Bandura (1989a), "People are neither driven by inner forces nor automatically shaped by their environment . . . they function as contributors to their own motivation, behavior, and development within a network of reciprocally interacting factors" (p. 8). Bandura posited that environmental factors, combined with personal beliefs, feelings, and thoughts, direct one's actions. Bandura also stressed that the cognitive processes of self-efficacy and self-control are significant determinants of what behaviors people choose to enact (Bandura, 1989b; Schunk, 2012). Bandura (1989b) identified the ability to exert control over one's actions as human agency.

Both observational learning through modeling and self-efficacy beliefs are integral to the mentoring process. Mentoring is an evolving relationship in which more experienced faculty share their expertise, advice, and time with less experienced faculty to support and guide their

accomplishments and self-efficacy (Mijares, Baxley, & Bond, 2013; Schunk, 2012). Modeling and self-efficacy are further explained in the following sections.

Modeling

Schunk (2012) identified modeling as “behavioral, cognitive, and affective changes deriving from observing one or more models” (p. 123). Observational learning through modeling is significant in that new behaviors are not likely to occur without prior exposure to the modeled behavior (Schunk, 2012). Mentoring is closely related to the concept of modeling in which mentees copy select behaviors of mentors. Mentees learn skills and successful strategies from mentors who effectively model such behaviors. Mentoring relationships typically comprise mutual learning and engagement over an extended period of time (Bozeman & Feeney, 2007). In this context, mentors can also improve their skills and mentoring self-efficacy from interaction with mentees (Jacobsen, & Sherrod, Saffold, 2005; Schunk, 2012).

Observational learning. Bandura identified four active processes of observational learning that further explain modeling and its significance to mentoring. These processes include attention, retention, reproduction, and motivation (Schunk, 2012).

In a mentoring relationship, *attention* refers to what information is meaningfully observed by the mentee (Schunk, 2012). A number of mentor and mentee-related factors affect the attention process. For example, when the mentee believes the modeled behavior or activity is worthwhile and the mentor is competent in modeling the behavior, the attention of the mentee is intensified (Schunk, 2012). Schunk (2012) defined *retention* as “organizing, rehearsing, coding, and transforming modeled information for storage in memory” (p. 128), and *reproduction* as the ability to turn the stored memory into appropriate actions. Bandura (1977) pointed out that the ability to carry out complex skills is not learned solely from observation, nor by trial and error.

People attain an initial approximation of a skill through modeling and then refine these skills with practice (rehearsing), feedback, and focused incremental demonstrations (Bandura, 1977; Schunk, 2012). *Motivation*, the fourth process of observational learning, has a major influence on whether a modeled behavior is enacted (Bandura, 1977; Schunk, 2012). The perceived value of the modeled behavior, along with the anticipated and actual consequences, influences the motivation to carry out the behavior (Bandura, 1977; Schunk, 2012). In other words, anticipation of positive outcomes from modeled behavior enhances the desire to copy the behavior.

Cognitive modeling. Learning occurs not only through observation but also from intellectual skills displayed by the model. Schunk (2012) referred to this type of learning as cognitive modeling. That is to say, mentees learn skills from mentors who model, explain, and demonstrate these abilities. In addition, when mentors convey their thought processes and reasoning underlying the performance, they are providing mentees with self-efficacy information (Bandura, 1977; Schunk, 2012). Bandura also noted the importance of learner similarity to models in that learners who see themselves as being like the model, not only see relevance of the learned behavior, but also believe success is attainable (Bandura, 1977; Schunk, 2012). For example, through modeling mentors share their expertise with mentees. Mentees who see themselves as similar to their mentors, are more likely to believe they can successfully perform in their new role.

Modeling applied to mentoring. The following example illustrates the use of modeling in mentoring relationships. Griffin (2012) conducted a mixed method study on how Black graduate students acquired knowledge of mentoring and advising undergraduate students, and how this experience influenced their subsequent mentoring relationships as professors. The

quantitative data were obtained from a national sample (n = 500) of Black faculty representing 59 U.S. academic institutions, and the qualitative data, from 28 Black professors in two university settings. Qualitative analysis revealed no formal preparation among participants on mentoring and advising students; rather, acquisition of these skills occurred primarily through observations of faculty mentors and advisors over the span of their undergraduate and graduate education (Griffin, 2012). In addition, quantitative results showed a positive correlation between the amount of time faculty spent mentoring and advising students and how well they socialized into their role as mentors (Griffin, 2012). Several conclusions can be drawn from this study. First, the results of the study are consistent with Bandura's social cognitive perspectives in that much of learning is attained through observation and similarity of models. Second, past experiences with mentoring has a role in shaping future mentoring skills.

It is important to point out that factors other than observational learning through modeling affect learning. According to Schunk (2012), factors include: developmental factors of the learner, prestige and competence of the model, vicarious consequences, outcome expectations, goal setting, values, and self-efficacy (p. 134, Table 4.4). The importance of self-efficacy in accomplishing a specific goal is addressed in more detail in the next section.

Self-Efficacy

Bandura (1977) referred to self-efficacy as one's perceived capability in carrying out a specific action or task and is a significant predictor of performance. Self-efficacy is also important in promoting a sense of agency, or the ability to regulate one's actions (Bandura, 1989b; Schunk, 2012). Schunk (2012) went on to explain that "self-regulation processes are self-observation, self-judgment, and self-reaction. . . . [and] occur prior to, during, and following task engagement" (p. 160). Self-efficacy can affect one's effort and persistence to engage in

activities (Schunk, 2012). Determining how capable one will be in performing and even attempting a particular behavior, centers on one’s anticipation of success, also called “efficacy expectations” (Bandura, 1977, p. 194). Sources of efficacy expectations (Figure 1), as described by Bandura, include “performance accomplishments, vicarious experiences, verbal persuasion, and physiologic states” (p. 195). Of the four sources, performance accomplishments and vicarious experiences are considered the most significant in developing self-efficacy expectations (Bandura, 1977; Schunk 2012). Sources of efficacy expectation are relevant to acquiring a strong sense of mentor self-efficacy.

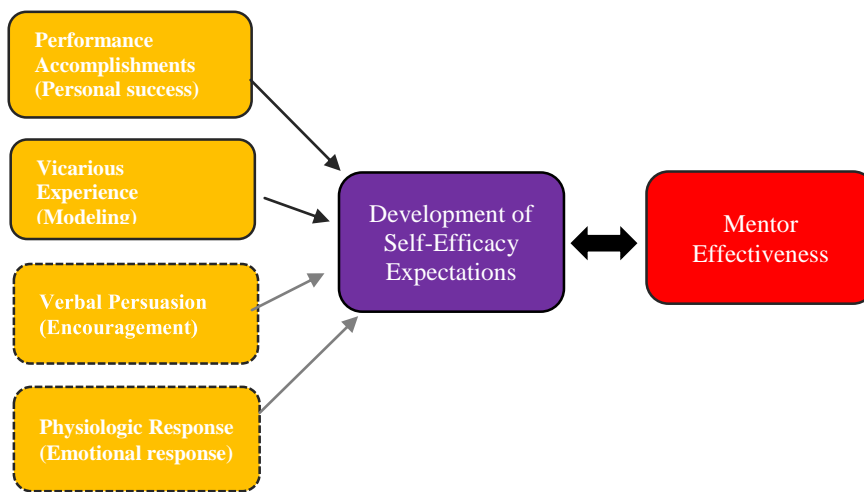


Figure 1. Sources of Mentor Self-efficacy adapted from Bandura (1997) p. 195

Performance accomplishments. According to Bandura (1977), the strongest influences in developing self-efficacy are performance accomplishments that involve “personal mastery experiences” (p. 195). Successful performances intensify the belief that future successes are possible, whereas recurrent failures weaken self-efficacy beliefs (Bandura, 1977). Research focused on understanding teacher self-efficacy gained through performance accomplishments is relevant to developing mentor self-efficacy among educators mentoring novice teachers.

Brannagan and Oriol (2014) identified increased self-efficacy levels of adjunct faculty teaching online when faculty were successful with teaching strategies and interactions with students. Similar findings were confirmed by Saffold (2005) in examining self-efficacy beliefs of eight teacher mentors who mentored novice teachers in an urban Midwestern school district. Saffold found that mentor self-efficacy was enhanced by increasing the number of mentoring experiences.

Vicarious experience. A sense of self-efficacy is increased with vicarious experiences including observational learning. Through vicarious experiences, learners measure their self-efficacy in future performance based on observed successes or failures of models (Schunk, 2012; Zulosky, 2009). Observing a mentor succeed in carrying out a difficult task tends to raise a mentee's self-efficacy and motivation to attempt the same task. On the other hand, a mentee who encounters a negative mentoring experience, doubts his or her ability, or simply performs poorly can be easily dissuaded from attempting the task (Schunk, 2012). Vicarious experiences through modeling can influence the self-efficacy development of both mentee and mentor.

Modeling, as previously described, is effective in raising self-efficacy when the environment facilitates success (Bandura, 1977). Effective mentoring programs, for example, promote an environment that facilitates success of mentees. Feldman et al. (2010) surveyed faculty at a health science university and found higher teaching self-efficacy scores for mentored faculty compared to faculty without a mentor. It was not known, however, if faculty with a high self-efficacy were more likely to seek out mentoring. Although no significant correlation between mentorship and enhanced self-efficacy was shown, the findings suggest mentees with more exposure to mentoring achieve a higher self-efficacy. Likewise, Nowell (2014) explored lived experiences of six novice nursing instructors and found that observing mentors teaching

students helped “gain a greater understanding of what clinical teaching might look like and how they could incorporate what they observed into their own teaching” (p. 123). Heale et al. (2009) examined clinical mentors’ self-efficacy with mentoring students in various health care disciplines and found that mentors commonly lacked confidence in their mentoring role. Mentoring development programs were identified as one of the most significant strategies to strengthen self-efficacy levels of mentors (Heale et al., 2009). These studies point to the importance of not only developing strong mentoring programs for novice educators, but also preparing mentors to model effective teaching strategies. In addition, these studies are consistent with Bandura’s findings that a structured learning environment enhances one’s self-efficacy in role performance.

Verbal persuasion. A way to enhance self-efficacy is through verbal persuasion. While not as effective in developing one’s self-efficacy as personal mastery, persuading someone that he or she can be successful contributes to raising self-efficacy (Bandura, 1977; Zulosky, 2009). However, Bandura cautioned that verbal persuasion without providing the opportunity to “facilitate effective performance will most likely lead to failures that discredit the persuaders and further undermine the recipients’ perceived self-efficacy” (Bandura, 1977, p. 198). Providing positive feedback, encouragement, and helpful advice to novice faculty is frequently identified in the nursing literature as essential in the mentoring process (Anderson, 2009; Barksdale, et al., 2011; Dattilo, Brewer & Streit, 2009; Dobie, Smith, & Robins, 2010; Dunham-Taylor, et al., 2008; Nowell, 2014; Roberts, Chrisman, & Flowers, 2013). Research conducted by Dattilo et al. (2009) on role perception among experienced nurse educators illustrates the importance of providing feedback in building self-efficacy of novice nurse educators. A major theme emerging from this study was the need for a dedicated mentor in addition to a thorough orientation.

Specifically, the ongoing guidance and feedback from a mentor was deemed crucial to successful transition to the academic role. Stemming from Bandura's (1989a) contention that verbal persuasion in the absence of enacting the behavior leads to failure and low self-efficacy, Heale et al. (2009) identified the value of incorporating measures of verbal persuasion, such as positive reinforcement, in faculty mentoring development programs to promote effective mentoring skills. Enhancing self-efficacy through verbal persuasion is relevant to mentors in successfully mentoring novice nursing faculty.

Physiologic response. Self-efficacy information can also be gleaned from emotional and physiological responses to stressful or demanding situations affecting perceived self-efficacy (Bandura, 1977). For example, an individual experiencing signs of stress and anxiety may not feel capable of performing a behavior, whereas an individual experiencing lower levels of stress may feel more efficacious in attempting the behavior (Bandura, 1977; Schunk 2012).

Bandura's theory on self-efficacy posited that anxiety and fear from stressful or threatening situations is considerably reduced and coping skills are learned when mastery is achieved through modeling (Bandura, 1977). Bandura also noted that learning to control fear from potential threats, can lessen the perceived threat. At the same time, it is noteworthy that for a person with higher self-efficacy, anxiety can serve as a motivator leading to greater effort and persistence in accomplishing a task (Bandura, 1977; Schunk, 2012).

The effectiveness of mentoring on easing the transition of novice faculty in their teaching roles has been frequently addressed in the nursing education literature. Specht (2013), in particular, found significantly lower levels of role conflict and role ambiguity (sources of stress) in mentored compared to non-mentored nursing faculty. In addition, Specht found lower levels of role conflict and role ambiguity in mentees reporting high quality mentoring experiences.

These findings suggest that removing stressors through effective mentoring, along with promotion of self-efficacy beliefs, helps facilitate successful transition of novice faculty to the academic role. Likewise, self-efficacy of a mentor may be enhanced when stressors associated with developing in the mentor role are addressed through mentoring development programs.

In summary, Bandura's (1977) social cognitive theory on modeling and self-efficacy explain efficacy development of faculty mentors' belief in their ability to mentor another faculty. Bandura put forth four sources of information affecting self-efficacy beliefs: performance accomplishments from personal experiences leading to mastery, vicarious experiences providing opportunity to observe successes and failures of models, verbal persuasion received from others experiences, and physiological and emotional responses such as stress and anxiety (Bandura, 1977; Schunk, 2012). Bandura's (1977) theory of self-efficacy supports the notion that mentoring can improve self-efficacy of mentees. Mentors can also achieve a high level of mentoring self-efficacy from successful interaction with mentees. Early stages of transitioning to a mentoring role as a mentor or to a teaching role as a mentee are critical to the overall performance in these roles. The next section will examine Benner's novice to expert theoretical model applied to novice nursing faculty learning educator skills and competencies and nurse educators learning mentor skills and competencies.

Benner's Novice to Expert Theoretical Model

According to Chinn and Kramer (2011), nursing research in the 1970s and 1980s trended to "qualitative dimensions that characterized nursing's role not as what nurses do but as the essence of what nursing is" (p. 44) with insights gained from situational observation of practicing nurses. Most notable was Benner's research on experiential learning in nursing

practice through examination of how nurses acquired skills and understanding of patient care over time (Benner, 2001; Brykczynski, 2014). Benner's interpretive research, based on the Dreyfus five-stage model of adult skill acquisition (Dreyfus, 2004), culminated in the publication of Benner's book *From Novice to Expert* first published in 1984. Benner's research has been applied to a variety of general and advanced areas of practice, including nursing education (Brykczynski, 2014).

The Dreyfus model posited that skill acquisition stems from situational experiences as one progresses through five levels of proficiency: novice, advanced beginner, competent, proficient, and expert (Dreyfus, 2004). The Dreyfus model depicted three key changes in skill performance while progressing from novice to expert:

1. less reliance on abstract principles or rules and more on concrete experiences,
2. develops a holistic perspective of situations rather than separate aspects, and
3. becoming an engaged performer rather than a bystander (Dreyfus, 2004).

Stages of Skill Acquisition

A brief description of each stage of the Dreyfus model applied to a nursing role clarifies how proficiency is developed when moving through the stages of skill acquisition.

Novice. A novice or beginning level nurse has limited situational experience and skills and thus relies on formal theories, established guidelines, and direction to guide performance (Benner, 2001). Consequently, performance is often tentative and inflexible when unable to discern the most relevant tasks to perform (Benner, 2001). Benner (2001) most aptly put it this way: "Experience is needed before the nurse can apply the guidelines [abstract principles] to individual patients" (p. 22). It is important to note that any experienced nurse transitioning to a new role is a novice and limited in performance at that level (Benner, 2001). For example, an

expert nurse clinician accustomed to being an expert will function at a novice level when beginning in a nurse educator role. The same is true for a nursing faculty mentor in that the individual will initially function as a novice when transitioning to the mentor role.

Comparable findings were evident in studies by Hurley and Snowden (2008), and Nowell (2014). Based on Benner's novice to expert stages model, Hurley and Snowden (2008) studied the skill acquisition of clinical nurses mentoring nursing students and found novice mentors implemented only a few teaching and assessment strategies in a strict by-the-book manner (Hurley & Snowden, 2008). Nowell's (2014) phenomenological study of experienced clinicians new to the role of nurse educators also identified experiences consistent with novice level of functioning. One participant described initial struggles of role transition as: "Never had I . . . tried to manage eight students . . . I never had taught a lab before so you had to try to figure out how to do that as well" (Nowell, 2014, p. 122). Adjusting from the role of expert nurse clinician to novice educator is difficult when an individual faces unfamiliar situations.

Advanced beginner. An advanced beginner has acquired somewhat competent skills from managing recurring situational events (Benner, 2001). The recognition of important themes or cues from actual experiences or those pointed out by a mentor is termed "aspects of the situation" in the Dreyfus model (Benner, 2001). For example, a nurse can recognize fear or anxiety from the way a patient asks about a procedure. Benner (2001) went on to explain that the advanced beginner lacks the ability to differentiate the importance of aspect recognition. Thus, a focus of precepting or mentoring is on guiding the advanced beginner with aspect recognition and setting priorities.

Competent. According to Benner (2001), competence is reached after two or three years' experience in the same setting and is marked by the ability to think and plan more

analytically and prioritize actions in patient situations. The nurse feeling a sense of mastery and is competent, organized, and efficient most of the time; however, the nurse “lacks the speed and flexibility of a proficient nurse” (Benner, 2001, p. 27). Hurley and Snowden (2008) noted that nursing faculty mentors at the competent stage had moved from simply focusing on essentials of student learning to what individual students require in their learning development. This comment is also relevant to mentors in that a strong mentoring relationship assists the mentee in obtaining competence and self-efficacy to be successful in the teaching role.

Proficient. The proficient nurse perceives and understands situations in a holistic manner rather than separate aspects, which improves efficiency with decision making (Benner, 2001). Benner also noted that experienced nurses anticipate what events are likely to occur and can prioritize and modify plans appropriately. In contrast to the competent nurse, the proficient nurse determines the most important aspects of a situation, therefore considering fewer options in addressing the problem (Benner, 2001). In a similar manner, a proficient nurse educator with greater knowledge and experience of the learning environment can easily and accurately assess student needs and develop teaching strategies to meet those needs (Hurley & Snowden, 2008). With this in mind, it is relevant that a faculty mentor at this stage of skill acquisition, having gained experience and understanding of the mentoring process, is more self-directed in carrying out his or her role.

