

EXPLORING MENTORING RELATIONSHIPS AMONG NOVICE NURSE
FACULTY: A GROUNDED THEORY

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Submitted to the faculty of the University Graduate School
in partial fulfillment of the requirements
for the degree
Doctor of Philosophy
in the School of Nursing,
Indiana University

July 2021

Accepted by the Graduate Faculty of Indiana University, in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

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DEDICATION

I dedicate this dissertation to several people as I have not undertaken this journey alone. First, I would like to dedicate this work to my parents, Mark and Maribeth Ruth. They instilled in me at a young age that an education is the greatest gift you could ever receive. Mom and Dad, thank you for being my biggest cheerleaders and for allowing me to dream without restriction. This education of mine has certainly paid off and taken me places I never expected. I love you both.

I would like to thank all of my family and friends who encouraged me to start this journey and cheered me on along the way. Your support and encouragement have made all the difference in my life. I would like to dedicate this dissertation to my beautiful daughter Neely. She was 4 when I started this journey and has been oh-so-patient and understanding when “mom has to do school”. Being your mom is the greatest honor of my life. Anything is possible with a little bit of work and not taking no for an answer. Reach for the stars. I love you.

I would also like to dedicate this dissertation to my husband, Tom. Words cannot describe how thankful I am for all of your support and encouragement. Thank you for saying “you need to do it” without flinching back in 2018 when I was accepted to the program and took on this PhD full-time. I am so grateful God both put us in that booth at Caslers all those years ago. You make everything possible and thank you for taking this journey with me. I love you.

I would like to dedicate this dissertation to all those who are looking for a mentor to take their hand and show them the way. Everyone needs a cheerleader in their corner to support, encourage, and cheer you on when times get tough. Mentorship has the power

to transform lives and I know, because my long-time mentor, Dr. Meg Moorman has changed my life. Mentors have a way of opening doors you never thought possible, and I am forever indebted to my mentor for opening those doors for me. One thing is clear with mentoring — you learn to be a good mentor by having a good mentor — and I have learned from the best. Thank you, Meg for being my mentor and a dear friend. Lastly, thank you to all of my research participants who made this work possible. I am so grateful you shared your time and stories with me.

ACKNOWLEDGEMENT

To begin, I would like to acknowledge my mentor and dissertation chair, Dr. Deanna Reising. From the beginning of this journey in 2018, you have supported and encouraged my research ideas. As I made my way through the program and refined my area of research, you were there to help me clarify ideas and guide me in all aspects of this dissertation. You have been a calm, reassuring voice when I needed it the most, and for that, I am grateful. Thank you, Dr. Reising for taking this journey with me and guiding me along the way. Your mentorship and expertise have made this work possible.

I would also like to acknowledge my dissertation committee members, Dr. Claire Draucker, Dr. Debbie DeMeester and Dr. Peter Seybold. Thank you, Dr. Draucker for sharing your grounded theory expertise with me and introducing me to the power of research through stories. Your feedback has been invaluable and has helped me learn and grow as a nurse scientist. Dr. DeMeester, thank you for being a wonderful nurse educator role model. It has been such a pleasure to work with you, and I appreciate all of your support and encouragement all these years. Thank you, Dr. Seybold for introducing me to the world of sociology. I am grateful that you accepted the role of minor advisor — as my world has been forever broadened by you sharing your knowledge of sociology with me.

I would also like to acknowledge the Robert Wood Johnson Foundation Future of Nursing Scholars Program. It has been the opportunity of a lifetime to be a part of the RWJF family, and I appreciate the experiences and friendships I have gained through the FNS program. I am extremely grateful for the generosity from RWJF that has made this degree and work possible.

I would also like to acknowledge all of the faculty, staff, and students at IU School of Nursing. I am proud to be a part of the IUSON family and am so thankful for the exceptional education and professional experience I have received over the past decade. Thank you to Nikki Benbow for all of the work you do supporting students and the program. Thank you to Dr. Debbie Cullen for allowing me to spend the summer with you in 2010 for my graduate practicum hours and for suggesting that I hire on at IUSON as an adjunct clinical instructor — that advice started my trajectory into academia. Thank you to Dr. Robin Newhouse, Dr. Diane Von Ah, Dr. Carol Shieh, and Dr. Julie Otte for your support, encouragement and seeing potential in me that I did not see in myself. I found my nursing passion and life's work at IUSON. I am forever grateful you allowed me to be a part of this organization as a faculty member and a student.

Lastly, thank you to the admissions committee at the University of Kentucky College of Nursing. You took a chance on an out-of-state student with mediocre SAT scores and gave me a seat in your highly competitive nursing program. That acceptance letter opened the world for me and has provided me with opportunities I could have never dreamed of back in 2003. Thank you for giving me a world-class education that has allowed me to make my dreams come true.

Katie Ruth Busby

EXPLORING MENTORING RELATIONSHIPS AMONG NOVICE NURSE
FACULTY: A GROUNDED THEORY

The growing and aging population has created an increased demand for health care, resulting in a need for hundreds of thousands more nurses across the United States. As a result, additional nurse faculty are needed to teach the next generation of nurses. However, nurses who enter the faculty role in academia often come from various professional backgrounds with different educational preparation that may not equate to success with the tripartite faculty role of teaching, scholarship, and service. As a way to retain and develop novice faculty, mentoring relationships and programs are promoted as an intervention for career and psychosocial development within academia.

Mentoring is an interpersonal process built on mutual trust and friendship to create a professional and personal bond. Mentoring relationships can help develop self-confidence, productivity, and career satisfaction among nurse faculty members. Effective mentoring relationships can ease the transition into academia and provide a vital foundation for productive academic careers. However, the interpersonal process that is the hallmark of mentoring can differ between a mentor and protégé, leading to vast differences in quality and effectiveness. Although mentoring is widely recommended, little is known about the process of mentoring relationships in academia or how novice nurse faculty utilize mentoring to transition into academia.

The purpose of this qualitative grounded theory study is to uncover a theoretical framework that describes how mentoring relationships, as experienced by novice nurse faculty, unfold. Charmaz's method of grounded theory was used to interview full-time

novice nurse faculty (N = 21) with three years or less in the faculty role from nursing programs across the United States. The grounded theory theoretical framework, *Creating Mentorship Pathways to Navigate Academia* captures the process of mentoring as experienced by novice nurse faculty within academia. The theoretical framework contains five main phases as described by novice nurse faculty *being assigned a formal mentor, not having mentoring needs met, seeking an informal mentor, connecting with mentor, and doing the work of mentoring*. Participants created mentorship pathways through both formal and informal mentoring relationships to navigate academia by acquiring knowledge, meeting expectations, and functioning in the role as a faculty member.

Deanna L. Reising, PhD, RN, ACNS-BC, FAAN, FNAP, ANEF, Chair

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LIST OF ABBREVIATIONS

Abbreviation	Term
AACN	American Association of Colleges of Nursing
NLN	National League for Nursing
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-analyses
RWJF	Robert Wood Johnson Foundation
Sigma	Sigma Theta Tau International Nursing Honor Society
U.S.	United States

CHAPTER 1: INTRODUCTION AND INTEGRATIVE REVIEW

The growing and aging population has created an increased demand for health care, resulting in a need for hundreds of thousands more nurses across the U.S. The nursing profession is expected to grow by 7% by 2029 to meet growing health care needs (American Association of Colleges of Nursing, 2020b). The demand for additional nurses has created an urgency for nursing schools to increase student enrollments. As a result, additional nurse faculty are needed to teach the next generation of nurses and to fill vacancies left by aging nurse faculty nearing retirement age (Fang & Kesten, 2017). Therefore, it is essential that academic organizations recruit and retain new nurse faculty.

However, nurses who take on the faculty role come from various professional backgrounds with differing levels and types of educational preparation that may not equate to success with the tripartite faculty role of scholarship, teaching, and service. Unfortunately, the literature is laden with examples of frustration, stress, anxiety, incivility and confounded role expectations in novice nurse faculty (Cangelosi, 2014; Jeffers & Mariani, 2017; Lee et al., 2017; Peters, 2014; Smeltzer et al., 2014). As a way to retain and develop novice faculty, mentoring relationships and programs are promoted as an intervention for career and psychosocial development in academia for novice nurse faculty (Grossman, 2013; Nick et al., 2012).

Background

Learning the nurse faculty role is a dynamic process that requires acclimating to the academic environment and developing new skills, such as teaching, conducting research, and providing program or university service. Many nurses enter faculty roles with significant clinical knowledge but limited academic experience, creating unique

learning needs. The transition from other nursing positions into academia is often associated with anxiety and stress, which in turn can lead to job dissatisfaction (Chung & Kowalski, 2012; Lee et al., 2017; Smeltzer et al., 2014). Mentoring, a supportive relationship with a seasoned faculty member, is a best practice to assist novice nurse faculty to adapt to and thrive in the academic role (Grossman, 2013; Lee et al., 2017; McBride et al., 2017; National League for Nursing, 2008; Smeltzer et al., 2014). Novice nurse faculty are those who have been in a faculty role for three years or less (Anibas et al., 2009; Brown & Sorrell, 2017).

The concept of mentoring was born in the theoretical traditions of organizational behavior and psychology and propagated in the seminal works of Levinson and Kram (Ragins & Kram, 2007b). Mentoring is defined as a “relationship between an older, more experienced mentor and a younger, less experienced protégé for the purpose of helping and developing a protégé’s career” (Kram, 1985; Ragins & Kram, 2007a, p. 5). Mentoring includes two functions. The first is to help the protégé navigate and advance in the organization and includes providing the protégé sponsorship, positive exposure, coaching, protection, and challenging assignments (Kram, 1985; Ragins & Kram, 2007a). The second is to promote a trusting and intimate relationship between mentor and protégé and includes providing the protégé role modeling, acceptance, counseling, and friendship (Kram, 1985; Ragins & Kram, 2007a). While Kram (1985) uses the term protégé, the term mentee is often used interchangeably with protégé.

Mentoring benefits both the mentor and protégé. For the mentor, helping to develop young talent can promote advancement and a sense of competence and self-worth (Kram, 1985). For the protégé, mentoring can promote socialization, role

development, exposure within the organization, effectiveness in job performance, and a sense of self-worth (Kram, 1985). A supportive environment, trust, collaboration, collegiality, reciprocity, regular communication and feedback, well-defined goals, and a learning attitude are essential components of a successful mentoring relationship (Grossman, 2013; Kram, 1985; Nick et al., 2012).

Mentoring relationships may last from 6 to 12 months in a formal mentoring program and up to 5 years or more in informal dyad relationships (Grossman, 2013; Kram, 1985; Nick et al., 2012; Ragins & Kram, 2007a). Kram (1985) identifies four specific phases of the mentoring relationship. Initiation occurs when the relationship begins and becomes important to both mentor and protégé (0-6 months). Cultivation occurs while career and psychosocial functions are provided for the benefit of both mentor and protégé (2-5 years). Separation occurs with a change in the structural or emotional role of the mentoring relationship (6 months-2 years). Redefinition occurs when the relationship ends or evolves into a peer-like friendship (indefinitely).

Formal mentoring occurs when mentors are assigned to protégés in traditional hierarchical relationships, and informal mentoring occurs when protégés seek out mentors often based on social attraction (Grossman, 2013; Turban & Lee, 2007). Mentoring can also occur among peers in non-hierarchical relationships (Kram, 1985; Ragins & Kram, 2007), and some novice nurses may have multiple mentors (Grossman, 2013). Regardless of the type of mentoring, best practices for academic mentoring include well-matched mentor-protégé dyads, strong dyadic relationships, and clear goals for the relationship (Nick et al., 2012).

Mentoring relationships for novice nurse faculty are associated with positive outcomes. Formal mentoring programs have been shown to facilitate orientation to the faculty role, socialization, development of tripartite faculty skills (scholarship, service, teaching) and growth in leadership (Nick et al., 2012). Faculty who are mentored are more likely to have high self-confidence, receive promotions and higher salaries, and experience increased career satisfaction and commitment (Mijares et al., 2013; Ragins & Kram, 2007a; Sandberg, 2013). Moreover, mentoring is associated with improved socialization, role development, job satisfaction, intent to stay, and retention (Dunham-Taylor et al., 2008; Garbee & Killacky, 2008; Grossman, 2013; Specht, 2013). In addition, faculty who are mentored produce and disseminate more scholarship through publications, presentations, grants, and awards which are outcomes typically necessary for promotion and tenure (Shieh & Cullen, 2019; L. Smith et al., 2020). Due to the positive outcomes of mentoring, nurses often inquire about mentoring programs when seeking faculty appointments (Andrews et al., 2019; Ragins & Kram, 2007a).

Although mentoring is effective in helping novice nurse faculty navigate academia, mentoring relationships or programs may not be available to all nurse faculty who desire mentorship (Anibas et al., 2009; Cangelosi, 2014; Lee et al., 2017). Furthermore, some faculty report negative mentoring experiences including role confusion, poor communication, lack of availability of the mentor, receiving conflicting advice, abandonment, and incivility. These negative experiences can lead to job dissatisfaction and turnover (Cangelosi, 2014; Goodrich, 2014; Hulton et al., 2016; Jeffers & Mariani, 2017; Lee et al., 2017). Mentoring has been established as a best practice in academic nursing but is often not implemented successfully. Therefore, a

better understanding of current state of mentoring is needed. In particular, identification of mentoring practices that provide positive outcomes and benefits are needed.

Purpose

Although the literature on mentoring of nursing faculty is considerable, this literature has not been recently systematically reviewed. The purpose of this integrative review is to summarize and synthesize the research regarding mentoring relationships and mentoring programs in academia for nurse faculty. The information obtained from the review will inform the development of strategies to advance mentoring as an intervention to improve the success and satisfaction of nurse faculty needed to educate the next generation of nurses.

Method

Whittemore and Knafl's (2005) methodology was used for this integrative review. According to Whittemore and Knafl (2005), an integrative review is a broad type of review that includes experimental and non-experimental research to understand a phenomenon of concern. An integrative review was chosen to include a broad range of studies with diverse methodologies that provide comprehensive evidence and methodological issues surrounding mentoring and nurse faculty. The steps in Whittemore and Knafl's (2005) methodology include problem identification, literature search, data evaluation, data analysis, and presentation. This five-step process was followed to ensure rigor and standardization in the reporting of findings.

Literature Search

The following nursing, education, and psychology databases were searched: CINAHL, ERIC, PubMed, and PsychInfo. Key search terms were identified by utilizing each database's thesaurus to select search terms that closely correlated with the problem statement. Each database was searched using a combination of the following subject headings and MeSH terms: mentorship, mentors, mentor, nurse faculty, faculty, educational personnel, nurses, nursing, and nursing education. Table 1-1 includes key terms and search strategies for each database.

Eligibility Criteria

Inclusion criteria for the studies included the following: (1) peer-reviewed, (2) quantitative, qualitative methods, (3) mixed method primary research studies, (4) a focus on mentoring programs or relationships, (5) includes nurse faculty currently employed in a nursing program (practical, diploma, associate, bachelor's, and graduate degree) within an academic organization, (6) published in English, (7) set in the United States, and (8) published since 2006. In 2006, the National League for Nursing (NLN) released a position statement supporting the use of mentoring as a strategy to facilitate career development in nurse faculty and build healthy work environments. The importance of the NLN's position statement on the mentoring of nurse faculty includes considerations for the use of mentoring as a recruitment and retention strategy for the nurse faculty shortage, which is expected to accelerate until 2025 (Fang & Kesten, 2017; National League for Nursing, 2006). As a result, a time limit of 2006 was established as eligibility criteria.

Exclusion criteria included the following: (1) a focus on mentoring of nurses, clinical nurse administrators, and nursing students, (2) address mentoring within clinical/hospital settings or academic-practice partnerships, and (3) literature reviews, commentaries, editorials, and opinion pieces. The review was limited to studies set in the United States because many policies and social factors that influence the role development of nurse faculty are driven by national priorities and research occurring in the United States (Nardi & Gyurko, 2013).

Data Evaluation

The initial database search yielded 370 articles and two articles were identified through other sources. Eight duplicates were excluded. The title and abstracts of the remaining 364 articles were reviewed, and 327 were excluded because they did not meet eligibility criteria. The full text of the remaining 37 articles were evaluated and 19 were excluded because they did not meet eligibility criteria. A total of 18 primary source studies were included in the review. All articles were fully read and evaluated for quality and value to ensure association with the purpose of the integrative review. Figure 1-1 presents a PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-analyses) diagram that summarizes study selection (Liberati et al., 2009).

Data Analysis

Data from the 18 primary studies were ordered and summarized into a table in line with Whitemore and Knafl (2005) methodology for integrative reviews. The complete table of the primary research studies included in this integrative literature review is located in the Appendix. Data was coded based on comparing common key findings across the included studies.

Overall, five main topics developed from extracted data: 1) prevalence of mentoring relationships and programs, (2) priorities within mentoring relationships, (3) quality of mentoring relationships and programs, (4) outcomes of mentoring relationships and programs, (5) challenges within mentoring relationships. Each topic and related findings will be explored in-depth, in addition to analysis of the evidence from included literature.

Results

The review included quantitative, qualitative and mixed method studies. Eight studies were quantitative, six studies were mixed method, and four studies were qualitative. Sample sizes ranged from 10 to 959 and primarily included white females who ranged in age between 25 and 73 years. Five samples include exclusively novice nurse faculty who had been in their roles between 1 and 5 years (Anibas et al., 2009; Jeffers & Mariani, 2017; Patterson et al., 2020; Specht, 2013; White et al., 2010).

All studies included nurse faculty currently employed within a school of nursing, and one included the deans/directors or administrators of nursing programs (Agger et al., 2017). The studies examined mentoring in a variety of type of nursing programs. The nurse faculty participants were employed in practical, diploma, baccalaureate, graduate, and doctoral nursing programs, but most were employed baccalaureate nursing programs. Participants were on multiple types of faculty tracks, including tenure track, clinical track, research, and academic staff (i.e. adjunct or clinical faculty).

Major Topics

Prevalence of Mentoring Relationships and Programs

A total of 4 studies (Agger et al., 2017; Anibas et al., 2009; Bruner et al., 2016; Chung & Kowalski, 2012) measure the prevalence of mentoring relationships and programs among nursing programs and nurse faculty. In a descriptive quantitative study, Agger et al. (2017) surveyed a sample of 206 deans and directors from BSN and higher degree schools inquiring about mentorship programs at the school/department and college/university level for new doctorally-prepared faculty (i.e. DNP, PhD prepared faculty). Majority (85%) of deans and directors reported having a mentoring program at the nursing school level with only 18% differentiating mentoring practices for faculty. Almost half (48%) reported the most common practice was assigning mentoring relationships between a senior faculty member and new faculty member. In addition, 45% deans and directors reported mentoring opportunities at the college/university level. These findings demonstrate that majority of nursing programs have some form of mentoring opportunity for new faculty; however, it is important to note that Agger et al. (2017) focused on mentoring opportunities and practices for doctorally-prepared faculty.

In contrast, in a small (N = 10), descriptive qualitative study of teaching academic staff by Anibas et al. (2009), no participants described being in a mentoring relationship. Teaching academic staff were master's-prepared new faculty (three years or less) teaching 50% or more in baccalaureate nursing programs. Through focus group interviews, participants described experiences of being precepted rather than mentored and were not actively pursuing mentoring. Furthermore, participants noted perceived

differences in mentoring opportunities between teaching academic staff and PhD prepared faculty.

In a descriptive quantitative study by Bruner, Dunbar, Higgins, and Martyn (2016) 38 tenure, clinical, and research track faculty members completed online surveys via SurveyMonkey™ to benchmark mentoring priorities and conduct a gap analysis of how well mentoring priorities were being met at a school of nursing. 26.3% of participants reported having an assigned primary mentor, 36.8% had a career mentor and 16% reported having both an assigned primary mentor and a career mentor. Lastly, in a descriptive cross-sectional study, Chung and Kowalski (2012) surveyed 959 full-time nursing faculty across the United States via an online SurveyMonkey™ tool that contained a demographic instrument measuring prevalence of current mentoring relationships among nurse faculty. The average participant was doctorally prepared, untenured, in the rank of assistant professor or clinical assistant professor. The first research question addressed the percentage of nurse faculty being mentored with 40.5% of participants reporting having a current mentor, 59.1% did not have a current mentor, and 0.4% did not respond to the question.

The findings of these four studies describe the prevalence of mentoring relationships and programs within academia for nurse faculty. While many nursing programs do offer mentoring opportunities for faculty, the evidence shows that these opportunities may not be equitable for all nurse faculty. While Agger et al., (2017) had a large, national sample of deans and directors of nursing programs across the United States, these findings were limited to mentoring offerings for doctorally prepared faculty. Conversely, Anibas et al., (2009) found that none of the teaching academic staff

participants were in current, long-term mentoring relationships. Participants also experienced perceived differences in mentoring opportunity based on educational preparation of faculty.

The largest study (N = 959) in this integrative review by Chung and Kowalski (2012) found that less than half (40.5%) of participants were in a current mentoring relationship. Bruner et al., (2016) had similar findings with majority of participants having access to a mentoring opportunity (assigned primary mentor, career mentor or both), however the authors noted that there is a lack of a formal mentoring program for clinical track faculty. In conclusion, studies provide tentative evidence for the prevalence of mentoring opportunity for nurse faculty, but opportunities may not be equitable for those who are master's prepared or on clinical track.

Priorities Within Mentoring Relationships

While mentoring is used as an intervention for career and psychosocial development, nurse faculty have priorities when it comes to being successful in academia. Many nurse faculty enter into faculty roles being expert clinicians but may face gaps in knowledge regarding the tripartite faculty role that includes scholarship, service and teaching. It is essential to include the necessary priorities for mentoring relationships as identified by nurse faculty, as this has implications for developing successful mentoring relationships.

Three studies (Bruner et al., 2016; Gentry & Johnson, 2019; S. K. Smith et al., 2012) describe faculty priorities within mentoring relationships. Bruner et al. (2016) used an online survey tool to benchmark mentoring priorities among 38 nurse faculty members. The top five priorities for mentoring relationships as identified by nurse faculty

participants included: guidance producing timely publications, work-life balance, putting together promotion packages, test writing, and utilizing technology in the classroom. In addition, majority (81.8%) of participants reported that having a mentor is an important need for a successful career and to reach promotion (Bruner et al., 2016).

In a cross-sectional study by Gentry and Johnson (2019), 61 full-time nurse faculty teaching in a baccalaureate nursing program completed an online survey measuring satisfaction with mentoring and the Perceptions of Mentoring Relationships Survey (PMRS). Only nurse faculty who reported having a former or current mentoring relationship were included in the study. Nurse faculty participants reported the most important characteristics of a mentoring relationship were the opportunity to learn from a successful nurse educator, providing advice, being a source of guidance, and having a trusting mentoring relationship.

Smith et al. (2012) surveyed 31 nurse faculty from a multi-campus public university in the Midwest. Participants completed an online survey of the Measure of Precepting and Mentoring (MPM) Scale, which was designed by the researchers. The study aimed to describe the perceptions of precepting and mentoring among nurse faculty and academic staff and to understand the organization's support of faculty precepting and mentoring needs. Findings were reported by faculty participants' self-identified career stage (early-, mid-, late-career), nurse faculty or academic staff, and if they primarily worked on the main campus or distance-site campus. Overall, faculty had less agreement with MPM items than academic staff, and individuals on the main campus agreed less with items than distance-site individuals. In addition, differences were found between faculty and academic staff on the late-career subscale and between main campus and

distance-site faculty on both the late-career subscale and the culture and outcomes subscale. These findings demonstrate that precepting and mentoring needs change over time, especially for faculty in late-career stages.

Overall, three studies described mentoring relationship priorities as reported by nurse faculty. Bruner et al. (2016) found that nurse faculty prioritize specific responsibilities of the faculty role to be addressed in a mentoring relationship. Identified priorities involve specific aspects of the tripartite faculty role (i.e. scholarship and teaching) in addition to work-life balance as a faculty member. These findings describe career-specific development needs of nurse faculty in academia. Smith et al. (2012) findings provide evidence for how perception of precepting and mentoring needs change over the course of one's career.

In contrast, Gentry and Johnson's (2019) findings examined importance of mentoring relationship characteristics as reported by nurse faculty. However, these findings describe the psychosocial components of mentoring relationships. Learning from a successful nurse educator, providing advice, guidance and trust are similar to Kram's (1985) seminal definition of mentoring functions. While all identified priorities are important for successful mentoring relationships, the three articles provide tentative evidence for two distinct priorities for mentoring relationships as identified by nurse faculty: specific career development needs over time and psychosocial characteristics.

Perceived Quality of Mentoring Relationships

While the benefits of mentoring are widely known, the quality of mentoring relationships can differ due to the intricacies of the interpersonal aspect within the mentoring dyad. Two studies (Chung & Kowalski, 2012; Gwyn, 2011) examined the

perceived quality of mentoring relationships as experienced by nurse faculty. In addition to an online demographic instrument, Chung and Kowalski (2012) also utilized Dreher and Ash's Mentoring Scale to measure quality of mentoring relationships among a subsample (n = 375) from the large national sample of nurse faculty. Majority (75.7%) of nurse faculty participants reported that mentoring quality was "good" in their current mentoring relationship. 19.5% of participants reported mentoring quality was "fair" and 4.8% reported "poor" mentoring quality. On the Dreher and Ash Mentoring Scale, the two highest rated aspects of perceived quality within mentoring relationships were: the extent the mentor conveyed feelings of respect to the protégé as an individual, and the extent that the mentor has served as a role model.

In a cross-sectional correlational study of 133 full-time nursing faculty in Florida, Gwyn (2011) administered two online surveys including Allen and Eby's Quality of Mentoring Relationships tool and Blau's Occupational Commitment 2000 Instrument. Gwyn (2011) presented six hypotheses examining the relationship between mentoring and organizational commitment and years of employment in the professoriate. A significant relationship was found between the quality of mentoring relationships and the affective occupational commitment of nursing faculty. Affective commitment is the feeling of attachment one has toward their occupation, while normative commitment is having a sense of obligation to stay in an occupation (Gwyn, 2011). In contrast, simply having a mentor and mentorship over time were not predictive of affective or normative occupational commitment.

Overall, the two studies provide strong evidence for the perceived quality of mentoring relationships among nurse faculty in mentoring relationships. Majority of

participants reported perceived “good” quality within their current mentoring relationships, with the highest rated aspects of a quality mentoring relationship being feelings of respect and the mentor serving as a role model (Chung & Kowalski, 2012). In addition, quality of mentoring relationships was found to have a correlation with affective occupational commitment of faculty (Gwyn, 2011). The evidence of perceived quality of mentoring is an important, as a large sample of participants reported “good” quality within their current mentoring relationships, which can impact the feeling of attachment in their faculty role. Respect and role modeling also provide evidence for what specific aspects of the mentoring relationship had the highest perceived quality among nurse faculty protégés.

Outcomes of Mentoring Relationships and Programs

The vast majority of articles (n = 13) included in this integrative review examined outcomes of mentoring relationships or mentoring programs. Mentoring is widely recommended among disciplines, including nursing for the multiple benefits of effective mentoring relationships and programs. The outcomes of mentoring relationships and programs are vital to understand how mentoring relationships can benefit nurse faculty.

Thirteen studies measured faculty outcomes of mentoring, with four quantitative studies examining outcomes among nurse faculty in academic organizations (Chung & Kowalski, 2012; Gentry & Johnson, 2019; Shieh & Cullen, 2019; Specht, 2013), three qualitative studies (Patterson et al., 2020; White et al., 2010; Wilson et al., 2010), and six mixed-method studies (Brody et al., 2016; Hulton et al., 2016; Jeffers & Mariani, 2017; McBride et al., 2017, 2019; Swanson et al., 2017). Five studies (Brody et al., 2016; McBride et al., 2017, 2019; Patterson et al., 2020; Swanson et al., 2017) examined

studies outcomes of national mentoring programs for nurse faculty and two measured outcomes of mentoring programs within specific nursing programs (Hulton et al., 2016; Shieh & Cullen, 2019).

Majority of quantitative and mixed-method studies administered online surveys, with a diverse mix of measurement tools. Two studies (Hulton et al., 2016; Shieh & Cullen, 2019) used Allen & Eby's Mentoring Quality Scale to evaluate specific mentoring program outcomes within schools of nursing during or at the end of program participation. Other measurement tools included: Dreher and Ash's Mentoring Scale, Gmelch's Faculty Stress Index, Spreitzer Psychological Empowerment Scale, National Survey of Post-secondary Faculty instrument (Chung & Kowalski, 2012), the Perceptions of Mentoring Relationships Survey (Gentry & Johnson, 2019), Mariani Nursing Career Satisfaction Scale (Jeffers & Mariani, 2017), Mentorship Effectiveness Scale (McBride et al., 2017, 2019), and Rizzo, House and Lirtzman's role conflict and role ambiguity scale (Specht, 2013). The mixed-method studies that measured outcomes of national mentoring programs used online, researcher created evaluation surveys (Brody et al., 2016; Swanson et al., 2017), while McBride et al. (2017, 2019) utilized the Mentorship Effectiveness Scale with open-ended questions.

Lastly, three qualitative studies explored outcomes of mentoring programs. Two qualitative studies (White et al., 2010; Wilson et al., 2010) utilized focus groups with phenomenology and one study (Patterson et al., 2020) used qualitative thematic analysis techniques from open-ended questions. Each study will be examined, and findings of outcomes of mentoring relationships or mentoring programs will be presented. Due to the

number of studies that focused on mentoring relationship and program outcomes, findings will be organized by subthemes.

