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New Faculty Mentoring in Respiratory Care Programs

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New Faculty Mentoring in Respiratory Care Programs

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New Faculty Mentoring in Respiratory Care Programs

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Abstract

Introduction: The purpose of this study was to identify mentoring practices of new faculty members in Commission on Accreditation for Respiratory Care (CoARC) accredited respiratory care programs in the U.S. and to identify the perceptions of program directors regarding the observed impact of program mentoring practices. **Methods:** The method for the study was quantitative non-experimental survey research. The survey instrument was an electronic questionnaire titled Respiratory Care Faculty (RCF) Mentoring Survey. The 25-item survey was divided into three dimensions: mentoring practices, mentor/mentee relationship, and perceptions of the impact of new faculty mentoring. Of the 410 possible program director participants, 126 (30%) responded to the survey. Data from the survey were used to analyze three primary research questions on four independent variables (12 total research questions). **Results:** Testing of the null hypotheses associated with the 12 research questions resulted in three significant findings and 9 findings that were not significant. Significant findings included female program directors reported greater opportunities for mentoring within their programs and greater levels of expectation concerning mentoring as compared to male program directors. Program directors from associate degree programs also reported a higher level of expectation concerning mentoring than program directors in bachelor's degree programs. There was overwhelming agreement regarding the potential impact and benefit of mentoring new faculty to improve job performance, reduce turnover, improve job satisfaction, and organizational commitment. **Conclusion:** The results of this study may benefit administrators and educators in respiratory care in efforts to support new faculty who possibly feel underprepared or overwhelmed in the new role. Because other allied health fields of study are similar in nature to respiratory care, the findings of the study could have potential implications across a range of health-related professions.

Key words: mentoring, higher education faculty, respiratory care

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Introduction

Higher education is not a traditional career path for most respiratory therapists (RTs).¹ During the transition from clinician to educator, a new identity has to be developed. The individual is used to being an expert in the clinical role and may now be considered a novice in the academy. This experience can be unsettling and present a new challenge to the novice educator, whereas assisting faculty to acclimate to academia may reduce novice faculty turnover.

In 2009, the American Association for Respiratory Care (AARC) reported 75% of faculty from Commission on Accreditation for Respiratory Care (CoARC) accredited programs will retire by the year 2020.² Mentoring can be used as a strategy to ensure faculty development, retention, and success. In CoARC's "Accreditation Standards for Entry into Respiratory Care Professional Practice," the agency affirms that the postsecondary academic institution where the respiratory care program is housed is responsible for the continued professional growth of program faculty. As evidence of compliance, sponsoring institutions' policies should demonstrate opportunity and support for professional development activities.³ Retaining faculty would be essential with the potential loss of many valued members of the professoriate.

The Bureau of Labor Statistics reported a 12% expected growth for respiratory therapists from 2014 to 2024 in the "Occupational Outlook Handbook."⁴ With the anticipated growth in the profession, respiratory care educators will be charged with meeting the increase in student demand. The "AARC Respiratory Therapist Human Resource Survey" from 2014 noted a 19% growth in the number of respiratory therapists between 2009 and 2014.⁵ With looming retirements of seasoned faculty and the increased demand for RTs, there is a continuing need for new respiratory therapy faculty members across the country. Helping new faculty meet the challenges of teaching becomes a high priority for program administration. Several studies have reported new faculty members can feel overwhelmed in their new role.^{1,6} Program directors have reported difficulty in recruiting new faculty to respiratory care programs because often respiratory therapists lack teaching experience and the necessary academic credentials.⁷ Limitations in available faculty subsequently may limit the number of respiratory care students that can be accepted into programs. Practitioners who enter the academy often have the potential to return to clinical practice if the transition has not been positive. Greater faculty retention and job satisfaction could be achieved through

the structured support and guidance afforded by peer mentoring. Mentoring has the ability to impact job satisfaction, self-efficacy, faculty turnover, job performance, and organizational commitment.^{6,21,23,25,26} The first year of teaching, even with expert level content knowledge and experience within a field of respiratory therapy, can be challenging. Prior clinical expertise may be the impetus for accepting a position in higher education; however, it may not prepare the new faculty member for teaching and research endeavors.