Expert. The expert nurse, with a deeper understanding from experience, performs with an intuitive grasp of situations and focuses on the most relevant problems at hand (Benner, 2001). An expert nurse makes clinical judgments and manages complex situations without relying on formal rules and guidelines, unless unfamiliar situations are encountered or alternatives are not available (Benner, 2001). Hurley and Snowden (2008) concurred with

Benner in that the expert nurse educator intuitively recognizes student needs with precision. In addition, assessing and teaching students becomes a natural aspect of the educator's daily work. Likewise, the expert faculty mentor has an intuitive understanding and the self-efficacy required to easily guide and support the mentee through successful development in the faculty role.

In sum, advancement through the stages of skill acquisition reflects the use of past concrete experiences over abstract concepts, along with viewing situations from a holistic perspective and few relevant aspects (Benner, 2001). At each stage, knowledge and skill are refined and expanded with experience and clinical expertise. In addition, the novice-to-expert concept of skill acquisition is relevant not only to novice nurse educators but also to nurse educators developing mentoring skills.

Competencies of Nursing Practice

Benner's research not only validated the application of the Dreyfus Model of Skill Acquisition to nursing but also led to domains and competencies describing nursing practice (Benner, 2001; Brykczynski, 2014). Utilizing an interpretive phenomenological approach, Benner interviewed and observed nurses from novice to expert levels of practice. Thirty-one competencies folded into seven domains of nursing practice emerged from the data: (a) helping role, (b) teaching-coaching function, (c) diagnostic and patient-monitoring function, (d) effective management of rapidly changing situations, (e) administering and monitoring therapeutic interventions and regimens, (f) monitoring and ensuring the quality of health care practices, and (g) organizational and work-role competencies (Benner, 2001, p. 46). Central to these domains was an emphasis on "developing understanding of perceptual acuity, clinical judgement, skilled know-how, ethical comportment, and ongoing experiential learning" (Brykczynski, p. 121). This

research enhanced understanding of how knowledge and skills are gained and embedded in nursing practice.

Nurse Educator Core Competencies

Benner’s (2001) research is applicable to how expert clinical nurses transitioning as novice educators to academia gain expertise in the competencies associated with the educator role. While many of the domains of nursing practice identified by Benner (2001), pertain to clinical practice, most are analogous to the Core Competencies for Nurse Educators established in 2005 and updated in 2012 by the NLN (2015). The core competencies for nurse educators include: a) facilitate learning, b) facilitate learner development and socialization, c) use assessment and evaluation strategies, d) participate in curriculum design and evaluation of program outcomes, e) function as a change agent and leader, f) pursue continuous quality improvement in the academic nurse educator role, g) engage in scholarship, service and leadership, g-1) function as a change agent and leader, g-2) engage in the scholarship of teaching, and g-3) function effectively within the institutional environment and the academic community (NLN, 2015, p. 5). Table 1 illustrates areas of congruence among the Domains of Nursing Practice and the Core Competencies of Nurse Educators (Benner, 2001; Gilbert & Womak, 2012; NLN, 2015). In sum, the expected core competencies of nurse educators parallel the domains of clinical nursing practice.

Table 1

Domains of Nursing Practice and Core Competencies of Nurse Educators

Benner’s Domains of Nursing Practice	Core Competencies of Nurse Educators
Helping role	Facilitate learning Facilitate learning development

Teaching-coaching function	Facilitate learner development and socialization
Diagnostic and patient-monitoring function	Employ assessment and evaluation strategies
Monitoring and ensuring quality of healthcare	Pursue continuous quality improvement in the academic nurse educator role
Organizational and work-role competencies	Engage in scholarship of teaching, service and leadership; function effectively within the institutional environment and the academic community

Note. Benner’s Domains of Nursing Practice are from Benner (2001); and the Core Competencies of Nurse Educators are from NLN (2015).

Several recent studies have addressed nurse educator competencies including factors that influence development of competencies (Gardner, 2014) and administrators’ expectations of entry-level (novice) nurse educator competencies (Poindexter, 2013). Gardner’s (2014) phenomenological study explored the development of competencies among eight master’s prepared nurse educators with five or more years of teaching experience. Most participants had no formal preparation in teaching and learning prior to their teaching experience. Gaining confidence in teaching took two to three years and feeling competent took more than three years (Gardner, 2014). In addition, teaching competencies, such as teaching styles, developed through observation (modeling) of mentors and from student feedback (Gardner, 2014). These findings support assertions by Bandura that learning occurs vicariously through observation and modeling. Gardner’s study is limited, however, because of the small sample size from a small number of institutions.

Poindexter (2013) conducted cross-sectional survey research to identify the expectations of entry-level nurse educator competencies by nursing program administrators and to identify how competency requirements varied by types of academic institutions. This was a large study with 374 nursing program administrators (44% response rate) of prelicensure accredited RN

programs from all regions of the U.S. The Nurse Educator Competencies survey, designed for this study, incorporated the task statements from the NLN Nurse Educator Competencies (2015) and Benner's (2001) novice to expert model of skill acquisition. Poindexter found that administrators expected novice nurse educators seeking entry-level teaching positions to be "at least competent to proficient in their ability to perform a majority of nurse educator role responsibilities" (p. 559). However, expected proficiency levels of competencies differed somewhat based on the position of the educator and the type of academic setting. Research-based institutions, for instance, placed a greater emphasis on scholarly role competencies, whereas liberal arts colleges focused more on teaching-learning and practice competencies. Community colleges tended to emphasize competencies within specialized areas of clinical nursing practice (Poindexter, 2013). This study looked at the development of proficiency from various levels. It is clear that while nursing program administrators expected entry-level nurse educators to be at a competent level, findings in the literature indicated this goal has not been attained (Gardner, 2014; Hurley & Snowden, 2008; Poindexter, 2013).

The findings from the above studies resonate with elements of modeling and self-efficacy from Bandura's social cognitive theory and the stages of skill acquisition from Benner's novice to expert model. Both of these theoretical perspectives, developed in the 1980s, contribute to the understanding of successful transition and socialization of nursing faculty into a new role. These findings also identify the need for graduate programs to include content and practical experience in each of the competencies with the goal of easing the transition of entry-level faculty into the academic role (Poindexter, 2013). In addition, Benner's (2001) comment "experiential learning is enhanced in supportive learning communities and organizational climates" (p. xi) supports the need for mentoring to ensure a successful transition of novice faculty. This also underscores the

significance of recognizing expert clinicians transitioning to the academic role entering with a novice level of proficiency, requires development of skills over time and must be supported in this process. The next section expands on the discussion of role transition.

Role Transition of Expert Nurse to Novice Nurse Educator

Establishing what has been researched and written about role transition of novice nurse educators provides a greater perspective on where to focus efforts in gaining new knowledge and understanding of the mentoring process. The following sections highlight findings in the literature spanning 35 years on role transition of expert nurse clinicians to novice nurse educators. In addition, common themes found in the literature are discussed.

Early Literature Reviews

Morin and Ashton (2004) along with McDonald (2009) described findings from separate literature reviews on faculty transition from 1980 through 2007. The former was a critical review of nursing and allied health literature from 1980 through 2001. While there was a substantial amount of literature on role transition, most reports were anecdotal (Morin & Ashton, 2004). Although 19 of the reports cited by Morin and Ashton (2004) met established quality of evidence criteria for quantitative and qualitative studies; most of these were descriptive research and only four pertained to nursing faculty. Five qualitative studies focused on new faculty experiences; however, data collected were primarily from department chairs and administrators rather than from nursing faculty. Morin and Ashton (2004) concluded that the quality of evidence from the combined findings was at the lowest level. With this in mind, it is noteworthy that commonalities existed among the studies: (a) new faculty found the first several years to be stressful, (b) considerable time was spent acclimating to new role, (c) a lack of support motivated new faculty productivity, (d) orientation was minimal and lacked

dissemination of important information, and (e) the stress associated with faculty transition was lessened with formation of collegial and mentoring relationships (Morin & Ashton, 2004). A significant finding among the four studies specific to nursing faculty was the presence of extended faculty development plans for novice faculty beyond the standard orientation, including the use of a designated resource person or mentor (Morin & Ashton, 2004). This review points to the emphasis on mentoring transitioning faculty using either informal or formal methods, since at least the 1980s.

Building on previous research, McDonald's (2009) literature review from 1995 through 2007, combined with a personal reflection on the clinical adjunct faculty role, revealed three overarching themes related to the transition of nursing faculty from clinical practice to the academic role including: "knowledge deficit, culture and support, and salary and workload" (p. 126). Knowledge deficit pertained to the organizational culture, clinical and classroom instruction, educator competencies, and classroom technology. Culture and support pertained to the socialization process, such as adjusting to social norms and role expectations. Noncompetitive salaries and heavy workload were commonly seen as detriments to recruitment and retention of qualified faculty (McDonald, 2009). McDonald concluded that having a master's degree in nursing—with an emphasis in education theory, curriculum and evaluation, along with mentoring support—was considered essential in easing the transition of novice faculty into the educator role. While McDonald's work was significant in identifying themes, it is important to point out that it was not mentioned whether the literature cited was peer reviewed studies or anecdotal literature. Nevertheless, it is apparent that establishing a mentoring process remained a focus in the literature, especially for novice faculty entering academia lacking a

background in teaching and learning theory. It is also noteworthy that these early literature reviews did not identify how faculty in mentoring roles developed effective mentoring skills.

Contemporary Literature

Since 2007, there have been many qualitative studies using either a grounded theory (Clark, 2103; Schoening, 2013) or a phenomenological approach (Anderson, 2009; Anibas, Brenner, & Zorn, 2009; Cangliosi, Crocker, & Sorrell 2009; Duphily, 2011; Gardner, 2014; Nowell, 2014; Paul, 2015; Schriener, 2007; Weidman, 2013) to explore the transition of experienced clinicians into faculty roles in undergraduate nursing programs. Most of these studies investigated the lived experiences of novice faculty in their new role for less than three years (Anderson, 2009; Anibas et al., 2009; Cangliosi, 2014; Cangliosi et al., 2009; Clark, 2013; Duphily, 2011; Schriener, 2007; Weidman, 2013). Gardner (2014) and Schoening (2013), on the other hand, interviewed faculty with five or more years of teaching experience, and Paul (2015) studied perceptions of role transition from both novice clinical adjunct faculty and experienced full-time faculty.

Like earlier findings by Morin and Ashton (2004) and McDonald (2009), the more recent studies identified stressors among novice faculty transitioning from a clinical nurse expert role to an educator role. Researchers reported consistent indicators of stress in the early stages of transition among nursing faculty, such as “in over my head” (Anderson, 2009, p. 205), “buckle your seatbelt” (Cangliosi et al., 2009, p. 369), “overwhelming feeling of facing the unknown” (Nowell, 2014, p. 122), “sink or swim” (Clark, 2013, p. 108), and “dancing as fast as I can” (Duphily, 2011, p. 124). Anibus et al. (2009) found that novice faculty with limited employment contracts expressed “a feeling of expendability” (p. 216) because of the temporary nature of the position. Schriener (2007) noted that new faculty experienced cultural dissonance when values

from clinical practice conflicted with values of academia. Stress and uncertainty among novice faculty commonly pertained to not having a background in educational theory (Cangliosi et al., 2009; Duphily, 2011; Gardner, 2014; Schriener, 2007; Weidman, 2013). The lack of theoretical knowledge elicited feelings of being unprepared and insecure in the academic role.

Similar to previous studies, it was also evident in more recent studies that mentoring played a big role in successful transition to the educator role. Duphily (2011) interviewed six novice faculty on their lived experience of transitioning to the academic role. Novice faculty reported that their nursing background and clinical expertise were insufficient to step into the teaching role without mentoring support and guidance (Duphily, 2011). Duphily concluded “mentorship can be the single most influential way to assist not only in the successful development and retention of novice nursing educators but also for the long-term maturation of nurse faculty members” (2011, p. 126). Gardner’s (2014) study explored the lived experience of seven known effective nurse educators, who had taught at least five years, to understand how educators develop in the academic role. Like Duphily, Gardner found that mentoring, either formal or informal, was essential for affecting teaching styles and gaining confidence and competence in the role.

Anderson (2009), Clark (2013), and Schoening (2013) described stages of transition similar to the progressive changes noted in Benner’s (1991) novice to expert stages of transition. Anderson (2009) in defining role transition as “the human experience associated with entering a new community of practice”, used the metaphor of a “mermaid swimming in a sea of academia” to depict the changing roles of a clinical expert nurse to a novice faculty: “Patterns included sitting on the shore, splashing in the shallows, drowning, treading water, beginning strokes, and throughout the waters” (p. 203-204). Clark (2013) explored the socialization process of staff

nurses transitioning to clinical nursing faculty. The stages of transition described by Clark reflected role strain and distinct points of adjustment in the socialization process of clinical nursing faculty. The five stages included: beginning the role, developing survival strategies, reaching a turning point, sustaining success, and finding fulfillment in the role (Clark, 2009). In a similar fashion, the Nurse Educator Transition (NET) model, derived from Schoening's study on the socialization process of clinical nurses to nurse educator, identified four phases of transition reflecting Kramer's theory of reality shock and role ambiguity: anticipation/expectation, disorientation, information seeking, and identity formation (Schoening, 2013, p. 168). In sum, experiences similar to Benner's description of the stages of skill acquisition from novice to expert are apparent in these studies describing how expert clinicians transition as novice faculty into the educator role.

Common Themes

The following summarizes common themes found in the literature on role transition of novice nursing faculty. Many of the themes noted in the early literature were also evident in the more recent studies: the lack of formal pedagogical preparation for teaching, stress and anxiety, role strain and role ambiguity, and the need for organizational support and mentoring in facilitating transition. It is not surprising that the same themes have been addressed in the literature spanning at least three decades considering the continuing nurse faculty shortage and other related factors. According to AACN (2014), ongoing contributing factors to the faculty shortage include: an alarming increase of faculty retirements, higher compensation in non-education settings that pulls current and potential faculty away from teaching, and inability to educate enough master's and doctorally-prepared nurses to teach in nursing programs because of a shortage of faculty at this level.

A common theme related to difficulty with role transition over the years has been a lack of education courses in graduate programs for prospective nurse educators. Beginning in the late 1970s and early 1980s, there was a shift away from education courses in master's degree nursing programs to a focus on preparing graduates for advanced clinical practice roles (AACN, 2014; Joynt & Kimball, 2008). In addition, the emphasis on research over educational theory has been evident in many doctoral nursing programs (AACN, 2004; Joynt & Kimball, 2008). Subsequently, there have been efforts to recreate education tracks along with integration of the NLN Core Competencies of Nurse Educators into graduate programs (NLN, 2015).

Strong orientation programs along with ongoing faculty development, mentoring, and institutional leadership have been identified as critical for faculty in mastering their role as nurse educators (Gardner, 2014, NLN, 2008; Weidman, 2013). It has also been noted many current faculty with concrete knowledge of educational theory and strong mentoring skills are nearing retirement age (NLN, 2006; AACN, 2015a). Anderson (2009) found that "clinical expertise can facilitate the work-role transition, however facilitating the cognitive aspect of the transition involves support for developing skills as an educator" (p. 208). This finding speaks intensely to why mentoring in a supportive environment is commonly identified in the literature as a necessity for successful transition of novice faculty to the educator role. The next section will further explore the significance of mentoring in role transition of novice nursing faculty.

Mentoring

Mentoring has a long history across many disciplines including nursing academia and has been commonly recognized as a strategy for career development and professional growth (Chung et al., 2010; Falzarano & Zipp, 2012; Foote & Solem, 2009; Fuller, Maniscalco-Feichtl, &

Droege, 2008; Kay, Hagan, & Parker, 2008; NLN, 2006). The NLN's (2006) position statement in promotion of faculty mentoring identified the value of mentoring as follows:

relevant across the entire career continuum of an educator, and encompasses orientation to the faculty role; socialization to the academic community; development of teaching, research, and service skills; and facilitation of the growth of future leaders in nursing and nursing education. (p. 1)

Likewise, Dunham-Taylor et al. (2008), identified mentorship as “the single most influential way to successfully develop new nursing faculty, reaping the benefits of recruitment, retention, and long-term maturation of future nurse mentors” (p. 337). There is a gap in the literature establishing the impact of mentoring on mentees' desire to become mentors to future novice nursing faculty. Anecdotes reveal that positive mentoring experiences have inspired mentees to model quality mentoring to future novice faculty (Dunham-Taylor et al. 2008; Smith & Zsohar, 2005; Hubbard et al. 2010).

Although much literature exists on the mentoring process of novice faculty, relatively little research has been conducted on the perceptions of mentors in developing their role (Turnbull, 2010). Understanding the challenges mentors encounter in developing their mentoring skills, self-efficacy, and confidence in various aspects of the role can help administrators design educational strategies to support mentors (Fuller et al., 2008; Dobie, Smith, & Robins, 2010; Moseley & Davies, 2007). This section of the literature review presents information on faculty mentoring beginning with definitions surrounding the mentoring process. Mentoring relationships will be discussed followed by benefits and barriers to effective mentoring relationships. Finally, development of mentors in achieving self-efficacy skills for mentoring will be explored.

Mentoring Defined

Examining the concept of mentoring through a review of the literature provides a greater understanding of definitions and uses of the concept. Several conceptual analyses and critiques of mentoring have been addressed in the literature (Bozeman & Feeney, 2007; Hodgson & Scanlan, 2013; Mijares et al., 2013). Following a concept analysis, Bozeman and Feeney (2007) concluded that the research on mentoring spanning decades is fragmented across disciplines, in part, because of a lack of a clear definition and usage of the term mentoring. Furthermore, Bozeman and Feeney (2007) noted that most researchers have either cited Kram's (1983, 1985) description (stages of mentoring) or failed to differentiate related concepts of mentoring such as training, coaching, or socialization, thus limiting theory development of the mentoring concept. Bozeman and Feeney went on to offer the following definition:

Mentoring: a process for the informal transmission of knowledge, social capital, and psychosocial support perceived by the recipient as relevant to work, career, or professional development; mentoring entails informal communication, usually face-to-face and during a sustained period of time, between a person who is perceived to have greater relevant knowledge, wisdom, or experience (the mentor) and a person who is perceived to have less (the protégé). (2007, p. 731)

According to Bozeman and Feeney (2007), the above definition reduces some of the ambiguity noted in the literature. For example, no mention of a hierarchical relationship moves previous attention on an authoritative figure, as the mentor, toward inclusion of alternative forms of mentoring such as peer mentoring, team mentoring, and "diversified mentoring relationships" (p. 724) involving various gender, racial, or ethnic groups. Another key aspect of this definition is

an informal transmission of knowledge as opposed to formal instruction of job requirements, which is not considered mentoring (Bozeman & Feeney, 2007).