Job Satisfaction. Two studies (Chung & Kowalski, 2012; Jeffers & Mariani, 2017) examined mentoring relationships and the impact on job satisfaction among national samples of nurse faculty. Chung and Kowalski (2012) reported that nurse faculty who were mentored had higher job satisfaction than those who were not mentored. In addition to job satisfaction, mentored faculty were also found to have higher psychological empowerment and less job-related stress than those who were not mentored. Conversely, Jeffers and Mariani (2017) surveyed 124 nurse faculty from undergraduate and graduate nursing programs across the United States and found that there were no significant differences in job satisfaction and intent to stay between those who participated in a mentoring relationship and those who did not. Thus, it seems that the findings are mixed leading to tentative evidence for the impact of mentoring on job satisfaction as an outcome of mentoring relationships among nurse faculty.

Role Conflict and Ambiguity. One study (Specht, 2013) explored the effect of mentoring on role conflict and role ambiguity among 224 full-time novice nurse faculty from baccalaureate or graduate nursing programs throughout the United States. Novice nurse faculty who were mentored had lower role conflict and role ambiguity scores than those who were not mentored. In addition, mentoring quality was inversely associated with role conflict and role ambiguity levels, meaning that those who report high quality mentoring had lower levels of role conflict and ambiguity. While Specht's (2013)

findings provide tentative evidence for a decrease in role conflict and role ambiguity in mentored nurse faculty, this is the only study addressing these specific outcomes of mentoring relationships.

Satisfaction with Mentoring. Gentry and Johnson (2019) studied the levels of satisfaction with mentoring among a state-wide sample of full-time nurse faculty. Using the Perceptions of Mentoring Relationships Survey, participants were most satisfied with trust in their mentor and mentoring relationship. In contrast, advising on achieving professional goals was rated the lowest level of satisfaction with mentors and in the mentoring relationship. Although Gentry and Johnson's (2019) findings describe nurse faculty satisfaction with their mentors and mentoring relationships, the evidence is tentative for overall satisfaction as an outcome of mentoring relationships as more research is needed.

Outcomes of Specific Mentoring Programs. Several studies evaluated outcomes of specific mentoring programs. Two studies (Hulton et al., 2016; Shieh & Cullen, 2019) reported outcomes of specific school of nursing mentoring programs and used Allen and Eby's Quality of Mentoring Scale to measure outcomes of mentoring dyads. Overall, both programs reported high-quality mentoring relationships among mentees and Hulton et al. (2016) also found that mentors also reported high-quality mentoring relationships. In addition to mentoring quality, Shieh and Cullen (2019) also measured specific program outcomes related to academic promotion and scholarship productivity. Overall, mentees were found to have significant increases in knowledge of the academic promotion process, mentoring quality, mentoring learning, and scholarship productivity over time. Increases in published peer-reviewed papers, referred conference

presentations, awards and grants were all reported, with 62.5% of participants in Cohort I being successfully promoted to clinical associate professor.

Several studies evaluated national mentoring programs, with three studies evaluating different aspects of the Robert Wood Johnson Foundation Nurse Faculty Scholars (RWJF NFS) program (McBride et al., 2017, 2019; Swanson et al., 2017). Two studies (Brody et al., 2016; McBride et al., 2017) evaluated program and mentor efficacy as perceived by scholars (i.e. mentees). In the National Hartford Center for Gerontological Nursing Excellence (NHCGNE) peer mentoring program, both mentors and mentees reported perceived effectiveness with 64.7% and 72.7% finding perceived value of the program respectively, and 95% of mentees would recommend the program (Brody et al., 2016). In the RWJF NFS program, mentees reported effectiveness for all three program mentors based on a maximum score of 60 on the Mentorship Effectiveness Scale: primary mentor (54-58), research mentor (52-57), and national mentor (49-59) (McBride et al., 2017).

In contrast, Swanson et al. (2017) also studied the RWJF NFS program, but explored the outcomes of mentoring and effectiveness of primary mentors. Program outcomes found that mentors reported affirmation (94.12%), scholar's academic success and careers prospered (70.59%), and universities enjoyed the scholars' contributions (45.1%) as a result of mentoring relationships. Mentor effectiveness correlated with mentee outcomes such as achieving dyad goals, meeting end of program goals, being a champion for nursing education and making a knowledge contribution in health and health care. Lastly, mentors rated the mentoring relationships effective in achieving the dyad's goals.

Another study by McBride et al. (2019) surveyed RWJF NFS scholars to explore if mentoring received during the NFS program influenced subsequent mentoring. Overall, NFS scholars reported that providing direction to mentees regarding professional issues was most shaped by mentoring experiences (89.7%), with majority of scholars more likely to engage in constructive feedback (76.9%), acknowledgement of mentee's work (79.5%), suggesting resources (79.5%), and challenging abilities of mentees (79.5%) as a result of the NFS program.

In addition, one study (Patterson et al., 2020) used a qualitative descriptive approach to explore the experiences of novice nurse faculty in the Sigma Theta Tau International and Elsevier Foundation Nurse Faculty Leadership Academy (NFLA). Furthermore, two qualitative studies (White et al., 2010; Wilson et al., 2010) used a phenomenological approach primarily using focus groups to explore outcome of mentoring from the perspective of both protégés and mentors. The results of these studies compliment and expand upon quantitative results regarding mentoring program outcomes.

Participants in qualitative studies identified the following outcomes of mentoring programs: connectedness in the mentoring relationship, reported value and benefit to the mentoring program (White et al., 2010; Wilson et al., 2010); inclusion and being able to function more effectively in the educator role (White et al., 2010); finding an authentic leadership voice through increased self-awareness and self-confidence, identifying inner strengths, and emotional competence (Patterson et al., 2020); reciprocal learning and sharing wisdom (Wilson et al., 2010). Qualitative findings describe the perceived positive outcomes of mentoring programs as experienced by protégés and mentors.

In conclusion, the evidence is strong for positive outcomes of mentoring programs among nurse faculty. While specific evidence is tentative related to mentoring outcomes such as job satisfaction, role conflict, role ambiguity, and satisfaction within the mentoring relationship, this is mainly due to limited research on these specific outcomes. In contrast, several studies evaluated specific mentoring programs that provide strong evidence that nurse faculty participants in formal mentoring programs experience high-quality, effective mentoring relationships that increase knowledge and productivity. Qualitative findings provide support for the positive outcomes of mentoring programs. Qualitative research participants reported finding value and benefit to mentoring programs, connectedness, and an increase in self-awareness, self-confidence, and emotional competence.

Challenges within Mentoring Relationships

Two mixed-method studies (Hulton et al., 2016; Jeffers & Mariani, 2017) explored challenging experiences within mentoring relationships through qualitative methodology. Hulton et al. (2016) studied mentoring dyads' experiences in a department-based, new faculty mentoring program through focus groups. One of the two main themes of the qualitative findings was "Challenging Aspects of the Mentor/Mentee Process". Mentors reported the need to be proactive within the mentoring relationship, and experiencing role confusion between being a mentor and an experienced faculty member, friend, or course coordinator. Mentees reported uncertainty about the faculty role and transition, self-identified knowledge gaps, difficulties in scheduling mentoring meetings, and the desire for a more structured mentoring program. The other main theme

of “Evolution of the Relationship” focused on positive aspects in the mentoring relationship, in which participants described budding friendship and support.

Similarly, Jeffers and Mariani (2017) explored the effects of mentoring programs on career satisfaction and intent to stay among 124 novice nurse faculty. However, the mixed-method study included open-ended questions that were analyzed for content analysis. One major theme of “Navigating Academia” was identified. Participants who were mentored reported support within in their mentoring relationships, but also described the transition from clinical to academia as challenging and sought out peer groups to help with the transition. Furthermore, many participants reported a lack of mentoring or ineffective mentoring behaviors such as bullying and incivility that led to feelings of abandonment, being alone, anxiety, and stress.

The challenges within mentoring relationships describe the nuances of mentoring as an interpersonal relationship. Unfortunately, some participants described incivility within mentoring relationships leading to negative feelings of anxiety and stress. It is also important to note that both studies focused on new faculty who reported challenges with the transition as a faculty member in addition to difficulties in mentoring relationships (Hulton et al., 2016; Jeffers & Mariani, 2017). While participants did report feeling supported by mentors, evidence indicates that nurse faculty experience a challenging transition period as new faculty, difficulty in scheduling mentoring meetings or an overall lack of mentoring opportunities, similar to qualitative findings by Anibas et al. (2009).

Discussion

The purpose of this integrative review was to summarize and synthesize the research regarding mentoring relationships and mentoring programs in academia for nurse faculty. Despite wide variations in study design, measurement tools, and settings, most studies provided strong evidence for the perceived quality within mentoring relationships, outcomes of specific mentoring programs, and challenges within mentoring relationships. However, tentative evidence supports the prevalence of nursing programs, and nurse faculty priorities within mentoring relationships.

The strongest evidence for outcomes of mentoring were in studies that evaluated specific mentoring programs. Four studies (Brody et al., 2016; McBride et al., 2017, 2019; Swanson et al., 2017) provided robust, quantitative evaluation from protégés and mentors who participated in national mentoring programs. Therefore, it seems that formal mentoring programs that evaluated outcomes among participants provide the most evidence for mentoring outcomes in the literature. However, it is important to note that the national mentoring programs included in this integrative review (i.e. NHCGNE, RWJF NFS and NFLA) are administered by external organizations and participants are selected through a competitive application process.

In contrast, Hulton et al. (2016) and Shieh and Cullen (2019) report high-quality mentoring relationships and positive outcomes such as increased scholarship productivity in department/school level mentoring programs open to new nursing faculty or clinical track nursing faculty. Based on Agger et al. (2017) findings that 85% of deans and directors report mentoring programs at the department/school level, it seems that research — albeit providing evidence for high quality mentoring and positive outcomes — is

limited at the department/school level when majority of nursing programs are reporting availability of mentoring programs. Therefore, additional research is needed to evaluate outcomes of mentoring programs at the department/school level to examine current opportunities for nurse faculty within specific academic organizations.

One of the most considerable inconsistencies present in the literature was the opportunity for nurse faculty to participate in formal, structured mentoring programs with a designated mentor. While Agger et al. (2017) had a large, national sample of nursing programs that reported wide availability of mentoring programs at the school/department and university level, these findings conflict with the numbers of faculty who have access to or are currently in mentoring relationships and programs. Studies show limited opportunity for mentoring among clinical track faculty and teaching academic staff (Anibas et al., 2009; Bruner et al., 2016; Shieh & Cullen, 2019).

Unfortunately, nurse faculty face adverse outcomes due to a lack of mentoring, such as horizontal hostility, lack of motivation, dissatisfaction, and lower scholarly productivity (Dunham-Taylor et al., 2008; Nick et al., 2012; Potter & Tolson, 2014). To fill this gap, many nurse faculty establish alternate methods of mentoring such as peer or informal mentoring (Anibas et al., 2009; Jeffers & Mariani, 2017; S. K. Smith et al., 2012). Despite a large number of nurse faculty seeking out informal mentors to fill the absence of formal mentoring programs, there was a lack of research devoted to informal mentoring relationships. Research is needed to explore the role of the informal mentor and the process of how nurse faculty seek informal mentors. In conclusion, while the literature provides strong evidence for high-quality mentoring, mentoring program outcomes and challenges faced in mentoring relationships, other evidence regarding

prevalence and nurse faculty priorities in mentoring relationships is tentative due to the overall lack of research on mentoring among nurse faculty in academic organizations.

Limitations

A limitation of this review includes the narrow population in study characteristics. A vast majority of faculty included were white, middle-aged females. While the sample characteristics are consistent with the latest census data for nurse faculty (National League for Nursing, 2019), a need to increase diversity in study demographics is needed. Increasing diversity is especially important in the academic setting, as Rosser (2004) reports gender and race bias impacts salary, workload, and job satisfaction. In a qualitative study of minority nurse faculty, Kolade (2016) reports minority faculty members described an overall lack of mentoring and collegial support. Therefore, minority faculty members could greatly benefit from high-quality, effective mentoring relationships. Increasing access and opportunity to mentoring is vital to support inclusion within academic organizations.

Conclusion

At this time, universities and nursing programs are experiencing faculty shortage, which has implications for the discipline of nursing, higher education, and the health care system. An overarching goal of exploring mentoring relationships is to identify opportunities for nurse faculty that can assist in a successful transition into the nurse faculty role, including career development and organizational advancement. Accessible, high-quality, and effective mentoring is needed to retain nurse faculty and cultivate inclusive and productive academic organizations. Through this integrative review, the evidence for prevalence, quality, faculty priorities, outcomes and challenges of mentoring

relationships and programs was discussed. Many positive effects of mentoring were examined, but challenges within mentoring relationships and conflicting availability of mentoring programs were also prevalent in the literature.

The benefits of mentoring are well documented, but the implementation and evaluation of mentoring relationships and school/department based mentoring programs are lacking. Effective mentoring relationships foster career advancement, academic productivity, and higher job satisfaction; however, not all nurse faculty have the opportunity to experience the benefits of mentoring. Furthermore, little is known about how the process of mentoring impacts novice nurse faculty in their transition into academia. Once nurse researchers begin to study additional aspects of mentoring relationships, then academic nurse leaders and nursing programs can build relationship-focused, collaborative, and inclusive organizations for nurse faculty.

Figure 1-1

PRISMA Diagram for Exploring Mentoring and Nurse Faculty

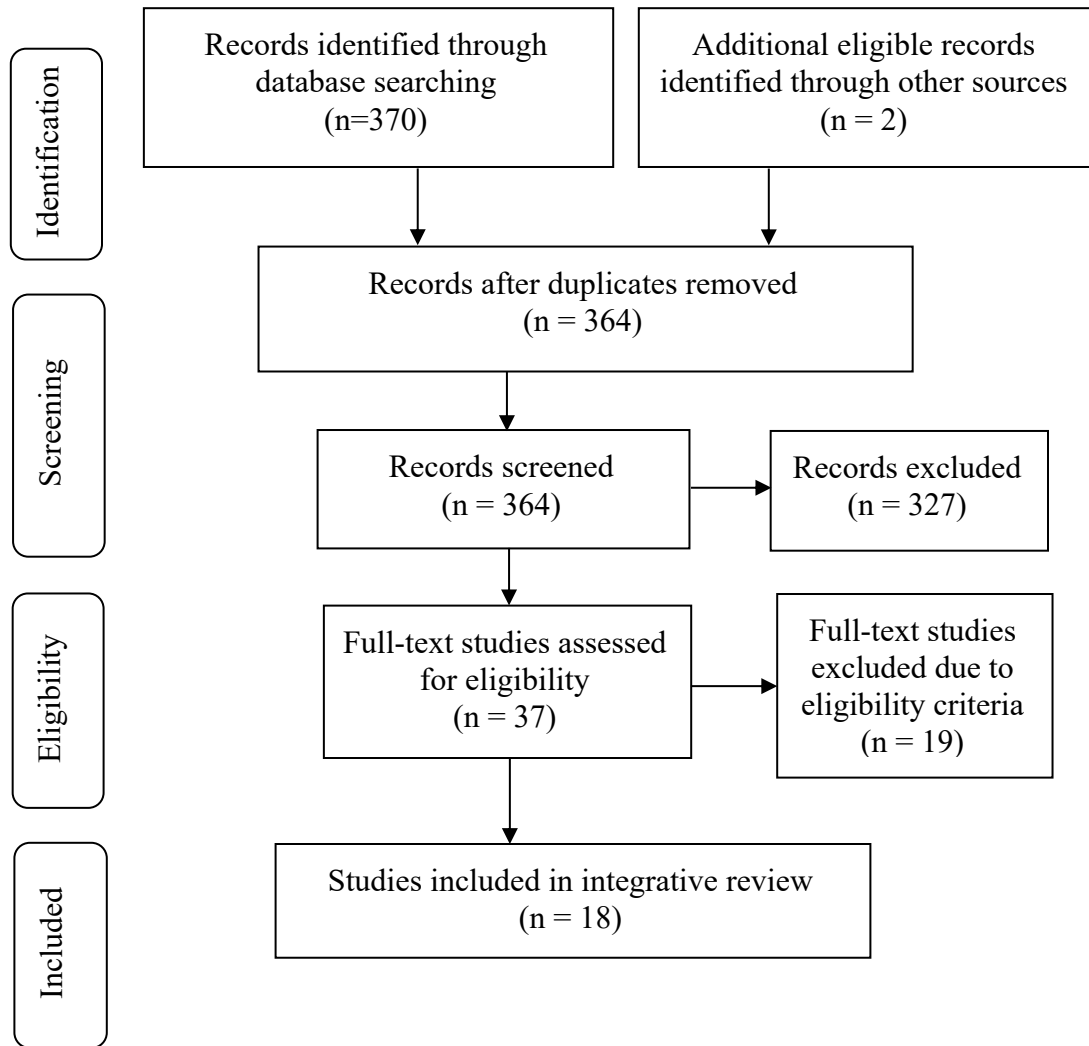


Table 1-1

Literature Search Databases and Search Terms

Database	Key Search Terms
CINAHL	<ul style="list-style-type: none">• Faculty, nursing, AND mentorship
ERIC	<ul style="list-style-type: none">• Mentors AND faculty AND nurses OR nursing AND nursing education
PubMed	<ul style="list-style-type: none">• Mentor• Nurse faculty
PsychInfo	<ul style="list-style-type: none">• Mentor AND nurses AND educational personnel

CHAPTER 2: PILOT STUDY

The nurse faculty shortage has plagued schools of nursing since it was first reported in 2005 (LaRocco, 2006). Now, thirteen years later, the outlook remains dismal, with over one-third of current faculty projected to retire in the next ten years (Fang & Kesten, 2017). The nurse faculty shortage is a complex problem that extends beyond a lack of qualified candidates. Poor job satisfaction, alternative career choices, non-competitive salaries, debt due to obtaining a terminal degree and lack of formal preparation for teaching are frequently cited as challenges for nurse faculty (National Advisory Council on Nurse Education and Practice (NACNEP), 2010; Smeltzer et al., 2014).

The AACN, reports that the nursing workforce is expected to grow by 7% by 2029 (American Association of Colleges of Nursing, 2020b). Due to the nursing faculty shortage, nursing programs must limit the acceptance of qualified applicants that can help alleviate the greater nursing shortage. The nurse faculty shortage is a multifaceted problem that does not have a simple solution. Many of the contributing factors to the shortage have solutions that are difficult to overcome. However, supportive mentoring, a structured orientation process, and socialization experiences can help promote job satisfaction and ease the transition from clinician to nurse faculty (Chung & Kowalski, 2012; McDonald, 2010; Siler & Kleiner, 2001; Specht, 2013; White et al., 2010).

Background

Learning the nurse faculty role is a dynamic process that requires acclimating to the academic new environment and developing a professional skill set, such as conducting research or teaching. For nurses who do choose faculty roles, the transition from other nursing positions into academia is often laden with feelings of anxiety and

stress which can lead to job dissatisfaction (Chung & Kowalski, 2012; Lee et al., 2017; Smeltzer et al., 2014). The academic environment and organizational characteristics have been found to play a role in job satisfaction and turnover. Formal mentoring programs and interpersonal relationships are organizational characteristics that can affect the job satisfaction and transition of nurse faculty (Derby-Davis, 2014; Gormley & Kennerly, 2011; Roughton, 2013; Tourangeau et al., 2014).

Mentoring is a strategy used to assist novice nurse faculty with acclimating and developing into their new role through a supportive relationship with a seasoned faculty member (Grossman, 2013; Lee et al., 2017; Nick et al., 2012). Mentoring has long been promoted in the literature and within nursing organizations as a tool for socialization, professional development, and learning the roles and responsibilities of nurses (Grossman, 2013; Mijares et al., 2013; Olson, 2014). Mentoring has shown positive outcomes with job satisfaction, affective occupational commitment, decreased role conflict and ambiguity, increased knowledge of promotion processes, and increased productivity (Chung & Kowalski, 2012; Gwyn, 2011; Shieh & Cullen, 2019; Specht, 2013).

Despite many nursing schools reporting availability of mentoring programs for doctorally-prepared faculty, many nurse faculty report a lack of mentoring relationships or established mentoring programs leading to an inconsistency in prevalence of mentorship for nurse faculty in academia (Agger et al., 2017; Anibas et al., 2009; Bruner et al., 2016; Chung & Kowalski, 2012). Furthermore, faculty who have been mentored often face challenges within mentorship relationships such as relationship uncertainty,

difficulty in scheduling mentoring meetings, lack of mentoring program structure, and ineffective mentoring behaviors such as poor communication, incivility, and abandonment leading to anxiety and stress (Hulton et al., 2016; Jeffers & Mariani, 2017).

Mentoring has been established as a best practice in nursing, but a gap exists in understanding the process of mentoring as experienced by novice nurse faculty. While the literature supports outcomes of mentoring, evidence is tentative for the prevalence of mentoring programs, priorities within mentoring relationships, mentorship quality, and challenges within mentoring relationships. In addition, much of the literature regarding mentoring and nurse faculty does not necessarily focus on the process of the mentoring relationship and how mentorship develops for novice nurse faculty entering academia. The literature is also conflicting with the outcomes of mentoring as some nurse faculty report ineffective mentoring behaviors within mentoring relationships.

With these inconsistencies in mentoring and mentoring literature, a critical need exists to explore what processes occur within mentoring relationships in the social context of academia that influences the transition of novice nurse faculty into faculty roles. Kram's (1985) seminal work in mentoring highlights four phases of the mentoring relationship that occur in workplaces: initiation, cultivation, separation, and redefinition. For this pilot study, a focus on the mentoring process in the beginning stages of initiation and cultivation will be explored. Focusing on the initial phases of mentorship will guide this grounded theory study on the process of mentorship initiation and development among novice nurse faculty in academia.

Study Purpose

The purpose of this study is to pilot the methodology and procedures for a larger grounded theory that will describe how mentoring relationships, as experienced by novice nurse faculty, unfold. The importance of this study is to better understand the process of mentoring relationships among novice nurse faculty in academia. Exploring the process of mentoring relationships through a grounded theory methodology brings a new and fresh perspective by focusing on the initial phases of mentoring as experienced by novice nurse faculty in academia. Most qualitative studies use a phenomenological methodology to study the experience of mentorship in academia. However, this pilot study utilizes a grounded theory methodology to develop a theoretical framework to explore how novice nurse faculty navigate academia through mentorship.

Method

Design

A grounded theory approach was chosen as it is a systematic and flexible method that allows the researcher to construct nursing practice or middle-range theory from data (Charmaz, 2014). Grounded theory is a method that focuses on describing psychosocial processes and uses constant comparative methods to develop a theoretical framework that explains human behavior (Charmaz, 2014; Munhall, 2012). Since mentoring is an experience shared by many novice faculty members, occurs in the social context of academia, and involves psychosocial interactions between the mentor and protégé, grounded theory can help explore the process by which mentoring influences the

transition into the faculty role. To support the flexible nature of grounded theory and to support a space for open dialogue, intensive interviewing was used as recommended by Charmaz (2014).

Sample and Setting

In grounded theory, persons who have knowledge of the phenomenon being studied and can articulate their experiences, rather than persons selected randomly from a population comprise the sample (Draucker, 2019). For this study, the sample included four (n=4) current full-time nurse faculty who self-reported knowledge of mentoring relationships. All participants were in their first academic position with three years or less in the current faculty position to highlight the unique experiences of novice nurse faculty. Including faculty with less than three years in the current faculty position is consistent with Brown and Sorrell's (2017) definition of novice nurse faculty. Inclusion criteria included: currently employed, full-time nurse faculty; in their first academic clinical or tenure-track position; employed three years or less in the current faculty position.

The setting for this study included a large, research-based public university with multiple campuses, each of which has a school of nursing. The faculty were recruited via direct email distribution after approval from school administrators and the university's Institutional Review Board (IRB). Participants responded to the investigator via email with interest in participating in the study and were then provided the study information sheet, which contains the purpose and procedures for the study, interview questions, risks, and benefits of participation. A mutual time was agreed upon between participants and the investigator for the interviews.

All participants verbally consented to participate and shared their knowledge of mentoring as novice nurse faculty. Table 2-1 includes demographic information regarding pilot study participants. The sample included Caucasian females with the mean age of 39 years old who taught in baccalaureate nursing programs. The race and gender of the sample reflect the national demographics for nurses (National League for Nursing, 2019); however, this study's sample was younger than the mean age of full-time nurse faculty in the United States, which is 49.6 years old for master's-prepared faculty (American Association of Colleges of Nursing, 2020a).

Data Collection and Analysis

For this study, intensive interviewing was used for data collection. Intensive interviewing is a qualitative research method that gathers data through a participant-led conversation that seeks to gain perspective on one's personal experience, meaning, and situation with the phenomenon (Charmaz, 2014). The investigator conducted interviews via university supported online video conferencing (Zoom™) with nurse faculty in a private environment with the door closed. Online video conferencing was utilized for interviews, as all participants were in different geographic locations than the investigator. Nurse faculty were asked basic demographic questions and several questions in line with procedures for grounded theory research to explore the process of mentoring as a novice nurse faculty member. The complete interview guide is provided in Table 2-2. All interviews were audio and video recorded and transcribed for data analysis into Microsoft Word™.

Participants' identity is held in confidence as identifying characteristics were removed during interview transcription by the investigator. All interview transcriptions

were stored in a password-protected, secure, university-supported cloud storage program. After data analysis was completed, the investigator destroyed audio and video recordings. In keeping in line with grounded theory, the constant comparative method of data analysis will be utilized and includes comparing data from the intensive interviews from the emerging categories throughout the process (Creswell & Poth, 2018). Charmaz's (2014) four-step systematic procedures were utilized for data analysis, including initial coding, focused coding, axial coding, and theoretical coding. In addition, Table 2-3 includes Charmaz's (2014) pertinent evaluation criteria for grounded theory and specific examples of how criteria were met for this study.

Results

The final analytic product is a theoretical framework titled, *Novice Nurse Faculty Experiences with Mentoring* (Figure 2-1). The theoretical framework consists of three phases through which novice nurse faculty experience mentoring. Each of the three phases is described with verbatim quotes that support study findings. All participants described a distinct process of mentoring that helped navigate the new role of nurse faculty and academia. Interestingly, none of the four participants were in a formal, structured mentoring program or relationship, resulting in the development of informal mentoring relationships. All participants identified the need for a mentor early on to provide support and to learn the nurse faculty role. Participants described the process of *identification* of an informal mentor, *interactions* within the relationship, and the *influence* of the mentor relationship on the transition into the nurse faculty role.

Phase One: Identification of Mentoring Relationship

Since none of the participants had the opportunity to participate in a formal mentoring program nor were assigned a formal mentor upon hire, the process of mentoring relationships began by the novice nurse faculty member actively seeking out a mentor and initiating a mentoring relationship. After the participant identified a mentor, the relationship was determined by the willingness and approachability of mentors to answer questions, share knowledge and resources, and to help the novice nurse faculty member navigate academia.

Initiation of the Mentoring Relationship

All participants were currently in informal mentoring relationships with a more experienced faculty member. When asked how many mentoring relationships participants were currently in, the response varied widely between participants from one to five mentoring relationships. However, during the interviews, participants primarily focused on one to two identified informal mentoring relationships.

All participants described that the identified mentors had all made initial contact during the first few days in the nurse faculty role. Initial contact was made by the mentors at the beginning of the semester to discuss course assignments and semester expectations. Interestingly, three mentors were in an identified leadership role (i.e., course leader or director), while another mentor was assigned to co-teach with the novice nurse faculty.

Also, three participants noted that they had a previous professional connection to their mentor through either graduate school or a clinical nursing job. This previous professional connection opened the door for participants to interact with experienced

nurse faculty, leading to a natural identification of this faculty member as an informal mentor. One participant stated,

We didn't have any working relationship, so him reaching out to me, I felt more comfortable talking to him because I kind of already knew who he was. He wasn't like a brand-new person. So, I would say the relationship started out with him reaching out to me about the course ...

Novice nurse faculty thus linked the initiation of the mentoring relationship to an experienced nurse faculty member who was an identified leader and made initial contact. Furthermore, the majority of participants also found that a previous professional connection helped initiate the mentoring relationship.

Determining the Mentoring Relationship

The majority of participants reported that their mentor was approachable and happy to answer questions, which resulted in ease of seeking advice, information, and resources from the mentor. Participants shared that they learned to be proactive in asking questions and that the faculty they identified as a mentor helped answer questions and shared resources. One participant stated,

I feel I can go to her with questions and not feel silly for asking anything ... I feel like initially, she made me feel very welcome here, just making sure to make it a point to say something to me regardless if I had a question or not ...

In all of the mentoring relationships, participants shared that the relationship was determined as a way to navigate academia with an experienced faculty member who was willing and able to answer questions, and to share knowledge and resources.

The novice nurse faculty actively worked to identify a mentor early on in their new roles because of a wide variety of experiences that participants reported with

orientation programs. To begin, one participant shared the feeling of being underprepared due to an overall lack of a formal orientation program at the start of the semester stating,

I don't think sometimes others or administrative roles, per se, realized, 'Oh! We didn't tell them that.' Because there isn't a true, official, step-by-step orientation or mentorship established. It's not official.

In addition, another participant shared that she was comfortable with teaching students due to her clinical expertise but lacked an orientation to the academic environment (i.e., university, school, clinical partners), resulting in learning the faculty role “the hard way”. The participant shared that another instructor in a different course provided faculty with a checklist of things to complete prior to the start of the semester. However, the checklist was not consistent between courses. Not having a tangible checklist and "scrambling" for information resulted in the novice nurse faculty seeking the assistance of an informal mentor to help with the navigation of the faculty role and academic environment.

Three participants spoke about the importance of attending faculty meetings early on, but knowledge gaps persisted among novice nurse faculty about academia or the faculty role. One participant shared,

It was very overwhelming. I kind of feel like when I go to meetings now, if I go to a staff meeting and I don't know a lot of what they're talking about at meetings, because you know all of the abbreviations and stuff we use for this and that. I'm like, 'I have no clue. I don't know what those are.' I just feel like I'm way behind my other peers ...