Mentors, whether formally assigned or informally developed, help protégés achieve self-defined goals and an appropriate work-life balance.⁸ Mentors should possess traits such as being accessible, approachable, and encouraging.⁹ With the feelings of loneliness, isolation, and stress associated with transitioning into a new role, mentoring can help facilitate new faculty socialization by helping to connect with colleagues. From a leadership perspective, mentoring can create a culture of investing in people and their continued success within the program.¹⁰ This investment can foster collegiality and respect among and between the communities of scholars. New faculty often do not know what is expected of them. It is the responsibility of both the institution and the faculty member themselves to ensure the transition into new roles is a smooth one. The process of socialization pertains to both new members of an organization and current members as they take on new roles for which they are unfamiliar. Socialization involves making sense of a new role through an examination of one's own prior experiences and through the current context and culture of an organization. In order for faculty to experience professional growth and career development, they must know what is needed to survive and excel in the organization.

The experiences in the first year of teaching have been reported to be a determining factor in faculty retention or exodus.^{11,17} The use of mentoring can be a source of support and guidance for novice educators along with promoting collegiality among colleagues and a fulfilling career. While leaders in the field of respiratory care recognize the importance of mentoring, a broad-scale study regarding program-mentoring practices could not be identified in a search of the literature. The purpose of this quantitative, non-experimental survey research study was to identify current mentoring practices of new faculty members in CoARC accredited respiratory care programs in the U.S. Furthermore, the researcher sought to identify the perceptions of program directors regarding the observed impact of mentoring on program faculty.

Methods

The methods for the study were quantitative non-experimental survey research. To determine the mentoring practices of CoARC accredited respiratory care programs and to identify perceptions of program directors regarding the potential impact of mentoring, the following questions guided this study:

1. Is there a significant difference in the mean scores for Dimension 1 (Mentoring Practices) on the Respiratory Care Faculty (RCF) Mentoring Survey (see Appendix A) among CoARC accredited respiratory care programs by demographic region (Northeast, Midwest, South, or West), type of degree awarded (associate degree, bachelor's degree, or master's degree), program director's academic rank (i.e., instructor, assistant professor, associate professor, professor, other), or gender of the program director?
2. Is there a significant difference in the mean scores for Dimension 2 (Mentor/Mentee Relationship) on the RCF Mentoring Survey among CoARC accredited respiratory care programs by demographic region (Northeast, Midwest, South, or West), type of degree awarded (associate degree, bachelor's degree, or master's degree), program director's academic rank, or gender of the program director?
3. Is there a significant difference in the mean scores for Dimension 3 (Perceptions of Mentoring Impact) on the RCF Mentoring Survey among CoARC accredited respiratory care programs by demographic region (Northeast, Midwest, South, or West), type of degree awarded (associate degree, bachelor's degree, or master's degree), program director's academic rank (instructor, assistant professor, associate professor, professor, other), or gender of the program director?

Instrumentation

Program directors from each of the accredited programs listed on the CoARC database received the electronic Respiratory Care Faculty Mentoring Survey (Appendix A). The questions included in the survey were developed from two sources. The primary researcher requested and received permission to use portions of a previous instrument (The Health Sciences Faculty Mentoring Survey).¹² The remaining survey items were derived from a significant review of the literature and knowledge of CoARC accredited respiratory care programs. The survey was piloted prior to the final distribution of the instrument to potential participants.

Face and content validity were established by using a group of five educators, who did not serve as program directors, to review the survey for appropriateness. The survey items were evaluated for readability, relevance, accuracy, and clarity. After consideration of the group's

suggestions, several questions were reworded or omitted for reader clarification. After data collection from the pilot group, a factor analysis was run on SPSS (IBM SPSS Statistics for Windows, version 23, IBM Corp., Armonk, NY, USA) to determine the number of dimensions for the survey and help to establish construct validity of the instrument. The dimensions were found to be 1) mentoring practices, 2) the mentor/mentee relationship, and 3) perceptions of mentoring impact. The three dimensions served as the dependent variables. Split-half reliability methodology was used to measure internal consistency reliability. The entire survey was administered to participants in the pilot group then the total score for each set was computed. Subsequently, the split-half reliability was obtained by determining the correlation between the two total set scores. A Spearman-Brown correction was applied to estimate the reliability of the entire instrument.