Hodgson and Scanlan (2013) examined the concept of mentoring in relation to nursing leaders. Based on a review of the literature, four defining attributes of mentoring were identified that echoed components of the definition given by Bozeman and Feeney (2007), including differing levels of experience between mentor and mentee, showing a mutual respect and common goals, willingness by mentor and mentee to engage in the relationship, and sharing of knowledge (p. 391). Mijares et al. (2013) analyzed the concept of mentoring for common meanings and uses across the varied disciplines of nursing, anthropology, business, education, psychology, and social work. Similar to the findings of the researchers previously discussed, Mijares et al. (2013) found that mentoring was commonly identified as “an interpersonal interaction between a seasoned mentor and a novice protégé, which includes supporting, guiding, teaching, encouraging, and role-modeling” (p. 25).

Definitions of mentoring found in the literature pertaining to nursing academia parallel other disciplines; however, consistent with other findings, nursing researchers have utilized varying definitions with no one commanding definition having emerged (Turnbull, 2010). Precepting and orienting are terms sometimes associated with mentoring of nursing faculty (Smith, Hecker-Fernandes, Zorn, & Duffy, 2012). Precepting is more commonly recognized as a short-term orientation of new faculty in which the preceptor provides direct supervision and feedback on specific work responsibilities (Smith et al., 2012). Mentoring of nursing faculty has commonly been viewed in the literature as an experienced faculty member guiding, advising, and supporting an inexperienced or novice faculty member as the novice transitions to the educator role (Dunham-Taylor et al., 2011; Green & Jackson, 2014; NLN, 2006). The NLN *Mentoring*

Toolkit published in 2008 more precisely defined mentor and mentee in the following way: “The term mentee includes anyone who enters into a mentoring relationship with a mentor, whether it is formal or informal, assigned by an administrator or selected by the mentee” (p. 1). Mentoring relationships are further explored in the following sections.

Mentoring Relationships

Mentoring is often recognized as a reciprocal relationship in that both the mentor and mentee must be willing to engage in the process to sustain the relationship (Allen, Eby, & Lentz, 2006; Billings & Kowalski, 2008; Kram, 1983). Mentoring relationships among academic faculty have been described in the literature as formal, informal, or a combination of the two. Traditionally, mentoring in higher education has occurred in informal relationships that develop spontaneously when individuals choose each other (Bryant-Shanklin & Brumage, 2011; Green & Jackson, 2014). A structured approach to pairing mentors and mentees occurs with formal mentoring relationships and is typically arranged by employers (Borders et al., 2011; Green & Jackson, 2014). Mentoring in higher education has evolved into a more structured process as organizations are seeing the benefits of mentoring such as career enhancement, increased job satisfaction, and retention of faculty (Bryant-Shanklin & Brumage, 2011; Borders et al., 2011; Green & Jackson, 2014).

Types of mentoring have also been described in the nursing literature as peer mentoring and co-mentoring (NLN, 2008):

Peer mentoring occurs when the new faculty members themselves pool their information and expertise and support each other. Co-mentoring is characterized by reciprocity and involves listening and being listened to, teaching as well as learning, and offering and obtaining information and support through recurrent dialogue. (p. 1)

Both types of mentoring stress the mutual aspects of empowerment as opposed to the traditional hierarchical perception of the mentor in the mentoring relationship (NLN, 2008). There is no clear consensus, however on which approach to mentoring is more effective and few studies were found linking specific outcomes of formal or informal mentoring relationships in higher education (Allen et al., 2006; Jacobsen & Sherrod, 2012). More research is needed to identify best practices in forming mentoring relationships.

Mentoring Models

The NLN in 2006 stressed the importance of mentoring for developing new faculty. Mentoring of faculty encompasses orientation to role, socialization to academia, research, service, and facilitation of faculty growth in nursing education (NLN, 2006). According to Jacobson and Sherrod (2012), outside of anecdotal notation, there is a gap in the literature demonstrating effectiveness of mentoring models or frameworks for nurse educators. Yet, several models clarifying mentoring relationships have been developed (Kram, 1983; Rheineck & Roland, 2008).

Kram's (1983) conceptual model was derived from unfolding intensive interviews of 18 managers paired in mentor-mentee relationships as these relationships developed. Kram's model demonstrated how a mentoring relationship moves through the phases of initiation, cultivation, separation, and redefinition over an average of five years. Kram also described two supportive functions within the mentoring relationship. Career functions focus on career advancement and learning organizational life. Psychosocial functions, through role modeling and guidance, focus on developing the mentee's sense of confidence and competence (Kram, 1983). With a successful relationship, both parties grow personally and professionally; however, conditions such as organizational and interpersonal barriers can contribute to destructive relationships

(Kram, 1983; Green & Jackson, 2014). The Rheineck Mentoring Model (2008) was based on findings from an exploratory study of 21 female doctoral students in mentoring relationships with female faculty throughout their academic and professional careers (Rheineck & Roland, 2008). Consistent with Kram's mentoring model, the Rheineck model identified personal and professional domains as necessary components in the mentoring relationships at various phases of the mentees' academic and career development (Rheineck & Roland, 2008).

Within nursing academia, several nurse educator mentorship models have been described in the literature in which mentoring relationships encompass interactive processes mutually beneficial to the mentee and mentor. Schumacher, Risco, and Conway (2008) developed the Schumacher model based on the NLN's 2006 Position Statement for guiding the mentoring process and mentoring relationships for nurse educators. The Schumacher model focuses on the mentee and mentor strengths to foster growth and development of novice faculty through promotion of scholarship and excellence. Jacobson and Sherrod (2012) proposed a transformation-transcendence mentorship model. This model, while similar to the Schumacher model, emphasizes the congruency and fit as the crucial component of a successful mentor-mentee relationship. "If the mentor and mentee are not a good fit, then interaction will have constraints and growth will be restricted" (p. 282). These models, however, have not been tested. There is a definite need for development and testing of mentoring frameworks or models in nursing academia.

Benefits of Mentoring

The benefits of mentoring for individuals and organizations have been a focus of research over the past three decades (Bryant-Shanklin & Brumage, 2011). Most researchers agree that the benefits of effective mentoring relationships are central to the development of instructional

skills, socialization into academia, career satisfaction, and advancement and retention of faculty (Bryant-Shanklin & Brumage, 2011; Feldman et al., 2010). Undoubtedly mentoring matters in promoting success throughout the career of individual educators.

Mentoring has been linked to job satisfaction, retention, and career advancement (Chung & Kowalski, 2012; NLN, 2008; Gutierrez, Candela, & Carver, 2012; Myler, Buch, Harerty, Ferrari, & Murphy, 2014; Thorndyke, Gusic, & Milner, 2008). Chung and Kowalski (2012) conducted a nationwide study of full-time nursing faculty to identify the relationship among the dimensions of mentoring quality, job stress, psychological empowerment, and job satisfaction. Nearly 40% of participants in the study were in mentoring relationships, and job satisfaction was significantly higher in this group compared to non-mentored faculty (Chung & Kowalski, 2012). Thorndyke et al. (2008) studied outcomes of a formal medical faculty mentoring program in which there was a purposeful matching of a mentee with a mentor for guidance on a defined project. Over a span of four years, 165 faculty members participated, and outcomes were measured at multiple periods. Findings indicated a high satisfaction with pairings and a positive impact on career development.

Several other studies have addressed differences in satisfaction of mentoring relationships among clinical and research or instructional faculty (Chung et al., 2010; Feldman et al., 2010). Chung et al. (2010) found no significant difference in job satisfaction between clinical and instructional faculty in a medical school; however, clinical faculty were less satisfied with how they were mentored and with career advancement. Feldman et al. (2010) reported that clinical faculty in a health science college were significantly less likely to have a mentor than research faculty. In addition, those with mentors were more satisfied with work assignments and had a

higher self-efficacy score than those without a mentor (Feldman et al., 2010). Faculty satisfaction is a favorable outcome of the mentoring process.

Some studies have linked the timing of mentoring to career satisfaction. Chung et al. (2010), and Hubbard et al. (2010) found that developing effective mentoring relationships in the initial stages of a teaching career have been associated with increased job satisfaction and retention of faculty. Blood et al. (2012) studied the role of mentoring women faculty with unique needs such as part-time positions and parenting responsibilities. Survey results of faculty identified mentoring gaps in developing and achieving career goals. Researchers concluded that mentoring strategies address career stages and include a framework for assessing mentoring gaps (Blood et al., 2012).

More recently, the nursing literature has identified the importance of mentoring across the career continuum (NLN, 2006; Anibas et al., 2009; Chung & Kowalski, 2012; Hubbard et al., 2010). According to NLN (2006), an important strategy in recruiting and retaining faculty is an ongoing commitment to the mentoring process across the career continuum. While early career mentoring helps the novice learn the intricacies of the faculty role, mid-career mentoring is more long-term and individualized support as “they identify and test innovative pedagogies, propose new solutions to problems, and evolve as educator/scholars in local, regional, and national arenas” (NLN, 2006, p. 4). Mid-career faculty members may seek mentors for academic leadership positions (NLN, 2006). Ongoing mentoring opportunities for late career faculty members are particularly significant to the mentoring process in that as experienced educators they often undertake the role of mentor (NLN, 2006). This discussion of career-long benefits points to the overwhelming need to educate faculty about the concept of mentoring through

professional development programs. Concepts related to mentoring should also be added to graduate and undergraduate curricula (NLN, 2006).

Smith et al. (2012) surveyed 31 faculty from one university to determine perceptions of mentoring at early-, mid-, and late-career phases and to identify the organization's support of precepting and mentoring processes. Findings indicated that clinical instructors were more satisfied with precepting and mentoring than the academic and distance-site faculty. It was thought clinical instructors had more opportunities for professional engagement as avenues for growth and support, thus not feeling the same need for mentoring. In the early career subscale, the highest mean values pertained to a welcoming community, possibly meaning less support was provided over time. Three themes emerged from the qualitative data: (a) "need for precepting and mentoring that changes with time, (b) lack of an organizational philosophy and supporting mechanisms, and (c) together but separate" (p. 501). It was noted that faculty expressed the need for career development resources not only at the start of employment but also at later junctures in their careers (Smith et al., 2012). An ongoing commitment to establishing and nurturing a culture of mentoring, including development of effective mentoring models, requires support from administrators, the nursing faculty, and all involved in nursing education.

Barriers to Mentoring

Although mentoring was found to be an integral component of career development and retention of academic faculty, significant barriers to successful mentoring have been identified in the literature. Inappropriate pairing or matching of the mentor and mentee can lead to frustration, resentment, and increasing pessimism in both parties (Kram, 1985). The mentee and mentor should be properly matched based on personality and learning styles. In addition, both

the mentee and mentor should articulate clear, specific goals and expectations (Sawatzky & Enns, 2009).

Lack of formal preparation of mentors can have significant consequences. Nursing faculty designated as mentors often do not have adequate preparation; many are experts in their discipline with little exposure to learning theory or practice of teaching (Anibas et al., 2009; Sawatzky & Enns, 2009). Other barriers identified included lack of time and availability of the mentor, poor communication skills, lack of a mentoring plan, and lack of direction and support from administration (Anibas et al., 2009; Dunham-Taylor et al., 2008; Sawatzky & Enns, 2009).

In sum, the potential benefits of mentoring are well documented; however, educators need to be aware that negative mentoring experiences have reduced career and psychosocial development and job satisfaction (Kram, 1983; Green & Jackson, 2014). These findings call for organizations to ensure that supportive environments including mentoring training are in place.

The Expert Mentor

An effective mentoring program has three key components (Dunham-Taylor et al., 2008; NLN, 2006; Sawatzky & Enns, 2009). First, the program is supported by an institutional culture that values mentoring and provides it with a formal organizational home. Second, the mentor is an experienced educator who has passion, confidence, and the expertise to guide others toward teaching excellence. And third, the mentee has flexible and timely access to the mentor. Integral to the mentoring process are the characteristics of the ideal mentor. Mosely and Davies (2008) examined attitudes of 86 nurse mentors in the United Kingdom toward their role. The nurse mentors in this study were trained to be mentors to novice nurses and represented all branches of nursing. Although mentors viewed the social and interpersonal aspects of the role positively and felt they were easily achieved, they found the cognitive aspects to be more difficult to achieve.

The researchers noted that preparation for the mentor role should include content on how to give structured feedback and assessment of student knowledge and performance (Mosely & Davies, 2008). These findings are not surprising in that a mentor new to the role would be in a novice or beginning phase. In other words, a new mentor needs time to develop into the mentoring role.

Sawatzky and Enns (2009) developed a formal mentoring program based on a faculty mentoring needs assessment. A cross-sectional survey based on the literature was utilized to identify mentor roles and responsibilities, effective mentor characteristics, benefits and drawbacks of being a mentor, and stressors for new faculty. Similar to findings by Mosely and Davies (2008), Sawatzky and Enns (2009) found that the important roles and responsibilities of mentors identified by participants focused more on career function, such as the teaching role, than the psychosocial functions of the role. However, caring was also seen as integral to the mentoring role through providing encouragement and support. Sawatzky and Enns (2009) concluded that the mentor characteristics rated as desirable, such as trustworthiness, respect, approachability, willingness to share information, and good listening skills, were all components of caring. Barriers to mentoring were identified as lack of time with mentees and lack of support in fulfilling the mentor role (Sawatzky & Ennis, 2009). These conclusions speak to the need to adequately prepare mentors and provide an environment conducive to meet the needs of novice faculty.

Self-Efficacy of Mentors

Heale et al. (2009) conducted a study of 121 clinical mentors across a variety of health care disciplines in Canada. The survey administered was based on the concept of self-efficacy and confidence levels associated with the mentor role. In addition, participants answered open-ended questions on supports and barriers to mentoring. Both the survey questions on self-

efficacy and the open-ended questions had similar responses. Findings revealed that clinical mentors across all disciplines are not always confident in their mentoring role. Most notable was the lack of confidence in identifying the learning needs of students, adjusting to teaching styles when challenges to student learning arose, helping students apply research to practice, and evaluation of student learning (Heale et al., 2009).

Barriers to mentoring were consistent with those found in the literature (Moseley & Davies, 2007; Foote & Solem, 2009; Potter & Tolson, 2014; Sawatzky & Enns, 2009), such as lack of time and resources, inadequate role preparation, isolation from other educators, and balancing multiple roles and priorities. Supports identified also resonated with the findings in the literature (Dobie et al., 2010; Foote & Solem, 2009; Potter & Tolson, 2014; Sawatzky & Enns, 2009), including provision of resources, formal preparation, and consistent communication with program faculty and other mentors (Heale et al., 2009). The finding of a lack of confidence reflecting low perceived self-efficacy in performing the mentoring role correlates with Bandura's (1977) Self-efficacy Theory. Expectations of self-efficacy were based upon four key areas of information: performance accomplishments, vicarious experience, verbal persuasion, and physiological state (Schunk, 2012). The clinical mentors in this study showed a low confidence in mentoring skills perhaps from having no mentor to guide their skill development through, for example, vicarious experiences or verbal persuasion. In addition, lack of preparation for mentoring would identify them as novice mentors according to Benner's (1991) From Novice to Expert Model. It is important to point out an outcome of effective mentoring relationships is reciprocal learning that occurs over time; therefore, mentors can improve their skills and mentoring self-efficacy from interaction with mentees (Jacobson & Sherrod, 2012).

Summary

The review of literature supported the aim of this study: to examine the perceived self-efficacy of nurse educators in mentoring novice faculty. Bandura's (1989) theoretical perspectives of modeling and self-efficacy, along with Benner's (1984) From Novice to Expert Skill Acquisition model, provided understanding of how the mentoring process facilitates the transition of a novice faculty to the academic role. Additionally, these theoretical perspectives presented an appropriate framework to investigate mentors' development of self-efficacy in performing the mentoring role. Self-efficacy included four main sources of influence: personal mastery experiences, vicarious experiences, verbal persuasion, and emotional and physiological responses. Discussion included the application of Benner's model to the development of core competencies of a nurse educator and relevance of self-efficacy of the mentor. This review of literature next focused on the research findings pertaining to the role transition of expert clinicians to novice educators and the influence mentors exert in facilitating a successful transition. Finally, this chapter provided a review of relevant literature on the concept of mentoring, mentoring relationships, benefits and barriers to mentoring, and self-efficacy development of mentors.

CHAPTER III: METHODS AND PROCEDURES

This chapter presents a discussion of the research study methods and procedures including the research design, sample and setting, ethical considerations, data collection procedures, data quality measures, and data analysis procedures. The purpose of this qualitative phenomenological study was to explore the lived experience of developing self-efficacy for nurse educators mentoring novice nursing faculty at pre-licensure baccalaureate colleges of nursing in the states of Iowa and Nebraska. The following overarching research question guided this study: How do nurse educators in baccalaureate nursing programs in the states of Iowa and Nebraska describe the lived experience of developing the self-efficacy to function effectively in the mentoring role to novice nursing faculty?

Research Design

A qualitative phenomenological research method was utilized for this study. Social constructivism, a worldview with an interpretive framework, is associated with qualitative phenomenological research (Creswell, 2013). According to Creswell (2013), constructivist researchers rely on the participants' perspective of a phenomenon as it is experienced with the goal of interpreting the common meaning of the lived experience. The phenomenological method of inquiry involves an emergent design that is fluid and evolves naturally from broad, general questions allowing participants to construct the meaning of an experience (Creswell, 2014). Using an emerging research design, phenomenological researchers collect data in natural settings with face-to-face interaction and establish themes from inductive and deductive analysis (Creswell, 2014). Phenomenological research is appropriate for exploring select individuals' common experiences of a phenomenon to gain a deeper perspective of a phenomenon or to promote a change in practice (Creswell, 2013). In addition, Leedy and Ormrod (2013) stated that

“when little information exists, when variables are unknown, when a relevant theory base is inadequate or missing, a qualitative study can help define . . . what needs to be studied” (p. 139).

