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Nurses' Perceptions of Supports and Barriers in Transitioning to the Nurse Faculty Role

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Kelly Flanigan

has been found to be complete and satisfactory in all respects,
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Walden University
2016

Abstract

Nurses' Perceptions of Supports and Barriers in Transitioning to the Nurse Faculty Role

by

Kelly A. Flanigan

MSN La Salle University, 2011

BSN Temple University, 2005

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Education

Walden University

August 2016

Abstract

This project study addressed nurses' perceptions of supports and barriers in transitioning from a clinician to a faculty role in a 3-year diploma nursing program located in Eastern Pennsylvania. This problem is significant at both the local and national level due to the shortage of qualified nursing faculty members. A qualitative case study design using in-depth interviews was used. The framework to guide the study was Schoening's Nurse Educator Transition (NET) Model. The guiding question addressed perceptions of new nursing faculty members regarding supports and barriers of transitioning to the faculty role. Interview questions focused on participants' identification of their current NET phase, description of an ideal transition into the faculty role, and perceived supports and barriers to role transition. Purposeful sampling was used to obtain 8 new nursing faculty members who had 5 years or less of teaching experience. Interview data were analyzed and coded using a priori codes based on the NET model. The themes identified from data analysis were: being thrown in with no orientation to the role, supportive colleagues, lack of support from administration, formal orientation, assigned resource person, time in the role, and asking questions. Based on findings from the study, an orientation/mentorship program was developed to help support clinical nurses' transition into the nursing faculty role. The orientation/mentorship program could lead to a positive social change by having nursing faculty members remain in their role long term, decreasing both the nursing faculty and registered nurse shortage.

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Section 1: The Problem

The problem addressed in this study was how to transition registered nurses to the nursing faculty role. The setting for this study was a 3-year diploma program in Eastern Pennsylvania. The study focused on the perceptions of registered nurses during their transition into the nursing faculty role. This section provides the definition of the problem, the rationale with evidence of the problem, the theoretical foundation for the study, the significance of the problem, the review of the literature regarding the problem and the implications of the project study.

Definition of the Problem

The local problem chosen for this project was the shortage of nursing faculty members within a 3-year diploma program in Eastern Pennsylvania. The focus of the study was to find a way to seamlessly transition clinical nurses to nursing faculty roles for the 3- year diploma program. Through my personal experience, new faculty members were hired for adjunct positions only a few days before the start of the new semester. Many adjunct faculty members were new to nursing education and granted very little orientation time. Many new faculty members started the same day as the students, which means they do not get a detailed orientation into their new role. The purpose of this study was to explore the nursing faculty members' perceptions of supports and barriers of transitioning into the nursing faculty role.

A study needed to be conducted to address this problem because there are many reasons for the nursing faculty shortage and there are a variety of issues surrounding how a registered nurse transitions into the nursing faculty role. Additionally, most advanced

practice nursing degrees are centered on clinical nursing, not nursing education (Penn, Wilson, & Rosseter, 2008). Once a clinical nurse chooses to transition into the nursing faculty role with a master's degree, many institutions require the faculty members to obtain a doctorate degree (Penn, Wilson, & Rosseter, 2008, p. 5). Education is not the only solution to this problem. Having identified the perceptions of supports and barriers in transitioning to the nursing faculty role provided potential solutions to the problem of the shortage of nursing faculty members at the local level.

Rationale

Evidence of the Problem at the Local Level

Prior to June 2014, the nursing faculty in the local setting was comprised of 18 full time faculty members, two regular part-time faculty members, two adjunct faculty members, one curriculum coordinator, and one dean. In June 2014, faculty members were offered an early retirement package (Interim Dean, personal communication, 2014). Three full time faculty members accepted the early retirement offer (Interim Dean, personal communication, 2014). In addition, two other full time faculty members relocated to different states. This was a significant loss of full time faculty members leaving at one time, which led to the need to hire new faculty members since there were only 13 full time faculty members. In addition to the loss of the faculty members, the dean and curriculum coordinator who acted as the school's administration also retired (Interim Dean, personal communication, 2014). Two full time faculty members became interim school administrators. This left many openings that needed to be filled within 2 months before the start of the next term. One full time faculty member was hired the last

week of August 2014, with the new term beginning in September, and a part-time faculty member filled a full-time vacancy in July 2015 (Interim Dean, personal communication, 2015). In addition, the two adjuncts were offered regular part time positions, and seven adjunct faculty members were hired in August, but approved to start in September when the students returned (Interim Dean, personal communication, 2015).

The newly hired faculty members all had varying experiences in nursing; six of them are still currently working on their master's degree and have no prior teaching experience (Interim Dean, personal communication, 2014). Starting with no teaching experience and little orientation, may hinder their transition. In December 2014, one of the newly hired adjunct faculty members decided to vacate her position and one new adjunct faculty member was hired to start in January 2015 (Interim Dean, personal communication, 2014).

Evidence of the Problem from the Professional Literature

The rationale for conducting this project was to identify the supports and barriers that exist for clinical nurses in the transition to a nursing faculty role. According to the National Advisory Council on Nurse Education and Practice (2010), one of the contributing factors to the nursing faculty shortage is the difficult transition from registered nurse to nursing faculty. Nursing faculty need to meet specific educational requirements in order to obtain and maintain a faculty role, however the educational requirements may also differ at various institutions. Grey (2013) discusses the use of a Doctor of Nursing Practice (DNP) degree for nursing faculty members, while Kelly

(2010), states that a DNP may not necessarily be the best solution for it is practitioner focused not education focused.

The workload of a nursing faculty member may vary from program to program, and often the expectations are not clear. Gerolamo (2011) states that workload policies are dependent on the faculty member's place of employment, and that in order to maintain nursing faculty members, workload policies need to be better defined. In addition, the faculty members need support during the transition of roles (Hunt, Curtis, & Sanderson, 2013). The purpose of this study was to explore the nursing faculty members' perceptions of supports and barriers of transitioning into the nursing faculty role.

Definition of Terms

There are several terms referred to in this paper. All nurses and nursing faculty members are licensed professional registered nurses. The terms are as followed:

Clinical nurses: Nurses who work perform direct patient care in an acute setting (Ignatavicius & Workman, 2010).

Diploma nursing program: A fully accredited pre-licensure program that grants a diploma in nursing. This program is not a degree granting program, and is completed in less than three years. At the completion of the program, the graduates are eligible to sit for the NCLEX-RN licensing exam.

New nursing faculty members: For the purpose of this study, new nursing faculty members are those who have been in the nursing faculty role for 5 years or less.

Nursing faculty members: Nurses who educate nursing students in a didactic or clinical setting (Cherry & Jacob, 2011).

Significance of the Study

While there is sufficient research to verify that there is a national nursing faculty shortage and reasons for the shortage, there are varying recommendations in the literature and in practice regarding how to transition registered nurses into a the new role of nursing faculty (Penn, Wilson, & Rosseter, 2008). Research has shown that new nursing faculty members need to be supported during this transition, but there is not a consensus on how to transition into the nursing faculty role (McDonald, 2010). The nursing faculty shortage is a national problem, but it has become more relevant in the local setting due to the loss of faculty members to early retirement and relocation. With the loss of the faculty members, the site chosen for this project has been attempting to fill the vacant spots rapidly and with short notice before the term starts. This combination does not allow for much time for orientation and a seamless role transition for new nursing faculty members.

There has been research on faculty role transition from several perspectives. One perspective has been the transition of graduate student to faculty (Adams, 2002; Baker & Pifer, 2011). Another perspective has been the transition of faculty from 2-year community colleges to 4-year colleges and universities (Zambroski & Freeman, 2004). Still other perspectives have examined the transition of the traditional classroom faculty to teaching online (Keengwe & Kidd, 2010; Ryan, Carlton, & Ali, 2004), the transitioning to the faculty role as a cultural phenomenon (Brown, 1999; Schriener, 2007) or the structure of transitioning (Barr & Tagg, 1995; Perry, Menec, Struthers, & Hechter, 1997; Schriener, 2007).

Good leadership from the head of nursing schools has been identified as a need for an adequate role transition (Byrne & Martin, 2014). A leader with a transformational leadership style could help the new nursing faculty member transition into their role. With the department head having a transformational leadership style instead of a transactional leadership style, it allows for support of the new faculty member helping them to gain an understanding of their role along which may increase role satisfaction (Byrne & Martin, 2014). There have been a number of studies that identify the need for support in transitioning to a faculty position (Cawyer, Simonds, & Davis, 2002; Goodrich, 2014; Hunt, Curtis & Sanderson, 2013; Paul, 2015; Suplee & Gardner, 2009). The reason I chose this topic was that through this research and experience it could be relevant for new nursing faculty members to have support through their transition in order to have a seamless role transition.

Identifying barriers and supports during role transitions may help institutions of higher education, like the setting for this study provide a better transition process for new nursing faculty members. Not all nursing faculty members have the same educational preparation and some educational preparation may only prepare nursing faculty members for the beginning of their career (Kim et al., 2015). The quality of the nursing doctoral program may be a factor for producing quality nursing faculty members (Kim et al., 2015). While some nursing faculty members specialize in nursing education, other faculty members earn a DNP. A DNP focuses on clinical practice as opposed to academia (Fang & Bednash, 2016). Many DNP graduates choose to remain in clinical practice due to the poor compensation of nursing faculty members (Fang & Bednash, 2016).

Even with nursing faculty members having a higher degree such as a PhD in nursing, they may not be completely ready for the nursing faculty role. New nursing faculty members do not always take into account what is needed to go from a novice faculty member to a tenure-track faculty member (Chase, 2015). It is important for the new faculty member to be oriented to the requirements of becoming tenure-track faculty member in order for them to grow professionally (Chase, 2015). Providing a detailed orientation during transition to the nursing faculty role may lead to the faculty members gaining comfort and expertise within their new role, which ultimately may show positive changes in student performances and evaluations. Having a seamless transition process may also assure that new nursing faculty members remain in nursing education, and do not vacate their positions quickly (Hunt, et al., 2013).

The literature has shown various reasons why nursing faculty members vacate their positions, barriers to transition, and the lack of support they have felt during the transition process. The study conducted was significant because it identified the perceptions of supports and barriers in transitioning to the nursing faculty role, which may alleviate the nursing faculty shortage at the local and national levels.

Guiding/Research Question

The literature has shown that a difficult role transition into a nursing faculty role from a clinical registered nurse role may lead to a high turnover rate of nursing faculty (Penn, Wilson, & Rosseter, 2008). In addition, nursing faculty may not understand their new role if they are not properly oriented. In the project's setting there was a quick turnover of experienced faculty members due to the offering of an early retirement

package, which led to an increase in hiring new nursing faculty members with little or no experience in nursing education (Interim Dean, personal communication, 2015). There are currently not many studies on the role transition into the nursing faculty role, but there are studies that focus on why nursing faculty members decide to leave their position (Gerolamo, 2011). Topics varied in studies regarding nursing faculty members and their perception of the nursing faculty role. Some topics that are focused on in the literature are dissatisfaction with the role, providing support for the faculty members, orienting new nursing faculty members to their role and the workload of nursing faculty member (Byrne & Martin, 2014; Gerolamo, 2011; Hunt, et al., 2013; Kim et al., 2015).

Having a gap in the literature and various reasons for nursing faculty turnover led to the guiding question for this study, which is “What are the perceptions of new nursing faculty members working in a 3-year diploma program regarding supports and barriers of transitioning to the role of nursing faculty?”

Review of the Literature

A review of literature was conducted using EBSCO, ERIC, CINAHL, PUBMED and OVID online databases. The online databases were searched for studies and articles published between 2005 and 2015. The search terms used were *nursing faculty shortage*, *nursing faculty qualifications*, *nursing faculty role transition*, *barriers to role transition of nursing faculty*, *supporting nursing faculty*, *mentoring nursing faculty*, and *new nursing faculty orientation*. The search yielded over 125 articles and studies regarding the nursing faculty shortage and transition into the nursing faculty role.

Theoretical Foundations

The theoretical foundation chosen for this study is based on The Nurse Educator Transition Model, a theoretical model created by Schoening (2013) (See Appendix B for visual of the theory). This model was created in order to describe the role transition from clinical practice nurse to nursing faculty (Schoening, 2013).

Schoening (2013) used a grounded theory approach to conduct a study regarding transitioning of nurses into nursing faculty. The study was comprised of 20 nursing faculty members from both private and public institutions with varying years of experience (Schoening, 2013). Face to face interviews with the nursing faculty members were conducted and selective coding was used to help develop the theory (Schoening, 2013). Data from the study formed the basis of what became The Nurse Educator Transition Model (NET) (Schoening, 2013). Schoening also hypothesized that there are four phases in transition to a nurse faculty role: “anticipation/expectation, disorientation, information- seeking, and identity formation” (p. 168). These phases are described in more detail in the following paragraphs of the paper.

In the anticipation/expectation phase, the nurse decides to begin the transition into the nursing faculty role (Schoening, 2013). The nurses desire to make a positive impact on students and advance their career in the nursing field. Many nurses choose to enter in to the nurse educator role due to their experiences working with students on the clinical unit (Schoening, 2013, p. 168).

The second phase of NET is the disorientation phase. During this phase, the new nursing educator feels that they do not have the support needed to transition into the new

role (Schoening, 2013). Many nursing educators find it difficult to transition from the nurse-patient relationship to the teacher-student relationship (Schoening, 2013). For new nurse educators the lack of orientation to their new role can be overwhelming, especially when they are trying to learn and apply new skills that they may not have much knowledge about (Schoening, 2013, p. 169). The nurse faculty role also is perceived as less structured than the clinical practice role and with insufficient mentoring for the transition (Schoening, 2013). In this phase, the new educator is looking for more support and guidance than what is given (Schoening, 2013, p. 169). This will lead to the information- seeking phase of NET for the new educator.

During the information seeking phase of NET, the new nurse educator seeks out information and possibly their own mentor to help them transition into their new role (Schoening, 2013, p. 170). Nurse educators may be nervous and over prepare, especially when student encounters are involved. Some nurse educators in this phase may choose to further their formal education in order to prepare them for the new identity (Schoening, 2013, p. 170).

The fourth and final phase of NET is the identity formation phase (Schoening, 2013). There is no set timeline for nurse educators to reach this phase (Schoening, 2013). Transitioning through the NET is individualized depending on circumstances that may occur during the other phases the NET model (Schoening, 2013) The new nurse educator finds a way to merge their old role as nurse and new role as a nurse educator into one identity during this phase (Schoening, 2013, p. 170). During identity formation the nurse educator starts to feel comfortable in their new role and has developed comfort in the

student teacher relationship (Schoening, 2013). It is not until the final phase of NET do the nurse educators feel confident in their role of nursing educator (Schoening, 2013, p. 171).

In this doctoral study project, the NET Model provided the underlying theoretical framework for the study. The primary focus of this project was on the second phase of NET, the disorientation phase. The reasoning behind focusing on this phase was because what happens during the disorientation phase may affect how the new nursing faculty member transitions into their new role. The in-depth interview questions focused on the support nurses received during the transition from clinical nurse to nursing faculty member as well as how long it took the faculty member to become acquainted and comfortable in their role as a nursing faculty member. There is a potential to enhance the transition of the nursing faculty member during the disorientation phase by providing support. If issues are addressed in the second phase of NET, it may change the outcome of the last two phases (Schoening, 2013). For instance, new faculty members will not need to seek out their own mentor if one is formally assigned to them. By offering formalized support in the disorientation phase, the new nursing faculty member may reach the final phase of NET identity formation in a more efficient and seamless nature.

As new nursing faculty members transition through the phases of NET, focusing on support for the new faculty members may help increase the number of nursing faculty who become comfortable with their new role (Schoening, 2013). Providing support for nursing faculty transition in nursing programs may ultimately increase the number of

nursing faculty members in the United States, which may help with the current nursing faculty and nursing shortage.

Nursing Faculty Shortage

Currently there are a number of resources related to the nursing faculty shortage in the United States, many of which state that there is a current shortage of nursing faculty members and others that do not agree that there is currently a shortage of faculty members (Sherman, 2013). Many researchers have looked at statistics on the number of nursing faculty members needed to decrease the shortage (National Council of State Boards of Nursing, 2008). Still others have researched the barriers nurses face transitioning into a nursing faculty role and how they can overcome those barriers (National Council of State Boards of Nursing, 2010). Research has also been conducted on providing a supportive environment for new nursing faculty members in order to help retain them on a long-term basis (Hunt, Curtis, & Sanderson, 2013). The project study was conducted in order to identify new nursing faculty members' perceptions of supports and barriers in role transition. Having identified those perceived barriers and potential solutions to those barriers during the study allowed for the new nursing faculty members to feel supported during role transition, which may lead to a decrease in the nursing faculty shortage.

The National League for Nursing (2015), reported that there are there will be a need for 34,200 nursing faculty members by the year 2022 to keep up with the demand for nurses (National League for Nursing, 2015) . Many factors such as workload, age, and compensation affect this nursing faculty shortage (National League for Nursing, 2015). In

addition to these factors, there are currently not enough doctoral prepared nursing faculty members to fill the needs nationwide (National League for Nursing, 2015). Within the next 10 years, over 50 % of the current nursing faculty members will retire, which is why the current shortage must be brought to the forefront of governmental talks (National League for Nursing, 2015). Areas such as role transitioning, workload policies, diversity among nursing faculty members and salary must be addressed in order to increase the number of nursing faculty members.

Although literature regarding the nursing faculty shortage in the United States hits on various topics, one theme that is present in the majority of the literature is that this is an issue that is going to worsen by the year 2020 and action must take place now in order to decrease the shortage (National League for Nursing, 2015). Many organizations are identifying and implementing strategies to help decrease their nursing faculty shortage. In a study conducted by Yucha, Smyer and Strano-Perry (2014), a hospital system created strategies to educate their own nurses on hospital staff. An educational collaborative was created for employees of the hospital system with an incentive of discounted tuition for employees (Yucha, Smyer, & Strano-Perry, 2014). This allowed hospital employees an opportunity to be educated and become nursing faculty members. The Lienhard School of Nursing decided to cut their adjunct nursing faculty roles and make the full time faculty larger (Feldman, Greenber, Jaffe-Ruiz, Kaufman, & Cignarale, 2015). By increasing the full time faculty, it allowed the school to educate and support the faculty by identifying their needs which helped retain the faculty in the long term (Feldman, Greenber, Jaffe-Ruiz, Kaufman, & Cignarale, 2015).

The American Association of Colleges of Nursing (AACN), like the National League for Nursing, has taken the stance that the nursing faculty shortage is a problem that must be addressed immediately (www.aacn.ache.edu, 2013). According to the most recent report from the AACN (2013), nursing schools turned away 78,089 qualified students due to many reasons, one being the shortage of qualified nursing faculty members. Currently in the United States, there are 1,358 vacancies within the 680 schools surveyed in 2013 (www.aacn.ache.edu, 2013). The AACN created the NursingCAS, which is a computer system that allows students to search for unfilled seats within nursing schools. Participation in the NursingCAS is voluntary for the schools (www.aacn.ache.edu, 2013). The purpose of the NursingCAS is to help track the number of unfilled seats within nursing programs (www.aacn.ache.edu, 2013). Due to the voluntary participation in the NursingCAS, students may or may not be counted in the 78,089 applicants turned away due to not having enough vacant seats in nursing schools (www.aacn.ache.edu, 2013).

According to the National Council of State Boards of Nursing (NCSBN) policy and position statement (2010), because of the current nursing faculty shortage, qualified nursing graduates could not graduate, contributing to the current national shortage. Currently the NCSBN regulates the qualifications for nursing faculty members and urges states to follow their regulations and not lower the standards just to fill a need (National Council of State Boards of Nursing, 2010). The use of under qualified nursing faculty members is not the answer to solving the current faculty shortage according to the NCSBN (2008).

Barriers

In a review of the literature, a number of barriers to filling nursing faculty positions were identified (Evans, 2009). Those barriers include poor salary, poorly defined workload policies, dissatisfaction with the nursing faculty role, and a deficit of educated nurses willing to transition into a faculty role (Evans, 2009). Many nurses have reported taking a pay cut once they switched roles into a nursing faculty role (Evans, 2009). Nursing faculty members need to further their education, increase their workload and cut their salary (Evans, 2009). In a clinical registered nursing position there is the possibility for increased pay for overtime work, but the opportunities vanish if your role is one of a nursing faculty member (Evans, 2009). This further reduces the number of nurses in clinical practice who are willing to consider transitioning to a faculty role.

Evans (2009) focused on the salary of nursing faculty members as a major barrier for increasing the number of nursing faculty members and Evans (2013) agreed that compensation is barrier for recruiting and retaining nursing faculty members. In addition to compensation, Evans (2013) identified “mentoring, role strain, faculty orientation, role development and a lack of focus on nursing education as a career” as additional barriers to filling nursing faculty positions (p. 12). Through the study, Evans (2013) found that although nursing faculty members are paid less than some clinical nurses and most other academic professors, many nursing faculty members leave academia due to the other barriers identified before they would for lack of compensation. In order to ensure nursing faculty members are retained, Evans (2013) feels that the other barriers identified must be addressed, or the nursing faculty shortage will remain.

Much like Evans (2013), McDonald (2010), has identified a major barrier other than compensation for recruiting and retaining nursing faculty members. While McDonald feels that compensation is one barrier for recruiting and retaining faculty, the major barrier is a knowledge deficit regarding their new role. McDonald states that with every new role there is a learning curve, but often new faculty members need to learn multiple roles very quickly which may lead to a knowledge deficit. In order to help minimize this barrier, a new faculty member should be supported during their transition, and if possible should be assigned a mentor (McDonald, 2010, p. 131). According to McDonald, if the knowledge deficit is addressed and support is provided, nursing faculty members may be retained on a long- term basis, which may help decrease the nursing faculty shortage (p.131). Details regarding additional barriers will be discussed in the subsequent paragraphs.