The demographics portion of the survey was used to gather data on the region of the accredited program, type of degree awarded by the program, academic rank of the program director, gender, degree level of program director, number of faculty members in program, and availability of tenure-track positions at the institution. The perceptions section of the RCF Mentoring Survey used a six-point Likert-type scale to measure the program director's agreement to a set of statements regarding the effects of mentoring on new faculty job performance, rate of faculty turnover, job satisfaction, and organizational commitment. Each rating in the Likert scale was assigned a number for statistical analysis, wherein 1 = disagree strongly, 2 = disagree, 3 = somewhat disagree, 4 = somewhat agree, 5 = agree, and 6 = agree strongly. The mentoring practices dimension also included a Likert-type scale to measure the participants' agreement to a set of statements, a ranking of responses for topics of mentorship discussion, and an open-ended question concerning barriers to mentoring implementation. Each rating in the Likert scale for Dimension 1 (mentoring practices) was assigned a number for statistical analysis, wherein 4 = never, 3 = occasionally, 2 = usually, and 1 = always.

Sample

The target population for this quantitative study was respiratory care program directors in the U.S. during the spring semester (March-May) of 2017. The participants were selected because of their knowledge of the characteristics of additional program faculty. Nonprobability sampling was used. All program director information was located on the public access website for the Commission on Accreditation for Respiratory Care (CoARC). Emailing a survey to these participants was both convenient and purposeful because of the known contact information,

anticipated willingness to divulge current mentoring practices, and intimate knowledge of the programs they oversee. According to the 2015 “Report on Accreditation in Respiratory Care Education,” there were 420 accredited respiratory care programs in the United States (85% associate degree level, 14% bachelor’s degree level, and 1% master’s degree level).¹³

Data Collection

After receiving approval from the Institutional Review Board at East Tennessee State University, an email was sent to all program directors listed on the CoARC database. A cover letter (Appendix B) describing the purpose of the study, directions for completing the electronic survey, and a link to the survey site was sent to potential participants. Completion of the survey was considered consent for participation. A deadline was included in the correspondence to incentivize a timely survey completion. The instrument did not obtain any identifiable measures; therefore, participants could remain anonymous. Reminder emails were sent as necessary to increase the likelihood of participation with the last email reminder sent 1 month before survey participation closed.

Data Analysis

Data collected from the electronic survey were imported into IBM SPSS for analysis. Several of the survey items resulted in simple percentages. The first component of the survey yielded demographic findings for the study participants concerning degree type, gender, and length of service as program director. Additionally, a series of one-way analysis of variance (ANOVA) and t-tests for independent samples were conducted on the survey items that corresponded to the aforementioned dimensions. All analyses were performed using an alpha level of .05.

Results

Descriptive data from demographic regions revealed 16.1% ($n = 18$) of programs were located in the Northeast, 24.1% ($n = 27$) were located in the Midwest, 45.5% ($n = 51$) in the South, and 14.3% ($n = 16$) in the West. The majority of respondents served as program directors in programs that awarded an associate degree (69%), followed by bachelor’s degree (17.7%), and master’s degree (0.9%). Nine programs (8%) reported awarding both associate and bachelor’s degrees and 5 programs (4.4%) reported awarding both bachelor’s and master’s degrees. Gender characteristics of the program directors were as follows: 63.4% ($n = 71$) female and 36.6% ($n = 41$) male. The majority of program directors held a master’s degree (59.8%), followed by a doctorate degree (22.3%), and

lastly, a bachelor’s degree (17.9%). The reported academic rank of respondents varied: 23% were ranked as associate professor, 22.1% ranked as instructor, 16.8% ranked as assistant professor, and 15.9% were ranked as full professor. The remaining 22.1% of the sample reported not conforming to the ranking system provided and listed titles such as program director, department chair, and college dean.

