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Formal Mentoring Programs: An Exploration of Barriers to Implementation in Nursing Schools

Megan Christine Duncan
mxc20a@acu.edu

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Nannette W. Glenn, Ph.D.

Dr. Nannette Glenn, Dean of the College of Graduate and Professional Studies

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Dissertation Committee:

Dr. Cecilia Hegamin-Younger, Chair

Dr. James Adams

Dr. Lawrence Santiago

Abilene Christian University

School of Educational Leadership

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Abstract

Although there are over three million registered nurses in the United States, the national nursing shortage has reached epic proportions, with a vacancy rate of 9.9%. One of the contributing factors to the nursing shortage is the lack of qualified nursing faculty. While formal mentoring programs have been identified as best practice in supporting the expert nurse clinician in their transition into the novice nurse faculty role, these programs are not consistently implemented in schools of nursing. In this phenomenological study, the perceptions of nursing leaders regarding barriers to the implementation of formal mentoring programs were analyzed. Using a semistructured interview, six nursing school leaders were interviewed focusing on their perceptions of formal mentoring programs for novice nursing faculty. Findings of this study showed that nursing school leaders believe that mentoring programs are effective in supporting the novice nurse faculty in their role transition. Nursing leaders did, however, identify the barriers of human capacity, incentivization, and budgetary constraints to the implementation of formal mentoring programs. These barriers often outweighed the positive effects of formal mentoring programs. Nursing schools can enter academic partnerships with hospitals or secure grant funding to help support the implementation of formal mentoring programs. Additionally, working with novice mentors on how to teach someone to teach will be invaluable to the mentor dyad.

Keywords: nurse, novice nurse academic, nurse educator, mentoring, orientation, transition, retention

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Chapter 1: Introduction

Although there are over three million registered nurses in the United States (United States Department of Labor: Bureau of Labor Statistics, 2020), the national nursing shortage has reached epic proportions with a nationally reported vacancy rate of 9.9% (NSI, 2021, p. 1). One of the leading causes of the nursing shortage is the lack of qualified nursing faculty with a total of 1,637 faculty vacancies within baccalaureate and/or graduate programs across the country (American Association of Colleges of Nursing [AACN], 2020). Some of the factors contributing to the nursing faculty shortage include pay and compensation, retirement age, and decreased numbers of doctoral prepared nurses (AACN, 2020). Although there are several different strategies being undertaken to encourage more nurses to pursue both advanced degrees and enter academia, there remains the issue of how to effectively support expert nurse clinicians as they transition into the novice nurse faculty role. Retaining novice nurse faculty may be increased by focusing on the support that expert nurse clinicians receive during their transition into the novice nurse faculty role. This phenomenological study of schools of nursing explored the perceptions of leaders within nursing schools regarding the barriers to the implementation of formal mentoring programs for novice nursing faculty.

Background

The transition from nurse clinician to nurse faculty is challenging and can be influenced by numerous factors. The nurse clinician who is transitioning to nurse faculty is overwhelmed by the realization that they must learn and apply foundational knowledge related to teaching concepts, including public speaking, curriculum development, item writing, item analysis, and providing feedback to nursing students (Bagley et al., 2018; Booth et al., 2016; Cooley & De Gagne, 2016; Grassley & Lambe, 2015; Hinderer et al., 2016; Mann & De Gagne, 2017; Owens,

2018; Summers, 2017). Characterized by acclimation or, lack thereof, to the rules and rituals of academia, the transition can be deceptively challenging to expert clinicians who need to acquire a new skill set to become enculturated in the academic setting and learning how to effectively teach nursing students (Al-Nasiri et al., 2017; Bagley et al., 2018; Cooley & De Gagne, 2016; Cotter & Clukey, 2019; Hoffman, 2019).

Novice nursing faculty need to be able to navigate the unique culture of higher education, which has a different set of rules, rituals, language, and beliefs (Al-Nasiri et al., 2017; Cotter & Clukey, 2019; McDermid et al., 2018; Owens, 2018). Additionally, they need to learn how to negotiate the politics and culture of the academic organization (McDermid et al., 2018). Novice faculty are often overwhelmed by and struggle to circumnavigate the differences in organizational structure in the university setting versus the hospital structure and unwritten rules and expectations held within academia (Al-Nasiri et al., 2017; Cotter & Clukey, 2019; Owens, 2018). In addition to the stress of balancing the politics of an institution and the new role of an academician, the likelihood of experiencing other psychological stressors is heightened.

Psychologically, the identity of the expert nurse changes. Leaving behind the identity of a clinician, where they are working directly with patient care, expert nurses move to an identity that educates future nurses to provide direct patient care (McDermid et al., 2018). This switch can be accompanied by a lack of understanding of how to create a learning environment that takes students from where they are to the endpoint of the course. Novice nurse faculty often lack the foundational knowledge of adult learning theories and how to structure a course based on cognitive learning theories (Meyer, 2017). While the experienced clinical nurse enters the academic setting believing that clinical knowledge is enough to be an effective educator, they realize that they are not prepared with the foundational knowledge to successfully teach nursing

students, thus producing feelings of being overwhelmed and underprepared (Bagley et al., 2018; Booth et al., 2016; Cooley & De Gagne, 2016; Grassley & Lambe, 2015; Hinderer et al., 2016; Meyer, 2017). These feelings often lead to a lack of self-confidence and increased stress and anxiety (King et al., 2018; McDermid et al., 2016, 2018). In addition to these noted changes in role identity, there are several barriers that prevent nurses from entering the academic role.

Bagley et al. (2018), Carlson (2015b), Fritz (2018), and McPherson (2019) identified numerous barriers for nurses to enter nursing academia. Barriers include the lack of confidence in public speaking, time commitment, and increased workload. Novice faculty are often unaware of the time commitment that teaching requires and will leave their position, returning to be an expert nurse, because of the increased workload and decreased pay (McPherson, 2019). Nurses also noted that they felt like they would be starting over in a new career and moving from an expert in their current role to a novice in their new role (Bagley et al., 2018). In comparison, researchers identified several facilitating factors that encouraged nurses to enter or remain in academia.

Nurse educators feeling valued, respected, and experiencing increased job flexibility were positively influenced to remain in academia (Carlson, 2015a; Kirkham, 2016). Additionally, nursing faculty shared their appreciation for academic benefits, such as reduced or free tuition for themselves and family members, mentors, and contributing to the nursing profession (Kirkham, 2016; Laurencelle et al., 2016; Waddell et al., 2016; Wenner et al., 2020). While there are numerous barriers, facilitators, and challenges for the nurse wanting to enter and remain in academia, novice nursing faculty can experience an effective transition from the clinical setting to the academic setting.

An effective transition is characterized by formal training and mentoring, and the novice faculty which develops their teaching philosophy, pedagogy, and andragogy to address the needs of students (Bagley et al., 2018; Booth et al., 2016; Cooley & De Gagne, 2016; Grassley & Lambe, 2015; Mann & De Gagne, 2017; Summers, 2017). These skills can be acquired through participating in formal classes to gain knowledge about learning styles, adult learning theories, curriculum design, teaching skills, assessment, and classroom management (Booth et al., 2016; Grassley & Lambe, 2015; Summers, 2017). Additionally, an effective transition can be supported by participating in formal mentoring programs (Brown & Sorrell, 2017; Cooley & De Gagne, 2016; Fritz, 2018; Grassley & Lambe, 2015; Owens, 2018).

A formal mentoring program pairs an expert nurse academic with a novice academic for the first several years of their new position (Brown & Sorrell, 2017; Cangelosi, 2014; Grassley & Lambe, 2015). Mentoring programs implemented by nursing school leaders can support the development of the transitioning nurse. These programs support the transitioning nurse in gaining foundational knowledge of teaching, developing their personal teaching philosophy, and applying pedagogy and andragogy to meet the needs of their students (Brown & Sorrell, 2017; McDermid et al., 2018). This mentoring relationship developed as one of the key factors influencing a positive transition for the novice nurse faculty.

One of the leading causes of the nursing shortage in the United States is the lack of qualified nursing faculty (AACN, 2020). Nursing schools cannot admit qualified student candidates because of the lack of nursing faculty. Leaders need to emphasize the recruitment and retention of novice faculty. One strategy to recruit and retain nursing faculty is through the development and implementation of a formal mentoring program.

Statement of the Problem

The national nursing shortage has reached epic proportions, with a nationally reported vacancy rate of 9.9% (NSI, 2021, p. 1). One of the factors related to the nursing shortage is a lack of qualified nurse faculty, with a total of 1,637 vacancies across the country (AACN, 2020). Although there are several different strategies being undertaken to encourage more nurses to pursue both advanced degrees and enter academia, there remains the issue of how to effectively support expert nurse clinicians as they transition into the novice nurse educator role (Cooley & De Gagne, 2016; Grassley & Lambe, 2015).

Several key ideas emerged within the literature that related to factors influencing the transition of the expert nurse clinician to the novice nurse academic. These topics included the transition process from the hospital to the academic setting (Hoffman, 2019), the need for formal teaching preparation prior to becoming a nurse academic (Bagley et al., 2018; Booth et al., 2016; Cooley & De Gagne, 2016; Grassley & Lambe, 2015; Mann & De Gagne, 2017; Summers, 2017) and socialization of the novice nurse educator to the academic setting (Al-Nasiri et al., 2017; Cotter & Clukey, 2019; McDermid et al., 2018; Owens, 2018). Additionally, the importance of a structured orientation program was identified in the research as a key idea that supported novice nurse academics in their first role (Al-Nasiri et al., 2017; Brown & Sorrell, 2017; Carlson, 2015b; Fritz, 2018; Grassley & Lambe, 2015; Hoffman, 2019; King et al., 2018; Mann & De Gagne, 2017; McPherson, 2019; Meyer, 2017; Phillips et al., 2019) as well as the need for formal mentoring programs (Brown & Sorrell, 2017; Cangelosi, 2014; Clochesy et al., 2019; Cooley & De Gagne, 2016; Fritz, 2018; Grassley & Lambe, 2015; Hinderer et al., 2016; Jetha et al., 2016; McDermid et al., 2016; McPherson, 2019; Owens, 2018).

The shortage of qualified nursing faculty is a significant problem throughout the United States and is one that continues to grow (AACN, 2020; Bagley et al., 2018; Brown & Sorrell, 2017). There has been little attention paid to the recruitment and retention of qualified novice nurse faculty (Carlson, 2015a; Clochesy et al., 2019; Jeffers & Mariani, 2017). This is a problem because it is important for nurse administrators and leaders to focus on the factors that influence the transition of the expert nurse clinician in their role as a novice nurse faculty member. Nursing leaders have been identified as having a key role in encouraging expert nurse clinicians to make the transition into the nurse faculty role. By examining the literature for current evidence on what these factors are and using them to develop tools to aid in the successful transition of the expert nurse clinician to novice academic, nursing leaders can implement strategies that support this transition and increase the retention of qualified nurse faculty.

Purpose of the Study

The purpose of this qualitative phenomenological study, using interpretive phenomenological analysis (IPA) methodology, of schools of nursing was to explore the perceptions of leaders within nursing schools regarding barriers to the implementation of formal mentoring programs for novice nursing faculty.

Research Questions

RQ1: What are the barriers of implementing formal mentoring programs for novice nursing faculty?

RQ2: How do the perceived benefits that nurse leaders hold influence the implementation of mentoring programs?

RQ3: How is the transition of the expert nurse clinician to the novice nurse faculty influenced by the barriers and facilitators of the implementation of formal mentoring programs?

Definition of Key Terms

Effective transition. This transition is characterized by formal training and mentoring. The effective transition allows the novice nurse faculty to develop their teaching philosophy, pedagogy, and andragogy, allowing the faculty to address the needs of the student (Bagley et al., 2018; Booth et al., 2016; Cooley & De Gagne, 2016; Grassley & Lambe, 2015; Mann & De Gagne, 2017; Summers, 2017).

Expert nurse clinician. The registered nurse has achieved the level of an expert, according to Benner's novice to expert theory. The expert nurse no longer relies on principles, rules, or guidelines to connect situations and determine actions. They have an extensive background of experience and an intuitive grasp of clinical situations (Benner, 1982).

Novice nurse faculty. The registered nurse has returned to the level of novice, according to Benner's novice to expert theory. The novice nurse is a beginner with no experience and relies on general rules to help perform tasks (Benner, 1982).

Role ambiguity. This is the lack of basic knowledge necessary to perform one's work (Schoening, 2013).

Summary and Organization of the Study

Chapter 1 introduced the issue of the nursing shortage, which is impacted by the nursing faculty shortage. The nursing faculty shortage is influenced by several factors, including an aging workforce and fewer prepared doctoral nurses (AACN, 2020). Additionally, nurses who are recruited into faculty roles experience a significant transition from their role as a direct care clinician into the role of a nurse academician. During this transition, novice nursing faculty require additional support to develop their foundational knowledge of curriculum development, pedagogy, andragogy, classroom management, and item writing (Bagley et al., 2018; Booth et

al., 2016; Cooley & De Gagne, 2016; Grassley & Lambe, 2015; Hinderer et al., 2016; Mann & De Gagne, 2017; Owens, 2018; Summers, 2017). Researchers have identified that formal mentoring programs are the best strategy to aid in the successful transition of the novice nurse academic (Brown & Sorrell, 2017; Cangelosi, 2014; Clochesy et al., 2019; Cooley & De Gagne, 2016; Fritz, 2018; Grassley & Lambe, 2015; Hinderer et al., 2016; Jetha et al., 2016; McDermid et al., 2016; McPherson, 2019; Owens, 2018). Many of the problems related to the transition of the expert nurse clinician to the novice nurse expert mentioned in the literature can be fixed through formal mentoring programs. While the literature and evidence demonstrate that formal mentoring programs are best practice for supporting the expert nurse clinician in their transition as a novice nurse faculty, "many nursing programs offer little or no guidance outside of the general faculty orientation" (Brown & Sorrell, 2017, p. 210) for novice nursing faculty. Additionally, there is a need to examine the reason or circumstances that formal mentoring programs for novice nurse faculty are not being fully utilized (Brown & Sorrell, 2017). This gap in the literature leads to the primary question of "what are the perceived barriers to implementing formal mentoring programs in schools of nursing for novice nurse faculty?"

Chapter 2 will provide an overview of the literature explored related to the current evidence of factors influencing the transition of the expert nurse clinician to the novice nurse academic. Topics will include role transition, formal teaching preparation, socialization, structured orientation program, mentoring programs, barriers to entering academia, and factors related to retention. Chapter 2 will conclude with a synthesis of the research findings and summary.

Chapter 2: Literature Review

The shortage of qualified nurse faculty is a significant problem throughout the United States and is one that continues to grow (AACN, 2020). There has been little attention paid to the recruitment and retention of qualified novice nurse faculty (Carlson, 2015a; Clochesy et al., 2019; Jeffers & Mariani, 2017). This is a problem because it is important for nurse administrators and leaders to focus on the factors that influence the transition of the expert nurse clinician in their role as a novice nurse faculty member. Nursing leaders have been identified as having a key role in encouraging expert nurse clinicians to make the transition into the nurse faculty role. Nursing leaders can implement strategies to address the factors identified in the current literature that influence the transition that novice nurse faculty experience, thus supporting novice faculty and increasing nurse faculty retention. The purpose of this literature review was to explore the current evidence within the literature related to factors influencing the transition of the expert nurse clinician to the novice nurse academic.

Themes that emerged in the literature search included the transition period that expert nurse clinicians experience when they assume the role of the nurse academic, the need for formal teaching preparation, the socialization of the nurse educator to the academic setting, the need for a structured orientation program and formal mentoring programs as well as barriers and facilitators to entering academia. The evidence revealed that the key to the successful transition of the novice nurse academic was the participation in a formal mentoring program. However, evidence showed that few schools of nursing had implemented formal mentoring programs.

The remainder of this chapter will present the theoretical framework for the study, and present, analyze, synthesize, and critique the literature related to the problem. The literature review will be presented in themes that emerged through the literature review. Additionally, a

review of methodological issues will be presented along with a critique of previous research conducted on this topic. Finally, a summary will be presented to provide an overview of the major themes of the literature, identify gaps in the current body of knowledge and present how this study will fill the gap in knowledge by extending into practice.

Literature Search Methods

Key words and search terms included *nurse, novice nurse academic, nurse educator, mentoring, orientation, transition,* and *retention*. Data bases included in this search were ERIC, CIHAHL Complete, ProQuest Central, and Google Scholar. Articles included in this search were those that were peer-reviewed and those published within the last 5 years.

Theoretical Framework Discussion

Benner's novice to expert theory (1982) and the nurse educator transition model (Schoening, 2013) are the theoretical frameworks guiding this study. Benner's novice to expert theory describes the transition that the nurse experiences, while the nurse educator transition model focuses on the transition the novice nurse educator experiences. These theoretical frameworks complement each other as they each emphasize the transitions that novice nurses navigate as they engage in their new roles.

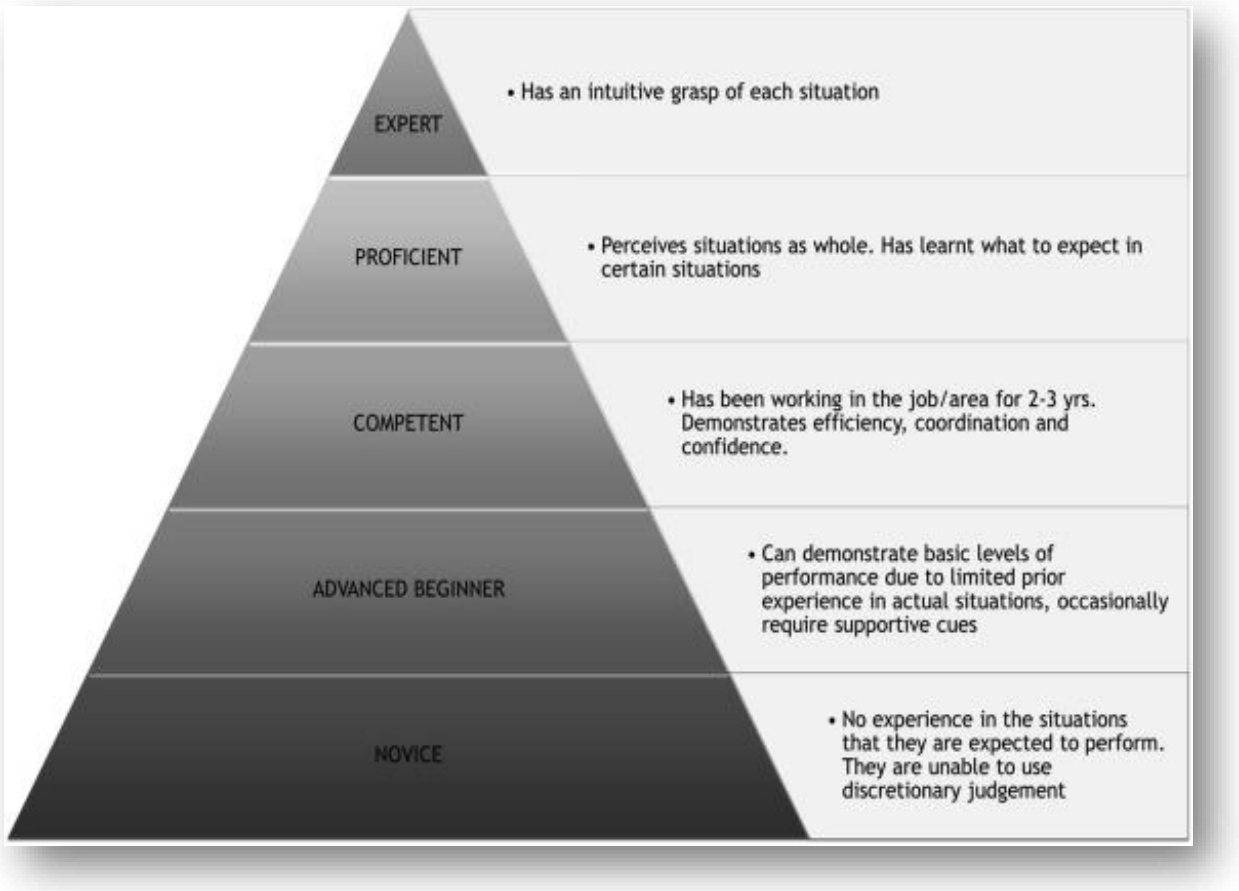
Benner's Theory

The objective of Benner's theory (1982) is to describe the transition that nurses experience when entering the nursing profession. Although novice nurse faculty are experienced nurses, they begin the novice to expert transition in their new role as novice faculty. This theoretical model allows nursing school leaders to understand the transition that novice nursing faculty undergo and the professional development needs that must be supported during this transition. Benner's theory includes five levels of proficiency: novice, advanced beginner,

competent, proficient, and expert (Benner, 1982). Benner's theory proposes that expert nurses develop skills and understanding of patient care over time, both through education and experiences (Petiprin, 2016).

Figure 1

Benner's Novice to Expert Model of Skill Acquisition



Note. Benner's Novice to Expert Model of skill acquisition (Murray et al., 2019). From "Benner's Model and Duchscher's Theory: Providing the Framework for Understanding New Graduate Nurses' Transition in Practice," by M. Murray, D. Sundin, and V. Cope, 2019, *Nurse Education in Practice, 34,* 200. (https://doi.org/10.1016/j.nepr.2018.12.003). Copyright 2019 by Elsevier. Reprinted with permission.

Within Benner's novice to expert theory (1982), the learner transitions through five stages of performance and skill acquisition. The five stages and characteristics include:

Stage 1: Novice. In this stage, the beginner has no experience with the situations they are presented with. To support these nurses, they are taught using specific tasks that can be recognized without having any situational experience. Novice nurses are also taught the rules to guide their actions. These novice practitioners are task-oriented and rely on policies and procedures to guide their practice.

Stage 2: Advanced Beginner. The advanced beginner performs at the marginal level because of real-life situations they have encountered thus far. The advanced beginner uses these experiences to prioritize the actions they need to take to manage the situation at hand. The advanced beginner no longer relies exclusively on the rules; rather, they use the rules and their experiences to develop an action plan.

Stage 3: Competent. The competent nurse has been in the same role for two to three years. The competent nurse can use their experience to guide the plan for the day to prioritize which actions are most important and which can be ignored. The competent nurse is deliberate in planning their day, which helps increase efficiency and organization.

Stage 4: Proficient. At this stage, the learner has been exposed to a wide variety of experiences and uses these experiences to plan and respond to events. The proficient nurse can look at the situation as a whole and can now recognize when the situation has deviated from the normal expected presentation.

Stage 5: Expert. The expert nurse no longer relies on rules and guidelines to connect their understanding of the situation. The expert nurse has an intuitive grasp of the situation and

can use their intuition to guide their actions. When the expert does encounter new experiences, he, or she, may rely on guidelines and analytics to guide their actions.

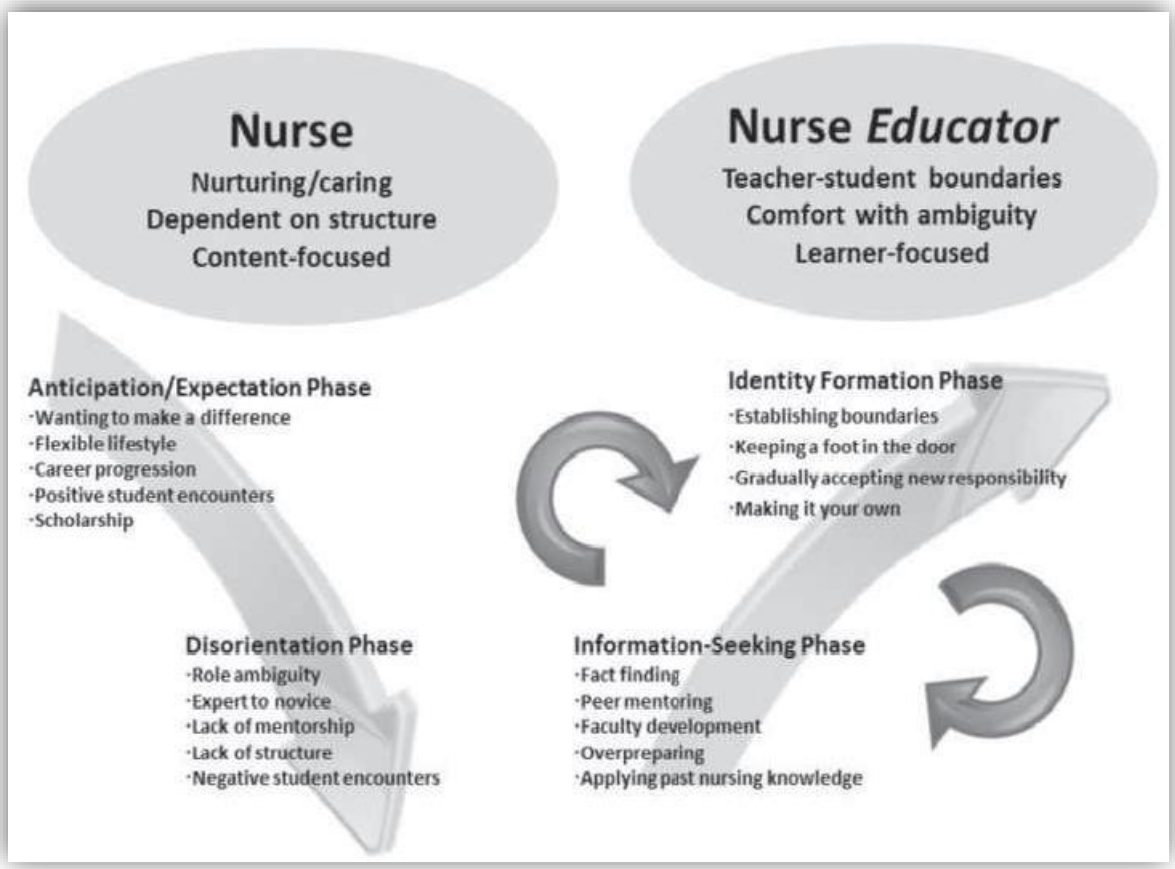
Benner's novice to expert theory (1982) describes the transition that the nurse experiences in the nursing profession. Benner's theory proposes that nurses develop skills and understanding of patient care over time, both through education and experiences. The nurse passes through five levels of proficiency: novice, advanced beginner, competent, proficient, and expert. Nursing leaders can offer support to the novice nursing faculty as they experience the transition from novice to expert.

Nurse Education Transition Model

Schoening (2013) sought to describe the transition that the novice nurse faculty experiences when entering nursing academia. The nurse educator transition model (NET; Schoening, 2013) describes the phases that the nurse navigates through during the transition from expert nurse clinician to novice nursing faculty. The bedside nurse makes a conscious decision to enter academia and experiences a transition through four distinct phases as they begin to integrate their two identities of nurse and educator. Successful transition is symbolized in this model as integrating the two identities of "nurse" and "educator."

Figure 2

The Nurse Educator Transition Model



Note. The NET Model depicts the stages that the novice nurse educator travels through during the transition from expert clinician to nurse educator. From "From Bedside to Classroom: The Nurse Educator Transition Model," by A. Schoening, 2013, Nursing Education Perspectives, p. 169. Copyright 2013 by Anne Schoening. Reprinted with permission.

The four stages and characteristics include:

1. Anticipation/Expectation Phase: This phase begins when the nurse decides to become an educator and is characterized by feelings of positivity and the expectation of making a difference in the profession by influencing the next generation of nurses. Often the nurse

enters academia because of the perception of increased work schedule flexibility and previously experienced positive student encounters.

2. Disorientation Phase: This phase begins when the nurse starts work as an educator and is characterized by a lack of structure and mentorship as well as inadequate socialization to the educator role leading to role ambiguity. This phase is characterized by the nurse moving from an expert to a novice, leaving the nurse feeling underprepared for their role as an educator. Additionally, during the disorientation phase, nurses experience the realization that the nurse-patient relationship is different from the teacher-student relationship.
3. Information Seeking Phase: This phase is when the novice educator independently seeks the information they need to perform their work as an educator. This phase is characterized by self-directed formal and informal learning activities that the nurse engages in. Additionally, the nurse seeks peer mentors for guidance on their new role. This phase is also characterized by the new educator over-preparing for student encounters as they fear being viewed by students as incompetent in their role.
4. Identification Formation Phase: This last phase is characterized by the educator fully integrating their "nursing" and "educator" identities. They are now able to negotiate the differences in the nurse-patient and teacher-student relationships as they have discovered how to establish boundaries with students. Additionally, nurses continue to develop their "teacher" knowledge base while maintaining their clinical skills.

The NET model aligns with Benner's novice to expert theory. Both center on the expert nurse identifying their interest in teaching. They are excited about influencing future nurses with their knowledge and experience. However, as the nurse begins teaching, they become disoriented

and move back into their novice role. Early in their new career, the novice nurse educator is overwhelmed with new expectations and the rituals of academia. As the novice nurse educator gains more knowledge about their new role, they transition into the advanced beginner stage. The nurse educator becomes more confident in their skill and role as an educator. Finally, the nurse educator integrates their separate identities of "nurse" and "educator" into one identity and are now competent in their role as an educator.