Workload. Current demands and nursing faculty workload are making it difficult to recruit and retain nursing faculty members (Gerolamo, 2011). Having strict faculty workload policies may help with retaining nursing faculty. Workload was a common theme among many articles regarding the nursing faculty shortage (Gerolamo, 2011). Faculty leadership must address and define faculty workload policies in order to retain nursing faculty members. The demands of nursing faculty members are not clearly identified (Gerolamo, 2011). Many nursing faculty members teach in both the classroom and clinical setting in addition to performing research and their other duties (Gerolamo, 2011). Faculty members' workload and workload policies differ depending on the school. This can make it difficult to recruit and retain nursing faculty members, because the

faculty members may not be aware of how many hours they are actually expected to work in a week.

There are not many studies regarding faculty workload in the United States; in fact, many times workload is determined by the faculty member's place of employment. Lobo and Liesveld (2013) conducted a study where they surveyed 161 nursing administrators. Some of the respondents said that their workload requirements were straightforward; others reported that they did not know exactly what their work requirements were (Lobo & Liesveld, 2013). The findings of the study did not support any one way of calculating workloads, however nursing administrators must keep in mind that with the nursing faculty shortage it places stress on current faculty members and increases their workload (Lobo & Liesveld, 2013).

Satisfaction. Faculty workload and a decrease in salary are just two reasons nursing faculty members may become dissatisfied with their career and leave the profession. Morgan (2009) conducted a study that examined satisfaction among current nursing faculty members. Based on the results of the study, the author concluded that there are both intrinsic factors such as self-motivation and extrinsic factors such as salary play a role in satisfaction (Morgan, 2009). Faculty who participated in the study stated that education, professional development and having defined workload policies will improve their job satisfaction even during the time of the nursing faculty shortage (Morgan, 2009).

Role strain may be another factor that can hinder satisfaction among faculty members. Cranford (2013) conducted a study regarding the effects of role strain and the

intent to stay in academia. Cranford's study was designed to "clarify the commitment and intent to stay in the role of nurse faculty by identifying the extent to which role ambiguity and relationships between role strain and satisfaction with the transition to nursing faculty" (p. 2). Findings show that interpersonal support is important to decreasing role strain (Cranford, 2013). Faculty members need to feel supported personally, by administration and co-workers. If the transition is not smooth it can lead to dissatisfaction and stress within the role (Cranford, 2013).

McDonald (2010) discussed knowledge deficit regarding the nurse educator role as a barrier for recruitment and retaining nursing faculty members. New nursing faculty members often have to learn about a new organization, the academic nurse educator role, teaching in the classroom, and teaching clinical. If they do not have a support system it may cause dismay and dissatisfaction with their new role (McDonald, 2010, p. 131). In order to help increase job satisfaction among new nursing faculty members, McDonald (2010) suggested that a mentor be assigned to new nursing faculty members in order to help ease their transition to their new role. A knowledge deficit, lack of understanding of the new role and a lack of support during role transition may lead to dissatisfaction with the nursing faculty member role.

In addition to McDonald (2010), Gormley and Kennerly (2011) have also studied role transition and prediction for turnover among nursing faculty members. Gormley and Kennerly's results of the study indicated that nursing faculty members became dissatisfied with their job due to "poor working relationships with coworkers, unclear work expectations and disagreement on relevant norms" (p. 195). In order for nursing

faculty members not to vacate their position due to dissatisfaction, “faculty should experience positive working relationships and have clarity in their current role” (p. 195). If nursing faculty members are satisfied with their role, more faculty members will be retained which may ultimately increase the number of nursing faculty members.

Interest and qualifications. One of the largest barriers to decreasing the nursing faculty shortage is finding qualified educated nurses who are interested and willing to transition into a nursing faculty role (National Council of State Boards of Nursing, 2010). Currently the NCSBN mandates that a nursing faculty member be enrolled into their Master’s program with intent to finish within 5 years; however, the push is to have faculty members who possess doctorate degrees (National Council of State Boards of Nursing, 2010). The guidelines from the NCSBN do not specify what type of doctorate would benefit nursing faculty members most. Currently, for example, a nursing faculty member could have a doctorate of education (Ed.D.), a doctorate of philosophy (Ph.D.) or doctor of nursing practice (DNP); there is much controversy surrounding a DNP (Grey, 2013). According to Grey (2013), the concept of a DNP denotes becoming an expert in clinicallybased practice. Each DNP program sets its own standards and may have its own requirements, such as an advanced degree when it comes to planning curriculum for course work and clinical time (Grey, 2013). Currently, course and clinical time focuses on more of a clinical practice as opposed to nursing education (Grey, 2013). Grey stated that if DNP prepared nurses are going to help the nursing faculty shortage, educational components need to be added to the DNP curriculum. Gatti-Petito, et al. (2013), agreed that an educational component should be added to the curriculum of DNP programs in

order to for DNP prepared nursing educators to be successful (. If this does not happen, DNP prepared faculty may need more education in order to be successful (2013).

By the year 2020, the number of nurses should increase by 30 % (Kenner, 2011). In order to meet this demand, current nurses will need to get their doctoral degrees to enter the field of nursing education. Kelly (2010) stated that a DNP may not be the answer to the nursing faculty shortage. A DNP is a relatively new phenomenon in which expectations are not yet clearly defined. A DNP is clinically based and may only help in an academic setting for short term (Kelly, 2010). Educational specifications for nursing faculty members may help decrease the nursing shortage.

Expectations. Even if new faculty members are educated properly, their expectations about the profession can hinder their ability to work well or their intent to stay in the profession. Siler and Kleiner (2001) conducted a study in order to gain an understanding of the meaning of experiences of new faculty members. This study focuses on the experiences of new faculty. Experiences that were shared by new faculty members were those experiences that put their own expectations along with other's expectations into perspective (Siler & Kleiner, 2001). The study also identified the inadequacies of preparedness and mentoring among new faculty members. New faculty members did not feel as though they were provided enough feedback regarding their teaching skills (Siler & Kleiner, 2001). The success of the new faculty in the profession may only be as good as the nurturing and mentoring they get as news faculty members (Siler & Kleiner, 2001).

Anibas, Brenner, and Zorn (2009), conducted a descriptive qualitative design study with focus groups to explore the feelings of new faculty members, especially with

regard to mentoring. Focus group interviews were conducted with 10 participants (Anibas, Benner, & Zorn, 2009). Five major categories emerged from Anibas, Brenner, and Zorn (2009) interviews; “the categories are feelings, preparation for the role and expectations, resources, challenges and mentorship” (p. 213). In the category of feelings the participants expressed feelings such as confusion, awkwardness, fear, and sense of belonging to a group (Anibas, et al., 2009). In preparation for the role, the participants discussed life experiences, educational background, their own student experience, and work experiences in regards to preparing for their new role (Anibas, et al., 2009). The participants identified campus orientation, support from experienced faculty members, and a mentoring program as areas of resources for new faculty members (Anibas, et al., 2009). The fourth category is where the participants identified challenges such as how to organize, teach and evaluate nursing students as they were transitioning into their new role (Anibas, et al., 2009). The final category of mentoring had mixed results in that some felt that their assigned mentors helped them become acclimated to their new role, while many participants described their mentors as more of a preceptor than a mentor, so that there was no single theme around mentoring that arose (Anibas, et al., 2009). It was evident that the new faculty members struggled through their first years on the job. A consistent theme was that when faculty members gathered it allowed for networking to occur (Anibas, et al., 2009). Anibas et al., (2009), felt that further research is needed in supporting new teaching staff, especially those who were not full time.

The barriers identified above can span over the Nurse Educator Transition model’s anticipation/expectation and disorientation phases (Schoening, 2013). Clinical

nurses often chose to enter into a nursing faculty role because of their encounters with nursing students, and truly do not know what their new role entails (Schoening, 2013). Poor salary, poorly defined workload policies, and a deficit of educated nurses willing to transition into a faculty role can all lead to dissatisfaction and disorientation within the role itself (Schoening, 2013). Due to the shortage of faculty members, the new nurse faculty members who was once excited to enter a new role, will not have the best orientation leaving them in the disorientation phase of NET, and not allowing the new faculty members to transition to subsequent phases of NET (Schoening, 2013). Strategies are needed to address the dissatisfaction among nursing faculty members.

Strategies to Decrease the Nursing Faculty Shortage

The AACN has published both short -term and long- term guidelines to solve the nursing faculty shortage problem (<http://www.aacn.nche.edu/media-relations/fact-sheets/nursing-faculty-shortage>). The short term guidelines included ideas such as using non-nursing faculty to teach general education classes and educating nurses which may lead to a transition into the nursing faculty role (<http://www.aacn.nche.edu/media-relations/fact-sheets/nursing-faculty-shortage>). Long- term guidelines relate to the recruitment and retention of nursing faculty members (<http://www.aacn.nche.edu/media-relations/fact-sheets/nursing-faculty-shortage>). The AACN recruitment and retention guidelines focus on the faculty members' strengths, weakness and provides the faculty members with a mentoring program (<http://www.aacn.nche.edu/media-relations/fact-sheets/nursing-faculty-shortage>). However, nursing schools are being charged with

increasing the number of nurses with bachelor's degree

(<http://www.aacn.nche.edu/media-relations/fact-sheets/nursing-faculty-shortage>).

Allan and Aldebran (2008) performed a literature review about the nursing faculty shortage. By the year 2020, 36% of nursing jobs will be considered vacant (Allan & Aldebran, 2008, p. 286). Allan and Aldebran (2008) identified four domains of resolving the nursing faculty shortage through the literature review. The four domains are, “advocacy, educational partnerships, academic innovation and external funding” (Allan & Aldebran, 2008, p. 288). The first domain of advocacy addresses the need to raise public awareness of the nurse and nursing faculty shortage through government and organizations by using media and workforce data (Allan & Aldebran, 2008). Educational partnerships take place between an academic institution and another entity that communicate and evaluate the outcomes of the partnerships together (Allan & Aldebran, 2008). The third domain looked at ways such as using a non-traditional faculty and changing the curriculum to address the nursing faculty shortage (Allan & Aldebran, 2008). The final domain provided more funding from the public sector, organizations, and the health care industry to address the nursing faculty shortage (Allan & Aldebran, 2008). In order to decrease the nursing faculty shortage, these domains must be addressed in the long term (Allan & Aldebran, 2008).

Nardi and Gyurko (2013) conducted a systematic review to help identify strategies to decrease the global nursing faculty shortage. Like Allan and Aldebran (2008), Nardi and Gyurko (2013) identified several causes surrounding the nursing faculty shortage. Nardi and Gyurko (2013), called for the removal of barriers such as

funding to advance nurses education in order to improve the scholarship of nurses, and increase funding to help decrease the nursing faculty shortage (Nardi & Gyurko, 2013, p. 323). In addition to funding, an increase in nursing faculty salaries would help recruit and retain nursing faculty members (Nardi & Gyurko, 2013). The metasynthesis conducted has showed that there needs to be a change in the direction of solving the shortage (Nardi & Gyurko, 2013). Since there are many factors to the shortage, there is no one solution to the nursing faculty shortage (Nardi & Gyurko, 2013).

Wyte-Lake, Tran, Bowman, Needleman, and Dobalian (2013) also conducted a systematic review for strategies to decrease the nursing faculty shortage. The strategies included finding grants to help supplement the cost of training nursing faculty, adding an online component to nursing education, which may free up nursing faculty members, adding a mentorship component for nursing faculty, and using a clinical expert to recruit new clinical faculty (Wyte-Lake, Tran, Bowman, Needleman, & Dobalian, 2013). Many of the articles offered these as suggested strategies, but did not state how the effectiveness or successes of these strategies were evaluated. Additional studies need to be conducted in order to identify and evaluate strategies for faculty retention (Wyte-Lake et al., 2013).

Faculty education. The Gordon and Betty Moore Foundation recognized the need for nursing educators in California (Ganley & Sheets, 2009). Ganley and Sheets (2009) report on the initiative helped to address the need in an adult acute care situation. The foundation helped Dominican University of California created a Geriatric Nurse Educator Master's program (Ganley & Sheets, 2009). The students in this program took

45 credits in three years to earn their master's degree (Ganley & Sheets, 2009, p. 401). Some of the challenges to this program were recruitment of the students and marketing (Ganley & Sheets, 2009). The program graduated 18 faculty members that can teach clinical procedures and practices to groups of 10 students (Ganley & Sheets, 2009). This unique program helped to provide faculty members who educated students and helped with California's aging population (Ganley & Sheets, 2009).

Professional nursing and nursing education organizations such as the American Nurses Association (ANA), the NLN and AACN have recommended that nursing faculty members have a doctorate degree in order to teach nursing (Graves et al., 2013). However many doctorate programs focus on nursing practice and not nursing education. The University of Alabama created a Doctor of Education for Nurse Educators (Graves et al., 2013). The study focused on the first five cohorts of students to enter in to this Ed.D program (Graves et al., 2013). The program gave an educational foundation for those nurses who want to enter the world of academia, in hopes to improve the quality of nursing education (Graves et al., 2013). In addition to this Ed.D program, a school in California created an accelerated Ed.D program for nursing education and leadership. Students admitted to the program are provided a stipend, complete the program in three years and teach for three years after the completion of the program (Scherzer, Stotts, & Fontaine, 2010). Most of the students who entered the program completed the program (Scherzer, Stotts, & Fontaine, 2010). Financial support along with mentoring was vital for these students to finish the cohort (Scherzer, Stotts, & Fontaine, 2010). After 3 years

of teaching in California, the faculty members were free to teach anywhere they choose to in the country (Scherzer, Stotts, & Fontaine, 2010).

As a strategy to decrease the nursing faculty shortage and to help retain nursing faculty members, Pace University has developed a program to help grow their own faculty members (Feldman, Greenberg, Jaffe-Ruiz, Kaufman, & Cignarale, 2015). The school of nursing developed a mentoring and personal development program where new faculty members worked with experienced faculty members in the classroom and clinical setting (Feldman et al., 2015). The department chair met with new faculty members and their mentors twice a year to help identify goals (Feldman et al., 2015). This program has allowed the school to accept more students because of the retention nursing faculty members (Feldman et al., 2015).

State and philanthropical strategies. Many states are attempted to tackle the nursing shortage at the state level. Maryland is putting the nursing shortage in the forefront of government talks (Allan & McClellan, 2007). The Maryland government has allotted a significant amount of money to assist with this problem. The state government has allotted over 8 million dollars in grants over a 10- year period to recruit and retain nurses and nursing faculty (Allan & McClellan, 2007). Maryland set a standard for other states to follow (Allan & McClellan, 2007). Ohio is struggled to find creative ways to solve their nursing faculty shortage (Nally, 2008). Many institutions are tried to create their own educators (Nally, 2008). Many factors such as lack of salary and education needed to be handled by both government and the colleges that employ and educate nursing faculty members in order to solve the nursing faculty shortage (Nally, 2008).

According to Nally (2008), the government should have placed the nursing faculty shortage on the agenda, and addressed such issues as workload policies and education. Nally's (2008) approach helped Ohio and other states find ways to solve the nursing faculty shortage at the state level.

The state of Texas set aside \$4.5 million dollars to help improve nursing education (Pelayo, 2011). The goals of the 3-year program were to increase qualified nursing faculty, develop new instructional experiences, and increase number of qualified nurses in the community (Pelayo, 2011). There were three strategies used, having baccalaureate prepared nurses become clinical teaching assistants in lab, using simulation as actual clinical experience, and using simulation labs in addition to real life clinical experience (Pelayo, 2011). This project helped with the shift in nursing and nursing education (Pelayo, 2011). It helped prepare new nurse educators for the changes in nursing education and allow them to become comfortable in their new role (Pelayo, 2011).

In addition to government grants many philanthropic organizations are stepped up to address this issue. The Robert Wood Johnson Foundation and American Association of Retired Persons (AARP) have formed Champion Nursing in America (Reinhard & Hassmiller, 2009). The key of their foundation was to start nationwide communication regarding the nursing faculty shortage, and nursing shortage and to help provide support for new faculty members to help them transition into their new role (Reinhard & Hassmiller, 2009).

The Carnegie Foundation also came forward to help with the nursing shortage by working in conjunction with leaders in the nursing profession such as Patricia Benner, and others to conduct studies on the nursing shortage and nursing faculty shortage (McNamara, Roat, & Kemper, 2012). Nursing faculty members must be competent not only in the knowledge and science of nursing but in teaching and coaching students through their education (McNamara, Roat, & Kemper, 2012). Many nursing faculty members have learned on the job, which does not help build their competence in education (McNamara, Roat, & Kemper, 2012). The Carnegie Foundation has recommended focus be placed on supporting nursing faculty, fostering opportunities to stay current in practice and teaching, improving working environment, and address the nursing faculty shortage (McNamara, Roat, & Kemper, 2012). There was a need to focus on faculty development, coaching, and mentoring (McNamara, Roat, & Kemper, 2012). If these things were focused on for new faculty members, it would help them become competent faculty members and have an increased job satisfaction (McNamara, Roat, & Kemper, 2012).

Dedicated education units and simulation. While many states and organizations tried to improve the nursing faculty shortage, several nursing schools have tried to reinvent the traditional curriculum with a curriculum changes such as the use of Dedicated Education Units (DEU) and simulation (Ryan, Shabo, & Tatum, 2011). Dedicated Education Units are innovative way to help solve the nursing faculty shortage (Ryan, Shabo, & Tatum, 2011). Ryan, Shabo, & Tatum (2011) conducted a study with a Pediatric health care center who hosts numerous nursing schools. The health care center

utilized a DEU approach due to the decreased number of faculty members (Ryan, Shabo, & Tatum, 2011). There were 24 students who were chosen for the pilot study (Ryan, Shabo, & Tatum, 2011, p. 166). The students responded overwhelmingly positive, and felt they received more clinical time than those students in a traditional clinical setting (Ryan, Shabo, & Tatum, 2011). The health care system continued to add more DEU's as clinical experiences (Ryan, Shabo & Tatum, 2011).

Boise State University and St. Luke's Regional Center also created a nursing student DEU (Springer et al., 2012). The students were assigned a nurse preceptor to work with and faculty who would oversee the students and run pre/post conference (Springer et al., 2012). The students on the DEU were compared to those in a traditional setting (Springer et al., 2012). The study showed that the students in the DEU scored the same if not better in tests; they took more accountability in their work, and they took more accountability for their patients (Springer et al., 2012, p. 264). In addition, the DEU saved over 60% in adjunct faculty costs (Springer et al., 2012, p. 264). With the nursing faculty shortages being global, traditional methods of teaching have changed and ideas such as DEUs need to be implemented (Springer et al., 2012). Fewer faculty members would be needed with the use of DEUs (Springer et al., 2012).

The registered nurses on the DEU worked with the students and provided clinical teaching and coaching (Dapremont & Lee, 2013). The nursing faculty members guided the registered nurses as they worked with the students (Dapremont & Lee, 2013). The academic faculty members provided a pre and post conference for the students so the nurses could for their patients (Dapremont & Lee, 2013). The nurses were concerned

about their workload requirements, so the academic faculty graded the student's assignments and provided the students with a grade (Dapremont & Lee, 2013). Questions raised regarding DEUs include if the students are truly applying theory to clinical (Dapremont & Lee, 2013).

Like DEUs, simulation was another strategy used in order to decrease the nursing faculty shortage (Richardson, Gilmartin & Fulmer, 2012). New York University College of Nursing changed their curriculum to help solve the nursing faculty shortage (Richardson, et al., 2012). The new curriculum included a simulation component to the clinical setting (Richardson, et al., 2012). The curriculum model included simulation which allowed faculty members to teach a larger number of students without losing the effectiveness of the education (Richardson, et al., 2012). This curricular change was accomplished by having a new simulation lab built (Richardson, et al., 2012). During simulation, the students worked in pairs and it would be a continuous simulation scenario (Richardson, et al., 2012). The simulation happened in three parts, pre-conference, simulation and debriefing/reflection (Richardson, et al., 2012). This model allowed nursing faculty members to teach a larger number of students in the clinical setting, 1:8 compared 1:5.3 in the previous model (Richardson, et al., 2012, p. 229). Students rotated from hospital setting to the simulation setting, which allowed the education to remain the same in the clinical setting even when there is a nursing faculty shortage (Richardson, et al., 2012).

Nursing education has continued to change, simulation is added to more curricula, Lane and Mitchell (2013), explored a three- step train the trainer model that identified

and trained “champions” of simulation (Lane & Mitchell, 2013, p. 314). These champions were trained in the use of simulation and then they helped educate and train other faculty members in the use of simulation (Lane & Mitchell, 2013). This model proved effective because it allowed for nursing faculty members to feel supported when using simulation techniques (Lane & Mitchell, 2013). Both new and seasoned faculty members needed to be educated on incorporating simulation into their clinical education (McNeill, Parker, Nadeau, Pelayo & Cook, 2012). Simulation in nurse education is one trend that was used to help with the nursing faculty shortage; however more research is needed on incorporating simulation into nursing education (McNeill, et al., 2012).

No current nursing faculty shortage. Some researchers and nurses felt that there was not a nursing faculty shortage. Sherman (2013) stated that there is not a nursing faculty shortage, but there will be one by the year 2020 due to the Baby Boomers retiring, increasing the demand for both nurses and nursing faculty members. The statistics regarding the nursing shortage from the NLN, AACN, and the NCSBN speak for themselves; there currently is a nursing faculty shortage (National Council of State Boards of Nursing, 2008). The nursing faculty shortage will become worse by the year 2020 if a solution is not found to recruit and retain nursing faculty members (Sherman, 2013). One of the best ways to retain nursing faculty members long term is to provide support for them in the beginning of their transition into their new role (Sherman, 2013).

Transitioning to the Nursing Faculty Role

With a shortage of nursing faculty members, institutions hired new nursing faculty members with little teaching experience (Hewitt & Lewallen, 2010). Many

institutions used part-time clinical instructors and staff nurses from clinical partnerships to fill faculty vacancies (Hewitt & Lewallen, 2010). Hewitt and Lewallen (2010) believed that nursing faculty members with no experience should be oriented to their new role (Hewitt & Lewallen, 2010). The orientation program that was developed began with the job description, definition of their role, the nursing school's philosophy, the curriculum, evaluating students, expected outcomes, how to handle difficult students, manage students on the clinical area, and facilitate pre and post conference (Hewitt & Lewallen, 2010).