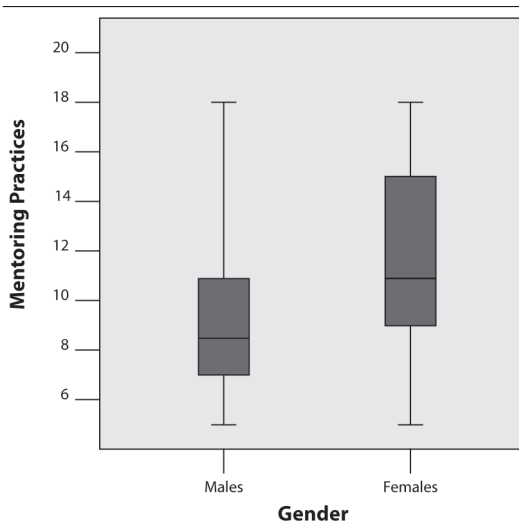
The top three reported number of full-time faculty members in the respondents’ programs were two (54.6%), three (22.2%), and four (7.4%). The number of reported part-time faculty members in the accredited programs were one (27.8%), four (13.9%), and two (12.7%). The remaining number of part-time faculty widely varied between 0 and 36. Concerning availability of tenure track positions at the respondents’ institutions, 39.3% ($n = 44$) reported there were tenure track positions and 58.9% ($n = 66$) reported there were not. Two respondents were not sure. Participants were asked to report what types of orientation new faculty were required to undergo. Just over 80% reported an institutional orientation, 37.2% reported a college specific orientation, 35.4% reported a department orientation, and 51.3% reported a program orientation. One respondent reported not having a required orientation for new faculty. The location of the mentor, if assigned to new faculty, was reported to be in the mentee’s department ($n = 38$), in the mentee’s college or school ($n = 20$), at the mentee’s institution ($n = 15$), and outside the mentee’s institution ($n = 1$). Thirty-two percent ($n = 35$) of respondents reported not having a mentor assigned to new faculty. Topics new faculty members most requested to discuss with his or her mentor was predominantly teaching pedagogy followed by work-life balance, service expectations, promotion and tenure, and research. Other topics that were provided by respondents included program outcomes, curriculum, policies and procedures, resources, and student issues.

Data were gathered from 126 program directors of the 410 who were sent the invitation to participate in the study, resulting in a 30% response rate. Testing of the null hypotheses associated with the 12 research questions resulted in 3 significant findings and 9 findings that were not significant. The dependent variables were the three dimensions on the survey: mentoring practices, the mentor/mentee relationship, and perceptions of mentoring impact among respiratory care programs. Independent variables were demographic region of the respiratory care program, level of degree awarded by the respiratory care program, academic rank of the program director, and gender of the respiratory care program director.

Mentoring practices (Dimension 1) were not significantly affected by the demographic location of the accredited

respiratory care program, the type of degree awarded by the program, or the academic rank of the program director. However, female program directors reported significantly greater opportunities for new faculty mentoring when compared to male program directors. An independent-sample t-test was conducted to evaluate whether the mean scores for mentoring practices differed based on the gender of the program director. Dimension 1 (Mentoring Practices) was the test variable and the grouping variable was male or female. The test was significant, $t(85) = 2.52$, $P = .014$. Female program directors ($M = 11.71$, $SD = 4.10$) reported significantly greater opportunities for new faculty mentoring when compared to male program directors ($M = 9.47$, $SD = 3.83$). The 95% confidence interval for the difference in means was -4.01 to $-.47$. The η^2 index was $.07$, which indicated a large effect size. Figure 1 shows the distribution for the two groups. Opportunities for new faculty mentoring included the following survey items: 1) the program offers new faculty mentoring, 2) clinical-only faculty members participate in mentoring, 3) part-time faculty members participate in mentoring, 4) full-time faculty members participate in mentoring, and 5) a formal mentor is assigned to a new faculty member.

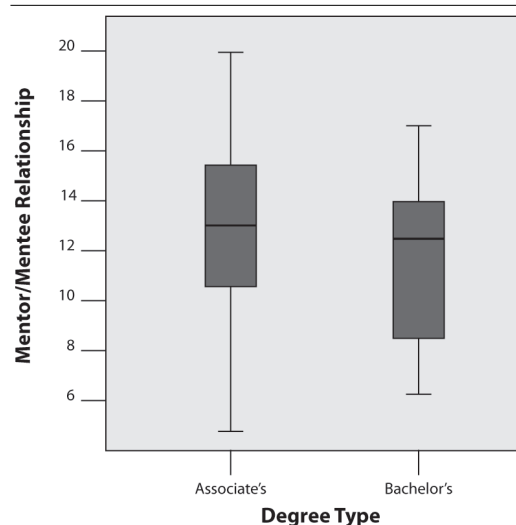
Figure 1. Mean Mentor Practice for Program Directors by Gender