The knowledge gap created due to inconsistencies in orientation programs led novice nurse faculty to proactively seek an informal relationship with a self-identified mentor within a few weeks of their new roles as nurse faculty members. As a result, novice nurse faculty determined informal mentoring relationships with more experienced faculty as a

way to gather information, seek knowledge and resources from an experienced faculty member, and to navigate academia.

Phase Two: Interactions

After novice nurse faculty identified a mentor in the academic environment, participants explained how interactions supported the mentoring relationship. Two distinct processes were described by participants: how initial interactions supported the development of new skill sets, troubleshooting issues, and navigation of the academic environment; and how the accessibility and availability of the mentor led to different modes of communication and opportunities to interact with the mentor in the academic environment.

Initial Interactions

After the identification phase, novice nurse faculty shared experiences about their initial interactions with mentors leading to commonalities among participants regarding the process of mentoring. Despite being expert nurses in the clinical environment, all participants were novices to the nurse faculty role and were actively learning new skill sets (i.e., teaching, research) to be successful faculty members. For example, participants reported learning classroom and clinical management skills, exam writing, developing lectures, creating and implementing new simulations, and research. Thus, novice nurse faculty described initial interactions with mentors included troubleshooting, validation, feedback, and confidence to support the development of new skill sets for the nurse faculty role. One participant shared an interaction of troubleshooting a student issue in clinical, feeling validated in her concern and receiving follow-up from her mentor,

I think for another one of the student issues, situations that it was like, 'Yeah, I see this could really be potentially a problem, and yeah, I think it's valid.' So, I mean, I think it's just more of that talking it through, validating that it's something that needed to be addressed, and then asking 'How did it go?' and just that follow-up with it, I think that was nice.

Another participant shared a positive interaction with her mentor regarding developing course content,

She's [the mentor] like, 'I trust you. You develop what you want to do, and you can run it by me before class. I trust whatever decision you make ... you choose.' So, it's given me more autonomy, I guess you could say. But then also just instilling that confidence in me from the beginning.

These interactions support the novice faculty member in developing new skill sets while receiving validation, confidence, and follow-up from the mentor. Positive initial interactions in the mentoring relationship provide support and confidence. As a result, a safety-net is created for novice nurse faculty while learning the nurse faculty role and navigating academia.

Furthermore, mentors who demonstrated empathy in interactions put novice nurse faculty at ease with asking questions and troubleshooting issues. Two participants shared interactions with mentors being empathic to novice nurse faculty who were learning the faculty role. One participant shared,

So, at one point, I had a couple more questions. I said, 'Sorry for all the questions. It's just, I guess, I got the basic training, and didn't realize all this backend stuff.' So, her [mentor] response back was 'Oh, no problem. Someone showed me the first year I was teaching too.' So, it didn't make me stupid anymore. It was more like, 'Oh yeah, fine! I can understand why you don't know that yet' ...

This interaction put the novice nurse faculty member at ease with approaching the mentor and asking questions. Another participant who shared a similar experience with her mentor who demonstrated empathy and how this made her feel welcome in academia.

The importance of positive interactions between novice nurse faculty and mentors is two-fold. In essence, participants received validation and confidence from their mentors while learning a new skill set or troubleshooting issues. As a result, novice nurse faculty felt comfortable in approaching their mentors with questions in the unfamiliar academic environment.

Types of Interactions

Novice nurse faculty discussed the types of interactions with mentors that occurred in the mentoring relationship. Accessibility and availability of mentors resulted in multimodal interactions that described the lines of communication between the mentor and novice nurse faculty members. Three participants spoke to the importance of the accessibility of mentors in academia. Due to the differences between clinical and academic settings, novice nurse faculty members noted that mentors were not as physically accessible as they were accustomed to in the clinical (i.e., hospital) setting. One participant reflected on her experience,

But mentors that I had in the hospital are more of ... you're at the hospital every day. You work with these people side by side. You can just quickly talk about something, and they'll know exactly what the situation was because they're there all the time. Whereas, faculty, we're all very independent of each other. We all have various courses we teach.

This participant highlights an essential change in how novice nurse faculty access support from mentors in academia. Novice nurse faculty shared previous experiences in the hospital setting, where they frequently worked alongside other nurses with similar, structured schedules, leading to greater accessibility to mentors and support. In the academic setting, novice nurse faculty may have vastly different working schedules than

their mentors, due to faculty being offsite for clinical teaching, or teaching courses at different times during the week. As a result, this participant further shared,

The way that I view mentoring has changed in the fact that you can have a great mentor that you may not see for two or three weeks at a time because your work is so separated from each other ...

Another participant discussed the importance of having an office close to her mentor that promoted accessibility. Close office proximity helped novice nurse faculty to see when the mentor was physically in the office and available to answer questions or have a quick conversation.

In addition to accessibility, participants shared experiences regarding the availability of their mentors, which led to multimodal communication between mentors and novice nurse faculty. Due to the differences in schedules and physical accessibility of mentors, novice nurse faculty shared that even though their mentors may not be physically accessible, they were available through email, phone call, or text message. One participant said, "I can text her, or I can call her and just run things by her, and just say 'Hey, can I have your opinion on things?' She's always willing to do that."

Participants were split on the availability of mentors and formal, sit-down meetings.

Although all participants shared that their mentors were available to answer questions and provide support, whether that be face-to-face or through text message, two participants reported having scheduled, formal sit-down meetings with their mentors. The other two participants shared that they did not have scheduled meetings with their mentors, and their interactions were informal or as needed. In summary, due to the new environment of academia and vastly different schedules among faculty members, novice nurse faculty adapted to interacting with their mentors through different modes of communication.

Phase Three: Influence

The third phase of the mentoring process, as identified by participants, was the vital influence of the mentor in their transition into the nurse faculty role. After identifying and interacting with the mentor, participants shared how the relationship evolved from sharing knowledge and learning a new skill set to focusing more on role development and immersion in academia, and the important influence of mentoring relationships.

Evolving Needs

After some time, novice nurse faculty participants shared that the mentoring relationship began to evolve to include a bigger focus on role development (specifically the tripartite promotion and tenure process), immersion in the academic culture, contributions to the school, and learning the expectations of a nurse faculty member. All four participants specifically mentioned role development within the nurse faculty role, such as the tripartite promotion and tenure process. Two participants shared that their mentors were active in discussing role development opportunities in scholarship. One participant said,

But she [mentor] was the one who said, 'This would be great for further use for you, and it would be a benefit for you too, to add upon this and survey students' ... she was the one who told me that because she's like, 'If you build upon this, you could abstract this data as far as was this simulation beneficial for students, or do they prefer lecture style.' So, she was the one who more or less said, 'Yes this is a good idea. You need to build upon this, and this is why.'

Another other participant shared a similar story of an interaction with her mentor discussing ideas for research, going back to school for a doctorate and the mentor offering support sharing,

I mentioned, 'This is some of the stuff I'm interested in for more research when I go back to get my PhD.' So, then as I said that, then he said, 'Oh yeah, some of this can actually apply to that.' So, then we started talking about ideas on what research I was interested in ... and him offering 'Oh yeah, if you have questions about that, I can help with that also.'

In addition, another participant specifically mentioned a formal, sit-down meeting that was scheduled with her mentor to discuss role development and her next career steps as a novice nurse faculty member.

Interestingly, the last participant reported that she realized a need to seek an additional mentor to help with role development, as her current mentor was retiring in the near future. This participant shared a particularly insightful experience, as she identified an additional need for role development, and was proactive in seeking out an additional mentor to fulfill this need stating,

I know my current mentor who's in the course that I teach will be retiring, so I know I need to find somebody before she retires, and I've seen this other faculty member. I've seen her at meetings, and I like how she conducts herself, and you can tell that she's respected. She's calm, and like I said, I like the research she has done ...

Thus, participants reflected on the influence of mentors who supported role development and facilitated an awareness of the tripartite process in academia.

In addition to role development, participants evolved in their needs of the mentoring relationship as they moved past navigating the academic environment into being immersed in and contributing to the school's culture. A participant shared that through mentoring relationships and communication from the school she identified a need to become involved in the culture stating, "They talked a lot about making sure by the end of the first semester, you need to start getting yourself kind of immersed in the school ...". One participant provided an example of how she identified that she needed to

be engaged in the culture at a higher level through committee work and involvement with professional organizations. Another participant shared that she saw the importance of faculty meetings as a way to be immersed within the school and contribute to faculty governance.

Another way novice nurse faculty contributed to the school was through personalizing and improving upon courses, teaching methods, and relationships. By moving through the previous phases of identification and interactions, participants were proactive and autonomous in improving courses through validation and encouragement from mentors. One participant shared that she discussed with a clinical partner on the future relationship between the clinical site and school to improve learning experiences for students after being validated in her clinical teaching role. In addition, another participant shared that with the encouragement of her mentor, she developed a new simulation as a way to contribute to the course and student learning.

Lastly, participants shared that the influence of mentors helped meet their evolving needs by learning expectations in the nurse faculty role. One participant reflected that her mentor helped her understand nurse faculty expectations when working with students stating, “One thing I have learned from her is that ... set a high standard of your students and maintain that. Don’t take shortcuts. Hold them to a high standard, which I’m very appreciative of that from her”. Another participant shared a similar story that her mentor helped her understand the professional expectations of a faculty member when communicating with students about exams and grades. Thus, participants learned expectations to be able to navigate student or course challenges through the influence of the mentoring relationship.

Vital to Transition

Overall, participants shared the importance of mentorship in learning the novice nurse faculty role and navigating academia. One participant shared the following thought about the important influence of her mentor,

I just feel they are the utmost importance, just knowing where I am now, and not officially having a mentor but yet kind of grabbed hold of one and said 'You're my person' and she said, 'Of course.' So, they're very important.

Other participants echoed the importance of mentorship and knowing that going to an identified mentor for questions or support was vital in the transition from expert clinician to novice nurse faculty. Also, one participant shared that mentoring helped her transition into the faculty role by building on her strengths and appreciating the flexibility in the academic environment by stating,

On the academic side, yes, you have to follow the objectives, and we all do try to do things very similar, but at the end of it, my teaching style may not be the same as someone else's and that's ok. So, I feel like I have a little bit more flexibility, so the mentoring is more guiding what I'm already good at and how they can help mold that ...

The commonality between participants regarding the importance of mentoring on the transition into the nurse faculty role was not surprising; nevertheless, participants reflected on the lack of opportunity to participate in a formal, structured mentoring program. Even though participants found their informal mentors as vital to the transition as nurse faculty, some discussed the apprehension in not having an assigned mentor or formal, structured mentoring program. One participant shared,

I think that one of the biggest things, I think it would have been nice to have had somebody just to say 'Hey, you can come to me.' And there have been people, but is that really my mentor? I don't know. It's like 'Are you my mother?' I don't know.

Another participant shared a similar thought, “I would hope that I can't say a program, but more or less, a structure would be established with someone else new. There is a little bit of a lack of that here”. In summary, participants reported the importance and influence of their informal mentoring relationships, despite not having access to an assigned mentor or formal mentoring program.

Discussion

The process of mentoring, as described by novice nurse faculty in this study, included three distinct phases: identification, interactions, and influence. Due to the lack of an assigned mentor or a formal, structured mentoring program, the three phases of mentoring relationships explained the informal nature of mentoring as experienced by participants. The informal nature of the mentoring experience as experienced by novice nurse faculty seems to be similar to findings in the literature that show inconsistencies in the availability of formal mentoring programs or the assignment of a formal mentor to nurse faculty (Anibas et al., 2009; Bruner et al., 2016; Jeffers & Mariani, 2017). However, it seems there is a wide variety of availability of mentoring programs for nurse faculty as a vast majority (85%) of 206 nursing programs reported having mentoring programs available (Agger et al., 2017). Even though it seems mentoring programs are available within several nursing programs across the U.S., the accessibility of mentoring programs for nurse faculty remains unclear.

In this study, all participants were master's prepared faculty and were either clinical track faculty or instructors/lecturers. These demographics may provide insight into why all participants experienced informal mentoring relationships as many programs report different mentorship opportunities based on faculty educational level and track

(Agger et al., 2017; Bruner et al., 2016; S. K. Smith et al., 2012). Furthermore, program differences can exist between faculty track, with clinical track nurse faculty less likely to be mentored compared to tenure track nurse faculty (Bruner et al., 2016; Shieh & Cullen, 2019). Despite the lack of an assigned mentor or participation in a formal mentoring program, novice nurse faculty in this study were self-directed to seek and identify mentors who could support them as novice nurse faculty members. In her seminal work about mentoring in the workplace, Kram (1985) described that junior employees are frequently passive in seeking out mentors and do not have the skills to find mentoring relationships. Overall, the study sample did not support Kram's (1985) theory, as participants played an active role in seeking out informal mentoring relationships.

Participants spoke of being “proactive” in identifying a more experienced faculty member to support and influence their transition as a novice nurse faculty member. All participants described seeking out mentors to help navigate academia, with one participant saying, "finding those good mentors yourself," demonstrating that participants took accountability in finding support through mentorship. Furthermore, all participants were successful in identifying and initiating an informal relationship that resulted in mentors influencing the participants’ transition as novice nurse faculty members.

Participants also provided recommendations for schools of nursing regarding mentoring programs, despite not participating in formal mentoring programs. For example, two participants provided recommendations for academic nurse leaders to take an active part in ensuring mentoring relationships for new faculty members begin with the interview process and having experienced nurse faculty assigned to contact a new nurse faculty member. Participants’ recommendations convey the importance and

consistency of initial contact by experienced faculty members, as initial interactions supported the identification of an informal mentor for novice nurse faculty and began the process of mentoring.

Limitations

While the purpose of this study was to pilot the methodology and procedures for a larger grounded theory study, a few areas in the study's sampling procedures were revealed as limitations that need to be considered for the larger dissertation study. This pilot study recruited novice nurse faculty who were in any identified mentoring relationships; however, only those who were in informal mentoring relationships participated. As a result, the theoretical framework only establishes a process of mentoring for those in informal mentoring relationships. The larger dissertation study should include novice nurse faculty who are in both formal and informal mentoring relationships to compare the process of mentoring between participants in different types of mentorship.

Study limitations include a small sample that did not produce data saturation. Furthermore, the sample lacks demographic diversity. The larger dissertation should focus on the experiences of novice faculty that are male or of color, as these populations might also face marginalization as minority faculty members. Additional research exploring mentoring among novice nurse faculty, especially those who are in minority populations, is needed. Furthermore, all participants taught in a baccalaureate program, which is consistent with existing literature exploring the experiences of novice nurse faculty that predominately focuses on pre-licensure education (Anibas et al., 2009; Duphily, 2011; Gazza, 2009; Miner, 2019). The larger dissertation study should make an

effort to seek out novice nurse faculty who teach in graduate programs to see if the process of mentoring is similar to those who teach in pre-licensure programs.

Implications

The purpose of this study was to pilot the methodology and procedures for a larger grounded theory that will describe how mentoring relationships, as experienced by novice nurse faculty, unfold. The grounded theory methodology was utilized to explore the process of mentoring and developed a theoretical framework that identified three distinct phases of mentoring, *identification*, *interactions*, and *influence* as experienced by novice nurse faculty. While this was a small-scale pilot study, lessons were learned in terms of recruitment, data collection, and analysis that will be beneficial moving toward the larger dissertation study.

To begin, participants were sampled from a large, research-based public university with multiple campuses. A limitation of the pilot study was a small, homogenous sample that were recruited through direct email distribution. A larger, more diverse sample in terms of demographics and location will be needed for a more complete picture of mentoring relationships among novice nurse faculty. For the grounded theory dissertation study, the investigator will recruit novice nurse faculty from national nursing organizations that focus on the nurse faculty role, nursing education, nursing programs, and academia. The use of mailing lists, listservs and discussion boards within national organizations would be broader platforms for recruitment.

In addition, since participants emailed the investigator directly, this led to difficulty in determining if the participant met inclusion criteria. As a result, the investigator and participants emailed several times to establish inclusion criteria, consent,

and scheduling the interview. The number of email responses was difficult to manage, even with a small pilot study. Therefore, for the larger dissertation study, an online survey could be created that manages participants responses to establish inclusion criteria, interest in study participation, and availability for interviews.

The interview guide advances grounded theory methodology through focusing data collection on the process of mentoring and how novice nurse faculty develop mentoring relationships with experienced nurse faculty members among 4 participants. In particular, questions 2, 3, 4, and 5 of the interview guide (Table 2-2) support grounded theory procedures in extracting distinct phases of the mentoring process, while supporting the goals of grounded theory by collecting focused data that develops theory (Charmaz, 2014). While questions 6, 7 and 8 provided insight to mentorship among novice nurse faculty, they were limited in addressing the process of mentoring. Since questions 2, 3, 4, and 5 were successful in identifying the process of mentoring, they will be carried forward into the dissertation interview guide. Questions 6, 7, and 8 will be evaluated by the investigator and research committee for revision.

The pilot study provided a small sample and data set that was valuable in learning grounded theory methodology and procedures. Four interviews and subsequent data analysis provided a small but thorough data set in which the principal investigator was able learn Charmaz's method of grounded theory. The investigator followed Charmaz's (2014) procedures for data analysis including the four stages of coding: initial, focused, axial, and theoretical. Initial coding included transcribing interviews line-by-line using gerunds and constant comparative analysis to help guide focused and axial coding.

Coding was done through handwriting the most significant and frequent codes on paper and comparing transcripts.

Once categories were developed, the investigator used a large Post-it™ easel pad to organize written codes and categories for axial coding. By using large Post-its™, the investigator was able to visualize all of the codes and categories at once to conceptualize theoretical relationships between categories to establish a theoretical framework. By handwriting during data analysis, the investigator became familiar with and learned the data to reference specific codes and categories, especially during focused coding. The pilot study allowed the investigator to learn the methodology and procedures for grounded theory with a small, manageable sample in addition to learning how to best organize data for optimal data analysis. Overall, the purpose of this study was successful in piloting grounded theory methodology and procedures leading to the development of a theoretical framework describing three phases of mentoring as experienced by novice nurse faculty.

Conclusion

In conclusion, this purpose of this study was to pilot the grounded theory methodology and procedures for a larger grounded theory that will describe how mentoring relationships, as experienced by novice nurse faculty, unfold. Using a grounded theory methodology to develop an interview guide and following data analysis procedures were successful in developing a theoretical framework that describes the three phases of mentoring relationships as experienced by novice nurse faculty: *identification*, *interactions*, and *influence*. The pilot study allowed the investigator to become familiar grounded theory methodology and procedures to advance the rigor and quality of the

larger dissertation study. Overall, the study was successful in piloting the use of grounded theory methodology and procedures as a viable qualitative method for studying the process of mentoring among novice nurse faculty in academia.

Figure 2-1

Novice Nurse Faculty Experiences with Mentoring Theoretical Framework

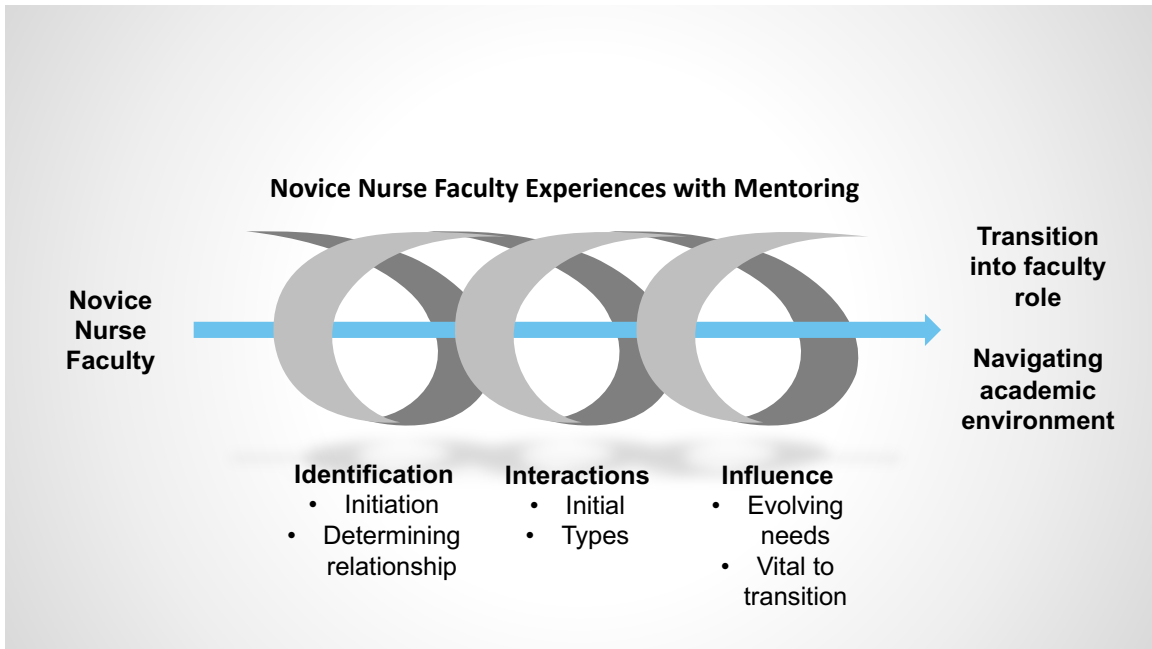


Table 2-1*Demographic Characteristics of Pilot Study Participants*

Demographic Characteristics		n=
Gender	Female	4
Race/Ethnicity	White/Caucasian	4
Age	30-35	1
	36-40	1
	41-45	2
Years as a Faculty Member	0-1	3
	1-2	0
	2-3	1
Highest Level of Education	MSN	4
Academic Rank & Track	Clinical Assistant Professor (Clinical Track)	2
	Instructor (Non-Tenure Track)	2
Level of Program	BSN	4

Table 2-2

Interview Guide

1.	Since assuming your faculty position, how many mentoring relationships have you had?
2.	Let's start with the first. Tell me how the relationship began.
3.	Tell me about the "early days" of the relationship. How did the relationship form? How did you determine the work you would do together? Can you tell me about one interaction that will help me understand what the relationships was like early on.
4.	I recognize all relationships change as time goes on. Tell me about the relationship since the "early days." What would a typical interaction be like? Did you experience any challenges in the work you did together? Can you give me an example? Did you have any experiences that you would consider a high point in the relationships? Can you give me an example?
5.	(If applicable) Tell me how the relationship ended. How did that occur? What was that like?
6.	How have your thoughts and feelings about mentoring relationships changed since you have been a new faculty member?
7.	Could you describe the most important lessons you have learned through experiencing mentoring relationships as a new faculty member?
8.	After having these experiences as a new faculty member, what advice would you give to another new faculty member regarding mentoring relationships?

Table 2-3

Evaluating Criteria for Grounded Theory (Charmaz, 2014)

Credibility	<ul style="list-style-type: none">• In-depth, lengthy interviews with four novice nurse faculty provides familiarity with mentoring process.• Each phase and subsequent categories provide verbatim support from research participants for coding and theory development.• Data is linked to codes and theoretical model through complete documentation providing an audit trail.
Originality	<ul style="list-style-type: none">• This pilot study describes the unique process of mentoring relationships as experienced by novice nurse faculty with three years or less in the faculty role. Study implications were clearly and thoroughly discussed.• Premature closure was avoided through peer review of findings and extensive review and coding of interview data.
Usefulness	<ul style="list-style-type: none">• Expert faculty stakeholders evaluated the applicability of the findings through review of the research process.

CHAPTER 3: METHODOLOGY

Mentoring is a common tool for new employees to assist in career and psychosocial development when adjusting to a new organization. Professionals from various backgrounds are encouraged to enter into mentoring relationships for career development and frequently inquire about mentoring programs in the hiring process (Andrews et al., 2019; Ragins & Kram, 2007b; Sandberg, 2013). The literature and popular culture are abundant with stories of successful mentoring relationships as mentoring is a prevalent recommendation to provide one with professional success.

The outcomes of effective mentoring relationships are well described in the literature and include promotions, higher salaries, socialization, role development, intent to stay, increased self-confidence, career satisfaction, and commitment (Dunham-Taylor et al., 2008; Garbee & Killacky, 2008; Grossman, 2013; Mijares et al., 2013; Ragins & Kram, 2007a; Sandberg, 2013; Specht, 2013). With the widely disseminated positive outcomes of mentoring relationships, it is no surprise that new employees and employers seek out and develop mentoring programs as an intervention for career development, psychosocial support, and retention.

Background

Nurses at all levels and settings are being called upon to participate in the culture of mentoring to help develop the next generation of nurses. Nurses who become nurse faculty members typically come from diverse clinical backgrounds and various educational levels. Interestingly, many novice nurse faculty experience vulnerability and role reversal as they are coming in as clinical experts but are novices in the faculty role. Clinical expertise and leadership experience do not guarantee success as nurse faculty. As

a result, novice nurse faculty frequently need to develop new skill sets in teaching and scholarship, and also report feeling underprepared for the tripartite faculty role (Cangelosi et al., 2009; Dreifuerst et al., 2016; McNelis et al., 2018). Thus, many novice nurse faculty seek mentoring to assist the transition into the faculty role and academia.

For novice nurse faculty, mentoring has been identified as an intervention to help decrease role conflict and ambiguity in the new faculty role, promote career development, increase productivity, and retention of nurse faculty (Dunham-Taylor et al., 2008; Olson, 2014; Specht, 2013). While many organizations offer mentoring programs for nurses, these opportunities are not equitable for all novice nurse faculty who seek mentorship as a way to learn the new tripartite faculty role and academia. As a result, many nurse faculty report a lack of mentoring relationships and programs while others who have been mentored often report negative experiences that can lead to job dissatisfaction and turnover (Anibas et al., 2009; Busby, 2019; Cangelosi, 2014; Jeffers & Mariani, 2017; Lee et al., 2017). In conclusion, it seems that differences exist in terms of access to mentors, mentoring programs, and the quality of mentoring experiences among nurse faculty. Therefore, differences in access and quality of mentorship can lead to contrasting mentoring outcomes.

Contributions to the Literature

This dissertation study has several contributions to the literature. First, the interpersonal process of mentoring is unique and often times difficult to replicate. Effective mentoring relationships are dependent on interpersonal interactions built on mutual trust that creates a professional and personal bond that continues for several years (Kram, 1985). The literature lacks the description of mentoring as an interpersonal

process and the complex interactions that occur between a novice nurse faculty protégé and a experienced faculty mentor within the highly intricate academic organization. For this study, a focus will be to explore the beginning stages of mentoring relationships (i.e., initiation and cultivation) as described by Kram (1985). The interpersonal process that provides a foundation for the mentoring relationship is developed during the early phases of mentoring and is essential for exploring how mentoring relationships unfold for novice nurse faculty. This study aims to describe the complex interpersonal process that occurs early on in the mentoring relationship to develop mentoring relationships that assist novice nurse faculty with their transition into academia.

Second, inconsistencies in terminology are present in the literature regarding mentoring among nurse faculty. Several other terms are associated with the nurse faculty role including: nurse academic, nurse educator, nursing instructor, and nurse researcher (Nowell et al., 2015). In addition, most of the literature surrounding the challenges of novice nurse faculty focuses on the non-tenured or nurse educator role, while the tripartite tenure role tends to be less studied.

It is unclear how the traditional academic tripartite faculty role, including scholarship, service, and teaching is incorporated within other terms such as nurse educator and how this impacts the mentoring relationship. It is important to note that nurse educators encompass the core competencies of nurse faculty, including engaging in scholarship and service (National League for Nursing, 2012). Therefore, a conundrum exists with the role definition and academic track exploring mentoring among novice nurse faculty. The tripartite nurse faculty role is examined to fully understand how

mentoring supports career and psychosocial development for the traditional academic tripartite expectations of scholarship, service, and teaching.

Third, although qualitative studies have explored mentoring among nurse faculty, almost all use a phenomenological approach. This study uses a grounded theory methodology to provide a systematic, iterative research process that focuses on a common, psychosocial change of transition into the faculty role, among a group of novice nurse faculty that describes the process of mentoring within the social context of academia. A grounded theory approach brings a fresh and unique perspective to the literature that explores the interpersonal process of mentoring among novice nurse faculty. Furthermore, the goal of a grounded theory study is to develop a middle-range or practice level theory (Munhall, 2012). By using grounded theory, this study develops a theoretical framework that explains the process of mentoring among novice nurse faculty in academia.

In conclusion, this dissertation study presents the process of mentoring as experienced by novice nurse faculty with a useable theoretical framework will resonate with not only novice nurse faculty members, but also nurse faculty who serve as mentors and academic nursing leaders. The study findings create an innovative, original, and credible grounded theory that accurately explores the process of mentoring among novice nurse faculty in academia.

Study Purpose

The purpose of this grounded theory study is to create a theoretical framework that describes how mentoring relationships as experienced by novice nurse faculty, unfold. In addition, this grounded theory study builds on a pilot study completed by the

investigator. The purpose of the pilot study was to test methodology and procedures for the current dissertation research proposal. Findings of the pilot study included a theoretical framework describing the process in which novice nurse faculty experience mentoring in academia. However, there were several limitations of the pilot study that will be addressed in this research proposal.

First, the pilot study included a very small sample ($N = 4$) of novice nurse faculty who lacked demographic and geographic diversity. All participants were Caucasian females between the ages of 30-45. However, the sampling technique only included one multi-campus state university, which limited diversity in the pilot study sample. For this proposal, a conscious effort was made to recruit male and minority novice nurse faculty through large, national organizations such as the AACN and NLN. Those who are a gender, racial, or ethnic minority could provide different insights as a novice nurse faculty member, especially as gender and race bias in academia has found to impact salary, workload and job satisfaction (Rosser, 2004). This study includes a larger sample size ($N = 21$) that is in line with grounded theory methods and procedures.

Second, the pilot study only included participants who were not in formal mentoring relationships or programs. All participants were in informal relationships that were sought out by novice nurse faculty participants. Including different types of mentoring relationships (i.e., formal, informal) will provide greater insight to the process of mentoring and how experiences might differ depending on the type of mentoring one experiences as a novice nurse faculty member.