Many registered nurses who are experts at clinical nursing at the bedside, and precepting new graduate nurses take on the new role of a nursing faculty member, not knowing what is involved (Hewitt & Lewallen, 2010). New nursing faculty members may believe that they could teach nursing students because they have precepted a new graduate nurse, not realizing that educating students was different (Hewitt & Lewallen, 2010). Many part-time clinical instructors did not realize that the time in their new role went beyond the time committed at during their clinical with the students (Hewitt & Lewallen, 2010). Nursing education involves making clinical assignments, grading clinical papers, and completing nursing student evaluation in addition to time spent on the unit with students providing direct patient care (Hewitt & Lewallen, 2010). Hewitt and Lewallen (2010) suggested that each new faculty member be given a detailed orientation to the school and the job expectations.

Providing new faculty members with a detailed orientation (Hewitt & Lewallen, 2010), providing support through mentoring (Brown, 1999), and allowing for faculty

development through programs such as “Preparing Future Faculty” (Adams, 2002) are ways to decrease the stress of role transition and allow the new faculty member to become successful within their new role.

Development. A qualitative study regarding the transitioning of registered nurses to the role of nursing faculty reported that the rewards and values are different in the clinical area than in an academic setting (Schriner, 2007). In order to improve the transition into academia, nurses should be provided with formal education, mentoring, and socialization into their new role (Schriner, 2007). In another study of the transition of nurses into a nursing faculty role, McDermid (2012) found that each person’s transition was unique depending on the institution for which they worked. The roles and responsibilities were different for nurses and nursing faculty members (McDermid, 2012). McDermid (2012) also stated that there were currently not enough studies conducted on the transition of nurses to nursing faculty members.

A community college in Delaware created a bridge faculty program to decrease the nursing faculty shortage based on Betty Neuman’s System Theory (Toto, Peters, Blackman & Hoch, 2009). The faculty in the bridge program worked in two different nursing courses in order to have them incorporated into their new environment (Toto et al., 2009). In the beginning, there was confusion due to lack of direction and lack of roles definition (Toto et al., 2009). The bridge faculty continued to want more responsibilities in each course, which allowed them to immerse themselves into their new role (Toto et al., 2009). Traditional nursing and clinical educational models could no longer be used due to the nursing faculty shortage (Toto et al., 2009).

With a shortage of nursing faculty, it has become increasingly more difficult to find clinical instructors for students (Delunas & Rooda, 2009). In order to decrease the difficulty of finding clinical instructors for students, a community-based program created a new model for clinical education and conducted a pilot study over one semester (Delunas & Rooda, 2009). The students were informed before they participated in the study and evaluated the study at the end of the term (Delunas & Rooda, 2009). One MSN/Ph.D. faculty member oversaw two groups with 20 students and each BSN nurse had between 8-10 clinical students (Delunas & Rooda, 2009, p. 377). While the BSN faculty member was on the clinical unit with the students, the MSN/Ph.D. faculty member was present at pre and post conference and floated between the two groups providing hands on clinical experience (Delunas & Rooda, 2009). Although the students had the BSN faculty member as the clinical instructor, they were graded by the MSN/Ph.D. faculty at the end of the clinical rotation (Delunas & Rooda, 2009). At the end of the semester, the clinical evaluations completed by the students stated having two clinical instructors to discuss matters with was a positive experience (Delunas & Rooda, 2009). This type of collaboration helped to develop new faculty members in addition to helping with the faculty shortage and saving money for nursing schools (Delunas & Rooda, 2009).

In addition to the shortage of faculty for full time positions, attaining part time clinical faculty became a difficult task in the time of the nursing faculty shortage (Hewitt & Lewallen). Hewitt and Lewallen (2010) offered suggestions for creating expert clinical nursing faculty members who are needed due to the nursing faculty shortage. In the

beginning, new clinical faculty members may think that their time is only spent with students and may become frustrated when their job involves more time than that (Hewitt & Lewallen, 2010). An orientation program for new faculty member should include tips on time management, evaluation of the students, curriculum overview, and support for the faculty members via mentorship (Hewitt & Lewallen, 2010).

Suplee and Gardner (2009) studied the effects of nursing faculty development program on new nursing faculty members. “As the nursing faculty shortage is continuing to grow, inexperienced nursing faculty members are only getting a minimal one to three days of an orientation” (Suplee & Gardner, 2009, p.515). Two cohorts of new faculty members who went through a six- week orientation process were studied. The faculty members were introduced to the faculty role, university expectations, and program information in workshop sessions (Suplee & Gardner, 2009). Mentoring, partnering, and professional development all led to producing competent nursing faculty members (Suplee & Gardner, 2009).

Many of the strategies mentioned above helped with the dissatisfaction of the new nursing faculty member within their role. The strategies addressed the disorientation, information seeking, and identity formation phases of the NET. Giving the new nursing faculty member a proper orientation and providing support and educational opportunities during their transition into their new role will allow the new faculty member to seamlessly transition to the identity formation of NET where they are finally comfortable with their role as a nursing faculty member. A strategy mentioned in much of the literature is providing a supportive environment for the new nursing faculty member

(Suplee & Gardner 2009). Without support, the new faculty member may be caught in the disorientation phase of the NET (Schoening, 2013).

Supporting the Role Transition of Nursing Faculty Members

In a study conducted over a four-year period, Reinert, Bigelow, and Kautz, (2012) described the impact of using a nursing faculty consultant. The nursing faculty consultant provided support to the nursing faculty members (Reinert, Bigelow, & Kautz 2012). By providing support to the faculty members, the students were able to meet their clinical objectives and the faculty members were able to keep current on their practice (Reinert et al., 2012). The consultant also served as a liaison between the health care institution and the nursing school (Reinert et al., 2012). Job satisfaction among nursing faculty members increased with the use of a nursing faculty consultant (Reinert et al., 2012).

Another program that supported new nursing faculty members was “The Clinical Associate Resources and Support Program” (CARS) (Hunt, Curtis, & Sanderson, 2013). This program was initiated to help orient new clinical associates to their role (Hunt et al., 2013). The program included an orientation workshop, mentoring program, and support for the nursing faculty (Hunt et al., 2013). During this program, the clinical faculty members were given the opportunity to network with each other; they met with course faculty, and formed a relationship with their assigned mentors (Hunt, et al., 2013). Results showed that this program increased the satisfaction faculty and by increasing the satisfaction; it increased the retention of clinical faculty (Hunt, et al., 2013).

Another study to support the role transition of new nursing faculty members was conducted by Dattilo, Brewer, and Streit (2009). The study consisted of 11 female

participants with the focus on exploring the faculty role through experiences, identifying lessons learned, and specifying best practices (Dattilo, Brewer, & Streit, 2009).

Participants were asked four open-ended questions, and thematic analysis was used to code and theme the data (Dattilo et al., 2009). According to the researchers, “the themes that emerged from the data were being passionate about what you do, being harmonious, being invested in relationships, and believing in oneself and others” (Dattilo, et al., 2009, p. 368). The findings of the study suggested that wisdom is acquired through experience and sustainability in the role and within the organization can be identified at the beginning of the role (Dattilo, et al., 2009, p. 368). Another theme that emerged from this study was that new nursing faculty members should be assigned a designated mentor, who would help them learn the role both formally and informally (Dattilo, et al., 2009, p. 369).

Baker (2010) conducted a study of new nursing faculty members in California who participated in a nursing faculty orientation program. The purpose of this study was to study the impact of nursing faculty orientation programs on new faculty members (Baker, 2010). The goal of this program was to orient faculty members to the policies and goals of the school, help new faculty members with student issues, and retain these new faculty members (Baker, 2010). The format for the program were sessions conducted by the Dean held throughout the term in a format that left time for interactive work, questions, and answers (Baker, 2010). The program also included mentoring of the new faculty members (Baker, 2010). The participants completed both pre and post assessments for the program, (Baker, 2010). The program was evaluated, the new faculty

members felt supported, and several years after initiation the school retained over 90% of their new faculty members (Baker, 2010). Providing support for new faculty members during this program helped retain the faculty members in the end (Baker, 2010).

Clark (2013) conducted a study on the socialization process of new nursing faculty members. Clark (2013) recommended that in order to help new faculty members to understand their role, they needed to be educated on the course content in which they were teaching, students' expectations in regards to behavior, and how to evaluate and document student progression. Clark (2013) also recommended that the new faculty members worked closely with experienced faculty members to gain an understanding of their new role. Providing new faculty members with this information helped foster support in their new role and helped retain the new faculty members for the long term (Clark 2013).

A study conducted by Gutierrez, Candela, and Carver (2012) examined, "relations between organizational commitment, perceived organizational support, work values, person-organization fit, developmental experiences and global job satisfaction among nursing faculty" (Gutierrez, Candela, & Carver, p. 1602). Data for this study was collected from a stratified random sample from 2006-2007 (Gutierrez et al., 2012). Results from the study conducted by Gutierrez et al., (2012) indicated, "that perceived organizational support, developmental experiences, person-organization fit, and global job satisfaction positively predicted nurse faculty's organizational commitment to the academic organization" (Gutierrez et al., 2012, p. 1613). The researchers concluded that nursing academic administrators who use mentoring skills can build positive relationships

with new nursing faculty (Gutierrez, et al., 2012). According to Gardner (2014), ongoing faculty development and mentoring programs not only provided support for new nursing faculty members, but also helped with retaining nursing faculty members.

Mentoring. Throughout the literature, both formal and informal mentoring was mentioned as a form of support for new faculty members (Coffman, Goodman, Thomas & Roberson, 2013). Mentoring programs are needed to recruit and retain nursing faculty members, which will help decrease the nursing faculty shortage (Grassley & Lambe, 2015). Foundations such as the Robert Wood Johnson Foundation created a program call The Nurse Faculty Scholars Program for nursing faculty that centers on mentoring (Coffman et al., 2013). The Nurse Faculty Scholars Program offered funding, mentoring, and training to help new faculty members become successful in their academic role (Coffman et al., 2013, p. 26). This program was designed to address the nursing faculty shortage especially in the area of men and ethnic minorities in nursing academia (Coffman et al., 2013). The program ran over three years and the scholars were assigned a mentor (Coffman et al., 2013). The mentors in this program had to have a PhD, and were willing to work closely with new nursing faculty members (Coffman, et al., 2013). The program has prepared their members to sustain and be successful in nursing academia (Coffman, et al., 2013).

A study to validate formal mentoring among nursing faculty members at a university in Canada was conducted by Sawatzky and Enns, (2009). Over 60% of the university's full time nursing professors participated in the "Faculty of Nursing Mentoring Needs Assessment Survey" (Sawatzky & Enns, 2009, p. 145). The survey

cited caring as a major attribute of mentors (Sawatzky & Enns, 2009). The study conducted by Sawatzky and Enns, (2009), “showed that a significant stressor for new faculty was fitting in to the academic setting and barriers to mentorship for faculty were lack of time and faculty support, however, the study does support mentorship in nursing education” (Sawatzky & Enns, 2009, p. 149).

Like Sawatzky and Enns (2009), Duphily (2011), conducted a study with the purpose of understanding the experience of new nursing faculty members in an Associate Degree Program. Five themes emerged from the study (Duphily, 2011). The five themes that emerged were “dancing as fast as I can: the great learning curve, importance of the team: the need for support, from expert clinician to new academic: the role transition, meeting student needs: the balance in faculty-student relationships, and a love of teaching: the desire to continue” (Duphily, 2011, p. 126-128). In order to help the new faculty members with their experiences and help the faculty members reach the theme of desiring to continue in the profession, each new faculty member was assigned a mentor (Duphily, 2011). Mentoring new faculty members led to creating successful nursing instructors, however many schools do not always have experienced faculty members who are willing to mentor new faculty (Duphily, 2011). The previous two studies identified formal mentoring programs, but informal mentoring can be just as useful (Eifler & Veltri, 2010). Eifler and Veltri (2010) wrote an article that highlighted informal mentoring. A new faculty member had great clinical knowledge because she was a nurse for over 20 years, but had no academic knowledge (Eifler & Velterim 2010). During first semester teaching, the new nursing faculty member was given a broad overview and then was

thrown into teaching clinical (Eifler & Veltri, 2010). At the end of the semester, the students gave the new nursing faculty member high marks for knowledge, but not for effectiveness of teaching (Eifler & Veltri, 2010). The new nursing faculty member was then told by the dean of the school to fix the problem because the job depended on it (Eifler & Veltri, 2010). The dean recommended an experienced faculty member to be a mentor (Eifler & Veltri, 2010). The experienced faculty member did not have any nursing experience, but was an educational expert for over 20 years (Eifler & Veltri, 2010). This was the beginning of a 2 year mentorship, where the experienced faculty member helped the new faculty member focus on areas for improvement (Eifler & Veltri, 2010). The new faculty member became an expert in the classroom and received excellent evaluations from the students (Eifler & Veltri, 2010, p. 627). Mentorship in this case proved to help this new faculty member during transition (Eifler & Veltri, 2010).

Mentorship programs were found to not only benefit new faculty, but also the mentors themselves (Hawkins & Fontenot, 2009). Hawkins and Fontenot (2009) conducted a study in which both the novice Nurse Practitioner faculty member (mentee) and the expert Nurse Practitioner faculty member (mentor) were interviewed. The mentorship program in this study lasted for over three years. In the beginning of the program, the mentor was more hands on with the mentee, overseeing their work with the students (Hawkins & Fontenot, 2009). By the second year, the mentor let go of the control and allowed the novice faculty member to address issues more freely on their own, while being available when needed (Hawkins & Fontenot, 2009). By the third year, the mentee directed a track in the school's MSN program, and the mentor provided

advice from a distance, and started mentoring the mentee on things such as research and service (Hawkins & Fontenot, 2009, p. 360). In this study the mentee was able to grow in their new position and the mentor felt gratification by watching the mentee become successful in their new role (Hawkins & Fontenot, 2009).

A study of a mentor-protégé program was conducted by Wilson, Brannan, and White (2010). The results of this study indicated that the mentors face challenges like the new faculty, but the mentors benefitted from a mentor-protégé program (Wilson, Brannan, & White, 2010). In order to increase the number of nursing faculty, and faculty members who will remain in the profession, more mentor-protégé programs need to be created (Wilson, et al., 2010).

A study conducted by Chung and Kowalski (2012) had a sample of 959 full time faculty members, in order to “examine mentoring relationships among nursing faculty to understand the influence on job stress and whether it impacts job satisfaction” (Chung & Kowalski, 2012, p.381). While mentoring was highly recommended in literature for new faculty members, there was not a lot of literature on the process needed to establish a mentoring relationship (Chung & Kowalski, 2012). One of the biggest challenges in creating a mentoring relationship was time (Chung & Kowalski, 2012). Many seasoned faculty members did not have time to establish a true mentoring relationship with new faculty members (Chung & Kowalski, 2012). Mentoring did affect job satisfaction among new nursing faculty members (Chung & Kowalski, 2012). Guidelines should be established for mentoring relationships in nursing education since literature supports it

and there are many different way to go about establishing a mentoring relationship (Brown, 1999; Chung & Kowalski, 2012).

Cangelosi, Crocker, and Sorrell (2009) used narratives to gain an understanding of individuals preparing for roles as clinical nurse educators as the basis for their study. There were 45 participants enrolled in the Clinical Nurse Educator Academy (Cangelosi, Crocker, & Sorrell, 2009). The overall theme of the narratives were “The Phenomenon of Learning to Teach” with three different themes; “Buckle Your Seatbelt,” “Embracing the New,” and “Mentoring in the Dark” (Cangelosi, et al., 2009, p. 369). The buckle your seatbelt theme revolved around new educators trying something out for the first time, and bracing for the outcome (Cangelosi et al., 2009, p. 369). The theme of embracing the new referred to the new nursing educator embracing their new role as faculty as a journey and learning from it (Cangelosi et al., 2009, p. 369). Mentoring in the dark came from those new nurse educators who felt that they did not know what questions to ask even when they were assigned a mentor, and those who worked their way through with little or no guidance (Cangelosi et al., 2009, p. 370). In addition, this theme brought to light those mentors who never mentored before and how they felt not being prepared for or not knowing how to mentor new faculty members (Cangelosi et al., 2009). The authors of this study concluded that more research needed to be conducted surrounding this phenomenon, which may help new faculty blossom and stay in the profession longer (Cangelosi et al., 2009).

A study was conducted by Garbee and Killacky (2008) with 316 participants to discover variables to keep nursing faculty members within their current positions..

Several themes emerged in the study. The themes include job satisfaction, organizational commitment, mentoring, and leadership behaviors (Garbee & Killacky, 2008). Mentoring was a strong factor in organizational commitment (Garbee & Killacky, 2008). Intent to stay happened between three to five years (Garbee & Killacky, 2008). New faculty members should be mentored, which may increase their intent to stay in the 3 to 5 year range due to being supported (Garbee & Killacky, 2008).

Providing support for the new faculty member is essential in transitioning through NET. Once the new faculty member transitions from the anticipation/expectation phase of the NET and enters the disorientation phase, the new faculty member needs to feel supported so that their uncertainties around their new role does not cause them to leave the role of the nursing faculty member (Schoening, 2013). As the new faculty member transitions from the disorientation phase to the information- seeking phase of NET, the faculty member starts to seek their own education and support (Schoening, 2013). A strategy to provide a seamless transition through NET is to provide the new faculty member with a supportive environment through mentoring, faculty development and educational sessions. If the new faculty member feels supported, they are more likely to reach the final phase of NET and remain in their role as a nursing faculty member (Schoening, 2013).

Implications

Based on the findings in the literature, there was a need for qualified nursing faculty members. The literature also indicated that support is needed in order for registered nurses to transition into the nursing faculty role and be successful within his or

her new role. The findings from this study may have implications for improving the role transition from clinical nurse to the nursing faculty role. By exploring the perceptions of support and barriers during role transition, both formal and informal mentorship and new faculty professional development programs may be established.

Summary

It was evident through the literature that there is no one reason for the nursing faculty shortage, and that each nursing faculty member may have his or her own reason for leaving the profession. Providing support for new faculty members in transition was a common theme in the literature. Supporting the faculty members in their transition may increase the likelihood that the nursing faculty members will stay in the profession.

The strategies of a mentorship or a new nursing faculty professional development program would allow experienced nursing faculty members to work closely and provide support to new nursing faculty members. Both the experienced nursing faculty members and new nursing faculty members may benefit from the development of these programs. Overall, this study would contribute to both the field of nursing and nursing education by increasing the number of nursing faculty members who are supported during the transition into their new roles. By providing support during role transition, it may increase the number of nursing faculty members; which may ultimately increase the number of registered nurses.

Section 2: The Methodology

The purpose of this study was to explore nursing faculty members' perceptions of supports and barriers of transitioning into the nursing faculty role. The guiding question for this research project was "What are the perceptions of new nursing faculty members working in a 3-year diploma program regarding supports and barriers of transitioning to the role of nursing faculty." A qualitative case study research design was used in conducting this study.

Research Design and Methodology

A qualitative research method explores a central phenomenon and the views and meanings of that phenomenon to the participants within the study (Creswell, 2012). The purpose of the study is to explore nursing faculty members' perceptions of supports and barriers of transitioning into the nursing faculty role. A qualitative design allows the researcher to gain insight into phenomena through the discovery of meanings (Creswell, 2012).

According to Bogdan and Biklen (2007), "researchers in the qualitative mode attempt to understand the meanings of events and interactions to ordinary people in particular situations" (p. 25). There are various types of qualitative designs for research including grounded theory, phenomenology, ethnography, and qualitative case study. In a grounded theory design, the researcher collects data and develops a theory from that data (Bogdan & Biklen, 2007). In a phenomenological design the researcher aims to understand one phenomenon that the participants of the study go through, in detail, by attempting to capture the lived experience of the individual in that phenomenon or

situation (Bogdan & Biklen, 2007). In this study, I did not seek to capture the total lived experiences of nurses transitioning to the faculty role, but only those experiences in relation to the specific problem in the local setting and framed by the NET. A researcher sets out to study a culture or subculture in an ethnography research design (Bogdan & Biklen, 2007). A researcher using a qualitative case study design examines one setting or a particular event in the participants' lives (Bogdan & Biklen, 2007). A case study qualitative design was most appropriate for this project study because I was exploring the perceptions of supports and barriers of transitioning from clinical faculty to the role of nursing faculty member. This study took place in the same setting and focused on the transition process of new nursing faculty members. The new faculty members all go through a transition process, but the events and interactions during this process may have different meanings for the participants. Using a qualitative case study approach to for this project also allowed the researcher to explore nursing faculty role transition more in depth than using a quantitative approach or another qualitative method.

The participants in the research study were asked questions regarding their role transition during in-depth interviews. These interviews allowed me to gather subjective data regarding the role transition of the participants. The interviews also provided an opportunity for me to gain an accurate interpretation of the information from the participants. A quantitative research method is used to describe trends and relationships among variables using numbers and statistics (Creswell, 2012). Since this study is exploring the perceptions of the participants, a qualitative method was more appropriate than a quantitative method for this study.

Participants

Criteria, Justification, and Gaining Access to Participants

The participants for this study were current nursing faculty members who are employed in the setting, with 5 years or less of experience as a nursing faculty member. Five years of experience as a nursing faculty member was chosen as the cut off because it is the median number of years of faculty experience. There is no one single theory of when a nursing faculty member reaches competences in their role, however in the acute care clinical setting of the institution, Benner's novice to expert theory, is used for registered nurses. According to Benner (1984) a level of competence of a registered nurse is reached within 3 to 5 years. Although Benner's theory specifically applies to registered nurses in an acute care setting who have recently begun practice as a registered nurse, I believe the concept can also apply to registered nurses who have recently begun their practice as a nursing faculty member. Even though nurses may be a competent or expert clinical nurse role, many have no experience in the nursing faculty role making them a novice nursing faculty member.

The participants for this study were selected via purposeful sampling, especially since the setting has a small nursing faculty. Purposeful sampling was used because a select group of individuals was purposely sought out. Those individuals were nursing faculty members with 5 years or less of nursing faculty experience that were willing to share their experiences and perceptions of transition into the nursing faculty role. Those faculty members who transitioned more recently would allow the participants to provide rich qualitative data for the study. The participants for this study included full time, part-

time, and adjunct faculty members. There were 13 faculty members; including full-time, part-time, and adjunct faculty members who met the inclusion criteria of having 5 years or less experience as a nursing faculty member.