Literature Review

In 2019-2020, the American Association of Colleges of Nursing (AACN) report entitled *Enrollment and Graduations in Baccalaureate and Graduate Programs* identified that 80,407 qualified applicants for schools of nursing in the United States were turned away, with the primary reason cited is a lack of qualified faculty (AACN, 2020). The AACN report cited 1,637 faculty vacancies based on a survey of 821 nursing schools with baccalaureate and/or graduate degree programs. These schools additionally cited a need for creating another 138 faculty positions to accommodate student demands. Factors contributing to the nurse faculty shortage include the average age of nurse faculty approaching retirement, an anticipated wave of retirement over the next decade, higher compensation in the private and clinical sectors, and master's and doctorate programs' inability to produce a large enough pool of educators to meet the demands of prelicensure programs (AACN, 2020). As a result of this shortage, schools of nursing are turning to nurses who are expert clinicians with advanced degrees to fill the role of nursing faculty.

While the strategy of hiring expert nurse clinicians as faculty helps schools to meet the need of increased numbers of faculty, nurses are often unfamiliar with the foundational practices of higher education and academia. This frequently results in novice nurse faculty feeling unsure

of themselves, experiencing feelings of abandonment, being overwhelmed, and feeling a lack of self-confidence in their skills as a teacher (King et al., 2018). The gap between clinical practice and academia is wide and without practical tools for the expert clinician to bridge that gap. Should this gap in the transition from expert clinician to successful faculty continue to exist, the cycle of denial of qualified nursing school applicants will endure, thus failing to address the critical nursing shortage in the United States. This literature review was conducted with the intent to determine the factors influencing the transition of the expert clinician into the role of the novice nurse academic. Several themes emerged within the literature, including role transition, formal teaching preparation, socialization of the novice nurse educator, structure orientation programs, formal mentoring programs, barriers to entering academia, and factors related to retention of the nurse academic.

Role Transition

Novice Nurse

One theme that recurred throughout the literature was role transition that novice nurse academics experience. Bagley et al. (2018) used a qualitative design guided by a constructivist perspective to examine the perceived barriers of master's prepared nurses to entering academia. They conducted 10 interviews with nurses and found that participants identified the feeling of "having to start over" (Bagley et al., 2018, p. 266) as a barrier to entering the nurse faculty role. The participants identified that moving from an expert to a novice was a barrier. This sentiment was echoed by participants in a qualitative descriptive study conducted by Hoffman (2019), which explored the lived experiences that affect the transition of the clinical nurse as they enter the faculty role. Participants noted the feeling of being a "perpetual novice" (p. 262) and remaining in a continual state of newness. This feeling resulted from faculty being assigned new

classes each semester which prevented them from building upon previous coursework (Hoffman, 2019). In addition to feelings of being a novice educator, nurse academics often experience role ambiguity when transitioning from an expert clinician to a novice nurse educator.

Role Ambiguity

Novice nurse educators seemingly entered academia to perceive that they could easily transition into a teaching role as they already incorporated education into patient care (Bagley et al., 2018). However, researchers have shown that often experienced clinicians are unprepared to teach in the academic setting. Jarosinski et al. (2019) conducted a qualitative study with an interpretive phenomenological analysis to gain a better understanding of what influences the role transition of the expert clinician to the novice nurse faculty. The researchers (2019) noted in their study that participants had a different vision of what it meant to teach and learn based on their own experiences in nursing school.

McDermid et al. (2018) provided a synthesis of the work generated from a larger study that looked at the opposing elements of adversity and resilience. McDermid et al. (2018) described the process of how a nurse progresses through the liminal phase of leaving behind one identity, transitioning into a new identity, and then solidifying that new identity. The researchers described how nurses experience role transition through the lens of liminality. While experienced clinical nurses enter the academic setting believing that clinical knowledge is enough, they realize that they are not prepared, leading to anxiety, confusion, and uncertainty (McDermid et al., 2018). This can make the transition more difficult and lead to nurses leaving the academic setting. The authors recommended, based on the results, that a formal mentoring program be implemented as well as socialization for the mentee (McDermid et al., 2018). In addition to

misperceptions about ease of transition, nurses entering the academic setting experienced a gap between their expectations and reality which contributed to role ambiguity.

Using a qualitative research study design method, based on Lewin's theory of social change, Schoening's grounded theory, and the nurse educator transition model, Shapiro (2018) examined the experience of transition into the full-time faculty role among nurse educators. Themes that emerged included: difficulties learning the role, embracing the role, need for support, and personal experience of confidence and love of teaching. Many participants expressed surprise at the complexity of the full-time faculty role. Once in the role of the educator, they experienced challenges, uncertainty, and difficulties. As they began to learn the role, a transition occurred, and faculty began to adapt to the challenges they experienced by gathering information. Faculty persisted in their full-time role and began to embrace their new identity. The most adaptive strategy and positive force that encouraged change was the full-time faculty seeking guidance from experienced peers. Challenges did exist from the lack of formal mentoring programs and orientation. The most adaptive strategy related to experience in the transition was peer guidance and support. The need for mentorship was identified, and clear guidelines about expectations of the teaching role (Shapiro, 2018).

Hulton et al. (2016) conducted a mixed-method evaluation design through focus groups and a cross-sectional online survey to describe a model for an evidence-based, nursing-specific faculty mentoring program. Hulton et al. (2016) noted in their study examining mentor/mentee dyads that mentees expressed that they were uncertain about their faculty role and transitioning to their full-time faculty position. Summers (2017) used an integrative review to identify what current literature shows in nursing science examining teacher preparation and competency of novice nurse educators. Nurse educators reported feeling overwhelmed by the diversity of

expectations in academia and concerned about a lack of clarity on what the expectations were. There is often inconsistency in what nurse educators are supposed to learn and what they receive in guidance and instruction (Summers, 2017). In addition to experiencing role ambiguity, many nurses transitioning into the educator role experienced feelings of being overwhelmed and underprepared, which led them to experience a lack of self-confidence and increased stress.

Self-Confidence and Stress

Many novice nurse educators experience feelings of being overwhelmed by the complexities of the nurse educator role (Shapiro, 2018). Jarosinski et al. (2019) conducted a qualitative study with an interpretive phenomenological analysis to gain a better understanding of what influences the role transition of the expert clinician to the novice nurse faculty. Participants expressed being overwhelmed by the expectations of students and teachers and, as a result, began to question their ability to teach. Many participants were passionate and excited about the opportunity to teach but were cautious about their own abilities, acknowledging the need for guidance and support as they left their comfort zone as clinician and moved into the unknown as educators. Participants had a different vision of what it meant to teach and learn based on their own experiences in nursing school. All participants wanted clear-cut guidelines for teaching and expected to have step-by-step explanations (much like a checklist for a skill). They appreciated the personal engagement with the academy instructors and were able to experience different learning styles and make the connection that students have different learning styles, and teaching must adapt to those styles. Participants identified that the academy instructors played a role in building their confidence in teaching. They learned how to be a good educator and stated that they expected to continue to learn even after the academy. This study demonstrates the importance of a structured experience to support expert clinicians as they

transition into their academic roles. Future research recommended exploring what influences transition (Jarosinski et al., 2019).

King et al. (2018) used the snowballing technique to identify participants for their study, which examined how the induction period in the academic setting affects the retention and satisfaction of those who are new to the faculty role. One finding was that many participants described feelings of being abandoned and overwhelmed. While most participants described being confident in their practice area, they identified that they had no experience in teaching, which led to feelings of low self-confidence and lack of self-belief as a teacher.

Formal Teaching Preparation

Identified Need for Formal Education

While many nurses educate their patients and families, they are not formally prepared in adult education as it pertains to the academic setting. Booth et al. (2016) provided a summary of the literature that identified the importance of adequate preparation of nurse educators. The primary purpose of this article was to argue that pedagogical preparation is necessary for the nurse academic. Booth et al. (2016) identified that the preparation of nurse educators is imperative to be an effective educator. Owens (2018), using a qualitative approach that incorporated phenomenology, sought to explore two-year institution part-time nurse faculty's perceptions of their experiences during their role transition from nurses in clinical practice to part-time clinical instructors. Eight themes emerged through their interviews: identity as a nurse versus identity as a part-time clinical instructor, the role of other's perception in clinical instructor identity formation, lack of communication with main campus and full-time faculty, interactions with students, faculty and nurses at clinical facilities, past and present clinical experience, role transition process and professional identity formation, the incentive to learn

pedagogical skills, and the need for professional development. Participants identified that it was critical in their transition to learning pedagogical skills. In addition to gaining pedagogical skills, nurse educators identified the need to participate in formal education classes throughout the literature.

Cooley and De Gagne (2016) used a hermeneutic phenomenological approach to their qualitative study to gain insight into novice nurse faculty's experience in academia, to examine their perceptions of facilitators and barriers to the development of nurse educators' practice competence, and to identify transformative learning experiences related to novice faculty development. Barriers that the study participants identified included a knowledge deficit surrounding academic responsibilities of teaching prelicensure nursing students (Cooley & De Gagne, 2016). Identified facilitators of the novice nurse educator's practice competence included formal teaching preparation (Cooley & De Gagne, 2016).

Hinderer et al. (2016) used the results of a survey to report on a collaborative faculty academy developed by three schools of nursing. The objectives of this collaborative faculty academy were to increase the number of faculty teaching, to increase the diversity of faculty, to increase the number of faculty who enrolled in graduate school, and to increase the number of specialty faculty in the areas of women's and children's and mental health. Results of the survey indicated that novice faculty felt more prepared to enter education, the importance of a mentor relationship, and the importance of learning new teaching strategies and approaches to handling challenging situations. Additionally, the objectives to increase the number of clinical faculty at participating schools and increase diversity enrollment in graduate school were met. The only objective not met was increasing the number of specialty faculty in women's and children's

health. Hinderer et al. (2016) recommended further study of the program as more participants continued through the academy to evaluate its effectiveness.

Key Topics

The discussion of the need for nurse educators to have formal preparation to teach was common throughout the literature. Bagley et al. (2018) noted in their qualitative design that study participants identified it would be necessary to acquire additional skills to work in academia. These were skills such as curriculum design, test writing, teaching methods, evaluation, and research methods. The participants also identified that they would require more experience in the classroom setting to support their transition into academia (Bagley et al., 2018). Grassley and Lambe (2015) conducted a literature review to understand the incongruence between expectation and the reality of academics. The literature revealed that new nurse faculty should engage in formal classes that teach them how to create and guide student experiences, formative and summative evaluations, legal and ethical considerations, how to manage difficult students, and incorporating simulation. Using in-depth, semistructured interviews, Mann and De Gagne (2017) conducted a qualitative study that sought to identify the lived experiences of clinical nurse faculty as they transitioned into their role. Participants identified that taking classes on adult learning theories and teaching strategies were facilitators in the transition to the academic role. Summers (2017) used an integrative review to identify what current literature shows in nursing science examining teacher preparation and competency of novice nurse educators. Findings from the study revealed that adequate preparation is key with formal education, including information about learning styles, curriculum design, teaching skills, assessment, evaluation, and classroom management (Summers, 2017). In addition to key topics to include in formal teaching

preparation, various teaching modalities were revealed in the literature. During this literature review, the theme of formal teaching preparation emerged.

Teaching Modalities

The nursing faculty shortage has been impacted by the shift of the focus of graduate preparation from education to clinical practice (Booth et al., 2016). The preparation for entering nursing academia must be supported at an institutional level (Booth et al., 2016). This support has emerged through the development of a variety of educator academies, online learning communities, and eLearning courses. Phillips et al. (2019), using a mixed-method design, conducted a pre-/postcourse assessment to determine the effectiveness of an eLearning course for clinical nurse faculty. The findings indicated that faculty participants were satisfied with the course and self-reported skill and knowledge acquisition. They also demonstrated the transfer of new skills to the nurse educator role after three months. Both experienced and new faculty indicated having a high perception of the importance of faculty development. The eLearning course was effective in enhancing competencies for clinical education and supporting faculty in finding fulfillment in the faculty role (Phillips et al., 2019).

Reese and Ketner (2017) described the experiences of novice nurse educators who participated in a nurse educator institute. This was a report on the Northwest Area Health Education Center (NWAHEC) developing a nursing course to prepare novice educators. A total of 293 educators completed the program, and the majority of them agreed or strongly agreed that the modules were valuable, they learned things that they could apply to their job, they made changes in practice or professional development, incorporated a greater variety of teaching methods, applied systematic program evaluation more effectively, used information technology in the clinical setting, and ensured that learning outcomes were measurable (Reese & Ketner,

2017). The needs of the novice nurse educator are multi-faceted and can be supported through intentional learning modules (Reese & Ketner, 2017).

Roman (2018) used a retrospective, one-group pretest/posttest measure study design to determine if clinical faculty experienced any change in knowledge after participating in a professional learning community. The findings demonstrated the enhancement of clinical instructor teaching capabilities in both new and experienced clinical instructors. Participants gained knowledge and were able to share tips and tricks and offer support to each other. Based on the findings, the author recommended the development of an online asynchronous professional learning community for clinical faculty to share best practices with other new or experienced clinical nurse faculty (Roman, 2018). Moreover, the theme of socialization of the novice nurse educator emerged in the literature.

Socialization

The transition from nurse clinician to nurse faculty is challenging in and of itself. However, novice nurse faculty also encounter difficulty navigating the unique culture of academia (Cotter & Clukey, 2019). Cotter and Clukey (2019) used a qualitative approach and semistructured interview questions to understand and articulate the academic culture of nursing. Four themes emerged in the findings: rules, rituals, language, and beliefs. Participants indicated that rules were unwritten, silent, and implicit. Participants also identified the challenge of navigating the rituals of academia, as orientation was insufficient or inadequate. Although mentoring was valued, it was not practiced. Those faculty with a mentor identified it as helpful in the transition to academia and retention. Participants identified incivility as a problem in nursing academia and the need for ongoing orientation and mentoring programs. The findings demonstrated that the most important aspect of enculturation is finding a support network (Cotter

& Clukey, 2019). In addition to building a support network, novice nurse faculty need ongoing support through a structured orientation program.

Structured Orientation Program

One theme that emerged as key to the successful transition of the novice nurse academic was that of a structured orientation program. Researchers have found that although most novice nurse faculty participate in an orientation to the university or academic setting, their experiences vary widely (King et al., 2018). Using a cross-sectional exploratory study design of a national survey, Carlson (2015b) helped quantify and describe orientation, evaluation, and integration practices pertaining to part-time clinical nursing faculty teaching in prelicensure nursing programs. Most of the respondents reported receiving some orientation. However, close to half reported receiving no more than two hours of orientation. Many respondents reported being well informed in key areas pertaining directly to their role as clinical faculty: student evaluation procedures, the process to follow up when students are not meeting course objectives, and grading procedures. Respondents reported being least informed about changes to the course and school policies and changes to the curriculum. An overwhelming number reported the ease to which they could receive help from the schools, and many reported being mentored, primarily in areas of receiving encouragement and feedback. Carlson (2015b) recommended that future research should include a survey of boards of registered nurses to identify specific rules and regulations pertaining to orientation, evaluation, and integration of part-time faculty across all program types. Additionally, the recommendation for future research on specific practices within schools of nursing that facilitate classroom and practice setting integration was made (Carlson, 2015b).

Using a systematic integrative review method, McPherson (2019) reviewed the evidence to determine what is needed for part-time clinical faculty as they assume the faculty role. Major findings of this integrative review included the identified need for structured and mandatory orientation and the implementation of a strong mentoring program. Researchers have shown that faculty were at a disadvantage if they did not attend or were provided an inadequate orientation. Additionally, literature revealed that part-time clinical faculty need support from a mentor. Mentoring is viewed as critical but is often overlooked in facilitating the transition of a new faculty (McPherson, 2019).

Sousa and Resha (2019) used a descriptive quantitative design method using the Needs Assessment Survey for Topic Inclusion in a Guide to Orientation to explore the orientation needs of clinical nurse faculty as they transition from expert clinician to novice educator. The statistical data showed that the respondents valued the clinical site component of the course, nursing course, and clinical site high as part of the orientation that they received. Most of the items on the survey were found to be either highly important or important, showing the amount of information identified by adjunct clinical faculty for their transition. Some omitted items included correlation of theory to clinical, logistical information such as how to assign patients, and the referral process for advising a student. Identified as insufficiently covered topics were the job description, clinical paperwork, grading criteria, and evaluation of student clinical. Items that were identified as needed but not included were resources for students with special needs, what to do if a student was impaired, the organizational structure of the nursing program, professional development, malpractice, benefits, and pay. Overall, the data showed the need for ongoing orientation as well as the need for a formal orientation as the adjunct faculty identified the need for a formal orientation and mentoring program (Sousa & Resha, 2019).

Fritz (2018) conducted a literature search to identify barriers to and facilitators of nurses' transition from clinical positions into nursing professional development and other nurse educator roles. Barriers identified included role clarity and expectations, orientation, mentoring and interpersonal support, and educator skills. Facilitators of transition identified included orientation, effective mentoring, and the development of educator skills. Interestingly, the topics of orientation were identified as both barriers and facilitators of transition for nurses moving from the clinical setting to the academic setting. Barriers were related to a lack of time, failure to include essential information and poor mentoring, and inadequate peer support. In terms of facilitators, orientation was the key to a successful transition with the inclusion of topics such as policies and procedures, reporting structures, socialization to peers, and basic expectations for the novice nurse faculty. Effective mentoring was identified as using a formal mentoring program and seeking mentors outside of the organization. Fritz (2018) identified the need for further research on how to structure the factors of orientation and to mentor for optimal effect.

Finally, Grassley and Lambe (2015) conducted a literature review to understand the incongruence between the expectation and the reality of academics. They found that participation in an extended orientation program may ease the stress of transition (Grassley & Lambe, 2015). In addition to the need for structured orientation programs for novice nurse educators, researchers revealed that novice nurse educators benefit from participating in formal mentoring programs.

Mentoring Programs

The Need for Mentoring Programs

Throughout the literature, researchers have demonstrated a gap in the transition from expert clinician to novice nurse academic. This gap is best resolved through participation in a

formal mentoring program (Clochesy et al., 2019). Cangelosi (2014) conducted a seminal research study using a phenomenological approach with face-to-face interviews of 20 novice nurse faculty. Cangelosi described the lived experiences of novice nurse faculty in their role transition to academia. All participants expressed disappointment or frustration about the lack of structure and guidance they experienced. Many participants stated that they had a strong desire for mentoring, but there was no dedicated or formal mentoring program. There was a consistent plea for a mentor. All participants openly admitted that they needed help learning the faculty role, including those participants who had formal education in teaching. The findings demonstrated the need for a formal mentoring program to help novice nurse faculty transition into academia (Cangelosi, 2014). This finding has been echoed by subsequent studies.

Grassley and Lambe (2015) conducted a literature review to understand the incongruence between expectation and the reality of academics. Grassley and Lambe (2015) identified three main themes in their literature search; nurses felt unprepared to teach, there was a need for guidance in navigating the academic culture and the need for a structured mentor program. Grassley and Lambe (2015) found in the literature that new nurse faculty should engage in formal classes that teach them how to create and guide student experiences, formative and summative evaluations, legal and ethical considerations, how to manage difficult students, and incorporating simulation. The researchers also identified that the academic culture is difficult to navigate and a cause for stress and frustration for novice nurse educators (Grassley & Lambe, 2015). Grassley and Lambe (2015) found in the literature that an extended orientation program may ease the stress of transition. Finally, the researchers identified the need for a structured mentoring program to help the new faculty integrate into the academic culture and role (Grassley & Lambe, 2015).

Brown and Sorrell (2017) conducted a qualitative case study using semistructured interviews to understand the challenges novice nurse educators endure and potential resolutions needed to ensure faculty success. Results of the interviews offered insight into the needs of novice nurse educators as they transition into their new roles. Novice nurses identified that work is always present. They taught without preparation and felt unprepared. They taught without proper resources, and they had to figure out what to do on their own. Novice nurse educators also identified that they had positive experiences during their transition where they felt as if they made a difference in a student's life. Participants identified that having support from an individual during their first year helped them become acclimated to their new role. Brown and Sorrell (2017) also found that participants described their mentors as "a shoulder to lean on" (Brown & Sorrell, 2017, p. 210) and that support was available upon request. Participants also discussed the need for formal mentoring and a more structured orientation for novice nurse faculty. Recommendations for future research included the examination of the reason/circumstances that mentorship/orientation among novice nurse educators are not being fully utilized (Brown & Sorrell, 2017).

Jeffers and Mariani (2017), using a descriptive comparative design, compared two groups of full-time novice nurse faculty, those who participated in a formal mentoring program to those who did not participate in a formal mentoring program. The descriptive comparative design was used to describe and examine the differences in career satisfaction between the two groups of nurse faculty. Jeffers and Mariani (2017) found that novice nurse faculty without mentors experienced feelings of abandonment and fending for themselves. This contributed to feelings of stress in the academic setting.

McDermid et al. (2016) used a storytelling approach to conduct a qualitative study to explore the aspect of developing resilience and the novice nurse academic. Participants identified difficulty understanding the role expectations, lack of confidence in the new academic role, poor understanding of career progression, and staff and student conflict. The participants mentioned that the institutions they worked in assigned them mentors, which helped them overcome these difficulties. Participants sought out their mentors to clarify issues and gain support throughout their transition. It was clear that the participant had to seek out the mentor for the relationship to work. The participants experienced negative experiences, which contributed to them having feelings of anxiety and uncertainty. The participants focused on positives to counteract these experiences. Participants entered academia with characteristics of resilience which helped them cope with negative situations and issues. Their resilience required more development as they encountered more challenging situations. Participants used reflection on negative experiences to effect change by developing strategies to change and grow positively. The author recommended future research to explore how employing organizations may support employees and contribute to resilience development (McDermid et al., 2016). In addition to the need for formal mentoring programs to support novice nurse faculty through their first year, the positive effect of mentoring on recruitment and retention emerged.

Recruitment and Retention

The issue of recruitment and retention of nurse faculty is one of the primary foci of schools of nursing to help resolve the nursing shortage (AACN, 2020). Clochesy et al. (2019) reported on their findings related to the development and implementation of the Institute of Faculty Recruitment, Retention, and Mentoring (INFORM). INFORM was created to address the needs of new nurse faculty transitioning into their role and to offer support through mentoring.

Those individuals identified that mentoring has a positive effect on the recruitment and retention of new faculty. Findings from this program emphasize the importance of mentoring relationships and offering support to the new nurse faculty during their transition to academia (Clochesy et al., 2019).

Daw et al. (2018) offered a summary and analysis of the effectiveness of the New Nurse Faculty Fellowship Program developed at the state level implemented to address the challenges related to nursing faculty recruitment and retention. This fund used monies contributed by state healthcare organizations to award to new nurse faculty who were invited to participate in the fellowship program. The focus of this program was to recruit and retain new nurse faculty. The program found that relationship-based mentoring programs that accompanied the fellowship awards established a foundation for most participants to continue teaching with a Maryland school of nursing. Participants responded that the most compelling strategies for recruitment and retention of new faculty included scholarships for tuition and fees (71.4%), student loan forgiveness (60%), mentorship (55%), and faculty development and salary supplement (54.3%). The findings showed that the program was successful in the recruitment and retention of new nurse faculty. The findings also supported the importance of mentoring programs as a strategy for retaining new faculty.

Jeffers and Mariani (2017) compared two groups of full-time novice nurse faculty in their descriptive comparative design describing the differences in career satisfaction between the two groups of nurse faculty. Statistically, this study did not identify any significant differences between nurse faculty who participated in a formal mentoring program and those who did not and their career satisfaction. The data did demonstrate a significant difference between faculty who intended to stay in academia and those who did not intend to stay with regard to their career

satisfaction. Additionally, qualitative data did reveal that mentoring impacted the retention of the novice nurse faculty. Participants without mentors reported seeking out informal mentors as resources for navigating the unique culture of academia and to assist with their role transition. This positively affected retention of the novice nurse faculty, as evidenced by the sentiment of one participant who stated, "had I not had the informal mentoring relationship, I would not have remained in my role as faculty, I would have left and returned to nursing practice" (Jeffers & Mariani, 2017, p. 20). Additionally, those faculty who experienced a lack of mentoring, either by not having an assigned mentor or insufficient mentoring experiences, described the feeling of being alone and abandoned. These feelings led to faculty questioning and "really considering this as a full-time job" because "the faculty role is very overwhelming and based on my first year of experience, I'm not sure that it is a career field I will continue to pursue in the future" (Jeffers & Mariani, 2017, pp. 20-21). In addition to a positive effect on recruitment and the retention the literature revealed the positive effects on transitioning that mentoring had on novice nurse faculty.

Effects on Role Transition

Throughout the literature, mentoring has emerged as a key topic, which supports the novice nurse faculty in their transition from clinical practice to academia. In addition to supporting the novice nurse faculty through their first year, mentoring programs provide a nurturing and caring environment, which encourages the novice faculty to ask questions and seek guidance with ease (Waddell et al., 2016). Waddell et al. (2016) used a focus group design to evaluate the effectiveness of the mentorship circle project on new faculty role transition. Central to the findings was the importance of creating a safe space for mentees. This helped to build relationships of trust among the mentees and established rapport between the mentors and

mentees. Mentoring offers guidance and a culture of support where mentees can comfortably share their experiences and learn from mentors and other mentees (Waddell et al., 2016). Sheppard-Law et al. (2018) used a qualitative methodology to conduct focus groups to explore the novice clinical nurse educator's experience of learning and being mentored through a mentoring program. The participants identified that positive aspects of the program included improved knowledge and skills, mentoring relationships were described as supportive, confidential, positive, and nonjudgmental, feeling connected with peers, and building support networks (Sheppard-Law et al., 2018). Although mentoring programs were described as positive overall, some factors were identified as barriers to effective mentoring of novice nurse faculty.

Barriers in Mentoring

Although mentoring is described positively and as one of the key facilitators of the successful transition of novice nurse faculty, several barriers were noted in the literature. Hulton et al. (2016) used a mixed-method evaluation design through focus groups and a cross-sectional online survey to describe a model for an evidence-based nursing-specific faculty mentoring program. The qualitative data showed that mentors often had to be proactive in developing the mentor/mentee relationship by initiating conversations with their mentee. The mentors found that questions posed during their conversations could have been answered during a general orientation session. Both mentors and mentees identified scheduling time to meet, which often resulted in meeting only to troubleshoot versus intensive mentoring. The dyads also identified the need for a more structured mentoring program but acknowledged that this might not be possible (Hulton et al., 2016). Additionally, Macario (2018) conducted a descriptive study based on Hudson's mentoring model to gain a better understanding of the process of mentoring nurses in the academic setting. The study results confirmed that nurses are familiar with mentoring, but

the extent and value of mentoring are not understood at the faculty level. What the results show is that the respondents found the personal attributes of their mentors to be effective, but they lacked in their ability to teach the mentee how to teach. Macario (2018) hypothesized that this might be because nurses are not taught how to teach, and so the mentors did not have a full understanding of the pedagogical approach. Although much of the findings in the literature related to the strategies used to support a successful transition of the novice nurse faculty, several barriers and facilitators to entering academia were noted.

Barriers to Entering Academia

The shortage of qualified nursing faculty has been well documented in recent literature (AACN, 2020), with several barriers identified as contributing to the shortage. Bagley et al. (2018) used a qualitative design to identify the perceived barriers for registered nurses with advanced degrees to transition into nursing academia. Barriers to entering nursing academia that were identified by the participants included compensation, lack of confidence in public speaking, the need for an advanced degree, starting over in a new career, moving from being an expert in their current role to a novice, loss of clinical skills, time commitment, and lack of job security (Bagley et al., 2018). Carlson (2015a) echoed these findings with a cross-sectional exploratory study design of a national survey examining the characteristics influencing retention of part-time clinical nurse faculty teaching in prelicensure nursing education. Barriers identified by the participants included lack of support and respect, disorganization as well as the culture of the school, and being excluded from social events at the school (Carlson, 2015a). Fritz (2018) conducted a literature search to identify barriers to and facilitators of nurses' transition from clinical positions into nursing professional development and other nurse educator roles. The barriers that Fritz (2018) identified included role clarity and expectations, orientation, mentoring

and interpersonal support, and educator skills. Interestingly, the topics of orientation were identified as both barriers and facilitators of transition for nurses moving from the clinical setting to the academic setting. Barriers were related to a lack of time, failure to include essential information, poor mentoring, and inadequate peer support (Fritz, 2018). McPherson (2019) also identified through an integrated review that pay and compensation were key barriers to part-time faculty remaining in their position. Additionally, part-time faculty were often unaware of the time commitment of teaching and would leave the position because of the increased workload and decreased pay (McPherson, 2019). Although there were barriers identified to entering the academic role, there were several facilitators related to the retention of nurse faculty.