Third, all participants in the pilot study were non-tenure track and included clinical assistant professors and instructors/lecturers. Although participants shared learning the tripartite faculty role in the pilot study, none of the participants had a terminal degree thus leading to different expectations in their roles. Including tenure track novice nurse faculty will provide insights to the traditional promotion and tenure process based on scholarship, teaching and service. Broadening sampling techniques through using mailing lists and listservs of national organizations will help recruitment of a more diverse sample.

Fourth, the pilot study allowed the investigator to learn the grounded theory methodology and procedures with a small sample of novice nurse faculty. However, lessons were learned through the pilot study that will be beneficial for the larger dissertation study. For example, the investigator identified a need for better organization of recruitment communication with potential participants. As a result, the dissertation study includes a revised recruitment and eligibility process for potential participants. Lastly, the investigator and research committee reviewed and revised the interview guide that includes questions to expand on the process to collect rich data on the phenomenon of mentoring among novice nurse faculty.

In conclusion, the pilot study was successful in determining that grounded theory was an appropriate methodology for the study purpose. The investigator was also able to pilot the interview guide and gain experience with grounded theory. However, the theoretical framework developed as a result of the pilot study had a small sample, including very similar demographics and experiences with mentoring. This study expands

upon the findings from the pilot study that explores the process of mentoring among novice nurse faculty members with a larger, more diverse sample.

Method

Grounded theory was first developed in the sociological tradition of Glaser and Strauss and has grown over time to include multiple traditions and methods of grounded theory research. Despite multiple traditions and methods, tenets of grounded theory explore a shared psychosocial problem and the process for how a group progresses toward a solution (Creswell & Poth, 2018). The defining components of grounded theory include a qualitative research method that describes psychosocial processes within a particular social setting or experience and uses constant comparative methods to develop a theoretical framework at the middle-range or practice theory level (Charmaz, 2014; Munhall, 2012). Simply put, grounded theory explores a shared psychosocial problem and the process for how a group or individual progresses toward a solution.

Grounded theory is typically used in research when the phenomenon includes a social process among a group, or current theories are inadequate for explaining or describing the phenomenon (Munhall, 2012). For this study, a grounded theory methodology was used to describe the process of mentoring among novice nurse faculty. Mentoring, by definition is an interpersonal process with phases and active functions that span over a prolonged length of time, typically 3-5 years (Kram, 1985). Since mentoring is an experience shared by many novice faculty members, occurs in the social context of academia, and involves psychosocial interactions between the mentor and protégé, grounded theory can help explore the process by which mentoring influences the transition into the faculty role. Although the phenomenon of mentoring has

been well explained by Kram (1985), there is a paucity of nursing research that examines how exactly mentoring relationships develop for novice nurse faculty while acclimating to the academic culture and organization.

For this study, Charmaz's (2014) constructivist grounded theory method was used. Constructivist grounded theory is a flexible approach that includes a systematic data collection and analysis process that emphasizes investigator-participant interactions to create knowledge with multiple social perspectives in the context of time, space, and situation (Charmaz, 2014; Singh & Estefan, 2018). The investigator chose Charmaz's method due to the flexible approach, multiple social perspectives, emphasis on investigator-participant interaction through the use of intensive interviewing to support open dialogue. Furthermore, the investigator has previous professional experience with the phenomenon which is acknowledged in Charmaz's method as investigators can enhance theoretical sensitivity and usefulness (Singh & Estefan, 2018).

Sample

In grounded theory, persons who have knowledge of the phenomenon and can articulate their experiences rather than persons selected randomly from a population, comprise the sample (Draucker, 2019). Participants included a national sample of novice nurse faculty (N = 21) who have knowledge of mentoring relationships in academia. Inclusion criteria include full-time nurse faculty employed within an accredited program of nursing in the United States. Participants were in their first academic position (tenure, clinical, and instructor/lecturer tracks) with three years or less in the current faculty position. Including faculty with less than three years in the current faculty position is consistent with Brown and Sorrell's (2017) definition of novice nurse faculty.

The investigator identified two national organizations, the AACN and NLN for purposeful sampling of nurse faculty. Both the AACN and NLN are the preeminent organizations for academic nursing and nurse faculty thus having access to potential participants who meet eligibility criteria. A study recruitment email was distributed broadly via email through a purchased mailing list of AACN accredited nursing programs in the United States. The study announcement was also distributed via a weekly communications email to individual members and member schools of the NLN. In addition, the study announcement flier was also widely disseminated on various online platforms, such as:

- The Circle, which is an open discussion forum for members of Sigma,
- The investigator's personal social media pages on Facebook™ and LinkedIn™.

Sample Size

The sample size in a grounded theory study depends on the richness of the categories and developing theory (Charmaz, 2014). Depending on the study purpose and analytical level Creswell & Poth (2018) recommend a sample size of 20-30. A goal sample size for this proposal was 20 participants or until data saturation. A total of 21 (N = 21) participants were interviewed by the investigator. According to Charmaz (2014), saturation is achieved when data no longer adds to theoretical categories, properties of categories are robust with established patterns, and the relationships between categories are well-defined. For this study, saturation was achieved with the 19th interview. However, two additional interviews were completed to capture additional diversity in gender and geographic location among participants and to ensure credibility and resonance with the emerging categories.

Recruitment

The complete proposal, including the recruitment email, study announcement flier, and study information sheet (SIS), was approved by the Indiana University Institutional Review Board. An initial recruitment email was emailed to AACN accredited member schools through a purchased AACN mailing list database. The study announcement was also distributed via a weekly communications email to individual members and member schools of the NLN.

In addition, a study announcement flier was posted on various online platforms, such as:

- The Circle, which is an open discussion forum for members of Sigma, and
- The investigator's personal social media pages on Facebook™ and LinkedIn™.

The study announcement flier was widely distributed and openly shared on the investigator's personal social media pages and through word-of-mouth as the investigator has contacts and access to novice faculty members through the RWJF Future of Nursing Scholars network and professional nurse faculty contacts.

The study recruitment email and study announcement flier included a brief participant eligibility survey on Qualtrics™, a university supported, secure survey platform. Potential participants completed the Qualtrics™ eligibility survey, and the investigator contacted eligible participants via email to provide the SIS which contains the purpose and procedures for the study, interview questions, risks, and benefits of participation. After reviewing inclusion criteria and the SIS, the investigator and participant decided on a mutually agreed upon time for the interview. Verbal consent was obtained prior to the start of the interview. Participants received a \$20 gift card provided

by the Indiana University School of Nursing Office of Research Support and the investigator in exchange for their participation.

Data Collection

The investigator utilized intensive interviewing, which is a qualitative research method that gathers data through a participant-led conversation. The goal of intensive interviewing is to gain perspective on one's personal experience, meaning, and situation with the phenomenon (Charmaz, 2014). Interviews were completed using a university-sponsored, password protected, online video conferencing platform (Zoom™) by the investigator, who is a doctoral student. Since participants were recruited from across the country, online video conferencing was used due to different geographical locations. In addition, the COVID-19 global pandemic and Indiana University research guidelines suggest that when at all possible, research should be conducted remotely for the safety of the participants and investigator (The Trustees of Indiana University, 2020).

Privacy was ensured through completing the interviews in a quiet and private space with the door closed. Verbal consent was obtained before the start of the interview and recorded. The investigator discussed with participants if any discomfort occurs during the interview process, they are free to end the interview at any time. Using the intensive interviewing method, as recommended by Charmaz (2014), participants were asked several questions about the process of mentoring as novice nurse faculty. The complete interview guide is included in Table 3-1. All interviews were audio and video recorded and transcribed for data analysis by the investigator into Microsoft Word™ on a password protected computer. Participants' identity is held in confidence as all identifying characteristics were removed during interview transcription by the

investigator. All interview transcriptions are stored in a password-protected, secure, Google Drive™ site supported by Indiana University.

Data Analysis

In keeping in line with grounded theory, the constant comparative method of data analysis was utilized by comparing data from the interviews to the emerging categories throughout the process (Creswell & Poth, 2018). To assist in grounded theory data analysis, Charmaz's (2014) four-step systematic procedures were used and include:

1. *Initial coding*. Initial coding involves extracting early data through labeling with short phrases for ideas to guide additional data collection and analysis (Charmaz, 2014). The investigator read all transcripts thoroughly, and relevant text units will be labeled with gerunds to describe an action (Draucker, 2019).
2. *Focused coding*. Focused coding advances the theoretical direction of the study through developing categories of similar or frequent codes when comparing data (Charmaz, 2014). The principal investigator performed focused coding through documenting decisions through memos and presenting potential categories to members of the research committee.
3. *Axial coding*. The goal of axial coding is to relate the categories developed in focused coding into subcategories and to “apply an analytic frame to the data” (Charmaz, 2014, p. 149). For this step, data was organized by each category and subcategories with associated data in an outline and reviewed by members of the research committee.
4. *Theoretical coding*. In theoretical coding, is an integrative process focusing on theorizing data into codes and how they are related to develop a theoretical

framework (Charmaz, 2014; Draucker, 2019). Similar to axial coding, an outline containing all relevant codes and categories was utilized by the research committee to facilitate discussion and agreement on the theoretical framework.

In addition to the four steps of coding, the investigator documented steps, connections, thoughts, and ideas through memo-writing. Charmaz (2014) encourages memo-writing as a vital piece of the analytical process of data analysis and supports the credibility of the research process. Throughout the data analysis process and to ensure trustworthiness of the theoretical framework, the investigator used expert consultation from research committee members. The final analytic product of this study includes a theoretical framework based on data that includes the process of mentoring as experienced by novice nurse faculty in academia.

Criteria for Quality

To ensure a quality grounded theory product, Charmaz (2014) identifies four criteria for evaluating the data collection, analysis, and theoretical framework: credibility, originality, resonance, and usefulness. Credibility is if the data and subsequent findings are authentic and trustworthy (Draucker, 2019). The investigator established credibility through thorough documentation of all research materials including verbatim interview transcripts, memos, line-by-line coding, and category work. All study materials and documents are organized and saved in a secure, password protected, university-supported Google Drive™, creating an audit trail of data analysis and theory development.

Constant and systemic comparisons of data was used to develop logical links between data and analysis and to ensure data is accounted for in theoretical categories and framework (Charmaz, 2014; Holtslander, 2015). The investigator is mindful of her

own mental constructing of data and utilized memos to document throughout the process to enhance reflexivity. The use of proper sampling techniques to achieve data saturation and to confirm that theoretical categories are complete and thoroughly explain relationships also achieve credibility and study quality (Charmaz, 2014). Lastly, the investigator was in close contact with members of the research committee to ensure credibility through review of data analysis procedures and development of the theoretical framework.

Originality is the second criteria for evaluating grounded theory and is achieved through the use of fresh and creative findings that offer new conceptual insights (Charmaz, 2014). This study develops new, insightful categories and theory that support originality through describing the process of mentoring among novice nurse faculty transitioning into the academic tripartite faculty role. Although the literature is abundant with the concept of mentoring, most articles are anecdotal in nature, focus on one specific aspect of the faculty role (i.e., teaching or research), or do not differentiate the vulnerable novice nurse faculty population. In addition, originality was supported through dialogue with the research committee to avoid premature closure during data analysis (Draucker, 2019).

Resonance is the ability for people to understand the research findings and captures the experience of the selected population (Draucker, 2019). Similar to credibility, the use of proper sampling techniques to achieve data saturation to confirm that theoretical categories are complete and thoroughly explain relationships will substantiate resonance of findings. Based on principles of grounded theory with data collection and analysis occurring simultaneously, the investigator continuously checked

for fit and representativeness between data and developing categories (Holtlander, 2015). The investigator collaborated with two nurse faculty experts on the research committee to review codes, categories and the developing theoretical framework to ensure resonance of the phenomenon of mentoring among novice nurse faculty.

Finally, usefulness or transferability to the real world (Draucker, 2019) is determined by including experts (i.e., nurse faculty members with experience in mentoring relationships) to evaluate the theoretical framework and research findings and thorough description and documentation of the sample. The investigator maintained frequent and open communication with members of the research committee to ensure quality in the research process.

Table 3-1

Interview Guide

1.	To begin, please share with me - what does mentoring mean to you?
2.	Since assuming your faculty position, how many mentoring relationships have you had?
3.	Let's start with the first. What faculty position did you have at the time? What were your responsibilities for teaching, research, and service? Tell me how the relationship began.
4.	Tell me about the "early days" of the relationship. How did the relationship form? How did you determine the work you would do together? Can you tell me about one interaction that will help me understand what the relationship(s) was like early on?
5.	I recognize all relationships change as time goes on. Tell me about the relationship since those "early days." What would a typical interaction be like?
6.	What were you looking for in a mentor? What did you hope to gain in your faculty role from the relationship?
7.	Did you experience any challenges in the work you did together? Can you give me an example?
8.	Did you have any experiences that you would consider a high point in the relationship? Can you give me an example?
9.	Did you have any experiences that you would consider a low point in the relationship? Can you give me an example?
10.	(If applicable). Tell me how the relationship ended. How did that occur? What was that like?
11.	(If applicable). Let's discuss your other mentoring relationships. (Back to question 2 through question 9; repeat for up to 3 mentoring relationships.)
12.	Given your experiences as a protégé or mentee, what advice would you give to faculty members who are mentoring novice nurse faculty?

CHAPTER 4: PRESENTATION OF RESULTS

The results of the grounded theory study and presentation of the theoretical framework, *Creating Mentorship Pathways to Navigate Academia* (Figure 4-1) is presented in this chapter. The theoretical framework captures the process of mentoring as experienced by novice nurse faculty within academia and contains five main phases as described by novice nurse faculty: *being assigned a formal mentor; not having mentoring needs met; seeking an informal mentor; connecting with a mentor; and doing the work of mentoring*. Participants created mentorship pathways through both formal and informal mentoring relationships to navigate academia by acquiring knowledge, meeting expectations, functioning as a faculty member, and developing a career as a nurse faculty member. Each phase and related categories will be presented.

Results

A total of 21 participants consented to participate and shared their experiences of mentoring as novice nurse faculty. Table 4-1 includes demographic information regarding dissertation study participants. The sample primarily included Caucasian females (n = 16) who were master's-prepared, teaching in baccalaureate nursing programs. The mean age of participants was 42 years old. The sample contained men (n = 3), participants of color (n = 2), as well as doctorally-prepared faculty (n = 7). Participants were from all over the United States and taught in a variety of academic organizations from large, public, research-focused institutions to small, private, religious-affiliated institutions. The number of participants was evenly split in terms of academic rank and track. Participants taught in a variety of nursing programs from ranging from associate to graduate degree programs. The race and gender of the sample reflect the

national demographics for nurses (National League for Nursing, 2019); however, the average age of study participants was 42 years old, which is younger than the national average for both doctorally-prepared and master's-prepared assistant professors aged 50.9 and 49.6, respectively (American Association of Colleges of Nursing, 2020a).

The final analytic product is a theoretical framework consisting of five phases through which novice nurse faculty experience mentoring and create mentorship pathways to navigate academia (Figure 4-1). Each of the five phases are described with a thorough discussion of categories and verbatim quotes that support study findings. Participants described a distinct process of mentoring that included creating mentorship pathways to navigate academia. A majority of participants were assigned a formal mentor upon hire, but interestingly, many of novice nurse faculty (i.e., protégés) also sought out informal mentors. Once novice nurse faculty identified an approachable mentor and experienced reciprocal, two-way interactions, protégés then connected with their mentor, and did the work of mentoring to navigate academia and function in the faculty role.

It is important to note that participants were interviewed during the height of the COVID-19 global pandemic, with eight participants starting in the faculty role during the pandemic. As a result, many participants did discuss limitations in meeting with their mentors face-to-face or being able to visit campus due to public health guidelines. However, many participants were still conducting classes and clinicals in person. In conclusion, participants were able to form mentoring relationships to navigate academia despite starting in the faculty role during the COVID-19 crisis.

Phase One: Being Assigned a Formal Mentor

A majority of participants were assigned a formal mentor shortly after starting in the faculty role. Formal mentoring relationships typically began through a formal connection (i.e., formal introductions or during orientation) or as a part of a larger, formal mentoring program at the school/department or university level. Participants described a formal mentor as a more experienced faculty member who was assigned to them early on in the academic year, with majority of the mentoring assignments coming from a program administrator. Only one participant mentioned being allowed to identify and select their own faculty mentor based on perceived needs.

Once mentoring dyads were assigned, protégés met with their mentors through different communication methods, such as a face-to-face, telephone, or a video conferencing platform such as Zoom™ or GoogleMeet™. Initial meetings were typically scheduled and initiated by the mentor. Protégés described a wide range of activities that took place during these initial meetings, including discussing an orientation checklist, developing and reviewing personal goals, course planning, answering questions, exchanging contact information, and other niceties. Participants then described one distinct process within phase one, *recognizing knowledge needs*.

Recognizing Knowledge Needs

Participants then jumped feet first into the faculty role, beginning teaching and scholarship responsibilities. Majority of participants described their primary faculty responsibility as teaching, but some participants did mention responsibilities in scholarship. Several participants mentioned early on how they were shifting from an “expert to a novice”, in reference to Benner's (1982) from novice to expert theory. While

Benner's (1982) theory addresses skill acquisition of novice nurses, participants identified with the reverse, that they were expert nurses with significant experience and knowledge in other areas of nursing (i.e., skilled bedside nurses, clinical nurse specialists, nurse practitioners, nurse executives) but were entering as novice nurse faculty. One participant shared,

I'm transitioning to a whole new career, so I'm going from being the expert at what I did and knowing exactly how I was going to do things or being confident in my abilities. To...now, every time I roll onto campus, I have no clue what I'm doing, no clue what I'm going to say. Sometimes I don't even know where to go, where to be, or who the other faculty are. And so, it was very, very challenging to go from being an expert to then being a novice ...

Although participants had vast experience in other areas of nursing, they felt woefully underprepared for taking on the tripartite faculty role.

Participants recognized their substantial knowledge needs early on as novice nurse faculty, especially those areas unique to academia: scholarship, service, teaching, promotion, and tenure. In recognizing their own knowledge needs, protégés used mentoring relationships to attempt to gain knowledge and materials from their mentors regarding the tripartite faculty role. For example, participants provided specific aspects of knowledge needs that were essential to learn in their role as novice nurse faculty and included:

- *teaching*: test writing skills, grading, active learning strategies, learning management systems, presentation skills, creation of a syllabus, handling of student issues, pedagogy, course revision, acquiring textbooks, dress code,

- *scholarship*: research trajectory, grantsmanship, manuscript preparation for publication, collaborating on scholarship, unclear expectations for scholarship productivity, and
- *service*: unclear expectations, internal and external service opportunities, being assigned to committee work.

Protégés looked to their mentors to help them meet knowledge needs, as many expected their mentor to provide resources, explain the scope of the nurse faculty role, and to navigate the tripartite faculty role.

In addition, several participants mentioned the importance of materials (i.e., tangible, written materials) to help meet their knowledge needs as novice nurse faculty. Participants desired materials to help them navigate the faculty role and academic organization such as contact lists (i.e., telephone numbers and emails), promotion and tenure guidelines, orientation checklists, faculty governance documents, policies, and procedures. Furthermore, participants also desired materials related to goal setting and measurement within their mentoring relationship. Similar to knowledge needs, participants looked to their mentors to provide these materials to help them get acclimated into the role.

In summary, protégés recognized their knowledge needs and looked to their mentor to assist them in learning the tripartite role and provide materials and resources to help their transition into academia. After the establishment of formal mentoring relationships, protégés described how this relationship changed after initial introductions, leading to inconsistencies with communication, meetings, and expectations of the mentoring relationships. Phase two: *not having mentoring needs met* explores the unmet

expectations of proteges that impact knowledge needs and leads to the creation of a pathway seeking informal mentorship to navigate academia. While majority of protégés did experience not having mentoring needs met with their formal mentors, there were a few (n = 4) who had active, productive mentoring relationships with their formal, assigned mentor that met knowledge needs. As a result, these protégés moved on to phase four: *connecting with a mentor*.

Phase Two: Not Having Mentoring Needs Met

As the semester unfolded, protégés settled in as nurse faculty and recognized their knowledge needs. Many protégés were quick to realize that their expectations for the mentoring relationship and transition into the faculty role were not being met by the assigned mentor. In phase two, protégés share their experiences of realizing unmet expectations within the mentoring relationship and how this impacted the process of mentoring.

Realizing Unmet Expectations

Majority of protégés mentioned expectations of the mentoring relationship or faculty role. However, various factors such as incompatible mentoring dyads, lack of structure within mentoring relationship, interactions, and incivility all resulted in unmet expectations on behalf of the protégé. Since majority of protégés were assigned a formal mentor, a few protégés acknowledged being in an incompatible mentoring dyad early on in the mentoring relationship. One protégé shared that while her mentor was welcoming, she had limited experience as a faculty member and was still learning the promotion and tenure process herself, making it difficult to answer many of the protégé's questions.

In addition, protégés did question the origin of their mentoring assignment.

Protégés were unaware of how they were paired with their mentor as many dyads lacked commonalities and natural connections. One participant stated,

I'm not sure you know, the origin of who assigned ... the mentors to the new faculty members. I'm not exactly certain on any of that, I was just told, 'This is your mentor.' And then we just haven't really had a lot of interaction.

Several protégés also mentioned that their assigned mentor was in a different department (i.e., outside of nursing), nursing program (i.e., BSN or graduate), or course. While protégés shared that they saw value in having a mentor external to nursing or in a different nursing program, many of their knowledge needs were associated with teaching in a specific course or scholarship related to nursing science.

While many participants shared in phase one that they desired materials as novice nurse faculty, this desire tended to result in an unmet expectation with mentors. Unfortunately, many participants had to seek these materials out themselves as the mentor did not provide them or the materials were simply not available. Several participants mentioned they had to work really hard to get basic information and ultimately voiced frustration over the difficulty in obtaining materials or lack thereof.

One participant stated,

So, really, I expected someone to be there with you and guide you through every step of getting you know, the first...first everything! You know, this is what you need to do for getting your benefits set up, this is what you need to do...you know, it was everything in the beginning! It was logins and passwords for computers, and human resources stuff, and just finding where the documents were...you know, where to find the documents that you need so you don't have to recreate the wheel on every single subject that you're teaching ... so, I just felt like I was just treading the whole time.

As this quote demonstrates, the protégé expected additional guidance and assistance finding materials early on in the faculty role. These materials were deemed important to meet knowledge needs, but more often than not, protégés found materials themselves.

Of the 16 participants who were assigned formal mentors, less than half were a part of a larger, structured mentoring program. Structured mentoring programs were typically at the school/department or university level that provided formal meetings with mentors and other mentoring dyads. Some mentoring programs included seminars that discussed teaching and learning such as pedagogy and Bloom's taxonomy, while others were more forums for protégés to share their experiences as new faculty.

In contrast, majority of participants were in mentoring relationships that lacked structure in terms of communication, vision for the relationship, and expected outcomes. Several protégés acknowledged inconsistent communication with their mentors, time constraints in scheduling meetings, and disorganization during meetings. Many provided examples of having an unclear vision of the mentoring relationship and were unsure of the "end goals" or how long the relationship was expected to last.

Lacking structure to the mentoring relationship was typically associated with an absence of materials (i.e. goal setting) or an overall plan for the mentoring relationship. Protégés struggled with this aspect of the mentoring relationship, with one participant saying,

But we never had real specific meetings of like, 'Hey, today we are going to...like let's sit down and talk about you know, what your plan looks like.' Or...I just feel like the ... the mentoring is there to help get through the day-to-day but not necessarily for the professional growth.

Several participants shared this sentiment and felt like their mentoring relationships strictly focused on the mentor being a "go-to person" for questions. Another participant

echoed, “We haven’t done any work together. It’s been my questions and their answers. But there hasn’t been anything that we’ve really done together.” Protégés expected their mentors to take an active approach in career development and knowledge needs for novice nurse faculty. As a result, protégés felt their expectations for the mentoring relationship were not met.

In addition to incompatible dyads and lack of structure, participants also mentioned inconsistent interactions with their assigned mentors that contributed to unmet expectations within mentoring relationships. Several protégés noted the overall lack of scheduling of formal mentoring meetings, lack of follow up after meetings or important events, or mentors not showing up for meetings. Protégés acknowledged the “busy” environment of academia, and many mentors were in administrative positions, thus limiting available time to meet with protégés. One participant shared,

The mentor I have here at [university] that has been assigned to me has not been as engaged as I would like. They are one of the associate deans, they’re super busy. I’m not even sure why they volunteered to be my mentor because ... you know ... they cancel a lot of meetings.

Several protégés mentioned that they had scheduled meetings with their mentors initially, but meetings tended to taper off over time.

Unfortunately, a few protégés shared that their mentors were to attend a class that the protégé was teaching to provide feedback but did not show up. Another shared being stood up for a scheduled meeting in which they were to receive an orientation for the simulation lab, which was needed for the protégés class in the near future. Receiving feedback on teaching and orientation for simulation were instances of knowledge needs identified by the protégés that were unmet by the mentor due to inconsistent interactions.

Lastly, five participants shared experiences of incivility within their mentoring relationships. Protégés provided examples of gossip, being shut down, put downs, and criticism that occurred within mentoring relationships. While two protégés shared they handled the incivility directly with their mentors and the relationship improved, three others questioned staying in the faculty role due to unresolved incivility. One participant shared, “but if I were to have to ... stay in this situation as is, I probably would not stay where I am. I would probably be looking for another job.” In addition, protégés shared the difficulty they experienced as novice nurse faculty dealing with incivility from their mentors. Protégés described the experiences as “challenging”, “uncomfortable”, and was a “significant period of stress”.

In conclusion, majority of participants were assigned a formal mentor at the beginning of their new role as a nurse faculty member. Several of these protégés quickly recognized their knowledge needs as novice nurse faculty and depended on their mentors to learn the tripartite faculty role and provide materials. Protégés realized unmet expectations in the mentoring relationship due to incompatible dyads, lacking structure to the mentoring relationship, inconsistent interactions, and incivility. If formal mentors did not assist with knowledge needs or meet expectations, then protégés moved to phase three of the mentoring process: *seeking an informal mentor*.

Phase Three: Seeking an Informal Mentor

Participants described the process of identification of an informal mentor, interactions within the relationship, and the influence of mentorship on the transition into the nurse faculty role. Almost half of participants were assigned a formal mentor but also sought out informal mentorship due to unmet expectations of the mentor or the mentoring

relationship. In addition, there were five participants who were not assigned a formal mentor nor had access to a formal mentorship program. For these five participants, their mentoring experience in academia began with *seeking an informal mentor*. Therefore, majority of the participants moved into phase three: *seeking an informal mentor*.

However, it is important to note that moving into phase three was not necessarily due to a negative or adverse experience, as many protégés needed additional guidance and support or had access to another approachable, experienced nurse faculty member who took on the role of an informal mentor. While some protégés did seek informal mentorship because of unmet expectations, others sought informal mentorship *in addition to* formal mentorship as a complementary pathway to meet knowledge needs and expectations while navigating academia.

Participants spoke of developing informal mentoring relationships with an approachable, experienced nurse faculty member. Participants described the process of identifying potential informal mentors through a current or previous professional connection. For those identifying informal mentors through a current professional connection, this was usually a faculty member teaching in the same course, faculty with a similar clinical background, a formal leader (i.e., course leader/coordinator, department chair), or close proximity via office space. A few participants had previous professional connections with their informal mentors, such as a previous relationship in the same health care organization or having a student-faculty relationship during a degree program.

Experiencing Dynamic Interactions

Once participants identified a potential informal mentor through a professional connection, they described the process of interacting and building a mentoring

relationship. If participants perceived the more experienced faculty member to be approachable and open to questions, they would begin to ask questions. Other participants described the informal mentor striking up conversation or simply taking the time to initiate a relationship with novice nurse faculty. One participant shared her experience of her semester coordinator (who later became an informal mentor) reaching out initially,

And so, she had reached out to me and asked me to meet individually at one point. And I thought ... of course I thought, 'Oh no! I wonder if I did something wrong!' You know! So, of course I answered right away, and I said, 'Yes, of course.' And so, when we met I was thinking 'Oh boy! What is it going to be about?' And it was very much like [initial meeting] 'Oh! I just wanted to check in on you, I know it's your first semester here. How are you doing?' ... So, either way it was her, she was the one who had reached out to me.

This participant described the initial interaction in which the semester coordinator took initiative to reach out to check in with the novice nurse faculty. The participant went on to describe the semester coordinator becoming an informal mentor through mutual contact and developing a trusting relationship.

If the more experienced faculty member was responsive and helpful in answering questions, then participants would return to the more experienced faculty member for additional questions or knowledge needs. One participant described the process as,

So, they both started the same way with me just starting to ask questions like, 'Oh, you know, what do we do here?' and oh ok, that kind of thing. And just by asking all the questions, I started ... kind of ... this informal mentoring relationship where they [informal mentors] kind of were like 'Ok, well you know, here. Let me tell you how we do it.' And then they...you know, let me know what, how things are done and then it just kind of blossomed more into them kind of like reaching out to me ...

The hallmark of this process is that despite *who* initiated interactions, informal mentors were described as approachable, helpful, and took the time to address questions

or knowledge needs with the novice nurse faculty. Over time, informal mentoring relationships developed as participants described their informal mentors taking a dynamic approach to the relationship through reciprocity in communication, anticipating the protégé's questions and needs, and taking an active interest in the protégé's growth as a novice nurse faculty.