After I obtained Institutional Review Board approval from Walden University (reference number, 08-25-15-0305804) and the site in which I conducted study (reference number, AH14-266), I asked the associate program director (former interim Dean) of the school to send me a list of those nursing faculty members meeting my inclusion criteria of having 5 years or less of experience as a nursing faculty member. I then sent those who meet the inclusion criteria a participant recruitment letter via work e-mail, and explained that I, their coworker would be personally conducting the study, that there is no pressure to participate in the study, and that they may leave the study at any time without penalty. By sending them a participant recruitment letter, I feel it helped to relieve pressure they may have felt if they were asked to participate face to face. Faculty members who expressed interest in participating in the study were sent an informed consent form via an e-mail.

Literature varies surrounding saturation in a qualitative method. According to Bogdan and Biklen (2007), data saturation may be reached if there is redundancy among responses from participants. Another view on data saturation is that saturation itself is hard to define because it is not always quantifiable (Fusch & Ness, 2015). If a researcher is using interviews, the researcher should use the same questions for each interview to achieve saturation. According to Landau and Drori (2008), saturation can be reached in a qualitative study when there is no new information for the researcher to obtain. I felt that

having a sample of 50% or more of the faculty members who met the inclusion criteria would reach data saturation for the study. According to Bogdan and Biklen (2007), limiting the number of participants in a qualitative study will allow for deeper inquiry into the topic of the study.

My goal was to have a sample of 50% of current faculty who met the inclusion criteria. In an attempt to meet this goal, I sent out an e-mail with the participant recruitment letter. Within one week of the initial e-mail, I had eight faculty members willing to participate in the study. One week after sending out the e-mail, I began the interview process with participants who had signed the informed consent form. Participants completed the informed consent as soon as they had expressed interest in participating in the study. All participants filled out the informed consent prior to the interview process.

Establishing a Working Relationship

In order to establish a positive researcher/participant working relationship, I engaged in conversations with the participants explaining the qualitative research process and the importance of this research topic for future nursing faculty members. I also informed the participants that I would be available to meet with them throughout their participation in the study to address any of their concerns. The participants were asked to review and ask questions regarding the research and interview protocol in order to help reduce anxiety and stress related to participating in the study. I also reinforced that participation in the study is voluntary and that they may leave the study at any time

without repercussions. No participants needed to leave the study while it was being conducted.

Protecting the Rights of Participants

Informed consent help protect the rights of the participants in the study. The written informed consent disclosed the research procedures and helped protect the confidentiality of the participants. The informed consent also disclosed the benefits and potential risks that may occur while participating in the study. The participants were asked to bring the signed informed consent with them on the day of the interview. The informed consents were sealed in an envelope marked confidential and locked in a filing cabinet in my office. I am the only person with a key to my office and the file cabinet in which the material is kept. The electronic data for the study is password protected. I am the only one with the password needed in order to access this data. Five years after the study is completed, I will destroy all data by shredding the paper data in a secure confidential container and erase all electronic data. In addition, in order to maintain the confidentiality of the participants, each participant was given a participant letter instead of a name and no personally identifiable information was used during the interview process.

Data Collection

The data for this study were collected via interviews, including the demographic data. Methods of collecting data for a qualitative study differ from that of a quantitative study. In a qualitative study, the researcher is the data collector and the data analyzer. Interviews are a method often used in qualitative research. Interviews allow the

researcher to collect thick rich data and interviews often allow the researcher to probe the participants for the meaning behind the answers given during the interview (Merriam, 2009). Interviewing the participants was the most logical method of data collection for this study, because I was searching for the perceptions of supports and barriers for transitioning into the nursing faculty role. The interview questions were derived from Schoening's NET. The interview questions were created prior to the interview. The questions were semi-structured which helped me clarify the responses of the participants when needed.

When the associate program director (former interim dean) e-mailed the names of the faculty members who met the inclusion criteria of the study to me, the associate program director included the current position held by the faculty members. Participant invitations were e-mailed to 13 faculty members; eight responded. The data for this study was collected through semi structured in-depth interviews using a self-made interview tool consisting of 10 interview questions (See Appendix C). The questions included demographic questions and questions regarding the participants' transition into the role of nursing faculty member, seeking to identify perceptions of supports and barriers using Schoening's Nurse Educator Transition Model. Demographic data were collected because according to Olson (2011), demographic data can influence the quality of the interview.

The questions helped explore the role transition into the nursing faculty role. By using semi-structured or an open-ended interview format for data collection, it helped me to gain a deeper knowledge of the participants' feelings, perceptions, and interpretation of the role transition into the nursing faculty role (Bogdan & Biklen, 2007). I scheduled

participant interviews after approval was obtained from both Walden University's and the site's institutional review boards and informed consent was obtained. The interviews lasted 30-40 minutes and were scheduled around the faculty members' work and personal schedules. The interviews took place in a small private room away from other faculty members, staff and students in order to maintain the participant's confidentiality. During the interview, I took brief notes while still maintaining eye contact with the participants.

I recorded the interviews with a digital recorder and then transcribed them verbatim on a computer program. Recording the interviews allowed me to take notes, have more interactions with the participants, and maintain a reflective journal. Maintaining a reflective journal for each interview helped me to understand the meaning of the data collected throughout the interviews (Creswell, 2012). After transcribing the interviews, I e-mailed the transcripts to the participants, which allowed them to participate in the member checking process to ensure accuracy of the transcription of the data collected during the interviews. The participants had the chance to read and verify the accuracy of the data collected and transcribed. They were asked to correct any information that was inaccurate directly on their transcript. The participants were then asked to e-mail me their corrected transcripts or to inform me if the transcript was accurate as presented to them.

Role of the Researcher and Ethical Considerations

Currently, along with being the researcher of this study, I am also a nursing faculty member within the research setting. As a nursing faculty member, I am in charge of teaching and evaluating students. I have 7 years of experience as a nursing faculty

member and I have been with the organization as a nurse for 10 years. I am a peer of the participants and I do not hold a supervisory role within the setting. While I work with the participants, I do not work with them in the same nursing course or work with them on a daily basis. None of the faculty members with whom I work with in the same nursing course was included in this project study; this did not affect the size of my sample. While conducting the interviews, I did everything possible to avoid researcher bias in the study. I did this by identifying and bracketing feelings during the interview process and keeping these feelings in a journal. As feelings arose, I identified the thoughts and feelings recognizing them as assumptions or preconceived notions.

Data Analysis

After I organized and transcribed the data, I examined and coded the data identifying emerging themes. Qualitative data focus on rich description of events and often directly quoted from the participants (Bogdan & Biklen, 2007). A priori codes were developed based on possible categories that could emerge from using the NET and in interview questions used to conduct the study. I coded the data in a computer program utilizing the following a priori codes:

- role transition
- phase of Nurse Educator Transition Model
- transition from disorientation phase
- support with transition
- barriers to transitioning
- ideal transition

- comfort within the faculty role

Each code was given a different color font. I then conducted a thematic analysis after coding all the data and identified themes and patterns amongst the participants' responses within the different codes. The demographic data was analyzed and put into ranges of years to represent the number of years as a nurse and a nursing faculty member.

Accuracy and Credibility

In order to ensure accuracy and credibility of the data collected, I used member checking. Member checking is a qualitative process in which participants verify the accuracy of the data collected (Creswell, 2012). Member checking took place via e-mail. I had the participants comment directly on their own transcript regarding the accuracy of the transcription of the data. The participants sent back their approval of the transcripts and gave me permission to move forward with the study using the data collected. All transcripts proved to be an accurate transcription of the interview. Hard copies of the data are stored in a locked unit in my office and all electronic data are password protected on a computer in my office. All members performed a check and assured accuracy of the transcription of the data collected and analyzed. In addition to member checking, I compared my findings to the current literature. The current literature and the data collected via interviews both identified the need for more orientation to the nursing faculty role along with mentoring programs for new nursing faculty members.

Research bias could have been an issue during this study due to the study being conducted at my place of employment and my familiarity with the participants.

According to Creswell (2012), participating in member check reduced the potential

researcher bias. In addition to member checking, I conducted a reflective analysis using a reflective journal after each interview was conducted. Using a reflective journal and conducting a reflective analysis allowed me to make sure I was capturing the essence of what each participant was portraying in their interview (Creswell, 2012). The reflective journal also allowed me to reflect on my own thoughts and opinions which helped to reduce the potential for researcher bias.

Procedure for Discrepant Cases

According to Merriam, (2009), adequate time should be spent evaluating the data collected for a study. Discrepant cases are those cases of data that disconfirm the study's expectations (Merriam, 2009). A researcher should still report discrepant data in with the results of the study. If there are multiple discrepant cases, it may indicate the need for further research. If there were discrepant cases in this study, I would have reported them with the other findings of the study. There were no discrepant cases to report in this project study.

Data Analysis Results

Demographic Data and Phases of Schoening's Model

The demographic data consisted of the number of years each faculty member has been a registered nurse, the number of years each faculty member has been a faculty member, and the position each faculty members holds within the nursing school. The demographic data was collected via interview, and the position of each faculty member was provided to me by the associate program director. The average number of years as a registered nurse for the eight participants is 9.87 years, with participants ranging from 6-

19 years of experience as a registered nurse. Participants averaged 2.5 years as a nursing faculty member, with participants ranging from 1-4 years of experience as a nursing faculty member. Out of the eight participants in this study, four are full-time faculty members, two are part-time faculty members and two are adjunct faculty members. The demographic data can be found in *Table 1*.

The participants were asked to identify the stage of NET they felt they fit in (Appendix B). Three out of the eight participants felt that they were in the information-seeking phase of NET; one participant felt that they were in the identity formation phase of NET; one participant felt that they were in the disorientation phase of NET, and three felt that they could identify with both the disorientation and information-seeking phase of NET. The faculty members were considered experts in the field of nursing according to Benner (1984), and had to start over in a new role. The faculty member with the greatest number of years as a faculty member was the only faculty member who has reached the identity formation phase of NET. The other faculty members who participated in this study felt they fell into the disorientation and information seeking phases of the NET. The Phases of Schoening's NET that they participants identified with can be found in *Table 1*.

Interview question 1. Describe your transition into the nursing faculty role. Pre-assigned code: *role transition*.

Participants remembered their first few days and months as a nursing instructor very vividly. Participant C a part-time faculty described the transition:

The transition into the nursing faculty role was terrible.

There was no orientation, I felt very lost and like I was being “thrown to the wolves.” I feel like I should have known what to expect.

Table 1

Demographics and Phase of Schoening’s NET

Participant	Years of Nursing Experience	Years of Nursing Faculty Experience	Current Nursing Faculty Role	Phase of Schoening’s NET
Participant A	7 years	3 years	Full-time	Information- Seeking
Participant B	9 years	1 year	Adjunct	Information- Seeking
Participant C	8 years	2 years	Part-time	Disorientation/Information-Seeking
Participant D	8 years	2 years	Full-time	Disorientation/Information-Seeking
Participant E	6 years	1 year	Adjunct	Disorientation
Participant F	10 years	4 years	Full-time	Identity Formation
Participant G	19 years	3 years	Full-time	Information -Seeking
Participant H	12 years	4 years	Part-time	Disorientation/Information-Seeking

Participant F a full-time faculty member described the transition and how the faculty expectations and course paperwork were presented:

I was put right into a clinical with no orientation to the role. I was given paperwork and my expectations via e-mail.

Participant G a full-time faculty member talked about how the transition and orientation was presented and on day one of the new role the complete opposite happened:

Transition was difficult. I was told that I would be working with someone and on the first day I was told that we would be working separately. I felt “Thrown to the Wolves.”

Participant B an adjunct faculty member talks about how being a staff nurse within the institution and worked with students in the past, but still had no true orientation:

I was a staff nurse who also worked with Capstone students. I started the first week of school and met with course faculty and was given paperwork. No true orientation to the role of clinical instructor occurred.

In summary the participants in this study were not oriented to the role of nursing faculty member. They felt they should have been oriented to the role before being thrown in. Some participants were told that they would be working alongside another faculty member, but that was not the case.

Interview question 2. If you are out of the disorientation phase, what helped you transition out of that phase? Pre-assigned code: *transition from disorientation phase*.

Participants such as Participant C discussed still feeling a lack of confidence at times:

I still lack confidence at times. I am more prepared for clinical with the students but still need support at times. The interactions I had with certain faculty members have helped me transition from the disorientation phase.

Participant H a part-time faculty member described knowing who to go to and identifying a resource person without being assigned one:

With this being a part time job, I had to know what faculty members to ask and who to use a resource person.

Participant F, like Participant H describes seeking out faculty members to voice their concerns or issues:

Talking to other faculty members about concerns and using them as a sounding board, has helped me transition from the disorientation phase.

This interview question made the participants think about who truly helped them transition from the disorientation phase. According to Schoening (2013), many faculty members may leave the profession if they feel as though they cannot get past this phase. The participants in this study who feel they have transitioned out of this phase attribute it to the faculty members they personally sought out for help.

Transitioning from the clinical floor as a registered nurse to a nursing faculty member can be perceived as difficult without the right support.

Interview question 3. Discuss factors that supported your transition to the nursing faculty role. The pre-assigned code for these responses is: *support with transition*.

Participant B reminisced about the first days as a nursing faculty member and how welcoming her colleagues were:

The other faculty members were open and receptive; also they were very welcoming.

Participant G describes how having a teaching partner and being eased into certain functions of the nursing faculty role was helpful:

Having support from my teaching partner and having her help with decision-making was a great support. Also easing my way into lecturing and not jumping right in was a huge help.

Participant F stated her support very simply with one word:

Colleagues.

Participant C unlike Participant B attributes support to only certain faculty members:

Having a supportive family was helpful in making the decision to transition, but once the decision was made the support from certain faculty members was helpful.

All of the participants overwhelmingly stated that their colleagues helped them transition into the role; some had more help than others. However, it seemed that the participants had seek out colleagues for information and had to take the initiative to find help when needed.

Interview question 4. Discuss factors that acted as barrier to your transition to the nursing faculty role. This information was given a pre-assigned code of: *barriers to transitioning*.

It became evident in the literature that while there a many forms of perceived support while transitioning from one role to another that there could be perceived barriers to transitioning as well.

Participant B reported that it became difficult due to not being on campus as much as a part-time or full- time faculty member:

Being an adjunct faculty member meant not being on campus. I had no face-to-face interaction with course faculty or administration because I am only a clinical instructor, and I had no true orientation.

Participant C described the administration as not being visible or available when needed:

The lack of orientation and lack of visibility and availability from administration was a barrier for my transition.

Participant F went into more detail regarding the administration, and lack of academic freedom:

Everything had to be “cookie cutter”, there was micro-managing by administration. There was no formal orientation and I felt like I had no autonomy.

Participant G described being thrown in by administration with no clear definition of role expectations:

I was thrown in with no orientation and I did not know the role. I was given books and paperwork by administration and sent on my way.

The lack of administrative support during transition coupled with not having a formal orientation to the role really became prominent during this question. Comments were made by many of the participants that the lack of leadership made them consider leaving the position, but having support from their colleagues and having a passion for the profession made them stay.

Interview question 5. Describe what would have been ideal in your transitioning to the nursing faculty role. The pre-assigned code for this data was: *ideal transition*.

The next area that was studied was what the participants felt would have been the ideal role transition from registered nurse to nursing faculty member. In addition to having time, an overall response of a formal orientation and an assigned resource person would have been ideal.

Participant A, a full-time faculty member wished that there was more time to prepare:

I wish I had time to prepare, especially for lectures. Time would have given me the chance to explore and research learning strategies. Also having an assigned resource person after getting started would have been beneficial.

Participant B wanted to be given time to adjust to the role:

Start with the position a couple weeks prior to the beginning of school. Have more of an orientation to the course, the role, and the paperwork. It would have been helpful to be given examples of good and bad student work.

Participant C, Participant D, Participant F, Participant G and Participant H wanted more than just an orientation; they wanted to be mentored by experienced faculty:

Participant C: Being able to shadow a senior faculty member for 2 weeks (4 clinical days) to see what to expect. To be “hands on” with another faculty member present so they could help structure pre/post conferences etc.

Participant D: A semester of having a preceptor or mentor as a new faculty member, although there was not just one person who supported me. The entire

faculty and administration were helpful answering any questions I had. In most cases there were faculty members in the same facility or they were a phone call away.

Participant F: Ideally, having someone to know I was coming on the day I started. A formal orientation and appointment of a mentor would have been ideal.

Participant G: Orientation that included working with an experienced faculty member for a term in order for me to know the role better, allowing myself to be eased into the role.

Participant H: Being mentored by an experienced faculty member for about a year. It would have been ideal to be paired up with them to allowing for shadowing and feedback.

Overwhelmingly the participants wanted some form of orientation and mentorship, it seemed from the data collected via interviews that many of the participants sought out their own mentors. It seems as though the participants did not feel that seeking out their own mentors was enough.

Interview question 6. Describe your process of becoming comfortable with the faculty role. The final research question revolved around gaining comfort within the role of nursing faculty member, which according to Schoening (2013), will help with the final phase of her model, the Identity Formation phase.

The pre-determined code for this was *comfort within the nursing faculty role*.

Participant B, not only spoke about having a questioning attitude about the role, but spoke of looking inside oneself:

I am becoming more comfortable with the role of a nursing faculty member by asking my colleagues a ton of questions. I also ask myself how I can make myself better in this role.

Participant D talked about how there was still learning occurring while in the role and how more comfort comes as time goes on:

I am still learning and dealing with experiences as I go which is making me more comfortable in the role. Also, I ask other faculty members about situations as needed, which has helped me.

Participant F speaks about still being nervous at times, and how working in multiple courses has helped:

I am still nervous about certain situations but as I do more things and work in different courses and with different faculty members I am becoming more comfortable.

Out of all of the participants, Participant G answered this question simply and enthusiastically, speaking about time and learning from the past:

Time! The more time I spend in the role, the more I become comfortable. Also, learning as I go and learning from the mistakes I may have made in past situations.

Themes

Several themes have been identified from the data collected from the interviews.

The themes identified were: *Being thrown in with no orientation to the role, supportive*

colleagues, lack of support from administration, formal orientation, assigned resource person, time in the role, and asking questions.

Being Thrown in with No Orientation to the Role

Interview question 1 identified the theme of being thrown into the role with no orientation. The participants were asked to describe their role transition in order for me to understand where they were coming from when they transitioned and what drove them to identify the supports and barriers to transitioning to the nursing faculty role. Participant C and Participant G both used “being thrown to the wolves” as a description of their transition into the nursing faculty role. Participant D stated “I had one week of transition to go over paperwork, there was no clinical instructor orientation, no preceptor, and I only had someone from the school visit me once while on clinical.” Participant F very simply stated “I was put right into a clinical with no orientation to the role. I was given the course paperwork and my expectations via e-mail.” Participants described not feeling prepared, not having a preceptor and being thrown in to the nursing faculty member role without an adequate orientation.

Supportive Colleagues

In interview question 2 the participants who have transitioned out of the disorientation phase discussed seeking help and working through problems and issues with other faculty members. Participant B stated “knowing which colleague to ask was a big help.” Participant F stated “talking to other faculty members about my concerns and using them as a sounding board when needed was helpful.” The participants described not having a formally assigned mentor or preceptor, but seeking other colleagues

informally for their help with issues and being supported by their colleagues at times without them even being asked for formal support.

In interview question 3 all participants were asked to identify what helped them transition from the role of clinical nurse to the role of nursing faculty member. In addition to family support, overwhelmingly the participants mentioned their colleagues. Some participants said if it wasn't for their colleagues they would not have transitioned well into the role, and may not still be in the nursing faculty role today. Participant B and Participant C stated "the other faculty members were very welcoming. They were open to share experiences and were receptive of the new faculty members asking questions." Participant F simply answered the question with two words "my colleagues." Participant G mentioned one specific faculty member "support from my teaching partner and having her help with decision making was a big help with my transition to the nursing faculty role, and I would not be here if it wasn't for her help."

Lack of Support from Administration

As each participant was answering interview question 4, it became clear that in addition to the fear of the transition, that the lack of orientation to their new role of nursing faculty member and lack of visibility from administration was a barrier. Participant C stated "a barrier to my transition was the lack of visibility from administration in addition to the lack of orientation, which the administration should have ensured that I was oriented to my role." Participant F stated, "everything had to be cookie cutter, there was micro-managing by administration with no autonomy, although they were never around when needed." Participant H stated "I often feared being put down by

administration especially when I asked questions. I did not feel supported at all from the administration.”

Overall, the participants felt that it was the job of the administration of the school to support new nursing faculty members and ensure that the new nursing faculty members were prepared for their new role by offering an orientation to not only their new role, but to their place of employment neither of which were reported to be done for the participants in this study by the administration.

Formal Orientation and Assigned Resource Person

In interview question 5, the participants were asked to describe their ideal transition into the nursing faculty role. Each participant described having a formal orientation to the school and their new role. Many of the participants described working with an assigned experienced faculty member for a defined or prescribed amount of time. Participant A stated “having a resource person after you get started would have been ideal.” Participant C stated “ideal transition would have included being able to shadow a senior faculty member for 2 weeks (4 clinical days) to see what to expect. To be hands on with another faculty member present so they could help structure the clinical day.” Participant D’s ideal transition would also have included an assigned person, “A semester of having a preceptor or mentor as a new faculty member would have been ideal, however there was not one person assigned to help with my transition into the nursing faculty role.”

Participant F’s ideal transition included knowledge of the start date of the transition into the nursing faculty role “I wish someone had known that I was starting, no

one knew I was coming. A formal orientation and the appointment of a mentor would have eased my transition. I often felt lost in the beginning.” Participant H’s ideal transition included more than just a preceptor, “the ideal transition for me would have included being paired up and mentored by a seasoned faculty member so that I could have received constant support and feedback as I transitioned into the nursing faculty role.” The participants felt it would have been extremely beneficial to learn from the experiences of faculty members who have been in the role for years.