The mentor/mentee relationship (Dimension 2) was not significantly affected by the demographic location of the program or the academic rank of the program director. Conversely, both respondents from associate degree programs and female program directors reported greater levels of expectation in regard to new faculty mentoring. An independent-sample t-test was conducted to evaluate

whether the mean scores for characteristics of the mentor/mentee relationship differed based on type of degree awarded by the program. The test variable was Dimension 2 (Mentor/Mentee Relationship) on the RCF Mentoring Survey (questions 15-18) and the grouping variable was type of degree awarded by the program (associate degree or bachelor's degree). The master's degree programs did not yield a large enough number, so they were omitted from analysis. The test was significant, $t(85) = 2.40$, $P = .018$. Respondents from associate degree programs reported significantly greater levels of expectation in regard to new faculty mentoring ($M = 13.32$, $SD = 3.42$) when compared to bachelor's degree programs ($M = 11.21$, $SD = 3.28$). The 95% confidence interval for the difference in means was $.37$ to 3.86 . The η^2 index was $.06$, which indicated a medium effect size. Figure 2 shows the distributions for the two groups.

Figure 2. Mean Mentor/Mentee Relationship Scores for Type of Degree Awarded by Program

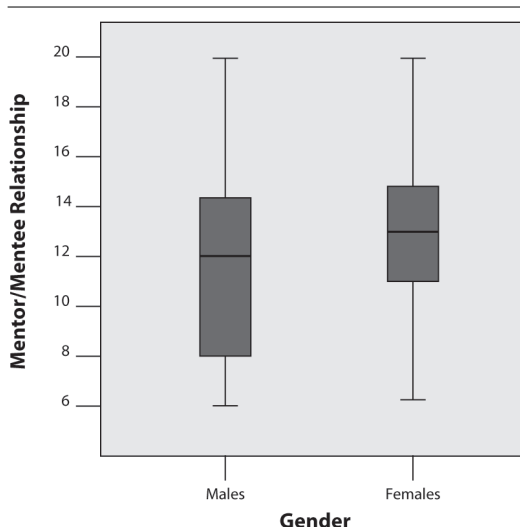


An independent-sample t-test was conducted to evaluate whether the mean scores for the mentor/mentee relationship differed based on the gender of the program director. Dimension 2 (Mentor/Mentee Relationship) was the test variable and the grouping variable was male or female. The test was significant, $t(98) = 2.12$, $P = .037$. Females ($M = 13.18$, $SD = 3.30$) reported significantly greater levels of expectations in regard to new faculty mentoring, than did males ($M = 11.66$, $SD = 3.69$). The 95% confidence interval for the difference in means was -2.96 to $-.097$. The η^2 index was $.04$, which indicated a small effect size. Figure 3 shows the distribution for the two groups. Expectations of new faculty mentoring

included the following survey items:

- 1) the development of informal relationships,
- 2) set number of meetings per academic year, 3) documenting and/or discussing academic interests with a mentor, and 4) documenting and/or discussing short- and long-term goals with mentor.

Figure 3. Mean Mentor/Mentee Relationship Scores for Program Directors by Gender



Perceptions of mentoring impact (Dimension 3) was not significantly affected by the demographic location of the program, type of degree awarded by the program, academic rank of the program director, or gender of the program director. Perceptions of mentoring impact included the following survey items: 1) enhances new faculty job performance, 2) can prevent new faculty turnover, 3), improves new faculty job satisfaction, and 4) increases new faculty organizational commitment.

Discussion

Findings for programs by geographic region paralleled those from both the South (45.5% v. 42%) and Midwest (24.1% v. 25%). However, the Northeast region (16.1% v. 14%) and the West (14.3% v. 19%), did not align with reported programmatic statistics. Though the specific percentages were not exact, the proportion of programs by degree offered (associate, bachelor's, or master's) did resemble that of the CoARC annual report.¹³ The majority of respondents in the study were female (63.4%), which corresponds to Ziegler's findings of 60% of females in the profession of respiratory care.¹⁴ The majority of program directors also reported having a master's degree (59.8%),

which aligns with the 54-56% reported by CoARC for the highest degree earned by key personnel.¹⁵ The majority of respondents (23%) ranked as an associate professor, 15.9% ranked as a full professor, and 22.1% considered themselves administrative (program director, department chair, or college dean). This could indicate a sufficient amount of high-ranking faculty in accredited respiratory care programs who can serve as mentors. Falzarano and Zipp found the majority of mentors in their study ranked at the associate professor level.¹⁵