A phenomenological method was appropriate for this study as it seeks to identify a common meaning among nurse faculty mentors of their lived experiences of developing self-efficacy for mentoring novice nursing faculty. With the researcher as the primary instrument of data collection and analysis in this study, an inductive process was used to reflect on each participant’s story separately, then collectively when all participants’ stories were merged into common themes (Creswell, 2013). A deductive process of analysis was also employed, as the researcher consistently checked the emergence of themes against the data (Creswell, 2013).

Participants

Researchers using phenomenological studies seek individuals who have experienced a particular phenomenon and can express what it is like to have lived that experience (Creswell, 2013). Creswell noted that the more diverse the participants are, the more difficult it is for the researcher to gain common perspectives and themes of the investigated phenomenon. For this reason, it was important to intentionally choose participants most likely to increase the researcher’s understanding of the phenomenon (Creswell, 2013).

Sample

The appropriate size of a sample is based on the design of the study and includes data saturation, or the point at which no new information is attained (Creswell, 2014; Polit & Beck, 2014). Leedy and Ormrod (2013) pointed out that phenomenological studies often include three to 10 participants. This study used a purposive sample of seven nurse educators who shared a common experience of having mentored novice faculty members and who met the inclusion criteria. This was an adequate sample size for this phenomenological study, in that the

participants were knowledgeable of faculty mentoring, could articulate and reflect on their experiences, were willing to participate (Polit & Beck, 2014) and that saturation level was achieved in relationship to the research questions (Creswell, 2014).

Inclusion and Exclusion Criteria

Inclusion criteria for the participants in this study consisted of current nursing faculty having a master's degree or higher in nursing and having taught part time or full time in a baccalaureate degree nursing program for a minimum of five years in the traditional face-to-face or hybrid classroom. The participants were identified by the head of the program as having mentored at least two novice faculty members through an established mentoring process. In addition, the mentoring period for each novice faculty was a minimum of one year or two semesters. Exclusion criteria were nursing faculty who did not have a master's degree in nursing, had not taught in nursing education in a traditional face-to-face classroom for at least five years, and had not mentored at least two novice nursing faculty for at least two semesters for each mentoring experience.

Demographics

A demographic survey (Appendix F) was completed by each participant just prior to beginning the interview. Table 2 identifies demographic data of participants in this study. All seven female participants were experienced mentors to two or more novice nursing faculty. The participants' experience as nurse educators ranged from 7 to 38 years and the average age of participants was 56.5 years. Six participants were master's prepared faculty, two of whom were enrolled in a doctoral program. One participant was doctorally prepared. Three participants identified having had no mentor preparation. Five participants had mentor preparation such as attendance at a structured program or session focusing on the mentoring role.

Table 2
Demographic Data of the Participants

Participant	Age	Degree	Years as Faculty	Years of Classroom Teaching	Number of Novice Faculty Mentored	Formal Mentor Preparation
Pat	54	EdD	14	14	3	Workshops
Jane	68	MSN	37	37	2+	Workshops
Deb	49	MSN	19	19	3	No
Shirley	47	MSN	6.5	6.5	2	No
Rita	67	MSN	40	40	3	Workshops
Paula	61	MSN	25	25	10	No
Nancy	50	MSN	20	10	7	Workshops

Research Settings

The research settings for this study consisted of five nursing colleges purposefully selected from among pre-licensure baccalaureate degree nursing programs approved by state boards of nursing in of Iowa and Nebraska. Nursing programs selected by the researcher based were based on the presence of an established faculty mentoring process, as well as availability and access to faculty with mentoring experiences.

Ethical Considerations

Prior to recruiting participants or conducting the study, the researcher obtained approval from College of Saint Mary, Institutional Review Board (IRB). Next, an inquiry letter (Appendix A) was e-mailed to the heads of State Board of Nursing approved baccalaureate nursing programs in Nebraska and Iowa to determine the presence of an established faculty mentoring program and request access to possible study participants meeting inclusion criteria.

The inquiry letter to the heads of program included details of the study and data collection procedures, the approval letter from the College of Saint Mary Institutional Review Board (IRB), request for that college's IRB approval if needed, and a request to forward the Participant Recruitment Letter (Appendix B) by email to faculty meeting inclusion criteria. Each of the participants who met the inclusion and exclusion criteria were purposefully selected based on request from heads of program for access to qualified participants and subsequent participant response to inquiry letters. The researcher established a time and location for the interview that was convenient and comfortable for the participant. Participant consent and confidentiality was ensured in accordance with the Informed Consent Form found in Appendix C. The right of participants to withdraw from the study at any time was upheld. Anonymity was protected by using pseudonyms to identify both participants and the associated nursing programs in which they are employed. The researcher maintained dignity and respect for participants throughout the data collection process. Audiotapes and e-mail correspondence were kept in a private, secure location and will be destroyed upon completion of the research. Transcripts were available only to a professional transcriptionist, the researcher, an editor, and those involved in the audit process. During the process of gathering, organizing, and analyzing the data, the researcher assured that the data on the audio recording and computer were secure with password protection.

Researchers in phenomenological studies “explicitly identify their biases, values and personal background that shape their interpretations formed during a study” (Creswell, 2014, p. 187). As a nurse educator with a background in mentoring novice faculty, the researcher of this study recognized and attempted to bracket those experiences (Creswell, 2013).

Procedures

Data Collection Instrument

Creswell (2014) identified four types of data collection procedures used in qualitative studies: observation, interviews, public or private documents, and audio and visual materials. Face-to-face, one-on-one, semi-structured interviews were conducted in this study. Creswell (2014) noted that this type of data is advantageous when it is not feasible to directly observe participants in their natural environment. Disadvantages of interview strategies include the potential for biased responses from participants because of the presence of the researcher, and a lack of consistency among participants in the ability to clearly articulate perceptions of the phenomenon under study (Creswell, 2014).

In qualitative research studies, the researcher is the instrument for data collection in a naturalistic setting (Creswell, 2014). Data collection in a phenomenological study commonly involves in-depth interviews with a small number of participants who can share their experience and meaning of the phenomenon (Creswell, 2013). Face-to-face, semi-structured interviews were appropriate for this study in that they encouraged participants to elaborate on important aspects and personal relevance of the phenomenon (Polit & Beck, 2014). An advantage of using a face-to-face interview approach to collecting data is that the researcher can establish rapport with the participants, as well as instilling a sense of trust and comfort in answering questions truthfully and uninhibited (Creswell, 2013). The interview consisted of a series of general open-ended questions using a researcher designed interview protocol (Appendix D) that encouraged participants to openly convey thoughts about the phenomenon (Polit & Beck, 2014).

Interview Setting

Interviews were conducted in a private, quiet location chosen by the participants. Two recording devices were placed on a table between the researcher and the participant. The start and stop times of the interview were stated for the recording.

Interview Procedure

In qualitative studies, it can be difficult to elicit information from a limited number of interview questions without imposing one's bias (Creswell, 2013; Leedy & Ormrod, 2013). To help control for bias, the researcher will follow an interview protocol (Appendix D). According to Leedy and Ormrod (2013), while collecting data, the researcher brackets, or "suspends any preconceived notions or experiences that may unduly influence what the researcher 'hears' the participants saying" (p. 146). It was critical that the researcher in this study identified and suppressed any predetermined beliefs and attitudes about the phenomenon to remain open to the true meaning by the participant (Polit & Beck, 2014).

The researcher began each session by asking for consent to participate in the study followed by an explanation of the nature of the study, the intended use of the results. Consent to participate in the study was signed and a copy was given to participants prior to the start of each interview. In addition, a copy of The Rights of Research Participants (Appendix E) was reviewed. Each participant was then assured of strict confidentiality, noting that each participant and college would be given a pseudonym in the written study (Creswell, 2013). Participants were informed that they had the option to withdraw from the study at any time without penalty.

After the consent was signed and prior to the start of the interview, the participant was asked to fill out a short demographic survey (Appendix F). Finally, participants were offered the opportunity to have questions clarified by the researcher before starting the interview.

Once informed consent was obtained, a semi-structured face-to-face interview lasting 45 to 60 minutes was completed utilizing an interview protocol (Appendix D). Interviews were audio taped on two digital recorders, with minimal notes taken by the researcher. The researcher listened carefully, was respectful and polite. The researcher encouraged the participant to talk, if needed, by making neutral mannered gestures, for example, maintaining eye contact or giving verbal cues such as “go on” or “can you explain that a little further” (Creswell, 2013; Leedy & Ormrod, 2013). After the interview, the researcher turned off the recorder and thanked the participant for her willingness to engage in the study. Following the interview, the researcher made written field notes on the observation form (Appendix G) to supplement the recorded data with the researcher’s personal reflection of the interview (Creswell, 2014).

Storing Data

The researcher used pseudonyms instead of actual names as one method of assuring participant anonymity (Creswell, 2013). In addition, the researcher kept signed consent forms, recordings, and transcripts including back-up copies in a secure location. The consent forms, recording, and transcripts will be destroyed when no longer needed at the conclusion of the study.

Data Quality Procedures

Creswell (2013) considered “validation in qualitative research to be an attempt to assess the accuracy of the findings, as best described by the researcher and the participants” (p. 249). Various strategies are used by researchers to ensure validation of the research process and to

assess the accuracy of the findings (Creswell, 2014; Polit & Beck, 2014). The strategies used in this study were member checking, peer debriefing, and an audit trail.

Member Checking

Creswell (2014) identified member checking as the process used by the researcher to solicit participants' views of the accuracy of the findings. Credibility of the findings were established in this study when the researcher asked participants to verify their transcripts and preliminary themes derived from the transcriptions of the interviews, as well as to identify any missing information (Creswell, 2014). Interview transcriptions were emailed to seven participants and all replied to the researcher request to validate accuracy of the interview statements. One participant noted two misrepresented terms that were subsequently corrected. Another participant modified several grammatical errors and eliminated words for clarification of statements. All other participants verified accuracy of transcripts.

Peer Debriefing

Peer debriefing is an external check performed for accuracy that adds to the validity of the study (Creswell, 2014). A peer with a Doctorate of Education and not directly involved in the study provided a thorough peer review of the study. This individual reviewed intended purpose statement, research questions, planned procedures approved by the College of Saint Mary Institutional Review Board, interview transcripts, the coding process and resulting themes that emerged from the qualitative data analysis. The peer reviewer indicated that the research questions and processes were appropriate to the study design, that researcher bias was held in

check, that identification of themes was systematic and that interpretation and discussion of findings were valid considering the intent of the study (Appendix H).

Audit Trail

Polit and Beck (2014) identified the use of an audit trail in which the researcher's systematic documentation allows an objective assessment of the process, findings, and conclusions. An audit trail (Appendix I) performed by the researcher's Doctoral Committee Chair provided an assessment of the study assuring the validity of all processes (Creswell, 2014). Instrument development and implementation were monitored. Documentation of interview sessions including raw transcripts and filed notes, coding processes and emergent themes were reviewed and found to be consistent with approved processes and procedures. All protections for participant confidentiality were verified.

Data Analysis Procedures

The phases of data analysis (Figure 2) based on steps of analysis described by Creswell (2014) were utilized in this study. Upon completion of data collection, the participant interview recordings were transcribed verbatim by a professional transcriptionist. All transcripts were verified for accuracy through member checking. The interview transcripts were then reviewed by the researcher to gain a general sense of the overall meaning of the data (Creswell, 2014) and for commonalities related to Bandura's (1989) *Sources of Self-efficacy* and Benner's (1984) *Novice to Expert Skill Acquisition model*. The researcher identified relevant phrases pertaining to the lived experience of developing mentor self-efficacy and the transition from a novice to expert mentor. From this initial review of the transcripts, along with an appraisal of the field notes, preliminary themes and subthemes emerged. The interview transcripts were then imported into NVivo software to organize and code the responses into themes and subthemes derived from

the interview questions. A deeper analysis of the NVivo output led to further refinement of the themes and subthemes based on points of commonality and differences found among participants. The results of the emerging themes were then assimilated into a rich narrative description of the themes and subthemes stemming from the participants' perspective. The last step of data analysis was the interpretation of findings in which the researcher identified how the narrative outcome were linked to findings from the literature and the theoretical perspectives how faculty mentors develop a sense of self-efficacy in mentoring novice nursing faculty.

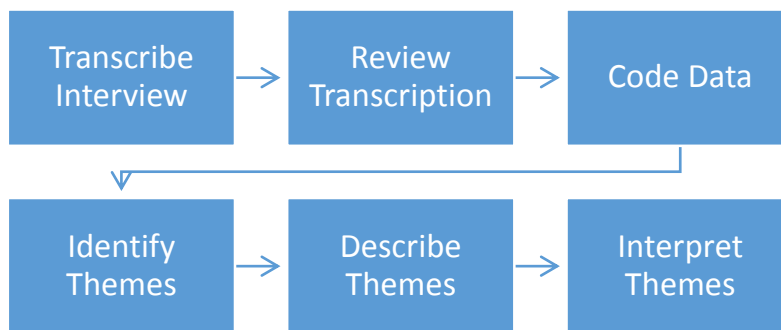


Figure 2: *Phases of Data Analysis adapted from Creswell (2014) p. 197*

Summary

This chapter presented the proposed research study methods and procedures including the research design, sample and setting, ethical considerations, data collection procedures, data quality measures, and planned data analysis procedures. A qualitative phenomenological research design was used in this study to explore the lived experience of developing self-efficacy for nurse educators mentoring novice nursing faculty at pre-licensure baccalaureate colleges of nursing in the states of Iowa and Nebraska. The participants were nurse educators functioning in a mentoring role, purposefully selected from colleges of nursing with established mentoring programs. After receiving appropriate approval to conduct the study, faculty mentors meeting inclusion criteria were recruited and interviewed by the researcher. The purpose of this qualitative phenomenological study was to explore the lived experience of developing self-

efficacy for nurse educators mentoring novice nursing faculty at pre-licensure baccalaureate colleges of nursing in the states of Iowa and Nebraska. The following overarching research question guided this study: How do nurse educators in baccalaureate nursing programs describe the lived experience of developing the self-efficacy to function effectively in the mentoring role to novice nursing faculty?

CHAPTER IV: RESULTS

Mentoring is central to the successful transition of novice nursing faculty from clinical practice to academia. Understanding how faculty mentors develop self-efficacy to function effectively in a mentoring role may facilitate their ability to meet the needs of novice faculty transitioning to the academic role. The purpose of this qualitative phenomenological study was to explore the lived experience of developing mentor self-efficacy for nurse educators mentoring novice nursing faculty at pre-licensure baccalaureate colleges of nursing in the states of Iowa and Nebraska.

Through the data collection and analysis procedures described in chapter three, the researcher gathered significant information representing seven participants' experiences of developing mentor self-efficacy. Participant interviews were professionally transcribed and verified through a member check process including the opportunity for further reflection and comments. Each participant agreed that the transcript data provided a truthful account of the interview. The interview transcripts were initially reviewed by the researcher to gain a general understanding of the data, followed by an analysis using NVivo 11 to determine emerging themes (Creswell, 2014). The overarching research question and subquestions of the study follow:

Research Questions

Overarching Research Question

How do nurse educators in baccalaureate nursing programs describe the lived experience of developing the self-efficacy to function effectively in the mentoring role to novice nursing faculty?

Sub Questions

1. How have Bandura's sources of self-efficacy influenced mentors' perception of their ability to mentor novice nursing faculty?
2. How do faculty mentors' sense of efficacy in mentoring novice faculty change over time with transition from novice to expert mentors?

This chapter is divided into three sections. The first section is a preface which summarizes the participants' perceptions of mentoring effectiveness including the definition of mentoring and characteristics exhibited by an effective mentor. The preface provides confirmation of the underlying premise of this study that the participants were qualified mentors with mentoring experience. The second section focuses on the participants' experiences in developing mentoring self-efficacy based on sources of efficacy expectations described by Bandura (1977). The third section focuses on participant experiences as they transitioned from novice to expert mentor based on Benner's (1984) theoretical model *Novice to Expert*.

Preface on Mentoring Effectiveness

This study was based on the premise that the participants were experienced nursing faculty mentors with common interpretations of the definition of mentoring and agreement regarding the characteristics of an effective mentor. During the interviews, the participants identified definitions of mentoring and behaviors exhibited by effective mentors consistent with the concept of mentoring found in the literature.

Definition of Mentoring

The participants offered similar definitions of mentoring displayed in figure 3. The definitions of mentoring encompass the themes of guidance and support, ongoing process, reciprocal relationship, and informal relationship. A discussion of each theme follows.



Figure 3: *Definitions of Mentoring*

Guidance and support. Each of the participants recognized the importance of a mentor guiding and supporting a mentee as they transition into the academic role. Paula stated that “mentoring is providing guidance to a novice faculty person . . . [and] all aspects of education. So, I think it's important that they [take] step[s] on their own, but mainly be there as a support and a role model.” Nancy added, “mentoring is more about supporting and guiding that person rather than just telling them what to do.” Shirley explained,

We have a core value here, it’s called ‘know the way, show the way’ and to me that's mentoring. Sometimes it's learning together. I don't think that a mentor necessarily knows all the answers all the time, but they know where their resources are to help that novice person find their way.

Jane described mentoring as:

Helping someone learn to feel comfortable in the role part of being comfortable in the role might be learning how to accomplish things in the organization but that has to

come as they feel the need for it. It's providing that kind of information when they need it, not according to a timetable set by the institution.

Jane emphasized, "It's not just giving information but it might be asking probing questions that allow the junior faculty member to explore what this new teaching role means for them and how they can develop in that role."

Reciprocal relationship. Participants acknowledged that the reciprocal nature of mentoring relationships involves mutual respect, shared goals, and a willingness to engage. Rita commented, "I think it's an interdependent kind of relationship in that I have something to give and they, as well, have something to give We're on an even playing field." Rita further explained, "I always tell people I never have all the answers and everybody will develop their own individual style. Just because somebody may be good with a particular style doesn't mean that somebody else would be." Pat explained that mentoring is "taking someone sort of under their wing there's a comfort level between the two of you where the mentee can feel comfortable asking questions or coming to you with concerns." Pat emphasized, "there has to be some sort of a personal connection."

Informal relationship. In addition to mentoring viewed as a reciprocal relationship, participants emphasized the informal nature of mentoring relationships that may or may not stem from a formal mentoring experience. Jane viewed a formal relationship as "an extended orientation of a new faculty member in which a department chair or program head asks a senior faculty member to assume a mentoring role with a novice faculty member for a period of one academic year." Jane discussed two types of informal mentoring relationships:

The novice faculty member seeks out a senior faculty member for a variety of reasons. Previous knowledge [of] or relationship with that person, or they see them as someone

that they feel comfortable with . . . or they have come to identify that senior faculty member as an expert.

