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Mentoring new faculty

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Abstract

According to an AACN Press Release 9-2010, the faculty vacancy rate continues to climb. Currently at a rate of 6.9%, the nurse faculty vacancies will continue to climb over the next ten years. Greater than 90% of these vacancies either prefer or require a doctoral degree and unfortunately, there are a limited number of doctoral prepared nurses. Along with the lack of doctoral, prepare nurses schools of nursing also have difficulty competing with healthcare and research organizations that can provide a limited pool of doctoral prepared nurses with higher salaries and benefits. Schools of nursing are also facing the impact of the nation's economic situation and with budget cuts and hiring freezes are not able to provide nurse faculty for their increasing enrollments. According to an AACN Press Release 9-2010, the faculty vacancy rate continues to climb. Garbee & Killacky 2008 article: A recent study investigating the variables for nurse faculty intent to stay employed in academia concluded that years 1-3 are critical for retention methods and interventions. In fact, nurse faculty that were mentored or had "peer- support" and were doctoral prepared were the most committed to working in academia. It has been stated in numerous research Studies regarding nurse faculty, mentoring enables the novice nurse faculty member to balance work and life effectively and remain satisfied in an academic role. Race and Skees article 2010: Race and Skees noted several challenges with mentoring novice faculty; time management, toxic mentoring, mentor-mentee mismatches and variations in learning needs can poorly influence the mentor/mentee relationship and novice faculty intent to stay in academia. In this article, the authors conclude that an individual approach in necessary and that each mentoring relationship needs to be well planned and individualized to be successful. The lack of nurse faculty is directly affecting that demand for RN, and in return, we will be unable to meet the greying nations healthcare needs because of a lack of nurses. Novice nurse faculty face several new stressors when entering academia. First is the change of role and autonomy that is often a new experience for nurses. Students come with all types of challenges: from the student with personal problems to the behaviour of students within the classroom setting. Learning to manage the challenges of students can become extremely stressful. The entire academic environment can be a cultural shock for some novice faculty. For example learning the "academic pace" when one is used to the pace of a hospital environment can become frustrating and challenging for many. A formal mentoring program is the answer to success. Recruitment of qualified nursing professors and retention of these individuals is a hot topic.

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INTRODUCTION

Where has all of the nursing faculty gone? According to an AACN Press Release 9-2010 the faculty vacancy rate continues to climb, currently at a rate of 6.9%; the nurse faculty vacancies will continue to climb over the next ten years. Greater than 90% of these vacancies either prefer or require a doctoral degree and unfortunately, there are a limited number of doctoral prepared nurses. Along with the lack of doctoral, prepare nurses schools of nursing also have difficulty competing with healthcare and research organizations that can provide a limited pool of doctoral prepared nurses with higher salaries and benefits. Schools of nursing are also facing the impact of the nation's economic situation and with budget cuts and hiring freezes, they are not able to provide nurse faculty for their increasing enrollment.

What we do know is that it is estimated that nationally by 2020, healthcare organizations will face a shortage of one million nurses (AACN, 2012). The Obama Care, Patient Protection and Affordable Care Act, will impact nursing care and nursing retention. Millions of currently uninsured Americans will gain health insurance coverage throughout the next decade and by 2016, it is estimated that 32 million are expected to have healthcare insurance. In 2021, is estimated that 34 million people will have healthcare insurance. More people with insurance will increase the demand for health care, which equals the need for more nurses, which in turn equals the need for more nursing faculty. According to AACN's report on 2011-2012 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing, U.S. nursing schools turned away 75,587 qualified applicants from baccalaureate and graduate nursing programs in 2011 due to an insufficient number of faculty, clinical sites, classroom space, clinical preceptors, and budget constraints. Almost two-thirds of the nursing schools responding to the survey pointed to faculty shortages as a reason for not accepting all qualified applicants into entry-level baccalaureate programs.