Time in the Role and Asking Questions

In the final interview question the participants were asked to describe becoming comfortable within the nursing faculty role. Many participants stated asking their colleagues a lot of questions and at times asking multiple colleagues questions regarding the same situation to gain multiple perspectives on the situation. Participant B stated “asking my colleagues a ton of questions has helped me become more comfortable.” Participant C stated “asking my co-workers for their opinions as I come across obstacles has helped build my comfort level.” Participant E stated “speaking to many co-workers about their philosophy on education and about their transition into the nursing faculty role has helped me to become more comfortable.”

Participants also stated that they were learning as they go. Participant D stated “I am still learning and dealing with experiences as I go.” Participant G stated, “It takes time to become comfortable. Also learning as I go and learning from mistakes that I may have made.” Time and speaking with co-workers about issues that may arise have increased the comfort level of the participants; however there are times depending on the

situation they were still uncomfortable. Participant F stated “I am still nervous when it comes to certain situations, but the more I work with my co-workers and the more time I spend in the role the more I become comfortable.” It seems as though the participants’ discomfort level was easing with the more time they spent in the nursing faculty role.

Discussion

The interview questions above helped to determine the perceptions of supports and barriers if role transition. The data collected has shown that overwhelmingly the participants felt that other faculty members were a support in their transition. While there were other things that supported their transition such as family support, all eight participants recognized their colleagues as a support. As for perceived barriers, the lack of orientation to the role, and clearly defined expectations were identified.

When asked about the ideal role transition, all of the participants mentioned a formal orientation, and working with experienced faculty members. Some participants mentioned a resource person, while others mentioned a mentor. Some participants wanted to spend a few days with an experienced faculty member, while others wanted an entire term working with another faculty member. Identifying perceptions of supports and barriers to role transition to nursing faculty member may help recruit and retain nursing faculty members.

Conclusion

The data collected has led to identification of supports and barriers to role transition. By identifying the ideal role transition, it can help create a situation in which new nursing faculty members want to stay in their new role for an extended period. Based

on the findings from the study as well as the literature, a professional orientation/mentorship project will be discussed in the next section of the paper.

Section 3: The Project

The data collected during this study from the participants provided evidence that an orientation/mentorship program was needed at the local site. Nursing faculty members need to be prepared to educate nursing students who will one day enter the nursing workforce. Implementing a program that prepares new nursing faculty members for their role in educating student nurses would ultimately help nursing students become successful in their transition from nursing student to registered nurse. The participants overwhelmingly stated that having an orientation to the nursing faculty role, in addition to being assigned an experienced faculty member as their mentor, would benefit them and ease their transition into the nursing faculty role. Having faculty members successfully transition into the nursing faculty role would yield successful nursing students.

Description and Goals of the Orientation/Mentorship Program

The participants in the study indicated the need for both an orientation to the nursing faculty role and an experienced faculty member as a mentor to help with transition to the faculty role. The goal of this project, an orientation/mentorship program, is to allow the clinical nurse to transition more easily into the nursing faculty role, by providing the new nursing faculty members with information about and support with the new role.

Once a new nursing faculty is hired, the new nursing faculty members will participate in a 3 day orientation program. During the program, the new nursing faculty member will learn about the school, the expectations are of faculty members, how to evaluate students, and how to handle difficult situations. The orientation will be

interactive and include activities such as role-playing. The orientation will also consist of meet and greet with administration, faculty, staff, and their assigned mentors. In addition to their face-to-face orientation, the new nursing faculty members will complete online modules by the end of the term for which they are hired.

In addition to the orientation, the new nursing faculty members will participate in a term long mentorship program. The mentors will be nursing faculty members with at least 5 years of experience, who are willing to mentor new nursing faculty members. The mentor and new nursing faculty member (mentee) will sign a contract stating their willingness to follow the mentorship program. The mentor will visit the new nursing faculty member (mentee) at clinical in the beginning of the term and spend a day with the new nursing faculty member to work on time management, conducting preconference and post conference. In addition, the mentor and new nursing faculty member (mentee) will make contact at least biweekly (face-to-face, via telephone, or by e-mail) and as need throughout the term. The mentor and new nursing faculty (mentee) will meet face-to-face at the end of the term for an evaluation and assessment of further learning needs. Mentor and mentee may agree to continue their mentoring relationship, but with less formality.

The Pennsylvania State Board of Nursing currently requires nursing faculty members to be enrolled in a Master of Science degree in nursing program with intent to obtain the degree within 5 years of being hired (Pennsylvania State Board of Nursing, 2015). Although many new nursing faculty members have a Master of Science degree in nursing, they are not always prepared in nursing education. Helping new nursing faculty members develop the skills necessary to educate nursing students, will allow them to

acclimate to the role and be more comfortable while educating nursing students, ultimately producing more graduates to fill the needed roles in nursing.

Rationale

The participants' responses during the study and the themes such as *being thrown in with no orientation to the role* and *lack of support from administration* identified from the study indicated the need for an orientation/mentorship program to help with the transition into the nursing faculty role. In addition to the data collected from the study, literature supports the need for orienting and mentoring new nursing faculty members. According to Billings and Halestead (2009), mentoring new nursing faculty is a gold standard in nursing education and provides the new nursing faculty member with support during role transition. Implementing the orientation/mentorship program will help increase job satisfaction and retention of nursing faculty members that will help decrease the nursing faculty shortage.

Review of the Literature

A literature review was conducted to explore articles and studies that were relevant to the developing an orientation/mentorship program. A literature search was conducted using EBSCO, ERIC, CINAHL, and PUBMED online databases. The online databases were searched for studies and articles published between 2010 and 2016. The search terms used were *mentor programs*, *orientation programs*, *mentors and new nursing faculty*, *mentorship of new nursing faculty*, and *orienting new nursing faculty members*. The search yielded over 300 articles and studies regarding orientation and mentoring programs for new nursing faculty members.

New Nursing Faculty Development

Literature has shown that new nursing faculty may have training in the nursing profession, but not always the proper training or education to teach nursing. Many schools are now offering certificates in nursing education, but due to the shortage of nursing faculty members in the United States, nursing faculty members may be hired without the proper training or education (Eddy, 2010). Findings in many studies suggest that the transition into higher education from professional nursing is not easy and that in order to be successful in the nursing faculty role there needs to be more formal education for new nursing faculty (Duffy, 2013). If a new faculty member lacks experience and knowledge in teaching, a faculty development program with an extensive orientation and socialization into the nursing faculty role should be attended (Shanta, Kalanek, Moulton, & Lang, 2015). In order for nursing faculty members to become successful in their new role, they need to be socialized to their role through orientation and other developmental programs (Eddy, 2010).

Socialization of new faculty members can come in the form of faculty development programs. Poindexter (2013) stated “ is not sufficient to assume that nursing faculty members who just enter the academic role are prepared and competent in their new role, and that it is essential to ensure that new faculty members gain those competencies” (p. 564). According to Roberts, Chrisman, and Flowers (2013), providing socialization and support in the form of formal orientation and mentorship will help develop the skills faculty members need to acquire for their new role. Paul (2015) attributes socialization into the role as a means of creating a nursing faculty member who

is satisfied with their job, which ultimately creates an environment for students to be successful. Socialization should occur during the orientation and mentoring of new nursing faculty members. Orientation and mentoring is not one-dimensional, all stakeholders including the new nursing faculty member, the mentor and the administration of the institution must all be willing to participate in order for there to be successful development of the new nursing faculty member (Seekoe, 2014).

Faculty development through orientation. Various methods of orientation programs have been cited in the literature. Woolforde, Lopez-Zang, and Lumley (2012) identified components that all faculty orientation programs should include. These components included the assessment of needs; identification of issues; implementing plans; and evaluation (Woolforde, Lopez-Zang, & Lumley, 2012). After conducting a needs assessment, the authors created a nursing faculty development toolkit to be used by the new nursing faculty members (Woolforde et al., 2012). The toolkit was designed to help the new nursing faculty members become acquainted with their role in the academic setting.

Orientation programs can last anywhere from a day to a few months. Gilbert and Womack (2012) focused on a 2-day program in which the new faculty members participated in activities such as test item writing, learning about NLN core competencies and developing teaching plans. Davidson and Rourke (2012) described a month-long orientation program that included both face-to-face sessions and online sessions so that the new faculty members could do the modules at their convenience. Vitale (2010) described using an online format for orientation and mentoring of new faculty members.

Vitale (2010) suggested that using an asynchronous learning format introduces faculty members to technology and helps with course development and faculty-student communication especially for those nursing faculty members who will be teaching in an online environment.

Asynchronous learning is just one newer method used during nursing faculty orientation instead of typical lecture presentations. Simulation has also been added to orientation programs. Crocetti (2014) stated that simulation should be explored as an educational method when orienting new nursing faculty members. Nursing students can also be used to simulate various situations during a faculty orientation. A study conducted by Hunt, Curtis, and Gore (2015), used students to role-play clinical situations in which the nursing faculty members had to intervene. Analysis of results of this study indicated that the use of simulation in the form of role-playing increased the knowledge and confidence of nursing faculty members (Hunt, Curtis, & Gore, 2015). No matter how nursing faculty members are oriented, the goal of the orientation is to build their confidence and prepare them for working with students.

Because most new faculty members enter the clinical setting when first hired, it is imperative for clinical sites to collaborate with nursing schools during new faculty orientation. Hutchinson, Tate, Torbeck, and Smith (2011) described a collaborative program between a nursing school and a hospital. The new nursing faculty members were required to attend an orientation program at the clinical site, reported to increase nursing faculty competency during clinical teaching (Hutchinson et al., 2011).

Faculty development through mentoring. Mentoring programs for new nursing faculty members can differ by institution depending on the needs and goals of the institution. Each institution should create a policy for mentoring new faculty members so that each new faculty member has the same support (Zafar, Roberts, & Behar-Horenstein, 2012, p. 65). Jewell (2013) studied a school's 1-year coaching program. The coaching program lasted 1 year, but the mentoring of new nursing faculty members lasted 4 months, and indicated an increase in the retention of nursing faculty members (Jewell, 2013). While this program has lasted a year, much of the literature states mentoring can take place during the nursing faculty members' first semester of teaching.

Literature is the same regarding the goals and elements of a mentoring program. Slimmer (2012) stated that there are elements to a successful mentorship program. The elements are having support from school administration, having experienced mentors willing to work with new nursing faculty members, and having mentees that are willing to be flexible while working with the mentor (Slimmer, 2012).

In order for a mentorship program to be successful, the program should have outcomes that are addressed in the elements of the program (Slimmer, 2012). Mentoring program outcomes should address easing the transition of the new nursing faculty member, providing support for the nursing faculty member and allowing the new nursing faculty member to develop teaching scholarship (Slimmer, 2012, p. 183). Other mentoring programs addressed these outcomes in addition to outcomes such as using mentoring to retain qualified nursing faculty members and decrease the role strain of the new nursing faculty member (Specht, 2013). A study conducted by Specht (2013)

explored mentoring as an effective way to decrease role strain and role ambiguity. Specht found that mentoring helped to ease the transition of the new nursing faculty members by socializing them to their new role, thereby decreasing role strain and role ambiguity (Specht, 2013 p. 29). In addition, the same author reported that mentoring helped with the retention of the nursing faculty members (Specht, 2013).

Mentorship programs also need to have willing participants in order to be successful. Both the mentor and the mentee (new nursing faculty member) must be willing to participate in the program and be willing to work together. Martin and Hodge (2011) stated that the mentor and mentee should be compatible, having the same interests and similar personalities (Martin & Hodge, 2011). The mentor and mentee must get along, understand their roles and be willing to freely communicate frequently with each other (Martin & Hodge, 2011). There needs to be clear expectations set out for both the mentor and mentee in order for the mentoring program to be successful (Martin & Hodge, 2011). In a study conducted by Bryant et al. (2015), the nursing program gave the new nursing faculty members the autonomy to choose their own mentors, which allowed both the mentors and mentees to network, and build a mutual respect for one another. While the mentor helps to develop the mentee's skills during the program, the mentor must be willing to find and develop their own teaching skills and continue their professional development (Spencer, 2013).

The mentor must also be available when the mentee needs them. Cangelosi (2014) conducted a study with 20 novice faculty members. All of the participants in the study expressed frustration in their mentor (Cangelosi, 2014). While the participants we

assigned a mentor, the mentors were not consistent in their guidance (Cangelosi, 2014). A participant even stated that the mentor did not get back to her regarding a problem for a few days (Cangelosi, 2014). Cangelosi (2014) concluded that not only do schools of nursing need to give resources to new faculty members, that there is a greater need for more formalized education regarding the nursing faculty role.

Mentoring and mentorship programs come in various forms. Administrators of schools need to develop a program that benefits them and that can fit into the workload of their nursing faculty members. Weidman (2013) conducted a study on the experiences of new nursing faculty members' transition into academia. Two of the findings from the study were that the role transition process was stressful and that mentoring helps to decrease the stress and ease the transition (Weidman, 2013). Weidman (2013) concluded that if a school of nursing does not have a mentorship program that one should be established with elements that meet the goals of the school. In a study conducted by Cooley and De Gagne (2016), mentorship was identified as a way of developing competent nursing faculty members, which is needed to develop competent registered nurses.

Elements of an Orientation and Mentorship Program

Elements of an orientation and mentorship program should meet the needs of the school, the needs of the new faculty member, and also help the faculty member handle the challenges they may face while working in their role (Suplee, Gardner, & Jerome-D'Emilia, 2014). Each program should create a supportive environment for both the mentor and mentee, and be based on each nursing school's philosophy (Potter, & Tolson,

2014). Clark and Byrnes (2012) conducted a study to help identify how to meet the needs of the new faculty member and the school. The study included 136 first year teachers that identified areas in which mentorship programs did not cover (Clark & Byrnes, 2012, p. 46). Those areas focused on planning teaching content, self-assessment of teaching, modeling effective teaching, and questioning teaching practices (Clark & Byrnes, 2012). The authors reported that the mentorship program provided support to the new faculty; they concluded that it is important to understand what will work in a mentorship program (Clark & Byrnes, 2012).

Many nursing programs searched for creative ways to keep in touch with their part time faculty. Fura and Symanski (2014) conducted a study that used an online method of orientation and communication for their faculty members. The platform was one that the school used for students, Blackboard Communication (Fura & Symanski, 2014). By using Blackboard it allowed the part time faculty to have discussions with each other, the full time faculty members and the administration of the school (Fura & Symanski). Each new faculty member was oriented to the Blackboard system, and the feedback regarding the use of the system was positive because it allowed for not only discussion but other resources such as videos to help the new faculty members with their role (Fura & Symanski).

Orientation and mentorship programs should focus on transitioning new nursing faculty to their role. Through a study regarding mentorship and faculty retention Dunham-Taylor, Lynn, Moore, McDaniel, and Walker (2008), identified elements of the mentorship process that will help meet the professional needs of the new nursing faculty

member. These elements included socialization, collaboration, orientation, expectations, transformation, inspiration, documentation, and generation (Dunham-Taylor, 2008). The authors recommended that activities developed within these elements could help the new nursing faculty members transition more easily and to become comfortable in their role (Dunham-Taylor, 2008). For example, an activity in the area of socialization provided enculturation to the school and teaching (Dunham-Taylor, 2008). Activities related to inspiration provided an opportunity for new nursing faculty members to be a role model for their students (Dunham-Taylor, 2008). Participation by both new and experienced faculty members is a must in order for a mentorship program to be successful (Dunham-Taylor, 2008).

Orientation and mentoring topics. Various topics are generally covered during new nursing faculty orientation and mentorship programs. Not all the topics can be covered in face-to-face meetings. Reid, Hinderer, Jarosinski, Mister, and Seldomridge (2013) described a program that took place over two weeks that used face-to-face meetings, group mentorship, and online modules for orientation mentoring. Topics of the program included legal issues in nursing education, student learning, creating a positive learning environment, evaluating student performance, and managing the multiple roles of the nursing faculty member (Reid et al., 2013). Activities included reading journals, completing tests, case study analysis, simulation, and online discussions (Reid et al., 2013). In spite of the program's 2-week length, the participants indicated that the program helped with their transition even though it was a quick pace (Reid et al., 2013).

Adjunct faculty members are used often to fill open positions due to the shortage of nursing faculty members, especially in the clinical setting (Santisteban & Egues, 2014). Santisteban and Egues (2014) focused on a program designed for adjunct faculty members. Elements of the program included responsibilities, policies, student evaluation, clinical setting information, classroom management, simulation, self-assessment, and institutional issues (Santisteban & Egues, 2014). The adjunct faculty members participated in learning activities that covered these topics (Santisteban & Egues, 2014).

An additional study conducted by Brannagan and Oriol (2014) also described an adjunct faculty orientation and mentorship program. During this program, the adjunct faculty members participated in learning activities such as mock grading, creation of lectures, and solving student conflicts (Brannagan & Oriol, 2014). Both of these programs were designed to allow the new adjunct faculty to transition into their role and become comfortable educating students (Brannagan & Oriol, 2014; Santisteban & Egues, 2014).

Benefits of an Orientation and Mentorship Program

There are many benefits of having a new nursing faculty orientation and mentorship program. The programs allow for the new nursing faculty members to become comfortable in their role. By allowing the new nursing faculty members to have time to become comfortable in their new role it creates a perception of support, a healthy working environment, a sense of belonging for the new nursing faculty member, and professional development (Smith, Hecker-Fernandes, Zorn, & Duffy, 2012). Studies conducted by Candela, Gutierrez, and Keating (2012), and Tourangeau, Wong, Saari, and

Patterson (2014), identified support from the dean/director along with support from colleagues as factors to remain in the nursing faculty role. In addition to providing support to new nursing faculty members, orientation and mentorship programs promote communication and collaboration among new faculty members and experienced faculty members that it is beneficial to both (Candela, Gutierrez, & Keating, 2012; Jacobson, & Sherrod, 2012; Tourangeau, Wong, Saari, & Patterson 2014). The new faculty members shared new insights and the experienced faculty members shared their knowledge and skills with the new faculty members in order to help their professional development (Jacobson, & Sherrod, 2012).

The professional development of new nursing faculty members was necessary for these programs to work in order to benefit nursing students. The biggest benefit of orientation and mentorship programs is to produce quality nursing faculty members who will provide quality education for the nursing students (West et al., 2009). Without nursing faculty members who are qualified and comfortable within their role, nursing students will not successfully become qualified registered nurses (West et. al., 2009). Singh, Pilkington and Patrick (2014) conducted a study that identified mentoring as a way of empowering new faculty members. If faculty members feel empowered while in their role, it will help with faculty retention and increase quality educators (Singh, Pilkington & Patrick, 2014). While things like retention were important for nursing faculty, it was also important to remember why there needs to be professional development and that is to benefit the nursing students (Singh et al., 2014).

Orientation and Mentorship Program Evaluation

Evaluation is an important aspect of any program. For an orientation and mentorship program both aspects must be evaluated, the program and the mentorship. In a study conducted by Brody et al. (2016), on the effectiveness of a mentorship program, 64.7% of the mentors and 72.7% of the mentees found the program valuable in helping the new nursing faculty member develop professionally during the mentoring experience (Brody et al., 2016, p.2). Hadidi, Lindquist, and Buckwalter (2013) stated that new nursing faculty members (mentees) could benefit from both formal and informal feedback. Informal feedback took place during the program and was in the form of discussion and formal feedback came at the end of the program (Hadidi, Linquist, & Buckwalter, 2013). Both the mentor and mentee evaluated if the program goals were met by the mentee (Hadidi et al., 2013).

The mentee should perform a self-assessment both during the program and after the program is complete (Baker, 2010). A self-assessment is a good way for the mentee to set goals for themselves. In order to formally evaluate a program, Anderson, Silet, and Fleming (2012) stated that mentors and mentees could utilize surveys to evaluate program goals. The surveys can be close ended such as likert scales or open ended questions which can provide a more thorough evaluation of the program (Anderson, Silet & Fleming, 2012). Evaluations should be kept in a locked place to protect the privacy of the mentor and mentee (Anderson et al., 2012).

Project Description

Creating a program can often be a difficult task, but the literature reviewed offered a wide variety of suggestions and components to make the orientation/mentorship program a successful program. The review of literature helped to develop the orientation/mentorship program by providing information for the development of the program along with resources for the program. It is important to develop an orientation/mentorship program due to the current nursing faculty shortage at the site in which the project study was conducted, in addition to many new nursing faculty members being hired at one time. The orientation/mentorship program provides the new nursing faculty member with expectations of their new role and with the foundational knowledge they will need to educate nursing students. It also provides support through the transition process from their old role into their new role, allowing them to gain the insights of faculty members with experience when the need arises.

Purpose

The purpose of the orientation/mentorship program is to help new nursing faculty members easily transition into their new role. The orientation program is designed to provide the new nursing faculty members with the expectations of their role along with the foundational knowledge to educate nursing students. The mentorship portion of the program is designed to provide support to the new nursing faculty member on a long term basis while allowing them to gain familiarity with their new role.

Existing Supports

In order for a program to be effective, the stakeholders must see the value in the program. The participants in the study identified the need for a more formalized nursing faculty orientation program along with needing support from other faculty members and school administrators. The participants, faculty members, and school administrators are all stakeholders in the program, so they must value supporting new nursing faculty members during their transition. The current administration at the local research site values orienting and mentoring new nursing faculty members, which is one of the biggest supports. In order for the orientation/mentorship program to be successful, the school administration must be willing to carry out the program.

Potential Barriers

Although this program was designed to be completed during working hours and within the contractual agreement of the new nursing faculty, cost may be a barrier of the orientation/mentorship program, especially if the school administration needs to make changes to the program or if there are any other unforeseen circumstances. If this were to occur, school administrators could attempt to seek out federal grant money that may be available for the retention of nursing faculty members.

Another potential barrier is not having experienced faculty members willing to mentor new nursing faculty members. If this were to occur, school administration may have to edit the job description of the nursing faculty to include mentoring of new faculty members. In order for the orientation/mentorship program to be successful, all parties involved must find value in helping new nursing faculty transition into their new role.

Proposal Implementation and Timetable

The orientation/mentorship program is described in Appendix A. The program is designed to last one term (13 weeks), and begin one week prior to the beginning of the term. The administration of the school will meet with the assigned faculty mentors and staff prior to the beginning of the orientation/mentorship program. The mentors will need to be oriented to their role and given responsibilities prior to the program implementation. The administration, faculty and staff should meet at least one month before the program is implemented so they can understand their roles and expectations for participation in the program.