The majority (58.9%) of respondents indicated a lack of available tenure-track positions at their respective institution. This may explain why promotion and tenure was only the fourth highest rated topic of discussion between mentor and mentee. Over 80% of respondents reported some form of mandatory orientation (institution, college, department, or program) for new faculty. Orientations have been suggested as an effective means to recruit, retain, and increase preparedness of new faculty.^{1,16-17} One respondent stated, "The biggest barrier is the lack of orientation within academia. Coming from a hospital environment to academia is a shock when it comes to orientation to your position." Though the majority of respondents indicated an assigned mentor was from within the mentee's department, 32% of respondents reported not having a mentor assigned to new faculty. However, respondents also reported informal mentoring relationships developed always (24.3%), usually (28.2%), or occasionally (8.7%), when no formal mentor was assigned. This finding is encouraging considering Schrodtt et al stated that informal mentoring relationships could be more beneficial than assigned, more formal interactions.¹⁸

Similar to the findings of Pinto Zipp et al, teaching pedagogy was the predominant topic of discussion between mentees and mentors.¹² This finding corresponds with others who have reported feelings of lack of preparation in the role as an educator when transitioning from clinical practice.¹⁹⁻²² The same number of respondents reported that clinical-only faculty members always versus occasionally (34%) participated in mentoring. Prior studies have reported a disconnect from the clinical faculty member's institution due to a lack of proximity.²¹⁻²³ Part-time clinical faculty members may be potential applicants when full-time faculty positions come available and full-time clinical faculty can experience emotional exhaustion. Emotional exhaustion may present as feeling drained or having a lack of energy. Clinical faculty often have significant non-productive time driving to sites and not having access to campus resources; the need to better invest in the enculturation of these faculty members into academia is apparent.²⁴ The majority of respondents (27%) reported mentors and mentees not being expected to meet a set number of times per academic year. This finding may

correspond with the prevalence of informal mentoring relationships in the study. However, those who reported having to meet regularly indicated once a year to weekly. Regular meetings between the mentor and mentee aids in tracking the progress of the new faculty member and maintaining a personal relationship with the individual.

The majority of respondents indicated an agreement or strong agreement to the potential impact of mentoring on new faculty job performance, faculty turnover, faculty job satisfaction, and faculty organizational commitment. Mentoring may help reduce feelings of isolation and anxiety in new faculty members resulting in fewer turnovers.²⁵ The presence of mentoring may also bring feelings of job security.²⁶ The lack of tenure-track positions found in this study may prove to be detrimental to programs considering the new generation of faculty members who seek advancement opportunities in their careers.

When participants were asked what barriers to mentoring implementation they have witnessed in respiratory care programs, 42% ($n = 35$) responded with “a lack of time.” The majority of accredited programs only employ two full-time faculty members (a program director and director of clinical education) and rely heavily on part-time clinical faculty who often have additional employment. These findings correspond to others who reported a lack of time as the biggest challenge to new faculty mentoring.^{15,12} Finding senior faculty who were committed to serving as a mentor also surfaced as a barrier to mentoring implementation. A few respondents stated senior faculty were not always available and were not always good role models or committed to the professional and personal growth of the new faculty member.

The feedback from program directors reflects that not all senior faculty members have the desire or skill to serve as effective mentors.^{17,22,27} Supportive senior faculty can increase new faculty job satisfaction.²⁵ Horizontal hostility has no place in academia and recruiting experienced faculty (i.e., newly tenured) rather than more seasoned faculty (approaching retirement) to serve as mentors may be an effective means of implementation. Novice educators desire to feel a sense of commonality with colleagues, which may be difficult to achieve with senior faculty because they cannot as closely identify with the frustrations of being a new educator. Though there are certainly barriers to mentoring implementation, respondents also reported positive experiences with mentoring. Respondents reported mentoring could be a rewarding experience, strengthen the relationship among faculty, increase confidence in the new faculty member, and serve as motivation for new faculty to become a mentor to others in the future. Constructive and fulfilling mentoring relationships have the ability to cultivate a cycle of continued mentoring in future genera-

tions of respiratory care faculty and students.