Factors Related to Retention

Despite the overwhelming evidence of pay disparity in nursing academia, many faculty remain in their role. Carlson (2015a) used a cross-sectional exploratory study design of a national survey examining the characteristics influencing retention of part-time clinical nurse faculty teaching in prelicensure nursing education. The respondents identified that finding enjoyment in teaching and the intrinsic rewards gained through teaching helped offset the gap in pay between the clinical setting and the academic setting. Another factor identified by respondents that influenced their desire to remain in academia was pay and benefits, such as free classes towards an MSN. Additionally, the respondents identified feeling respected and valued, positive regard for the school of nursing employees, job flexibility, and an increased chance of being hired full time (Carlson, 2015a). Kirkham (2016) used a participatory action research method to identify the qualities that nurse faculty identified as key to a quality work environment. A key finding identified through the study was the experience of nurses' professional autonomy and control over their work which increased their desire to remain in their

position (Kirkham, 2016). Future research was recommended to compare and contrast findings in work environment quality and its impact on retention from a rural versus urban perspective (Kirkham, 2016). Laurencelle et al. (2016) conducted face-to-face interviews with participants to explore the meaning of being a nurse educator and what attracts nurses to academia. The participants identified the primary reasons for entering academia as wanting to teach, seeing students learn, flexibility, and contributing to the profession. The study suggests that flexibility is a contributing factor to people entering nursing academia rather than salary (Laurencelle et al., 2016).

Summary

The national nursing shortage is compounded by the lack of qualified nursing faculty. Numerous factors contribute to the nursing faculty shortage, including pay disparity between the clinical and academic setting, retirement age, and decreased number of doctorally prepared nurses. Although strategies are being implemented to address the nurse faculty shortage, there remains the issue of how to effectively support the expert nurse clinician as they transition into the novice nurse faculty role. By reviewing the literature through the lens of Benner's novice to expert model and the nurse educator transition model, this researcher will be able to contribute to the body of knowledge in education.

This literature review revealed that there are numerous factors that influence the transition of expert clinician into their first academic role. These include the transition from the clinical setting to the academic setting and being acclimated to the unique culture of academia. Additionally, barriers to entering academia included pay disparity, increased workload, feeling overwhelmed by the expectations of the role of an educator, and not feeling supported in the transition into academia. Furthermore, novice nurse faculty are influenced by their need for

formal teaching preparation as they often lack the foundational knowledge and skills to teach adults. Two of the key factors in supporting the novice nurse academic are formal orientation and mentoring programs. Despite the evidence demonstrating the necessity of mentoring programs, schools of nursing are inconsistent in their implementation and use in supporting the novice nurse academic.

The information gathered in this literature review allowed this researcher to identify the gap in the literature, which laid the foundation for this study. While the literature and evidence demonstrate that formal mentoring programs are best practice for supporting the expert nurse clinician in their transition as a novice nurse faculty, "many nursing programs offer little or no guidance outside of the general faculty orientation" (Brown & Sorrell, 2017, p. 210) for novice nursing faculty. Additionally, there is a need to examine the reason or circumstances that formal mentoring programs for novice nurse faculty are not being fully utilized (Brown & Sorrell, 2017).

This literature review illuminated the research problems and justified the need for this study. By surveying deans and directors of schools of nursing, this researcher will be able to determine why formal mentoring programs are not being implemented. This will shed light on this issue and benefit novice educators, higher education institutions, and prospective nursing students.

Chapter 3 presents the research design and method, followed by a description of the population and sampling for the study. Additionally, a description of the materials and instruments used and data collection and analysis procedures will be included. The remaining contents of Chapter 3 include a review of the ethical considerations and a discussion of assumptions, limitations, and delimitations.

Chapter 3: Research Method

The shortage of qualified nurse faculty is a significant problem throughout the country and is one that continues to grow (AACN, 2020; Bagley et al., 2018; Brown & Sorrell, 2017). Although researchers have identified that formal mentoring programs best support the expert nurse as they transition into their novice faculty role (Brown & Sorrell, 2017; Cangelosi, 2014; Carlson, 2015b; Cooley & De Gagne, 2016; Cotter & Clukey, 2019), few nursing programs have implemented formal mentoring programs. This is a problem because the expert nurse clinician transitioning into their novice nursing faculty role requires additional support to successfully negotiate the challenges of the academic setting and experience an effective transition. The purpose of this phenomenological study of schools of nursing was to explore the perceptions of leaders within nursing schools regarding barriers to the implementation of formal mentoring programs for novice nursing faculty.

Research Questions

The research addressed the following questions:

RQ1: What are the barriers to implementing formal mentoring programs for novice nursing faculty?

RQ2: How do the perceived benefits that nurse leaders hold influence the implementation of mentoring programs?

RQ3: How is the transition of the expert nurse clinician to the novice nurse faculty influenced by the barriers and facilitators of the implementation of formal mentoring programs?

Chapter 3 presents the research design and method, followed by a description of the population and sampling for the study. Additionally, a description of the materials and instruments used and data collection and analysis procedures will be included. The remaining

contents of Chapter 3 include a review of the ethical considerations and a discussion of assumptions, limitations, and delimitations.

Research Design and Method

The purpose of this study was to explore the perceived barriers to implementing formal mentoring programs in schools of nursing for novice nurse faculty, understand how the facilitators and barriers influence the recruitment and retention of novice nursing faculty, and explore the factors that influence the transition of the expert nurse clinician into the novice nurse faculty. Because there is little evidence in the literature that addresses barriers to implementing formal mentoring programs for novice nurse faculty (Brown & Sorrell, 2017), a qualitative research design using a phenomenological approach achieved the purpose of the study. Qualitative research is a "broad explanation for behaviors and attitudes" (Creswell & Creswell, 2018, p. 61). By using a "theoretical lens, or perspective, in qualitative research," the lens becomes a perspective through which the researcher can shape questions to be asked and analyze data (Creswell & Creswell, 2018, p. 61). There are several qualitative design methods that are recognized in the literature. The method that was the most appropriate for this study was a phenomenological approach.

Phenomenology is an approach that researchers take, which analyzes the lived experiences of a particular phenomenon from the first-person perspective of the participant (Priviteria, 2017). When conducting phenomenological research, the researcher describes the lived experiences of individuals about a particular phenomenon (Creswell & Creswell, 2018). The purpose of this study was to understand the perspectives of nursing school leaders regarding the implementation of formal mentoring programs for novice nurse faculty. By conducting interviews with participants, the researcher gains a first-person account of the individuals'

experiences (Priviteria, 2017). After which, “the researcher then constructs a narrative to describe or summarize the experiences described in the interview” (Priviteria, 2017, p. 215). By interviewing nursing school leaders regarding their perceptions of formal mentoring programs for novice nurse faculty and understanding their lived experiences, I was able to better explain the implementation of such programs.

This research study used Interpretive Phenomenological Analysis (IPA) methodology. IPA is “concerned with the detailed examination of human lived experience” (Alase, 2017, p. 10). IPA researchers’ primary aim is to investigate how individuals make sense of their experiences (Pietkiewicz & Smith, 2014). IPA uses the fundamental principles of phenomenology, hermeneutics, and idiography (Pietkiewicz & Smith, 2014; Tuffour, 2017). Phenomenology is concerned with identifying the components of phenomena that make them unique from others (Pietkiewicz & Smith, 2014). Hermeneutics is “the art and science of interpretation or meaning” (Tuffour, 2017, p. 3). An IPA researcher uses “double hermeneutics” by attempting to “make sense of the participants’ sense making” (Tuffour, 2017, p. 4). Idiography is the in-depth analysis of single cases of subjects’ experiences before making general statements (Pietkiewicz & Smith, 2014). Because IPA focuses on an in-depth analysis of each subject, the studies are usually small (Pietkiewicz & Smith, 2014) and homogenous groups.

Population

IPA uses small, homogenous samples for the purpose of conducting an in-depth analysis of cases. The population for this study included nursing leaders of pre- and postlicensure schools of nursing. Degree programs included contained associate, bachelor's, and master’s degrees in nursing. Although doctoral programs exist within this population, novice nurse educators begin their careers in an associate or bachelor’s programs. Those nurses wishing to teach in a doctorate

program must have a terminal degree to qualify for the position. The AACN report, *Nursing Fact Sheet,* identified that in 2018, 17.1% of nurses held a master's degree, and 1.9% held a doctorate degree (AACN, 2020). Therefore, doctoral nursing programs were excluded from this study. There are approximately 15 schools of nursing within a 100-mile radius from Fairfield, CA. This geographical region was selected because I am from this area and am familiar with the nursing programs in the region. The programs included range from a student population of 50 to 400 students with 10 to 20 full-time faculty. Relevant characteristics of the population did include nursing program director, dean, or program coordinator, holding their position for a minimum of 1 year. This population was appropriate for this study because the individual is in a formal leadership position and can speak to the various facilitators and barriers to implementing a formal mentoring program for novice nurse faculty.

Study Sample

Purposive sampling is a strategy that is used in qualitative research for the purpose of increasing the depth of understanding in a small, select sample (Campbell et al., 2020). Purposive sampling is used to "select respondents that are most likely to yield appropriate and useful information" (Kelly, 2010, as cited in Campbell et al., 2020, p. 317). Studies grounded in IPA using purposive sampling from a homogenous group. This allows the researcher to find a group of people the research problem has relevance and personal significance (Pietkiewicz & Smith, 2014). In this case, participants most likely to provide information that is relevant to the research questions will be individuals who are in leadership positions in schools of nursing, oversee nursing programs and faculty, and have at least one year of experience in their current position.

Historically, the determination of sample size in qualitative research has been based on the concept of data saturation; however, researchers often fail to mention how data saturation was achieved as it is a concept that is not well understood (Vasileiou et al., 2018). Additionally, samples in qualitative research are often small to "support the depth of case-oriented analysis that is fundamental" (Vasileiou et al., 2018, p. 2) to qualitative inquiry. Sandelowski (1995, as cited in Vasileiou et al., 2018) recommends that qualitative sample sizes are "large enough to allow the unfolding of a new and richly textured understanding of the phenomenon under study, but small enough so that the deep, case-oriented analysis of qualitative data is not precluded" (p. 2).

While there is no rule on how many participants should be included in a research study using IPA method, it is important for the researcher to consider the "1. depth of analysis of a single case study, 2. the richness of the individual cases, 3. how the researcher wants to compare or contrast single cases, and 4. The pragmatic restrictions one is working under" (Pietkiewicz & Smith, 2014, p. 7). Doctoral level IPA studies typically involve three to six cases for analysis that employ strategies to gain multiple perspectives on the phenomenon under study to increase the level of detail of analysis (Smith et al., 2009). The study included six nurses in leadership positions at a nursing school with a minimum of 1 year in their current leadership position.

Materials/Instruments

Instruments for this study included using a questionnaire to collect demographic data and questions for the semistructured interview.

Questionnaire

The questionnaire was designed to collect demographic data about the participants. This included gender, age range, time in current position, degree(s), clinical background, and experience.

Interview Questions

Using the framework of Benner's novice to expert theory and the nurse educator transition model a series of open-ended interview questions were developed. These interview questions were designed to measure the influence facilitators and barriers have on the implementation of formal mentoring programs, facilitators and barriers related to the recruitment and retention of nursing faculty, and factors that influence the transition of the expert nurse clinician to novice nurse faculty. The dimensions that were measured included:

Facilitators and Barriers for the Implementation of Mentoring Programs. The factors that nursing school leaders experience influence the facilitation or barrier to implementing formal mentoring programs.

Facilitators and Barriers Related to Faculty Recruitment. The factors that nursing school leaders encounter influence the recruitment of nursing faculty.

Facilitators and Barriers Related to Faculty Retention. The factors that nursing school leaders encounter influence the retention of nursing faculty.

Factors That Influence the Transition of the Novice Nurse Faculty. The factors that nursing school leaders observe in novice nurse faculty that influence their transition.

Semistructured Questionnaire

The following was the semistructured interview guide:

1. Tell me about your experience as a nursing professor.

2. What led you to become a nursing professor?
3. What do you remember about your experience as a novice nurse faculty member?
4. Did those experiences shape your transition into academia? How?
5. Have you noticed anything the novice nurse educators commonly experience as they transition into academia? What are they?
6. How do you think schools of nursing could help novice nursing faculty overcome these issues?
7. Have you had any experience with formal mentoring programs that are specific for novice nursing faculty? Tell me about those experiences.
8. Have you ever considered implementing a formal mentoring program for novice nursing faculty?
9. What are some of the barriers to implementation that you might encounter or have encountered?

Data Collection and Analysis Procedures

Six department chairs, deans, directors, or program coordinators of schools of nursing located within a 100-mile radius of Fairfield, CA, participated in this study. Approval to conduct this study was obtained through the IRB of Abilene Christian University (See Appendix A). Permission was sought from the appropriate administrator at each college or university where the school of nursing was located. Additionally, informed consent was provided to each participant, which explains the study's purpose, the method in which the study will be conducted, and considerations for confidentiality (See Appendix C).

The method for data collection chosen for this IPA study was a semistructured, audio-recorded interview. Given the current pandemic, the interviews took place over Zoom. An

interview has the potential to "elicit rich, thick descriptions" (Bloomberg & Volpe, 2018, p. 193) of the lived experiences of participants. This study explored the perceived barriers that deans and directors held regarding the implementation of formal mentoring programs for novice nurse academics in schools of nursing. Interviews are meant to explore the participant's life experiences, perceptions, and attitudes by listening to their stories (Bloomberg & Volpe, 2018). By conducting semistructured interviews, the experiences and perceptions of deans and directors of nursing schools related to formal mentoring programs for novice nurse faculty were explored.

The questions that were included in the interview were open-ended, with some follow-up and probing questions included to help elicit more of the participant's story and perspective (Appendix D). Additionally, these questions were designed to limit potential bias and assumptions made on the part of the researcher (Chenail, 2011). The structure of the interview included a warm-up phase during which the participant was made to feel at ease with the process. Additionally, a discussion regarding confidentiality, the purpose of the study, why the participant was selected, and what happened with the information collected took place during this phase (Burden, 2018). The main body of the interview included the questions mentioned above. This was followed by the conclusion of the interview with a wrap-up and discussion of the next steps (Burden, 2018).

In addition to the interview, field notes and a reflective journal were maintained. Field notes are recommended as a method to document needed contextual information as well as aiding in the construction of "thick, rich descriptions of the study context, encounter, interview, focus group, and document's valuable contextual data" (Phillipi & Lauderdale, 2018, p. 381). The use of a reflective journal is key to IPA research as it allows the researcher to identify any personal biases (Hadi & Closs, 2016).

To help ensure the confidentiality of participants, all research documents were kept on my home computer that is password protected. I am the only person with access to my laptop, which is in my locked home office. Additionally, I kept digital files of audio recordings on my computer that were organized by date and location. I transcribed my interviews using a service called *TranscriptionPuppy*.

Analysis Procedures

Qualitative data analysis is challenging and yet exciting because it allows the researcher to be creative in methods of analysis. Analysis of qualitative data brings “order, structure, and meaning to the masses of data collected” (Bloomberg & Volpe, 2018). Although there are numerous methods to analyze qualitative data, the recommended strategy for analyzing data collected from interviews is to make sense of the "attitude and response to the phenomenon under study" (Bloomberg & Volpe, 2018, p. 234). The researcher accomplishes this task by spending time in the data, living in words spoken by the participants, and gleaning an understanding of the essence of the participant's experiences (Bloomberg & Volpe, 2018). As such, I did follow the recommended steps outlined by Lofgren (2013).

Lofgren (2013) described six steps in which the researcher can analyze qualitative data. These steps include 1) reading the transcripts, 2) labeling important pieces (coding), 3) deciding which codes are the most important and creating categories by bringing several codes together, 4) labeling categories that are most important and then how they connect to each other, 5) determining if there is a hierarchy among categories, and 6) writing the results and discussion.

Lofgren's (2013) steps align with Bloomberg and Volpe's (2018) road map for qualitative data analysis. Both models begin with reading through the transcripts and identifying the "big picture" or "big ideas" that emerge in the data. From this point, re-reading the transcripts while

focusing on essential pieces (themes or categories) and coding them follows. This is one of the most critical steps in the analysis process as themes emerge from the data, creating categories for the researcher to discuss (Bloomberg & Volpe, 2018).

Bloomberg and Volpe (2018) also recommended reviewing field notes from research journals and data summary tables to complement and add to coding. Once this is completed, the codes are considered and combined to create new categories. Categories are then labeled into a hierarchical structure, and the researcher determines how the categories connect to each other (Lofgren, 2013).

Ethical Considerations and Trustworthiness

Ethical considerations for this study included obtaining IRB approval through Abilene Christian University as well as permission from the appropriate administrative personnel at each of the schools of nursing for the identified participants. Additionally, informed consent was obtained from each participant. The informed consent included the purpose of the study, method of data collection and storage, assurance of anonymity, and strategies to protect the identity of the participants. In addition to ensuring this study adheres to ethical standards of research, I also implemented several strategies to ensure that the study was trustworthy.

Qualitative reliability and validity mean that the researcher goes to great lengths to check for the accuracy of findings and that the researcher's approach is consistent across different researchers and projects (Creswell & Creswell, 2018). The strategies that I used to ensure validity and reliability included the concept of triangulation. According to Creswell and Creswell (2018), "Triangulate different data sources by examining evidence from the sources and using it to build a coherent justification for themes" (p. 199). I also used member checking (Creswell & Creswell, 2018) to determine the accuracy of the qualitative findings by asking participants to

review the common themes and significant results of the study. Finally, I included negative information that "runs counter to the themes because real life is composed of different perspectives" (Creswell & Creswell, 2018, p. 200) that do not always align with one another. In addition to establishing the reliability and validity of this research study, I implemented strategies to develop trustworthiness.

To establish trustworthiness, Shenton (2004) described that the researcher must address credibility, transferability, dependability, and confirmability. Credibility is created by using well-established research methods. I referred to other researchers and their practices that were applied to phenomenological studies. Credibility can also be established by the full description of the phenomenon that is being scrutinized. I conducted semistructured interviews, which was to gain an in-depth understanding of a participant's lived experience. Transferability is how the study's findings can be applied to other situations (Shenton, 2004). I established this concept by interviewing participants from several different organizations. This demonstrated that the phenomena are experienced at more than one location and can be applied to other situations. Dependability is slightly more challenging to explain. This means that if the works were repeated, the same results would occur. It would be difficult to demonstrate this, especially with a lived experience. However, by describing what the research design is and how it was implemented, other researchers may be able to replicate it and achieve similar results. Finally, the researcher establishes trustworthiness by confirming the ability to engage in research with objectivity. Throughout this study, I took meticulous notes to ensure that the data collected was pure, traceable, and deeply describable. Additionally, I was transparent in disclosing any potential bias, was detailed in how I collected the data, and the thought processes to interpret the data, which established transferability and confirmed the research's trustworthiness.

Assumptions

Several assumptions were made when selecting the population and sample for this study. The population was recruited from Northern California and included nurses who were in positions of leadership in schools of nursing, particularly those who are department chairs, deans, directors, or program coordinators. The choice of these participants contributed to the homogeneity of the sample. Individuals with less than one year of experience in their role were excluded because they were still in the learning phase of their position.

Another assumption was the honesty of the participants and their willingness to respond to questions openly and honestly. As a former nursing faculty member and RN with more than 20 years of experience, my interactions with other nurses suggest a level of honesty. The consent form addressed confidentiality and anonymity, which encouraged the participant to share their honest feedback without fear of retribution. Additionally, I reminded the participants that there were no right or wrong answers to the interview questions, and all feedback was welcome.

Limitations

A major limitation of this study was the small sample size. Although IPA researchers traditionally use a small sample size, this does reduce the ability to make a generalization about the entire population. Another limitation was the reduced geography of the population. While, in theory, nursing programs are the same or similar, geography influences the curriculum and expectations of faculty.

Delimitations

This study explored the perceptions of nursing leaders of the facilitators and barriers of the implementation of formal mentoring programs for novice nursing faculty. Formal mentoring programs have been identified in research as key to the successful transition of the expert nurse

clinician to the novice nursing faculty role. The IPA method limited the individuals included in the sample, so only those leaders who were nurses employed in the role of dean, director, or program coordinator were included. Individuals with less than one year of experience were excluded. Department chairs, deans, directors, and program coordinators of nursing schools with associates, bachelors, and master's degree programs within a 100-mile radius of Fairfield, CA, were included in the study.

Summary

The purpose of this qualitative phenomenological study of schools of nursing was to explore the perceptions of leaders within nursing schools regarding barriers to the implementation of formal mentoring programs for novice nursing faculty. By using the IPA method, I explored the lived experiences of the subjects included in this study while, at the same time, trying to understand those experiences. The IPA methodology was appropriate for this study because it allowed this researcher to conduct an in-depth analysis of the lived experiences of the participants. Identification of themes among the participant experiences allowed this researcher to devise strategies for nursing school leaders to address the facilitators and barriers of the implementation of formal mentoring programs, thus improving the retention of novice nursing faculty.

Chapter 4: Results

In this chapter, the results of the interpretive phenomenological analysis of data collected via interviews of nursing school leaders will be detailed. The purpose of this study was to understand the perspectives of nursing school leaders regarding the implementation of formal mentoring programs for novice nurse faculty.

The following questions guided this study:

RQ1: What are the barriers to implementing formal mentoring programs for novice nursing faculty?

RQ2: How do the perceived benefits that nurse leaders hold influence the implementation of mentoring programs?

RQ3: How is the transition of the expert nurse clinician to the novice nurse faculty influenced by the barriers and facilitators of the implementation of formal mentoring programs?

This chapter consists of the following sections: the first section contains a description of the data collection and study sample. The second section includes a summary of the data results. The third section contains a summary of the results, and the fourth section includes a summary of the chapter.

Sample

A total of six nursing school leaders were interviewed for this study representing a 100% rate of participation. Data collection ceased after six participants because no new information was provided, and data saturation was achieved. The demographic summary is provided in Table 1. The sample consisted of six (100%) female nursing school leaders. All six (100%) identified as White/Caucasian. The age distribution included one (16%) age 30–45 years, two (33%) age 46–59, and three (50%) age 60 or older. All six participants were registered nurses with varying

lengths of time practicing. The experience distribution included two (33%) 20–25 years, two (33%) 40–45 years, and two (33%) greater than 50 years.

Table 1

Demographic Summary

Demographic	Sample *n* (%)
Gender	
Female	6 (100)
Male	
Race/ethnicity	
Caucasian	6 (100)
Age (in years)	
30-45	1 (16)
46-59	2 (33)
60+	3 (50)
Years as RN	
20-25	2 (33)
40-45	3 (50)
50+	1 (16)
Mentoring Program	
Yes	1 (16)
No	5 (83)

Participant Descriptions

Participant #1

Participant 1 has been an RN for 23 years and her primary background is an adult nurse practitioner. She went into teaching because she enjoyed it and has been teaching now for 15 years. She has been in her leadership role for 1 year. Participant 1 did experience components of formal mentoring as a novice nurse faculty. Participant 1 works at an institution that has implemented a mentoring program at a national level for full-time faculty, which focuses on item writing and lesson planning.

Participant #2

Participant 2 has been a nurse for 50 years. Her clinical background is a geriatric nurse practitioner. She started teaching because she was bored and wanted to do something else. She was actually asked to develop an NP program, but they needed her to teach clinicals. She did not experience a formal mentoring program but described having a very supportive department chair who was willing to answer her questions. She has been in her current leadership role for 2 years. She has implemented informal mentoring for her novice nursing faculty at her institution.

Participant #3

Participant 3 has been an RN for 43 years. She described having limited clinical experience and was recruited for her leadership position in the produce aisle at the local market. She has only worked in management and has been in her leadership role for 25 years. She started teaching 20 years ago. Participant 3 did not experience formal mentoring as a novice nurse faculty. She has implemented informal mentoring at her institution.

Participant #4

Participant 4 has been an RN for 21 years with a clinical background in adult critical care. She started teaching because she loved working with students in her hospital role and preferred to teach students versus hospital RNs. She has been in leadership positions for 15 years. Participant 4 did experience components of formal mentoring as a novice nurse faculty. She has implemented some components of formal mentoring at her institution and also engages in informal mentoring of novice nursing faculty.

Participant #5

Participant 5 has been an RN for 45 years and is a pediatric critical care nurse. She went into teaching because she loved to explain things to her colleagues and realized she wanted to

teach in an academic setting. Participant 5 has been teaching for 30 years and has been in leadership positions for 20 years. She experienced informal mentoring as a novice nurse faculty and has implemented some components of formal mentoring but also focuses on informal mentoring.

Participant #6

Participant 6 has been an RN for 41 years and has a primary clinical background in mental health. She was recruited to teach by another nurse faculty who told her she was gifted in teaching. She has been teaching for 31 years and has been in a leadership position for 5 years. Participant 6 did not experience any mentoring and had an orientation that was very limited. She has implemented a formal mentoring program for novice nurse faculty at her institution.

Findings

This section presents the themes that emerged from my analysis of the interview responses aligned with the respective research questions. Emergent themes embedded in the participants' experiences best encompass their lived experiences. Through one-to-one interviews with each participant, the following themes and subthemes emerged.

Findings for Research Question 1-

Research question one was "What are the barriers to implementing mentoring programs for novice nurse faculty?" Several themes emerged in the data gathered through interviews with the participants. These themes include human capacity, incentivization, and budgetary expenses. Each participant identified similar barriers to implementing formal mentoring programs based on their past and current leadership positions.

Human Capacity

The barrier of people was a theme that was consistent among the participants. People were identified as those individuals who could create the program and those who could serve as mentors. Participant 2 described the challenge of developing and implementing a program because "we have regulatory requirements based on our accreditors and to create and develop a formal mentoring program that meets regulatory accreditation standards, is just an enormous amount of work." Participant 4 discussed the challenge of being able to have someone "put structure to it" and create an online class that mentors and new faculty can use as a resource. Participant 5 echoed the previous sentiments by describing the challenges of identifying individuals to collaborate on building a mentoring program. Participant 3 added that having the resource of faculty to be able to build a program is "one of the biggest barriers." In addition to the identified barrier of individuals who can develop and implement a formal mentoring program, participants described the barrier of seasoned faculty willing to serve as mentors.

The emergent theme of the availability of people to serve mentors was described by Participant 4. She stated that "the seasoned people don't want to do it" and we have "a lot of new people, mentoring new people." She likened this challenge to the nursing shortage, stating "you have people meant to orient new grads that probably would never be training. We are just in a constant state of need." She went on to describe a new full-time faculty member who was transitioning from a clinical adjunct position who was paired with an experienced faculty member. Participant 4 expected that this mentor would be engaged and "help her transition but she didn't." She was very "hands off." Participant 5 described the issue of personality clashes and finding a "good match" between the novice faculty and a mentor. She added that mentoring is "like dating. You have to have that period of time where you're getting to know each other to

see if you're compatible . . . because not everybody is compatible with everybody else." Participant 1 discussed the challenge of trying to mentor adjunct faculty, which is a large pool of individuals, and the inability to find mentors for each one. Participant 1 also described the lack of faculty who are available to be mentors, identifying the challenge of when a school "loses faculty, you just don't have the resources." This sentiment was echoed by Participant 2, "you want to make sure that new people coming into teaching positions were supported and nurtured and mentored. Taught to be successful . . .you can't do that in a setting where people leave." Participant 5 described being an informal mentor herself because of a lack of faculty who were available to mentor novice faculty.

Human capacity was quickly identified as a barrier to the development and implementation of a formal mentoring program for novice nurse faculty. The nursing leaders of the various programs discussed the challenge of having individuals who were able to develop a program, especially those nursing programs that were bound by the requirements of their accrediting bodies. Additionally, nursing leaders identified that seasoned faculty were often unwilling to volunteer to mentor novice nursing faculty, thereby reducing the pool of qualified mentors. Furthermore, those faculty who were identified as being qualified to mentor novice faculty were not always a good personality match or were not as engaged with the novice nursing faculty member.

Incentivization

A second theme related to barriers was that of incentivization. Nursing leaders identified that they were unable to provide nurse mentors with the time they needed to spend with the novice nurse faculty. Time was primarily described as relating to the time for the mentor to be able to step away from their current responsibilities and have time to spend with the novice

faculty member. Participant 3 described the time required to mentor a new faculty as a barrier because “we’re all just so strapped” for time and do not have the ability to spend the time with the mentee. Participant 3 described spending two hours reviewing an exam the mentee had given to her class because the assigned mentor was unavailable to help the mentee. Participant 4 described the challenge of being able to support mentors while they have a full course load and are expected to find time and mentor new faculty. She stated that “you have to give other people time to help.” Participant 4 described the experience of mentors being unable to check in on their mentees because of their own schedule and teaching responsibilities. Participant 5 described teaching in a research-focused university and added that mentors were unable to find the time to work with their mentees because of their time commitment and the requirement to conduct research. Participant 5 explained that although these faculty were experienced, had been at the University for a long time, and were full professors, they spent 75% of their time doing research, so pairing them with a mentee was a time issue that had to be avoided. Participant 2 also discussed the need for mentors to have the time to devote to their mentees, adding that “we would need to negotiate time” so that mentors could be available for their mentees.