Acquiring Knowledge

After participants identified an informal mentor and experienced dynamic interactions in which they felt comfortable in asking questions, then protégés would begin to acquire knowledge from their informal mentors. Many participants described the process as active learning from their informal mentors. Interestingly, protégés acquired knowledge from informal mentors in other ways besides one-on-one meetings. For example, several protégés discussed that they learned teaching skills through observing their informal mentor in class or learning about grading standards and course management through attending course meetings run by informal mentors. In addition, others described learning from informal mentors through demonstration or working through first experiences together. One participant shared that her informal mentor took a proactive approach to expose the protégé to new situations before they happened stating,

She was always here when I needed someone, like right then and there, and so we just kind of formed that bond where I felt comfortable asking her questions. And she had to do an interview for a student that got kicked out of the program, and so she invited me to sit along in that interview, you know ... she's always invited me to learn new things whenever she's doing something, so I could be exposed before I'm in that situation.

This participant's statement about their informal mentor sums up both experiencing dynamic interactions and acquiring knowledge. The informal mentor was available, took

an active interest in the protégé, and provided learning opportunities to expose the protégé to new situations to gain knowledge as a novice nurse faculty member.

In addition to active learning to acquire knowledge, protégés also emphasized the importance of receiving resources and feedback from their informal mentors. Participants expected mentors to provide and share resources needed for the nurse faculty role. Protégés discussed informal mentors who shared resources such as campus services for struggling students and materials to assist in organizing a clinical post-conference. The importance of materials and providing resources is vital as participants described the need of materials for knowledge needs and to ultimately acquire knowledge of nurse faculty role. Mentors who provide resources for protégés signify anticipating the needs of novice nurse faculty by taking the guess work out of finding materials essential for learning the faculty role.

Receiving constructive feedback is fundamental when learning a new role and almost every participant expected feedback from their mentors to learn and grow as novice nurse faculty. Interestingly, because a lot of informal mentors had frequent and close working relationships with protégés (i.e., experience with or teaching in same course), protégés desired feedback from their informal mentors. Common examples in which protégés sought feedback from their informal mentors were with grading, presentation skills, test questions, class management, grantsmanship, and manuscript preparation. One protege shared that her informal mentor “supervised me and guided me. She would read my grading and provide me with feedback...” Protégés expected their mentors to provide feedback and because informal mentors tended to work closely with

protégés, informal mentors were able to meet the expectation of providing constructive feedback.

Once protégés established a dynamic informal mentoring relationship, they would default to the informal mentor when asking questions and seeking answers. Protégés approached informal mentors to help troubleshoot issues such as student concerns or clinical scheduling. Others mentioned fact-checking with their mentors to ensure proper policy and procedure is followed. Almost all participants mentioned going to their informal mentors for “acute” general questions. Participants shared that they would typically approach informal mentors with these acute questions, as they tended to see informal mentors more frequently through course meetings, before or after class, or in faculty meetings. One participant took the opportunity to ask her informal mentor questions during their weekly course meetings stating,

We actually see each other on a routine basis. And like, have to plan together what we're going to teach ... and you know, I know I'm going to see [informal mentor] on Wednesday, so I can ask about 'How do you find this certain thing?' or 'You have that form you could send me for a student?'. So, it's almost ... is because I have an actual, standing, weekly meeting touchpoint with my co-teacher that I feel like I'm relying on her more than I am than my other formal assigned mentors.

This statement demonstrates that protégés take opportunities to ask questions and seek answers from their informal mentors as they tended to work together or had frequent check-ins.

The importance of active and frequent interaction is essential to the mentoring process. Quick check-ins, weekly meetings, or simply the opportunity to see faculty face-to-face allows novice nurse faculty to utilize that time as an opportunity to ask questions without feeling burdensome. Several participants mentioned feeling like they were a

“burden” or “bothering” when asking questions. One participant said, “Because I always felt when I ... when I started out, and I started asking the questions, I felt like I was bothering.” This quote demonstrates the vulnerability that novice nurse faculty feel when starting out in the role and depending on others to acquire knowledge through asking questions. The importance of mentors taking an active interest in protégés, being approachable, responsive, anticipating novice nurse faculty questions, providing resources, and opportunities for protégés to ask questions is essential for novice nurse faculty to navigate academia. For majority of participants, informal mentors provided the opportunity for dynamic interactions in which protégés can acquire knowledge in the nurse faculty role.

Phase Four: Connecting with Mentor

Participants who were successful in seeking out informal mentorship through dynamic interactions and acquiring knowledge moved into phase four: *connecting with mentor*. In addition, the four participants who bypassed phases two and three are also included in phase four, as their knowledge needs and expectations were met by their formal mentors, resulting in connecting with their initial mentor early on. Phase four: *connecting with mentor* describes the process of how protégés develop deeper connections with their mentor through meeting expectations and developing meaningful mentoring relationships to help novice nurse faculty navigate academia.

While mentorship is typically thought of in terms of career and professional development in the workplace, the deeper connections with mentors concentrated on meaningful social and personal relationships. However, when asked about expectations of mentorship, participants had two distinct expectations: one expectation for the mentoring

relationship and one expectation for the nurse faculty role. Interestingly, majority of participants expected friendship out of their mentoring relationships *in addition to* their career development expectations of learning the nurse faculty role. This phase discusses the deeper connection that occurred within mentoring relationships that met expectations of protégés.

Meeting Expectations

The primary reason that several participants sought out informal mentors was because their expectations of their formal mentor or mentoring relationship were not met. In addition, there were other participants who simply were not assigned or had access to a formal mentor. Once participants entered into a mentoring relationship, formal or informal, to meet their knowledge needs, the process of connecting with a mentor began. Connecting with a mentor is based on a mentoring relationship that encompassed a professional and personal relationship that met expectations of the protégé. Over time, the mentoring relationship took on a deeper meaning. Once protégés settled into a mentoring relationship that provided reciprocal interactions and assisted with acquiring knowledge, connections began to form that provided value to the protégé. The value of a deeper connection with mentors ultimately formed a relationship that met the protégés expectations for mentorship as a novice nurse faculty member.

Mentors were described as individuals who went above and beyond what was required of them to assist protégés with navigating academia. While many participants mentioned that faculty within their organizations were “welcoming” and “cordial”, many faculty focused on answering questions without additional interest in the participant. However, mentors took an additional step by taking an active interest in the protégé while

also developing a relationship that transcended just being a resource for questions. The mentors who took this additional step connected with the protégé through providing professional knowledge of the faculty role and a personal relationship.

Majority of participants discussed how the mentoring relationship moved into a personal relationship that involved friendship. Interestingly, there was a wide range in age and experience between protégés and mentors, with protégés beginning careers in academia, while some mentors were preparing for retirement. Notwithstanding these gaps in age and experience, protégés still connected with their mentors, drawing on their knowledge and developing mutual friendships.

One significant piece of the process of connecting with a mentor was that the mentor sought and valued the protégé's opinion. Mentors possessed experience in the faculty role, and through asking protégés their opinion, they opened the door to respecting and including the protégé in decision making. This in turn, boosted the protégés self-confidence and created a relationship built on trust and valuing each other's opinion. One participant shared that she did not feel comfortable giving advice to her mentor early on, as she "had nothing to offer." As time went on, the protégé reflected that the mentor had taken the protégé's advice on a few things regarding a course and said, "I feel like I've got a little...gained a little more confidence in myself." The boost of self-confidence is essential for protégés who are acutely aware of their knowledge gaps as novice nurse faculty.

In addition to self-confidence, seeking and valuing the protégé's opinion also signified that the mentor respected the protégé's experience. While protégés were novices to the nurse faculty role, many participants had significant experience as Registered

Nurses, Advanced Practice Registered Nurses, or nurse executives. One participant shared that she still worked at the bedside as Registered Nurse and was well versed in current practices due to COVID-19. After establishing a relationship, the mentor began to respect the protégé's current bedside experience and sought the protégé's input to align current bedside practices with course content. By incorporating the protégés experiences to align course content, the protégé also felt validated stating,

So, I think it took a little bit of time and for my mentor to actually kind of look into things on her own and realize that, 'Oh ok. This is...ok. That is what's happening.' Where now, my input is sought, whereas before it was almost rejected.

Through seeking and valuing a protégé's opinion, mentors demonstrate inclusion and mutual respect. As a result, protégés form a connection with their mentors that meets their expectations of a mentoring relationship through increasing self-confidence and validation in the nurse faculty role.

Another critical process in connecting with mentors was discussing topics outside of the faculty role. Participants described getting to know their mentors on a deeper level that included learning about each other's families and life outside of work. Participants reported connecting with their mentor over a personal relationship that included families or children. Several participants mentioned bonding with their mentor over having children the same age or pets. The personal relationship that developed as a result of a deeper connection with their mentor, was reciprocal. Protégés described the personal relationships as "natural", "casual", or "organic", akin to friendships. One participant compared the "warmth" in his mentoring relationship with two informal mentors whom he had connected with versus another assigned mentor sharing,

It's just a mix of friendship and professionalism. I mean, they really care about me and I care about them. There is human warmth in our relationship. And there was ... maybe some warmth in my other relationship, you know friendliness. But you know, it's just different that way I guess? A little bit more humanity and personability you know?

Several participants discussed casually text messaging or speaking to their mentors on the phone in the evenings, on weekends or during semester breaks. One participant shared being on a text thread with her mentor in which they shared a joke-of-the-day, saying she valued the "fun part" of the relationship and the friendship she had with her mentor. The ease of casual communication assisted the protégé in connecting with their mentor to form mutual friendships.

Similar to friendship, protégés shared that they connected with their mentor because they were non-judgmental and trustworthy. Due to the fact that many participants recognized their knowledge needs early on and looked to their mentors for acquiring knowledge, it was necessary that mentors were non-judgmental about protégé questions or knowledge needs. A few participants felt like their questions were "stupid", "pestering", and "bothering" because they asked a lot of questions to acquire knowledge about the role. Many participants did not have formal training in nursing education and wanted a mentor who was non-judgmental about their lack of knowledge.

In addition, protégés who connected with their mentors built a trustworthy relationship. Participants spoke of having mentors they could trust with questions, confidential issues, and sharing feelings without repercussion. Several protégés discussed the challenges with transitioning into academia as novice nurse faculty and feeling "frustrated", "stressed", "inadequate", "scared of failure", "underqualified", and "overwhelmed". Protégés depended on mentors to be a safe place where they could share

their thoughts, feelings, and questions without being judged or looked down upon. One participant stated, “If I did have a genuine concern, I knew I could run it past someone who I could trust, who wouldn’t judge me for not immediately knowing the answer to something and talk it through with me.” Mentoring relationships that are a safe place where a protégé can connect with mentors through sharing thoughts, feelings, and questions is an important expectation.

In conclusion, connecting with mentors included a deeper, personal relationship that included many of the characteristics of friendship. Protégés connected with the mentors over casual conversation about families and pets that resulted in getting to know each other on a more intimate and personal basis. Mentors sought and valued the protégés opinions and experience that provided a boost self-confidence and validation for protégés as novice nurse faculty. Mentors were also trustworthy and provided a safe space for protégés to ask questions and share feelings in a non-judgmental manner. Connecting with mentors is a vital process in the mentoring relationship as it met expectations of protégés to develop a deeper, personal connection that included friendship. Phase five: *doing the work of mentoring* discusses the mentoring relationship meeting the career development expectations of learning the nurse faculty role.

Phase Five: Doing the Work of Mentoring

After connecting with a mentor and building a personal relationship and friendship, protégés and mentors then moved into the fifth and final phase of the mentoring process: *doing the work of mentoring*. *Doing the work of mentoring* encompassed functioning in the role and developing a career as a nurse faculty member. Phase five met the career development expectations that protégés had of the nurse faculty

role. Once protégés connected with a mentor and developed personal relationships, mentoring shifted to supporting the protégé in functioning as nurse faculty. Furthermore, a focus was placed on career development and future trajectory for the protégé. Focusing on career development and future trajectory tended to be in established, long-term mentoring relationships (i.e., those in the nurse faculty role one year or more), versus those in their first semester or academic year. A critical element of this process is that functioning in the faculty role was not simply just answering questions or providing resources for the protégé, but rather an active interest in helping the protégé *succeed* in functioning and developing a career as a nurse faculty member.

Functioning in Nurse Faculty Role

One of the underlying goals of mentoring is to learn how to function in a new job role from a more experienced mentor (Kram, 1985). Participants described several expectations for functioning in the nurse faculty role and how their mentors helped them meet expectations. In earlier mentoring phases, participants recognized their knowledge needs and began to acquire knowledge as a result of mentoring relationships. Protégés then developed a personal and mutual connection with their mentors that deepened the relationship and met the protégé's expectations. Only after these deeper connections were made could the mentoring process move into *doing the work of mentoring* by assisting the protégé in functioning in the faculty role.

Participants desired feedback as a way to acquire knowledge early on in the faculty role. Similarly, participants explained that they also utilized feedback to grow into better nurse faculty as a way to successfully function in the faculty role. While feedback to acquire knowledge was typically through correction on a task, participants described

feedback for functioning in the faculty role as more thought or interaction based. For example, one participant shared that her mentor emailed her positive feedback regarding an interaction with students. Another participant shared that her mentor would provide feedback regarding thought processes for research ideas. Most of the examples of feedback tended to be positive and reaffirmed to the protégé that they were functioning well in the faculty role.

Participants also shared that their mentor provided learning opportunities to help development in the faculty role. Learning opportunities included more advanced tasks such as curriculum and course revisions, designing a new assignment or lecture. Earlier on in the mentoring relationship, acquiring knowledge was through active learning from the mentor and asking questions to troubleshoot acute issues or seeking resources. In phase five, learning opportunities consisted of higher-order functioning in the faculty role that entailed the protégé taking on more advanced opportunities with teaching, scholarship or service.

One participant shared that an informal mentor she sought out as a research mentor invited her to research team meetings for input on future trajectory while also providing substantial feedback on a grant submission for a federally funded grant. Another participant shared that her mentor was well-versed in critical race theory and was working with her mentor to make curriculum changes to support diversity and inclusion efforts in the program. In this case, the protégé utilized her mentor's knowledge as a learning opportunity to work with her mentor to make curriculum changes. Protégés described mentors who provided advanced learning opportunities to assist in growing and functioning in the faculty role.

In addition to providing learning opportunities, mentors also challenged the protégé's thinking. Several participants mentioned the vast differences between being an expert Registered Nurse and a nurse faculty member. The tripartite faculty role requires different skill sets and thought processes. Participants mentioned that their mentors challenged their thinking regarding teaching, student interactions or research ideas to help them think like a faculty member. One participant shared,

I like that she doesn't just give me the answer, she picks my brain and says 'What are you thinking about this? Or that?' And then I explain, and she says, 'Ok, well. So, have you thought about this? Have you thought about it this way?' And I'd be like 'Oh no. I don't know. I didn't think about it that way. But, yes. That might work too.' It's almost like she helps me brainstorm if that makes sense? Which is very helpful.

This quote is an example of how the mentor challenged the protégé's thinking by helping her brainstorm different ways to approach decision making in the faculty role.

Lastly, protégés explained that their mentors also helped them clarify the requirements for the tripartite role. Several participants shared that they had no idea about the tripartite role or promotion and tenure entering into the faculty role. One participant said, "I literally came in fresh, brand new. And as faculty, I don't truly...like you know, what you're getting into, but you don't." Another participant shared that no one ever shared what his specific responsibilities were in the faculty role when he started as faculty saying, "There was nothing ever put out there saying, 'Ok. This is your expectation for scholarship, this is your expectation for service.'" Several participants echoed this sentiment about not being clear on faculty expectations or ever being explicitly told about what their expectations were for the tripartite role.

Mentors helped clarify expectations and requirements for the faculty role. Several participants were on the tenure track and expected to teach, produce scholarship and participate in service. Participants described having deficient knowledge in *all* of the faculty expectations and responsibilities. Mentors helped fill this knowledge gap by explaining faculty responsibilities and providing opportunities for protégés to succeed in the tripartite role. One participant shared that she felt confident in teaching and was involved in service, but that scholarship was not her “strong subject”. However, her mentor helped her work through her scholarship responsibility by saying, “She’s really kind of eased my fears and kind of calmed me down when it comes to that [scholarship] and has helped with preparing me for the future of what to do.”

A few other participants mentioned that their mentor invited them to participate on their research teams for research studies or writing a manuscript. Even those participants with a doctoral degree voiced concern about being novices in independent research and desired a mentor who could help them establish their scholarship trajectory. Several of these participants found support in informal mentors whom they connected with and assisted them in doing the work of mentoring to function in the faculty role. Formal and informal mentors clarified faculty responsibilities, expectations, and worked to set up protégés for success in scholarship, service, and teaching.

Developing Protégé’s Career

To begin, mentors encouraged the protégé’s growth and advancement in the nurse faculty role. Several participants shared that their mentors “pushed” or “encouraged” them to take on additional responsibility or opportunity to advance their careers as nurse faculty. Two participants explained that their mentors encouraged them to pursue a

terminal degree and ended up enrolling in doctoral programs to further their education.

One participant shared,

It is also...very much changed where she [mentor] is pushing me to take on more and more things. Like, I shouldn't say pushing...encouraging me! Like when she knew I was thinking about school, it was like 'Oh my gosh! Yes! You need to do this! This is for you!' When I was considering taking on a co-chair position on a committee, it was like 'Yes! You need to do this!' So, I feel like we've moved from...she was just keeping my head above water to now, 'You're ready to take on more stuff!'

Another participant shared a similar story that his mentor called and encouraged him to take on a senior administrative faculty position. Protégés described mentors who encouraged them to broaden their horizons and look to the future for opportunities for growth and advancement in the nurse faculty role.

Several participants shared that they were taking on leadership roles, even as novice nurse faculty as a result of mentor encouragement. A majority of these leadership roles encompassed being a course leader/coordinator or chairing a committee. One participant took on a senior administrative faculty position. Participants shared that mentors helped them prepare for leadership through encouragement or planning for a leadership role. For example, one participant shared that her mentor slowly introduced more teaching responsibility over the course of a few semesters to help prepare the protégé to completely take over a course and the course leader position.

In addition, a few participants mentioned that their mentors saw something in them that they did not see in themselves. Participants explained that their mentors had a vision for the protégé's future in which mentors facilitated opportunities for leadership or future trajectory in the profession. Protégés also described being able to meet goals because of the mentor's active interest in helping to develop the protégé as a nurse

faculty member. Participants explained that they were able to actively collaborate with their mentors and other faculty to meet goals in scholarship, service, and teaching. One protégé shared that her informal mentor has helped meet goals in scholarship by saying,

She's putting me on as a Co-PI [principal investigator] on a study that she's going to be working on, and I think all of this is coming because I continued to kind of say 'Hey, if there is anything coming through, I'll work on it, this is a goal of mine.' And then of course, she...she's in charge of reading all my reappointment materials, my goals, how I've been able to contribute to the three pillars at this point, and what I want to do...what I see moving on. And she's very good about reading that and making sure that stuff happens.

This quote demonstrates that the mentor was attentive to the protégés goals and played an active part in assisting the protégé to meet scholarship goals to be successful at promotion and tenure.

Finally, because mentors and proteges did the work of mentoring to help the protégé function as nurse faculty and develop a career in academia, participants shared they felt joy, fulfillment, and belonging as a novice nurse faculty. Once participants created a mentorship pathway including a formal and/or an informal mentor and began to function and develop a career as a nurse faculty, they recognized the importance and value of the mentoring relationship. Participants mentioned they were grateful for their mentors and mentoring relationships as effective mentorship helped the protégé navigate academia as a novice nurse faculty.

One participant said about his two informal mentors, "I'm so grateful for them and it's something that I cannot give back to them...in equality what they have done for me. And how I benefit from their experience and from you know, who they are as people." Another participant shared the importance of doing the work of mentoring and being grateful for her informal mentoring relationship,

I'm very grateful for it. Because like I said, not every...we don't have a formalized...so some people do a lot more than others. The mentor-mentee relationship can be really great, or you may not jive with each other. And so, I was very, very fortunate in that manner.

Both of these quotes demonstrate how grateful the protégé's were for their mentors and the importance of connecting and doing the work of mentoring to navigate academia.

In conclusion, phase five: *doing the work of mentoring* included helping the protégé function in the faculty role and develop a career in academia. Protégés felt grateful that their mentors took an active interest in developing them as nurse faculty.

The theoretical framework, *Creating Mentorship Pathways to Navigate Academia* describes the process of novice nurse faculty creating different mentorship pathways to meet their knowledge needs and expectations of mentoring and the faculty role. Several participants developed connections with their formal mentors early on, while others went on to seek informal mentors to help them meet their needs as novice nurse faculty. Despite these differences, once participants connected with a mentor (formal, informal, or both), protégés and mentors did the work of mentoring to help the protégé navigate academia.

Creating Mentorship Pathways to Navigate Academia

Grounded theory methodology aims to develop an applicable theoretical framework that offers an interpretation of the phenomenon by participants (Charmaz, 2014). The theoretical framework, *Creating Mentorship Pathways to Navigate Academia* (Figure 4-1) describes the complex process of navigating academia as new faculty through mentorship. The vast majority of participants created mentorship pathways with both formal and informal mentorship to meet needs as a novice nurse faculty member.

Even those who were not assigned to a formal mentor were able to establish a mentorship pathway through informal mentors.

Although the initial development of the mentoring relationship was different among participants, the perceived knowledge needs of novice nurse faculty advanced the process through the creation of mentorship pathways. Participants were acutely aware of their knowledge gaps and utilized mentorship to acquire knowledge of the nurse faculty role. Once participants identified a mentor (formal or informal) who took an active interest in assisting the protégé with transitioning into the faculty role, deeper connections formed within the mentoring relationship. Deeper connections between the mentor and protégé resulted in a mutual and effective mentoring relationship that focused on the work of mentoring to develop the protégé as a nurse faculty member.

Conclusion

Over time, participants navigated academia with the assistance of a mentor who advanced the career and psychosocial development of the protégé resulting in novice nurse faculty who were able to function as nurse faculty in academia. Novice nurse faculty created mentorship pathways to meet knowledge needs, while relying on mentors to assist in acquiring knowledge and meeting expectations. Furthermore, novice nurse faculty were able to establish deeper connections that resulted in friendships that provided support and encouragement as participants navigate the complex and unknown world of academia. The theoretical framework describes the establishment of mentorship pathways that interconnect five distinct phases of the mentoring process as experienced by novice nurse faculty to navigate academia.

Figure 4-1

Creating Mentorship Pathways to Navigate Academia Theoretical Framework



Table 4-1*Demographic Characteristics of Dissertation Study Participants*

Demographic Characteristics		n =
Gender	Female	18
	Male	3
Race/Ethnicity	African American	1
	Hispanic	1
	White/Caucasian	19
Age	Under 30	2
	30-45	12
	46-60	7
U.S. Geographic Region	Midwest	5
	Northeast	4
	South	7
	West	5
Years as a Faculty Member	0-1	8
	1-2	7
	2-3	6
Highest Level of Education	MSN	14
	DNP	3
	PhD	4
Academic Rank & Track	Assistant Professor (Tenure track)	7
	Clinical Assistant Professor (Clinical track)	7
	Instructor (Non-tenure track)	7
Level of Program	ADN	2
	BSN	15
	MSN	3
	BSN and MSN	1

CHAPTER 5: DISCUSSION, IMPLICATIONS, LIMITATIONS

The *Creating Mentorship Pathways to Navigate Academia* theoretical framework presents five mentoring phases that novice nurse faculty experience to navigate academia. The five phases describe how novice nurse faculty create a pathway that utilizes both formal and informal mentors to acquire knowledge and meet expectations in the nurse faculty role. Once novice nurse faculty connect on a personal level with a mentor, then the mentoring dyad does the work of mentoring to assist the protégé in functioning in the faculty role and career development. For a majority of participants, the mentorship pathway included both formal and informal mentorship. A few participants were able to meet their needs early on with their formal, assigned mentor. Both types of mentorship, formal and informal were used as interventions to help novice nurse faculty acclimate to academia and the nurse faculty role.

Discussion

The use of grounded theory methodology provided a fresh and unique approach to exploring the process of mentoring among novice nurse faculty. While mentoring literature is widespread, little is known about how novice nurse faculty utilize mentoring relationships to navigate the transition into academia. To understand the phenomenon of mentoring, the integrative review in Chapter 1 included an in-depth, systematic review of mentoring relationships and programs in academia. Five major topics were described including: prevalence of mentoring relationships and programs, priorities within mentoring relationships, perceived quality of mentoring relationships, outcomes of mentoring relationships and programs, and challenges within mentoring relationships.

Chapter 2 included a small study to pilot grounded theory methodology and procedures for the larger dissertation study. Despite the small sample size, data included experiences from novice nurse faculty who described three distinct phases of mentoring including: *identification, interactions, and influence*. A strength of this dissertation was that the pilot study provided the investigator an opportunity to learn grounded theory methodology and procedures before undertaking the larger dissertation study. The pilot study provided learning opportunities that were carried into the larger dissertation study such as: strategies to expand recruitment, organization of data, and learning data analysis procedures using a small, manageable data set.

In Chapter 4, the theoretical framework, *Creating Mentorship Pathways to Navigate Academia* provides a thorough description of the process of mentoring as experienced by 21 full-time novice nurse faculty from various faculty tracks, educational backgrounds, age, gender, and geographic locations. Participants provided rich data that identified the process of mentoring as experienced by novice nurse faculty through five distinct phases: *being assigned formal mentor, not having mentoring needs met, seeking an informal mentor, connecting with mentor, and doing the work of mentoring*. The theoretical framework provides a new and unique approach to explaining the process of mentoring and how novice nurse faculty create mentorship pathways to meet their needs when transitioning into academia.

A unique finding of this study is that a vast majority of participants described utilizing both formal and informal mentorship to meet their needs as novice nurse faculty. Although some novice nurse faculty were not assigned to a formal mentor, participants were able to create an informal mentorship pathway while others created a mentorship

pathway with a mixture of formal and informal mentorship to meet their needs. Some participants realized unmet expectations early on in their formal mentoring relationship and proceeded to seek out informal mentors to meet their needs. As mentioned previously, not all of these unmet expectations were necessarily negative. Several participants mentioned that their mentors were too “busy”, experienced inconsistent communication, or had difficulty in connecting with their mentor due to limited experience, personality, or lack of commonalities.

Difficulty in Scheduling and Inconsistent Communication

Difficulty in scheduling, particularly having to cancel meetings due to scheduling conflicts and being too busy in the nurse faculty role was a common theme in this study and is consistent with Hulton et al. (2016) mixed-method study evaluating an evidence-based nurse faculty mentoring program. Several participants in this study also mentioned inconsistent communication with their formal mentors, but inconsistent communication was also related to difficulty in scheduling that tended to be stronger at the beginning of the semester and tapered off over time. Participants in this study described variations in the frequency and amount of communication with mentors, a finding that is similar to Brody et al. (2016) study evaluating a mentoring program for early career gerontological nursing faculty in that only 22.7% of protégés conversed with their mentors once a month or more.

Not all participants experienced difficulty in scheduling or inconsistent communication. Participants who found success and connected with their formal mentors usually mentioned frequent and consistent communication either through co-teaching or scheduled meetings that were prioritized. This finding is supported by a

phenomenological study of novice nurse faculty in a mentoring program by White et al. (2010) that found that communication and openness were essential to developing a meaningful mentoring relationship. Participants in this study who were able to connect with their formal mentors and thus bypassed seeking informal mentorship, described specific activities that occurred over the academic year in addition to regular, consistent communication. Spreading mentoring activities over time and regular communication are best practices for academic mentoring (Nick et al., 2012). Prioritizing mentorship, keeping scheduled meetings, and regular, frequent communication is vital for successful mentoring relationships.

Lack of Connection

In addition to difficulty in scheduling and inconsistent communication, study participants also mentioned difficulty in establishing connections with their formal mentors early on in the relationship. Often times with mentoring, it is assumed that once mentoring dyads are matched that the work of mentoring just begins. However, this study describes a unique process in which participants utilize both formal and informal mentorship in which they recognize their own knowledge needs, acquire knowledge, and connect with their mentor(s) on a deeper level before the work of mentoring begins.

For many participants in this study, connecting with mentors proved to be difficult due to intricacies in personality or professional and personal experiences. As a result, participants sought out informal mentoring that met their knowledge needs and expectations for mentoring. Similarly, in a study by Swanson et al. (2017), 23.5% of mentors identified challenges within the mentoring relationships due to disconnects with their mentee (i.e. protégé). While Swanson et al. (2017) findings are specific to mentors,

this study identifies a related finding in that protégés describe similar challenges in connecting with their mentors. However, protégés are in a more precarious position as they depend on mentoring relationships to learn the nurse faculty role and acclimate into academia. In the theoretical framework, *Creating Mentorship Pathways to Navigate Academia*, connecting with a mentor occurred prior to doing the work of mentoring, which had a large impact on protégés in terms of functioning in the nurse faculty role and developing a career in academia. Thus, the lack of connection between mentors and protégés found in this study and supported by literature could have implications for the quality and effectiveness in doing the work of mentoring.

Developing Deeper Connections

While participants with both formal and informal mentors were able to establish a deeper connection in their mentoring relationships, protégés described their informal mentoring relationships as more dynamic, defined as marked by energy or productive activity (Suplicki & Molino, 1999). Participants described informal mentorship with terms like “reciprocal”, “approachable”, “responsive”, and “open” leading to a more dynamic, active relationship. In this study, the majority of participants who sought informal mentorship developed deep connections with their informal mentors.

Informal mentoring relationships tended to be based on reciprocal, personable relationships through a current or previous professional connection. Current or previous professional connections were typically teaching in the same course, similar clinical backgrounds, formal leadership, or close proximity via office space which facilitated frequent contact and communication. This finding is supported by the literature that connecting with a mentor on a deeper level is typically established through similarities,

frequent contact, and previous relationships (Allen et al., 2006; Eby et al., 2013; Nick et al., 2012). The theoretical framework developed in this study highlights the importance of developing connections with a mentor, as deeper connections are integral for doing the work of mentoring and finding success in the nurse faculty role.