The results of this study may benefit administrators and educators in respiratory care in efforts to support new faculty who may feel underprepared or overwhelmed in the new role. Because other allied health fields of study are similar in nature to respiratory care, the findings of the study could have potential implications across a range of health-related disciplines. Educators, who are comfortable in their roles and made to feel valued by the institution, will likely be more productive and committed to the program. The study may also have additional benefits to specific members of the academy — women and clinical faculty — considering the likelihood of these subpopulations having less access to mentoring.

Conclusions

This study was an examination of mentoring practices in accredited respiratory care programs. Significant findings included that female program directors reported greater opportunities for mentoring within their programs and greater levels of expectations concerning mentoring when compared to male program directors. This may be because women often accrue more psychosocial benefit from mentoring and actively seek greater guidance when trying to achieve an appropriate work-life balance.²⁸ Associate degree programs also reported a higher level of expectation in regard to mentoring when compared to bachelor degree programs. This may be because the minimal degree required of faculty for associate degree programs is a bachelor's degree which results in less new faculty socialization and preparation than a graduate program does. There was overwhelming agreement concerning the potential positive impact and benefit of new faculty mentoring on job performance, turnover, job satisfaction, and organizational commitment.

Recommendations for Further Research

A study on respiratory care clinical faculty members and perceptions of mentoring may help to fill a gap in the literature because this population could benefit from mentoring yet have historically been underrepresented in these types of relationships. Furthermore, a study on the effectiveness of mentoring in respiratory care programs may aid in the development of best practices for future programs and faculty to emulate. A study regarding female faculty retention in allied health programs of study may yield additional information as to the motivation for leaving the academy and potentially returning to clinical practice. Lastly, a survey of health science administrators (academic deans) concerning perceptions of new faculty support may highlight areas of improvement needed in new faculty investment and success.

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Appendix A

Respiratory Care Faculty Mentoring Survey

Demographic Information

1. Select the region that best describes the location in which your accredited respiratory care program is housed.

- Northeast (MA, RI, NH, ME, VT, CT, NJ, NY, PA)
- Midwest (OH, IN, MI, WI, IL, IA, MN, SD, ND, MO, KS, NE)
- South (DC, DE, MD, VA, WV, NC, SC, GA, FL, AL, TN, MS, KY, LA, AR, OK, TX)
- West (MT, CO, WY, ID, UT, AZ, NM, NV, CA, HI, OR, WA, AK)

2. Select the degree that is awarded by your accredited respiratory care program (check all that apply).

- Associate degree
- Bachelor's degree
- Master's degree

3. Please select the option that best indicates your academic rank.

- Instructor
- Assistant Professor
- Associate Professor
- Full Professor
- Other, _____

4. What is the highest degree level you have earned?

- Bachelor's degree
- Master's degree
- Doctoral degree

5. To which gender do you most identify?

6. How many faculty members does your respiratory care program employ?

- _____ Full-time faculty
- _____ Part-time faculty

7. Does your respiratory care program offer tenure-track faculty positions?

- Yes
- No
- Not sure

8. In what type of orientation are new faculty members required to participate (check all that apply)?

- Institution orientation
- College-specific orientation
- Department orientation
- Program orientation
- None

Dimension 1: Mentoring Practices

Always=1 Usually=2 Occasionally=3 Never=4

9. Your respiratory care program offers new faculty mentoring.

Always Usually Occasionally Never

10. Clinical-only faculty members in your respiratory care program participate in mentoring.

Always Usually Occasionally Never N/A

11. Part-time faculty members in your respiratory care program participate in mentoring.

Always Usually Occasionally Never N/A

12. Full-time faculty members in your respiratory care program participate in mentoring.

Always Usually Occasionally Never N/A

13. A formal mentor is assigned to a new faculty member in your respiratory care program.

Always Usually Occasionally Never N/A

Appendix A (cont.)