Budgetary Constraints

The cost of a formal mentoring program was a barrier that was discussed by all of the participants. Participant 1 described the cost associated with “putting all of the adjunct faculty through” a mentoring program as challenging and not something that would be supported by the organization. Participant 2, on the other hand, does not hire as many faculty. So the “implementation of a formal mentoring program is not cost effective.” Participant 3 described the cost associated with a formal mentoring program in terms of release time for mentors and being required to pay “your teachers to do it.” This was echoed by Participant 4 when she

mentioned needing to give mentors release time to work with novice faculty in addition to the decreased workload that novice faculty had during their first year. She described trying to advocate for mentors being allowed release time for three credit load units every quarter and stated, “that’s where I think I would have an issue” because “you still have to somehow figure out where that budget is coming from.” Participant 5 also discussed the costs associated with formal mentoring programs and stated that “I tried to set up a formalized one but it got costly” and so the university stopped using the program. When asked if she would ever implement a formal mentoring program at her current organization, the participant said, “no, because of the cost.” Participant 6 currently has a formal mentoring program in place, however, she stated that “money is always a barrier. So, just finding all the resources that we needed. That was tough.” Their program is funded through grants, and when the “money runs out, we’ll use other grant funding.”

Findings for Research Question 2

Research question 2 asked “How do the perceived benefits that nurse leaders hold influence the implementation of mentoring programs?” There were numerous benefits to mentoring programs identified by the research participants. Participants described their own experiences as novice faculty working with mentors as well as their perceptions as leaders implementing mentoring programs. Both of these types of experiences influenced the implementation of formal mentoring programs.

Participant 1 described being paired with another seasoned faculty for a med-surg course. She and the mentor “did everything together in that course” which was “great because she was very helpful.” She went on to add that “right out of the gate, having some mentorship is very helpful. You never thought before you really needed that guidance.” Because of this personal

experience, Participant 1 has supported the participation of novice nursing faculty in the mentoring program their institution developed. She went on to explain that "ideally, new faculty will be paired with a mentor who will guide them through and navigate them through the course." She believes that all faculty, full-time and adjunct, should be paired with a mentor. The mentoring program at her institution was described by Participant 1, "full-time faculty are connected into this mentoring program. . . they have an online mentor that will meet with them weekly." This mentor works with the novice faculty on lesson plan development and exam preparation.

Participant 4 described a similar experience as Participant 1. She was paired with a mentor who "had years of experience and taught the class." She sat in the class for the first quarter, then taught half of the class the second quarter and during the third quarter "pretty much managed the class." Participant 4 stated, "that's where I learned. He was so into mentoring and [was] interested in me." She added that her mentor "made me enjoy what I was doing. He helped me see the value in my job and how it could be such a value for my happiness." The positive experience that Participant 4 had influenced her desire to implement a mentoring program similar to her own mentoring experience. Participant 4 shared that she believes all new faculty need a "solid mentor." She also stated that mentors need to "put a lot of time into somebody" because when that happens, "they [the novice faculty] get to feel good and confident about themselves." Additionally, she described that role modeling for novice faculty allows them to "see how to navigate some of the students' questions without getting overwhelmed." Participant 4 described mentoring as "an orientation that goes on through the year because, to me, a mentor is more effective. . . . and the onboarding process really should be a year with the new faculty." Participant 4 described that her institution does pair experienced faculty with the novice faculty

and encourages them to spend time with each other. Additionally, Participant 4 will often "teach their classes for them, so there is role-modeling."

Participant 5 described a different experience of having a group of people that helped her and "taught me how to be a nursing instructor and whenever I had a question, I knew that I could go to other people." She expressed that for the first 6 months in her position, she would find herself, "almost every week . . . crying in somebody's office." However, she felt supported because she knew that there was always someone she could go to when she felt overwhelmed or frustrated. This experience also influenced Participant 5 and her approach to novice nursing faculty. While she does believe partnering novice faculty with a seasoned faculty is important, she focuses more closely on informally mentoring the faculty herself. Participant 5 compared the novice faculty to that of a novice nurse in the hospital stating, "it's the whole novice to expert thing. They [novice faculty] have to have a supportive preceptor or mentor . . . you can't just dump somebody in a classroom. That does them a disservice." Additionally, she believes that the dean or assistant dean should have an open-door policy so that novice faculty can ask questions.

The experience that Participant 2 had was also different from the other participants. She described working with other faculty but not having a mentor assigned to her. She said, "the chair was great, very supportive, and very helpful. We had a few colleagues who were very helpful … and some just like the meanest people on the planet." Participant 2 went on to describe a breaking point in which she confided in another faculty "I'm done. [I'm] so out of here." Her colleague offered to collaborate with her and they worked together to emphasize each of their individual strengths. This experience was "really fun" and positively influenced her experience as a novice nurse faculty. The experience that Participant 2 had as a novice nurse faculty has influenced the implementation of informal mentoring at her institution. Participant 2 described

partnering novice nurse faculty with seasoned faculty and creating a "support system" so the novice faculty could be successful. Additionally, she informally mentors novice faculty.

Participants 3 and 6 did not have any formal orientation or mentoring experience as novice faculty. Participant 3 described feeling overwhelmed with the "language" that other faculty "were speaking" and being "frightened and uncomfortable." However, she began to do "reading and outreach about" teaching and "public speaking." This improved her confidence and ability in teaching classes. Participant 3 expressed that her institution has improved its orientation for new faculty but feels like they could do more to support novice faculty. Participant 3 mentioned the importance of "having a better orientation for faculty" and pairing them with a mentor that they can "go to with any kind of questions" and the "mentor will check in with them on a regular basis."

Participant 6 had "two hours of orientation" by a woman who "had been a nursing instructor for 30 years" after which point, the instructor said, "you go this, I'm out of here." Participant 6 explained that she sought out advice on classroom management, communication, and how to work with students that are struggling from her mom, a special education teacher. She also took classes on education, attended seminars, and did her research on best practices in education. Participant 6 shared that her increased knowledge gave her confidence and freedom to be more creative in the classroom. Participant 6 does have a formal mentoring program for novice faculty and plans to continue the program.

Findings for Research Question 3

Research question 3 asked "How is the transition of the expert nurse clinician to the novice nurse faculty influenced by the barriers and faciliators of the implementation of formal mentoring programs?" The research participants identified several ways that the transition of the

expert nurse clinician to the novice nurse faculty is influenced by the barriers and facilitators of formal mentoring programs. Participant 6 shared her experience with the formal mentoring program that her institution currently has in place. She recently hired three new faculty and encouraged them to participate in the formal mentoring program. However, because this institution is a community college, they "can't make those kinds of demands" and require faculty participation. Two of the faculty have participated, and "they understand the workload and they're better functioning part of their team and they know how to manage clinical." The faculty who did not participate in the program "doesn't know how to do those things … and she's having a really hard time." However, this program is "funded by the Health Workforce Initiative" and "they were able to put that [extra] funding toward our program." But "the HWI is going away" and they will "have to use other grant funding."

Participant 4 also described the challenge of the novice nurse faculty's transition related to the mentor they are paired with. In her case, the mentor was "still a new teacher" and "not quite ready to" mentor someone. The novice faculty's class "was struggling and not passing her tests." The novice faculty was focusing on "the critical tasks" but was "missing a lot" of other crucial components to teaching. Participant 4 went on to add that "this faculty kept asking me, 'are you ready to fire me?' and "I said no." That what was "circulating in her mind … she feels like a failure and that's hard."

Participant 5 identified that cost has prohibited her from implementing a formal mentoring program and described the challenges that novice faculty experience in their transition without a mentoring program. Although Participant 5 does engage in informal mentoring, she described the challenge that novice faculty encounter related to the "whole cycle metrics of exams." She went on to elaborate that the novice faculty

> may be a content expert, but you've [the faculty] not stepped in front of a classroom . . . and the first time you give an exam and half of the students don't do well. You [the faculty] think it's all your fault.

This sentiment was echoed by Participant 3 who described that "testing is a huge thing because they're afraid and just setting up their classroom." Although new faculty at Participant 3's institution does have a mentor, the availability of seasoned faculty is limited, and she often spends her own time reviewing teaching concepts with novice faculty.

Although there is a mentoring program in place at Participant 1's institution, it only extends to full-time faculty because of the cost associated with the program. She views this as "a barrier" because the faculty "need to know who they are working with" and have a better understanding of the courses. She went on to note that if adjunct faculty feel included, it "helps keep your adjunct effective and wanting to teach and maybe send them into this full-time role."

Summary

Given the need for mentoring programs, the results reported in the first three sections of this chapter provide support for the following statements:

- If the primary interest of this research is to understand the barriers to implementing formal mentoring programs for novice nursing faculty, then:
    a. Human capacity is those individuals who can create the program and serve as mentors.
    b. Incentivization is the ability of the university to offer release time to the mentors so that they can spend more time with the novice nurse faculty.
    c. Budgetary constraints are related to the ability of the school to compensate both the mentors and mentees for their time.

- If the primary interest of this research is to understand how the perceived benefits of a formal mentoring program influence the implementation of formal mentoring programs, then:
    a. Nursing school leaders identified positive experiences with mentoring programs, which influenced the implementation of a form of mentoring. These benefits included novice faculty feeling supported in classroom management, item writing and test analysis, and managing difficult students.
- If the primary interest of this research was to understand how barriers and facilitators of formal mentoring programs influenced the transition of novice nursing faculty, then:
    a. The barriers of formal mentoring included human capacity, incentivization, and budgetary constraints.
    b. The facilitators of formal mentoring were represented by the novice faculty feeling supported by their mentor, feeling more confident in classroom management, and feeling more at ease with the academic culture.
    c. These facilitators were outweighed by the barriers, therefore, nursing leaders implemented informal mentoring.

Chapter 5: Discussion, Conclusions, and Recommendations

The shortage of qualified nurse faculty is a significant problem throughout the United States and is one that continues to grow (AACN, 2020; Bagley et al., 2018; Brown & Sorrell, 2017). Although researchers have identified that formal mentoring programs best support the expert nurse as they transition into their novice faculty role (Brown & Sorrell, 2017; Cangelosi, 2014; Carlson, 2015b; Cooley & De Gagne, 2016; Cotter & Clukey, 2019), few nursing programs have implemented formal mentoring programs. This is a problem because the expert nurse clinician transitioning into their novice nursing faculty role requires additional support to successfully negotiate the challenges of the academic setting and experience an effective transition.

The purpose of this qualitative phenomenological study of schools of nursing was to explore the perceptions of leaders within nursing schools regarding barriers to the implementation of formal mentoring programs for novice nursing faculty. This study was limited to six department chairs, deans, directors, or program coordinators of schools of nursing located in Northern California. This study was designed to gain insight and perspectives of nursing school leaders about mentoring programs. By discovering this information, the hope was to add to the body of knowledge regarding this component of nursing faculty transition.

This study was guided by the following research questions:

RQ1: What are the barriers to implementing formal mentoring programs for novice nursing faculty?

RQ2: How do the perceived benefits that nurse leaders hold influence the implementation of mentoring programs?

RQ3: How is the transition of the expert nurse clinician to the novice nurse faculty influenced by the barriers and facilitators of the implementation of formal mentoring programs?

Qualitative research was used to collect, analyze, and interpret data from the six participants. Each participant was interviewed via Zoom using a semistructured interview format. The interviews were transcribed and reviewed for accuracy. Each transcript was then carefully reviewed and coded to determine emerging themes. Chapter 5 includes a summary of the current study. An overview of the problem and how the findings relate to previous literature, limitations, recommendations for future research and implications, and conclusions are presented.

Discussion of Findings in Relation to Past Literature

Throughout the literature, researchers have demonstrated that there is a gap in the transition from expert clinician to novice nurse academic. This gap is best resolved through participation in a formal mentoring program. Brown and Sorrell (2017) discussed the importance of novice nursing faculty receiving formal support during their transition to academia. Participants in their study (2017) identified that they were able to better become acclimated to their new role when they received support from a mentor during their first year (Brown & Sorrell). The nurse leaders in this study also underscored the importance of formal mentoring programs. They noted that novice faculty who participated in formal mentoring programs felt more confident in their teaching abilities, classroom management, and testing. Cangelosi (2014) described the experiences of novice faculty during their role transition. Participants in the Cangelosi (2014) study stated they had a strong desire for mentoring and openly admitted they needed help learning the faculty role. This study underscored the importance of the presence of

mentors so that novice faculty had a resource to receive guidance from and help in troubleshooting.

Furthermore, Clochesy et al. (2019) discussed the positive influence that mentoring programs had on the recruitment and retention of novice nursing faculty. Clochesy et al. (2019) reported that participants identified that being paired with a mentor helped them understand their role and feel supported during their transition. This research study confirms Clochesy et al.'s (2019) study as the nursing leaders found that those novice faculty who were paired with mentors understood their role and became acclimated more easily to the academic culture. Grassley and Lambe (2015) discussed the need for guidance in navigating the academic culture and a need for a formal mentoring program.

The current research study agrees with Brown and Sorrell (2017), Cangelosi (2014), and Clochesy et al. (2019). The participants in this study identified that their own experiences were positively influenced by being paired with a mentor. Participant 1 described being paired with a mentor, which was "great because she was very helpful" and that "…having some mentorship is very helpful." Participant 4 described being paired with a mentor "who had years of experience." Adding, "that's where I really learned. He was so into mentoring and interested in me." Participant 5 described being able to reach out to a group of faculty and feeling supported because she "knew that there was someone I could go to whenever I felt overwhelmed or frustrated." There were two participants that did not receive any type of mentoring, and both described feeling overwhelmed by the academic culture, role expectations, and lack of preparation in teaching. In addition to the topic of novice nursing faculty participating in mentoring programs, the discussion of the effect of mentoring programs on the transition of the novice nurse appeared in the literature.

Waddell et al. (2016) described the effects of a mentoring program on the transition of novice faculty. The mentoring program offered guidance, but more importantly, a culture of support where mentees could comfortably share their experiences and learn from mentors and other mentees. This study supported the findings of Waddell et al. (2016). The nursing leaders reported feeling supported and encouraged by their own mentors when they were novice faculty. The nursing leaders felt comfortable sharing their experiences with their mentors and seeking out advice and guidance from them.

Additionally, Sheppard-Law et al. (2018) described that novice nurse faculty who participated in mentoring programs experienced improved knowledge and skills felt connected with their peers, and were able to build support networks. This research study supported the findings in the literature. One nursing leader described a formal mentoring program that focused on different weekly topics relevant to novice nursing faculty. This mentoring program was voluntary, and those novice faculty who did participate had a better understanding of their role, the culture of academia, and classroom management. However, the individual who did not participate in the formal mentoring program did not understand the concepts of workload, clinical management, time management and was "having a really hard time." In addition to the effects of mentoring programs on the transition of the novice faculty, the discussion of barriers experienced in mentoring appeared in the literature.

Hulton et al. (2016) discussed several barriers in the mentoring relationship. One of these barriers included challenges in scheduling time for the mentor and mentee to meet. This often resulted in the dyad meeting only to troubleshoot versus intentional mentoring. The current research from this study confirmed Hutlon's findings. Participants overwhelmingly identified the barrier of time for both the mentor and the mentee. The nursing leaders identified the need to

decrease the workload of the mentor so that they could spend time with the novice faculty. Additionally, nursing leaders identified the challenge of personality clashes between the mentor and mentees. This often resulted in dyads that were ineffective for the novice nurse faculty.

Discussion of the Current Research Study

The primary purpose of this study was to explore the perceptions of nursing school leaders regarding barriers to the implementation of formal mentoring programs. Brown and Sorrell (2017) made a recommendation for future research to understand the reason or circumstances that mentorship among novice nurse educators was not being fully utilized. This research study examined the perceived barriers related to the development and implementation of formal mentoring programs. There were three barriers identified in this research study: human capacity, incentivization, and budgetary constraints.

Human Capacity

Human capacity is defined in this research study as those individuals who are able to develop the mentoring program and participate as mentors. Overwhelmingly, participants in this study identified that having faculty who were seasoned enough to develop a mentoring program that aligned with accrediting agency standards was a barrier. The process of building a mentoring program is time-consuming and a massive amount of work. Engaging key stakeholders in the process of building a mentoring program was also identified as a challenge for nursing school leaders. Furthermore, nursing school leaders identified the challenge of having enough experienced faculty to serve as mentors.

The United States is experiencing a national nursing shortage, and one of the contributing factors is a national nursing faculty shortage (AACN, 2020). Each of this study's participants identified the issue of the faculty shortage and the issue of attrition among faculty. The reasons

for attrition varied and included retirement, relocation, and returning to bedside nursing. Because of this attrition, there is a lack of seasoned faculty who can serve as mentors to the novice nursing faculty. This has resulted in faculty who are not as experienced but no longer a novice being paired with new faculty as mentors.

Incentivization and Budgetary Constraints

Incentivization in the academic setting is directly influenced by budgetary constraints. The participants of this study overwhelmingly identified the challenge of being able to provide release time for faculty to mentor novice nursing faculty. Faculty release time is defined as when a faculty is given time off from teaching responsibilities to focus on other obligations such as research or mentoring. The challenge is that when faculty are afforded release time, another faculty member must then absorb those responsibilities, which often results in the faculty exceeding their required workload. A common practice among academic institutions is to provide additional compensation to those faculty who teach more than their required workload, thus affecting the budget. Furthermore, the participants in this study noted that novice faculty have a decreased workload during their first year of teaching, however, they are compensated for a full-time workload. This practice presents budgetary challenges for the academic institution because other faculty must absorb additional teaching responsibilities to accommodate the decreased workload for the novice faculty during their first year of teaching.

Implications for Practice

There are several implications of these findings for nursing school leaders. There may be an opportunity to partner with other nursing schools in developing a generic formal mentoring program. This program could mirror a nurse residency program for new graduate nurses. Nursing schools could identify topics relevant to novice nurse faculty and build curricula to incorporate

those topics. Examples of these topics include classroom management, workload, item writing and test analysis, and communication within the academic setting. Another implication for nursing school leaders is the use of the nursing faculty who are competent (Benner, 1982) as mentors. These faculty may benefit from training on how to be a mentor and teach someone to teach. Similar to nursing preceptors in the hospital, these faculty need support so that they can be successful in this new role.

There are several implications for nursing school leaders related to incentivization and budgetary constraints. There may be an opportunity for nursing schools to partner with a local hospital for the purpose of funding a mentoring program. Similar to the academic partnerships between universities and hospitals, which promote a pipeline of future nursing graduates, nursing schools could partner with hospitals to create a pipeline for nurse educators. This partnership could offer shared financial responsibility for the training of current hospital staff who are interested in teaching. The school and the nursing education department within the hospital could partner to develop a curriculum for novice nurse faculty to support them in their transition to academia. The hospital and the school could potentially partner to receive grant funding or sponsorship from community partners to fund the program.

Another opportunity for nursing school leaders is to partner with grant writers. This may be an opportunity for nonprofit schools to receive funding to support the implementation of a formal mentoring program and the ability to compensate mentors for their release time. While grant writing is time-consuming, there are individuals who may be willing to donate their time to a school of nursing to write a grant. Additionally, there may be students who are taking courses in grant writing which could work with the nursing school leaders as part of their class requirements.

Finally, nursing school leaders may speak to the cost of recruitment and onboarding a new faculty member and compare it to the cost of a mentoring program and compensation for release time. There is little data on the cost of recruitment and onboarding of new faculty. However, the average salary for a master's prepared assistant professor in a school of nursing was $79,444 (AACN, 2020). If one considers the cost of advertisement, time spent in interviews, and decreased workload of the novice faculty, the cost of recruitment and onboarding may exceed the cost of release time and a mentoring program.

Limitations

This study was designed to explore the perceptions of nursing school leaders regarding the barriers to the implementation of formal mentoring programs for novice nursing faculty. The analysis of the semistructured interviews was conducted in light of existing literature and research on novice nursing faculty, the transition of the novice nurse faculty, and formal mentoring programs. However, the study was not without limitations. This research study was conceived using a phenomenological approach in which I depended on participants' willingness to share their experiences with me. This study was limited to six nursing school leaders within a 100-mile radius of Fairfield, CA. Although the use of IPA for phenomenological qualitative studies focuses on small sample sizes, it does limit the ability to apply generalizations about the entire population. Another limitation is the reduced geography of the population. While, in theory, nursing programs are the same or similar, geography influences the curriculum and expectations of faculty.

Another limitation of this study is researcher bias. This research was conceived from my own experience working with novice faculty and my desire to understand why formal mentoring programs are not implemented. Although I used reflective journals to document my personal

impressions during the interviews, my own experience may have clouded my exploration of their perceptions to the fullest extent.

Recommendations for Future Research

The recommendations below are made for others interested in conducting similar research to explore the development and implementation of formal mentoring programs for novice nursing faculty.

1. It is recommended that future research is conducted on the cost of replacing a novice nurse faculty.
2. It is recommended that future research is conducted to explore the idea of an academic partnership that focuses on creating a pipeline of nursing faculty, which incorporates formal mentoring.
3. It is recommended that a cost-benefit analysis is conducted to determine the cost-effectiveness of implementing a formal mentoring program.

The purpose of this qualitative phenomenological research study was to explore the perceptions of nursing school leaders about the barriers to implementing formal mentoring programs. The research findings illustrated the positive effect of mentoring programs as well as a desire of nursing school leaders to implement formal mentoring programs. However, these benefits were often outweighed by the barriers of human capacity, incentivization, and budgetary constraints. Implications for nursing leaders include academic partnerships with hospitals, collaborating with other nursing programs to develop a generic mentoring program, partnering with grant writers or community sponsors, and demonstrating the overall cost savings of implementing a formal mentoring program when compared to the expense of recruitment and onboarding of a new faculty member.

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Appendix A: IRB Approval

ABILENE CHRISTIAN UNIVERSITY
Educating Students for Christian Service and Leadership Throughout the World

Office of Research and Sponsored Programs
320 Hardin Administration Building, ACU Box 29103, Abilene, Texas 79699-9103
325-674-2885

November 5, 2021

Megan Duncan
Department of Nursing
Abilene Christian University

Dear Megan,

On behalf of the Institutional Review Board, I am pleased to inform you that your project titled "Formal Mentoring Programs: An Exploration of Barriers to Implementation in Nursing Schools",

(IRB# 21-147)is exempt from review under Federal Policy for the Protection of Human Subjects.

If at any time the details of this project change, please resubmit to the IRB so the committee can determine whether or not the exempt status is still applicable.

I wish you well with your work.

Sincerely,

Megan Roth

Megan Roth, Ph.D.
Director of Research and Sponsored Programs

Appendix B: Initial Recruitment Script

Recruitment Email/phone scripting

Hello! My name is Megan Duncan and I am conducting research for my doctoral degree at Abilene Christian University. I am studying mentoring programs for new nursing teachers. I would like to invite you to participate in my research.

In order to be included in this study you must meet the following criteria:

- Must be a Registered Nurse
- Must work in higher education
- Must hold a leadership position in a school of nursing for at least one year
- Must work for a school of nursing within 100 miles of Fairfield, CA

You cannot participate in this study if you:

- Are a president or vice president of the higher education institution

If you participate in this study, you will be asked to:

- Complete a six question demographics questionnaire in which you will be asked about age range, gender, degree, length of current position, clinical background, and experience.
- Complete a one-hour interview with me through Zoom. We will choose a time that is convenient for you

If you have questions for me, or you would like to participate, please email me at xxxxxxx@acu.edu. You can also call me at xxx-xxx-xxx.

Appendix C: Email and Informed Consent

This research study is being conducted to understand barriers to the implementation of formal mentoring programs for new nursing faculty in nursing schools.

You may be able to take part in a research study. This form provides important information about this study, including the risks and benefits to you as a potential participant. Please read this form carefully and ask the researcher any questions that you may have about the study. You can ask about research activities and any risks or benefits you may experience. You may also wish to discuss your participation with other people, such as a family member.

Your participation in this research is entirely voluntary. You may refuse to participate or stop your participation at any time and for any reason without any penalty or loss of benefits to which you are otherwise entitled.

PURPOSE AND DESCRIPTION:

I am conducting this research study to understand why formal mentoring programs are not consistently implemented for new nursing faculty in schools of nursing. I want to know what your experience is as a nurse leader in the school of nursing with formal mentoring programs. I want to understand what issues you have encountered about formal mentoring programs and if you believe formal mentoring programs are helpful to new nursing faculty. I hope to provide new information to nursing school leaders on the common issues to implementing formal mentoring programs as well as strategies that nursing school leaders can use to start formal mentoring programs. My hope is that new nursing faculty will want to stay in their teaching role if they participate in a formal mentoring program.

You are eligible if you are in a nursing leadership position at a school of nursing for associate, bachelor's, or master's degree students within a 100-mile radius of Fairfield, CA, if you have been in your position for at least one year, and if you are a registered nurse. You CANNOT participate if you are a president or vice president of a higher education institution.

If you agree to participate in this study, you will be asked to answer six demographic questions related to age range, gender, time in current position, degree(s), clinical background, and experience; participate in a 60-minute interview using Zoom. After the conclusion of the interview, you will have the opportunity to check the interview transcript for accuracy.

RISKS & BENEFITS: There are risks to taking part in this research study. Below is a list of the foreseeable risks, including the seriousness of those risks and how likely they are to occur:

You may feel uncomfortable when talking about your experience. This is less likely of a risk and not serious.

There is a potential risk of Breach of Confidentiality. This is less likely of a risk and is serious.

There are potential benefits to participating in this study. Such benefits may include knowing that you have helped future new nursing faculty. The researchers cannot guarantee that you will experience any personal benefits from participating in this study.

PRIVACY & CONFIDENTIALITY: Any information you provide will be confidential to the extent allowable by law. Some identifiable data may have to be shared with individuals outside of the study team, such as members of the ACU Institutional Review Board. Otherwise, your confidentiality will be protected by conducting the interview over Zoom in a private area, assigning a pseudonym to your file, and digitally shredding digital recordings of the interview that you participate in.

CONTACTS: If you have questions about the research study, the lead researcher is Megan Duncan, MSN-Ed, RN and may be contacted at xxxxxx@acu.edu. If you are unable to reach the lead researcher, or wish to speak to someone other than the lead researcher, you may contact Cecilia Hegamin-Younger, PhD, LLM, MPH at xxxxx@acu.edu. If you have concerns about this study, believe you may have been injured because of this study, or have general questions about

your rights as a research participant, you may contact ACU's Chair of the Institutional Review Board and Executive Director of Research, Megan Roth, Ph.D. Dr. Roth may be reached at (xxx) xxx-xxxx.
xxxxxxxxxx@acu.edu
[redacted]
Abilene, TX 79699

Additional Information

I anticipate a maximum of eight participants in this study.
You will not incur any costs while participating in this study.
Please let the researchers know if you are participating in any other research studies at this time.

Consent Signature Section

Please sign this form electronically through HelloSign if you voluntarily agree to participate in this study. Sign only after you have read all of the information provided and your questions have been answered to your satisfaction. You should receive a copy of this signed consent form. You do not waive any legal rights by signing this form.

_____	_____	
Printed Name of Participant	Signature of Participant	Date
_____	_____	
Printed Name of Person Obtaining Consent	Signature of Person Obtaining Consent	Date

Appendix D: Interview Protocol

Researcher: “Thank you so much for agreeing to participate in my research study. The purpose of this study is to explore the perceptions of barriers to the implementation of formal mentoring programs for novice nursing faculty. Before we get started with the questions, I wanted to ask you some general demographic details that will be used in my study.”

1. What is your current position in the nursing school?
2. How long have you been in your position?
3. What is your clinical background?
4. How long have you been a RN?

Researcher: “Thank you for answering those questions. Now, I’d like to begin the interview questions”

1. Tell me about your experience as a nursing professor.
2. What led you to become a nursing professor?
3. What do you remember about your experience as a novice nurse faculty member?
4. Did those experiences shape your transition into academia? How?
5. Have you notice anything that novice nurse educators commonly experience as they transition into academia? What are they?
6. How do you think schools of nursing could help novice nursing faculty overcome those issues that you identified?
7. Have you had any experience with formal mentoring programs that are specific for novice nursing faculty? Tell me about those experiences.
8. Have you ever considered implementing a formal mentoring program for novice nursing faculty? Why or why not?

9. What are some of the barriers to implementation that you might encounter or have encountered?

Possible probes to use during the interview include:

1. Can you give me an example of that?
2. Do you have a story about that?
3. Please tell me more.

At the conclusion of the interview:

Researcher: “Is there anything else that you would like to add before we end our call? Thank you so much for taking the time today to participate in my research study.

Appendix E: Participant 1 Interview Transcript

Participant: Yeah.

Interviewer: Okay, do you have to push a button or anything on your end?

Participant: I'm just acknowledging that if it's recording at all.

Interviewer: Okay, great. I'm going to start off with some basic demographic questions and then we'll move into the formal interview questions.

Participant: Okay.

Interviewer: Can you tell me what your current position is?