According to a Special Survey on Vacant Faculty Positions released by AACN in October 2012, a total of 1,181 faculty vacancies were identified in a survey of 662 nursing schools with baccalaureate and/or graduate programs across the country (78.9% response rate). The factors that contribute to the nursing faculty shortage includes: aging, lack of degrees, money, lack of support, and the hours spent outside of the classroom (academia requirements). According to AACN's report on 2010-2011 Salaries of Instructional and Administrative Nursing Faculty in Baccalaureate and Graduate Programs in Nursing, the average ages of doctorally-prepared nurse faculty holding the ranks of professor, associate professor, and assistant professor were 60.5, 57.1, and 51.5 years, respectively. For master's degree-prepared nurse faculty, the average ages for professors, associate professors, and assistant professors were 57.7, 56.4 and 50.9 years, respectively. (AACN, 2012). As the baby boomer generation is preparing for retirement this will also lead into the issue of lack of nursing faculty.

The other issue is the lack of salary compensation. According to the AACN 2011 March report, the higher compensation in hospitals and other healthcare organizations lure nurse educators away from teaching. According to the American Academy of Nurse Practitioners, the average salary of a nurse practitioner, across settings and specialties, is \$91,310. By contrast, AACN reported in March 2011 that

master's prepared faculty earned an annual average salary of \$72,028. However this salary reported is high compared to salaries listed in the higher education academia annually report.

Stress factors also impact retention of the novice faculty member. Novice nurse faculty faces several new stressors when entering academia. First is the change of role and autonomy that is often a new experience for nurses. Students come with all types of challenges: from the student with personal problems to the behaviour of students within the classroom setting, and learning to manage the challenges of students can become extremely stressful. In many cases, student related stressors that are new to novice nurse faculty are mostly related to the consumer expectation of this generation of college students. This generation feels that they are paying you for a service and degree. At times they feel and state that if they are having difficulty and failing than it is the faculty fault. This generation has lost the accountability factor. Learning styles differ across each generation span. Managing and motivating individuals of different generations are all about gaining respect for their unique attributes (Mitchell, 2012). Along with the consumer attitude and new technologies, the classroom experience can be a shock to novice faculty. Not knowing how to manage a classroom can lead to awful experiences with challenging students. Then there are the students with personal baggage the ones that always seem to have an issue or personal crisis at hand. Novice faculty may not be aware of the resources available for these students and may attempt to assist the students in need causing more work related strain.

The entire academic environment can be culture shock for some novice faculty. For example learning the “academic pace” when one is used to the pace of a hospital environment can become frustrating and challenging for many of us. The academic setting is an entirely different environment than the hospital. For many novice faculties learning the organizational structure and who really has the power can be challenging at time. The academic pace, when in comparison to the hospital pace can be shocking and almost impossible to handle for some. Although most are nurses are accustom to constant change with the external variables (like the economy) influence nursing education, uncertainly related to the job and job expectations can become stressful to the novice faculty.

Then there is the unwritten “closed door” policy that novice faculty will face in many schools of nursing. Nothing can be more stressful and frustration than asking and searching for help in a new environment than having the door continuously closed in your face. The coldness and lack of some faculty to share or to assist novice faculty will continue to hinder retention in nursing education. Finding the right environment is another factor that can be stressful for the novice faculty member. Many novice faculties may be unaware that not all school of nursing has the same mission or agenda. All schools of nursing should offer mentoring for the novice faculty. Mentoring can assist with questions, concerns, support and retain the novice faculty member. According to Patricia Benner (1984), “very few people ever make it along. We all need someone to lead the way, to show us the ropes, to tell us the norms, to encourage, support, and make it a little easier for us.” Mentoring is a fundamental form of human development in which one person invests time, energy, and personal knowledge to assist another person in his or her development and growth. Benner uses the Dreyfus’s Model, which is based on the idea that individuals must pass through five stages. Faculty with a mentor will be able to advance from one stage to the next with a smooth transition.

A mentor needs to be able to reflect on both experiences and abilities. Characteristics of mentoring can include willingness to share knowledge (correct policy & procedures), competency in their own area, positive attitude (not typical considering the gossip), and allow the novice nurse to grow and develop into an advanced beginner. Mentoring benefits include: higher levels of job satisfaction, organizational commitment, recognized organizational norms and expectations, and positive student outcomes. A benefit for a faculty mentor includes career revitalization, social recognition, mutual feelings of satisfaction, accomplishment, companionship, professional and organizational success. Benefits to a novice faculty member includes: feelings of empowerment, sense of belonging to the profession, promotion of self-esteem, confidence in the workplace, intellectual stimulation, knowledge sharing, and professional and organizational success. Mentoring is the missing puzzle piece to recruiting and retention of nursing faculty.

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