Jane went on to explain that the second type of mentoring occurs when “a senior faculty member recognizes that a junior faculty member may have some needs . . . and begins to provide the kind of support that junior faculty member might need outside of the formal mentoring relationship.”

Deb described how formal mentoring relationships often progress to an informal relationship when a strong bond is formed between the mentor and mentee:

They’re assigned for a year If there’s a strong relationship between the two, they really do last longer. If it’s not a strong relationship, then it usually ends at the end of that year. Typically, what I’ve seen is that the new person has made a connection with someone and they end up kind of being in an informal, long-term mentor relationship.

Ongoing process. Participants recognized mentoring as an ongoing process beyond a formal orientation period. Rita described mentoring as “an ongoing process [in] that the door would be always open. Orienting is the newness, the uniqueness of the course . . . and clarifying roles and expectations. Mentoring is on a higher plane and involves orienting and beyond.”

Deb added,

There has to be an informal process because as novices the anxiety levels are high and they need information as to what the role is going to entail. But then as time passes, it’s more the informal conversations that are also very valuable. So, I think both processes are important. The formal process, the informal conversations, and problem solving that continues . . . one to two years even after they start in their new role.

Shirley explained that, “Orienting is [about] policies and procedures. Mentoring is more drawn out. . . . even when that person is independent.” Shirley added, “They still have somebody they

can run things by. Give me your input. What’s your experience? How would you handle this? Should I be concerned by these sorts of things?”

Mentor Characteristics

During the interviews, the participants shared their perceptions of the characteristics of effective mentors and how they embraced those characteristics. Figure 4 illustrates an overview of mentor characteristics identified by participants including the themes: cognitive, interpersonal, and role commitment.

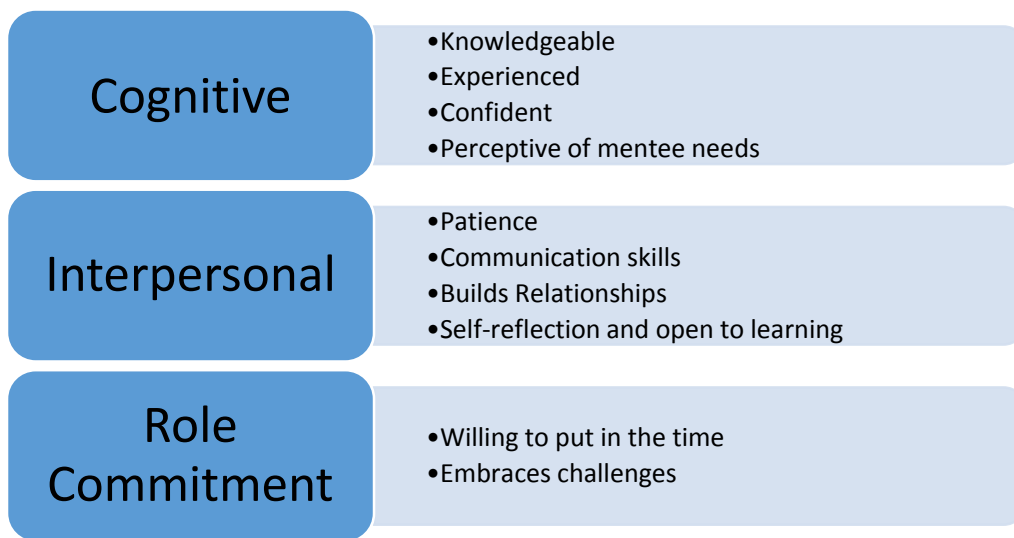


Figure 4: *Characteristics of an Effective Mentor*

Cognitive characteristics of effective mentors identified by participants included individuals who are knowledgeable, experienced, confident, and perceptive of mentee needs. Nancy emphasized, “you have to be very knowledgeable in what it is you’re mentoring them on, as well as, in helping them achieve their goals.” Paula offered, “someone who is well read in both the field of education and in their specialty area, so that if they get asked questions they don’t feel particularly challenged.” Pat recognized the importance of being an experienced mentor: “it’s having enough time in the field so that you know what’s going on.”

Several participants emphasized confidence as an essential mentor characteristic. Shirley

offered, “I think, first of all, it has to be somebody that is confident but not arrogant someone who is comfortable admitting that, I don't know, but I can help you find out.” Paula added, “you have to be confident in your own abilities because I think you need that to allow the person to step out and make decisions on their own.”

An effective mentor is also perceptive of mentee needs. Pat described this characteristic when she stated: “I know what I struggled with, so . . . just trying to put yourself in their shoes . . . I've been here for five years and so I kind of knew the ropes here.” Nancy noted,

You have to be able to adjust your perception of what you think needs to be done based on what level that person is you have to be a good guide, not someone that can tell somebody what to do, but you need to be able to guide them and provide them with resources.

Jane shared her perspective:

I think I'm an observer. I try to be alert to what a novice faculty member is experiencing. I remember what it was like for me as a new faculty member, what I experienced. I think that's part of reflective learning. That kind of discernment from my own experience in the role and then being able to be aware of how a new faculty member is moving through that role. Being alert. Listening sometimes to what students have to say who may be in that faculty member's class and be able to reflect that back to them.

Interpersonal characteristics of an effective mentor, identified by participants, included having patience, excellent communication skills, capacity to develop supportive relationships, and self-reflection. Exhibiting patience with a mentee was commonly expressed by participants as an important aspect of a mentoring relationship. Shirley stated, “I think a strong mentor is also someone who is patient and not judgmental.” Rita furthered the notion of patience as the

“ability to bite your tongue and possibly see things from a different point of view and possibly become less ethnocentric in hearing other people's values and beliefs about teaching.” Nancy added “mentors need to have a lot of patience because sometimes when you're mentoring people they don't always get where you want them to be.”

Participants believed that excellent communication skills were integral to developing supportive relationships with mentees. Paula emphasized interpersonal skills of an effective mentor as, “good communication skills, open minded, accepting of other ways of doing things, being able to give constructive criticism, [and] being open to constructive criticism for yourself too if something isn't going right.” Paula further reflected on the significance of open communication: “I think that's very important for me to be open and talk with them about what's going on, but again, allowing them independence to kind of step forward and do things the way they want to.” Jane acknowledged, “I think an effective mentor is a listener.” Nancy concurred “I think you have to be a good listener. You have to understand where that person is.”

Participants commonly identified the importance of mentor self-reflection and openness to learning. Rita viewed self-reflection as “the ability to know yourself and knowing what your strengths and weaknesses are and not projecting, or be careful in projecting your value system onto someone else.” Jane commented that a mentor is “someone who has already gone through the process of developing... their comfort in the role of educator but is still open to learning and developing in that role. So, they're a reflective learner.” Nancy stated, “You have to be a self-reflector on your own mentoring and be able to adjust to what your mentee needs.” Nancy went on to add: “I think you have to have a sense of humor because sometimes things don't always go the way you think they should and you have to be able to step back and look at that.”

Role commitment as viewed by participants included the desire to be a mentor,

willingness to spend the time mentoring novice faculty, and individuals who embrace challenges. Pat explained that experienced faculty are not always effective mentors: “Being experienced or seasoned, but I'm not exactly sure that it's the most important thing I think there has to be a level of desire to be in relationship.” Pat added, “a mentoring relationship done right takes a lot of effort.” Paula shared,

I enjoy working with other people and helping them learn and learning from them. There has to be a willingness to take the extra time and an enthusiasm for sharing knowledge and wanting to help bring new faculty in and to be successful.

Description of Findings on Self-efficacy

All seven participants identified common experiences as mentors during the interview process. Participants spoke candidly about their experiences in developing self-efficacy to mentor novice nursing faculty. Themes pertaining to sources of self-efficacy (Bandura, 1977), were addressed by participants including performance accomplishments, vicarious experiences, verbal persuasion, and physiological responses and are illustrated in Figure 5.

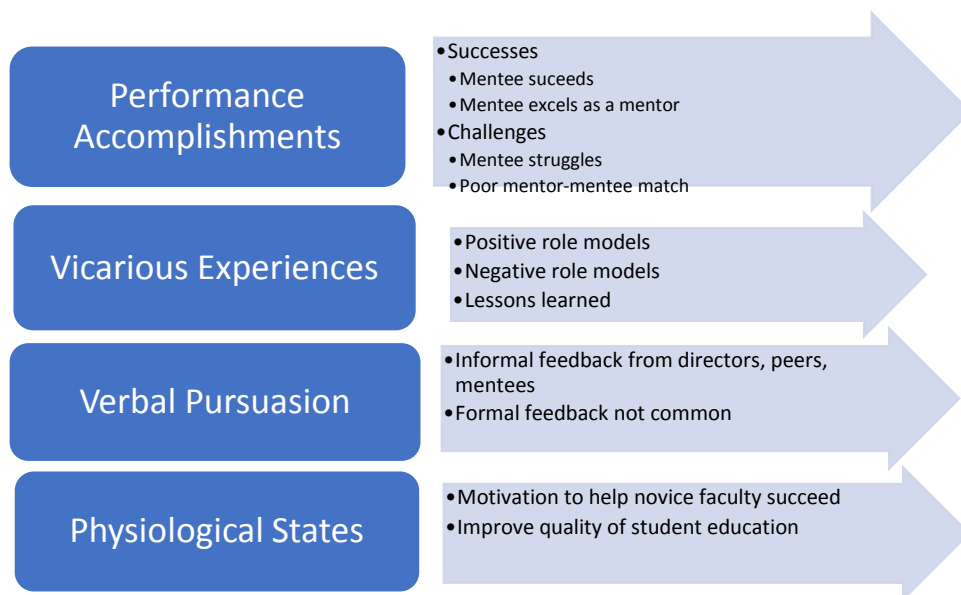


Figure 5: *Mentor Sources of Self-efficacy*

Participant perceptions of each theme are presented in the following sections.

Performance Accomplishments

Participants shared mentoring experiences in which they felt successful as a mentor and experiences that challenged their belief in becoming an effective mentor. Participants also spoke of how these successes and challenges facilitated achieving a sense of self-efficacy with mentoring novice faculty.

Successes. Participants commonly viewed success as a mentor when mentees demonstrated achievement in various aspects of the academic role. Other mentors recognized success as mentors when mentees in turn were viewed as competent mentors.

Jane described a successful mentoring experience in which a mentee was frustrated with the performance review she received from the department chair: “I encouraged her to go talk with her department chair and I suggested strategies that might help her get a clearer picture of that performance review and what it was she wanted to accomplish.” Jane explained how this successful interaction contributed to her mentoring self-efficacy: “I think anybody, when they've been successful in one situation, does better in subsequent situations”. Jane also attributed mentoring effectiveness to the importance of reflective learning:

I think an effective mentor is one who can do reflective learning. Because you can succeed in things, but if you don't understand why it was successful, how you contributed, how the other person responded . . . you never learn from it. So, I think that's why the trait of reflective learning is so important to be an effective mentor.

Jane concluded:

I think having a few successes or having people seek me out . . . when they were experiencing challenges and were new to the role helped to affirm that I was experienced, that I was successful, and that I had something to offer. So being sought out as an

experienced faculty member helped me feel more confident and realizing that I don't have to be the fixer, I have to be the listener, the helper.

Pat acknowledged success with her second mentoring experience with a novice instructor: "I feel like it was positive for a lot of reasons . . . she's now mentoring another faculty member, which I think you know if you did it right, they're going to want to do the same thing." Pat concluded, "She's a doctoral student right now and comes to me to ask me things about being a doctoral student rather than things that are related to just be a nursing faculty. So again, the longevity of the relationship continues."

Deb measured success as a mentor when mentees demonstrated independence in performing skills or tasks. Deb recognized that novice faculty accomplishments occur over time:

I helped a novice write appropriately leveled test questions . . . when the test analysis comes back, [how] do you decide what test questions are fair or maybe not fair? What's the decision-making tree? Are these the grades, or will these grades be changed a little bit based on test analysis? So that is a process and over the course of a year novices build confidence in that area. I think that's a very key skill and that takes time to learn.

Deb further explained,

For that first year . . . I would at first almost conduct the analysis for her, but eventually she was able to process the information and make judgments and by the end of the year, independently make judgments. Year two, still wanted me to check her decision, but I was very confident and proud of her decision-making process after about a year of having someone listen in and offer some support because that's a tough decision.

Deb reflected on another experience of achieving mentoring success when over time a novice instructor understood the educator role in conducting student clinical evaluations:

Having the novice at first . . . listen to some of my honest dialogue I have with students when they're not meeting clinical objectives, because . . . as a novice, you hate to not be popular, to not be that best friend . . . but caring about their education and knowing that we have to be honest in order for them to receive a valuable education. This is something I witnessed over the course of a year that seemed to work well in terms of clinical evaluations.

Shirley recognized success as a mentor when a mentee lacking confidence as a novice became a strong educator:

I've worked with graduate students . . . one struggled and I wasn't sure that education would be the right fit. Then she joined our staff and I continued to work with her. When she first started, I think her lack of potential success was due to a lack of confidence that she had in herself, in her own clinical knowledge, and she equated clinical knowledge to her ability to be a good educator. So, through many steps, lots of reflection with her, lots of positive encouragement, she is now a very strong educator. [She] gives excellent feedback. She's very, very strong, but it was her own lack of self-efficacy that prohibited her from recognizing this in the beginning.

Shirley reflected on how that experience helped her in subsequent mentoring relationships:

It help[ed] me to realize what strategies work and what strategies might not be as effective. Sometimes those are as individual as the people that you're working with. Kind of like teaching students, but it also made me aware that being a mentor, I have to be a little bit more proactive. Sometimes the person I'm mentoring might not be comfortable coming to me. If I don't go to them and assume that everything's fine when it really isn't, that kind of delays the process and slows down their path to success.

Rita shared her success as a mentor when a mentee “found her own style of giving feedback” to students:

Initially, she only wanted to give the positive and then I said, ‘Well, in clinical you mentioned that so and so was late with an assignment. What about giving feedback about that? How do you give feedback that can be constructive?’ I think initially it was she didn't want to hurt somebody's feelings. I told her ‘you separate the action from the person.’

Challenges. Participants reported experiences as a mentor that challenged their self-efficacy in mentoring novice faculty. Participants agreed that reflecting on mentoring challenges helped in formulating strategies that lead to future successes.

Nancy shared an experience in which a mentee was struggling with teaching in the classroom:

[She] very much wanted to just lecture and read out of a book . . . we had talked about the importance of student engagement and then just to watch her teach that first time was a little frustrating. Definitely a challenge to help her get beyond that concrete thinking and to help her understand that it was more about what was best for the student and not necessarily that it needed to be this very structured way of teaching. I think that was probably the toughest person I mentored . . . I just kept saying to myself, I don't think she's ever going to get this because she would get very frustrated and students would struggle, but I think it was that aha moment when . . . I could see that the students were understanding what she was trying to tell them. I felt like a successful mentor.

Nancy explained how this challenge shaped subsequent mentoring relationships:

Definitely was a big learning experience . . . I made an assumption about what she

could or should have been able to do because she had been an adjunct for us That particular experience taught me to not make assumptions, to get a better handle on what the person was capable of before I mentored them. I now say, 'explain to me how you would teach this' . . . and not make an assumption about how I thought they would do it.

Deb identified a challenge mentoring a novice instructor with a strong clinical background who was extremely uncomfortable in the classroom environment:

That was quite the process because there was just tremendous anxiety to speak in front of the group visiting the classroom and facilitating that took much longer than with the others that just weren't physically afraid to give a speech. You know, as nurses, we don't have to speak in front of large groups so this person really hadn't had much experience with that and was very uncomfortable with that part. So that was a challenge.

Deb concluded,

I had to think about different strategies to use. When we would work together in any type of setting with the students, I would have her do the speaking just so that she, could hopefully, get more comfortable. I gave her feedback on how to be clear with what she was trying to present. Over time then, she felt better about that process.

Several participants identified mentoring challenges associated with poor mentor and mentee matching. Jane explained,

There have been times I've been assigned to a mentoring relationship and it just didn't work because the protégé probably didn't perceive value in the experience. They were an experienced educator but felt they could get all the support and help they needed within their department. So that was very frustrating for me because we had been assigned to the relationship rather than [a] mutually sought relationship and that person

didn't value it.

Jane concluded,

I think it needs to be a mutually agreed upon relationship where either the mentor or the protégé, initiates it because of a sensed need . . . whether you're the mentor approaching a novice faculty member or the novice faculty member approaching a senior faculty member, there is an intuitive perception that this is a person you could get along with and interact with. So, I think that's the best type of mentoring is where there's a mutual agreement, not an administrative assignment of roles.

Paula expressed the importance of communication and the need to present clear expectations to mentees:

I had one individual and I thought initially, I tried to make my expectations very clear. We talked about she was going to do a lecture for class . . . and I gave her the material that we've used before and then . . . I didn't hear from her . . . She did the lecture and she did ok . . . but she didn't follow through. So that was a little frustrating . . . where did the communication fall through?

Paula reflected on how that experience influenced her role as a mentor:

I think probably just to be more specific with saying, 'we need to meet again at this time before you actually go in and do your lecturing.' It's finding that fine line between saying, 'no you can't do that' and letting somebody try it on their own and figure it out on their own.

Vicarious experiences. Participants shared how observing other mentors influenced their mentoring self-efficacy and strategies they modeled in subsequent mentoring relationships. In addition, participants reflected on the effect both positive and negative role models had on

developing self-efficacy to mentor novice nursing faculty.

Shirley commented, “I think role modeling is always an effective way to learn because you see and you hear conversations or a way of giving feedback that maybe are a different way that I hadn't thought of.” Nancy stated, “I definitely have watched other people who have been assigned as mentors.” Nancy observed a novice instructor struggling with teaching:

Their mentor, rather than just telling them, ‘Ok, here's another way that you could have taught this,’ they explored with them, ‘Ok, so why did you teach it that way’ and helping them see an end. So, they took more of what the mentee wanted to do and incorporated that rather than telling them or helping them change the way they were teaching. So again, it just helped me realize that there are different ways and I need to get a better handle on what is comfortable for the mentee, and helping them to hone their own skills so that they're comfortable.

Jane noted that mentoring “is a developmental process and a certain level of experience and expertise is needed before you can mentor others. You don’t become complacent. You need to be a role model.” Shirley described what she learned from role models:

So, I role model and adjust the way that I have conversations or provide feedback or mentor someone. Just providing positive feedback in a way that's beneficial and not hurtful to someone. Then the flip side of that coin, maybe interactions that weren't as professional or beneficial, observing those and saying, ‘that's not right’, ‘that's not healthy’.