Knowledge Needs of Novice Nurse Faculty

This study also provides insight to specific self-identified knowledge needs of novice nurse faculty. Participants provided specific examples of knowledge needs, particularly surrounding the tripartite faculty role of scholarship, service, and teaching. Novice nurse faculty described feeling frustrated and overwhelmed in learning the tripartite role and understanding the unique expectations of faculty in academia. While previous studies (Jeffers & Mariani, 2017; White et al., 2010) do identify similar experiences among novice nurse faculty, this study provides insight to *all* of the tripartite faculty role knowledge needs.

Much of the research regarding novice nurse faculty primarily surrounds the teaching responsibilities of the faculty job (Anibas et al., 2009; Brown & Sorrell, 2017; Cangelosi, 2014; Weidman, 2013; White et al., 2010), but not necessarily the scholarship and service responsibilities that may also be required of novice nurse faculty. While not all participants were on a tenure track, majority of participants did identify knowledge needs and responsibilities in scholarship, service, and teaching. Many participants were already involved in service work prior to the faculty role, but almost all novice nurse faculty in the study (despite level of education or degree) identified knowledge needs in both teaching *and* scholarship.

This study also provides an in-depth exploration of how protégés interact with mentors to acquire knowledge and meet expectations as novice nurse faculty in academia. Interestingly, participants described that nurse faculty colleagues made assumptions regarding novice nurse faculty knowledge needs and expectations. Several participants described mentors as “need-based”, where it was up to the protégé to approach the mentor for questions or learning needs. While the protégé does need to take an active role by approaching mentors with questions, this responsibility should not be solely placed on the protégé. Several participants also struggled with knowing what to ask their mentors. Interestingly, five participants used the phrase, “I don’t know what I don’t know” indicating frustration that their needs as novice nurse faculty were not anticipated in the mentoring relationship.

Importance of Informal Mentors

Since novice nurse faculty were acutely aware of their knowledge needs, participants realized the need to create a different pathway for mentorship by seeking out an informal mentor. A mixed-method study by Jeffers and Mariani (2017) also describes novice nurse faculty building informal mentoring relationships with other experienced faculty who assisted with role transition. While Jeffers and Mariani’s (2017) study did describe the importance of building informal mentoring relationships with other faculty, it was unclear how exactly novice nurse faculty navigated the process of seeking informal mentorship to meet their needs.

In this study, novice nurse faculty built relationships with other nurse faculty to develop informal mentoring relationships, but a thorough process was identified that explained how and why novice nurse faculty seek informal mentorship. Interestingly, it

seemed that participants had easier access to informal mentors through previous relationships, similar backgrounds, or frequently working together in a course. Previous connections, commonalities, and frequent interactions lead to a natural connection with informal mentors and development of a mentoring relationship. Research supports this finding as connecting with mentors on a deeper level through similarities such as personality, values, beliefs, and attitudes can increase psychosocial support and relationship quality (Eby et al., 2013). While participants did not mention specific beliefs or values they shared with mentors, many did describe the positive relationship qualities of mentors such as “nice”, “approachable”, “kind”, and “encouraging”.

Effective Mentoring

The hallmark of effective mentoring is that the relationship between the protégé and mentor is reciprocal (Kram, 1985). Protégés who develop deeper connections with mentors described an active, reciprocal relationship in which the mentor took an active interest in the protégé’s career development, leading to friendship and moving on to the work of mentoring. While mentors can and do answer questions from the protégé, effective mentoring also includes career and psychosocial development that extends over time, supporting Kram's (1985) seminal theory of mentoring. This study found that deeper connections and doing the work of mentoring was accomplished by mentors who took an active interest in proteges rather than those who took a need-based approach.

In addition, effective and reciprocal mentoring relationships lead to the development of deeper connections that resulted in a more personal relationship that included trust and friendship. Several participants reiterated the importance of having a mentor they could trust and confide in, especially as novice nurse faculty. Many

explained that they had questions they felt were elementary or wanted to know the unspoken rules and expectations but desired a mentor they could trust to ask these difficult questions. Having a trustworthy mentor was essential for developing deeper connections, similar to a finding by Gentry and Johnson (2019) that nurse faculty rated having a trusting mentoring relationship was the most important characteristic for a mentoring relationship.

In this study, participants explained that they expected friendship in their mentoring relationships in addition to career and professional development in the nurse faculty role. Participants craved reciprocal, trusting, and personable relationships that would develop into friendship with their mentors that also fulfilled their expectations of mentoring relationships. In contrast, Gentry and Johnson (2019) found that the lowest importance in a mentoring relationship was having a mentor provide psychological support as reported by nurse faculty.

This study found that novice nurse faculty placed importance on deeper connections that produced psychological support in terms of developing personal relationships through friendship, providing advice, and valuing the protégé as a colleague and friend. Kram's (1985) seminal work in mentoring also support this study's findings as mentoring provides two distinct functions for career and psychosocial development. These findings may differ as this study focused on novice nurse faculty, while Gentry and Johnson (2019) included nurse faculty with all levels of experience. Novice nurse faculty may require more psychological support early on in their academic careers to assist them in navigating the new and unknown world of academia.

Incivility

Unfortunately, several participants in this study also experienced incivility in their mentoring relationships. Two participants described handling incivility from their mentors by approaching them directly to address the issue, leading to an improvement in the relationship. However, others experienced incivility that left them realizing unmet expectations of their mentoring relationships. This study's findings of incivility such as shutting down the protégé's input and experience, lack of mentoring, stress, and feeling overwhelmed are supported by literature of novice nurse faculty in mentoring relationships (Jeffers & Mariani, 2017; Peters, 2014).

Experiencing incivility by mentors adds additional challenges to the mentoring relationship that may be difficult to overcome for novice nurse faculty who are already in a vulnerable position. As a result, a few participants mentioned considering leaving their faculty role due to incivility. Unfortunately, this study finding is also supported by the literature; as a relationship exists between experiencing incivility intent to leave among nurse faculty (Gormley & Kennerly, 2011; Wunnenberg, 2020). Strategies to address incivility in academic environments is needed to cultivate positive environments and mentoring relationships that retain nurse faculty members.

The theoretical framework describes the process of mentoring as experienced by novice nurse faculty. The transition into academia is fraught with challenges for novice nurse faculty. Participants recognized the shift from being a clinical expert to a novice faculty member while also being acutely aware of their knowledge needs and gaps. Unfortunately, several participants also experienced incivility from their mentors leading some to consider leaving their faculty positions. All of these challenges were also paired

with participants trying to seek informal mentorship to create mentorship pathways that helped them meet their needs to successfully transition into academia. Nursing programs must cultivate inclusive and positive environments that support novice nurse faculty through effective mentorship.

Implications

This study advances knowledge regarding the process of mentoring relationships among novice nurse faculty. Participants in this study shared their experience with mentoring in academia as novice nurse faculty. As a result, a theoretical framework was developed that described the process of mentoring and how participants utilized mentorship to navigate academia. The phases of the mentoring process shapes implications for nursing programs, academic nurse leaders, and nurse faculty who serve as mentors for novice nurse faculty. Each mentoring phase and associated implications will be discussed below.

Phase One: Being Assigned a Formal Mentor

Although mentoring is recommended as a best practice for nursing faculty by professional nursing organizations (Grossman, 2013; McBride et al., 2017; National League for Nursing, 2008), five participants were not assigned a formal mentor nor had the opportunity to participate in a formal mentoring program as a novice nurse faculty member. Every faculty member should have an equal opportunity to participate in a mentoring program that is consistent with AACN (2005) and NLN (2006, 2008, 2018) recommendations for best practices in faculty development and retention. Schools of nursing should build a thorough and robust orientation program and offer mentoring

programs and relationships that address all aspects of the faculty role (scholarship, service, teaching) in a reoccurring and consistent time frame for all novice nurse faculty.

In addition, several participants mentioned that they were unclear on how they were matched with formal mentors, leading to questions regarding the matching process and ultimately resulting in participants seeking informal mentorship. Participants questioned the planning and structure of mentoring programs due to the perception that mentoring dyads lacked purposeful and appropriate pairing. The literature outlines best practices for academic mentoring by appropriately matching dyads through pairing scenarios or seeking mentor and protégé input during the matching process (Nick et al., 2012). Considerations should be taken for age, race, gender, career path, background, expertise, and organizational culture when matching mentoring dyads (Grossman, 2013; National League for Nursing, 2008). Despite best practices for matching dyads, only one participant had input on being matched with her formal mentor.

The lack of input from protégés on the matching process can potentially lead to incompatible mentoring dyads, thus directing participants to seek informal mentorship. Matching mentoring dyads through a purposeful process using best practice also has implications for mentorship quality. Seeking mentor and protégé input on the matching process can also result in better outcomes such as greater mentorship quality (Allen et al., 2006; Nick et al., 2012). Mentorship programs should follow best practices as outlined in the literature to seek mentor and protégé input on the matching process and to match dyads through a transparent and purposeful process.

Phase Two: Not Having Mentoring Needs Met

In phase two, participants described unmet expectations with the mentoring relationship due to the lack of structure in the mentoring relationship, disorganization, time constraints, and inconsistent communication. Effective mentoring skills may not be innate and participating in a mentoring training program may benefit both the mentor and protégé. It is unknown if mentors in this study were trained in mentoring before being assigned to take on a protégé but offering mentor training programs is a best practice for academic mentoring programs (Nick et al., 2012). Nursing and mentorship programs need to develop evidence based mentoring programs that can assist in training mentors and protégés so that clear goals, expectations, and responsibilities are set early on in the relationship.

Several participants also shared stories of experiencing incivility from mentors. While a few participants addressed incivility directly with their mentors, others approached administrators looking for help in dealing with the mentor's behavior. Unfortunately, the incivility toward the novice nurse faculty persisted, leading to unmet expectations with mentorship and thoughts of leaving the organization. While not a new phenomenon, faculty-to-faculty incivility is thought to occur just as often as incivility in the practice setting, but is widely understudied (Clark, 2017; Fischer, 2017).

Cultivating healthy work environments that sustain civility among faculty members takes dedicated leadership skills to identify and confront negative behaviors while also promoting accountability (Clark, 2017; Fischer, 2017). Strategies such as transformational leadership (Fischer, 2017), promoting collegial environments (Peters, 2014), stress reduction and counseling (Clark & Springer, 2010), creating a confidential

system for reporting, and rewarding civility (Clark, 2017) can all help create healthy work environments in where all faculty and staff are valued. In order to retain nurse faculty and promote inclusive and welcoming organizations, incivility must be addressed and remedied on all levels within the organization.

Phase Three: Seeking an Informal Mentor

The hallmark of phase three was seeking informal mentorship as a complementary pathway to formal mentorship. Interestingly, informal mentors tended to work frequently with novice nurse faculty through a commonality such as teaching in the same course or similar clinical background. Participants tended to have easier access to additional guidance and support through informal mentors as they tended to work alongside in teaching or research responsibilities. Efforts need to be made to place novice nurse faculty in courses or in close proximity (i.e., office space) to experienced nurse faculty who can anticipate the needs and questions of novice nurse faculty.

It is also important to note that several participants mentioned observing their informal mentors to acquire knowledge. Learning from informal mentors through observation in different settings (i.e., classroom, clinical, faculty meetings) has implications for how mentoring relationships are structured. Typically, traditional, formal mentoring dyads focus on building the relationship through one-on-one meetings (Grossman, 2013; Zachary, 2009). While structured and scheduled meetings are essential for effective mentorship, this study highlights the importance of learning from mentors in other settings outside of meetings. A unique finding was that participants described learning from observing informal mentors, which provided a way to learn visually in addition to auditory learning from one-on-one meetings. Majority of informal mentors

were in a leadership role such as course leader/coordinator, department chair, or program director. Therefore, nurse faculty who serve in leadership positions are considered role models and can have a powerful impact on novice nurse faculty through informal mentoring and acquiring knowledge. Providing opportunities to learn from experienced faculty outside of one-on-one meetings is also needed. The importance of observing experienced faculty in different situations and settings is essential for novice nurse faculty to learn the nurse faculty role.

This study highlights the importance of both formal and informal mentorship. As noted earlier, some participants sought out informal mentors to complement formal mentorship to meet knowledge needs and expectations. While some formal mentoring dyads were incompatible, others sought out informal mentors as a resource for a learning need or expectation. Establishing informal mentorship in addition to formal mentorship is similar to a multiple mentoring model. While this study focused on traditional mentoring dyads, the multiple mentoring model allows the protégé to develop relationships with other mentors who meet specific needs (Grossman, 2013). Interestingly, majority of participants in this study were assigned to traditional mentoring dyads but pivoted into an individualized multiple mentoring model to meet needs.

Multiple mentoring allows for the identification of experienced faculty members to serve as a mentor to meet a specific need. Multiple mentoring provides advantages such as receiving advice from different colleagues, less time spent focusing on finding one mentor to meet all needs, and opportunities for diverse mentors (Grossman, 2013). Expanding mentoring practices and models to include multiple mentoring or peer

mentoring could benefit novice nurse faculty rather than solely depending on formal mentorship.

In this study, novice nurse faculty were able to identify experienced nurse faculty through a current or previous connection, who would serve as informal mentors that provided knowledge and resources to learn skill sets needed for the nurse faculty role. However, it was left up to novice nurse faculty to figure out who to approach for specific needs. Novice nurse faculty may face difficulties in being able to identify all of the experienced faculty who have expertise in a needed skill set, especially in large nursing schools/departments. Recognizing novice nurse faculty skill development needs and creating a multiple mentoring model with experienced faculty members to serve as mentors to address specific development needs (i.e., scholarship, service, teaching) is needed in academia. Therefore, experienced faculty and academic nurse leaders need to be proactive in recognizing and developing multiple mentoring models to allow novice nurse faculty members to draw on the expertise from several mentors to meet needs.

While the formal mentor-protégé dyad may work for some faculty members, expanding mentorship models may provide alternatives for those who experience incompatible dyads or seek resources from another faculty member with expertise to fill a specific knowledge need. Additional research is needed on the process and outcomes of different mentoring models such as multiple mentoring and peer mentoring in academia. Establishing an organizational culture that prioritizes mentorship and appropriately trains all faculty in effective mentorship is needed.

Some participants formed informal mentorship with an experienced faculty member with whom they had a current or previous professional connection. Several participants mentioned a previous connection with their mentors through graduate school or teaching in an adjunct role. Interestingly, four participants hired on as faculty at the same place where they completed their graduate education. A few participants even established effective mentoring relationships during graduate school that extended into their faculty roles by utilizing their graduate school mentors as informal mentors.

In addition, another five participants had worked in part-time adjunct faculty roles before hiring on as full-time faculty. Novice nurse faculty who had familiarity with the organization and established relationships due to prior connections had insight to faculty that were responsive, approachable, and could provide needed resources. As a result, these previous professional connections were able to easily transform into informal mentoring relationships that met the needs and expectations of novice nurse faculty.

The implications of previous professional connections is two-fold. First, graduate schools and adjunct faculty are pipelines for recruiting novice nurse faculty. Faculty who mentor graduate students are in a prime position to encourage student protégés who are interested in a faculty role to join the academy as a faculty member. Second, identifying current or previous connections between current faculty and incoming novice nurse faculty should be established early on and efforts should be made to facilitate these connections through mentorship. Pairing mentors and protégés with previous connections can reduce the chances of incompatible dyads due to lack of natural connection or incivility.

Phase Four: Connecting with Mentor

Connecting with mentor(s) is a vital component to the mentoring process, as it allows for deeper connections that entail social and personal relationships. Mentors were described as faculty members who took an active interest in helping provide resources and in developing the protégé to become a successful faculty member. Although mentors can and do answer questions, protégés described a connection that transcended a question-and-answer based relationship, but rather a relationship in which the protégé was valued for their experience and opinion. The scope of this connection included a reciprocal, authentic relationship that focused on role and career development through friendship.

A deeper connection was established when value was placed on the mentoring relationship and the mentor viewed the protégé as a colleague. Several participants mentioned a critical point in the mentoring relationship where the relationship shifted from a vertical relationship where the mentor just provided information and resources to a horizontal relationship where participants felt their mentor saw them as a valued colleague. One participant described the deeper connection and shift in the mentoring relationship as “We are now on the same playing field.” Once deeper connections were established and the relationship shifted to a horizontal relationship, participants were able to grow in self-confidence and felt a sense of belonging as a result of the relationship.

Phase four has implications for those who serve as mentors as participants had two expectations for mentorship: expectations for the nurse faculty role and expectations for the mentoring relationship. In addition to the career development expectations of the nurse faculty role, novice nurse faculty expected friendship in their mentoring

relationships. A critical piece of creating the deeper connection is through seeking opinions from the protégé. Mentors who sought and valued the protégé's professional experience and insight — despite being novice faculty members — opened the door for deeper connections through a personal and professional relationship that increased the protégé's self-confidence and sense of belonging. Deeper connections allowed for growth and development in the faculty role and a trusting, reciprocal friendship in the mentoring relationship.

An implication of this finding is that experienced nurse faculty who serve as mentors can better understand novice nurse faculty expectations for mentoring by including career development and a personal relationship with the protégé. In addition, mentors should also seek to include the protégé in decision making, while also valuing the protégé's opinion and experiences. Several protégés were nationally known leaders in nursing prior to entering the faculty role, and valuing their experience created a sense of belonging in the organization. In contrast, protégés who were shut down and whose opinions were discarded faced frustration and stress due to incivility. Mentors and academic nurse leaders need to cultivate inclusive organizations where everyone is valued for what they bring to the organization. Furthermore, opportunities to connect with novice nurse faculty on a personal level are also needed to create an supportive, accepting environment where friendships flourish.

Phase Five: Doing the Work of Mentoring

Fifth and final phase, *doing the work of mentoring* included mentors who assist novice nurse faculty in functioning in the faculty role and developing careers as nurse faculty members. Mentors provided learning opportunities, frequent feedback, and

addressed career development needs of the protégé. The scope of phase five: *doing the work of mentoring* did not just provide appropriate resources for novice nurse faculty, but rather focused on setting up the protégé for success in the nurse faculty role. Due to the promotion and tenure structure, academia can be a highly competitive environment. *Doing the work of mentoring* includes a mentoring relationship where competition does not exist, and a genuine interest is taken in developing novice nurse faculty for success as a faculty member.

An implication of phase five is that mentors and academic nurse leaders need to align novice nurse faculty for success early on in their faculty careers. One intervention to align novice nurse faculty for success is to promote collaboration in scholarship, service, and teaching. Even participants who had formal education in teaching and research desired mentorship and collaboration as they had limited experience in the unfamiliar environment of academia. Inviting protégés to collaborate on research projects, presentations, course revisions, or committee work provide guided learning opportunities and vital career development needed in the future for promotion and tenure. In addition, mentors need to be well versed in promotion and tenure guidelines to assist novice nurse faculty in understanding requirements, which is essential for success and longevity in the nurse faculty role. Mentors and academic nurse leaders need to provide diverse learning opportunities, frequent feedback, encouragement, and measurable plans for the protégé's career trajectory, as these were common activities in effective mentoring relationships.

In conclusion, the implications of the creation of mentorship pathways by novice nurse faculty are that effective mentorship relationships cannot be assumed, but rather need time, appropriately matched dyads, recognition of protégé's knowledge needs, and awareness of the expectations of the mentoring relationship and nurse faculty role. Academic nursing and mentoring program leaders need to create check-ins to assess the effectiveness of the mentoring relationship to ensure dyads are meeting expectations, connections are being developed, and the work of mentoring is being done. In this study, once participants realized unmet expectations in their formal, assigned mentoring relationships, they were on their own to seek informal mentorship to meet their knowledge needs. Novice nurse faculty were able to create their own mentorship pathways to navigate academia, but this also led to feelings such as frustration, stress and being overwhelmed.

Theoretical Implications

The goal of a grounded theory study is to develop a middle-range or practice level theory to better understand a phenomenon (Munhall, 2012). This study explores the phenomenon of mentoring and addresses a gap in understanding of the process of mentoring among novice nurse faculty transitioning into academia. Through using grounded theory, this study develops a theoretical framework that explains the process of mentoring among novice nurse faculty in academia. The theoretical framework, *Creating Mentorship Pathways to Navigate Academia* adds to the understanding of mentoring as a phenomenon among nurse faculty.

Although Kram (1985) provides a seminal theory regarding mentoring for career and psychosocial development, theoretical frameworks in nursing are limited that explain the process of mentoring. In order to improve mentoring processes and outcomes and to better understand the context of transitioning into academia for novice nurse faculty, additional theory exploring the phenomenon of mentoring is needed. This study presents a theoretical framework grounded in data that provides a thorough description of the process of mentoring through five distinct phases as experienced by novice nurse faculty.

The *Creating Mentorship Pathways to Navigate Academia* theoretical framework adds to the understanding of the mentoring process, the context of transitioning into academia, and the outcomes of mentoring such as career development and successfully functioning in the nurse faculty role. In addition, the theoretical framework expands on mentoring theory as it includes both formal and informal mentoring relationships and how novice nurse faculty utilize mentorship to meet expectations and knowledge needs. The theoretical framework provides a visual representation of the mentoring process that describes how novice nurse faculty utilize both formal and informal mentoring to navigate academia.

Methodological Implications

This study used an analytical research process through grounded theory methodology to focus on the psychosocial change of transitioning into the faculty role, among a group of novice nurse faculty to describe the process of mentoring within the social context of academia. While mentoring is recommended as an intervention for professional development in a new role (Baxley et al., 2014), limited research is available that explores how mentoring is used as an intervention among novice nurse faculty

transitioning into academia. Other qualitative studies have researched mentoring in academia, but majority focus on the lived experience of novice nurse faculty as protégés or experienced nurse faculty as mentors. Furthermore, quantitative research on mentoring among nurse faculty may not necessarily focus on novice nurse faculty or the use of mentoring to learn the faculty role or the transition into academia. A better understanding of the intricate mentoring relationship and how these relationships develop for novice nurse faculty who are new to the highly complex academic environment was needed.

Mentoring, by definition, includes an interpersonal process for career and psychosocial development (Kram, 1985). However, a grounded theory approach was purposefully selected to better understand the phenomenon of mentoring as a process used by novice nurse faculty transitioning into academia. By using a grounded theory approach, this study was able to capture the nuances of mentoring relationships as a process to navigate academia as experienced by novice nurse faculty. Grounded theory methodology brings a fresh and unique approach to qualitative exploration of mentoring among novice nurse faculty that explores the interpersonal process of mentoring and how the mentoring process is used to navigate academia among novice nurse faculty.

In conclusion, the theoretical framework, *Creating Mentorship Pathways to Navigate Academia* and associated phases have several implications for nursing programs that offer mentoring programs, academic nurse leaders, and experienced nurse faculty who serve as mentors for novice nurse faculty. Through understanding novice nurse faculty expectations for mentoring relationships, implementing best practices for mentoring programs, cultivating inclusive organizations, and pairing protégés with

experienced nurse faculty who are willing to serve as mentors can positively impact novice nurse faculty transition into academia through effective mentorship.

Limitations

There are several limitations to this study. To begin, although the integrative review provided a synthesis of current evidence on mentoring relationships and programs in academia, several findings were tentative due to a lack of overall research. In addition, the integrative review highlights the wide variations in study designs, measurement tools, and settings used in academic mentoring research. A limitation of the pilot study included a small, homogenous sample of novice nurse faculty from the same multi-campus, state university. Even though a conscious effort was made to expand sampling and recruitment procedures to include a more diverse sample for the larger dissertation study, the sample was primarily middle-aged, Caucasian women.

In this study, majority of the participants were assigned a formal mentor, with several participating in a formal mentorship program. Out of the 21 participants, 16 were assigned to formal mentors. Ten of these participants went on to seek additional mentorship through informal mentors, with an additional 5 participants who initially had to seek informal mentorship as they were not assigned a formal mentor. The five participants who were not assigned a formal mentor and sought out informal mentorship were all clinical track or instructors. In contrast, all tenure track participants were assigned formal mentors leading to tentative inconsistencies in mentoring opportunities due to faculty track. Research demonstrates inconsistencies in mentoring opportunities for faculty depending on track with those on clinical track being less likely to be mentored or have access to a formal mentoring program (Bruner et al., 2016; Wasserstein

et al., 2007). Future research should focus on the availability of mentorship and mentoring programs for those on all faculty tracks, including clinical and instructor/lecturer tracks.

In addition, this study only focused on the process of mentoring among novice nurse faculty in the protégé role at one point in time during the beginning stages of mentoring relationships. Traditional mentoring relationships and phases typically span over several years, with the initial phase lasting 6–12 months and the cultivation stage lasting 2–5 years (Kram, 1985). Additional research is needed on how mentoring relationships among nurse faculty change and evolve over time. Exploring mentoring relationships over time could also have implications for how novice nurse faculty utilize mentorship to navigate the tenure and promotion process.

Lastly, grounded theory research requires that investigators avoid preconceptions of codes and categories during data analysis (Charmaz, 2014). Although the investigator took an active approach to avoid preconceptions and to focus on theoretical sensitivity during data analysis, it is almost impossible to undertake a research study without having a preconception about the topic. The investigator mitigated preconceptions through data quality monitoring techniques and following Charmaz's (2014) analytic procedures for coding.

Future Research

This study advances the knowledge and understanding of the process of mentoring among novice nurse faculty in academia. However, this study also highlights the need for additional research on mentoring in academia. The integrative review synthesized evidence regarding prevalence, priorities, quality, outcomes, and challenges

within mentoring relationships and programs. However, majority of the evidence for mentoring programs and relationships for nurse faculty in academia was tentative due to a lack of robust research on these topics. Additional research is needed in determining the quality, prevalence, and outcomes of mentoring programs and relationships in academia for nurse faculty.

This study explored the process of mentoring as experienced by novice nurse faculty, but future research is needed to explore the mentoring process among experienced nurse faculty who serve as mentors. Exploring the process of mentoring among mentors can add to the understanding of mentoring among nurse faculty in academia. While this study included rich data that produced a theoretical framework of how novice nurse faculty create mentorship pathways to navigate academia, participants were still novice nurse faculty with three years or less in the faculty role. In addition, participants were only interviewed at one point in time to share their experiences with mentoring as novice nurse faculty. Additional research is needed on the longevity of mentoring relationships and how mentoring and the academic environment shapes mentoring over time.

Lastly, phase four: *connecting with mentor* was achieved by both formal and informal mentorship, but the importance of the current and previous relationships and frequent contact on developing informal mentorship has implications for future research. For example, identifying similarities and connections while also matching dyads who can work closely together can potentially impact the significance of connecting with mentors. While this study provided fresh insight into the process of mentoring relationships as

experienced by novice nurse faculty, additional research is needed on the phenomenon of mentoring for all nurse faculty in academia.

Conclusion

Mentorship is a complex, interpersonal process that impacts the transition of novice nurse faculty into academia. Although mentoring is widely recommended for nurse faculty, evidence is tentative for many aspects of mentoring programs and relationships in academia. Furthermore, little is known about how novice nurse faculty utilize mentorship to navigate academia. The purpose of this grounded theory study was to develop a theoretical framework that describes the process of mentoring relationships as experienced by novice nurse faculty. The resulting theoretical framework, *Creating Mentorship Pathways to Navigate Academia* explains the complex process of the phenomenon of mentoring and how novice nurse faculty create mentorship pathways to meet knowledge needs and expectations.

The theoretical framework focuses on the complex, interpersonal process of mentoring as experienced by novice nurse faculty who enter into academia with varying levels of education and experience. As a result, novice nurse faculty depend on mentoring relationships to help them navigate academia and learn the nurse faculty role. This study adds to the knowledge base of the phenomenon of mentoring by highlighting the intricacies of mentoring relationships as experienced by novice nurse faculty, including specific knowledge needs, expectations, and interactions that are needed for effective mentorship in academia. Study findings provide a fresh and unique approach to the process of mentoring as experienced by novice nurse faculty who create mentorship pathways as a way to navigate academia.

Mentoring relationships and programs are widely promoted in the nursing profession, but as this study demonstrates, simply assigning a mentoring dyad or participating in a mentoring program does not necessarily equate to high quality and effective mentoring. Consequently, some novice nurse faculty seek additional mentorship through informal mentors to help fill the gap left by unmet expectations and disconnects in formal mentoring relationships. For those novice nurse faculty who do have their expectations met by formal mentors, it is also important to reiterate that many did go on to seek informal mentorship to supplement their knowledge needs to navigate academia. Thus, it seems that mentoring is not a “one size fits all” approach and considerations need to be taken at all levels of the mentoring process to facilitate high quality, effective, and reciprocal mentoring for novice nurse faculty.

In conclusion, this dissertation presents a critical analysis of mentoring in academia in addition to developing a new theoretical framework that explains how novice nurse faculty create mentorship pathways to navigate academia. While the challenges faced by novice nurse faculty transitioning into academia are apparent, mentoring can serve as a valuable and effective intervention for acquiring knowledge and functioning in the faculty role. Mentoring, formal or informal has the power to ease this transition through deep connections with mentors that result in novice nurse faculty being able to successfully function in the faculty role and furthering career development in academia.

APPENDIX*Integrative Literature Review Findings*

Author & Year	Purpose of Study	Study Design	Setting & Sample	Key Findings	Associated Topic
Agger, Lynn & Oermann (2017)	To explore how faculty mentoring and resource allocation operate within schools of nursing (BSN or higher degree) in the United States.	Quantitative descriptive	206 deans and directors from AACN schools of nursing across the United States.	85% of nursing schools reported the availability of mentoring programs at the school/department level for new doctorally prepared faculty. 45% of deans/directors reported university mentoring or professional development programs.	Prevalence of mentoring programs.
Anibas, Brenner & Zorn (2009)	To examine the experiences, expectations, and needs of novice teaching academic staff with a focus on mentoring experiences.	Qualitative descriptive design with naturalistic inquiry	10 teaching academic staff in baccalaureate nursing programs at liberal arts universities in the Midwest.	Teaching academic staff described experiences of being precepted rather than mentored. No participants described being in a long-term mentoring relationship. Perceived differences were noted in mentorship based on faculty education, with PhD prepared faculty having more mentorship opportunities. Participants draw on experience to provide perspective about the needs to become a preceptor/mentor such as experience and relationship with others.	Prevalence of mentoring.