Participant: I am the Dean of Academic Affairs at [redacted]

Interviewer: Okay. How long have you been in that position?

Participant: One and a half years.

Interviewer: Can you tell me what your clinical background is?

Participant: I am a family nurse practitioner and I specialized in wound in ostomy management.

Interviewer: Oh, okay.

Participant: For the past thirteen years and then prior to that I was just family practice.

Interviewer: Do you still practice?

Participant: Yeah, I do.

Interviewer: Wow! So, you do that in addition to being the dean?

Participant: Yes, sure do.

Interviewer: Oh my gosh. Oh my gosh. You are a very busy lady.

Participant: Oh, yeah.

Interviewer: How long have you been a nurse?

Participant: Since 1999.

Interviewer: 1999, so about the same amount as me. I graduated in '98.

Participant: Oh, yep. That was me.

Interviewer: Yeah, it's a good time to be a nurse.

Participant: Oh, yeah.

Interviewer: Can you tell me about your experience as a nursing professor?

Participant: Yeah, I started, my first teaching position was in 2005 and that was at the ADN program. That was a full-time position that term in that maternal child.

Interviewer: Okay.

Participant: I left that position in 2007 and then I went back into teaching, and I think in 2010, that was into an FNP program. I've also taught-- since that time consistently just have a couple of different universities in the FNP program, MSN program, and BSN program.

Interviewer: Okay. What led you to become a nursing professor?

Participant: I just always enjoyed education dean. When I take my MSN and FNP in 2005, when I went into the program, I really didn't become whatever practice as an FNP. I really wanted to go for the MSN, but I like the program. The way it lay down.

Then I kind of felt like I was old with so, you know, felt like it was [inaudible].

Interviewer: So, what do you remember about your experience as a novice nurse faculty member?

Participant: I remember-- my first teaching position was full-time ABN and I was hired as Maternal Child because I have been a laboring delivery nurse.

Interviewer: Oh, Okay.

Participant: Yeah, but I also put into a like a first-year med-surg course with another faculty. So, that was my kind of orientation to the world of teaching which was great because she was very helpful. We did everything together in that course. And then the following session I had my Maternal Child course, so I lose the, okay, but just kind of do what we do there, but I was on my own with that one.

Interviewer: I see.

Participant: I mean it's definitely right out of the gate having some mentorship is very helpful, you never thought before you really need that guidance.

Interviewer: Right. Yes. So, throughout your experience just as a new faculty, did those

experiences that you had shape your transition into academia?

Participant: Well, I don't know. I mean honestly, I think that your career just kind of takes you where it wants to take you. So, I never saw myself doing wound ostomy management when I was working at the only practice, but the healthcare organization I worked for always going to open up if I'm prepared [inaudible] think about the director, sure. And then you start off with an FNP and there's a provider [inaudible]. You just kind of bandage to it. And I think the same thing happened with academia often. It starts off with "Oh, you know, I'm going to supplement my income a little bit and pick up a teaching job, and then all of a sudden you're taking on 2 classes to 3 classes and do this other university needs a part-time faculty. I'll do that part time, and before you know it, you're like- ha! Maybe I'll just do this full-time." I think you just go where the teaching.

Interviewer: Okay.

So in your experience in academia and working with other novice faculty and in your current position now, have you noticed anything that the novice nurse faculty commonly experienced as they transition into academia?

Participant: It's that, we're in the world of electronics, everything is online. Even on-ground courses, everything is done through an online program. It has been through something like that. A lot of them go into it very excited about being in a classroom and teaching but then there are always these other things that they have to navigate through to be able to be successful. And there are also other things where it's like "I just want to teach."

Interviewer: Right.

Participant: And I have some faculties that have been teaching[?] in my place [inaudible] teaching for thirty-something years. And we're introducing all this new technology and they're just like, "I just want to teach! I don't want to deal with all of that."

Interviewer: Right, right.

And so you mentioned they just want to teach but there are all these other things that they have to navigate. What are some of those things that you've observed?

Participant: Putting the course in an online format so that you actually get in their assignment in the online format as well as [inaudible] where it's not just you go to class-- actually you're reading that since you read that. You have a whole virtual environment that you're setting up with. And that is I think is the challenging piece[?] for the [inaudible] because it's kind of like [inaudible] and you have to learn a whole new health system. The same thing is that the new health system of academia is navigation through that [inaudible]. Yeah.

Interviewer: Right. And so have you noticed anything like how they transition from the hospital setting to the academic setting and those differences?

Participant: Most of the nurses that are still active in the hospital setting are usually transitioning into teaching into a clinical role.

Interviewer: Right.

Participant: So they start taking on cohorts of students in the hospital setting so they adapt really well. It's just getting them, you know, into the computer and you know, all those other pieces. So they adapt usually pretty well. It's the fact that is kind of transitioning out of the hospital or maybe they're in a-- Because maybe they're already in some sort of an educational role at the hospital. Something like that.

Interviewer: Yeah.

Participant: And they are the ones that go into that full-time position. And then-- Sorry, there's a car just driving absolutely erratic.

Interviewer: Oh.

Participant: [inaudible] going on. So sorry. Sorry, okay, and they transition into the classroom setting, and for them, it's a little bit different. They're ready to leave everything behind and start this new path.

Interviewer: Right. Yes. There are definitely two distinct groups that transition from the hospital setting to Academia. So yes, that is an excellent observation.

You know, you kind of mentioned learning how to leave things behind and how to move into the online setting and navigate through kind of the academic world. What do you think that schools of nursing could do to actually help the nursing faculty overcome some of those challenges that they're navigating?

Participant: Well, I think that they need to be mentored. So all new faculty need to be connected to a mentor so such as if you're bringing on a new part-time faculty, a part-time faculty, is usually teaching a part of a course or their clinical. So there's usually a full-time lead faculty and you want to make sure that there's that mentorship taking place.

That's your new full-time faculty and maybe they're going to be taking their own course loads. Ideally is you have a mentor that has taught that class before maybe they co-teach it along with them. So the first time to kind of guide them through and navigate them through the course, and that's the ideal situation and it doesn't always happen because, you know, the students are always there and the courses are always going forward. And if you lose the faculty, sometimes, you just don't have the resources.

Interviewer: Right. Have you had any experience with formal mentoring programs that are specific for novice nursing faculty?

Participant: Well, yeah, at where I work. We have a formal mentoring program

through our national team because with the [redacted] so all new full-time faculty are actually connected into this mentoring program. And they have an online mentor that actually will meet with them weekly. They set up lesson plans with them. They review their exams. And have a look at, you know, that statistical analysis in how to write questions.

And they're usually in this mentoring program for around six months.

Interviewer: Oh wow.

Participant: Yeah. Our part-time faculty, clinical faculty, it doesn't extend to them. So that's really where I feel that our campus is [inaudible]. It needs to be on the ones that actually aren't [inaudible]. We need to make sure we keep them connected.

Interviewer: Right. And so, what are the challenges, or do you know what the rationale is for, only extending that formal mentoring program to the full-time faculty versus the adjunct?

Participant: Yeah, it's because that adjunct faculty typically do not teach in the classroom. Like 95% are clinical.

Interviewer: Okay.

Participant: And they go under the direction of the lead faculty of that course over [inaudible]. Things like that. So the subject is a little bit different, and when you [inaudible] faculty you have, if you try to, [inaudible]. You're constantly trying to add to that pool because adjunct teaches when they fit into their schedule. They're usually more people time [inaudible]. They may or may not be teaching and that you reach diving into that pool. So it's just that it's more challenging situation and try to put all of those faculty through a mentorship type program that goes on about that [inaudible]. Quite costly, I believe.

Interviewer: Yes. So would you say that that might be a barrier for implementing something for both full-time, and part-time faculty or your adjunct faculty?

Participant: Yes in the scope that that is currently set for new full-time faculty. But I think it's an absolute barrier. So I think you have to look at, "Well, what can we do to the adjunct at the campus level?" And that would vary, you want to focus your energy, okay, can we make this [inaudible] together? For formal orientation binder where it has all the contacts that they need or who is the person that you know, is working with them on a regular basis. And having that available.

Because I know, when I was adjunct faculty, I literally, aside from maybe one or two faculty, I had no idea who the faculty were. I wasn't, you know, involved or yet or invited to faculty meeting, their graduations or any of that because I wasn't full-time. I was adjunct.

Interviewer: Right.

Participant: So I think changing that culture of inclusion and saying, you know what, you know,

we're going to have a faculty meeting. Anybody who's faculty is welcome to come. We would like to hear your input. We were having a graduation and you're all invited to come. And that inclusion helps to keep your adjunct effective and wanting to teach maybe send them into this full-time role.

Interviewer: Right. Right. And so, I think you really hit on something with the, you know, adjunct faculty or your visiting professors and helping them feel connected. And I wonder what your thoughts are, you know, you mentioned doing orientation, binders, or that kind of thing. Do you think we would benefit from mentoring program? Even if it's at the campus level because you are one campus out of many. Right? Because you have a [redacted].

Participant: So yeah, I mean, I would never say no, you wouldn't benefit from mentorship. [Laughter]

Interviewer: Right.

Participant: Absolutely.

Interviewer: Yes. I hear you. I think yes. That's been a common theme that I've found in presentations with different people. So, yes. So those are actually all of the questions that I have for you. Is there anything else that you want to add about maybe experiences you had as a novice nurse faculty or things that you've, specific things that you've observed in some of the novice faculty that you've worked with?

Participant: Honestly, I think you know it really varies from faculty to faculty. I'll bring on some novice faculty that were never taught before but they're so excited and eager and they, you know, they seek out and they are responsive and then there will be the novice faculty that you can tell them something, 10, different ways. And they still cannot[?] connect the dot.

Interviewer: Right.

Participant: So, you know, I definitely think that it takes a certain personality type and skills that make a person successful in that role because it's not a full-time position. It's like taking a brand new RN grad and putting them in RPM[?]. It's not the best thing that there's only some that will be successful.

Because you got to really dive into something. And you know that novice nurse. You know, or novice expert. You know, just to really move up that, that experience changed. And so yes, that's when the mentorship would be really, really helpful, but you just have to have the noxious[?] to have that really strong grasp at nursing and they've already have seen or that they really have that passion for teaching. [Inaudible]

Interviewer: Right.

Participant: You can put them in your mentorship program but if they just don't have that something that you have at the educator of how to impart that knowledge, you know, it might

just be something you find a little bit challenging.

Interviewer: Right. Right. Yes. It is definitely a skill.

Participant: Yeah.

Interviewer: It is. Well, wonderful and I so appreciate your time, and I appreciate you being on the call with me, even while you're driving. I'm glad you got to where you are safely. So thank you so much, Michelle, and I hope you have a wonderful weekend.

Participant: Well, you too, thank you.

Interviewer: Thank you. Take care.

Participant: All right. Bye.

Interviewer: Bye.

[END]

Appendix F: Participant 2 Interview Transcript

Maegan: On this computer. So I'm going to go ahead and start out with some just general demographic questions to get us started. What is your current position?

Participant: I'm the Associate Dean in the nursing department at [redacted]
Maegan: Okay. And how long have you been in that position?

Participant: Okay, I'm more tired today than I thought. I came to [redacted] in 2014 as the chair of the department. And then was promoted I think about 2 years ago. To the Associate Dean position still in the Department of Nursing at the university.

Maegan: Wonderful. And what is your clinical background?

Participant: I am an adult geriatric nurse practitioner.

Maegan: Wonderful. And if you don't mind me asking, how long have you been a nurse?

Participant: I will tell you. It's very interesting to work with very young students, to work with 18-year-olds, 20-year-olds.

Maegan: Yes.

Participant: Because whether people admit to it or not, there really is a bias. We talked about ageism and we talked about a bias against people who are older. So I'm old, older. So I guess I'm a little protective about my background.

Maegan: I understand.

Participant: And quite a fact, because I think it's difficult for young students to appreciate that. But my nursing career started in 1970.

Maegan: Wow.

Participant: So I've been in practice 50 years.

Maegan: That's amazing.

Participant: And I've been in practice as an Adult Nurse Practitioner for almost 46 years. So I came into the role very early. I wasn't the first cohort to be practicing nationally. I came into the role right as the role was really being initiated and I was on the east coast at the time. So I came into the role very early. And still practicing so...

Maegan: Are you? That's wonderful.

Participant: I'm not in a clinical practice setting today but I'm still practicing nursing because of

the work that I'm doing.

Maegan: Correct.

Participant: So still practicing from that respect.

Maegan: Yes. And I imagine, was the nurse practitioner role, did it primarily roll out on the East Coast? [cross talk] And make it way across?

Participant: The role was actually initiated Morgan Silver. We're in the Midwest.

Maegan: Okay.

Participant: Sterling[?] Bryson were a group out of Berkeley. And so Norita[?] Ford really is the one credited with initiating empty roles. And she was out of the Midwest. And so there were several places. But the credit really goes to Ford and Silver in the Midwest. The East Coast was, I think a little slower in initiating the role. Which was interesting. And not just the East Coast, but aside from Ford's work, which I think... well, I want to say the University of... let me just say Midwest for now. Her beginning work or seminal work was really conceptualized then the role was conceptualized around University practice settings. So she was thinking that it was pediatric. The initial title was pediatric associates and she was thinking that nurses would collaborate with physicians, pediatric settings that they work together.

And there were lots of gaps in university practice settings, clinics, because a lot of the work was done by interns at the time in residence. And so their rotations were every 4 to 6 weeks. And so if you were trying to get here, you were seeing a different clinician every 4 to 6 weeks. Nurses, well, that's it. And it may still be turned down, not working in the settings but if you look at university settings, that's a traditional university practice model.

Maegan: It is. Yes.

Participant: And so she said that's not helpful and here are nurses and they're really underutilized. So that was her initial conceptualization of the role, giving nurses some of the skills that would augment nursing work. And then people looked at this and it just right way from day one beginning, people across the country said, "That's a fantastic idea." Nurses said, "I was one of them." Nurses said, "Well, I'd like to do that. I don't really want to go to med school. But I'm underutilized and I'd like to have some of those skills that I could bring into my nursing practice."

Maegan: Right.

Participant: I'll just tell you my experience. Because I was in Boston at the time, and I actually was in graduate school at[redacted]. And the faculty, and the administrators at [redacted], didn't want anything to do with this. And they just said, "If this is what you want, go to med school. This really isn't what nurses do. We think this is totally bogus for nurses in practice. And so if you want it to go into learn the role, you couldn't go to the university setting." So I went to a

program actually,[redacted]. It was an NP program one at the[redacted].

Maegan: Okay.

Participant: And all the faculty were [redacted] faculty, because they were practicing at the {redacted] but then they were also affiliated on faculty at Harvard.

Maegan: Right.

Participant: And so those were the faculty. And so that was the focus of certificate program. Because there was nothing at the university level. And it took a while. It wasn't a year or two, for people to start to realize that really didn't benefit us as a profession.

Maegan: No.

Participant: And so the certificate programs that were really flourishing and this goes back to the 1970s. That the programs that were flourishing, God either moved into university nursing programs, or eliminated. Now, of course, advanced practice is so very different.

Maegan: It is. Yeah.

Participant: I think have a much better sense of would have been as nursing practices, and we control it. So I think that is really good for us as a profession.

Maegan: Right.

Participant: Interestingly, it's not how it started out. And the east coast was fairly slow. I was going to use another word, but I think just slow. To recognize that this was something that nurses wanted, that they could use practice that it was very beneficial for patients. For the most part liked it. Some challenges with a new role.

Maegan: Right. Of course.

Participant: This role was evolving at the same time, the CNS role was evolving.

Maegan: Okay.

Participant: The physician Assistant role was evolving. The physician assistant role was coming in at Duke University. And the IP role was coming out of some played Minnesota. Maybe not Michigan, but sorry, blanky on it. But somewhere in the Midwest. And CNS roles were being developed around the same time. I'm in another part of the country. So just interesting to see the evolution of the role is.

Maegan: It is interesting.

Participant: And some of the challenges associated with them.

Maegan: Right. And so when did you go into nursing education?

Participant: I've been practicing as an NP, and for a long time, and I was out in [redacted] which was very different than [redacted].

Maegan: Yes.

Participant: And I was bored.

Maegan: Yeah.

Participant: Because if I don't have a lot of challenges, if it's the same work over and over again, I get bored. I said, "Well, maybe I will[?] study with it. That would be kind of interesting and I liked to learn and that would be beneficial and I could do some other things. Maybe I could do some research. [inaudible] And I wound up at [redacted]

Maegan: Okay.

Participant: Where everybody in my cohort of doctoral students, and this goes back to the early 80s was an educator. And there were two of us. There was maybe a CNS, but there was a nurse from Hawaii. So I was the only nurse practitioner, she was the only clinician from Hawaii. Everybody else, there are 40 or 50 people in this group and everybody else was an educator. And so they said, "What do you want to do when you get out of school and you have this doctoral degree?" I said, "I don't know. When it's going to be something, I can do." I said, "But I'm never going to teach." I said, "I don't want. I don't know. That's the last thing that I want to do." So I laugh. You're laughing. I tell people like, "Never say never." Because you'll find yourself doing something.

Maegan: Yes, you will.

Participant: Yeah. So, I kind of walked into it because I was doing consulting and doing some clinical work. And somebody said, "There was a job opening nursing program at[redacted]." I said, "Okay, well, I go talk to people there." And I got there, very nice chair. And she said, "You're a nurse practitioner. We'd like to start a nurse practitioner program here. And wouldn't you like to come and be on the faculty and create a nurse practitioner?" That was the hook. So did I really want to teach? Not initially, but then I started teaching, I liked it. And then I had the opportunity. I actually developed two programs at [redacted]. There's a family nurse practitioner program, and then a family nurse practitioner certificate program. And I started both of them on 1994.

Maegan: Wow.

Participant: So that was challenging, and fun. And so I liked doing that. And then my son was born. And so academic work gives you so much more flexibility. You're in a practice setting, and I don't know if you have children, but...

Maegan: Four.

Participant: You have four children.

Maegan: Yes, ma'am.

Participant: Okay, so I don't have to tell you. You have to tell like, "Okay, here's the child who was perfectly fine at 8 o'clock last night. Now they have a temperature of 104 and they can't go to daycare." And I can't really medicate him with some Tylenol except to take care for 3 hours and go to the office.

Maegan: Right.

Participant: And so, of course, when you're in an academic setting, you have all the flexibility in the world.

Maegan: You do.

Participant: Which was just wonderful. Especially when my son was little, and that kind of event would happen. And I bring him to class with me or I bring him to the office or I'd negotiate assignments, so I could make sure that he got whatever it was he needed.

Maegan: Right.

Participant: So I think for a lot of people, it's the flexibility and being in clinical practice as a nurse practitioner, that's a huge commitment. And people would say, "You're not coming. Your calendar is booked. You've got all these patients that are counting on you. They're waiting to see you today. Or coming in an hour late. What do you mean you're not coming at all?"

Maegan: Right.

Participant: And so the flexibility was one of the major reasons why I stayed.

Maegan: Yeah. And what do you remember about your experience as a novice Nurse Faculty?

Participant: Well, let's see how I can answer that. I remember many things. I think that, like a lot of your roles. People can give you some basic information about a role. But they can't always tell you what your experiences look like.

Maegan: Right.

Participant: And so some of it was extraordinarily challenging. At least for the first several years.

Maegan: Yes.

Participant: Students have expectations for classes. Faculty, who have been in the setting for a long time, have expectations. And they're not always written. I think there are probably some corollaries to being a brand new nurse in a practice set.

Maegan: Right.

Participant: Where people have expectations and you have expectations, and there's a lot going on that nobody tells you about that you can't really be prepared for.

Maegan: Yes.

Participant: So in terms of trying to teach students to be prepared for Clinical Practice, there are certain things that we can do on the academic side of this. These are some of the things you can expect. But then there's just so much and you notice there's so much that you don't expect that you can't control or that you don't know. And sometimes experiences are very positive. And sometimes they're not. And I think that is a function of the people that you're working with. The chair was great, very supportive, and very helpful. We had a few colleagues who were very helpful, and then I work with some just like the meanest people on the planet. So that just made the entire experience and it wasn't just me. I think that was normative at the university setting that I was in.

And I think it was normative and may still be... well, hopefully not here at [redacted]. But I think we've made some strides to try to make it less challenging.

Maegan: Right.

Participant: So is that helpful?

Maegan: Yes.

Participant: So okay.

Maegan: Let's see. So, those experiences you had, you said you worked with some really good faculty that were helpful, and you worked with some that weren't helpful. And then you talked about your expectations versus student expectations. How did those things really shape you transitioning into academia?

Participant: Well, the statement that I just gave to you was the first year that I was teaching. So I can give you an example.

Maegan: Okay.

Participant: So there's no nurse practitioner program. I'm an Adult Nurse Practitioner, that's my background. And there's no program for me to teach. I'm supposed to be coming on board to create a program. So medical surgical nursing. Okay, well, don't envy, I could do that. And so they said, "Okay, you're going to..." I won't name the facility. It's still over there. But you'll be

going to this hospital and your students will be there Tuesday, Thursday, 7 to 3:30. Okay, well, for me, in order to get there and get everything prepared, that means that I'm up at 4 in the morning.

Maegan: Right.

Participant: I'm not a morning person. That was a sacrifice. So I do that because I want the students to be successful and I get there. And I have my perception of my work as the faculty person oversighting the students who are working with clinicians in the hospital. So I come in a lab coat. And I say, "Good morning. I'd like to introduce myself. I'm [redacted]." Because I have a doctoral degree.

Maegan: Yes.

Participant: It's a credential I earned. It's very relevant. At which point some of the nurses on the unit that the students were on said, "She has the nerve to tell us she's a doctor. And she is not in a uniform." I said, "This is my understanding of the work that I need to do here. And I'm prepared to do this. So I think this is relevant and this is appropriate." But it was different. The other nursing faculty wearing uniforms was, "Hi, I'm Carol. Hi, I'm Suzy. Hi, I'm Barb." And I said, "Hi, I'm redacted]." And in a lab coat and here's where we're working on. Here's what we're going to do and here's how we're going to do it.

Maegan: Right.

Participant: And that was very difficult for the students. They were expecting the nurse clinician who was going to come in and show them how to make a walk-in bed for the patient. And I was the teacher. I said I am a clinician. Who was coming in and say, "Okay, let's talk about your patient's history. And what are the diagnoses and what is your treatment plan? Or the diagnosis that you think are most important for the patient? What about that IV? What about that rocket bed? What about that uniform?" So it was interesting for me because I didn't expect that and people didn't expect me. And so that was not a happy experience for me, and I would have left the job. I said, "Well, not getting up at 4 o'clock. I had worked like you. I had worked for a very long time at [redacted] to earn the doctoral degree."

Maegan: Right.

Participant: I don't want to go in and have people tell me I have to wear a uniform. And I can't use my credential and I can't get students focused on the clinical content that I think's most important for them to have." So I will extend my story a little bit more. I was working with a colleague. And I said, "I'm done. So out of here." Just don't do that. She said, "Let's work as a team. Let's take our two student groups, and let's collaborate and put the groups together." She said, "I like to come in and show the students the tubes, the drains, the lines, or as I like to call it sticking things in people." And I'll do that. We have two groups so we'll combine them. I'll take both groups and that will be my focus. Now, you sit down and talk with the students and come up with a case for you. How are we going to case manage? So how are we going to have the care plan?

What is the approach for the history, the physical? What diagnosis are you thinking about? How do you want to treat them? And so we divided the students up. We worked to our strengths and it worked really well. It's really fun. And then we went from the hospital and went to [redacted], and it's gone.

Maegan: It is gone. I think I went there a long time ago.

Participant: Well, they tore it down a long time ago. So yeah, you definitely went there a long time.

Maegan: I think I was in 7th grade.

Participant: Okay. Well...

Maegan: So that was a long time ago.

Participant: But that was just the best. We just had so much fun working with the students at the [redacted] because we came in, I said, "The students are supposed to come in at 7 o'clock in the morning. And they're going to get report from the nurses on the units, but the reports are tape recording." So the students just come in and get the tape-recorded report. And when they come at 7, the patients are sleeping.

Maegan: Right.

Participant: There's nothing that you're going to be doing for at least an hour or two. I said, "I would like the students in my group to come in and work 9 to 3. Is that okay with you?" Now, the first hospital, there were beside themselves if you even thought that you could ask for the change. The [redacted], they said, "Yes, ma'am. We could do that for you."

Maegan: Well, there you go.

Participant: So there was a lot of flexibility. And I was able to negotiate with the colleague to work collaboratively, which was kind of an interesting model that nobody else really was doing at the time.

Maegan: Yes.

Participant: And we didn't even think about publishing it or presenting it. We come, we just did it.

Maegan: Right.

Participant: So those are my formative teaching experiences. One, not good. And one really fun.

Maegan: Right.

Participant: That I just progressed from there.

Maegan: That sounds amazing and I'm so glad that you decided to stick with it.

Participant: Well, thank you for that. Some days I think that was a good decision, other days, not so sure. But yeah, like I said, I'm innovative and I like to do things that are new and do [inaudible] and creative. And then look to see how effective they are. And so all the times that I got to do that, were times that were successful. And when I don't get to do that, maybe a little less successful.

Maegan: Right. I think a lot of people in leadership positions have a similar personality and a similar drive to be innovative and think outside the box and try different things to see how it works. I think that's a kind of a common theme that I'm picking upon.

Participant: Good. Okay, well...

Maegan: Yes.

Participant: Good.

Maegan: So over your years, as you have worked with new faculty, have you noticed anything that they typically experience as they transition into academia?

Participant: I think that a lot of people who are new to academic work are coming in and having similar experiences to my experience. The structure is different, the time is different. The expectations are different depending on where you are. But I think a lot of the hi, I'm a brand new person types of experiences are the same. I think what's different is the approach. That is variable. I always speak from my experience here at [inaudible]. The focus is on helping new faculty be successful. And that just requires a lot of attention, and mentoring, and understanding that we're free people in and we want them to succeed.

Maegan: Yes.

Participant: And it's not brutal. You'll never be as good as I was. It doesn't matter what you do, you have to earn these positions. And my time was much more difficult and much more challenging. I'm much more experienced and so we don't do that here. It's actually it's bullying and it exists. The honest answer is that bullying exists in nursing, in clinical practice. It exists in academic settings. It exists at this university, it exists in every university. And there's bullying that occurs amongst faculty. There is bullying of students, and there are students bullying faculty. And so I recognize that we recognize that and then we look for strategies to be supportive, especially 2021, where the mean age of academics is somewhere in the neighborhood of about 57.

Maegan: Really?

Participant: Yes, there's an aging academic nursing educator workforce.

Maegan: Yes.

Participant: It comes with challenges, because the pay certainly doesn't compare to clinical practice pay. So clinical practice salaries used to be very bad. And then there were huge nursing shortages, because people said, "I'm not going to work for this." And then the salaries improved. And this is all pre-COVID, which changed the rules again.

Maegan: Yes, it did.

Participant: But academic, there hasn't really been the same across the board, across the country, across the world approach where people have said, "Look, nursing educator salaries are substantially lower than other types of nursing salaries." And we're never going to get the people in these positions that we need to have these positions unless we increase the salary. So we've had a number of people who left our department. And so we're hiring. And I was talking with the Dean because there's a huge shortage.

Maegan: Right.

Participant: And so I said to the dean, "I could fix." I said, "When you get the faculty." I said, "I could fix it tomorrow." Not to sound arrogant, but I said, "I could fix it here." So she looking at me. And I said, "It's very simple. Really, it's very simple. You just take the academic setting, the academic salaries here at [redacted], and you double them."

Maegan: Yes.

Participant: And you say, "Okay, we have positions open and the salary is twice as much as salaries in the Bay Area." I said, "You have people lined up onto the freeway to come in here." I said, "I know we can't do that." Because universities have their own challenges these days. But I think that at this point in time, it's a consideration when no other reason. You wanted to make sure that new people coming into teaching positions were supported and nurtured and mentored. Taught to be successful. If you can't do that in a setting where when people leave, it's very difficult to replace them. That I don't know when you're going to be able to do that.

Maegan: Right.

Participant: And of course, make it, well, you're going to have your doctoral degree at [inaudible] this is my interview with you, but all right. I know what you look like now. Maybe you'd like to come and teach at [redacted]. Go and teach full-time in [redacted], but maybe like a guest lecturer. Or maybe you'd like to teach a class in the summer.

Maegan: Actually, I have not taught in almost 3 years. I teach at the hospital, but it's not the same as teaching students. I love prelicensure students, and I have greatly missed it. But I've been focusing on my doctorate and I'm not a fan of working multiple jobs. But...

Participant: Understood.

Maegan: But...

Participant: Maegan, you thought this was about you interviewing me.

Maegan: I know. Do you know what funny is, every single person I've interviewed has tried to recruit me. It's very flattering.

Participant: It's not easy.

Maegan: And I appreciate it. And...

Participant: I think you should feel flattered. I think there's a lot more than we can do collaboratively between nurses in academic settings, in nurses in practice settings at whatever levels are. So I think those are important conversations. But I also think it's a good wake-up call for us. If we didn't value people coming and stepping into new positions...