Respiratory Care Faculty Mentoring Survey

14. If a formal mentor is assigned, where does the mentor work?

- Mentee's department
- Mentee's college or school
- Mentee's institution
- Outside the mentee's institution
- Not applicable

Dimension 2: Mentor/Mentee Relationship

Always=1 Usually=2 Occasionally=3 Never=4

15. If no formal mentor is assigned, do informal mentoring relationships develop?

Always Usually Occasionally Never N/A

16. Mentors and mentees are expected to meet together a set number of times per academic year.

Always Usually Occasionally Never N/A

If yes, please indicate the number of times.

17. New faculty members are expected to discuss or document academic interests with a mentor.

Always Usually Occasionally Never N/A

18. New faculty members are expected to discuss or document both short- and long-term career goals with a mentor.

Always Usually Occasionally Never N/A

19. What topics do new faculty members most wish to discuss with their mentor? (Please rank, with one (1) being the most frequent topic of new faculty member discussion.)

- _____ Work/Life balance
- _____ Promotion/Tenure
- _____ Pedagogy/Teaching
- _____ Research
- _____ Service
- _____ Other

For Dimension 3 of the survey, please choose the option that best describes your agreement to the preceding statement regarding perceptions of mentoring impact.

Dimension 3: Perceptions of Mentoring Impact

Disagree strongly=1 Disagree=2 Somewhat disagree=3
Somewhat agree=4 Agree=5 Agree strongly=6

20. Mentoring enhances new faculty job performance.

Disagree strongly Disagree Somewhat disagree
Somewhat agree Agree Agree strongly

21. Mentoring prevents new faculty turnover.

Disagree strongly Disagree Somewhat disagree
Somewhat agree Agree Agree strongly

22. Mentoring improves new faculty job satisfaction.

Disagree strongly Disagree Somewhat disagree
Somewhat agree Agree Agree strongly

23. Mentoring increases new faculty organizational commitment.

Disagree strongly Disagree Somewhat disagree
Somewhat agree Agree Agree strongly

The final two questions are open-ended so that respondents can provide examples of personal experiences with mentoring.

24. What barriers to mentoring implementation have you witnessed in your respiratory care program?

25. What experiences have you had with mentoring in higher education?

Appendix B

Informed Consent Letter

New Faculty Mentoring in Respiratory Care Programs

Dear Participant:

My name is Kristen McHenry, and I am an Assistant Professor and Cardiopulmonary Science Program Director at East Tennessee State University. I am working on my doctoral degree in higher education leadership and policy analysis. In order to meet degree requirements, I must complete a dissertation. The name of my research study is New Faculty Mentoring in Respiratory Care.

The purpose of this study is to identify current mentoring practices of new faculty members in CoARC accredited respiratory care programs in the U.S. I would like to give a brief online survey to Respiratory Care Program Directors using Qualtrics. It should only take about 10 minutes to finish. You will be asked questions about mentoring practices and your perceptions of mentoring. Because this study deals with mentoring practices and perceptions, the risks are minimal. However, you may also feel better after you have had the chance to express yourself about mentoring in your institution. This study may benefit you or others by supporting new respiratory care faculty in higher education.

Your confidentiality will be protected as best we can. Because we are using technology no guarantees can be made about the interception of data sent over the Internet by any third parties, just like with emails. We will make every effort to make sure that your name is not linked with your answers. Qualtrics has security features that will be used: IP addresses will not be collected and SSL encryption software will be used. Although your rights and privacy will be protected, the East Tennessee State University (ETSU) Institutional Review Board (IRB) (for non-medical research) and people working on this research (individual or department) can view the study records.

Taking part in this study is voluntary. You may decide not to take part in this study. You can quit at any time. You may skip any questions you do not want to answer or you can exit the online survey form if you want to stop completely. If you quit or decide not to take part, the benefits or treatment that you would otherwise get will not be changed.

If you have any research-related questions or problems, you may contact me, Kristen McHenry, at 423.547.4917. I am working on this project with my faculty advisor, Dr. Jim Lampley. You may reach him at 423 439.7619. Also, you may call the chairperson of the IRB at ETSU at (423) 439-6054 if you have questions about your rights as a research subject. If you have any questions or concerns about the research and want to talk to someone who is not with the research team or if you cannot reach the research team, you may call an IRB Coordinator at 423/439-6055 or 423/439-6002.

Sincerely,

Kristen McHenry MS, RRT-ACCS