The first mentor meeting will also occur one week before the term begins, at the end of the orientation component of the program. The orientation component of the program is to last three full days. The orientation portion of the program will include lectures and interactive activities. On the third day, the new nursing faculty member will meet with their assigned mentor. During this meeting the mentor and mentee will determine a meeting schedule for the term and choose a day in which the mentee can work with the mentor on the clinical unit. The mentor and mentee will work collectively to establish goals. The mentors and mentees will talk at least bi-weekly and will have a face-to-face meeting at the end of the term.

During the second month of the program, the new nursing faculty member will complete one mandatory online module on teaching strategies and will need to pass a post-test with a grade of 80% or higher. The mentors will ensure that the new nursing faculty members have completed this requirement. A second online module on test item

writing will be completed during the third month of the program by didactic faculty members. The new faculty member will be required to write five questions and submit them to their mentor for feedback before the end of the 13-week program. The test item writing module will be optional for new faculty members who are working only in the clinical setting. The orientation/mentorship program full timetable can be found in Appendix A.

Roles and Responsibilities

The participants in the study reported not feeling supported from the administration of the school. The administration of the school has the responsibility to ensure the orientation and mentorship program is successful. The administrators are responsible for choosing the mentors and orienting the mentors to their roles and responsibilities. In addition, the administrators should ensure that the mentors' workload allows for mentoring activities to occur. The administrators of the school will also analyze the evaluations of the program and make the necessary changes.

The mentors must be willing to help the new nursing faculty with their transition into their new role. The mentors must be willing to share insights, constructive feedback, planning of student learning activities, and student evaluations with the new nursing faculty members. The mentors must not feel intimidated by the new nursing faculty members in order for the program to be successful. At the end of the program the mentors must be willing to evaluate the mentees' progression and willingness to apply the knowledge they gained from the mentors.

The new nursing faculty members have to be willing to be oriented and mentored during their role transition. The new nursing faculty members must participate in all activities throughout the duration of the program and must meet with their mentors at their assigned meeting times, and be able to reflect on and utilize the knowledge gained to educate nursing students. The new nursing faculty members must participate in evaluating the program and the mentors. This program is a collaborative effort and all parties have a responsibility to produce competent nursing faculty members ultimately benefiting the nursing students.

Orientation/Mentorship Program Evaluation

The orientation program will contain a summative evaluation which will be conducted at the end of the orientation portion of the program (day three) (See Appendix A). According to Lodico, Spaulding, and Voegtler (2010), surveys are an appropriate means of collecting summative evaluation data. The data collected via the surveys can be used by school administrators to make the necessary program changes. The purpose of collecting this data is to assess the effectiveness of the three day orientation component of the orientation/mentorship program. It is important to have this information in order for the stakeholders to make necessary changes. The new nursing faculty members will take this survey via paper and pen at the end of the third day of orientation. The data will be collected and analyzed by the associate program director that is in charge of the orientation of new faculty members. The associate program director will then share the data with the program director that will make any necessary changes to the orientation

component of the program. The data collected from this evaluation will be reported to all stakeholders.

The mentorship portion of the program will have both formative and summative evaluations. Formative evaluations will take place during the bi-weekly meetings between the mentor and mentee. Both parties will have the chance to provide informal feedback during these meetings. The summative evaluation of the mentorship program will happen at the end of the mentorship portion of the program (month 3) (See Appendix A). The purpose of this data is to assess the effectiveness of the 3- month long mentorship component of the orientation/mentorship program. It is important to have this information in order for the stakeholders to make necessary changes. The new nursing faculty members will take this survey via paper and pen at the end of the term. The data will be collected and analyzed by the associate program director that is in charge of the orientation/mentorship program. The level chair will then share the data with the program director that will make any necessary changes to the mentorship component of the program. The data collected from this evaluation will be reported to all stakeholders

In addition the mentor will evaluate the mentees' progress, and the mentee will evaluate the mentor at the end of month three (See Appendix A). The evaluations will be conducted via paper and pen surveys. The mentor evaluation will help evaluate the effectiveness and availability of the mentor during the mentorship component of the orientation/mentorship program. It is important to have this information to ensure the mentor is fulfilling their mentoring responsibilities. The purpose of the mentee evaluation to assess the mentee's willingness to learn and apply the knowledge gained from the

mentor. The data will be collected and analyzed by the program director because she is the person who assigns the mentors to the mentees. The information will then be shared with the mentors and mentees to determine if more time is needed in the formal mentorship program.

Orientation/Mentorship Program Implication and Potential Social Change

In order for this program to sustain, all the stakeholders must be fully vested in the program. The stakeholders include but are not limited to administration, new faculty members and experienced faculty members. The social change associated with this program is one of preparing the future of nursing faculty members who are satisfied within their role and willing to remain in the role long term. Having properly prepared nursing faculty members may lead to nursing students being properly educated and becoming competent registered nurses, leading to an increase in registered nurses ultimately positively impacting the health care system across the United States.

Conclusion

The orientation/mentorship program is a necessity for new nursing faculty members to successfully transition into their new role and through Schoening's NET. As the number of nursing faculty members start to decrease there will be less experienced faculty members to mentor the new nursing faculty members. If there are not enough nursing faculty members to educate future nurses, the shortage of competent registered nurses in the United States will continue.

Section 4: Reflections and Conclusions

Orientation and mentorship programs are developed to meet the learning needs of nursing faculty members and help them transition into their new role. Having an orientation and mentorship program provides the foundational knowledge a new nursing faculty member needs in order seamlessly transition from clinical nurse to the nursing faculty role. Schoening (2013) states that providing support to new nursing faculty members in the form mentorship may increase the satisfaction and productivity for new nursing faculty members.

Project Strengths

Offering formal orientation and support to new nursing faculty members through the orientation and mentorship program will allow the new nursing faculty member to acclimate successfully to their new role. According to Billings and Halstead (2009), having a mentorship program for new faculty members is the standard and will assist new nursing faculty members to reach their full potential as faculty members. As nursing faculty members reach their full potential in their role through orientation and mentorship it will allow them to become more comfortable in the nursing faculty role therefore benefiting the nursing students they teach.

Limitations and Recommendations for Alternative Approaches

The biggest limitation for this program is the increase in workload that would come to those who were mentors in the program. The mentors would have to find time in their schedule to meet with their mentees throughout the term along with being readily available to help the mentee if student issues were to arise. Currently in this program, the

mentors are mentoring new faculty and keeping their same workload of classroom and clinical teaching along with committee responsibilities. An alternative to this method is to decrease the responsibilities of the mentors for the term in which they were mentoring. While it may be difficult to decrease teaching responsibilities, the administration could potentially decrease the number of hours in the classroom setting for the mentor and/or relieve them from some of their committee duties.

The orientation and mentorship program is designed to last one term (13 weeks); this could also be limitation to the program. Some mentees may need more than one term to become acclimated to their new role, especially if they have no prior teaching experience. The mentorship portion could be expanded out for a few terms up to a year with less structure. The mentor could still be the mentee's assigned resource person on an as needed basis instead of mandatory meetings. This may help the new nursing faculty become more comfortable in their role if they were to know that their mentor was still available to them when needed.

Currently any nurse holding a Master of Science in Nursing (MSN) can enter the field of nursing education even if their MSN. does not specialize in that area. Some states allow clinical nurses who hold Bachelor of Science in Nursing (BSN) and are enrolled in a MSN. program to become nursing faculty members if they have a completion plan. Many new nursing faculty members happen to enter academia from clinical nursing by chance. An alternative to prepare clinical nurses who may want to enter the academic setting is to prepare them before they graduate with their MSN. by allowing them to shadow seasoned nursing faculty members, both in the classroom and clinical setting, so

they can have a preview of what it is like being a nursing faculty member. Other alternatives include more universities offering MSN or doctorate degrees specializing in nursing education, offering seminars on becoming a nursing faculty member to students enrolled in MSN. programs and encouraging new faculty members to meet the requirements to sit for the NLN Certified Nurse Educator (CNE) examination. Preparing for the CNE examination will increase the nursing faculty member's educational foundation and will allow them to apply the knowledge from the exam while working with students.

Scholarship, Project Development and Leadership and Change

As a nursing faculty member, I am responsible for engaging in Boyer's four areas of scholarship, which include discovery, integration, application, and teaching (Boyer, 1997). These areas allow nursing faculty members to gain and implement ever-changing knowledge in nursing education. The Boyer Model also allows the nursing faculty member to evaluate their teaching (Boyer, 1997). As I studied the literature and conducted the project study, I became more aware of the aspect of scholarship. Up until now, the area of scholarship was not truly promoted among faculty members in my working environment.

While I was conducting the research and project study, I gained a newfound respect for the transition process that new nursing faculty members go through to get to academia. It has helped me appreciate the diversity of experiences that each nursing faculty member may bring to the classroom. I quickly realized that an orientation/mentorship program was needed to ease the transition from clinical nurse to

nursing faculty member. During the creation of this program, I quickly realized how daunting program development really is and how the stakeholders and faculty needed to be invested into the program in order for it to be successful. Evaluation of the program was the hardest to develop, because one will never know if those participating in the program will be truthful about the program.

Scholar, Practitioner and Project Developer

As both a scholar and practitioner, I realized the importance of orienting and mentoring new nursing faculty members so that they could easily transition into their new role. Using the research of other scholars and practitioners, I realized how an orientation/mentorship program could benefit the local site and my community. The research of other scholars has helped me to realize the importance of orientation and mentorship programs and how it could help improve the nursing faculty shortage. Current research not only allowed me to gain more knowledge as a nursing faculty member, it also allowed me to explore current evidence in order to develop the orientation/mentorship program.

As I reflect on the research conducted and the development of the orientation/mentorship program, I recognize that the leaders in nursing academia have a lot of autonomy, especially when it comes to helping transition new nursing faculty members into their role. I was challenged as program developer to create a program that met the needs of the new nursing faculty members and the administration of the school, while not interrupting the daily day-to-day functions or the students. The development of

the orientation/mentorship program has allowed me to understand how I could help new nursing faculty members and it has also allowed me to grow as a nursing faculty member.

Importance of Work

The literature has shown that there is a nursing faculty shortage in the United States. Many nursing faculty members are nearing retirement and a new group of nursing faculty members is needed to help with the nursing shortage. An orientation/mentorship program is necessary for new nursing faculty members to become comfortable in their role and to become nurse faculty members who are satisfied with their job which will benefit the students. While researching for this project, I have realized that there is mixed literature regarding orienting and mentoring of nursing faculty members. I have also learned that many nursing programs do not offer an orientation or mentorship program for their nursing faculty members leaving many of them feeling as if they were thrown into the role.

As a current nursing faculty member, I can concur with the feelings of those who participated in the study. I felt as if I was thrown in with no help or guidance. In the beginning I was not sure if I would make it as a nursing faculty member and I did not feel as if I was an effective teacher, so I felt bad for the students I was teaching. I was pleasantly surprised that the participants expressed the need not only for a proper orientation, but for a mentorship program as well. I could tell through the interviews that they truly valued mentorship as a part of their job for both students along with other faculty members.

Nursing academia is a profession that has obligation to prepare future registered nurses to work with other health care professionals and provide the skills needed to care for people in hospitals and communities who need medical attention. The first step in preparing students to become registered nurses is having competent nursing faculty members. By orienting and mentoring new nursing faculty members, it will allow them to become competent and comfortable within their role allowing them to facilitate student learning.

Implications, Applications and Direction for Future Research

The findings during this project study led to the creation of an orientation/mentorship program for new nursing faculty members. New nursing faculty members may have a vast knowledge of clinical nursing skills, but becoming a nursing faculty member comes with different roles and expectations. Due to these differing expectations, new nursing faculty members should be oriented and mentored when entering their new role.

Without proper orientation and mentoring to the role of nursing faculty member, nurses may be not move past Schoening's (2013) Disorientation or Information-Seeking Phases into the Identity Formation Phase. Without the guidance of experienced faculty or school administration, and not being able to transition from one phase of Schoening's (2013) NET to another, the new nursing faculty member may become frustrated and leave their role as a nursing faculty member. New nursing faculty members may not learn how to facilitate student learning, evaluate students, or feel that they are competent enough to be a nursing faculty member. If this were to occur there would continue to be a

nursing faculty shortage which ultimately means that there would not be enough nursing faculty members to produce competent registered nurses to meet the health care needs in our hospitals and within our communities.

In Section 3, an orientation/mentorship program was presented that was based on the project study findings. The program consisted of a three day orientation program and a term long mentorship program that included online learning modules and meetings between the mentor and new nursing faculty member. The program included evaluations of the short term effectiveness of the program. Future research is needed to study the long term effectiveness of the program. In addition, future research could include the impact of the program's ability to retain nursing faculty members on a long term basis. Quantitative research could be used to capture a larger sample of nursing faculty members who participated in a new nursing faculty orientation and/or mentorship program to see if it impacted retention and job satisfaction. Overall, more research is needed in the areas of preparing clinical nurses transitioning into the nursing faculty role and preparing them for the demands of the role.

Conclusion

The results of this project study revealed that new nursing faculty felt the need for an orientation to their new role, along with being assigned a mentor in order for them to become comfortable within their new role. Supporting new nursing faculty members during their transition into nursing academia is essential to their success within their new role. Nursing faculty members have an obligation to produce competent registered

nurses; therefore it is a necessity for nursing faculty members to have a foundational knowledge of how to educate nursing students.

Participants identified colleagues as a support during their transition. Faculty members with experience must understand the value of helping new nursing faculty during their transition into the nursing faculty role. A barrier identified in this study was the lack of support from school administration during role transition. School administrators are the stakeholders that would implement an orientation/mentorship program. Both the faculty members and administrators must invest and value orienting and mentoring new nursing faculty members in order for them to become successful nursing instructors, which will ultimately benefit the nursing students. Implementing a nursing faculty orientation/mentorship program will allow for a seamless transition from clinical nurse to nursing faculty member.

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Appendix A: Orientation and Mentorship Program

Orientation/Mentorship Program Timeline

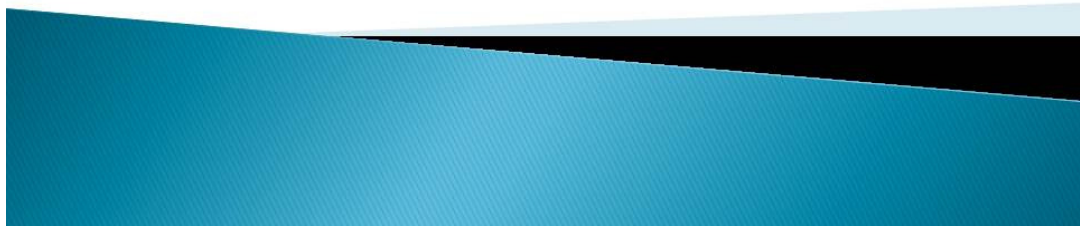
Month 1	Day 1	<p>8:00 a.m.-9:00 a.m.: Introduction and welcome, history of the School</p> <p>9:00 a.m. - 10:00 a.m.: Meet and Greet with Staff/Administration/Faculty including definition of roles.</p> <p>10:00 a.m.-10:15 a.m.- Break</p> <p>10:15 a.m.- 12:00 p.m.: School Policies and Procedures</p> <p>12:00 p.m.-1:00 p.m.- Lunch</p> <p>1:00 p.m.-1:30 p.m.: ACEN (explanation of accrediting body)</p> <p>1:30 p.m.-2:30 p.m.: Overview of the Nursing Curriculum</p> <p>2:30 p.m.-2:45 p.m.: Break</p> <p>2:45 p.m.- 3:30 p.m.: Brief overview of NCLEX blueprint</p> <p>3:30 p.m.-4:30 p.m.-Overview of Faculty Handbook</p>
	Day 2	<p>8:00 a.m.- 9:00 a.m.: Expectations of Faculty Members</p> <p>9:00 a.m.- 9:45 a.m.:</p>

		<p>Explanation of Boyer Model</p> <p>9:45 a.m.-10:00 a.m.: Break</p> <p>10:00 a.m.- 11:00 a.m.: Evaluation of Faculty by students</p> <p>11:00 a.m. - 12:00 p.m.: Evaluating students</p> <p>12:00 p.m.-1:00 p.m.-Lunch</p> <p>1:00 p.m.-2:30 p.m.: Evaluating Students (Continued)</p> <p>2:30 p.m.-2:45 p.m.- Break</p> <p>2:45 p.m.-4:30 p.m.: Identifying students at risk for failing/failing students, and incivility amongst nursing students (necessary paperwork, chain of command etc.)</p>
	Day 3	<p>8:00 a.m.-10:00 a.m.: Grading written work (exercise)</p> <p>10:00 a.m.-10:15 a.m.-Break</p> <p>10:15 a.m.-11:00 a.m.: Time Management 101</p> <p>11:00 a.m.-12:00 p.m.: Incorporating theory into clinical</p> <p>12:00 p.m.-1 p.m.-Lunch</p>

		<p>1:00 p.m.-2 p.m.: Facilitating pre/post conferences</p> <p>2:00 p.m.-2:15 p.m.-Break</p> <p>2:15 p.m.-3:30 p.m.: Meeting with course faculty to go over specific course instructions.</p> <p>3:30 p.m.-4:30 p.m.: Meeting with assigned mentor</p> <p>4:30 p.m.-4:45 p.m.: Evaluation of Orientation program</p>
Month 2		<ul style="list-style-type: none"> • Mandatory online module: Teaching strategies • Complete post module quiz: 5 questions 80% needed in order for module to be considered complete.
Month 3		<ul style="list-style-type: none"> • Mandatory online module for didactic faculty (optional for clinical faculty): Test Item writing (Submit 5 questions to mentor for review of item writing) • End of program meeting with mentor. • Program evaluation

		<ul style="list-style-type: none">• Mentor evaluation• Mentee evaluation
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Welcome to the Orientation and Mentorship Program



Welcome to the Orientation and Mentorship program. Over the next three days you will be oriented to your new role, meet faculty and staff, participate in group exercises and meet with your mentor. After the three days you will work with your mentor one on one throughout the rest of the term.

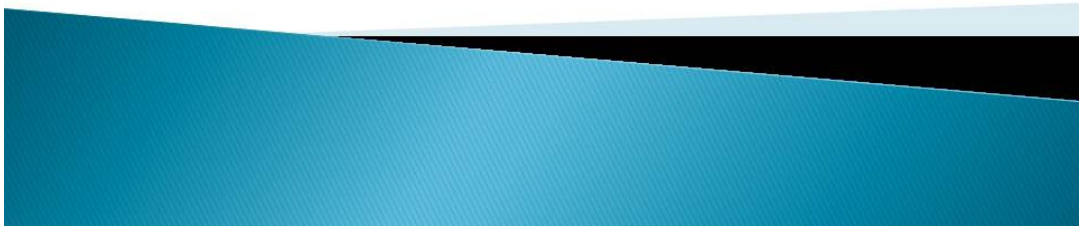
Program Outcomes

- ▶ Facilitate transition into the nursing faculty role
- ▶ Provide support during role transition
- ▶ Acclimate new faculty to the academic setting
- ▶ Provide new nursing faculty members with role expectations
- ▶ Prepare new nursing faculty members to work with nursing students



The purpose of this program is for the new nursing faculty to learn about their new role and expectations of their role. The program is also designed for new nursing faculty to work with experienced faculty members during your transition from clinical nursing to the academic setting. All new nursing faculty members will be given an orientation packet and a copy of the faculty and student handbooks.

Day 1



History of the School

- ▶ Started in 1904 in the city
- ▶ Started as a hospital-based diploma program with female students living at the school
- ▶ Moved from original location to the suburb of the city in 2012
- ▶ Currently still a diploma program with a BS in nursing collaborative



Currently we admit students directly from high school or transfer students. We have 230 students enrolled in the program. The program's parent institution is still a hospital. The program has transitioned from a pure diploma program to a collaborative diploma-BS in nursing program. The nursing school is teamed up with a major university that will grant a BS in nursing degree.

Meet and Greet Administration and Faculty

- ▶ Program Director
- ▶ Associate Program Director
- ▶ Level Chairperson/Capstone Coordinator
- ▶ Faculty
 - 1st level
 - 2nd level
 - 3rd level



All of the administration and faculty telephone numbers and e-mail addresses can be found on the list provided.

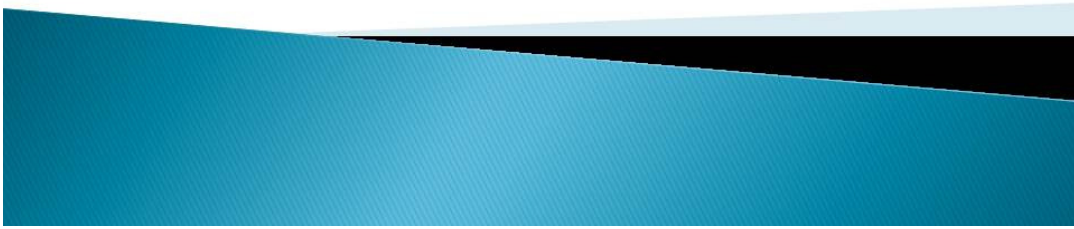
Meet and Greet Staff

- ▶ Department Secretary
- ▶ Bursar
- ▶ Financial Aid Counselor
- ▶ Registrar
- ▶ Recruiter
- ▶ Computer Technician



All of the staff telephone numbers and e-mail addresses can be found on the list provided.

Break



Please return at 10:15 a.m.

Student Handbook and Overview of School Policies and Procedures

- ▶ Dress Code
 - Classroom
 - Clinical

- ▶ Attendance Policy
 - Classroom
 - Clinical

- ▶ Academic Integrity



You were given a hard copy of the student handbook when you were hired. The handbook can also be easily found on the school's website. We will go into more detail regarding the following policies.

Dress Code: Classroom- students are not permitted to wear “short” shorts or skirts, and may not bare their stomach. The students must dress modestly as we are preparing them for professional practice.

Dress Code: Clinical- Students are expected to arrive to the clinical area in full clinical uniforms, which include white all leather sneakers and white socks. They are expected to have their ID, a watch, stethoscope, bandage scissors and a pen. Failure to do so will result in a dismissal from clinical and a clinical absence. For men, facial hair must be kept neat and hair no longer than the collar on their neck, for women long hair must be pulled back. All tattoos must be covered up by their uniform or with a white long sleeve shirt.