APPENDIX*Integrative Literature Review Findings*

Author & Year	Purpose of Study	Study Design	Setting & Sample	Key Findings	Associated Topic
Brody et al. (2016)	To evaluate the Peer Mentoring Program by describing the experience, efficacy, and value of the program for mentees and mentors as well as areas for improvement.	Mixed method: quantitative descriptive with open-ended, qualitative questions	20 mentors and 22 mentees (N=42) who are legacy members of the National Hartford Center for Gerontological Nursing Excellence (NHCGNE).	Outcomes and perceived program effectiveness of the NHCGNE peer mentoring program were measured by the majority of mentors (64.7%) and mentees (72.7%) reporting perceived value of the program, while 95% of mentees would recommend the peer mentor program to future scholars. Participants experienced differences in length of time in communicating within mentoring relationships with 68.2% of mentees reporting conversing with their mentor less than once a month.	Program outcomes.
Bruner, Dunbar, Higgins & Martyn (2016)	To develop a survey tool to benchmark school of nursing faculty mentorship priorities and conduct a gap analysis of how well mentorship priorities were being met.	Quantitative descriptive	38 tenure, clinical, and research track faculty members at Nell Hodgson Woodruff School of Nursing at Emory University, Atlanta, GA, USA.	81.8% of respondents reported mentoring the highest ranked priority for achieving promotion or a successful career. 26.3% of respondents reported having an assigned primary mentor, 36.8% reported having a career mentor and 16% of respondents had both an assigned primary mentor and career mentor. Faculty reported on the top five priorities for mentoring: guidance producing publications	Prevalence of mentoring; faculty priorities for mentoring.

APPENDIX*Integrative Literature Review Findings*

Author & Year	Purpose of Study	Study Design	Setting & Sample	Key Findings	Associated Topic
				(70.4%), work-life balance (68%), putting together promotion packages (61.5%), test writing (60.0%), and utilizing technology in the classroom (60.0%).	
Chung & Kowalski (2012)	To collect data from full-time nursing faculty members regarding the status of their current mentoring relationship and the quality of that relationship, job stress, psychological empowerment at work, and job satisfaction.	Quantitative descriptive cross-sectional	959 full-time nursing faculty working in CCNE accredited nursing programs across the US.	40.5% of nurse faculty participants had a current mentor. The subsample who were currently mentored were asked about the quality of mentoring relationships with 75.7% reported "good" quality, 19.5% reported "fair" quality, and 4.8% reporting "poor" quality. The highest rated quality aspects within mentoring relationships were (1) the extent that mentor conveyed feelings of respect as an individual ($M = 4.11$, $SD = 1.03$) and (2) extent that mentor has served as a role model ($M = 3.95$, $SD = 1.11$). Mentored faculty demonstrate significantly higher job satisfaction ($M = 3.07$, $SD = 0.52$), and psychological empowerment ($M = 5.47$, $SD = 0.81$) and less overall job-related stress ($M = 2.54$, $SD =$	Prevalence of mentoring; perceived quality of mentoring; Mentoring relationship outcomes.

APPENDIX*Integrative Literature Review Findings*

Author & Year	Purpose of Study	Study Design	Setting & Sample	Key Findings	Associated Topic
				0.67) than those faculty who are not mentored.	
Gentry & Johnson (2019)	To examine the importance of and satisfaction with characteristics of mentoring among full-time nursing faculty teaching in baccalaureate degree programs or higher.	Quantitative cross-sectional	61 full-time nursing faculty teaching in a baccalaureate degree program or higher at 4-year state universities in a midwestern state.	Participants reported the most important characteristics of a mentoring relationship: opportunity to learn from a successful nurse educator ($M = 4.45, SD = 0.9$), providing advice ($M = 4.45, SD = 0.89$), being a source of guidance ($M = 4.46, SD = 0.84$), and a trusting mentoring relationship ($M = 4.57, SD = 0.84$). Participants reported the highest level of satisfaction with trust within the mentoring relationship ($M = 4.04, SD = 1.09$).	Mentoring relationship outcomes; Perceived priorities.

APPENDIX*Integrative Literature Review Findings*

Author & Year	Purpose of Study	Study Design	Setting & Sample	Key Findings	Associated Topic
Gwyn (2011)	To examine if having a mentor was related to organizational commitment and years of employment in the professoriate.	Quantitative cross-sectional correlational	133 full-time nursing faculty from nursing programs in Florida. Programs included practical, diploma, ADN, BSN, graduate, and doctoral.	A significant correlation ($r = .24, P = .01$) between the quality of mentoring relationships and affective occupational commitment of the faculty. No significant relationship between years of employment and quality of mentoring with occupational commitment $F(2,91) = 1.15, P > .05$. No significant correlation was found for years of employment and affective occupation commitment ($n = 133, r = .08, P = ns$). Having a mentor was not predictive of affective ($n = 133, P = .83$) or normative ($F = 1.43, P = .23$) occupational commitment. No impact on having mentorship on affective occupational commitment ($n = 133, df = 4, P = .43$) or normative occupational commitment $F(4, 128) = .22, P = .26$ scores over time.	Perceived quality of mentoring relationships.

APPENDIX*Integrative Literature Review Findings*

Author & Year	Purpose of Study	Study Design	Setting & Sample	Key Findings	Associated Topic
Hulton, Sawin, Trimm, Graham & Powell (2016)	To explain the analysis of evidence-based nursing faculty mentoring program and describe its planning implementation, and evaluation.	Mixed-method: Qualitative focus-groups and quantitative cross-sectional.	11 faculty dyads of mentors/mentees (N=21) of full-time faculty from a Department of Nursing at university in the United States.	Mentors and mentees reported high-quality mentoring relationships based on the Quality of Mentoring Relationships Scale (Mentees $M = 5.33$, Mentors $M = 4.73$). Qualitative findings included challenging aspects of the mentoring process including role confusion, being proactive in the relationship, relationship uncertainty, scheduling and program structure challenges.	Mentoring relationship outcomes; challenges within mentoring relationships.
Jeffers & Mariani (2017)	To examine the difference in career satisfaction between two groups: those who participated in a mentoring program and those who did not.	Mixed-Method: Descriptive comparative	124 nurse faculty from undergraduate and graduate nursing programs from across the United States.	71.8% of those who were mentored found the relationship valuable. No statistical difference between career satisfaction between those who were mentored ($M = 93.76$) and those who were not mentored ($M = 95.00$). No significant differences between mentored and non-mentored novice faculty on intent to stay. Qualitative findings included learning about the complexity of the faculty role, building relationships with a peer group, and feeling abandoned and fending for oneself.	Program outcomes; challenges within mentoring relationships.

APPENDIX*Integrative Literature Review Findings*

Author & Year	Purpose of Study	Study Design	Setting & Sample	Key Findings	Associated Topic
McBride, Campbell & Deming (2019)	To survey scholars in the Robert Wood Johnson Foundation's Nurse Faculty Scholars (NFS) program to find out if the mentoring they received influenced their subsequent mentoring.	Mixed method: Quantitative descriptive with open-ended questions.	39 Scholars from RWJF NFS program.	NFS respondents reported that providing direction on professional issues ($M = 4.51$, $SD = 0.556$) was most shaped by mentoring experiences (89.7%) and thus an effective mentoring characteristic. Scholars reported that they were more likely to engage in constructive feedback (76.9%), acknowledgment of work (79.5%), suggesting resources (79.5%), and challenging abilities (79.5%) with their own mentees as a result of being mentored through the NFS program.	Program outcomes.
McBride, Campbell, Woods & Manson (2017)	To evaluate the effectiveness of each type of mentor within the Robert Wood Johnson Foundation's Nurse Faculty Scholars (NFS) program.	Mixed method: Quantitative descriptive with open-ended questions.	Not clearly reported -- 5 total cohorts from 2008-2012 from the NFS program.	Scholars report effectiveness for all three mentors in the NFS program. Reporting in average ranges of total scores with maximum of 60 on the Mentorship Effectiveness Scale: primary (54-58), research (52-57), national (49-59).	Program outcomes.

APPENDIX*Integrative Literature Review Findings*

Author & Year	Purpose of Study	Study Design	Setting & Sample	Key Findings	Associated Topic
Patterson, Dzurec, Sherwood, & Forrester (2020)	To determine the perceptions of new nurse faculty with less than five years of academic experience of a 20-month mentored leadership development program.	Qualitative descriptive	14 novice nurse faculty scholars from the Sigma Theta Tau International and Elsevier Foundation Nurse Faculty Leadership Academy (NFLA).	Participants reported finding an authentic leadership voice as a result of participating in the NFLA. After the 20-month program, participants reported increased self-awareness, emotional competence and a shift from skill acquisition to behavioral change.	Program outcomes.
Shieh & Cullen (2019)	To report outcomes of a three-year clinical track faculty initiative related to knowledge of promotion processes, mentorship quality, scholarship productivity, and academic promotion.	Quantitative	15 clinical track nursing faculty and 15 senior nursing faculty at Indiana University School of Nursing, United States.	Proteges had a significant increase of knowledge of the promotion process throughout the 2-year program (Time 2 $p = 0.0034$, Time 3 $p = < 0.0001$, Time 4 $p = < 0.0001$, Time 5 $p = < 0.0001$). Proteges also reported an increase in mentoring quality (Time 3 $p = 0.0083$, Time 4 $p = 0.0018$, Time 5 $p = 0.0055$) and mentorship learning (Time 3 $p = 0.0107$, Time 4 $p = 0.0005$, Time 5 $p = 0.0067$). Increased scholarship productivity was also reported among the 15 proteges with peer-reviewed papers published ($M = 3.33$; 1.67/faculty/year), referred conference presentations ($M = 6.4$,	Program outcomes.

APPENDIX*Integrative Literature Review Findings*

Author & Year	Purpose of Study	Study Design	Setting & Sample	Key Findings	Associated Topic
				3.2/faculty/year), awards/recognition ($M = 1.73, 0.87$ /faculty/year) and grants ($M = 0.6, 0.3$ /faculty/year). 62.5% of the participants in Cohort I was successfully promoted to a clinical associate professor.	
Smith, Hecker-Fernandes, Zorn, & Duffy (2012)	To describe perceptions of precepting and mentoring at early-, mid-, and late-career phases and the organization's support of department members' precepting and mentoring needs.	Quantitative descriptive	31 nurse faculty in an academic department within a college of nursing and health sciences on two campuses at a public university in the midwestern United States.	Faculty had less agreement with items concerning mentoring needs of late-career faculty on the Measure of Precepting and Mentoring (MPM) than academic staff ($p = 0.012, df = 12.790$). Nursing faculty and academic staff on the main campus had less agreement with availability of mentoring opportunities than distance-site faculty and academic staff ($p = 0.002, df = 20.165$). Main campus respondents and distance-site respondents were found to significant differences in the Culture and Outcomes scale that measured if the culture supported mentoring and provided recognition ($p = 0.002, df = 24.782$).	Perceived faculty priorities.

APPENDIX*Integrative Literature Review Findings*

Author & Year	Purpose of Study	Study Design	Setting & Sample	Key Findings	Associated Topic
Specht (2013)	To explore the effect of mentoring on the levels of role conflict and role ambiguity experienced by novice nursing faculty related to their transitions into academia.	Quantitative descriptive	224 full-time novice nursing faculty members in AACN member baccalaureate or graduate nursing programs in the United States.	Novice nursing faculty who were mentored had lower mean role conflict scores ($M = 3.57$) and lower mean role ambiguity scores ($M = 3.02$) than those who were not mentored ($M = 4.62$; $M = 3.90$). Mentoring quality was also found to be inversely associated with levels of role conflict ($r_s = -.47$; $P < 0.001$; $r^2 = .22$) and role ambiguity ($r_s = -.54$; $P < 0.001$; $r^2 = .29$). For novice nurse faculty who report positive or high quality mentoring, the lower the level of role conflict and ambiguity.	Mentoring relationship outcomes.

APPENDIX*Integrative Literature Review Findings*

Author & Year	Purpose of Study	Study Design	Setting & Sample	Key Findings	Associated Topic
Swanson, Larson & Malone (2017)	To describe perceptions of the purpose, processes, outcomes, and challenges of mentoring; self-ratings of effectiveness in performing aspects of the mentoring role; and overall ratings of the quality of their mentoring relationship and the likely contributions of their junior faculty fellow to academia and the profession, the body of knowledge related to health and health care, and mitigation of the nursing faculty shortage.	Mixed method: qualitative and quantitative descriptive.	51 primary mentors in the RWJF NFS program between 2014-2015.	Program outcomes included mentors reporting affirmation (95.1%), scholars' academic success and careers prospered (70.6%), and universities enjoyed the contributions of the scholar (45.1%). Mentors experienced challenges in connecting with their mentee (23.5%). Mentor effectiveness was significant for correlating with mentee outcomes such as (1) achieving mentoring dyad goals ($r = 0.442; p \leq .001$); (2) meeting end of program goals in academic leadership ($r = 0.464; p \leq .001$), being a champion for nursing education ($r = 0.325; p \leq .05$) and making a knowledge contribution in health and health care ($r = 0.318; p \leq .05$). Mentors rated the mentoring relationship effective (2.13, SD = 1.49-1.53) in achieving the dyad's goals.	Program outcomes and mentoring relationship outcomes.

APPENDIX*Integrative Literature Review Findings*

Author & Year	Purpose of Study	Study Design	Setting & Sample	Key Findings	Associated Topic
White, Brannan & Wilson (2010)	To explore the experience of proteges participating in a mentorship program for novice faculty.	Qualitative, interpretive phenomenological design.	23 novice faculty in a school of nursing.	Proteges described meaningful mentoring relationships that include connectedness, inclusion, communication, and openness. Proteges reported being able to function more effectively in the educator role through gained knowledge in teaching because of the mentoring program. Overall, proteges reported benefits and value to the mentoring program.	Program outcomes.
Wilson, Brannan & White (2010)	To illuminate the meaning of experiences of mentors in a mentor-protégé program.	Qualitative, hermeneutical design.	15 nurse faculty who served as mentors in a formal mentoring program within a school of nursing.	Mentors reported the importance of communication, and collegiality when establishing the mentoring relationship with proteges. Challenges in developing reciprocal mentoring relationships due to the lack of time for meaningful activities and a power differential were reported by mentors. Overall, mentors found the mentoring program beneficial and felt the program should be continued.	Program outcomes.

REFERENCES

- Agger, C. A., Lynn, M. R., & Oermann, M. H. (2017). Mentoring and development resources available to new doctorally prepared faculty in nursing. *Nursing Education Perspectives, 38*(4), 189–192.
<https://doi.org/10.1097/01.NEP.0000000000000180>
- Allen, T. D., Eby, L. T., & Lentz, E. (2006). Mentorship behaviors and mentorship quality associated with formal mentoring programs: Closing the gap between research and practice. *Journal of Applied Psychology, 91*(3), 567–578.
<https://doi.org/10.1037/0021-9010.91.3.567>
- American Association of Colleges of Nursing. (2005). *Faculty shortages in baccalaureate and graduate nursing programs: Scope of the problem and strategies for expanding the supply*. <https://www.aacnnursing.org/Portals/42/News/White-Papers/facultyshortage-2005.pdf>
- American Association of Colleges of Nursing. (2020a). *Fact sheet: Nursing faculty shortage*. <https://www.aacnnursing.org/Portals/42/News/Factsheets/Faculty-Shortage-Factsheet.pdf>
- American Association of Colleges of Nursing. (2020b). *Fact sheet: Nursing shortage*. <https://www.aacnnursing.org/Portals/42/News/Factsheets/Nursing-Shortage-Factsheet.pdf>
- Andrews, J. O., Corbett, C., Dail, R. B., & Pinto, B. M. (2019). Rebuilding the research enterprise of a historical research intensive college of nursing. *Nursing Outlook, 67*(3), 232–243. <https://doi.org/10.1016/j.outlook.2019.01.002>

- Anibas, M., Brenner, G. H., & Zorn, C. C. R. (2009). Experiences described by novice teaching academic staff in baccalaureate nursing education: A focus on mentoring. *Journal of Professional Nursing, 25*(4), 211–217.
<https://doi.org/10.1016/j.profnurs.2009.01.008>
- Baxley, S. M., Ibitayo, K. S., & Bond, M. Lou. (2014). *Mentoring today's nurses: A global perspective for success*. Sigma Theta Tau International Honor Society of Nursing.
- Benner, P. (1982). From novice to expert. *American Journal of Nursing, 82*(3), 402–407.
<https://doi.org/10.1111/j.1365-2648.2004.03071.x>
- Brody, A. A., Edelman, L., Siegel, E. O., Foster, V., Bailey, D. E., Bryant, A. L., & Bond, S. M. (2016). Evaluation of a peer mentoring program for early career gerontological nursing faculty and its potential for application to other fields in nursing and health sciences. *Nursing Outlook, 64*(4), 332–338.
<https://doi.org/10.1016/j.outlook.2016.03.004>
- Brown, T., & Sorrell, J. (2017). Challenges of novice nurse educator's transition from practice to classroom. *Teaching and Learning in Nursing, 12*(3), 207–211.
<https://doi.org/10.1016/j.teln.2017.03.002>
- Bruner, D. W., Dunbar, S., Higgins, M., & Martyn, K. (2016). Benchmarking and gap analysis of faculty mentorship priorities and how well they are met. *Nursing Outlook, 64*(4), 321–331. <https://doi.org/10.1016/j.outlook.2016.02.008>
- Busby, K. R. (2019). Transition of novice nurse faculty into the academic setting: A qualitative phenomenological pilot study. *Creating Healthy Work Environments Conference*. <https://sigma.nursingrepository.org/handle/10755/16860>

- Cangelosi, P. R. (2014). Novice nurse faculty: In search of a mentor. *Nursing Education Perspectives*, 35(5), 327–329. <https://doi.org/10.5480/13-1224>
- Cangelosi, P. R., Crocker, S., & Sorrell, J. M. (2009). Expert to novice: Clinicians learning new roles as clinical nurse educators. *Nursing Education Perspectives*, 30(6), 367–371. <https://doi.org/10.1043/1536-5026-30.6.367>
- Charmaz, K. (2014). *Constructing grounded theory* (2nd ed.). SAGE Publications.
- Chung, C. E., & Kowalski, S. (2012). Job stress, mentoring, psychological empowerment, and job satisfaction among nursing faculty. *Journal of Nursing Education*, 51(7), 381–388. <https://doi.org/10.3928/01484834-20120509-03>
- Clark, C. (2017). *Creating & sustaining civility in nursing education* (2nd ed.). Sigma Theta Tau International Honor Society of Nursing.
- Clark, C., & Springer, P. (2010). Academic Nurse Leaders' Role in Fostering a Culture of Civility in Nursing Education. *Journal of Nursing Education*, 49(6), 319–325. <https://doi.org/10.3928/01484834-20100224-01>
- Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry & research design: Choosing among five approaches*. (4th ed.). SAGE Publications.
- Derby-Davis, M. J. (2014). Predictors of nursing faculty's job satisfaction and intent to stay in academe. *Journal of Professional Nursing*, 30(1), 19–25. <https://doi.org/10.1016/j.profnurs.2013.04.001>
- Draucker, C. B. (2019). *Grounded theory research*. <https://iu.instructure.com/courses/1810140/files?>

- Dreifuerst, K. T., McNelis, A. M., Weaver, M. T., Broome, M. E., Draucker, C. B., & Fedko, A. S. (2016). Exploring the pursuit of doctoral education by nurses seeking or intending to stay in faculty roles. *Journal of Professional Nursing, 32*(3), 202–212. <https://doi.org/10.1016/j.profnurs.2016.01.014>
- Dunham-Taylor, J., Lynn, C. W., Moore, P., McDaniel, S., & Walker, J. K. (2008). What goes around comes around: Improving faculty retention through more effective mentoring. *Journal of Professional Nursing, 24*(6), 337–346. <https://doi.org/10.1016/j.profnurs.2007.10.013>
- Duphily, N. H. (2011). The experience of novice nurse faculty in an associate degree education program. *Teaching and Learning in Nursing, 6*(3), 124–130. <https://doi.org/10.1016/j.teln.2011.01.002>
- Eby, L. T. de T., Allen, T. D., Hoffman, B. J., Baranik, L. E., Sauer, J. B., Baldwin, S., Morrison, M. A., Kinkade, K. M., Maher, C. P., Curtis, S., & Evans, S. C. (2013). An interdisciplinary meta-analysis of the potential antecedents, correlates, and consequences of protégé perceptions of mentoring. *Psychological Bulletin, 139*(2), 441–476. <https://doi.org/10.1037/a0029279>
- Fang, D., & Kesten, K. (2017). Retirements and succession of nursing faculty in 2016–2025. *Nursing Outlook, 65*(5), 633–642. <https://doi.org/10.1016/j.outlook.2017.03.003>
- Fischer, S. A. (2017). Transformational leadership in nursing education: Making the case. *Nursing Science Quarterly, 30*(2), 124–128. <https://doi.org/10.1177/0894318417693309>

- Garbee, D. D., & Killacky, J. (2008). Factors influencing intent to stay in academia for nursing faculty in the southern United States of America. *International Journal of Nursing Education Scholarship*, 5(1), 1–15. <https://doi.org/10.2202/1548-923X.1456>
- Gazza, E. A. (2009). The experience of being a full-time nursing faculty member in a baccalaureate nursing education program. *Journal of Professional Nursing*, 25(4), 218–226. <https://doi.org/10.1016/j.profnurs.2009.01.006>
- Gentry, J., & Johnson, K. V. (2019). Importance of and satisfaction with characteristics of mentoring among nursing faculty. *Journal of Nursing Education*, 58(10), 595–598. <https://doi.org/10.3928/01484834-20190923-07>
- Goodrich, R. S. (2014). Transition to academic nurse educator: A survey exploring readiness, confidence, and locus of control. *Journal of Professional Nursing*, 30(3), 203–212. <https://doi.org/10.1016/j.profnurs.2013.10.004>
- Gormley, D. K., & Kennerly, S. (2011). Predictors of turnover intention in nurse faculty. *Journal of Nursing Education*, 50(4), 190–196. <https://doi.org/10.3928/01484834-20110214-05>
- Grossman, S. C. (2013). *Mentoring in nursing: A dynamic and collaborative process* (2nd ed.). Springer Publishing Company.
- Gwyn, P. G. (2011). The quality of mentoring relationships' impact on the occupational commitment of nursing faculty. *Journal of Professional Nursing*, 27(5), 292–298. <https://doi.org/10.1016/j.profnurs.2011.03.008>
- Holtlander, L. F. (2015). Applying constructivist grounded theory methods. In M. de Chesnay (Ed.), *Nursing research using grounded theory: Qualitative designs and*

- methods in nursing* (pp. 75–90). Springer Publishing Company.
- Hulton, L. J., Sawin, E. M., Trimm, D., Graham, A., & Powell, N. (2016). An evidence-based nursing faculty mentoring program. *International Journal of Nursing Education, 8*(1), 1–10. <https://doi.org/10.1017/CBO9781107415324.004>
- Jeffers, S., & Mariani, B. (2017). The effect of a formal mentoring program on career satisfaction and intent to stay in the faculty role for novice nurse faculty. *Nursing Education Perspectives, 38*(1), 18–22. <https://doi.org/10.1097/01.NEP.0000000000000104>
- Kolade, F. M. (2016). The lived experience of minority nursing faculty: A phenomenological study. *Journal of Professional Nursing, 32*(2), 107–114. <https://doi.org/10.1016/j.profnurs.2015.09.002>
- Kram, K. E. (1985). *Mentoring at work: Developmental relationships in organizational life*. Scott, Foresman and Company.
- LaRocco, S. A. (2006). Who will teach the nurses? The shortage of nursing faculty is a growing problem that will affect us all. *Academe, 92*(3), 38–40. <https://www-jstor-org.proxy.ulib.uits.iu.edu/stable/pdf/40252925.pdf?refreqid=excelsior%3A5b78173617c28e77dbb320dbe48f2c9c>
- Lee, P., Miller, M. T., Kippenbrock, T. A., Rosen, C., & Emory, J. (2017). College nursing faculty job satisfaction and retention: A national perspective. *Journal of Professional Nursing, 33*(4), 261–266. <https://doi.org/10.1016/j.profnurs.2017.01.001>

- Liberati, A., Altman, D. G., Tetzlaff, J., Mulrow, C., Gotzsche, P. C., Ioannidis, J. P. A., Clarke, M., Devereaux, P. J., Kleijnen, J., & Moher, D. (2009). The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate healthcare interventions: Explanation and elaboration. *BMJ*, *339*(b2700).
<https://doi.org/10.1136/bmj.b2700>
- McBride, A. B., Campbell, J., & Deming, K. (2019). Does having been mentored affect subsequent mentoring? *Journal of Professional Nursing*, *35*(3), 156–161.
<https://doi.org/10.1016/j.profnurs.2018.11.003>
- McBride, A. B., Campbell, J., Woods, N. F., & Manson, S. M. (2017). Building a mentoring network. *Nursing Outlook*, *65*(3), 305–314.
<https://doi.org/10.1016/j.outlook.2017.01.011>
- McDonald, P. J. (2010). Transitioning from clinical practice to nursing faculty: Lessons learned. *Journal of Nursing Education*, *49*(3), 126–131.
<https://doi.org/10.3928/01484834-20091022-02>
- McNelis, A. M., Dreifuerst, K. T., & Schwindt, R. (2018). Doctoral education and preparation for nursing faculty roles. *Nurse Educator*, *44*(4), 1.
<https://doi.org/10.1097/nne.0000000000000597>
- Mijares, L., Baxley, S. M., & Bond, M. Lou. (2013). Mentoring: A concept analysis. *Journal of Theory Construction & Testing*, *17*(1), 23–28.
<https://doi.org/10.1111/jan.12147>
- Miner, L. A. (2019). Transition to nursing academia: A positive experience. *The Journal of Continuing Education in Nursing*, *50*(8), 349–354.
<https://doi.org/10.3928/00220124-20190717-05>

- Munhall, P. L. (2012). *Nursing research: A qualitative perspective* (5th ed.). Jones & Bartlett Learning.
- Nardi, D. A., & Gyurko, C. C. (2013). The global nursing faculty shortage: Status and solutions for change. *Journal of Nursing Scholarship*, 45(3), 317–326.
<https://doi.org/10.1111/jnu.12030>
- National Advisory Council on Nurse Education and Practice (NACNEP). (2010). *The impact of the nursing faculty shortage on nurse education and practice* (Issue August).
<https://www.hrsa.gov/advisorycommittees/bhpradvisory/nacnep/Reports/ninthreport.pdf>
- National League for Nursing. (2006). *Position statement: Mentoring of nurse faculty*.
<http://www.nln.org/docs/default-source/advocacy-public-policy/mentoring-of-nurse-faculty.pdf?sfvrsn=0>
- National League for Nursing. (2008). *Mentoring of nursing faculty tool kit*.
<http://www.nln.org/docs/default-source/recognition-programs/toolkit.pdf?sfvrsn=4>
- National League for Nursing. (2012). *The scope of practice for academic nurse educators*. National League for Nursing.
- National League for Nursing. (2018). *Healthful Work Environment Toolkit*.
<http://www.nln.org/docs/default-source/professional-development-programs/healthful-work-environment-toolkit.pdf?sfvrsn=10>
- National League for Nursing. (2019). *NLN faculty census survey 2018-2019*.
<http://www.nln.org/newsroom/nursing-education-statistics/nln-faculty-census-survey-2018-2019>

- Nick, J. M., Delahoyde, T. M., Del Prato, D., Mitchell, C., Ortiz, J., Ottley, C., Young, P., Cannon, S. B., Lasater, K., Reising, D., & Siktberg, L. (2012). Best practices in academic mentoring: A model for excellence. *Nursing Research and Practice*, 2012, 1–9. <https://doi.org/10.1155/2012/937906>
- Nowell, L., White, D. E., Mrklas, K., & Norris, J. M. (2015). Mentorship in nursing academia: A systematic review protocol. *Systematic Reviews*, 4(1). <https://doi.org/10.1186/s13643-015-0007-5>
- Olson, R. K. (2014). Academic mentoring of faculty. In S. M. Baxley, K. S. Ibitayo, & M. Lou Bond (Eds.), *Mentoring today's nurses: A global perspective for success* (pp. 75–92). Sigma Theta Tau International Honor Society of Nursing.
- Patterson, B. J., Dzurec, L., Sherwood, G., & Forrester, D. A. (2020). Developing authentic leadership voice: Novice faculty experience. *Nursing Education Perspectives*, 41(1), 10–15. <https://doi.org/10.1097/01.NEP.0000000000000494>
- Peters, A. B. (2014). Faculty to faculty incivility: Experiences of novice nurse faculty in academia. *Journal of Professional Nursing*, 30(3), 213–227. <https://doi.org/10.1016/j.profnurs.2013.09.007>
- Potter, D. R., & Tolson, D. (2014). A mentoring guide for nursing faculty in higher education. *International Journal of Caring Sciences*, 7(3), 727–732. www.internationaljournalofcaringsciences.org
- Ragins, B. R., & Kram, K. E. (Eds.). (2007a). *The handbook of mentoring at work: Theory, research, and practice*. Sage Publications.
- Ragins, B. R., & Kram, K. E. (2007b). The roots and meaning of mentoring. In B. R. Ragins & K. E. Kram (Eds.), *The handbook of mentoring at work: Theory, research,*

and practice. (pp. 3–16). SAGE Publications.

Rosser, V. J. (2004). Faculty member's intent to leave: A national study on their worklife and satisfaction. *Research in Higher Education, 45*(3), 285–309.