Maegan: Right.

Participant: ...then if we never do that, then this is the time we need to start doing it. Because otherwise, we are going to turn around. The people are going to say, "Well, who's the person is going to teach that class? Because you have to be qualified."

Maegan: Yes, you do.

Participant: And [redacted], following the BRN regulations, the clinician requirement... extraordinarily challenging.

Maegan: Yes, it is.

Participant: If I said, "I'll teach something." I don't meet the board regulatory requirements again. So I think it speaks to, really our responsibility to say, "How do we make sure that what we're putting in place here is supportive?" And we're a small department, we're a small university. And that's what we do.

Maegan: Right.

Participant: So we don't have a lot of people say, "And I've seen this, you've seen this." I can't work with her. We have adjuncts, and sometimes they're going to other places, because the jobs work better for them. But we're not having people say, "Look, I'm working with people who were bullied. I don't want to do that."

Maegan: Right.

Participant: And initially, when I started working, I worked with people and that's exactly what

they said.

Maegan: Yes.

Participant: I'm being bullied, I don't like it. I don't want in here. I'll go someplace. So I still do something else. But I think the experiences on some levels haven't changed since my experiences which go back in time.

Maegan: Right. So you mentioned mentoring and setting up a support system so new faculty can be successful. Have you had any experiences with formal mentoring programs that are specific for novice nursing faculty?

Participant: Yeah, no. Formal programs, no. No, I don't have that experience. Most of what I've done is informal. I'm actually trying to look the CCP. We're accredited by CCP, which many university programs have as their national accreditor.

Maegan: Yes.

Participant: You have to get or to go through where your program is evaluated and assessed. And then accredited, and then it's reviewed periodically. So there's a lot of formal, it's changed. There's a lot of formal structure, which is pretty significant. So what we're doing here currently, we're also very, like I said, maybe we're small.

Maegan: Right.

Participant: We're not a program with 100 nursing faculty where a formal program would be beneficial because we're hiring 10, 20, 30 people. At a time, we're hiring one or two.

Maegan: Right.

Participant: And so to go through process, to create a development formal mentoring program that meets regulatory accreditation standards, is just enormous amount of work. I am teaching that for one person or two people, is probably not cost... probably it's cost-efficient. When you can look at and say, "Here are the elements of a formal program." And just done it formally.

Maegan: Right. And so if you were to try to set up that program, a formal program, and you're kind of thinking about it, hypothetically, for your school, because let's say you have a mass turnover, and all of a sudden, you need to hire a whole bunch of people, what would some of those barriers be to implementing something like that?

Participant: I'm not sure I would even call it a theory. Okay? So here's the Armageddon scenario. Hi, everybody walks out the door, and you have no faculty. Now, what are you going to do? Like, I don't...

Maegan: Knock on wood.

Participant: I don't want that in my brain. But let's just say that we haven't approached this, because we're actually taking a look to see if we could put some other programs together.

Maegan: Okay.

Participant: That's where our current energy is directed. And I think that's very appropriate were to University.

Maegan: Yes.

Participant: But really, if we thought that was beneficial for new faculty, or maybe that would improve improvement. I think we're doing decently well with our new faculty in terms of full-time faculty. An adjunct faculty come in with a different focus. So there's a little more drift with part-time.

Maegan: Right.

Participant: The full-time people, it's about recruitment more than it is about retention. Because once people come in here, we're working on retention, and the few people that I've seen leave have primarily left because they're tired or moved. So they're either moving out of state. They're moving out of state or they're retiring.

Maegan: Okay. Yes.

Participant: But if you say, what would the barriers be? Well, okay, resource allocation barriers.

Maegan: Yes.

Participant: Time barriers. Woman power barriers. If we thought that recruitment, because I think that would be a major driver for our program. You say, everybody runs away, I'm like, well, somebody comes in and says, here's just what your check for $10 million. It's a managerial program, by the way. Then I have to hire another 30 faculty. Then we would probably want to look at a more formal program. And so I wouldn't call them barriers because if we thought that was something that would be beneficial for our department, we'll find strategies and solutions to those things. So the money. Okay, that's my job. We have to find money. That's your where. If you ask me where, there's money. Okay, we would find money to support this.

Maegan: Right.

Participant: The time, we negotiate time. So the other resource allocation, we would take a look at that. And we'd like to do things here. And as I indicated to you, I'm fairly creative. So I like to look at things that sometimes maybe are a little divergent. So I think we would look at different strategies to implement something that maybe wouldn't be as traditional. So maybe we'd go outside of nursing. We've got a school of educator or school anymore, but we've got an education program here at [redacted]. Okay? Resource. We've got a School of Business here. Resource, we've got some other departments where there are resources. And so we got professional

collaboration. We have an OT program, we have a PA program. We have Counseling Psychology program.

So they're different groups of people here at University where we could say, "Okay, well, interested in putting something together." We have some ideas could, could we have some sort of collaborative approach? The people here like to be collaborative. People here like to work together. So the traditional kinds of barriers that people might cite as time and resources and like I said, manpower, but resource allocations issues. Are not barriers per se. They're challenges.

Maegan: Yes.

Participant: But we work around the challenges. Of course, that's we're good. We're good at that at [redacted]. Okay. And I'm sure everybody told you the same thing. I'm from this school, we're good at this. We're resourceful, we're creative. We can make things happen. You heard that from everybody, didn't you?

Maegan: Actually, no. No.

Participant: Well...

Maegan: You are the first.

Participant: I'm surprised. No, but seriously, that's exactly. That would be exactly our approach here. How can we make it happen? I started to Family Nurse Practitioner programs. We had applied at the university, I was part of a collaborative for this big million dollar grant. And someone looking down at me was so kind to me, because we didn't get any of the money. So I was so happy because we had this huge elaborate project and it wasn't funded. But somebody was helping me out here. So we didn't get the money. I said, "Well, then we can't start the program." The chair said we're starting the program. We'd like to start out. This is February. We'd like to start the program in August.

Maegan: Oh, really?

Participant: Okay. I started when we got a small grant. I started to full-time nurse practitioner programs with a $35,000 grant.

Maegan: There you go.

Participant: And I did see this. I'm giving you my stories, because you said, you'd like to do your research because you like stories.

Maegan: I do like stories.

Participant: And I like stories. And I like to tell stories. Sometimes students don't always appreciate it but I was trying to put this project together. I had to write the check for the stamps to mail out the needs assessments, and then get reimbursed 2 months later. I had to borrow one of

the Mac, one of the original like, box-like Mac. I didn't have one. So I had to borrow that from somebody and teach myself how to use the computer.

Maegan: Wow.

Participant: Whenever to do the proposal. Then we're going to do this. And so I spent months with putting the project together. I'm giving you my story. This is what I did. And so my husband said, "Well, we went away for the weekend. What are you doing?" I said, "Well, you're going to play golf." What are you doing? I said, "Well, this pay, I have to get this work done on this project." I said, "Probably sitting in the room with the computer. I'm going to be working on the project."

Maegan: Right.

Participant: This is not healthy. I said, "But the project to do." So the programs were initiated, despite the challenges. I want to call then barriers because we overcame on them. And those programs are still running [inaudible]. They had a lot of graduate programs that closed. When I was there, we had six programs. And a lot of them didn't have students and they didn't do well. There are other people wanting the program so they moved in some different directions. And those programs initiated, they're small. They're not huge. If you look at UCSF or USM or some of them here, look at very large science programs.

Maegan: Yes, they do.

Participant: These were very small programs, but they're still 25 years old, and they're still working. And they started with two programs. Started with a $35,000 grant.

Maegan: That's amazing.

Participant: I think it's pretty amazing.

Maegan: That's amazing.

Participant: I say, "Well, okay, there's no plaque in the hallway that says [redacted] did this." So the thinking now isn't like, oh, I used to work. They're like, who are you? What is your name? No, we don't know anything about you.

Maegan: Wow.

Participant: And that's still unusual in academic settings.

Maegan: Right.

Participant: But that's one approach. That's one way to do it. It's not something that's insurmountable. A barrier is something that makes it really hard and maybe it's insurmountable. The challenges. How do we approach the challenge? How do we make it work? And how do we

make this work in a way that's very successful? That's why the program stayed small. It was by design, because the programs needed to have quality.

Maegan: Right.

Participant: To welcome and then that became a little variable at some points. But the focus was on small sustainable programs that were good quality programs. If you talk to people, and I don't know who you're interviewing, but if you interview people from the CSU, they will give you some similar stories.

Maegan: Okay.

Participant: Hi, here's how we did and then whatever the project.

Maegan: Right.

Participant: Did we have money for marketing? No. Did we have nice brochures? No. You go to a conference and people say, "Come to our school." And they have the little pencil or...

Maegan: Right.

Participant: We had nothing. We had no pencils. We had the colored paper so we would Xerox.

Maegan: Yes.

Participant: Or flyers for the program. And then we'd be competitive with people. We have beautiful materials. We didn't have that. Or they'd be coming from I don't know what you're getting your EdD. I don't know what your current program looks like. But like I said, the CSU is one example. But if you talk to people coming from very cost-constrained systems, they'll give you stories about innovation. Because if you're waiting for somebody to fund you, you get nothing. So if you want, then to you have to make these things happen.

Maegan: Right.

Participant: And you have to find strategies that help you overcome that. Physical challenges are everywhere in the state. But I'm talking about right out of the gate. Here are the resources. And we had really good programs. I worked with colleagues. We put together some additional programs that were good programs. Strong academic programs. I work with a colleague, and we put together a cohorted graduate program. Around 2000. It was the same curriculum, we just looked at the bureaucracy and changed it so that it's easier for students to get graduate degrees.

Maegan: Right.

Participant: And that program was discontinued for a while, but that was some of the best students I ever taught were in that program. We were working with nurses that were doing [redacted]. And they were just more fun than many of them. They were literally just some of the

very best students that we ever taught. I could end with this, but I'm going to give you another example of how... and I don't know if this is one of your study questions. How much connectedness there is between some of the work that you do in academics and how it sort of balance you around?

Maegan: Right. Okay.

Participant: In the process of hiring, as an adjunct, one of the students that I had in this [redacted] graduate program 2000 who retired from [redacted]. And I said, "Well, then you have to come." Of course, we're always recruiting.

Maegan: Right.

Participant: You have to come in [redacted].

Maegan: Yes.

Participant: Another one of our students is just finishing a PhD program was a VA. Retired from that, went back to school, got a PhD. So leading up to come and talk. Now, these were students that I had as graduate students in 2000. And so...

Maegan: Wonderful.

Participant: Here they are. They just were wonderful, and they did beautifully. They use their education to get themselves better. They have different jobs, better jobs, management jobs, academic jobs, clinical jobs, retired out of those jobs. And now like, "Oh, well, you thought you were going to escape? No." Maybe [inaudible]? Why don't you come? So there were actually a bunch of graduate students that I had worked with earlier, that we're now in contact with trying to recruit [inaudible]. So it's a nice connectedness.

Maegan: Yes.

Participant: And you never know. You never know teach students what some of the outcomes would be.

Maegan: Right.

Participant: I thought that was nice. So there are no barriers here.

Maegan: That's wonderful to hear.

Participant: Sometimes the challenges make me want to smack my head against the wall. So I'm not saying they're all easy. But no, we just sorted through and figure them out.

Maegan: Right. So those are actually all the questions I have for you.

Participant: Great. Well…

Maegan: Anything else you wanted to add?

Participant: I just did.

Maegan: I know.

Participant: Maegan, I gave you some of my best stories. Again, with the stories. I know a lot of people don't hear so...

[end]

Appendix G: Participant 3 Interview Transcript

Interviewer: Let me do that. We'll see what happens.

Interviewee: Yeah. Because it's made it known to me over [redacted].

Interviewer: Okay. Great. All right.

Interviewee: Then all you have to do is if you want to save it at the end, you'll just save it to wherever you want.

Interviewer: Perfect. Thank you. Okay. We'll go ahead and get started. I'm going to ask you some just kind of demographic questions to start with and then we'll move into our interview questions, okay?

Interviewee: Sure.

Interviewer: What is your current position?

Interviewee: I'm grateful to be back to my normal position from interim chair. Oh, my goodness. I'm so grateful. My current and has been for 25 years now is the [redacted]
Interviewer: What is your clinical background?

Interviewee: My entire background is in management. My entire career from day 1, believe it or not, has been in management. When I was hired for this position, it was because of my management. I said I'm not clinically ready to do anything with teaching and they were wanting someone to manage the program.

Interviewer: Wow. That's interesting.

Interviewee: Yeah. My entire career is I have worked in an outpatient educational setting where we were going all kinds of evaluations and screenings and that kind of thing. As far as on the floor clinical, nope.

Interviewer: Wow. That is interesting. I didn't know that.

Interviewee: Yeah. Well, I guess, because of I was 3 years a district planner, which on the floor initially when I first got out. I did float on the floor there, I guess that was where my "experience" for the BRN and from this because that was considered clinical.

Interviewer: Interesting. How long have you been a nurse?

Interviewee: Since 1978. I would have to literally get out my calculator. I will tell you. Isn't that crazy?

Interviewer: Is it 43?

Interviewee: I think so. I'm trying to ignore my age. 1978, it's too bad that I don't know that, huh? Yeah, 43. Wow.

Interviewer: Wow.

Interviewee: Yeah, 43 years.

Interviewer: That is wonderful.

Interviewee: Wow.

Interviewer: Yes. I know when I tell people how long I've been a nurse, I shake my head because I can't believe it.

Interviewee: Yeah. No. I have a 65th birthday coming up in 2 weeks and I'm like, "How old did that happen?"

Interviewer: That's so exciting. Happy birthday early to you.

Interviewee: Thank you. Yes. But I'm trying to ignore it a little bit, I think. Because what happens if those numbers apply to me.

Interviewer: I understand completely.

Interviewee: I don't feel that at all. I don't feel those numbers and I'm like, how did that happen?

Interviewer: Yes. It's interesting how as we age, we just don't feel that old.

Interviewee: No, not at all.

Interviewer: Then I think when I was younger and thinking, gosh, 50 is really old. I'm like, yeah, I'm pretty close to that, getting closer.

Interviewee: Yes. I remember in academy because I went to a private academy and I remember seeing parents come up and I was like, man, they're ancient. I'm like, "Oh, my goodness. I am ancient now."

Interviewer: That would be me.

Interviewee: Yes. That would be me.

Interviewer: I know. Thank you for answering those questions. We'll go ahead and do some interview questions. Tell me about your experience as a nursing professor, if you have any?

Interviewee: In teaching? You're interested in my background?

Interviewer: Yes.

Interviewee: Obviously I've only taught management type courses. Both in our ASN or BSN program. I've been teaching management and professional practice, which is one of the last courses that the AS students take. I've ben teaching that. Initially, when I came to [redacted], I made sure they understood I'm not an educator.

Interviewer: Right.

Interviewee: Because it was like you know who you're hiring, right? I'm not a teacher. But after being in the environment, I was like, "No. This is cool," and so I started taking classes. Actually, when I first came, I just had a BS. My degree was a BS in Psychology actually in my AS and then I got my Masters in Nursing education.

Interviewer: Wonderful.

Interviewee: Yeah. It was because of being there, I never envisioned myself being an educator, ever. Because I was one of this kids in college that was quiet in class, didn't want to be called on. I was that person. I never imagined myself being upfront.

But actually, being in the environment, I was like, "Okay. Well, how about if I teach a class in management just get my feet wet?" I've been teaching that class for about 20 years now. Then in the BSN class, I've taught an educational class. I also teach professional issues on a regular basis every quarter.

Interviewer: That's wonderful that you're so able to do that.

Interviewee: Yeah. Those are extra loads for me. It's not my normal because my job is to be administrative. But because I wanted to get into it, and I did get my CNE, too.

Interviewer: Wonderful.

Interviewee: It did get me interested in actually teaching. But I know better than to do anything outside of management because I just don't have the background. Then it is my background.

Interviewer: You kind of answered this question a little bit but what led you to become a nursing professor?

Interviewee: This sounds crazy, you've never been up to [redacted], right?

Interviewer: No. I haven't. I need to.

Interviewee: It's a little, tiny community and there's nothing up there. We have a little market there next to the college. I was actually in the market and someone said, "Have you ever thought about teaching?" That caught me in the produce isle.

Interviewer: Of course.

Interviewee: I was like, "No." Then they said, "But we really need someone," because they were just starting the program at [redacted]. They said, "We have got to find someone to manage this program." I said, "Well, that maybe more interesting." I literally got the job out of the produce department.

Interviewer: I love that.

Interviewee: When I got hired there, that is 25 years ago and that was when there was a shortage and they were just desperate for nurses just like we are at the time. Literally, that's how I got hired. It was never for my educational skills. It was for my management.

Then being in it then I was like, "Oh, this is cool." Because I was still working with students. As the Director, I was working with students. I just weren't teaching. That's what got me into it. It was just being around educators.

Interviewer: I think that's a good enough reason. What do you remember about your experience as a novice nursing faculty member just starting teaching?

Interviewee: I remember just being in the educational system, going to faculty meetings and that kind of stuff. Even though as administrative, I was considered faculty because I was in nursing. I remember sitting in the first few meetings and thinking, "What language are they speaking?" I mean, because the terms and everything are just so different. It was like, "I don't know what you're talking about." Curriculum and how so it was just completely foreign.

Because I wasn't hired for faculty, I felt real lost because I didn't get the same, I kind of just got thrown in and said, "Help us." I didn't really get any kind of educational orientation or anything like that. It was kind of like finding it on my own.

Interviewer: Yes. You started initially as an administrator and then you started teaching. When you started teaching, what do you remember about that experience and how you felt?

Interviewee: I was really nervous. I remember thinking I wish the first time I taught something, I remember almost it of an out-of-body experience like, who is that talking and they're making no sense. I remember going, "I wish the floor would open up." It was such a frightening experience at first. It was really uncomfortable at first because it's out of my normal character.

Interviewer: You mentioned that you were never the type of student who wanted to get up in front of the class.

Interviewee: No. I was the student hiding in clinical.

Interviewer: You were that student.

Interviewee: I was that one, yes. I was that student. When I sit down with students struggling, I remember me. I remember I struggled.

Interviewer: Let me ask you that experience of feeling like you were getting thrown in and you didn't get really a formal orientation and then you just were so scared about teaching. Did those experiences shape your transition as you moved into academia?

Interviewee: The one thing I know is if I'm going to do something I want, I mean, this is just I'm going to try to the very best of my ability. I didn't want to feel like that again so then I started going, "Okay. How will I not?" I'll not do that. Then I started doing a ton of reading and outreach and stuff about even just public speaking. It wasn't the content that bothered me. The content was it's what I do since I teach it, it's what it felt. I feel really lucky because I was able to pick it up, but I wanted to teach and I knew. I mean, this is one thing, I know when I'm out of my league. Putting me in a med-surg class, nope.

Interviewer: Exactly.

Interviewee: Not going to happen because that would be ridiculous. It's not my background. It was more about getting over the fear of, I think, public speaking than anything. The content wasn't bad then, but at the time that I started teaching, we also had a leadership change and we started having more formalized, I remember in particular how to test writing skills. We had more formalized educational things coming. The chair when I was hired was a lovely woman, but very kind of not as effective. I don't want to say older now because that's me. My age, probably. But she was kind of in the old nursing field. I wouldn't want to say but I just didn't feel she was being professional. I mean, a profession to the professional level, I should say. It was more on we would put stickers when they did. When students got through their skills or whatever, we put stickers on boards, like little nursing hat. Surely, we're a little bit more professional than that. I remember it was when the new chair came in, I was really grateful because she did more organized kind of curriculum. It wasn't until [redacted] came, so I worked with her for 18 years. But when she was doing her Doctorate in Education and that's when everything changed on our department. That's when I learned about curriculum because she would [inaudible] her specialty and that was when we switched to concept teaching. Then, that's when we learned we were major deep into curriculum.

Interviewer: Wow, so that's been fairly recent then?

Interviewee: 18 years.

Interviewer: Your program uses, it does a concept-based curriculum. That is actually a newer phenomenon in nursing.

Interviewee: Yes. We were the first. We were either the first or the second program in California to take it on.

Interviewer: Yes, that is wonderful.

Interviewee: Yeah, and [redacted] did do some consulting, even with programs that went to it after that. It actually had, I think it was the, shoot, it was one of the first states that took on. I can't remember which state it is now, but they had an actual textbook made and stuff. She brought them to our campus so that we could try and figure out concept-based.

Interviewer: Was it in Oregon?

Interviewee: I don't think so. I think it was a southern state that literally came up with the first textbook. She had them come a representative come from there.

Interviewer: Wow, so I like how you were mentioning that as a new faculty, you didn't want to feel scared anymore. You started researching on your own.

Interviewee: I did.

Interviewer: It wasn't necessarily the material that you were teaching.

Interviewee: No.

Interviewer: It was really more of how do I teach.

Interviewee: Right. How do I measure if what I'm teaching is being effective? Then that's where when [redacted] came and really guided us. That was she came and put our curriculum so that every one of our objectives are leveled and every one of our objectives is linked to a program outcome and all of our questions needed to be linked to that. That's when after working with that, that's when I was like, okay. Because otherwise you have a textbook and what is the most important things that I'm supposed to be teaching? No matter what the textbook is, it's what's important. Well, we have to decide that as a faculty, what is important in our curriculum? When the concept-based came then we had to literally get a form, I mean, we plotted it all out. Who's going to teach what? What are you going to [inaudible] that we're not duplicating and then also so that we're covering everything? Because what we found when we were systems, every, all the nurse practitioners love to teach cardiac.

Interviewer: Of course.

Interviewee: Everybody was teaching cardiac throughout the entire program [crosstalk] Neuro. Plus we found out, okay, we're missing these things. We've got it all out now on a diagram of what course teaches what, making sure that we evaluate that every year to see that our outcomes are being made and that are being met and that also have we slid from it at all. Obviously, did you add something? That was when I started feeling that I knew what I was doing. Otherwise...

Interviewer: I think my internet connection is unstable. There we go. I think we're back.

Interviewee: It froze. You froze just for a couple seconds.

Interviewer: Yeah, I think we both froze. Let me ask you, as the Director of your program, have

you noticed anything that novice nursing educators commonly experienced as they transition into academia, and what are those things?

Interviewee: In the clinical or the theory part, either?

Interviewer: Both.

Interviewee: Clinically, I think just not having experience with students, students love to manipulate. They love to pit people against each other and sometimes clinical against theory and theory against... Or if they're in two classes and they don't like the other teacher and they like you, I think that the just making sure that we've opened up the eyes of our new faculty to situations like that and also doing a better job than when I came in helping them understand our curriculum, it takes a while. It's going to happen overnight. It's not going to happen. But at least we have it down on paper now so that they can see everything is laid out and how they fit in the plan. We have two new faculty this year. As [redacted] would say, they're flail playing right now in their first quarter. You froze again.

Interviewer: You froze too.

Interviewee: There we go. I think that we try and have a better orientation for faculty now. We mentor them up with as a seasoned faculty member so that they have someone that they can go to for any kind of questions and the mentor will check in with them on a regular basis. But I don't care how much you try it and until you do a quarter, you really don't understand what this is all about. You really don't know how. We do have two new faculty this quarter and they're struggling. But we're really trying hard to support them the best we can.

Interviewer: What are some of the things that they're struggling with that you've identified?

Interviewee: I think testing is a huge thing because they're afraid and just setting up their classroom or I should say, they can use previous faculties' information and PowerPoint and all that. But until they actually do it themselves, they really don't know. You're frozen again.

Interviewer: You unfroze. Am I still frozen?

Interviewee: There we go. My internet is staying strong so hopefully mine is okay.

Interviewer: I don't know what's going on with mine.

Interviewee: All right. I think just trying to get them connected with theory and a lesson plan. We always give them, we share with them the previous faculty that taught it. We provide them their stuff, but they need to make it their own and sometimes that's really hard. We really kind of encourage faculty to don't change a lot right at first because you don't know what you want. We really encourage them not to do that, unless they see something right off the bat. Then make the PowerPoints that kind of stuff their own, look at the test from the previous faculty, see if it and then tweak them a little bit. But if you try and begin a class from ground up with nothing, it's really overwhelming. At least have the format of what we've done in the past with the shell. But

it's hard because that means they need to study the content. They need the book that they're asking students to study and they need to, so it's difficult. That first quarter I always just keep my fingers crossed that they don't get too discouraged.

Interviewer: Yes. You've mentioned that you provide new faculty with kind of a lesson plan. You provide them with previous PowerPoints and tests and you pair them up with a mentor. What other things? [crosstalk]

Interviewee: [redacted] at the first of the year, she had a CEU just for faculty and new faculty, adjunct, every body.

Interviewer: Wonderful.

Interviewee: Freeze. There, are we back?

Interviewer: Yep.

Interviewee: [redacted] had a CEU available for both adjuncts and where it was all about clinical and how to deal with situations at clinical and what kind of performance evaluations and care plans and trying to uniform them up. We had a full day of orientation in that respect, which was really good because our adjuncts were there too.

Interviewer: That is really good.

Interviewee: Yeah, but and then the faculty, we at the beginning and at the end of the years at a time, but every month we are meeting at least two times to do faculty development.

Interviewer: That is fantastic. Wonderful. Have you had any experience with formal mentoring programs that are specific for novice nursing faculty members?

Interviewee: This last year, we joined with [redacted] for a clinical, it was a formal clinical nurse. I should find exactly what that was. It was through Colorado State. We joined up with [redacted]to send two of their employees through this that would be clinical instructors for us. That was a formal orientation. Some of the hospitals ask us to be a part of their orientation to new grads. But for our faculty, a formal one, I would say no, other than what we do. You know what? We have sent people, though. We have sent or had them do all of the, what was the? This was several years ago, but it was through one of our nursing association or nursing COAD in California nursing directors thing. They were offering new faculty orientation modules and we did do that a while. Then that went away, I mean, that program went away. But we did have several of them do that for our new faculty.

Interviewer: What was the perception of those faculty after they went through those modules?

Interviewee: They felt that they were helpful. They did, they felt that they were helpful. I remember a couple of them did take their suggestions on how to set up their classes. I remember that. I don't think any of them felt that they were not useful. If I remember, we had six going,

because I think we had about six go.

Interviewer: They felt that they were helpful. Did they describe how they felt that those classes were helpful to them?

Interviewee: I remember a couple of them saying that they helped with setting up. I remember one person saying that they got some really good ideas of how to almost, what was the word she used? I remember I took note of it and used it for myself. It was like having almost like an extra folder worth of stuff when you realize that you're not on for the day. Because not all of us are on and it was almost a back-up plan that you could give the students to do to give you a break. You regroup or whatever because our classes are long. I mean, they're good two and a half hours. If you're having an off day, the last thing you want to do is you just continue at that for two and a half hours. She had a trick of goods, I think it was or something like that. The tricks, I think that's what it was called, a bag of tricks bag of tricks. At her disposal all time that she could flip to that real quick. Then be able to regroup a little bit or whatever, keep them busy for a little bit in something that would be vital, helpful, and give her a little bit of break. I remember thinking, you know what? That's a great thing. That was one thing, I thought that was a great thing.

Interviewer: That is a great idea.

Interviewee: I did it myself. I always have something that I know I'm not going to schedule, but I go out of the hat if I needed.

Interviewer: Right. That's fantastic.

Interviewee: I remember that one for sure because I remember I took it. I had a great idea.

Interviewer: It's always okay to steal others people's great idea.

Interviewee: Yeah. The other things she took from that that I took also, so these are things that she learned and shared. But the other thing, instead of in class time, students love to debate test questions. The one thing that she had heard through this was that she and I took onto and it's in my syllabus till today is that we're not going to debate the questions. If you feel something is wrong, please, you have 48 hours to get it to me in writing with your reference and with your rationale and your reference and I will get back with you. If it prove me wrong, great, prove me wrong. Because that means you've studied. That's still we're not going to debate in class because that can just get out of hand.

Interviewer: It absolutely can very quickly.

Interviewee: Very quickly and well, all of us got it wrong so it's like, well, so I learned from that. That's one thing I remember she brought. I learned and, boy, did that cut down a lot of time and craziness in the classroom, I felt. See, a couple things even came down to me.

Interviewer: That's wonderful. I love that.

Interviewee: That came from that, I remember.

Interviewer: Right. Let me ask you, have you ever considered implementing a formal nursing or a mentoring program for novice nurse faculty?

Interviewee: I would say that it is going to be on [redacted] radar. I would say that formal as in formal classes and that kind of thing. I mean, we have a list for the orientation of what we want to do. But it's not a formal. Actually, I think [redacted] said she hadn't gotten to talk to you yet. But this is one of her big things is mentorship and she even a couple weeks ago traveled to Sigma to present on this kind of thing. I know that that's coming, it's being formalized, but we have not done that yet. But I think that's probably in her plans.

Interviewer: For you as a director, is that in your purview or how?

Interviewee: Yeah.

Interviewer: For you, if you wanted to set one up for your faculty, have you considered doing that?