Attendance Policy: Classroom- Students are permitted to miss 4.5 class days, on the 5th absence students will be academically withdrawn from the class. Two latenesses= 1 class absence

Clinical- students are allowed 2 absences from clinical. On the 3rd absence, they are administratively withdrawn from the course. If a student is late for clinical, they are considered absent. Each clinical absence is \$300 and will be made up after the current term is complete. The fee may only be waived in the case of a hospitalization, death of immediate family member, court appearances and military obligations.

Academic Integrity: We are training students to be professional nurses and have the same professional standards as nurses. If a student is caught cheating on a test or plagiarizing a paper it will result in a code of conduct violation potentially resulting in a dismissal from the program.

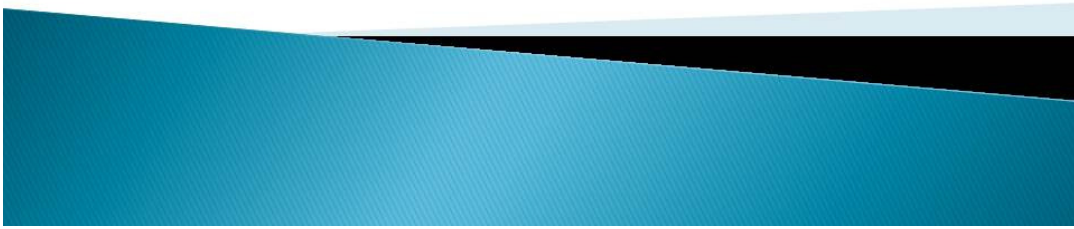
Code of Conduct: Students are to act in a professional manner, if they do not they can be brought up on a code of conduct violation. Violations include but are not limited to: lying, cheating, becoming uncivil towards faculty/staff/students, HIPAA violations, coming to school under the influence and falsifying documents. Any student being brought up on a code of conduct violation will go to the judiciary board comprised of faculty and students. The punishment can range from a warning to a dismissal from the program.

Test Question Challenge and Grade Review: Any student may challenge a test question in writing. The student must provide three references and a justification for why the answer they want is correct. A student may ask for a grade review in any written assignment. The student must justify where the information in the written assignment is in order to gain the points lost. Students must fill out the proper forms found in the appendices of the handbook.

Academic Dismissal: Students can be dismissed from the program for 2 course failures or a code of conduct violation. Students must achieve a C or better to pass the course. A student must pass both clinical and theory to pass the course.

Grievance: A student has a right to grieve any process where he/she feels that their rights were violated. To date most grievances have been due to academic dismissals. Students will present their case to faculty, students and one administrator from the hospital.

Lunch



Please return at 1:00 p.m.

ACEN

▶ Mission

- The ACEN supports the interests of nursing education, nursing practice, and the public by the functions of accreditation.
- Accreditation is a voluntary, self-regulatory process by which non-governmental associations recognize educational institutions or programs that have been found to meet or exceed standards and criteria for educational quality.
- Accreditation also assists in the further improvement of the institutions or programs as related to resources invested, processes followed, and results achieved. The monitoring of certificate, diploma, and degree offerings is tied closely to state examination and licensing rules, and to the oversight of preparation for work in the profession.



<http://www.acenursing.org/mission-purpose-goals/>

The ACEN is our accreditation body who sets forth rules and regulation for our curriculum and standards of the school. Currently the ACEN is the only accrediting body who accredits diploma nursing programs. Students currently must graduate from an accredited program in order to continue on with their nursing education.

Nursing Curriculum

- ▶ **First Level**
 - Nursing 110– Foundations of Nursing 1
 - Nursing 111– Foundations of Nursing 2
- ▶ **Second Level**
 - Nursing 210– Medical/Surgical Nursing
 - Nursing 211– Family Nursing
- ▶ **Third Level**
 - Nursing 310– Advanced Medical/Surgical Nursing
 - Nursing 311– Leadership and Community Health Nursing
 - Nursing 312– Capstone 1
- ▶ **Nursing 410– Capstone 2**



Nursing 110- 10 credit course, 75 hours of theory and 150 hours of clinical. The students learn the basic foundations of nursing including skills such as vital signs, therapeutic communication and patient interactions. They start clinical during this class in the nursing home setting.

Nursing 111- 10 credit course with 75 hours of theory and 150 hours of clinical. This is the second foundations course where the students are introduced to the hospital setting and medication administration.

Nursing 210- 12 credit course with 90 hours of clinical and 190 hours of clinical. This course is the first medical/surgical course where the students apply the normal and study the abnormal functions of body systems.

Nursing 211- 12 credit course with 90 hours of theory and 190 hours of clinical. In this course students learn about maternity nursing, pediatric nursing and psychiatric nursing. Our students are fortunate to have clinical experiences in world renowned institutions during this course.

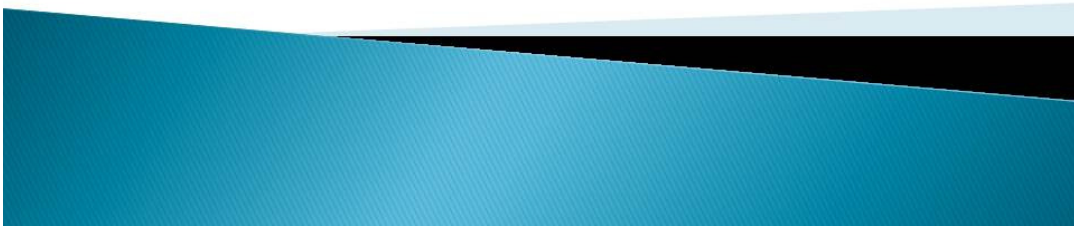
Nursing 310- 12 credit course with 90 theory hours and 180 hours of clinical. The students focus on medical/surgical complications in an acute care setting including ICU, Step-down and telemetry units.

Nursing 311- 12 credit course, 90 hours of theory and 180 hours of clinical. The students focus on community health nursing and leadership/management content. The students apply their knowledge in the community setting and work in delegation and prioritization skills.

Nursing 312- 3 credit non-clinical course with 45 theory hours. This course is a NCLEX preparation course.

Nursing 410- Culmination course with the students work one-on-one with a nursing preceptor in the hospital setting for 13 (12 hour) shifts.

Break



Please return at 2:45 p.m.

NCLEX Blueprint

2013 NCLEX-RN® Test Plan

Integrated Processes

The following processes are fundamental to the practice of nursing and are integrated throughout the Client Needs categories and subcategories:

- **Nursing Process** – a scientific, clinical reasoning approach to client care that includes assessment, analysis, planning, implementation and evaluation.
- **Caring** – interaction of the nurse and client in an atmosphere of mutual respect and trust. In this collaborative environment, the nurse provides encouragement, hope, support and compassion to help achieve desired outcomes.
- **Communication and Documentation** – verbal and nonverbal interactions between the nurse and the client, the client's significant others and the other members of the health care team. Events and activities associated with client care are recorded in written and/or electronic records that demonstrate adherence to the standards of practice and accountability in the provision of care.
- **Teaching/Learning** – facilitation of the acquisition of knowledge, skills and attitudes promoting a change in behavior.

Distribution of Content

The percentage of test questions assigned to each Client Needs category and subcategory of the NCLEX-RN Test Plan is based on the results of the *Report of Findings from the 2011 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice* (NCSBN, 2012), and expert judgment provided by members of the NCLEX® Examination Committee.

Client Needs	Percentage of Items from Each Category/Subcategory
Safe and Effective Care Environment	
■ Management of Care	17-23%
■ Safety and Infection Control	9-15%
Health Promotion and Maintenance	6-12%
Psychosocial Integrity	6-12%
Physiological Integrity	
■ Basic Care and Comfort	6-12%
■ Pharmacological and Parenteral Therapies	12-18%
■ Reduction of Risk Potential	9-15%
■ Physiological Adaptation	11-17%

<https://www.ncsbn.org/testplans.htm>

You have a full copy of the NCLEX Blueprint in your orientation packet. The NCLEX blueprint is used when we are creating our test. This current version is good through March 31, 2016. A new blueprint will start April 1st, 2016.

As a faculty we look at mountain measurement reports to see how students are doing compared to other nursing schools in the above categories. We have decided to add more alternative items and select all that apply questions to our theory test. We utilize the NCLEX blueprint to code our test questions in our test bank.

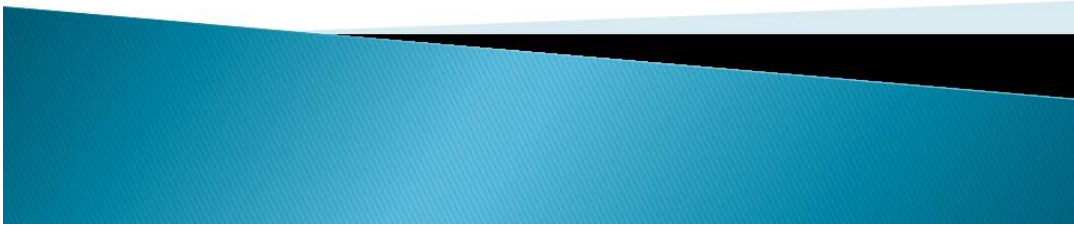
Faculty Handbook

- ▶ **Hours**
 - Full Time: Monday thru Friday
 - Part Time: Two clinical days (Tues/Wed or Thurs/Fri)
- ▶ **Dress Code**
 - Professional Dress is expected while on campus. Scrubs and a lab coat are expected on the clinical units.
- ▶ **Call out/coverage**
 - Please call out to the course coordinator and associate director. If you are calling out of clinical, every attempt will be made to find clinical coverage, or the students will be given an alternative assignment.



You have been given a hard copy of the faculty handbook. The faculty handbook on the faculty shared drive.

Day 2



Expectations of Faculty Members

- ▶ Fulfill your duties as assigned
- ▶ Facilitate student learning
- ▶ Evaluate students based on learning outcomes
- ▶ Participate in Boyer's Model of Scholarship
- ▶ Act as a professional role model for students



In your faculty handbook you will find your job description. Full time, part-time and adjunct faculty members all have different job duties, however it is the job of every nursing faculty member to facilitate student learning, evaluate their learning and identify areas in which they may need help. While we can teach the students theory and how to apply the theory in the clinical setting, we must also teach the students how to act as professionals. Literature has shown the best way to teach the students to act as professionals are for them to have the nursing faculty members

act as professional role models.

Boyer's Model of Scholarship

Boyer's Model of Scholarship		
<p>MA in Leadership's guidelines for LDRS 696 draws in part from Boyer's four-part Model of Scholarship (1997). Boyer's typology identifies four domains of scholarship: discovery, integration, application, and teaching. The model is discussed by Marta Nibert (n.d.) in her paper titled <i>Boyer's Model of Scholarship</i>. In the section titled <i>Application</i> she notes that the <i>scholarship of application focuses on using research findings and innovations to remedy societal problems. Included are . . . service activities . . . specifically tied to one's field of knowledge and professional activities. Beneficiaries . . . include commercial entities, non-profit organizations, and professional associations.</i></p> <p>Though Nibert's primary audience is the professoriate, this material is relevant for MA in Leadership learners. Following is a chart that depicts the four domains of scholarship in Boyer's typology. Application is highlighted because the Master of Arts in Leadership was designed to focus primarily on the scholarship of application, although your work in LDRS 696 will likely include one or more of the other domains.</p>		
Type of Scholarship	Purpose	Measures of Performance
Discovery	Build new knowledge through traditional research.	<ul style="list-style-type: none"> • Publishing in peer-reviewed forums • Producing and/or performing creative work within established field • Creating infrastructure for future studies
Integration	Interpret the use of knowledge across disciplines.	<ul style="list-style-type: none"> • Preparing a comprehensive literature review • Writing a textbook for use in multiple disciplines • Collaborating with colleagues to design and deliver a core course
Application	Aid society and professions in addressing problems.	<ul style="list-style-type: none"> • Serving industry or government as an external consultant • Assuming leadership roles in professional organizations • Advising student leaders, thereby fostering their professional growth.
Teaching	Study teaching models and practices to achieve optimal learning.	<ul style="list-style-type: none"> • Advancing learning theory through classroom research • Developing and testing instructional materials • Mentoring graduate students • Designing and implementing a program-level assessment system

Figure 1: Boyer Model of Scholarship (Nibert, n.d.)

Boyer, E. (1997). *Scholarship reconsidered: Priorities for the professoriate*. San Francisco: Jossey-Bass.

Each year prior to your evaluation by the school administration you will have to fill out the Boyer form which can be found in the faculty handbook.

Boyer Model:

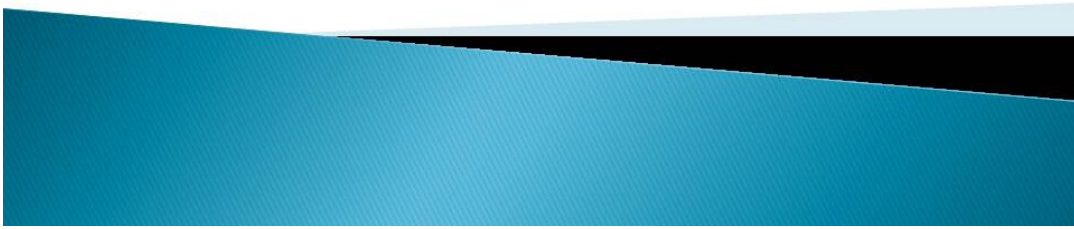
Discovery- Build new knowledge through research

Integration- Integrate the knowledge into practice

Application- Address problems in the profession

Teaching- Study teaching models to achieve optimal learning

Break



Please return at 10:00 a.m.

Evaluation of Faculty by Students

- ▶ Students evaluate the class and the faculty members at the end of each term
- ▶ Topics include (but are not limited to)
 - Textbooks
 - Classroom activities
 - Course outcomes
 - Clinical sites
 - Faculty member's ability to facilitate learning
 - Professionalism and availability of Faculty member



At the end of each term the students take an anonymous survey regarding theory class, clinical sites and the faculty members. The results of these surveys are used by the faculty to make necessary changes as needed to their classroom and clinical activities.

Evaluating Students

- ▶ In the classroom setting students are evaluated by the following methods:
 - Unit tests
 - Final Examination
 - Written Assignment
 - Standardized Tests



All unit exams and final examinations are based off the NCLEX blueprint.

In nursing 110 & nursing 111 students have 4 unit tests, a final examination and pop quizzes.

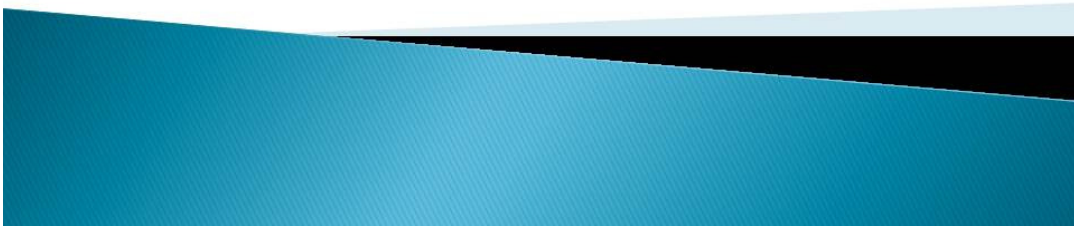
Nursing 210, 211, 310 & 311 students have 5 unit tests and a final examination.

In all courses the final exam is cumulative and is weighted higher than the unit exams. Each course utilizes a standardized program to test the knowledge of theory and skills. Each course decides how the standardize test count towards their theory grade.

All courses except Nursing 110 have a graded written assignment.

When you meet with your course faculty, you will receive the grade break down and assignments for your course.

Lunch



Please return at 1:00 p.m.

Evaluating Students

- ▶ Evaluating students in the clinical setting is more subjective than in the theory setting.
- ▶ Students' ability to apply theory to the clinical setting should be evaluated.
- ▶ Students should also be evaluated for safety and quality of care when working in the clinical setting.



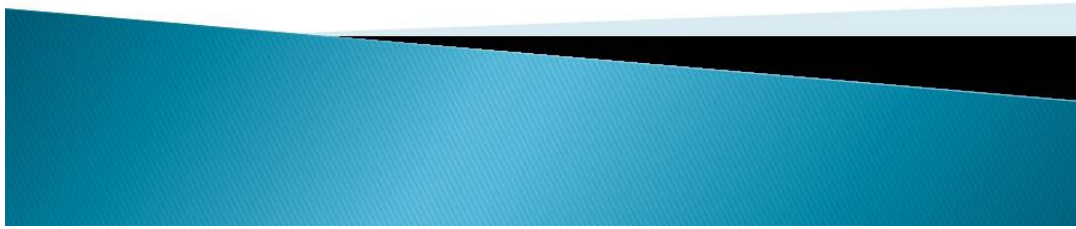
Each nursing course has a unique set of clinical learning outcomes. Each student should be evaluated using safe and unsafe based on these outcomes.

A method of student evaluation during clinical is also clinical preparation, and clinical care plans. Any student who is not prepared to safely care for their patient/patients must be sent home.

Students struggle with putting the whole picture together. Often times they lack in pharmacology, pathophysiology of the disease and interpretation of the lab results. When you are evaluating the students clinically, please remember to evaluate the students based on these areas.

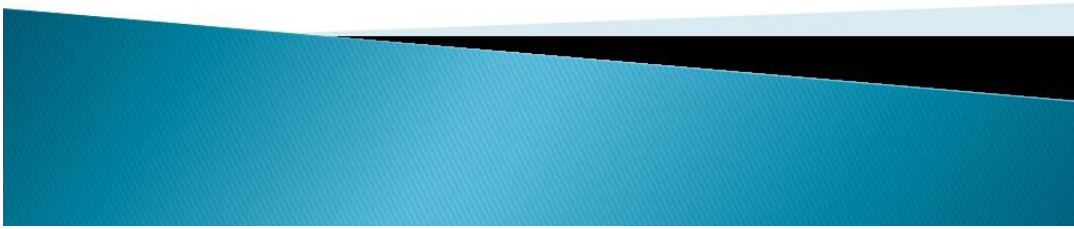
You will review the clinical evaluation tool for your students when you meet with your course faculty members.

Exercise: Evaluating Students in Clinical



During this exercise you are going to simulate administering medications to a patient with students. You need ensure the students are safe to administer medications to the patient.

Break



Please return at 2:45 p.m.

Identifying at Risk Students

- ▶ Students can be identified as at risk for the following reasons:
 - Failing theory class
 - Failing clinical
 - Behavior issues (incivility to other students or professors)



Identifying at risk students can be difficult for new nursing faculty members.

Failing Theory: This is the easiest to identify, students generally fail theory tests and quizzes. Students who fail theory test are encouraged to make an appointment with the course faculty for test review and tutoring. If this takes place, the faculty members are to fill out a counseling form. The counseling form can be found in the student handbook.

Failing Clinical: Failing a student in clinical can be perceived as more subjective unless there is gross negligence or a violation in patient privacy. Bring the clinical evaluation tool with you to clinical each week, and evaluate each student based on the tool. If a student is lacking in a basic skill, please fill out the Nursing Arts Lab referral form and send the student back to the lab to practice the skills. The faculty member working with the student in the lab will fill out the form with the student progress. If a student is referred to the lab, they may not return to clinical until they practice in the lab. If you feel a student is in jeopardy of failing clinical, please notify course faculty and write a counseling form citing the reasons why the student is in jeopardy of failing. The faculty member and student will both create an action plan. If the student does not follow through on the action plan, they fail clinical, resulting in a course failure. Students should never fail clinical without any warnings or write-ups. All write-ups will go to course faculty then to school administration.

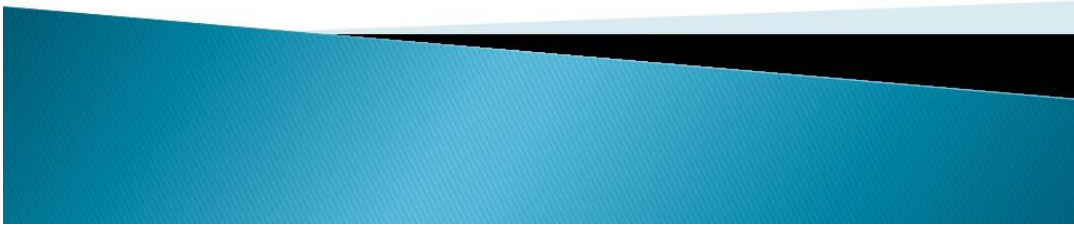
Behavior Issues

- ▶ Behavior issues occur at times during nursing school.
- ▶ A behavior issue is any form of behavior that violates the Code of Conduct for Students.
- ▶ Depending on the behavior issue, students may be dismissed from the program.



Incivility among students can happen anywhere. If a student speaks to you or a patient in the wrong matter, please notify course faculty and write them up on a counseling form. Any behavior issues may be brought up on a code of conduct violation.

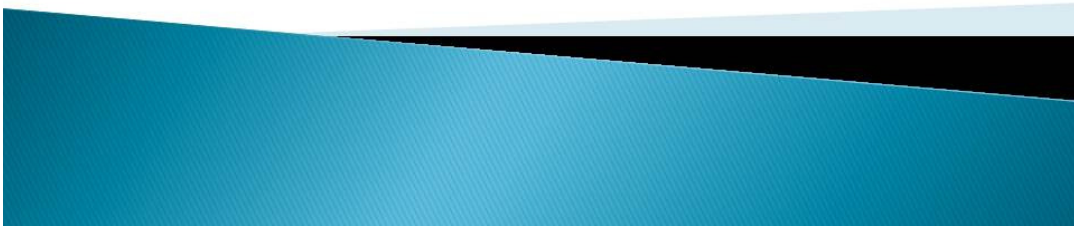
Exercise



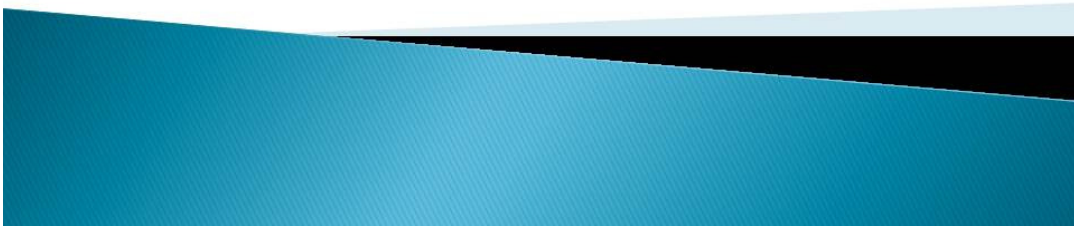
Experienced faculty members are going to act as if they are clinical students. You will need to evaluate each situation as Safe or Unsafe and tell the student if they are going to pass clinical.