<http://www.jstor.org/stable/40197294>

Roughton, S. E. (2013). Nursing faculty characteristics and perceptions predicting intent to leave. *Nursing Education Perspectives, 34*(4), 217–225.

<https://doi.org/10.5480/1536-5026-34.4.217>

Sandberg, S. (2013). *Lean In: Women, work, and the will to lead.* Alfred A. Knopf.

Shieh, C., & Cullen, D. L. (2019). Mentoring nurse faculty: Outcomes of a three-year clinical track faculty initiative. *Journal of Professional Nursing, 35*(3), 162–169.

<https://doi.org/10.1016/j.profnurs.2018.11.005>

Siler, B. B., & Kleiner, C. (2001). Novice faculty: Encountering expectations in academia. *Journal of Nursing Education, 40*(9), 397–403.

<https://doi.org/10.3928/0148-4834-20011201-05>

Singh, S., & Estefan, A. (2018). Selecting a grounded theory approach for nursing research. *Global Qualitative Nursing Research, 5*, 1–9.

<https://doi.org/10.1177/2333393618799571>

Smeltzer, S. C., Sharts-Hopko, N. C., Cantrell, M. A., Heverly, M. A., Wise, N. J., Jenkinson, A., & Nthenge, S. (2014). Challenges to research productivity of doctoral program nursing faculty. *Nursing Outlook, 62*(4), 268–274.

<https://doi.org/10.1016/j.outlook.2014.04.007>

Smith, L., Hande, K., & Kennedy, B. B. (2020). Mentoring nursing faculty: An inclusive scholarship support group. *Nurse Educator, 45*(4), 185–186.

<https://doi.org/10.1097/NNE.0000000000000736>

Smith, S. K., Hecker-Fernandes, J. R., Zorn, C., & Duffy, L. (2012). Precepting and mentoring needs of nursing faculty and clinical instructors: Fostering career development and community. *Journal of Nursing Education, 51*(9), 497–503.

<https://doi.org/10.3928/01484834-20120730-04>

Specht, J. A. (2013). Mentoring relationships and the levels of role conflict and role ambiguity experienced by novice nursing faculty. *Journal of Professional Nursing, 29*(5), e25–e31. <https://doi.org/10.1016/j.profnurs.2013.06.006>

Suplicki, C., & Molino, G. (Eds.). (1999). *Webster's dictionary and thesaurus*. Nichols Publishing Group.

Swanson, K. M., Larson, E. L., & Malone, B. (2017). Mentors' perspectives on supporting nurse faculty scholars. *Nursing Outlook, 65*(3), 315–323.

<https://doi.org/10.1016/j.outlook.2017.01.006>

The Trustees of Indiana University. (2020). *Guidelines for resumption of research at Indiana University*. <https://research.iu.edu/coronavirus/research-restart-guidelines.html>

Tourangeau, A., Saari, M., Patterson, E., Ferron, E. M., Thomson, H., Widger, K., & MacMillan, K. (2014). Work, work environments and other factors influencing nurse faculty intention to remain employed: A cross-sectional study. *Nurse Education Today, 34*(6), 940–947. <https://doi.org/10.1016/j.nedt.2013.10.010>

Turban, D. B., & Lee, F. K. (2007). The role of personality in mentoring relationships. In B. R. Ragins & K. E. Kram (Eds.), *The handbook of mentoring at work: Theory, research, and practice*. (pp. 21–50).

- Agger, C. A., Lynn, M. R., & Oermann, M. H. (2017). Mentoring and development resources available to new doctorally prepared faculty in nursing. *Nursing Education Perspectives*, 38(4), 189–192.
<https://doi.org/10.1097/01.NEP.0000000000000180>
- Allen, T. D., Eby, L. T., & Lentz, E. (2006). Mentorship behaviors and mentorship quality associated with formal mentoring programs: Closing the gap between research and practice. *Journal of Applied Psychology*, 91(3), 567–578.
<https://doi.org/10.1037/0021-9010.91.3.567>
- American Association of Colleges of Nursing. (2005). *Faculty shortages in baccalaureate and graduate nursing programs: Scope of the problem and strategies for expanding the supply*. <https://www.aacnnursing.org/Portals/42/News/White-Papers/facultyshortage-2005.pdf>
- American Association of Colleges of Nursing. (2020a). *Fact sheet: Nursing faculty shortage*. <https://www.aacnnursing.org/Portals/42/News/Factsheets/Faculty-Shortage-Factsheet.pdf>
- American Association of Colleges of Nursing. (2020b). *Fact sheet: Nursing shortage*. <https://www.aacnnursing.org/Portals/42/News/Factsheets/Nursing-Shortage-Factsheet.pdf>
- Andrews, J. O., Corbett, C., Dail, R. B., & Pinto, B. M. (2019). Rebuilding the research enterprise of a historical research intensive college of nursing. *Nursing Outlook*, 67(3), 232–243. <https://doi.org/10.1016/j.outlook.2019.01.002>

- Anibas, M., Brenner, G. H., & Zorn, C. C. R. (2009). Experiences described by novice teaching academic staff in baccalaureate nursing education: A focus on mentoring. *Journal of Professional Nursing, 25*(4), 211–217.
<https://doi.org/10.1016/j.profnurs.2009.01.008>
- Baxley, S. M., Ibitayo, K. S., & Bond, M. Lou. (2014). *Mentoring today's nurses: A global perspective for success*. Sigma Theta Tau International Honor Society of Nursing.
- Benner, P. (1982). From novice to expert. *American Journal of Nursing, 82*(3), 402–407.
<https://doi.org/10.1111/j.1365-2648.2004.03071.x>
- Brody, A. A., Edelman, L., Siegel, E. O., Foster, V., Bailey, D. E., Bryant, A. L., & Bond, S. M. (2016). Evaluation of a peer mentoring program for early career gerontological nursing faculty and its potential for application to other fields in nursing and health sciences. *Nursing Outlook, 64*(4), 332–338.
<https://doi.org/10.1016/j.outlook.2016.03.004>
- Brown, T., & Sorrell, J. (2017). Challenges of novice nurse educator's transition from practice to classroom. *Teaching and Learning in Nursing, 12*(3), 207–211.
<https://doi.org/10.1016/j.teln.2017.03.002>
- Bruner, D. W., Dunbar, S., Higgins, M., & Martyn, K. (2016). Benchmarking and gap analysis of faculty mentorship priorities and how well they are met. *Nursing Outlook, 64*(4), 321–331. <https://doi.org/10.1016/j.outlook.2016.02.008>
- Busby, K. R. (2019). Transition of novice nurse faculty into the academic setting: A qualitative phenomenological pilot study. *Creating Healthy Work Environments Conference*. <https://sigma.nursingrepository.org/handle/10755/16860>

- Cangelosi, P. R. (2014). Novice nurse faculty: In search of a mentor. *Nursing Education Perspectives*, 35(5), 327–329. <https://doi.org/10.5480/13-1224>
- Cangelosi, P. R., Crocker, S., & Sorrell, J. M. (2009). Expert to novice: Clinicians learning new roles as clinical nurse educators. *Nursing Education Perspectives*, 30(6), 367–371. <https://doi.org/10.1043/1536-5026-30.6.367>
- Charmaz, K. (2014). *Constructing grounded theory* (2nd ed.). SAGE Publications.
- Chung, C. E., & Kowalski, S. (2012). Job stress, mentoring, psychological empowerment, and job satisfaction among nursing faculty. *Journal of Nursing Education*, 51(7), 381–388. <https://doi.org/10.3928/01484834-20120509-03>
- Clark, C. (2017). *Creating & sustaining civility in nursing education* (2nd ed.). Sigma Theta Tau International Honor Society of Nursing.
- Clark, C., & Springer, P. (2010). Academic Nurse Leaders' Role in Fostering a Culture of Civility in Nursing Education. *Journal of Nursing Education*, 49(6), 319–325. <https://doi.org/10.3928/01484834-20100224-01>
- Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry & research design: Choosing among five approaches*. (4th ed.). SAGE Publications.
- Derby-Davis, M. J. (2014). Predictors of nursing faculty's job satisfaction and intent to stay in academe. *Journal of Professional Nursing*, 30(1), 19–25. <https://doi.org/10.1016/j.profnurs.2013.04.001>
- Draucker, C. B. (2019). *Grounded theory research*. <https://iu.instructure.com/courses/1810140/files?>

- Dreifuerst, K. T., McNelis, A. M., Weaver, M. T., Broome, M. E., Draucker, C. B., & Fedko, A. S. (2016). Exploring the pursuit of doctoral education by nurses seeking or intending to stay in faculty roles. *Journal of Professional Nursing, 32*(3), 202–212. <https://doi.org/10.1016/j.profnurs.2016.01.014>
- Dunham-Taylor, J., Lynn, C. W., Moore, P., McDaniel, S., & Walker, J. K. (2008). What goes around comes around: Improving faculty retention through more effective mentoring. *Journal of Professional Nursing, 24*(6), 337–346. <https://doi.org/10.1016/j.profnurs.2007.10.013>
- Duphily, N. H. (2011). The experience of novice nurse faculty in an associate degree education program. *Teaching and Learning in Nursing, 6*(3), 124–130. <https://doi.org/10.1016/j.teln.2011.01.002>
- Eby, L. T. de T., Allen, T. D., Hoffman, B. J., Baranik, L. E., Sauer, J. B., Baldwin, S., Morrison, M. A., Kinkade, K. M., Maher, C. P., Curtis, S., & Evans, S. C. (2013). An interdisciplinary meta-analysis of the potential antecedents, correlates, and consequences of protégé perceptions of mentoring. *Psychological Bulletin, 139*(2), 441–476. <https://doi.org/10.1037/a0029279>
- Fang, D., & Kesten, K. (2017). Retirements and succession of nursing faculty in 2016–2025. *Nursing Outlook, 65*(5), 633–642. <https://doi.org/10.1016/j.outlook.2017.03.003>
- Fischer, S. A. (2017). Transformational leadership in nursing education: Making the case. *Nursing Science Quarterly, 30*(2), 124–128. <https://doi.org/10.1177/0894318417693309>

- Garbee, D. D., & Killacky, J. (2008). Factors influencing intent to stay in academia for nursing faculty in the southern United States of America. *International Journal of Nursing Education Scholarship*, 5(1), 1–15. <https://doi.org/10.2202/1548-923X.1456>
- Gazza, E. A. (2009). The experience of being a full-time nursing faculty member in a baccalaureate nursing education program. *Journal of Professional Nursing*, 25(4), 218–226. <https://doi.org/10.1016/j.profnurs.2009.01.006>
- Gentry, J., & Johnson, K. V. (2019). Importance of and satisfaction with characteristics of mentoring among nursing faculty. *Journal of Nursing Education*, 58(10), 595–598. <https://doi.org/10.3928/01484834-20190923-07>
- Goodrich, R. S. (2014). Transition to academic nurse educator: A survey exploring readiness, confidence, and locus of control. *Journal of Professional Nursing*, 30(3), 203–212. <https://doi.org/10.1016/j.profnurs.2013.10.004>
- Gormley, D. K., & Kennerly, S. (2011). Predictors of turnover intention in nurse faculty. *Journal of Nursing Education*, 50(4), 190–196. <https://doi.org/10.3928/01484834-20110214-05>
- Grossman, S. C. (2013). *Mentoring in nursing: A dynamic and collaborative process* (2nd ed.). Springer Publishing Company.
- Gwyn, P. G. (2011). The quality of mentoring relationships' impact on the occupational commitment of nursing faculty. *Journal of Professional Nursing*, 27(5), 292–298. <https://doi.org/10.1016/j.profnurs.2011.03.008>
- Holtlander, L. F. (2015). Applying constructivist grounded theory methods. In M. de Chesnay (Ed.), *Nursing research using grounded theory: Qualitative designs and*

- methods in nursing* (pp. 75–90). Springer Publishing Company.
- Hulton, L. J., Sawin, E. M., Trimm, D., Graham, A., & Powell, N. (2016). An evidence-based nursing faculty mentoring program. *International Journal of Nursing Education, 8*(1), 1–10. <https://doi.org/10.1017/CBO9781107415324.004>
- Jeffers, S., & Mariani, B. (2017). The effect of a formal mentoring program on career satisfaction and intent to stay in the faculty role for novice nurse faculty. *Nursing Education Perspectives, 38*(1), 18–22. <https://doi.org/10.1097/01.NEP.0000000000000104>
- Kolade, F. M. (2016). The lived experience of minority nursing faculty: A phenomenological study. *Journal of Professional Nursing, 32*(2), 107–114. <https://doi.org/10.1016/j.profnurs.2015.09.002>
- Kram, K. E. (1985). *Mentoring at work: Developmental relationships in organizational life*. Scott, Foresman and Company.
- LaRocco, S. A. (2006). Who will teach the nurses? The shortage of nursing faculty is a growing problem that will affect us all. *Academe, 92*(3), 38–40. <https://www-jstor-org.proxy.ulib.uits.iu.edu/stable/pdf/40252925.pdf?refreqid=excelsior%3A5b78173617c28e77dbb320dbe48f2c9c>
- Lee, P., Miller, M. T., Kippenbrock, T. A., Rosen, C., & Emory, J. (2017). College nursing faculty job satisfaction and retention: A national perspective. *Journal of Professional Nursing, 33*(4), 261–266. <https://doi.org/10.1016/j.profnurs.2017.01.001>

- Liberati, A., Altman, D. G., Tetzlaff, J., Mulrow, C., Gotzsche, P. C., Ioannidis, J. P. A., Clarke, M., Devereaux, P. J., Kleijnen, J., & Moher, D. (2009). The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate healthcare interventions: Explanation and elaboration. *BMJ*, *339*(b2700).
<https://doi.org/10.1136/bmj.b2700>
- McBride, A. B., Campbell, J., & Deming, K. (2019). Does having been mentored affect subsequent mentoring? *Journal of Professional Nursing*, *35*(3), 156–161.
<https://doi.org/10.1016/j.profnurs.2018.11.003>
- McBride, A. B., Campbell, J., Woods, N. F., & Manson, S. M. (2017). Building a mentoring network. *Nursing Outlook*, *65*(3), 305–314.
<https://doi.org/10.1016/j.outlook.2017.01.011>
- McDonald, P. J. (2010). Transitioning from clinical practice to nursing faculty: Lessons learned. *Journal of Nursing Education*, *49*(3), 126–131.
<https://doi.org/10.3928/01484834-20091022-02>
- McNelis, A. M., Dreifuerst, K. T., & Schwindt, R. (2018). Doctoral education and preparation for nursing faculty roles. *Nurse Educator*, *44*(4), 1.
<https://doi.org/10.1097/nne.0000000000000597>
- Mijares, L., Baxley, S. M., & Bond, M. Lou. (2013). Mentoring: A concept analysis. *Journal of Theory Construction & Testing*, *17*(1), 23–28.
<https://doi.org/10.1111/jan.12147>
- Miner, L. A. (2019). Transition to nursing academia: A positive experience. *The Journal of Continuing Education in Nursing*, *50*(8), 349–354.
<https://doi.org/10.3928/00220124-20190717-05>

- Munhall, P. L. (2012). *Nursing research: A qualitative perspective* (5th ed.). Jones & Bartlett Learning.
- Nardi, D. A., & Gyurko, C. C. (2013). The global nursing faculty shortage: Status and solutions for change. *Journal of Nursing Scholarship*, 45(3), 317–326.
<https://doi.org/10.1111/jnu.12030>
- National Advisory Council on Nurse Education and Practice (NACNEP). (2010). *The impact of the nursing faculty shortage on nurse education and practice* (Issue August).
<https://www.hrsa.gov/advisorycommittees/bhpradvisory/nacnep/Reports/ninthreport.pdf>
- National League for Nursing. (2006). *Position statement: Mentoring of nurse faculty*.
<http://www.nln.org/docs/default-source/advocacy-public-policy/mentoring-of-nurse-faculty.pdf?sfvrsn=0>
- National League for Nursing. (2008). *Mentoring of nursing faculty tool kit*.
<http://www.nln.org/docs/default-source/recognition-programs/toolkit.pdf?sfvrsn=4>
- National League for Nursing. (2012). *The scope of practice for academic nurse educators*. National League for Nursing.
- National League for Nursing. (2018). *Healthful Work Environment Toolkit*.
<http://www.nln.org/docs/default-source/professional-development-programs/healthful-work-environment-toolkit.pdf?sfvrsn=10>
- National League for Nursing. (2019). *NLN faculty census survey 2018-2019*.
<http://www.nln.org/newsroom/nursing-education-statistics/nln-faculty-census-survey-2018-2019>

- Nick, J. M., Delahoyde, T. M., Del Prato, D., Mitchell, C., Ortiz, J., Ottley, C., Young, P., Cannon, S. B., Lasater, K., Reising, D., & Siktberg, L. (2012). Best practices in academic mentoring: A model for excellence. *Nursing Research and Practice*, 2012, 1–9. <https://doi.org/10.1155/2012/937906>
- Nowell, L., White, D. E., Mrklas, K., & Norris, J. M. (2015). Mentorship in nursing academia: A systematic review protocol. *Systematic Reviews*, 4(1). <https://doi.org/10.1186/s13643-015-0007-5>
- Olson, R. K. (2014). Academic mentoring of faculty. In S. M. Baxley, K. S. Ibitayo, & M. Lou Bond (Eds.), *Mentoring today's nurses: A global perspective for success* (pp. 75–92). Sigma Theta Tau International Honor Society of Nursing.
- Patterson, B. J., Dzurec, L., Sherwood, G., & Forrester, D. A. (2020). Developing authentic leadership voice: Novice faculty experience. *Nursing Education Perspectives*, 41(1), 10–15. <https://doi.org/10.1097/01.NEP.0000000000000494>
- Peters, A. B. (2014). Faculty to faculty incivility: Experiences of novice nurse faculty in academia. *Journal of Professional Nursing*, 30(3), 213–227. <https://doi.org/10.1016/j.profnurs.2013.09.007>
- Potter, D. R., & Tolson, D. (2014). A mentoring guide for nursing faculty in higher education. *International Journal of Caring Sciences*, 7(3), 727–732. www.internationaljournalofcaringsciences.org
- Ragins, B. R., & Kram, K. E. (Eds.). (2007a). *The handbook of mentoring at work: Theory, research, and practice*. Sage Publications.
- Ragins, B. R., & Kram, K. E. (2007b). The roots and meaning of mentoring. In B. R. Ragins & K. E. Kram (Eds.), *The handbook of mentoring at work: Theory, research,*

- and practice.* (pp. 3–16). SAGE Publications.
- Rosser, V. J. (2004). Faculty member's intent to leave: A national study on their worklife and satisfaction. *Research in Higher Education, 45*(3), 285–309.
<http://www.jstor.org/stable/40197294>
- Roughton, S. E. (2013). Nursing faculty characteristics and perceptions predicting intent to leave. *Nursing Education Perspectives, 34*(4), 217–225.
<https://doi.org/10.5480/1536-5026-34.4.217>
- Sandberg, S. (2013). *Lean In: Women, work, and the will to lead.* Alfred A. Knopf.
- Shieh, C., & Cullen, D. L. (2019). Mentoring nurse faculty: Outcomes of a three-year clinical track faculty initiative. *Journal of Professional Nursing, 35*(3), 162–169.
<https://doi.org/10.1016/j.profnurs.2018.11.005>
- Siler, B. B., & Kleiner, C. (2001). Novice faculty: Encountering expectations in academia. *Journal of Nursing Education, 40*(9), 397–403.
<https://doi.org/10.3928/0148-4834-20011201-05>
- Singh, S., & Estefan, A. (2018). Selecting a grounded theory approach for nursing research. *Global Qualitative Nursing Research, 5*, 1–9.
<https://doi.org/10.1177/2333393618799571>
- Smeltzer, S. C., Sharts-Hopko, N. C., Cantrell, M. A., Heverly, M. A., Wise, N. J., Jenkinson, A., & Nthenge, S. (2014). Challenges to research productivity of doctoral program nursing faculty. *Nursing Outlook, 62*(4), 268–274.
<https://doi.org/10.1016/j.outlook.2014.04.007>
- Smith, L., Hande, K., & Kennedy, B. B. (2020). Mentoring nursing faculty: An inclusive scholarship support group. *Nurse Educator, 45*(4), 185–186.

<https://doi.org/10.1097/NNE.0000000000000736>

Smith, S. K., Hecker-Fernandes, J. R., Zorn, C., & Duffy, L. (2012). Precepting and mentoring needs of nursing faculty and clinical instructors: Fostering career development and community. *Journal of Nursing Education*, 51(9), 497–503.

<https://doi.org/10.3928/01484834-20120730-04>

Specht, J. A. (2013). Mentoring relationships and the levels of role conflict and role ambiguity experienced by novice nursing faculty. *Journal of Professional Nursing*, 29(5), e25–e31. <https://doi.org/10.1016/j.profnurs.2013.06.006>

Suplicki, C., & Molino, G. (Eds.). (1999). *Webster's dictionary and thesaurus*. Nichols Publishing Group.

Swanson, K. M., Larson, E. L., & Malone, B. (2017). Mentors' perspectives on supporting nurse faculty scholars. *Nursing Outlook*, 65(3), 315–323.

<https://doi.org/10.1016/j.outlook.2017.01.006>

The Trustees of Indiana University. (2020). *Guidelines for resumption of research at Indiana University*. <https://research.iu.edu/coronavirus/research-restart-guidelines.html>

Tourangeau, A., Saari, M., Patterson, E., Ferron, E. M., Thomson, H., Widger, K., & MacMillan, K. (2014). Work, work environments and other factors influencing nurse faculty intention to remain employed: A cross-sectional study. *Nurse Education Today*, 34(6), 940–947. <https://doi.org/10.1016/j.nedt.2013.10.010>

Turban, D. B., & Lee, F. K. (2007). The role of personality in mentoring relationships. In B. R. Ragins & K. E. Kram (Eds.), *The handbook of mentoring at work: Theory, research, and practice*. (pp. 21–50).

- Wasserstein, A. G., Quistberg, D. A., & Shea, J. A. (2007). Mentoring at the University of Pennsylvania: Results of a faculty survey. *Journal of General Internal Medicine*, 22(2), 210–214. <https://doi.org/10.1007/s11606-006-0051-x>
- Weidman, N. A. (2013). The lived experience of the transition of the clinical nurse expert to the novice nurse educator. *Teaching and Learning in Nursing*, 8(3), 102–109. <https://doi.org/10.1016/j.teln.2013.04.006>
- White, A., Brannan, J., & Wilson, C. B. (2010). A mentor-protégé program for new faculty, part I: Stories of protégés. *Journal of Nursing Education*, 49(11), 601–606. <https://doi.org/10.3928/01484834-20100630-04>
- Whittemore, R., & Knafl, K. (2005). The integrative review: Updated methodology. *Journal of Advanced Nursing*, 52(5), 546–553. <https://doi.org/10.1111/j.1365-2648.2005.03621.x>
- Wilson, C. B., Brannan, J., & White, A. (2010). A mentor-protégé program for new faculty, part II: Stories of mentors. *Journal of Nursing Education*, 49(12), 665–671. <https://doi.org/10.3928/01484834-20100730-08>
- Wunnenberg, M. (2020). Psychosocial Bullying Among Nurse Educators: Exploring Coping Strategies and Intent to Leave. *Journal of Nursing Scholarship*, 52(5), 574–582. <https://doi.org/10.1111/jnu.12581>
- Zachary, L. J. (2009). *The mentee's guide: Making mentoring work for you*. Jossey-Bass.

CURRICULUM VITAE

Katie Ruth Busby

EDUCATION:

Doctor of Philosophy Indiana University, Indianapolis, IN Major: Nursing Science Minor: Sociology	July 2021
Master of Science in Nursing Indiana University, Indianapolis, IN Major: Nursing Administration	August 2010
Bachelor of Science in Nursing University of Kentucky, Lexington, KY Major: Nursing	May 2006

AWARDS AND RECOGNITION:

Indiana University-Purdue University, Indianapolis Elite 50 Award	2021
DAISY Foundation Cherokee Nursing Conference Scholarship Recipient	2021
Robert Wood Johnson Foundation Future of Nursing Scholar	2018-2021
Sigma Creating Healthy Work Environments Conference, Rising Star of Research and Scholarship	2018
Indiana University School of Nursing, DAISY Award for Extraordinary Faculty	2018
Indiana University School of Nursing, Dean's Core Value Award	2018
Indiana University School of Nursing, Faculty Development Award	2016
University of Kentucky College of Nursing, First Decade Award	2016
Community Health Network, Patient Safety Hero Award	2015

CERTIFICATIONS:

State of Colorado, Registered Nurse	2020–Present
National League for Nursing, Certified Nurse Educator	2016–Present
National Certification Corporation, Certified Inpatient Obstetrics Nurse	2012–Present
State of Indiana, Registered Nurse	2006–Present
American Heart Association, Advanced Cardiac Life Support Provider	2006–Present
American Heart Association, Basic Life Support Provider	2006–Present

PROFESSIONAL EXPERIENCE:

Community Health Network Registered Nurse, Maternity Services Community Hospital North Indianapolis, IN	2007–2020
Indiana University School of Nursing Lecturer, Department of Community Health Systems Indianapolis, IN	2015–2018
Indiana University School of Nursing Visiting Lecturer, Department of Community Health Systems Indianapolis, IN	2014–2015
Indiana University School of Nursing Adjunct Faculty, Department of Community Health Systems Indianapolis, IN	2010–2013
Hamilton Southeastern Schools Registered Nurse Fishers, IN	2006–2015
Indiana University Health Registered Nurse, Cardiac Medical Critical Care Indianapolis, IN	2006–2007

PROFESSIONAL & SERVICE ORGANIZATIONS:

American Association of Colleges of Nursing	2019–Present
National League for Nursing	2014–Present
Sigma Theta Tau International Honor Society of Nursing Alpha Chapter	2009–Present
Leadership Succession Chair	2018–2020
Campus Counselor	2016–2018
Junior League of Denver	2020–Present
Indiana University School of Nursing PhD Student Advisory Group	2019–2020
Junior League of Indianapolis	2012–2020
Nominating Committee	2018–2019
Community Vice Present	2016–2017
Grants Committee Chair	2015–2016
Grants Committee Chair-Elect	2014–2015
School on Wheels Committee Chair	2013–2014

PROFESSIONAL DEVELOPMENT:

Robert Wood Johnson Foundation Future of Nursing Scholars Program	
Summer Institute, Virtual	2020
Summer Institute, Atlanta, GA	2019
Summer Institute, Princeton, NJ	2018
Indiana University School of Nursing	
Artful Solutions: Creativity in Care, Education, & Research	2021
Nurse Tim Nursing Education Faculty Development	2016
Cultivating Healthy Populations	2016
Simulation Immersion and Mastery Institute	2015
Trading Places: Exploring Concept-Based Curriculum from the Student Perspective	2015
Health Coaching Seminar	2014
Sigma Theta Tau International Honor Society of Nursing	
Creating Healthy Work Environments, New Orleans, LA	2019
Indiana University-Purdue University Indianapolis	
E.C. Moore Symposium on Excellence in Teaching	2018
Association of Women's Health, Obstetrical & Neonatal Nurses	
Indiana State Conference, Indianapolis, IN	2018
Indiana State Conference, Plainfield, IN	2017
National League for Nursing	
Certified Nurse Educator Review Course	2016
Education Summit, Orlando, FL	2016
Education Summit, Las Vegas, NV	2015
Education Summit, Phoenix, AZ	2014
Professional Nurse Educators Group	
Annual Conference, Indianapolis, IN	2015
Indiana State Department of Health	
Labor of Love Summit, Indianapolis, IN	2014

PROFESSIONAL PRESENTATIONS:

1. Busby, K.R. (2020, July 9–10). *Exploring mentoring relationships and novice nurse faculty* [Conference session]. Robert Wood Johnson Foundation, Future of Nursing Scholars Summer Institute, Virtual.
2. Busby, K.R. (2019, July 9–12). *Exploring mentoring relationships and novice nurse faculty* [Conference session]. Robert Wood Johnson Foundation, Future of Nursing Scholars Summer Institute, Atlanta, GA, United States.
3. Busby, K.R. (2019, February 22–24). *Transition of novice nurse faculty into the academic setting: A qualitative phenomenological pilot study* [Poster presentation]. Sigma Theta Tau International Creating Healthy Work Environments, New Orleans, LA, United States.
<http://hdl.handle.net/10755/16860>

4. Busby, K.R. (2018, March 2). *A poverty simulation experience in baccalaureate nursing education* [Poster presentation]. Indiana University-Purdue University Indianapolis, E.C. Moore Symposium on Excellence in Teaching, Indianapolis, IN, United States. <https://ecmoore.iupui.edu/History/2018/2018Sessions.html>
5. Busby, K.R. (2015, October 23–25). *Making an impact on infant mortality through a concept-based curriculum* [Poster presentation]. Professional Nurse Educators Group Annual Conference, Indianapolis, IN, United States. <https://pneg.files.wordpress.com/2011/05/2015-pneg-poster-list.pdf>
6. Moorman, M. & Busby, K.R. (2015, September 30–October 2). A study of Visual Thinking Strategies in nursing education [Conference presentation]. National League for Nursing Education Summit, Las Vegas, NV, United States.
7. Rosales, S.A, Shieh, C., Bakas, T., & Busby, K. (2015, April). *The first 4 weeks postpartum: The mother's breastfeeding concerns and support* [Poster presentation]. Indiana University-Purdue University Indianapolis Research Day, Indianapolis, IN, United States.

PUBLICATIONS:

1. Busby, K.R., Reising, D.L., & Draucker, C.B. (2021). *Exploring mentoring and nurse faculty: An integrative review* [Unpublished manuscript]. School of Nursing, Indiana University.
2. Moorman, M., Hensel, D., Decker, K., & Busby, K. (2017). Learning outcomes with visual thinking strategies in nursing education. *Nurse Education Today*, 51, 127-129. doi: 10.1016/j.nedt.2016.08.020.