Interviewee: I would do whatever she does. Meaning, I would put my faculty right in there. They would be all of our adjuncts. I have a lot of adjuncts and/or faculty that do it for extra contract. Our normal faculty will work with students with extra contract. But yes, I know I would love to have a more formalized, I would love it.

Interviewer: Let me ask you, what might be some barriers that you may encounter for implementing a formal mentoring program that you could foresee?

Interviewee: Time. I think time is one of the biggest barriers. The resources of faculty to be able to do this, we're all just so strapped. It really is time and a person to really take this on. That's what I'm thinking, I'm going to guess that [redacted] is all over that.

Interviewer: I realize she's the new chair and so for her, I mean, I don't really know what her responsibilities are as chair of your department or your program. But would she have the time to dedicate to that?

Interviewee: I think that she would find it because that's her whole thing. I totally understand her responsibilities now after having to do it last year. It was awful because I was doing both. [crosstalk] But [redacted] also has her really, I mean, wanting to grow the program and all those things that they're looking at nursing because we are the ones that have the high demand. But she's finding out she's only been there, this is her first quarter. She's finding out her resources are herself. I think that's a good point that will she have the time? I think that she makes me tired watching her. She is like the energetic bunny, and I'm just like, oh my goodness. But I worry about her because you can only keep up this many things. I mean, she's got so many things going on right now, I think that she would believe that this is high priority. I'm really nervous that she would have the time.

Interviewer: Right. Then not only time for whoever's implementing or developing the program, but then what about time for faculty?

Interviewee: Yeah. That's another...

Interviewer: Serving.

Interviewee: Yeah, so that's another time. I mean that when I said my initial response for a barrier would be time. Where do we fit this in? It will cost us money to do anything like that because you have to pay your teachers to do it. Where do we find that resource? But I have a feeling that she may know of some grants or something out there maybe that you could put towards something like this. But I have a feeling that we will be looking at a better because what she's finding out with our two new faculty, she literally has been going into their classes and she's helping them.

Interviewer: I see.

Interviewee: She teaches a couple classes just to help them to, I think a couple things see how she teaches or give them another view of teaching. Also of the content, one in particular is very overwhelmed right now. Even trying to get another subject studied for and up and ready to present is so she's gone in. Her background is huge as far as with ICU, EDE, med-surg, she's got that background. She doesn't want to be overbearing, but I know she's wanting to help them to because we're at the point of the quarter where it gets to be quite hairy. Because now all the issues, [crosstalk] if we have students that aren't doing well, if we've got clinical issues going on, this is the time where they seem to make themselves known.

Interviewer: Where are you at in your quarter right now?

Interviewee: Right now, there's ten weeks in a quarter so we're at the end of the seventh.

Interviewer: I see. That is about the time.

Interviewee: We really only have two more weeks and then finals week. My gosh, so they have Thanksgiving next week off and then come back for a couple weeks. Where the some of the ugliness starts to raise its head.

Interviewer: That can be very overwhelming for novice faculty.

Interviewee: Yes, because students, I mean, now my program is even different from that so we're in finals this week. I've had lots of drama.

Interviewer: I'm sure you have.

Interviewee: Lots and lots of drama. But I'm used to it. I mean, I've done this for so long that I try and be as I remember as a more novice person it used to eat at me. It doesn't eat at me anymore. I'm sad. I'm sorry it bothered me. I guess it would bother me, but I don't live it and eat

it like I used to. That just comes with experience. They're still eating it and living it and I remember what that was literally not being able to stop thinking about it. I feel really horrible because we do have a couple students that I don't think will make it. I feel bad about that but I've learned not to and you have to build some that I'm sorry you didn't make it this time. Please don't let this, just you can still make it. It's just a little bit of a detour here. You're not ready to go on, but you can be. Try again and you put that into it, you can. Even for me, this week has been exhausting because it's so much drama when students don't do well. But I've got the experience, the newer ones don't. I feel for them because they don't know how to handle it.

Interviewer: They don't do.

Interviewee: A mentoring program, that's where we're hoping that mentoring is helpful to them. Where I see the weakness is, we may be able to orient them and get them into more of a formal orientation. But that needs to continue on through at least a full year where now, we need to talk about this is what's happening now. During finals you're going to get this. You need to realize that this is students hang out and it's what you tolerate and what you don't. You have to set limits because as far as with what's appropriate because I stopped people today, this week. I mean, a couple students, I had to say stop. We will discuss but it needs to be in a professional manner and because they're emotional. Those are the things that you almost need debriefing. What's your new faculty on those kind of things?

Interviewer: You do, you need to have debriefing and just like anything else in nursing, right? Kind of out of the ordinary or extraordinary experience that you have, whether it's with a patient or a student, you need to debrief and talk about, well, what happened? What went well and how could I have done this better? Did I learn from this experience?

Interviewee: Just yesterday, I spent 2 hours with a newer faculty member, going over their test and really analyzing them well. Because she chose to use a previous faculty's test, which was fine. Except that, did you review the test to make sure it was what you copied? We had to really do something.

Interviewer: Do a pretty detailed item analysis. [crosstalk]

Interviewee: That teaching about why next time when you use someone's test, here's what you want to do. Because you got to make sure that everything that was on their test is linked to what you did or what you find or what you wrote later. What you flipped the classroom or whatever. You need to make sure we're asking them to know this. At that point, I felt like, okay, now, I'm trying to mentor her in a test thing. Because when I found out she had just copied someone else's test, I was like, let's kind of look at that a little bit.

Interviewer: Oh, my gosh.

Interviewee: I know, don't you miss it?

Interviewer: You know what? I really do miss teaching a lot and I have some opportunities coming up that I'm really excited about. That will still allow me to keep doing what I'm doing

full time and do this kind of on the side.

Interviewee: Well, if you're ever looking to do anything that we're doing, just let me know.

Interviewer: Thank you.

Interviewee: Whatever we're doing if you're interested. Because we are educators, we are in short supply.

Interviewer: I know. This is all the questions that I have for you, but I have a couple things I need to talk to you offline outside of this.

Interviewee: Sure.

Interviewer: Is there anything that you want to add to what we just talked about, regarding formal mentoring programs and novice nursing faculty and kind of what you've observed and that kind of thing? Is there anything that you wanted to add?

Interviewee: I think that any kind of formal thing is that we can do to support and to help our faculty is a large value. Because they are just first of all, they're going to get really discouraged if they're just thrown out there with no resources. They really don't know what they're doing so it really is important. I would like to see us do more. I think we've got the minimum down. We're trying to make sure and be supportive. But I think that something more formalized, which I think probably [redacted] will be interested in doing, this is her thing, is faculty development.

Interviewer: That's wonderful.

Interviewee: Yeah, it really is. That's her thing. I think that we'll see some changes there. But I think it's a value, I mean.

Interviewer: Yes, it is.

Interviewee: It's just like our new grads. If they don't get preceptorships or mentorship or a new grad program or something like that, it's exactly the same thing. You throw them in there and the chances them staying or being happy or what they do or whatever, it's the exact same thing. You throw them in there without the support, they will flail.

Interviewer: Right. What I'm trying to understand is, why aren't we implementing formal mentoring programs? Because we know that, based on evidence, it is our best practice, right?

Interviewee: It is, yeah.

Interviewer: We see it with our new grads. We see it with even elementary school teachers have formal mentoring programs, but our nursing faculty don't. It's trying to understand the why behind that and what are the [crosstalk]

Interviewee: Yeah. I would say, the barriers for us, at least it has been resources as far as both time and money. If you go look at that within the hospital situation, I'm sure it's the same thing. It's always seems to be the education department that have their money taken away first. That's how we feel. It's like, it's so important.

Interviewer: Yeah, it is. Well, thank you. I appreciate you answering my questions. I'm going to stop our recording now.

[END]

Appendix H: Participant 4 Interview Transcript

Interviewer: All right. What I'm going to start with is just some general demographics, and then we'll move into the questions for the interview, okay? What is your current position in the nursing school?

Interviewee: I'm the Chair of Nursing and Health Science at [redacted]

Interviewer: How long have you been in your position?

Interviewee: I've been here since June in this current position.

Interviewer: Okay. And then, were you in another chair or director position prior to that?

Interviewee: Yeah. I was a dean [crosstalk] at a school in [redacted].

Interviewer: Okay. Wow. Have you lived in [redacted] before?

Interviewee: No. [laughs] This is all very new to me. I'm a [redacted]

Interviewer: Okay.

Interviewee: Yeah. I was in the tenured state system for 14 years. I was a full-tenured professor, and we plateaued if I felt. And I said, "You know, I think it's time for me to be the person in charge." I put out some feelers, and I got offered the Dean's position, and we moved to Nashville. And then, a recruiter called me for this position, and it felt like a good move. It was my second leadership position.

Interviewer: That's wonderful. What is your clinical background?

Interviewee: I'm an adult ICU critical care nurse. I maintained working in the ICU until a few years ago, and my last ICU was Neuro.

Interviewer: Okay.

Interviewee: But I've done all of them.

Interviewer: I'm sorry.

Interviewee: It's okay.

Interviewer: How long have you been a nurse?

Interviewee: Twenty-one years.

Interviewer: Okay. Can you tell me about your experience as a nursing professor when you first

started?

Interviewee: My first full-time position or adjunct?

Interviewer: Either one.

Interviewee: I got my master's degree pretty young because I did my Associates, my RN-BS, and I got my masters in leadership and administration, and business.

Interviewer: Okay.

Interviewee: Actually, we had just moved to the Midwest for my husband's job, and I got a job as a clinical liaison position at a hospital working through staff development, doing Nurse Residency and clinical. As part of that, I got to work with the nursing students for clinical, and I did a lot of rounds. I started teaching adjunct at a few colleges, and I loved it. I did my postmaster certificate in education, which at that time was a little bit more involved than I think they are today, but I finished that. That was a year-long program. Then, it was a tenure track [inaudible] in a community college. I started my journey there and taught the class in med-surg because it's a community college; you do [crosstalk] both.

Interviewer: Right. Yes.

Interviewee: Then, I did that for about 2 years. And then, I moved back home to [redacted]. I taught at [inaudible] college there, which I graduated from, for a couple of years. I taught med-surg there and class in clinical. And then, the school closed. At that time, I went into the state system.

Interviewer: Okay.

Interviewee: In the first part of the state system, I taught in a graduate entry pathway, an accelerated nurse practitioner DNP program. So, I taught all the med-surg and adult med-surg. And I was in a non-tenure track, clinical because I was finishing my DNP.

Interviewee: Right.

Interviewer: I was their med-surg teacher pretty much for that 11 months. I did med-surg and clinical that whole time. Then, after 7 years, I decided to move back into the regular, more academic because I was in a medical school. So, I went to another state entity. I went to a state system where it was a traditional BSN program. And I did that because I wanted the nine-month contract [laughs] [crosstalk] and to be off[?] in this summer.

Interviewer: I don't blame you.

Interviewee: My kids were in school at that time. And I'm like, "This is crazy. I want to be off with them." So, I took the RN-BS director position. I also taught senior-level med-surg and clinical, did RN-BS hybrid online and was the program director. Then, I taught senior med-surg

and clinical. That was a tenured position; I did the whole tenure track. I came in as associate and then professor and tenure and all that. I had finished that. That's when I went and switched, not out of academia, but out of the faculty.

Interviewer: Right. So, you started out as a clinical faculty. And then, you started teaching in the classroom. How was that experience as a novice faculty?

Interviewee: I was very fortunate. The best decision I made was when I went to teach. I was at a community college, and I always say it's the best place to go because two-year programs have to maintain strict standards with the Board of Nursing. And, because of that, the curriculum is sound. I was paired with a mentor who had years of experience and taught the class. I sat in the class, the first quarter. Then, he taught half the second quarter, and I taught half. We had our clinical groups. In the third quarter, I pretty much managed the class. But for a year, he was with me.

Interviewer: That's wonderful.

Interviewee: And that's where I learned. He was so into mentoring and interested in me. That's where I saw the difference with people that have a full-on program. I still can't believe that they allowed that workload because now, as a director, it's like, "Here, go ahead." That solidified me as a good foundation. I was teaching Med-Surg 1, which was hard stuff; fluid and electrolytes, GI, [laughs], immune system. Not easy topics and I still look at that. When I talk to the faculty and plan mentoring, that's how I plan. As a director, it's been hard because I want them to have that year of being mentored. But the budget...

Interviewer: Right. The budget, the Almighty budget.

Interviewee: I got a hold of [redacted] and got nobody else. It's getting harder and harder with that.

Interviewer: Right, it is. What led you to become a nursing professor? What helped you with that decision?

Interviewee: I did not think that I would go into academia. I always thought I'd be in the hospital. I always worked in the hospital, and I did my master's. I was in the ICU. I thought I'd work in staff education. I did, but I did not like teaching other nurses as much because they were not as excited. There's not as much you can do to excite them. They're already nurses. And the type of stuff you're doing, it's like, "Oh, we're gonna do." It's just nothing was exciting. But when I worked with the students or visited the students, everything was exciting. [laughs] It didn't matter what it was. I thought this is something that I feel could impact not just one person's life but lots and lots of people. I felt like I was so scared in nursing school that I could be someone that may not be as scary. Although students think you're scary, no matter what, if you don't think that [crosstalk] you are.

Interviewer: They do. [laughs]

Interviewee: I felt like I was so young because I was 23 when I started teaching. I had students taller[?] than me. I thought, 'Man, I must be approachable." I'm young and on par with them. The idea to be able to impact, you know? I left the hospital after just a year. I was like, "No, I think I'm an academic girl."

Interviewer: The experiences you described; a mentor that you were paired with for about a year. How did that shape your transition into academia?

Interviewee: He made me enjoy what I was doing. I think that's the big thing. He had helped me see the value in my job and my own, how it could be such a value for my happiness. For me, it was fulfilled. I could be creative. I could do things to better myself, such as research, publishing, or collaborating. Then, it also had the other benefit with family, with the summers and the time off. It just seemed to hit, as I hate to say, as a working mother hit a lot of boxes. I came from Monday through Friday, eight to four.

Interviewer: Have you noticed anything that novice nurse educators commonly experience as they transition into academia? What are they?

Interviewee: It can tell you one of my biggest things even here. The last place I was at felt like a revolving door because it was a for-profit two-year program. I think it's the lack of time people have to spend with them. I mean, what needs to happen, and what does happen are two different things. For me, in both positions I've been at, when I have a new faculty, I tried to mirror that and spend. If you put a lot of time into somebody, they get to feel good and confident about themselves. That's how I felt when I went through. My last several faculty, if I were teaching, I just went right in the class with them. As much as I could, I taught for them or with them or helped them because that was my experience. Now, I did that here as very interesting, because I have two new faculty. And one is paired with a very solid mentor, and one pairs with somebody who just came off orientation. She's been here for three years, but she just came off of her mentoring. I got, "Oh, well, this is a novice to expert." She's not that far. It hasn't been as successful because, I think, mostly it's her personality. She's very kind and everything, but she's still learning herself. She's not quite ready to do that. Halfway through a couple of weeks ago, the class was struggling. They weren't passing her tests. She's a new teacher; brand new, hadn't taught this content, had taught clinical for 3 years for us. I just went in, I said, I'm going to teach your class for 2 weeks. I taught four classes, and it was like that mentoring, but almost like role modeling? I want to address them and be assertive, but if I come across them, they say I'm critical. So, she got to see how to navigate some of the students' questions without getting overwhelmed and present presentations without following what was given to her. I go back to, I'm trying to think your question, but I'll go back to my new faculty. I think they need a solid mentor. But that is just so hard to find.

Interviewer: The original question I asked was, what are some of the things that they commonly experience as they transition?

Interviewee: Thank you. I can tell you for these two faculty. I think it's one thing that you're just trying to get a new nurse. You're just trying to get the most critical tasks complete to survive. I know I need to give a test in 2 weeks. I know I need to deliver this content. I know it's like the

critical things, but you're missing a lot. Yeah. Because it's like you're just trying to survive. I know, multiple times, one of my faculty, this one, she kept telling me, "Are you ready to fire me. You're ready to fire you?" I said no. But that is what was circulating in her mind. I'm doing such a bad job. It's hard because you have that novice to expert, and you go back. So, she's like, I am an ICU nurse, you're in a different role. And the thing is, with this faculty, she worked with us in clinical for years. And she did her master's and mentor here for her master's. You would have thought this would have been an easy street. I think that's why when I came on, and they were like, "Oh, she's not going to need it much. When I came on, she was hired full-time in the fall. So over the summer, I did all these little check-ins with her as she was preparing. And I kept saying to the director and staff as like, "She's not as ready as you guys think she is. I think near mine, they had almost like, dismissed it. You have to treat everybody in that role transition the same. So, I think that's where it's been hard? She feels like a failure. And that's hard. It's difficult.

Interviewer: It is because you want them to love what they're doing. And if they feel bad, then that's going to translate into today's students.

Interviewer: It does

Interviewee: We're doing a little CPR. There you go, that's what you have to do. How do you think that nursing schools could help novice faculty overcome some of these issues? Like going back to novice after they've been an expert?

Interviewer: I think that you have to give people time. I mean, people other than the faculty that you just hired, you have to give other people time to help. So often, with the workload, I have a clinical; you have a clinical. I have a class; you have a class. I'm just as busy, but now I'm expected to mentor you. You're not going to get out what you need to get if you have somebody that's already super, super committed. The only way to do it successfully is to decrease the workload of the mentor. And it's not, you know, some people say, we'll give you credit for it. That's fine. But what did you take away? Yes. I found that even when I was mentoring clinical faculty, if I have three clinical faculty working med-surg with me, and I'm the lead faculty. We're all on the same day in clinical somewhere, and I will never get out to the site to see you because I'm busy too. We have to find a way to give people time to mentor and be there effectively. There are the nuts and bolts about mentoring, right? It's like, how do you get dressed in the morning? It's, how do you do your job? But then there's that level of support where you have somebody you can mentor in their career. So, what I think is mentoring; it's more like an orientation that goes on through the whole year because, to me, a mentor is more effective. Anyways, they're looking at overall career mentoring, but we try to lump it all in one thing, right? Ongoing, and the onboarding process really should be a year with the new faculty.

Interviewer: Have you ever considered implementing a formal mentoring program?

Interviewee: We have one here. We have one that we call formal, but we would see the issues after this couple of weeks. We have a faculty issues committee, and I went back to them, and I said, "We've got to focus on this." The chair the committee has had years[?]. We looked at all the faculty and who's been mentored and often mentoring annulment. When we did just that 10-minute exercise, she said, "Oh my gosh, you have a lot of new people, mentoring new people."

The thing is the seasoned people don't want to do it. The seasoned people have a lot to say about me. Well, why'd you pick so and so? I'm like, "Because you were unwilling." That's what you want to say, but you can't. Who would you have picked? That's the problem. There's such a faculty shortage. It's kind of like the nursing shortage. You have people meant to orient new grads that probably 10 years ago would never be ranting. We are just in a constant state of need. We do the best we can. That's why I say if we can give people time, even if they're not the best choice, but if they're willing and willing to take some kind of direction towards it, then that's better than kicking and screaming or somebody that has the title but doesn't do anything. Because this person I was telling you about, I had her paired with the so I had somebody that transition from the AS program into the BS program, and she taught the course that this other one. I figured, "Oh, she'll help her transition." She didn't. It was very hands-off, and she's like a bull tenured back, full professor, right? You would think, perfect. So it's not always the people you think fit the job description weight. People that have the care and interest really, right. I think a formal roadmap, so what we did in terms of mentoring is my chair of that committee looked at different ideas out there. And I think what she is planning on doing is making something more concrete. It goes back to we do this, but we don't get any compensation for it. We believe it's a good thing, but if we're all working so lean.

Interviewer: Right?

Interviewee: It's a challenge.

Interviewer: You've mentioned the time, compensation, and having the right fit. Sorry, my cat.

Interviewee: That's okay. That's hilarious.

Interviewer: [inaudible] some attention. Having the right person fill that mentoring role. What other barriers have you encountered or might you encounter for implementing a formal mentoring program?

Interviewee: Structurally, for me here, at least, I think having a structure to it. It's one thing to say, "This looks good, and that looks good," because they sent me several models. But I think you have almost to have a structure to it. I just did a presentation on onboarding is not orientation for Sigma, and one of the things we said is, "You've got to put structure to it." You need to have a health stream module. You need to have an LMS canvas shell with structure, but it can't feel like a class. Some people will say, "We'll have discussion boards [inaudible]." Nobody wants that, but you have to have a place where the mentor can say, "We're talking about onboarding the clinical. Here is the module that we're going to go through. It has to be almost in time. It doesn't have to be modules 1, 2, 3, and 4. It's what encounters at that time." We are at midterm of Al's[?]. Let's go into the assessment and evaluation module, and let's make sure we've done everything. We're doing advising. Let's go into the advising. So, I think the organization needs to categorize areas so that the mentor can pull from resources as they're having those conversations because I've done a formal mentoring where you have, "Okay, we have 12 months together, and let's identify all the things that we need to do. That sounds great, but sometimes it's like in time this month. It's just somebody that you can check and be like, "I'm having an advising issue. Where do I go for that?" or "I'm trying to register students. Where do I go? I have a clinical issue

that the students sick and clinical?" It's almost like drawing them back into this resource. It's like nurses; when we go into the Lippincott manual, we always know we have that manual to verify. I think schools are doing it more than they ever have. But I think it's just like how we advise; it's teaching someone how to use the resources.

Interviewer: Maybe building some resources, building a structure. What about the school itself? Because you're in the nursing program and... [crosstalk] That organization...

Interviewee: Other organization? Well, in any organization, they will listen to somebody that can speak numbers. And so, to me, I speak the language of numbers, budgets, faculty retention; that equals money, you know, every time you onboard someone. I always go in to meet with leadership, with numbers to support. If I do this and I lose three students, this is how it affects your bottom line. If I do this, and I retain two students, do you know... So, I don't struggle that much actually because I usually am very prepared and I always relate it to the stakeholders. You always got to relate it to the money. So, what I think I would have a barrier with if I said, "Okay. I have a new faculty. For this year, I'm going to pair them with a mentor and give the mentor three credit load units every quarter to work with them. That's where I think I would have an issue and that's what needs to happen because it doesn't exist. I can assign you three credits to a class. So, unless we had, and here at [redacted] because it's a not-for-profit. You can do things like that, but you still have to somehow figure out where that budget is coming from.

Interviewer: Where is it coming from?

Interviewee: So, I can tell you from the new faculty perspective, they already get a reduced load. That's already in their orientation. They get no advice[?]. They get less on their...

Interviewer: ...their credits and they get release time.

Interviewee: They do, which is great, but that isn't true for the person that's taking on the mentoring...

Interviewer: ...mentoring them. Right? And so, that in and of itself is a barrier as well.

Interviewee: I think from an organizational standpoint, if you can't allocate what this means to the budget and they're not interested.

Interviewer: That's all the questions that I have for you. Is there anything else that you wanted to add?

Interviewee: No. I really appreciate you doing this research. I think it's very needed. I'll be interested to see if themes are very similar or different. I think that it whatever you get will prove that we have to do something because of the faculty shortage in the need. We can't increase the number of nurses if we don't have faculty and nursing programs to do it.

Interviewer: Exactly. It all goes back to addressing the nursing and faculty shortage. That's where it goes back to.

Interviewee: I would be interested if, the hospitals have their own issues, but I have been approached by hospitals and hospital systems to have their own nursing program. I think that they're at the point where they want to go back to having the School of Nursing at their hospital.

Interviewer: [inaudible] diploma program, almost.

Interviewee: I do. I don't know if this is a California thing, but this--

[END]

Appendix I: Participant 5 Interview Transcript

Woman 1: Alright. Okay. Thank you so much for meeting with me today. [crosstalk]

Woman 2: And hit continue so it knows that I approve.

Woman 1: Okay. Thank you. What is your current position in your nursing school right now?

Woman 2: Dean of nursing.

Woman 1: Dean of nursing. And how long have you been in your position?

Woman 2: Two and a half years.

Woman 2: Okay. What is your clinical background?

Woman 1: Pediatric ICU.

Woman 1: And how long have you been a nurse?

Woman 2: Forty-five years.

Woman 1: Wow.

Woman 2: We had pinning[?] the other night and I mentioned that and they get crazed over.

Woman 1: I know.

Woman 2: When you're 25 years old or 30 years old to you if somebody's talking about 45 years. It's so funny, I was talking to somebody and they went, "My parents weren't born yet." I went, "Oh great." And now I'm grandparents' age and not [crosstalk] parents' age. Thankfully, it was one of my 22-year-olds.

Woman 1: Yeah, when I tell people, I've been a nurse for 23 years, they're like, "Really? You're old enough to have been a nurse that long?"

Woman 2: I know, I say to them, "This white hair is because I'm old."

Woman 1: Right?

Woman 2: I go to my 50th high school reunion next spring.

Woman 1: Wow!

Woman 2: I graduated in '71 from high school.

Woman 1: Wow!

Woman 2: That's 50 years now.

Woman 1: How exciting is that going to be?

Woman 2: Well, and it's going to be exciting. Also, we're going to have a 40-plus-year reunion for nursing school too. We were supposed to have it but then the pandemic hit. And though a lot of people still live in the Philadelphia area. There're only a few of us that are scattered around the country. You couldn't have big gatherings.

Woman 1: Right. That's going to be so much fun.

Woman 2: It would be interesting to see people that I know from 50 years ago, too.

Woman 1: That it will.

Woman 2: Back then the idea was to go to college to get an MRS degree.

Woman 1: Right? Yes. I think they're still a little bit of that.

Woman 2: I think so too.

Woman 1: Not as much as there used to be.

Tell me about your experience as a nursing professor?

Woman 2: I started my nursing Professor stuff after I got my master's. I was at the University of [redacted]. And in the state of [redacted], you could only teach in the master's degree you had and you could not have a nurse educator master's degree. You had to have a specialty. So I taught Pediatrics. I taught Theory and I did a clinical. Because I had gone to school there, I had a lot of wonderful people that helped me along and taught me how to be a nursing instructor. In my first year, I went on the curriculum committee for the school and that really helped because then well-seasoned faculty because the University of Washington had a lot of those. Helped me to expand. And they also bugged me enough to go back to get my doctorate.

We had a group table at lunch that would revolve. All the nursing faculty sit there, and every single time I usually showed up maybe twice a week. Every single time. "So when are you going back?" "I'm not." "No, you're going back!" I got tired of hearing it so I applied and didn't think I get in and I got in.

Woman 1: Well, there you go.

Woman 2: I was talking with somebody about this. A lot of the movers and shakers in nursing were at the University of [redacted] at that time. [redacted], who wrote the "[redacted]" book. She was my first boss when I got my doctorate. Nancy Fugate Woods, who did develop

Women's Health? She was one of my instructors in my master's program. She taught me conceptual Frameworks. And [redacted] taught me the Philosophy of Nursing in my doctorate. She's actually my first dissertation chair until I fired her and then she wouldn't talk to me.

Woman 1: It's funny how they do that.

Woman 2: Behavioralists and physiologists should not be on the same team.

Woman 1: Correct.

Woman 2: Especially when the behavioralist is the chair.

Woman 1: Yes, it kind of.

Woman 2: You're going to bring three-year-olds into the lab and we're going to videotape. And I'm like, "No, I am not. I want to look at stress in the ICU."

Woman 1: Yes.

Woman 2: I think that I made $30,000 my first year. I went from a $60,000 a year nursing position to a $32,000 a year teaching position. I think the only reason I stayed in it was because of the people that were working around me. They actually developed a position for me.

Woman 1: Really?

Woman 2: Yes. I was offered a position at [redacted] And [redacted] would say to me, "Will you let me counter?" And I said, "I'm willing to listen to you." And a very dear mentor of mine said, "It's very hard to go from being a big fish in a little pond to a little fish in a big pond and it's easier to start out as a little fish in a big pond." There were four hundred faculty at the University of [redacted] at the School of Nursing with their research faculty.

Woman 1: That's incredible.

Woman 2: Yes. [redacted] at the time had 12 faculty.

Woman 1: Really?

Woman 2: Yes. It's much bigger now, but that was in 1990. [crosstalk] They gave me a little less money, but it would also be cheaper to live in [redacted] than it would be to live in [redacted].

Woman 1: Yes.

Woman 2: I took the position. I said, "You already have pediatric people, you have tenure track, pediatric people." "No, no. No, we want you to be the coordinator of our Undergraduate Pediatric Program." That is where their tenured faculty could deal with all the masters and doctoral students. I taught Acute Care and then I was [inaudible] Children's and did Clinical. Whenever I

had a question, I knew that I could go to other people.

It was three years that I did that and I had a real good grounding than in being an instructor, being a faculty member. That was what kept me when I finished my doctorate and got a job at [redacted]. Where there was more competition and it was a much smaller place. At the time, I think we had thirty faculty and we admitted sixty students twice a year.