Student behavior: Experienced faculty members will violate the code of conduct. This exercise will help you think through the process of writing up the students in addition to how you respond to these situations. Remember to always stay calm!

Day 3



Exercise: Grading Written Work

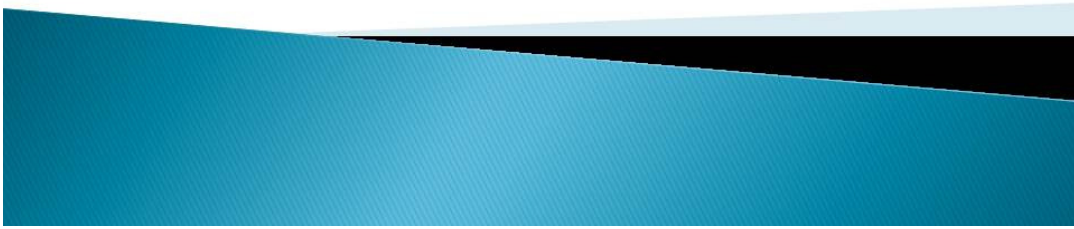


Each week clinical instructors will have to grade student care plans. Here are examples of good student care plans and poor student care plans, with corrections. Please review the documents.

In addition, clinical instructors who work in courses that have a paper will grade those papers using the course rubric. Here are examples of good student papers and poorly written student papers.

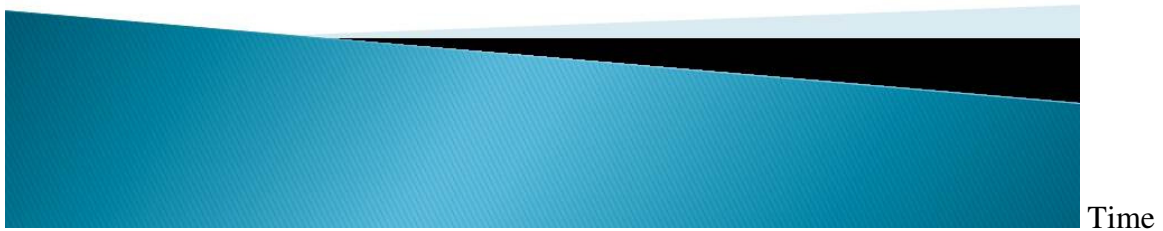
Exercise: You will now grade two care plans and one paper using the rubric. Experienced faculty members will be around to help and discuss the grading process. This exercise is designed to help you grade papers fairly and identify student work that was done poorly.

Break



Please return at 10:15 a.m.

Time Management 101



management while working with students may be difficult as nursing faculty members wear many hats. To help you will be given 4 hours a week to grade care plans and other student work.

Time Management on the clinical unit: Each clinical instructor differs when setting up their day. Time must be made for pre-conference, medication administration and post-conference, in addition for time to verify student documentation. Two faculty members are here to share how they set up the 8 hours in their clinical day.

Incorporating Theory into Clinical

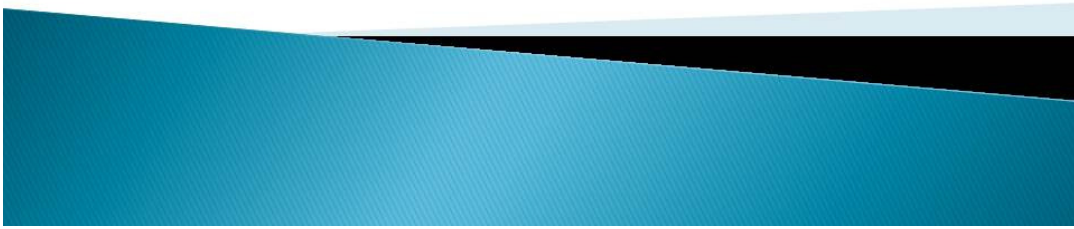
- ▶ Students are encouraged to choose patients based on the theory they are learning in the classroom.
- ▶ All clinical instructors will be given a course syllabus which will include a weekly breakdown of the course content.



Clinical instructors should make sure the students are getting the whole picture. Every effort should be made for students to have patients who meet the content being taught in the course.

Clinical instructors should ask the students questions throughout the day regarding patient's lab values, pathophysiology of diseases and relevant tests the patient is receiving. Do not let the student use abbreviations (CBC for example) until they can explain what a CBC means. The student needs to identify what the labs mean for each individual patient.

Lunch



Please return at 1:00p.m.

Facilitating Pre and Post Conferences

- ▶ **Pre-Conference**
 - Happens at the beginning of the day, usually after vital signs .
 - Students should provide a report on their patient along with their plan of care for the patient.
- ▶ **Post- Conference**
 - Done at the end of the day.
 - Can be a combine of exercise and debriefing of the clinical day depending on the situations that occurred during the day.

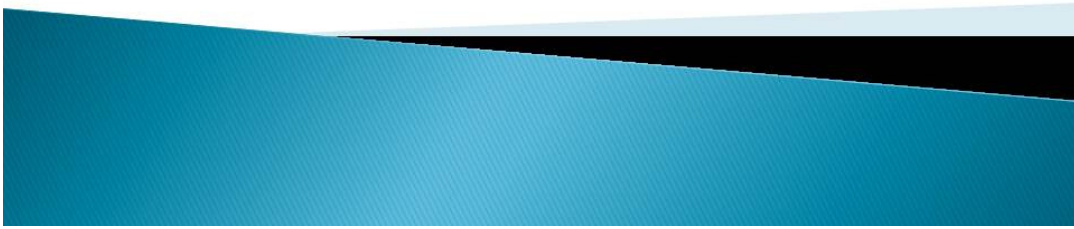


Pre-Conference: pre-conferencing will help the faculty member establish if the student is prepared to care for their patient(s). Faculty members should question the student about their patient(s). Pre-conference can be done in a group setting or individually.

Post-Conference: depending on the situations that occur in clinical, this could be a debriefing or review of the day, you may choose one patient to go over or find exercises for students to complete. Some courses may have pre-assigned post- conferences which will be with your course materials.

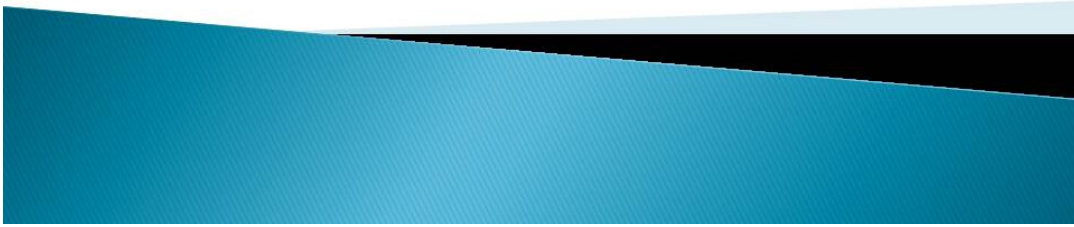
Both pre and post conference should last 30 minutes to 60 minutes.

Break



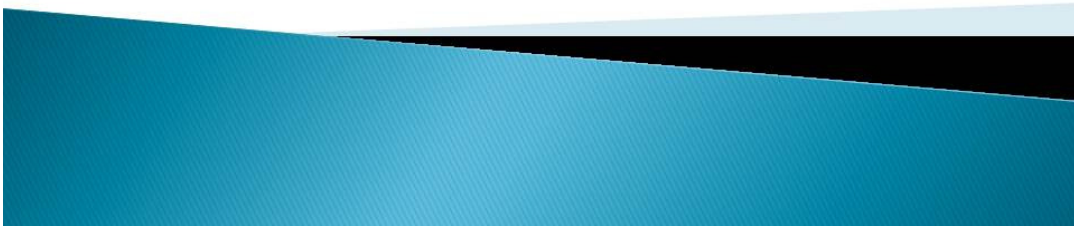
Please return at 2:15

Meeting with Course Faculty



Please meet with your assigned course faculty. The course faculty will go over the course syllabus, course written work, course schedule and course clinical evaluation tool.

Meeting with Assigned Mentor



You will meet with your assigned mentor to establish goals and meeting schedule. Remember meetings can take place via telephone or e-mail. Please fill out mentorship contract.

When you are finished please complete the Orientation Program Evaluation and submit it to the Associate Director.

Mentor/Mentee individualized program goals:

Mentor/Mentee scheduled meeting times: (Mentor must spend one day with mentee during clinical, and meet or communicate bi-weekly)

Mentor:

I agree to be a resource person for the new faculty member assigned to me and abide by the rules of the mentor/mentee program.

Mentor's Signature

Mentee:

I agree to participate in the mentorship program and will seek guidance from my mentor as needed.

Mentee's Signature

Please use the scale below to rate the Nursing Faculty Orientation Program:

SD=Strongly Disagree

D=Disagree

A= Agree

SA=Strongly Agree

1. The information I received through the three day orientation will enhance my ability to facilitate student learning.

SD D A SA

2. The information provided to me during the orientation was easy to understand.

SD D A SA

3. I understand what is expected of me as a nursing faculty member.

SD D A SA

4. The information given during orientation has prepared me to work with students in the clinical setting.

SD D A SA

5. I will implement the strategies presented while handling unexpected student situations.

SD D A SA

6. The information presented will be utilized while conducting pre and post conference in the clinical setting.

SD D A SA

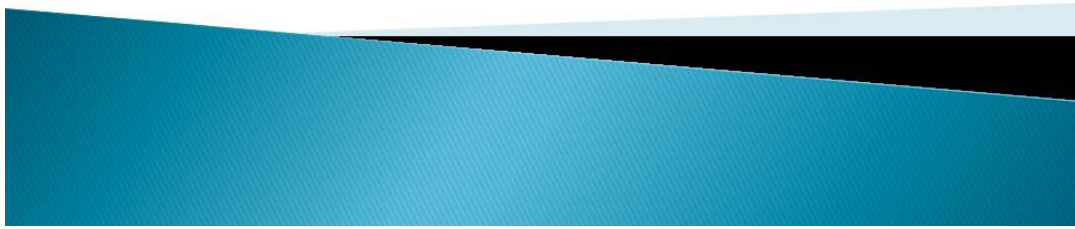
7. Overall I have found the orientation beneficial to the transition into the nursing faculty role.

SD D A SA

Additional Comments:

Online Module: Teaching Strategies

Mandatory for all new nursing faculty members



To be completed in Month 2 of the Mentorship Program

Complete posttest and hand in to your mentor. Must achieve a 80% or higher on posttest.

The goal of this module is to explore different teaching strategies that can be implemented in the classroom setting. Students should not be handed the material, they should be encouraged to critically think in the classroom.

Lecture

- ▶ The nursing faculty member presents the content to the student.
- ▶ Usually is accompanied by a handout or visual.
- ▶ Advantage
 - Time efficient, allows the nursing faculty member time and structure to cover all content.
- ▶ Disadvantage
 - Increase in prep time for nursing faculty members.
 - Students have little involvement in class.
 - May be high in cost depending on the handouts.



Case Study

- ▶ In-depth analysis of a real-life situation.
- ▶ Applies theory to real life situations.
- ▶ Advantages
 - Promotes critical thinking.
 - Can be used instead of lecture format.
 - Allows for peer interaction while problem solving.
- ▶ Disadvantages
 - Works better for complex problems and not concrete material.
 - May be difficult and time consuming for faculty members to develop case studies.
 - Students who enjoy traditional lecture may not enjoy a case study presentation.




Collaborative Learning

- ▶ Students work as a team and the whole team assumes responsibility for learning outcomes.
- ▶ Advantages
 - Promotes active learning and encourages team work.
 - Teaches students to become accountable for their work and the work of others.
- ▶ Disadvantages
 - Not all students will participate equally.
 - Students may resist this strategy if they don't like working in groups.



Demonstration


- ▶ Nursing faculty member physically demonstrates a skill or procedure via step by step process.
 - ▶ Advantages
 - May increase retention of the knowledge.
 - Skills become more understandable.
 - ▶ Disadvantages
 - Students who master the skill quickly may become bored.
 - The need for space, faculty supervision and supplies may be costly.
- 

Story Telling

- ▶ A conversation between the faculty member and students regarding course content.
- ▶ Advantages
 - Promotes reflection and critical thinking.
 - Provides multiple points of view on the same content.
 - Enhances caring
- ▶ Disadvantages
 - May need to refocus students to the topic.



Gaming

- ▶ An activity with rules where students compete against each other using knowledge from course content. Faculty members must set strict guidelines.
 - ▶ Advantages
 - Fun and exciting for students.
 - Increases student involvement.
 - Improves retention of course material.
 - Students can receive immediate feedback.
 - ▶ Disadvantages
 - Time consuming.
 - Some learners could feel threatened or shy and not fully engage in the activity.
 - Difficult to evaluate the students' comprehension of knowledge.
- 

Role Play

- ▶ Individuals assume the roles of others while interacting. Students observe and analyze the situations.
- ▶ Advantages
 - Increases observational skills.
 - Improves decision-making skills.
 - Allows the students to connect to real life situations without extra cost.
- ▶ Disadvantages
 - Faculty members spend a lot of time developing scenarios.
 - Students may be reluctant to participate.



Standardized Patient

- ▶ The use of live actors to portray patients in a clinical situation.
- ▶ Advantages
 - Students can experience real situations in a controlled environment.
 - All students get the same experience.
 - Can help increase students' knowledge and self-confidence.
- ▶ Disadvantages
 - Can be time consuming, actors must be trained.
 - Requires debriefing post experience.
 - Must be realistic for students to acquire knowledge.



- ▶ Reference: Billings, D., & Halstead, J. (2009). *Teaching in nursing: A guide for faculty* (3rd ed.). St Louis, MO: Saunders.
- ▶ Please complete posttest with a grade of 80% or higher.



Online Module: Teaching Strategies Posttest

1. Advantages to collaborative learning are promoting teamwork and active learning.
True or False
2. A disadvantage to role playing is allowing the students to improve critical thinking skills?
True or False
3. Which of the following teaching strategies is used when the faculty member presents all of the information to the students?
 - a. Gaming
 - b. Case Study
 - c. Lecture
 - d. Demonstration

Fill in the Blank

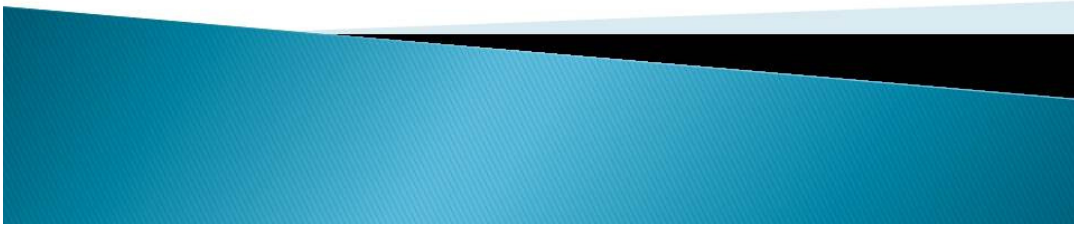
4. _____ is a teaching strategy where actors portray patients in a controlled clinical situation.
5. _____ is a teaching strategy where students compete against each other while utilizing course content.

Posttest Answer Key

1. True
2. False
3. C- Lecture
4. Standardize Patient
5. Gaming

Online Module: Test Item Writing

Mandatory for all didactic faculty members;
optional for clinical faculty members



Test Questions

- ▶ Test questions should focus on course content and learning outcomes.
- ▶ Can have various formats
 - Multiple Choice
 - Essay
 - Short Answer/Fill in the Blank
 - True/False
 - Matching
 - Alternative Format



Tips to Writing Multiple Choice Questions

- ▶ Use best answer format, not correct answer.
- ▶ Use the nursing process to write questions.
- ▶ Promote critical thinking.
- ▶ Address prioritization and delegation.
- ▶ All answers should be plausible.
- ▶ Avoid the use of “all of the above” or “none of the above.”



Sample Comprehension Question

A pregnant woman asks a nurse, who is teaching a prepared childbirth class, when she should expect to feel fetal movement. The nurse responds that fetal movement usually can be first felt between which time frame?

- A. 8 and 12 weeks of pregnancy
- B. 12 and 16 weeks of pregnancy
- C. 18 and 20 weeks of pregnancy*
- D. 22 and 26 weeks of pregnancy



Sample Application Question

The nurse is admitting a patient with gastric cancer to an oncology unit for treatment. The nurse knows that the cancer has metastasized to the peritoneal cavity when which assessment data is collected?

- A. The patient is reporting nausea.
- B. The nurse observes Grey Turner's sign.
- C. The patient is reporting rapid weight loss.
- D. The patient has ascites.*



Sample Analysis Question


The serum ammonia level of a patient with cirrhosis is elevated. As a priority, the nurse should plan to:

- A. Monitor the patient's temperature every 4 hours.
- B. Observe the patient for increasing confusion.*
- C. Measure the urine specific gravity.
- D. Restrict the patient's oral fluid intake.



Sample Select All that Apply Question

Which activities should a nurse caring for a patient with necrotizing pancreatitis implement as part of a collaborative plan of care for this patient? SELECT ALL THAT APPLY.

- A. Administering 1,000 mL intravenous fluid bolus over 1 hour followed by IV fluids at 250 mL/hour.*
 - B. Initiating nasojejunal enteral feedings.*
 - C. Positioning the patient on their left side with the head of the bed elevated.
 - D. Ambulating four times daily.
 - E. Inserting a Foley catheter.*
- 

Sample Alternative Item Question

A nurse receives an order to administer oral digoxin 10 micrograms/kilogram (mcg/kg) to a full-term infant. Knowing the infant weighs 8 pounds, the nurse calculates the dosage and administers how many mcg of oral digoxin?


Show all work.

$$8/2.2 = 3.6 \text{ kg}$$

$$3.6 \text{ kg} \times 10 \text{ mcg/kg} =$$

$$36 \text{ mcg of digoxin}^*$$



- ▶ Please submit 5 questions to your mentor for review.
 - ▶ Identify the area of Bloom's Taxonomy for each question.
 - ▶ References:
 - McDonald, M. (2007). *The Nurse Educator's Guide to Assessing Learning Outcomes*. Boston, MA: Jones and Bartlett
 - Ohman, K.A. (2010). *Davis's Q&A For The NCLEX-RN Examination*. Philadelphia, PA: F.A. Davis Company
- 

Mentorship Program Evaluation Form

Please use the scale below to rate the Nursing Faculty Mentorship Program:

SD=Strongly Disagree

D=Disagree

A= Agree

SA=Strongly Agree

1. I feel the mentorship program was beneficial to the transition into the nursing faculty role.

SD D A SA

2. I feel that the mentorship program will ultimately benefit the nursing students.

SD D A SA

3. I feel that the mentorship program was beneficial to both the mentor and mentee

SD D A SA

4. I feel that the mentorship program should continue for new nursing faculty members

SD D A SA

Additional Comments:

Mentor Evaluation Form

Mentor's Name: _____

Mentee's Name: _____

Please use the scale below to your Mentor

SD=Strongly Disagree

D=Disagree

A= Agree

SA=Strongly Agree

NA= Not Applicable

1. My Mentor was available when needed.

SD D A SA NA

2. My Mentor acted as a professional role model.

SD D A SA NA

3. My Mentor was supportive during my role transition.

SD D A SA NA

4. My Mentor provided constructive feedback.

SD D A SA NA

5. My Mentor provided encouragement and guidance.

SD D A SA NA

6. My Mentor was willing to answer my questions.

SD D A SA NA

7. My teaching ability improved due to working with my mentor.

SD D A SA NA

8. My mentor helped me to achieve my goals set at the beginning of the program.

SD D A SA NA

Additional Comments:

Mentee Evaluation Form

Mentor's Name: _____

Mentee's Name: _____

Please use the scale below to your Mentor

SD=Strongly Disagree

D=Disagree

A= Agree

SA=Strongly Agree

NA= Not Applicable

1. My Mentee was available for mentoring during scheduled times.

SD D A SA NA

2. My Mentee acted in a professional manner.

SD D A SA NA

3. My Mentee accepted and made changes based constructive feedback.

SD D A SA NA

4. My Mentee was willing to accept guidance.

SD D A SA NA

5. My Mentee sought out help when needed.

SD D A SA NA

6. My Mentee is able to facilitate student learning.

SD D A SA NA

7. My Mentee's teaching ability improved during the mentorship program.

SD D A SA NA

8. My Mentee met the goals set at the beginning of the program.

SD D A SA NA

Additional Comments:

Appendix B: Visual of Schoening's Nurse Educator Transition (NET) Model

Anticipation/Expectation Phase	Disorientation Phase	Information Seeking Phase	Identity Formation Phase
Decides to become an educator due to experiences working with nursing students.	Feels in need of support.	Over prepares for clinical/lecture, and interactions with students.	Merges old role and new role to form new identity.
	Needs guidance from other faculty members.	Chooses to further education with conferences or formalized schooling.	Feels comfortable participating in student/teacher relationship on a consistent basis.

Appendix C: Interview Questions

Demographics

- How many years of nursing experience do you have currently?
- How many years of nursing faculty experience do you have currently?

Describe your transition into the nursing faculty role.

After viewing a visual of Schoening's Nurse Educator Transition Model:

Which phase of NET would you place yourself in?

Follow-up question: If you are out of the disorientation phase, what helped you transition out of that phase?

Discuss factors that supported your transition to the nursing faculty role.

Discuss factors that acted as barrier to your transition to the nursing faculty role.

Describe what would have been ideal in your transitioning to the nursing faculty role.

Describe your process of becoming comfortable with the faculty role.