Several participants identified their mentors as role models in shaping their mentoring self-efficacy. Paula described how her mentor influenced her ability to mentor: “I just kind of clicked with her. Seeing what kind of a mentor she was to me . . . that really did help me want to

do that with other people.” Pat commented that while learning the teaching role, an informal mentor “was just an excellent role model and very respected at the college.” Pat further explained, “she was just someone that I respected and would want to emulate.”

As a novice instructor Deb identified with a role model who was also her mentor:

My personal experience [of being mentored], definitely shaped what I thought was best because she did it so well. I always felt supported and constant informal check-ins and conversations. It wasn't just about getting the checklist done, which is important in any orientation process but, beyond that there's qualitative conversations that you have that help you understand the role better and problem solve.

Paula learned from observing other faculty mentors that mentees can become frustrated when not getting enough guidance from mentors: “So, just to be more aware of it. That was one of those things that . . . I've heard that from other faculty that have been mentored by others as well, that they just don't feel like they have the support.” Paula concluded, “So, it's nothing more than just walking in and saying, ‘Hi, how's your day going?’ and ‘Do have any questions for me?’ Just making sure that you're there, you are visible, and that you're giving them guidance.”

Participants also described lessons learned from negative mentoring role models. Deb observed mentoring relationships in which the mentors do not provide “follow-up informal conversations” or “anticipatory guidance”:

There are some [mentors] that focus more on the checklist . . . that's fine, but the novice sometimes doesn't even know when there's a problem. That is where those informal conversations can help to point out, ‘your first exam is coming up, let's take a look at those questions.’ Or following clinical, ‘how did they do? Was anyone unsatisfactory? Let's talk about how you're going to talk to that student.’ Sometimes I don't see mentors

providing informal anticipatory guidance type conversations and I think that's vital for the novice to feel competent in the role.

Verbal persuasion. Participants addressed how receiving encouragement and positive feedback, while learning the mentoring role, enhanced their feeling of being a successful mentor. Sources of encouragement and feedback varied among participants, ranging from deans or directors to peers and mentees. Most participants identified an informal appraisal of how well they performed as a mentor, rather than a formal evaluation process.

Nancy stated that her director provided informal feedback about “what worked and what didn’t work” based on conversations with the mentee. Nancy revealed there is now a formal evaluation process of mentoring relationships: “HR interviews the mentor and mentee at the end of the process to see what works and what didn’t.”

Pat commented, “I’m sure probably our dean gave me some feedback. I would say that’s probably motivational [to] just tell me, ‘good job’, that’s what I need[ed].” Paula commented on feedback from her director:

I would say it was more informal, but I know the director would talk with the mentee about what was going on and how things were going for them. So, it was more of an informal thing that I would hear back [from the director], ‘you do a great job, your mentee is very pleased, and you’ve been very helpful.’

Paula stated that she also received positive feedback from her mentee:

Her feedback to me, as far as coming in and saying how things were very helpful, I guess kind of helped reinforce that what I was doing was helpful for someone. Then hearing other people that have had other mentors [say], ‘I wish my mentor would have done something like that...spent more time going over that.’ I just think getting that feedback

and seeing people be successful.

Jane pointed out the relationship of student feedback on teaching to developing mentor self-efficacy:

I've gotten lots of positive feedback in a teaching role and I think sometimes the feedback I get from students as I help them solve problems in their learning, has helped me when I'm working with junior faculty. So, I am really taking the skills learned to work with students struggling with their learning and applied those skills to working with junior faculty who are learning the educator role.

Deb commented on feedback provided by a nursing department mentor:

When I started in the mentoring role, there was a nursing department mentor who had already served in that role for many years. She was in the background guiding . . . giving advice on what I should do and then I used my personal experience also to kind of come up with a game plan. But, there is no other formalized process.

Deb observed that there is no evaluation process in which mentees evaluate mentor performance:

I think it would be good . . . we don't have a formal evaluation process where they [mentees] can offer our directors some feedback, which would be good for me. Those of us that are assigned as mentors, how do we know if we're doing our job effectively?

Shirley explained how positive feedback from a peer enhanced her feeling of success in the mentoring role:

There is one particular faculty member who has been a mentor for a long time and she just had observed a conversation that my mentee and I were having at the time and said, 'That was really great feedback you gave, you told her important information, but you didn't make her feel threatened or feel like she was doing a bad job. That was really great

approaching it that way.’ So that was a confidence booster. That's like, ‘ok, maybe I can do this and maybe I am helping someone.’

Shirley expanded on how this feedback affected her mentoring approach:

It was positive feedback, positive reinforcement. So, then I continued to use that approach, and not just in giving bad feedback or things to improve, but making sure that I provided specific examples and not saying, ‘you did a good job today’ but rather, ‘you did a good job when you did this.’

Physiologic states. While physiological responses, such as concern or anxiety to a challenging task, can deter some individuals from attempting a task, these responses often become motivating factors to succeed in those with a higher level of self-efficacy (Bandura, 1977). Participants shared mentoring successes and challenges that influenced their motivation in attaining the goal of mentoring self-efficacy. Shirley reflected on what motivated her to become an effective mentor:

I just want people to be as excited about teaching the students as I am. I want people to have a good experience and I want them to feel like they always have someone they can come to and ask questions and get clarification, or just ventilate if they need to. Or . . . to celebrate with because these people are having success too.

Pat stated, “motivational factors for me are not cards and that kind of thing.” Pat appreciated being praised for doing a “good job” with a mentee.

Paula commented on hindrances to novice faculty success as a motivating factor to being a good mentor:

I think just seeing the frustration of new faculty . . . we need more faculty, and it just makes so much more sense . . . to help them along versus making them struggle and then decide, ‘Oh this is too hard. Nobody is nice to me. Nobody wants to help me.’ I've heard

people talk about, 'when I started, they handed me a syllabus and said here you go. You start on Monday.' Just listening to people talk about how scary that was, how frustrating it was, and sometimes I think, 'you're still here, that's quite amazing!' I don't want somebody else to have to go through that.

Nancy added:

I just wanted to make sure that we're providing our students with a quality education. That's why I want to work with the faculty because I wanted to make sure that our students are receiving the best education that they can. It's all about making sure the students get what they need.

Participants provided rich descriptions of their experiences in developing the self-efficacy to mentor novice nursing faculty. The next section will focus on participants' perceptions as they transitioned from novice to expert mentors.

Transition from Novice to Expert Mentor

Participants described their first experience as a mentor and reflected on what was and was not helpful in transitioning from a novice to a competent mentor. Feeling unsure of what to expect as a first-time mentor was a common theme among participants. In addition, most participants felt unprepared in organizing a mentoring plan for the mentee. Figure 6 shows common themes identified by participants as they transitioned from novice to expert mentors.

Novice Mentor	Expert Mentor	Mentor Preparation
<ul style="list-style-type: none"> • Overwhelmed • Uncertainty • Unprepared • Relied on structured mentoring process • Followed guidelines closely • Made invalid assumptions of mentees • Overloaded mentee 	<ul style="list-style-type: none"> • Reflects on previous mentoring experiences to guide planning • Improved communication strategies • Increased confidence and comfort level • Relies more on intuition • Provides anticipatory guidance 	<ul style="list-style-type: none"> • Lack of formal mentor program • Continuing education; workshops • Journals & books on mentoring • Learned from experience • Collaboration with peers and program directors

Figure 6: *Transition from Novice to Expert Mentor*

Novice Mentor.

Participants spoke of feeling uncertain and unprepared as a novice mentor. Pat acknowledged a sense of feeling unsure in her first mentoring assignment with a novice instructor, “Just [being] unsure of knowing everything you need to know to mentor was probably the biggest thing. I told them exactly how to do it . . . covered the necessities but not how to become a good educator.” Pat revealed:

There's been a lot of personal experiences [where] I've struggled. . . and I've managed to make my way through them. Based on that, I feel confident about a lot of things. I have a personal sense of ‘I can probably do it’. I think that gets to me. Maybe I'm naive, but I'm willing to give it a whirl.

Nancy reflected on the first time she mentored a novice instructor:

Exactly what does that mean? When you first start out, you think ‘Ok, I'm going to tell them exactly how I do it, so that they'll do it my way.’ You kind of learn, ‘wait, that’s

not the best way to do things.’ You figure out what works best for them and help them hone those skills.

Nancy went on to explain that with every mentoring experience she “learned something that helped me become a better mentor. I struggled with making assumptions about mentees . . . listening to [mentee] is important and asking what they need from me”. Shirley commented on her first mentoring experience:

I wanted to do such a good job, and I wanted to be helpful . . . I think probably the first month or two I tried too hard and I probably drove her a little bit crazy because I was always checking in. ‘How are you? What do you need? Do you need me to do this for you?’ So, once we kind of learned from each other and she gave me that feedback, ‘you need to back up just a little,’ it was fine and it ended up being an incredibly productive process.

Shirley recapped what she learned from that first experience:

Communication, communication, communication. Because after I was killing her with my presence, I said, ‘Ok, what are your expectations?’ And we both kind of talked about what she wanted to get out of it, and what I wanted to provide her, and . . . realized that we had the same end result in mind, but we were just approaching it from two different directions.

Shirley commented further on how she changed her strategy with the next mentoring relationship:

I started the process right off the bat, ‘What are your expectations from this relationship?’ ‘What can I do to be most helpful for you? What gives you the most anxiety?’ . . . Then approached it from there and kind of formulated specifics [such] as, ‘How often do you

think we should meet? Do you want to meet here on campus? Do you want to meet off campus?’

Paula stated that her first mentoring experience was:

perhaps a little overwhelming . . . you've got all this information that you know they have to have. How do you decide, ‘what do I give them right now without totally overloading them and creating a lot of anxiety?’

Paula reflected on what she learned from her first experience as a mentor:

To be better organized and think about what is really important to know right now. You can't teach a person everything they're going to need to know as an educator in the first couple of days. It's something that they're going to have to learn over time . . . and that it's ok not to know everything.

Rita recalled her first experience as a mentor:

The first experience was like, ‘what am I supposed to do with this person?’ Well, she had her outline. She had her course objectives. I had mentoring guidelines and so we . . . made sure that we were interpreting them the same way. We met weekly I could observe her interacting with students and . . . then I would write up from my assessment of what I had observed. I asked her for her feedback and then we would go from there. So, it was kind of an ongoing dialogue.

Expert Mentor

Participants reflected on experiences depicting the transition from a novice to a competent or expert mentor. Previous teaching experience was commonly cited as a major influence on achieving success as a mentor.

Deb believed prior teaching experience contributed to an easy transition from a novice to expert mentor. Deb reflected on her mentoring role:

I had already been in the [teaching] role for probably ten years. So, I didn't sense many limitations. However, I would not advise anyone . . . to serve as a mentor. . . if they've had less than five years [teaching] experience.

Jane, an experienced mentor, contrasted more recent mentoring experiences with early experiences as a mentor:

When I'm asked to participate in a formal, administration defined mentoring program, I find that very constraining . . . I don't know that it serves me well as a mentor and I'm not sure it serves the protégé well . . . because it's trying to follow a script or a recipe for a relationship that oftentimes doesn't meet either person's needs . . . early on that may have been helpful to say here are the topics you may want to discuss and that sort of thing but, I see those as more as extended orientation so I don't see that it is true mentoring.

Paula stated that over time mentoring became a “more intuitive” process. Paula further explained:

I think there's still something to be said for writing things down and having a plan. But after having done it so many times, you get a feel for what is needed up front and what things can wait and maybe some of those things that are just really nice for a new person to have.

Pat recognized herself as an expert mentor when she could provide “anticipatory guidance” for mentees. Pat stated, “I could predict issues . . . where things get a little bumpy. Here's what they're going to be worried about. I could predict that.” Pat also acknowledged that her previous experience as a staff nurse, in which she served as a preceptor, contributed to her competence as a mentor. Pat explained, “I oriented and trained new staff as they transitioned to independent practitioners. . . . I functioned in the mentoring role even though it wasn't that title.”

Shirley also recognized that previous experience as a preceptor to novice nurses helped her become an effective mentor to novice nursing faculty, “I think it helped that before I was a faculty member, I was a preceptor which is somewhat similar to the mentoring relationship with new faculty.

Rita believed what contributed to her feeling competent as a mentor was “the more comfortable I became with myself and the teacher role it would just build.” Rita explained:

I think initially trying to do things because other people were doing them. Like a particular teaching style or strategy when you're new to a role and you hear, ‘so and so is doing this’, and then you think, oh let me try that! Some of it was ok, but then it was kind of like, not me I think I no longer compared myself to other people.

Lack of Formal Mentor Preparation

All participants identified the lack of preparation for the mentoring role as a barrier to the initial development of effective mentoring skills. Participants also remarked on strategies employed in developing their mentoring self-efficacy. Jane identified how she gained mentoring skills in the absence of formal preparation. Jane equated mentoring faculty to mentoring at risk students:

I just had a sort of wider knowledge base for what mentoring can be across a variety of settings. I think I've done some reading and attended workshops about new graduates and that process of mentoring new graduates. Not for me, but just those kinds of continuing education programs that you see at conferences and all.

Shirley commented on not having a formal mentoring education program:

It was, ok-this is [Shirley] and she's going to be your mentor if there would have been more explanation of expectations, then there wouldn't have been that confusion

initially with the first person that I mentored. We should have had more clearly defined expectations and outcomes.

Shirley reflected on the way she learned mentoring skills, “I like to watch and observe whether it's formal or informal, and see how other people do it. Because, there's no sense to reinvent the wheel if someone else is really, really good at something.” Deb revealed that she acquired mentoring skills mainly through observations of other mentors. Deb explained, “through my own experience as a novice, and then years of experience before I had to step into the mentor role, that's how I had achieved a sense that, *I can do this.*”

Jane explained how she learned mentoring skills, “Since the majority of my mentoring has been mutually sought out, informal type of mentoring, I have learned more about mentoring from attending conferences and reading about it.” Pat also revealed no formal mentoring preparation, however, noted “I understand mentoring . . . based on the fact that I know the literature.”

Rita believed her understanding of mentoring stemmed from the time she started teaching: “The dean had a teaching course for novice faculty . . . that's where mentoring came in. How to be a good teacher, how to write objectives. I also have taken a course . . . about how to teach.” Paula, having no formal mentoring preparation, emphasized the importance of formal program for mentors: “because as a mentor you would feel more organized and prepared for the role”.

Nancy described a college-wide mentoring support program for mentors and mentees that would have been helpful when beginning the mentoring role. Nancy explained, “you meet about four times a year . . . away from your teaching responsibilities It gives you a chance to really interact more with your mentee without interruptions”. An additional benefit of the

program identified by Nancy is the collaboration with other mentors on mentoring strategies:

Communication, learning to work with different personalities and there is also role playing and how you would interact in a situation. For me, it was a good review of things. Sometimes I kind of forget little things here and there after a while, but I don't know that I learned anything new because I think I've been doing this for so long that it wasn't like any big aha moments.

Summary

The findings in Chapter Four portray a detailed representation of the data derived from seven interviews of experienced nursing faculty mentors in the states of Iowa and Nebraska. Throughout the interviews, faculty mentors described their experiences of developing mentor self-efficacy to effectively mentor novice nursing faculty with insight, openness, and enthusiasm.

The themes that emerged in the study were addressed by multiple participants meeting the research study's need for data saturation, adding credibility to the findings. Significant themes emerged from this study including:

1. Common interpretations of mentoring definitions
 - a. Guidance and support
 - b. Reciprocal relationship
 - c. Informal relationship
 - d. Ongoing process
2. Common interpretations of effective mentor characteristics
 - a. Cognitive
 - b. Interpersonal
 - c. Role commitment

3. Sources of self-efficacy
 - a. Performance accomplishments
 - i. Successes
 - ii. Challenges
 - b. Vicarious experiences
 - c. Verbal persuasion
 - d. Physiologic states
4. Transition from Novice to Expert Mentor
 - a. Novice mentor
 - b. Expert mentor
 - c. Mentor preparation

A detailed discussion of the findings and the researcher's recommendations for future research are addressed in Chapter Five.

CHAPTER V: DISCUSSION AND SUMMARY

This chapter presents an interpretation of results of the study and offers recommendations for future research based on the study findings. The purpose of this study was to explore the lived experience of developing mentor self-efficacy for nurse educators mentoring novice nursing faculty at pre-licensure baccalaureate colleges of nursing in the states of Iowa and Nebraska. Because many novice faculty are clinical experts with limited preparation for assuming the educator role, mentoring is essential to the successful transition from clinical practice to academia. Further understanding of how nurse faculty mentors develop self-efficacy to mentor novice faculty may facilitate their ability to meet the needs of novice faculty transitioning to the academic role. Equally important is the contributions these findings make to the limited literature on nursing faculty mentors, specifically development of self-efficacy to mentor novice nursing faculty.

An interpretive approach was used for this phenomenologic qualitative study which included interviewing seven experienced nursing faculty mentors of novice nursing faculty. The participants' thick, rich descriptions of their experiences facilitated understanding of the meaning of developing self-efficacy to successfully mentor novice nursing faculty. A discussion and interpretation of study findings are presented along with relationship to the literature and theoretical framework of the study. Limitations of the study will then be discussed, followed by recommendations for future research.

Research Questions

The following overarching research question guided this study: How do nurse educators in selected baccalaureate nursing programs in Iowa and Nebraska describe the lived experience of developing self-efficacy to function effectively in the mentoring role to novice nursing faculty? The following subquestions arose from the overarching question:

1. How have Bandura's sources of self-efficacy influenced mentors' perception of their ability to mentor novice nursing faculty?
2. How do faculty mentors' sense of efficacy in mentoring novice faculty change over time with transition from novice to expert mentors?

Interpretation of the Findings

This study was based on the premise that the participants were experienced nursing faculty mentors with common interpretations of the definition of mentoring and characteristics of an effective mentor. During the interviews, the participants were asked to share their definition of mentoring and the characteristics they believed depicted an effective mentor. Each aspect is further examined below.

Common Mentoring Definitions

The definitions of mentoring offered by the participants were categorized into four themes: *guidance and support*, *reciprocal relationship*, *informal relationship*, and *ongoing process*. All participants identified the importance of guiding and supporting a novice faculty member over time as opposed to a short-term orientation period. Interestingly, participants described mentoring using much of the same terminology in the definition proposed by Bozeman and Feeney (2007):

Mentoring: a process for the informal transmission of knowledge, social capital, and psychosocial support perceived by the recipient as relevant to work, career, or professional development; mentoring entails informal communication, usually face-to-face and during a sustained period of time, between a person who is perceived to have greater relevant knowledge, wisdom, or experience (the mentor) and a person who is perceived to have less (the protégé). (p. 731)

Additionally, participants recognized that the reciprocal nature of mentoring relationships involves mutual respect, shared goals, and a willingness to engage. Consistent with participants' definitions, mentoring models, described in the literature, have promoted the supportive aspects of mentoring relationships (Kram, 1983; Rheineck & Roland, 2008), and the reciprocal nature of a mentoring relationship in which both mentor and mentee benefit personally and professionally (Kram, 1983; Schumacher, Risco, & Conway, 2008).

A formal mentoring relationship was commonly viewed by participants as an intentional matching of mentor and mentee by an academic administrator for a period of two semesters or one year. This finding corresponded with descriptions found in the literature in which employers arrange pairing of mentors with mentees (Borders et al. 2011; Green & Jackson, 2014).

Participants also acknowledged that beyond the structured approach to matching the mentor and mentee, mentoring relationships were as much informal as formal in that the relationship often progressed to a long-term, informal relationship with either the assigned mentor or another mentor sought out by the mentee. Traditionally, mentoring in higher education has occurred in informal relationships that develop spontaneously when individuals choose each other (Bryant-Shanklin & Brumage, 2011; Green & Jackson, 2014).

Characteristics of Effective Mentors

During the interviews, the participants shared their perceptions of the characteristics of effective mentors and how they embraced those characteristics. It was evident to the researcher that these characteristics were personal attributes exhibited by participants in their mentoring relationships.

Characteristics of effective mentor were categorized into the themes:

- *Cognitive* characteristics included knowledgeable, experienced, confident, and

perceptive of mentee needs.

- *Interpersonal* characteristics included exhibiting patience, excellent communication skills, develop supportive relationships, self-reflection and openness to learning.
- *Role commitment* included the desire to be a mentor, willingness to spend the time mentoring novice faculty, and embrace challenges.

The above themes are consistent with desirable mentor characteristics commonly cited in the literature such as trustworthiness, respect, approachability, willingness to share information, and good listening skills (Anibus et al. 2009; Potter & Tolson, 2014; Sawatzky & Enns, 2009).

The participants' perceptions of the definition of mentoring and the characteristics of an effective mentor were generally consistent with those found in the literature. These findings further suggested that the participants were knowledgeable of mentoring and had the requisite mentoring experience, which was an underlying premise of this study.

Research Subquestions

To answer the overarching question, the two research subquestion findings are examined below. During the interviews, the participants were asked to share lived experiences relating to each subquestion.

Subquestion one. *How have Bandura's sources of self-efficacy influenced mentors' perception of their ability to mentor novice nursing faculty?* Themes that emerged from participants' responses to sub question one stemmed from Bandura's (1977) sources of efficacy expectations including *performance accomplishments, vicarious experiences, verbal persuasion, and physiological responses.*

Performance accomplishments. According to Bandura (1977), the strongest influence on developing self-efficacy involves “personal mastery experiences” (p. 195). Successful experiences intensify the belief that future successes are possible, whereas recurrent failures weaken self-efficacy beliefs (Bandura, 1977). During the interviews, the participants described mentoring experiences that led to a feeling of being a successful mentor and mentoring experiences that challenged their mentoring self-efficacy beliefs. In addition, participants shared how successful and challenging experiences shaped their performance in subsequent mentoring relationships.

Consistent with Bandura’s (1977) assertion that mastery experiences enhance self-efficacy, participants recognized that a successful mentoring experience prompted future successes as a mentor. Jane stated it best, “I think anybody, when they’ve been successful in one situation, does better in subsequent situations.” This finding aligned with prior research on mentor self-efficacy in which Saffold (2005) found that mentor self-efficacy beliefs among faculty mentors were enhanced by increasing the number of mentoring experiences.

Collectively, participants viewed success as a mentor when mentees demonstrated the ability to function effectively in the faculty role. Examples of mentee success, cited by participants, included: gained confidence with teaching, became proficient with evaluating student performance, and providing appropriate student feedback. Participants also reported feeling successful in the mentoring role when a mentee turned out to be a successful mentor to novice faculty. For example, Pat recognized success as a mentor when a former mentee mentored another faculty in a similar fashion, “you know if you did it right, they’re going to want to do the same thing.” Similar findings in the literature support the notion that achieving success enhances self-efficacy. Brannagan and Oriol (2014) reported increased self-efficacy

among adjunct faculty teaching online when faculty were successful with teaching strategies and interactions with students.

Participants spoke of experiences that challenged their self-efficacy beliefs in mentoring novice faculty. These challenges generally occurred when mentees struggled with teaching in the classroom and when there was poor mentor and mentee matching.

Participants who experienced challenges when mentees struggled, such as teaching in the classroom, shared strategies to overcome these challenges. Participants commonly identified changes to mentoring approaches resulting from reflective practices. For example, Nancy stated, “You have to be able to self-reflect on your own mentoring and be able to adjust to what your mentee needs”. Other mentoring strategies participants cited in dealing with mentee challenges included:

- not making assumptions about novice instructor abilities;
- utilize a variety of approaches to assist mentee with gaining comfort in the classroom;
- excellent communication skills; and
- the need to present clear expectations to mentees.

Several participants identified mentor and mentee mismatching as a negative mentoring experience. Inappropriate matching of mentor and mentee has been addressed in the literature as a significant barrier to a successful mentoring relationship and often leads to frustration, distrust and resentment (Kram, 1983; Kram, 1985; Green & Jackson, 2014; Jacobson & Sherrod 2012). Jacobson and Sherrod (2012) proposed a transformation-transcendence mentorship model emphasizing the congruency and fit as the crucial component of a successful mentor-mentee relationship. “If the mentor and mentee are not a good fit, then interaction will have constraints and growth will be restricted” (p. 282).

Vicarious experiences strengthen self-efficacy beliefs when learning is attained through observation and modeling (Schunk, 2012). Most participants acknowledged that prior role models influenced their mentoring self-efficacy. Several participants noted that their role model functioned as an informal mentor rather than a formally assigned mentor.

According to Schunk (2012) observing a mentor in a successful mentoring relationship tends to increase the belief of a novice mentor that they too can be a successful mentor; although a negative role model can lead to self-doubt. Participants shared how observation of role models influenced their mentoring self-efficacy and discussed helpful mentoring strategies they modeled in subsequent mentoring relationships. Mentoring strategies adopted by participants included how to:

- communicate effectively with a mentee;
- provide constructive feedback to a mentee;
- engage a mentee; and
- guide a mentee (anticipatory guidance).

It was evident that observational learning role models had a strong influence on these mentors' development of self-efficacy.

Verbal persuasion. Persuading someone that he or she can be successful contributes to raising self-efficacy (Zulosky, 2009). Consistent with the literature, participants addressed how receiving encouragement and positive feedback, while learning the mentoring role, enhanced their feeling of being a successful mentor. Sources of encouragement and feedback included directors, peers, and mentees. Feedback from directors and mentees occurred most commonly through an informal process. Participants revealed that positive feedback from directors, mentees, and peers was a confidence booster and encouragement to becoming a successful

mentor. Surprisingly, while participants spoke of the positive aspect of informal feedback, no participants received a formal evaluation of mentoring performance from an administrator or direct supervisor. One participant, however, noted that a formal evaluation process of mentors had recently been implemented. Likewise, no formal feedback on mentor performance from mentees was cited.

Physiologic states. According to Bandura (1977), physiological responses elicited from a stressful or challenging situation can influence self-efficacy beliefs in that these responses impact one's motivation to partake in a challenging experience. A belief that a goal is attainable often motivates one to attempt challenges, whereas self-doubts or fear of failure may deter motivation in goal attainment (Schunk, 2012). A prominent finding in this study was that all participants had achieved their goal of mentoring effectiveness and held a high degree of self-efficacy. Each participant held positive beliefs in their abilities to mentor, were genuinely passionate about teaching, and expressed a desire to help novice faculty succeed in the teaching role. Many participants recognized the role effective mentors play in lessening challenges novice faculty encounter when transitioning to academia. Additionally, participants believed that mentoring faculty to become good educators helps to ensure that students receive a quality education.

Participants provided rich descriptions of their experiences in developing the self-efficacy to mentor novice nursing faculty consistent with the sources of self-efficacy beliefs described by Bandura (1977). Findings from this question contribute to the understanding of how nursing faculty mentors develop self-efficacy to successfully mentor novice nursing faculty. The next section will focus on participants' perceptions as they transitioned from novice to expert mentors.

Subquestion two. *How do faculty mentors' sense of efficacy in mentoring novice faculty change over time with transition from novice to expert mentors?* To answer sub question two, participants shared their perceptions of experiences as a novice mentor and through transition to an expert mentor. Findings from this study aligned with elements of the Dreyfus (2004) and Benner (2001) models depicting skill performance while progressing from novice to expert. Benner's model *From Novice to Expert* and the Dreyfus model of skill acquisition illustrated three key changes in skill performance while progressing from novice to expert:

1. Less reliance on abstract principles or rules and more on concrete experiences.
2. Develops a holistic perspective of situations rather than separate aspects.
3. Becoming an engaged performer rather than a bystander (Dreyfus, 2004).

The themes that emerged from sub question two included: *Novice Mentor*, *Expert Mentor*, and *Mentor Preparation* are shown in Figure 6. Each theme is summarized below.

Novice mentor. As novice mentors, most participants felt overwhelmed, unsure of expectations, and unprepared in organizing a mentoring plan for the mentee. Furthermore, some participants followed strict mentoring guidelines, made invalid assumption about mentees' abilities, and overwhelmed mentees with a plethora of information. These findings were consistent with Benner's (2001) claim that when a novice, with limited situational experience, relies on established guidelines performance is often tentative and inflexible. Similarly, Hurley and Snowden (2008) reported that novice nurse mentors in the clinical area with nursing students implemented only a few teaching and assessment strategies in a strict by-the-book manner.

Expert mentor. Participants' experiences with transitioning to a competent, proficient, and expert mentor also followed Benner's (2001) *From Novice to Expert* model. According to Benner (2001), competence is reflected in the ability to think analytically and prioritize actions.

Hurley and Snowden (2008) noted that nursing faculty mentors at the competent stage had moved from focusing on specific essentials to what mentees needed. The ability to anticipate events and plan accordingly is consistent with the mentor in the proficiency stage of skill acquisition (Benner, 2001). The expert nurse, with a deeper understanding from experience, performs with an intuitive understanding of situations and focuses on the most relevant problems (Benner, 2001).

Consistent with findings in the literature referenced above, participants cited examples in which they performed as experts in the mentoring role with an intuitive understanding needed to help mentees successfully transition to the faculty role. Many participants found that reflecting on what was learned from previous mentoring experiences led to more effective communication strategies and anticipatory guidance to mentees. For example, Paula recognized after multiple mentoring experiences, that she could identify what the mentee needed and what could wait. Likewise, Pat stated “I could predict issues” and “what [mentees] were going to worry about”.

Mentor preparation. The third theme that emerged from sub question two pertained to the lack of formal mentor preparation among all participants. In the absence of a formal mentor preparation program, participants attained mentoring skills primarily through trial and error, attending workshops, or reading the literature on mentoring topics. In addition, several participants identified previous teaching experience and mentoring at-risk students prepared them to mentor novice faculty. Several participants emphasized that a mentoring program would help prepare the mentor and lessen the confusion when beginning the mentoring role.

Mentoring development programs have been identified in the literature as one of the most significant strategies to strengthen self-efficacy levels of mentors (Heale et al., 2009). Nursing faculty designated as mentors often do not have adequate preparation; many are experts in their

discipline with little exposure to learning theory or practice of teaching (Anibas et al. 2009; Sawatzky & Enns, 2009). References to mentoring programs in the literature point to the importance of not only developing strong mentoring programs for novice educators, but also preparing mentors to model effective teaching strategies.

Overarching Research Question

The following overarching research question guided this study: *How do nurse educators in selected baccalaureate nursing programs in Iowa and Nebraska describe the lived experience of developing self-efficacy to function effectively in the mentoring role to novice nursing faculty?*

This study focused on understanding the process of mentors' development of self-efficacy to mentor novice nursing faculty. The results of this study emphasized the close association of developing mentor self-efficacy, based on Bandura's (1977) *Sources of Self-efficacy*, to the transition from a novice to expert mentor as depicted in Benner's (1984) *From Novice to Expert Skill Acquisition Model*. Participants noted a feeling of competence gained from personal successes with mentoring. Specifically, as mentor self-efficacy developed with performance accomplishments and vicarious experiences, there was an associated transition from novice to expert ability with mentoring. Sources of self-efficacy such as performance accomplishments and vicarious experiences have been noted in the literature as most important contributors to the enhancement of self-efficacy (Bandura, 1977; Schunk, 2012). This researcher, however, identified that verbal persuasion in the form of positive feedback of mentor performance was also a strong influence on participants' development of self-efficacy. Positive feedback on mentor performance originated through informal conversations with administrators, peers, and mentees rather than a formal evaluation of mentor performance. Recognizing the importance of providing ongoing feedback to a novice mentor is integral in building self-efficacy, a formalized

evaluation process would provide mentors with consistent information for developing insight into best practices as a mentor. Although the importance of high-quality mentoring in the successful transition of novice nursing faculty to the academic role is evident in the literature, the research about the development of mentor self-efficacy has been lacking. The findings of this study offer much needed insight into development of mentors and suggest necessary steps to foster mentors' self-efficacy as they learn to support and guide novice nursing faculty.

Implications and Recommendations

This study showed that formal mentor development and administrative support of the mentoring process was lacking. While participants in this study were experienced nursing faculty mentors and had achieved a high mentoring self-efficacy, there was a reported lack of training or instruction on becoming effective mentors. Additionally, all participants revealed that no formal evaluation of mentor performance from either an administrator or a mentee had taken place, which indicated an absence of ongoing mentor support and assessment of outcomes. Figure 7 identifies three recommendations to enhance mentor self-efficacy based on the finding and implications of the study:

- Administrative support of mentorship programs
- Establish mentor development programs
- Develop a formal process for evaluation of mentors

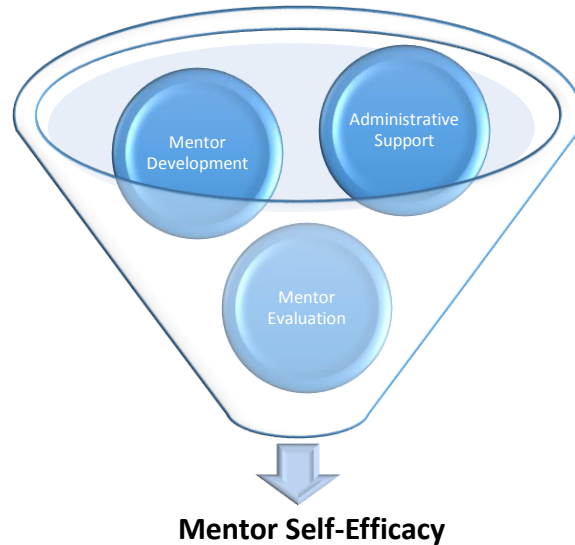


Figure 7: *Recommendations to Enhance Mentor Self-efficacy*

Administrative Support

An ongoing commitment to establishing and fostering a culture of mentoring, including development of effective mentoring models, requires support from administrators. In an era of nursing faculty shortages and a high percentage of existing nursing faculty nearing retirement, there is a need to fund and support structured mentorship programs in higher education. Furthermore, mentoring novice nursing faculty is critical to the development of qualified educators who can replace the wave of nursing faculty expected to retire soon. A concerted effort to develop and support novice faculty mentors to replace experienced mentors is important to the successful transition of novice faculty from practice to academia, and ultimately, satisfaction and retention of qualified nursing faculty. This effort is significant because mentoring has been linked to job satisfaction, retention, and career advancement (Bryant-Shanklin & Brumage, 2011; Chung & Kowalski, 2012; Dunham-Taylor et al. 2008; Myler et al. 2014; Thorndyke et al., 2008).

Mentor Development

Poindexter (2013) reported research findings indicating that academic leaders expected novice nurse educators entering academia to be “proficient in their ability to perform a majority of nurse educator role responsibilities” (p. 559), based on the NLN Core Competencies of Nurse Educators. Mentor development programs seeking to develop mentoring skills and to enhance mentor self-efficacy should be based on the NLN (2015) Core Competencies of Nurse Educators as previously identified in Table 1. In addition, to ensure that mentors develop effective mentoring skills, faculty development programs should encompass:

- Knowledge of mentoring processes and healthy mentoring relationships.
- Knowledge of institutional culture and resources to support effective student instruction and evaluation techniques.
- Knowledge of learning theory to support mentee in developing teaching strategies.
- How to effectively communicate with mentees on establishing a mentoring plan with goals, setting expectations, and discussion of progress and development needs.

Mentor Evaluation

Academic leaders should establish strategies to ensure outcomes of established mentorship programs are evaluated and outcome data is utilized to make improvements in the processes. Evaluation needs to include outcomes focused on mentor development, mentor performance, mentee transition to the academic role, and institutional achievement of goals such as faculty retention and student success.

Limitations of the Study

A limitation of this phenomenological study design was that the qualitative data collected from a small number of participants purposefully selected may not translate to faculty mentors from other nursing education settings. In addition, study participants from only the States of Nebraska and Iowa limit the generalizability of the results.

Future Research

There are many opportunities for future research on mentoring of novice faculty in nursing academia. This study identified that mentors lacked formal preparation in developing mentoring skills. Understanding the challenges mentors encounter in developing their mentoring skills, self-efficacy, and confidence in various aspects of the role can help administrators design educational strategies to support mentors (Fuller et al., 2008; Dobie, Smith, & Robins, 2010; Moseley & Davies, 2007). Future research could focus on academic leaders' perspective of administrative support for mentorship programs and the development of mentor development programs.

According to Jacobson and Sherrod (2012), there is a gap in the literature demonstrating effectiveness of mentoring models or frameworks for nurse educators. There is a definite need for development and testing of mentoring frameworks or models in nursing academia. Additionally, research focusing on outcomes of mentor development programs is needed in terms of self-efficacy development of the mentor and mentee.

Most participants reported mentoring experiences within a structured formal mentoring relationship in which there was an intentional matching of the mentor and mentee by an academic administrator. Several participants were in informal long-term mentoring relationships that had developed naturally and focused on career support and advancement. There is a lack of research linking outcomes of formal and informal pairing of mentors and mentees (Allen et al.

2006; Jacobsen & Sherrod, 2012). More research is needed to identify best practices when matching mentors and mentees.

Conclusion

The importance of high-quality mentoring for novice nurse educators has been identified as “the single most influential way to successfully develop new nursing faculty, reaping the benefits of recruitment, retention, and long-term maturation of future nurse mentors” (Dunham-Taylor et al. 2008, p. 337). Although there has been a focus in the literature on the mentoring process, characteristics of effective mentors, and barriers and facilitators to mentoring of novice nurse educators (Heale, Mossey, Lafoley, & Gorham, 2009; Morin & Ashton, 2004), less is known about mentors’ perceptions of developing mentoring self-efficacy. This phenomenological research study sought to identify a common meaning among nurse faculty mentors of their lived experiences of developing self-efficacy for mentoring novice nursing faculty. The participants’ thick, rich descriptions of their experience facilitated understanding of the meaning of developing self-efficacy to successfully mentor novice nursing faculty.

While participants in this study were experienced nursing faculty mentors and had achieved a high mentoring self-efficacy, there was a reported lack of formal development on becoming effective mentors and no formal evaluation process of mentor performance or the mentoring process had taken place. Recommendations to enhance mentor self-efficacy based on the finding and implications of the study included: administrative support of mentorship programs; establishment of mentor development programs; and development of formal process for evaluation of mentor outcomes.

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Appendix A: Request Letter to the Nursing College Dean or Director

Date:

IRB# CSM 1610

Dear (Name), Dean of Nursing

I am a nurse educator currently in the Doctor of Education program at the College of Saint Mary in Omaha, Nebraska. My research study entitled *Self-Efficacy of Nurse Educators Mentoring Novice Nursing Faculty* was approved by the College of Saint Mary Institutional Review Board (IRB) on _____. The purpose of this phenomenological, qualitative study is to understand how nursing faculty mentoring novice nursing faculty develop self-efficacy to function in the mentoring role.

Because many novice faculty may not be prepared to assume the educator role, mentoring has become a viable strategy for successful transition from clinical practice to academia. Yet, there is little knowledge of how nurse faculty charged with mentoring novice faculty develop self-efficacy to function in a mentoring role. Through my research, I hope to contribute knowledge that would help prepare mentors on how to best facilitate the transition of novice faculty to the academic role.

I am interested in recruiting your faculty as possible participants for the study. Individuals who qualify to participate in the study are current nursing faculty having a master's degree or higher in nursing who have taught part-time or full-time in a BSN program for a minimum of five years in the traditional classroom. The participants must also have mentored at least two novice faculty members through an established mentoring program. In addition, the mentoring period for each novice faculty will have been a minimum of one year or two semesters.

I have attached the approval letter from the IRB and the letter to be sent to potential participants along with a copy of the Informed Consent Form for your review. I am asking if you are willing to forward the attached letter to faculty who meet the study criteria.

Participation in the study will be voluntary and participants may withdraw for any reason at any time. Participation and records of participation will be confidential. To ensure that data collected cannot be linked back to participants or academic institutions, data will be kept in a secure location. In addition, names and identifiable information will not be included in the study findings. I plan to administer a brief demographic survey and conduct one 45-60 minute interview of one or more qualified faculty about their experiences as mentors. The interview will be scheduled at a location and time of their convenience.

Thank you for your consideration of this request. I will seek approval from your IRB as needed, in addition to the College of Saint Mary IRB. This research is part of my dissertation. I am working under the direction of my advisor, Dr. Melanie Felton. If you have questions regarding this research, please contact me at 515-577-5854 or at mschemmel@csm.edu. You may also contact Dr. Felton at 402-399-2625 or at mfelton@csm.edu.

Sincerely,

Mary Schemmel, EdD(c), MSN, RN

Mschemmel08@csm.edu

515-577-5854

Appendix B: Participant Recruitment Letter

Date:

IRB # CSM 1610

Dear Nursing Educator,

I am a nurse educator currently in the Doctor of Education program at the College of Saint Mary in Omaha, Nebraska. I am reaching out to you requesting your participation in my research study entitled *Self-Efficacy of Nurse Educators Mentoring Novice Nursing Faculty*. The purpose of this phenomenological, qualitative study is to understand how nursing faculty mentoring novice nursing faculty develop self-efficacy to function in the mentoring role.

Because many novice faculty may not be prepared to assume the educator role, mentoring has become a viable strategy for successful transition from clinical practice to academia. Yet, there is little knowledge of how nurse faculty charged with mentoring novice faculty develop self-efficacy to function in a mentoring role. Through my research, I hope to contribute knowledge that would help prepare mentors on how to best facilitate the transition of novice faculty to the academic role.

You have been identified as a potential study participant by the Dean/Director of the Nursing education program for which you teach. Individuals eligible to participate in the study are current faculty with a master's degree or higher in nursing and have taught part-time or full-time in a BSN program for a minimum of five years in the traditional classroom. The participants must also have mentored at least two novice faculty members through an established mentoring program. In addition, the mentoring period for each novice faculty will have been a minimum of one year or two semesters.

Should you decide to participate, I would like to conduct one 45-60 minute interview about your experience of gaining self-efficacy in mentoring novice faculty. The interview will be scheduled at a location and time of your convenience. This study will not cost you in any way other than the time spent on completing an informed consent and a short three to five minute written demographic survey prior to the interview, the time during the interview, and a follow-up transcript review at a later date.

Participation in the study is voluntary and you may withdraw for any reason at any time. Participation and records of participation will be confidential. To ensure that data collected cannot be linked back to participants or academic institutions, data will be kept in a secure location. In addition, names and identifiable information will not be included in the study findings.

If you are interested in participating in this important research, please contact me at mschemmel08@csm.edu. This research is part of my dissertation. I am working under the direction of my advisor, Dr. Melanie Felton. If you have questions regarding the study or your eligibility, you may contact me at 515-577-5854 or at mschemmel08@csm.edu. You may also contact Dr. Felton at 402-399-2625 or at mfelton@csm.edu. Thank you for your consideration of this request. I look forward to hearing from you.

Sincerely,

Mary Schemmel, EdD(c), MSN, RN

mschemmel08@csm.edu

515-577-5854

Appendix C: Informed Consent**ADULT CONSENT FORM****IRB#: CSM 1610****Approval Date: 8/27/2016 Expiration Date: 9/01/2017****Title of this Research Study:****SELF-EFFICACY OF NURSE EDUCATORS MENTORING NOVICE NURSING FACULTY****Invitation:**

You are invited to take part in this research study. The information in this form is meant to help you decide whether or not to take part. If you have any questions, please ask.

Why are you being asked to be in this research study?

You are being asked to participate in this study because you are a nurse faculty educator in a Bachelor of Science in Nursing program and it is understood that you have mentored a minimum of two novice nursing faculty members for at least one year or two semesters each.

What is the reason for doing this research study?

The purpose of this qualitative phenomenological study is to explore the perceptions of self-efficacy of nurse educators in mentoring novice nursing faculty. There is a lack of research in how nurse faculty develop self-efficacy to mentor novice faculty. Through this research, I hope to contribute knowledge that would help prepare faculty mentors on how to best facilitate the transition of novice faculty to the academic role.

Participant Initials _____

ADULT Consent Form - PAGE TWO**What will be done during this research study?**

- The interview will be conducted face-to-face in a quiet location free from distractions and at a time mutually agreed upon by the participant and researcher.
- The researcher will ask the participant for consent to participate in the study. A signed copy of the Adult Consent Form will be given to the participant prior to initiating the interview.
- Prior to the start of the interview, the researcher will review with the participant the Adult Consent Form and the Rights of Research Participants.
- The participant will complete a short three to five minute written demographic survey prior to starting the interview.
- The interview will last approximately 45 to 60 minutes and will be audio-taped for later transcription.
- At the conclusion of the study, the researcher will email the transcribed interview to the participant to verify accuracy, as well as to identify missing information.

What are the possible risks of being in this research study?

There are no known risks to you from being in this research.

What are the possible benefits to you?

You are not expected to get any direct benefit from being in this research study.

What are the possible benefits to other people?

Participants' perceptions have the potential to provide insight into how to increase the self-efficacy of nurse faculty mentors in mentoring novice faculty.

What are the alternatives to being in this research study?

Instead of being in this research study you can choose not to participate.

What will being in this research study cost you?

There is no cost to you to be in this research study.

Will you be paid for being in this research study?

You will not be paid or compensated for being in this research study.

Participant Initials _____

ADULT Consent Form - PAGE THREE**What should you do if you have a concern during this research study?**

Your well-being is the major concern of the researcher for this study. If you have a concern as a direct result of being in this study, you should immediately contact one of the people listed at the end of this consent form.

How will information about you be protected?

Reasonable steps will be taken to protect your privacy and the confidentiality of your study data. The only persons who will have access to your research records are the study personnel, the Institutional Review Board (IRB), and any other person or agency required by law. The information from this study may be published in scientific journals or presented at scientific meetings but your identity will be kept strictly confidential.

What are your rights as a research participant?

You have rights as a research participant. These rights have been explained in this consent form and in *The Rights of Research Participants* that you have been given. If you have any questions concerning your rights, talk to the investigator or call the Institutional Review Board (IRB), telephone (402)-399-2400.

What will happen if you decide not to be in this research study or decide to stop participating once you start?

You can decide not to be in this research study, or you can stop being in this research study (“withdraw”) at any time before, during, or after the research begins. Deciding not to be in this research study or deciding to withdraw will not affect your relationship with the investigator, your institution or with the College of Saint Mary. You will not lose any benefits to which you are entitled. If the research team gets any new information during this research study that may affect whether you would want to continue being in the study, you will be informed promptly.

Documentation of informed consent.

You are freely making a decision whether to be in this research study. Signing this form means that (1) you have read and understood this consent form, (2) you have had the consent form explained to you, (3) you have had your questions answered and (4) you have decided to be in the research study.

If you have any questions during the study, you should talk to one of the investigators listed below. You will be given a copy of this consent form to keep.

Participant Initials _____

ADULT Consent Form - PAGE FOUR

If you are 19 years of age or older and agree with the above, please sign below.

Signature of Participant:

Date:

Time:

My signature certifies that all the elements of informed consent described on this consent form have been explained fully to the participant. In my judgment, the participant possesses the legal capacity to give informed consent to participate in this research and is voluntarily and knowingly giving informed consent to participate.

Signature of Investigator:

Date:

Time:

Authorized Study Personnel

Principal Investigator: Mary E. Schemmel, Ed.D(c)

Phone: (515) 577-5854

Secondary Investigator: Melanie K. Felton, Ph.D

Phone: (402) 399-2625

Participant Initials _____

Appendix D: Interview Protocol

Mentor Self-efficacy

Date _____ Time of interview: start _____ conclusion _____

Place:

Researcher:

Participant:

Position of the participant:

Thank you for providing consent and agreeing to participate in this study. The purpose of this study is to explore perceptions of self-efficacy of faculty mentoring novice faculty. Research studies indicate that mentoring is vital in recruiting and retaining nursing faculty. Therefore, it is important for faculty mentors to have or develop self-efficacy when mentoring novice faculty. Self-efficacy is defined by Bandura (1997) as a personal belief or judgment about the ability to accomplish a specific goal. That goal in this study refers to the ability to mentor novice nursing faculty.

Following completion of the demographic form, the total anticipated time for this interview is 45-60 minutes. Please complete the demographic form you received at this time. It should only take about three to five minutes to complete.

I will now ask you a series of questions. Your input is important. The questions and your responses will be recorded. Please speak clearly for the recording.

Questions:

- 1) What do you believe are characteristics of an effective mentor?
 - o Follow-up- How do these characteristics relate to you?

- 2) Please describe an experience in which you felt successful in mentoring a novice faculty member.
 - Follow-up: How did this experience help you in subsequent mentoring relationships?
 - Follow-up: What else contributed to feeling successful as a mentor?
- 3) Please describe an experience that challenged your belief that you could be good mentor to novice nursing faculty.
 - Follow-up: How did that experience help you understand your mentoring role?
- 4) Please describe how observing other faculty mentoring novice nursing faculty has shaped you mentoring abilities.
 - Follow-up: What skills and/or teaching strategies did you model from observing other faculty in the mentoring role?
 - Follow-up: Did you observe any mentor/mentee interactions that made you doubt your ability to mentor novice faculty?
- 5) Were there any individuals who provided encouragement and feedback to you as you were learning your mentoring role?
 - Follow-up: How did the feedback affect your ability to mentor effectively?
 - Is there anything that motivated you to become a more effective mentor?
- 6) Think back to when you first started mentoring. Please describe your first experience with mentoring a novice faculty.
 - Follow-up: What did you learn from that first experience?
 - Follow-up: How did that impact your ability to mentor novice faculty?
- 7) Tell me what helped you become more competent or expert at mentoring novice faculty.
 - Follow-up- What was not helpful?
 - Follow-up- Did you have formal mentoring preparation? Describe the preparation.
 - Follow-up- If you had formal mentoring preparation, how did that affect your sense that you could become an effective mentor to novice faculty?
- 8) Please describe how assisting novice faculty improve their teaching, has enhanced your feeling of success with mentoring novice nursing faculty.
 - Follow-up: How did mentoring novice faculty change your role as an educator?
- 9) Is there anything else I should know, or that you would like to share with me?

Examples of probing questions that can be used during interviews:

- Can you think of anything else?
- Can you tell me more about that?
- What did you do then?
- What do you mean when you said . . . ?
- Nodding or periods of silence to give participant time to reflect.

Thank you for participating in this interview. Your information will be strictly confidential. I will email you a copy of the interview transcript and ask that you spend 15-20 minutes to verify your interview responses and to add any missing information.

Appendix E: The Rights of Research Participants**THE RIGHTS OF RESEARCH PARTICIPANTS*****AS A RESEARCH PARTICIPANT AT COLLEGE OF SAINT MARY
YOU HAVE THE RIGHT:**

1. TO BE TOLD EVERYTHING YOU NEED TO KNOW ABOUT THE RESEARCH BEFORE YOU ARE ASKED TO DECIDE WHETHER OR NOT TO TAKE PART IN THE RESEARCH STUDY. The research will be explained to you in a way that assures you understand enough to decide whether or not to take part.
2. TO FREELY DECIDE WHETHER OR NOT TO TAKE PART IN THE RESEARCH.
3. TO DECIDE NOT TO BE IN THE RESEARCH, OR TO STOP PARTICIPATING IN THE RESEARCH AT ANY TIME. This will not affect your relationship with the investigator or College of Saint Mary.
4. TO ASK QUESTIONS ABOUT THE RESEARCH AT ANY TIME. The investigator will answer your questions honestly and completely.
5. TO KNOW THAT YOUR SAFETY AND WELFARE WILL ALWAYS COME FIRST. The investigator will display the highest possible degree of skill and care throughout this research. Any risks or discomforts will be minimized as much as possible.
6. TO PRIVACY AND CONFIDENTIALITY. The investigator will treat information about you carefully and will respect your privacy.
7. TO KEEP ALL THE LEGAL RIGHTS THAT YOU HAVE NOW. You are not giving up any of your legal rights by taking part in this research study.
8. TO BE TREATED WITH DIGNITY AND RESPECT AT ALL TIMES.

THE INSTITUTIONAL REVIEW BOARD IS RESPONSIBLE FOR ASSURING THAT YOUR RIGHTS AND WELFARE ARE PROTECTED. IF YOU HAVE ANY QUESTIONS ABOUT YOUR RIGHTS, CONTACT THE INSTITUTIONAL REVIEW BOARD CHAIR AT (402) 399-2400. *ADAPTED FROM THE UNIVERSITY OF NEBRASKA MEDICAL CENTER, IRB WITH PERMISSION.

Appendix F: Demographic Form



Dear Nurse Educator:

Thank you for agreeing to participate in this study. Your input is valued. Prior to starting the interview, please answer the following questions. This short survey will take approximately 3-5 minutes.

What is your current age? _____

What is the highest degree you have obtained? _____

What year did you obtain your highest degree? _____

How many years have you taught nursing at a baccalaureate or higher level? _____

Of those years, how many have been in the classroom? _____

How many novice faculty have you mentored for at least 2 semesters? _____

Have you attended a formal program(s) to prepare you be a faculty mentor? _____

Appendix G: Observation Form

Date: _____ Time: _____

Participant # _____

Important notes about the setting:

Important notes about the participant:

Behavior of the participant:

Body language of the participant:

Additional Notes:

Appendix H: Peer-Review Audit

Peer Audit Review of Dissertation for Mary Schemmel

The review was conducted on July 10, 2017. In my opinion, the study followed the processes for qualitative studies, staying consistent with the purpose statement, research questions and planned procedure approved by the College of Saint Mary Institutional Review Board. NVivo 11 assisted in organizing themes that emerged from the qualitative data analysis. These themes arose from the transcribed audio recordings of interviews conducted. The procedures utilized were clear, transparent, well organized, and documented.

In summary, the criteria for trustworthiness, credibility, and dependability of the findings met the standards for data quality management. I served as Peer Auditor for the purpose of this study.

Sincerely,

Jane DeGooyer, EdD
Mercy College of Health Sciences
928 6th Avenue
Des Moines, IA 50309

Appendix I: Audit Trail

July 15, 2017

To Whom It May Concern:

I am writing this letter to verify that I have reviewed the audit trail for the study, *Self-Efficacy of Nurse Educators Mentoring Novice Nursing Faculty*. I can affirm that all aspects of the research complied with approved processes and procedures.

Instrument development was initially approved by the doctoral committee and the College of Saint Mary Institutional Review Board (IRB). Review of raw transcripts and field notes verified that the interview protocol was appropriately implemented.

Coding notes and results from NVivo coding were provided clearly demonstrating that all coding processes leading to emergent themes followed logical and verifiable steps.

Documentation including the written dissertation draft, raw transcripts, field notes, coding notes and NVivo printouts indicated that all protections for participants' confidentiality were monitored. The documents confirmed completion of the member check of transcripts and peer debriefing.

I can confirm that the evidence indicates that Mary Schemmel conducted this research study in a manner that was consistent with approved processes and procedures, demonstrated regard for protecting participants and used analytical techniques that allowed valid conclusions.

Sincerely,

Dr. Melanie K. Felton

Dr. Melanie K. Felton
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