Senegal, the owner of Costco, gave us a $1 million a year grant for 5 years to produce more nurses because they funded a wing at [redacted] but they couldn't open it because they didn't have enough nurses. They went to our Dean and we spent $3 million on a Clinical Performance Lab. And then started hiring adjunct[?] Put a time [inaudible] to do clinical and went from sixty up to ninety students twice a year.

Woman 1: Wow!

Woman 2: I know [crosstalk] it was a lot.

Woman 1: It's amazing. Yes.

Woman 2: When you sat in the lecture hall, with ninety students in front of you.

Woman 1: It's a lot of students.

Woman 2: Well, yes. How do you flip a classroom? Because that was when we were starting to do that and it was like, "Okay, you clinical group go over there, you clinical group, go over there." Half of our group had Peds and half of our group had Med-Surg.

Woman 1: Really?

Woman 2: Well, yes. And then the next term, half of them that have to take Med-Surg got Pediatrics.

Woman 1: Okay, so you had 45?

Woman 2: Yes.

Woman 1: When you split your big cohort into two groups and rotate them that way.

Woman 2: Yeah, and one term they did Maternity, one term they did Peds and then Mental Health was when they took their very first Med-Surg. I felt like I had a pretty good grounding in classroom management and that kind of stuff when I went over to Seattle U. I was there for four years and the Dean approached me about being the associate. I started there in 2001 and became the Associate Dean in 2005. And I was that for 3 years because they did contracts similar to what's [redacted] state does. Because I was chatting with Tanya and they like have three-year contracts. And you can only do it for three years. I guess she has two more years left on her. So get into [redacted] so you could be a Dean over there.

Woman 1: Couldn't pay me enough.

Woman 2: But the state benefits are not bad.

Woman 1: They're not bad. That's correct.

Woman 2: Yes. That's why we have a faculty shortage is because we can't pay what you guys pay.

Woman 1: I know. It's really bad.

What got you into teaching in the first place?

Woman 2: I'd probably been a nurse for 2 years. I went straight into ICU. I moved from [redacted] They were expanding their ICU from four beds to eight beds. [crosstalk] And hired twelve new graduates. Well, remember, this was in 1976. It was mostly open-heart surgery patients, but we did a lot of shunts back then. Because we weren't able to do the major surgeries right away. You had to wait till they were three to do a master's. You have to end the hypoplastic left heart back then. They didn't have the Norwood. They didn't live. [crosstalk] And so I had always been interested in learning.

Woman 1: They didn't live.

Woman 2: When on the night shift, what precept new people and a bunch of us because we were new grad. I didn't do the internship program because I had been a diploma grad. They said, "No, you're not going in there." My roommate had one semester of clinical at D'Youville in her nursing program.
The only reason she was very good was because she went through to D'Youville to Duke. The summer between her junior and senior year and did a nurse tech externship. She was able to get right into the adult ICU. We were sitting around and somebody was like saying, and Reye's syndrome is very big back then.

Woman 1: Oh, yes.

Woman 2: In fact, [redacted] the chief neurologist, pediatric neurologist was one of the ones that discovered that Aspirin link.

Woman 2: Really? That's so interesting.

Woman 1: When a Reye's syndrome patient came in we did exchange [inaudible] to get all the stuff out to help their livers. And so somebody was asking about pathophysiology and one of the first books I bought is a "New Nurse" was about the physiology book. I brought it into work and we started chatting and people realized that I like teaching. And so I started doing some teaching and I approached the director of nursing and said, "I think you need a nurse educator in the unit." And so they got a CNA because that was big then. In the 70s was CNAs. She said to me "Will

you have no initials after your name?"

I went from there. I went to another hospital in Chicago because I got burned out in the ICU within a year. Too many deaths. We didn't have the life-saving skills that we have now. You had to be 10 pounds in order to get on the bypass and try to get a kid to 10 pounds who is in a heart failure.

Woman 1: It's almost impossible.

Woman 2: Yeah. And failure to thrive. I went over to a different hospital and work nights. And actually, I worked with adults for about three months. And then when I wanted to throw the 50-year-old ladies out of the window, I went to my nurse manager and said, "You don't get me back to my kids that I can sit in a rocking chair and hold and not have to listen to the bitchy 50-year-olds telling me, I'm a waitress and I have to wait on them. Plus it was 58 beds and on the weekends, you had to have those patients. With one LVN and one CNA. I don't want to ever go back to that kind of stuff.

Anyways, the year that it was minus 75 weather wind chill factor in [redacted] and I went to [redacted] where it was 75 degrees. I said, "There's something wrong." I and my family was in [redacted]. So I moved there and worked at what is now, [redacted], but was at the time [redacted]. We had a clinical ladder. And so I was able to go up the clinical ladder and became a nurse three. Trauma and transport nurse. We started doing more open-heart surgeries. I approached the staff development people, and said, "I've worked in open-heart surgery for 8 years. Why don't you let me give a series of lectures to new hires?" [redacted] actually developed a series of classes. One of the other staff nurses was a very good artist and she did drawings for us and we gave a series of lectures. The first time I was a front of a classroom it went, "Oh, yeah, I want to do this."

The lady said to me, "You have no initials. You have to at least get your BSN." Once I was working on my BSN, I went, "In order to be in staff development, I have to get my BSN." So, I moved to [redacted] with the thought of being there for two years. The first time I got in front of a lecture hall, I went, "Oh, no, I'm going to Academia. The heck would be in a staff developer, I want to be in Academia. Because it was like I was teaching Adolescent Risk Behavior. I was teaching Growth and Development.

Woman 1: Nice.

Woman 2: It was interesting. I met my best friend. She came to office hours and said, "I don't know what to do in my thirteen-year-old." I went, "Why are you asking me? [redacted] you gave that Adolescent Risk Behavior." And I'm like, "You're a parent. I've never been a parent. My mind is all book knowledge." She was from [redacted] I was from [redacted]. We bonded and we've been best friends since. But I really had this "Aha" moment. In my master's program, because I was doing my minor, was in nursing education. I followed nurse Educators and we had a class. Teaching and evaluating nursing or something where we literally had to follow one of the clinical instructors. And learn how to be a clinical instructor. I did that. I was with an adult person and I went, "You think you could get me with a Peds person?"

I was working per diem at [redacted] and met this woman that worked there who went on to become the pain specialist. She's someone that taught me about pain and the fact that children do indeed have pain, it's not a fallacy. She was the clinical instructor and she's like, "Just come over and work with me." It wasn't even part of my class, but I went over there and worked with her for quarters for about 10 weeks. I was like, "Oh, yeah, I need to do this." So that's how I got into Academia.

Woman 1: That's interesting.

Woman 2: I will tell you I got out of Peds ICU when they first started doing ECMO. That tells you how long ago I was at the Pedes ICU.

Woman 1: Yeah.

Woman 2: And when I did my dissertation from a database from the cardiac surgeon, and they talked about leaving chests open and all that kind of stuff. And I was just like, "Whoa, man, am I out of things?" And it had only been three years or four years that I've been out of Pedes ICU.

Woman 1: It changes fast.

Woman 2: Even when I was working per diem like in '92, it's like I worked in mostly the step-down unit. They're like, "Come on over to the ICU and work with us." And I'm like, "How do you guys nurse machines. You don't nurse patients?" And that's exactly what it had got into and I was glad that I had gotten out of it when I had. Doing Pediatrics, clinically, it was the "aha" moments. It's the student that says, the one that happens to be my best friend. She's like, "I don't want anybody to die on me and I don't know if I could as a mom, be a work in Peds. I'm really nervous." And I said, "Okay."

We went over the day before and made assignments and her patient had gone home. And so I assigned her somebody that was new who coded on her.

Woman 1: Of course.

Woman 2: 15% dehydrated, they over-hydrated too quickly. She herniated and went to the ICU and it basically a vegetative state. I kept seeing people running around. I'm like, "What's everybody doing?" I was a kid and 5 is a slope code. And I went, "Oh crap, that's where I have a student." I went in there and I found her leaning, trying to make herself small in the corner with everybody running around and we hadn't even called the code. But everybody knew. The kid's pupils got blown and all that kind of stuff, but we had a whole talk then. Post conferences about dying and children dying and that kind of stuff. I just got fed by my students. I guess it's like being a drug addict. You get that hit that high from them. [crosstalking] And you just keep one thing to look for it.

Woman 1: It makes you feel good.

Woman 2: And one of the good things about [redacted] was, even if you were an associate or assistant dean, you still had to teach. I still got to teach [crosstalk] Pediatrics.

Woman 1: That's nice.

Woman 2: In the summer or one semester, I did the undergraduates. In one semester, I did the advanced placement nursing in immersion. They have your bachelor's in something else and you come in and in 2 years you get your master's. One year, you had to do the boards and that kind of stuff. And I taught Pediatrics to them. And let me tell you talk about being stretched as an instructor. These people were the ones that came in. I had one who had a Bachelor's in Biology. Fancy Biology though and she would ask me questions in Pharmacology on where exactly in the cell, this drug was working. I will find somebody to answer that for you. And I was working 3 to 11 and I'm a morning person. I'm either a night or a morning person. And the running joke was, do not ask [redacted] questions after 7:30 at night. Because my brain turned off by 9. It's like she came at me and says. "Where exactly is this antibiotic working in the cell?" And I went, "You're kind of like a little bit ahead off over my head right now. Let me go find the pharmacist who could answer that question for you."

Woman 1: Let's ask a pharmacist that question.

Woman 2: Yes, let's ask the pharmacist. So we did.

Woman 1: That's a more appropriate person with that question.

Woman 2: It was like, "Really?" And she was always famous for doing that. Where exactly does the Pathophysiology, where does the disconnect happen? And I'm like, "All right. Let's look this up."

Woman 1: Yes, let's look it up.

Woman 2: Any one of the things is as an instructor is, you learn how to say, "Good question. Let's go look that up."

Woman 1: Absolutely. You can't know everything.

Woman 2: No, you can't. One of my mentors wanted to be in my dissertation chair. She said to me, "Don't let them see you sweat and know that you always know more than they do."

Woman 1: That's the truth.

Woman 2: They're students, you've been a nurse.

Woman 1: That's right.

Woman 2: You know more than they do. It's what I say to my faculty now and they're like, "I'm going to look so stupid." I'm like, "No, you know more than they do." Especially my VNs.

They're just dipping their toe in the water.

Woman 1: That's right.

Woman 2: Now the LVNs on our ends can test your patience. Because as you say, they think they did everything. They're an LV. No, you're now becoming an RN. We have a four-week transitions class and I swear that's the hardest course that there is to teach. Because you need to flip some switch in their brain. And that first clinical, "No, we're not going to call the doctor right away. We're going to SBAR people.

Woman 1: Let's think about what we're going to do next.

Woman 2: And we're not going to go ask the nurse. We're going to figure this out.

Woman 1: That's right. We are the nurse now.

Woman 2: Yes, and that's just it. You are the RN now not the LVN.

Woman 1: That's right.

Woman 2: Yes, you may have been functioning as an RN in a nursing home. But when you're in the hospital, it's a little different.

Woman 1: It is a little different. Yes.

You had mentioned, when you first started teaching that you felt really supported and if you had questions, you could go ask people. What else do you remember about your first teaching job?

Woman 2: Being so stressed, I was nauseous. The first time you stand in front [inaudible] It's your class. I probably spent 20 hours for every hour of lecture, just because I knew I needed to know more than they did. So when I was creating lectures, it was like, "Okay. I have to look up everything." I was working 60 hours a week trying to make sure that I was perfect.

Woman 1: Yes. That is hard.

Woman 2: Yes. And I have learned that will never be.

Woman 1: It will never be.

Woman 2: No, as a nursing instructor, you have to learn how to say, "Okay. I need help." Or, "Let's go look that up." But it was a couple of years into it before you know that of [inaudible]. I remember the first day of class. I was afraid, they would ask me a question I wouldn't know the answer to. And then they would like, "Give me bad reviews because I didn't know what I was talking about." And I remember after that first-class going and sitting down with one of the Pediatric faculty and saying, "How do you do this?" And she's like, "What do you mean?" And I'm like sick to my stomach. I'm afraid they're going to ask me a question I don't know the

answer to. And she said, "You won't." I'm like, "what? No." There was a couple of people. We had four offices in a pod. And I would say, probably my first 6 months, almost every week, I was crying in somebody's office.

I was a big-shot ICU nurse. It happened to be in my master's program too. I looked at this lady and said conceptual[?] frameworks? I'm a Pedes ICU nurse and she looked at me and said, "How do you know that the dopamine dobutamine and everything else is working in the person's body?" You are conceptual and I went, "Oh, well, I guess when you put it that way." I was somebody that everybody looked up to. Because I was a nurse three. I was a Trauma transport nurse. I was a charge nurse and then to go and be this person that you didn't feel like you knew what you were doing. And it's the whole novice to expert thing all over again.

I first, read Novice to an expert when I was in my master's program. And I say that to a lot of the RN program students. It's like, "Guys, Novice to expert. You were an expert in your LVN." I don't put a limit on how much work they have to have done. Some of the ones that come from my program, they've worked for a year. It's like, "Now you're changing your role?" And it was the whole role change. Once I got through my doctorate because I also taught as a TA and then RA. You feel much better about it. When I went to [redacted] Because I had taught with my master's and a lot of the people like there was like, six of us. I think that started that year and I think about [redacted] was, you had a whole year where two Fridays a month. One was teaching your teaching because it was the [redacted] and one was about the [redacted] way.

You had somebody and you had to do a Teaching Institute. We had to go for two full weeks before the start of the term and learn from expert teachers there on how to teach. Unfortunately, the second day in my orientation was 9/11. We got a day off. [crosstalk] New people that worked in the towers, they're part of the National Institutes of Mental Health and nobody could get in touch with anybody else. We all went into the nursing Dean's office. We had a big area, brought a TV out, and sat and watch TV. And then the next day, we went back to doing our teaching Institute. The people that I worked with and there was somebody who came the next year after me and she had the office next to me and she had been a CNS. And then went back to get her doctorate. But he had no real teaching experience. I was like the old hand because I had taught before I got into my doctoral program. And a lot of people had gone right from Masters and doctorate without a stop out. And so I was looked at as, "Oh, you're the experienced one." "Oh, yeah, maybe 5 years. But yeah, okay."

How are we going to do this? And I would help people. When you're helping others like create as PowerPoint[?] City back then, you understand you no more than you think you do. It's that whole woman thing and imposter syndrome. I just saw a catwalk across a tail.

Woman 1: That was Oli. That's my cat.

Woman 2: My ADON[?] has three cats and they like to come and lay on her computer. When were in teams meetings I was like, "Oh, the cat's back"

Anyways, you know that you kind of like no more than other people do. [crosstalk] But it also

gives you more confidence.

Woman 1: Right. It does.

Woman 2: It's funny because I remember talking to the dean saying I had impostor syndrome and she goes, "What?" I'm like, "You've never heard of that?" And she'd been a dean for like a really long time and she's like, "I don't remember that." I'm like, "Well, good for you." When I first got there, a lot of times she had an open-door policy for if the door was open, we are allowed to come in. I would sit there and she's like, "What's wrong?" And I'm like, "I don't know if I can do this." And that was the whole tenure track thing too. I don't like to write. And so having to write about myself, to put together your...

Woman 1: Portfolio.

Woman 2: Yes.

Woman 1: Yes.

Woman 2: It took me 4 years to get my dissertation published.

Woman 1: Really?

Woman 2: Well, I went to Heart and Lung first, because it was cardiac. You need animal studies to compare this to and I'm wrong. It was in the Journal of Pediatric Nursing that I finally published it.

Woman 1: Good.

Woman 2: But that was my only publishing and it's like, "Well, you know, you need to be writing articles." And I was like, "I just want to teach."

What I couldn't understand sometimes was how being tenured was part of your ego. You had to do this. I have a lot more going on for myself than getting to be a tenured associate professor or whatever. One of the things that I really liked about being the associate dean for undergraduate programs. I had the pre-licensure, Japanese[?] students plus all the side like four hundred students I was responsible for.

Because ninety and they were there for 2 years. [crosstalk] So we got 88[?]

Woman 1: Yes, that makes sense.

Woman 1: One of the things that I liked was mentoring faculty. Because I was able to then pay it forward, which is important.

Woman 1: It is important. Yes. You talked about when you first went into being a faculty about kind of feeling a little overwhelmed and scared and stressed but also you felt supported. You felt

like you had a team around you that supported you. How did those experiences shape your transition as you moved into Academia?

Woman 2: I knew that there was somebody that I could go to. And so, knowing that made it less scary.

Woman 1: Okay.

Woman 2: And made it for an easier transition so we say. Which is one of the things that I really want to have my faculty feel that way too. It's "pay it forward" number one. But also, sometimes what it is that you need is just somebody to hold your hand and say, "You can do this. We've all been there. We've all stood in front of a class and felt like we didn't know enough." The first time I had to teach Nursing Theory to my master students. I was just like, "Oh, please no." And these were our ends that were coming back to get their master's.

Woman 1: Right. So they had experience.

Woman 2: They had experience. We don't need to know any of this stuff, Nursing Theory [crosstalk] And just like that it had been...

Woman 1: How am I going to use this?

Woman 2: Just like I had been the whole thing with the conceptual framework when I was in my masters.

Woman 1: Yes. Let me ask you, because you've been a dean and you've worked with a lot of new faculty. What are some of the things that you've noticed that novice nurse educators commonly experience as they transition into Academia?

Woman 2: I think one of the things that I've noticed is they either think they know everything or they think they know nothing. They were these hot-shot nurses just like I had been. Now they are put in a different role. One that they want to do. But they discover within the first few months or at least the first semester, that is not what they thought. That it's one thing to teach nurses. It's another thing to teach nursing students.

Nurses give you lip. They at least have some knowledge. Especially when you're teaching, first-term students who know nothing. The other thing I think that sometimes it's hard for them is how needy the students can be.

Woman 1: Right.

Woman 2: Holding hands while they're doing things, especially in the clinical area. When you do fundamental students, it's like I call it the hand on the back saying, "Come on, we can do this. Let's go take some vital signs." Moving them into the room.

Woman 1: Yes.

Woman 2: Do not be afraid to approach the patients. They will not break. I think it's a whole different mindset for new faculty. Sometimes they have to dampen their expectations of what the students are able to do. And learning that, "No, these are not like the nurses, you talk." Because I have a couple that was CNS is for many, many years. And now, they are faculty. And it's like, "Why they're not reading?" And students nowadays don't read. Let's face it.

My RN program is only 24 students in a cohort. It's the unevenness. You may have somebody who was an LVN for 2 years and somebody who was in LVN for 10 years who, excuse my French but I think their shit don't stink. That they're the bee's knees and all that kind of stuff. I tried to get in and sit in a classroom. The first few times at their teaching. But, that's a double-edged sword. "You're evaluating me." "No, I'm not. I'm here to support you." You know me, I can't keep my mouth shut. Sometimes when the questions would come up and the faculty wasn't sure exactly what the student was saying. I would try to do that hole. "What I think you're saying is..." And role model just to help them. Because the thing is that if I had not had support and people around me, that I could even just go in the room and the office shut the door and cry because it was so frustrating, I don't think I would have lasted this long in Academia.

When I remember going in the bathroom and crying when I first became a nurse too, especially in ICU. The patients don't always make it. And then you have this wailing mother.

Woman 1: That's horrible.

Woman 2: And I remember one time down in [redacted]. We have a social worker for the unit. It was my third day on and I've been dealing with this very critically ill child. The father was angry because it was a MVA versus bicycle. And the mom just laid on the bed and cried. Unfortunately, the kid died a few days after they got there. I was just sitting in the conference room crying and the social worker walked in and said, "What's wrong?" And so I explained and I said, "I just needed a quiet space to go and get myself together." Because then you have to, of course, turn around and get an admission. We all survived.

Just like it takes a village to help a child. I think it takes a village to help a new faculty. You may be a content expert, but you've not stepped in front of a classroom. Like the first time you give an exam and half of the students don't do well. You think it's all your fault.

Woman 1: Right. You should not blame yourself.

Woman 2: "Did you teach the stuff that was on the exam?" "Yes. I know that I taught at all." "Well, then was the question worded right?" I think that was one of the hard things to learn and it's also hard for new faculty is the whole cycle metrics of exams. Looking through them and deciding whether, did they just not understand the concept? Did the students that were really good students not get the question right? Then maybe the questions are not worded right. I went into a classroom. Mental health. She asked weird questions. And I said, "No. Those are NCLEX style questions that you've not run across before because of their first term.

It's not that they're weird questions. I looked at the class and I said, "Didn't you have the ATI

test-taking strategies three-hour webinar?" "Yeah." "Did you listen?" "Yeah."

Woman 1: Really?

Woman 2: I'm like, "Well if you're having and you're struggling then maybe you need to go back and listen to it."

Woman 1: Let me ask you a question. How do you think schools of nursing could help novice faculty members overcome some of the issues that you've just talked about?

Woman 2: I think having them in the beginning pair with experienced faculty, which is what I've tried to do. No matter where I've been a dean director, I think that and having an open door. Dean or an assistant dean has an open door so that you can ask questions but also pairing you with somebody. When we did this you were paired and I think Unitech tries to do this. You have the experienced professor, the primary professor, and then the new professor. So that they can see how things are done. And I think that that would help with retention. Just like it helps with nurses. We know that they have to have a supportive preceptor or a mentor. It's the same way in nursing education. You can't just dump somebody in a classroom. That does them a disservice.

Woman 1: It does.

Woman 2: You're not going to keep them for very long. I think that's one of the things that. And it's not the most cost-effective. By having somebody also co-teach with somebody else. But in the long run, it's also what's necessary for your students to be successful, your faculty to be successful, in order to do that. Sometimes your budget just has to bite the bullet. And you hope you have an operations person that says that's okay. That understands.

Woman 1: Have you had any experience with formal mentoring programs that were just specific for Novice Nursing Faculty?

Woman 2: I helped create one at the [redacted]. It wasn't even somebody in my department. It was somebody in the Med-Surg department, not in the Pediatric department. Since I had a good experience then I tried to set up a formalized one. But t got costly. But I helped to develop the first quarter somebody would work with a mentor. Either in the top with them in the classroom is that somebody outside of your department was somebody that you were set up with to help you. Who ran the teaching institute. Mine was in the psychology department? Undergraduates, especially like in their first couple of years. It's not like they're getting all their nursing stuff right away.

When we got them in their sophomore year they had had their Sciences, but they're still 19-years-old. Sometimes, I wanted to hit my head against the wall to say, "You cannot wear short skirts, low-cut tops. When you go to get your patients at the VA." Of course, you're going to get hit on.

Woman 1: Of course you are.

Woman 2: Before the pandemic, I think a lot of places really tried to hook somebody up with somebody else. But a mentoring relationship, you kind of have to have the right person for you personally. So it's not like somebody can pick for you. And I mean that's how I found Sue, was happened to be on a committee with her and I went, "Oh, I really liked the way she does things." She'd been at the University of [redacted] 20 years at that point. She was just going back to get her doctorate.

I think it's like dating. You have to have that period of time where you're like getting to know each other to see if you're compatible. And having an administrator that is willing to, if you're not compatible, change you to somebody else. Because not everybody is compatible with everybody else.

Woman 1: You worked on building or you created a formal mentoring program, and you mentioned that it got really costly. Were there any other barriers that you encountered?

Woman 2: At the University of [redacted]. Yes. Because a lot of the experienced people were also researchers because it is a research one institution. The mentors are having time, because of needing to do their research. They may only be 25% teaching and 75% research. But they had been there a long time and were the senior full professors. After that issue barrier, then it got to be where you tried not to do that. You tried to put somebody who was not at the same level but what didn't have so many outside of teaching responsibilities. So that they would have more time for the mentee. I think the other barrier was just personality clashes.

Woman 1: Yes, that can be a barrier.

Woman 2: If I hook you up with the wrong person, it's not going to be good for either one of you. I tried the whole questionnaire thing, but it didn't necessarily work and it got more having a meeting between people or having a few people in a room to see who was going to mesh with who. The thing is that it's a very fluid thing, number one. Number two, on paper they might look perfect. But then when you get them in the same room, it's like oil and water.

Woman 1: And what about now. In your current role, considered implementing a formal mentoring program?

Woman 2: No, because of the cost.

Woman 1: Okay.

Woman 2: I do informal mentoring. I have two very strong assistant deans in nursing now. And the one in the RN program is very fabulous about being a mentor. [crosstalk] And helping a faculty.

Woman 1: That's good

Woman 2: The other one, not so much so. She's been in Academia for a really long time. But she also has one of those personalities that not everybody gets along with.

Woman 1: I understand.

Woman 2: If that happens and I step in because I'm usually pretty much a "go with the flow" now after all these years, kind of person. I think there's only one that I couldn't adapt to and it's that's millennial students name faculty. She just rubs me the wrong way.

I will admit that one of the things that I still struggle with is some of the millennial students.

Woman 1: Very much so.

Woman 2: It's not about you. It's about your patient. It's about your student.

Woman 1: Yes.

Woman 2: "I'm sorry. I understand you are a single mom, but guess what?" So were a lot of the students and you still have to be available to them. Doesn't necessarily mean you got to meet them in person anymore. Be available for Teams, for Zoom, whatever. It's your job to help the students to learn.

I think that Externship Programs and New Nurse Grad Programs. It's almost like we need to have one for faculty. To show them the ropes. Have somebody who holds her hand like I did. So, we'll see.

Woman 1: Well, those are all the questions I have for you.

Woman 2: Well, thank you. I told my sister I was leaving at noon to drive up.

Woman 1: Goodness. Do you have anything else that you would like to add?

Woman 2: No, but if I think of anything, you know, I'll let you know.

Woman 1: I do.

Woman 2: And I will put out the word.

Woman 1: Okay.

[End]

Appendix J: Participant 6 Interview Transcript

Interviewer: Because I need... Send our transcript off. So, thank you so much for agreeing to participate in my research study. The purpose of this study is to explore the perceptions of barriers to the implementation of formal mentoring programs for novice nursing faculty. Before we get started with the questions I just wanted to ask you some general demographic questions and details that will be used in my study. So, can you tell me what your current position is?

Interviewee: I am the Director of Nursing at [redacted].

Interviewer: Okay, and how long have you been in your position?

Interviewee: Five and a half years.

Interviewer: Wonderful. What is your clinical background?

Interviewee: Clinically, I worked 10 years in mental health. I work every summer in home care. I have over 17 years in home care. I owned my own home care agency for 4 years. I also worked as a discharge planner. I worked at Kaiser Clinic for 5 years, and I worked med-surg for three years on the floor and then, you know, often on summers when you're faculty, I did a lot of work as faculty in the summers and on vacation. So I have an extensive clinical background as well.

Interviewer: Yes. Yes, you do. And can you tell me how long you've been a nurse?

Interviewee: 41 years.

Interviewer: Wow. That is wonderful. That is wonderful.

Interviewee: [chuckles] It's crazy.

Interviewer: Yes. Whenever I tell people how long I've been a nurse it makes, I just am very surprised. I still can't believe it.

[both chuckles]

Interviewer: And there they often go. Are you really? Yes, actually. So thank you for answering those questions for me. I'm going to go ahead and start with our interview questions. So what can you tell me about your experience as a nursing professor?

Interviewee: I was I started out doing actually I got recruited. I was working at Kaiser in the mental health department. I was teaching a class to low functioning schizophrenics and it woman was working with us for the summer, who happened to be a teacher. I didn't know that at the end of the class she came up to me and said, you're in the wrong field. You need to be teaching. Here's my boss's card, call her and you can do clinicals.

So, on a whim, I did call this the boss. And this at [redacted]. And I went to work there teaching

clinicals and fell in love with nursing education. Literally, I fell in love with it, and I went back and got a master's degree. I taught clinicals in the Associate Degree Nursing Program. Then I started teaching in the part-time LVN Program. I did that for four years and I went to work full-time at [redacted] for a year. I was teaching pediatrics there. And from there, I went to [redacted] where I taught for 18 years, I taught Med-Surg. I taught pediatrics and I taught mental health all at different times, depending on the need of the college. Mostly I taught mental health while I was there. I stayed adjunct faculty at [redacted] and taught pediatrics there. Taught pediatrics for over 25 years. And during all of this craziness, I went to work for the [redacted] and started teaching online in 2006. And I currently work for [redacted]. I teach one class in their doctoral program online. So, I truly my heart is as a faculty person. I love teaching, although I've appreciated being a director and it's been an amazing experience.

Interviewer: Right. Wow. So I'm a pediatric nurse. So I love teaching pizzas.

[both chuckles]

Interviewee: It's great.

Interviewer: It is, it's a lot of fun. So you kind of answered my question about what led you to become a nursing professor. And that's wonderful. So somebody just recognizes that you are gifted in that area and recruited you.

Interviewee: Well, I come from a long line of teachers. My mother was an absolutely fabulous, special education teacher. Who when I went to college told me I could do anything but be a teacher. Because she had lived through Prop 13 and all this stuff. My sister is a Music teacher. My nephew is an English Professor. My niece is a teacher. I mean we were just our whole family, we love teaching, all of us.

Interviewer: That's wonderful. Yeah, that's fun. So, what do you remember about your experience as a novice nurse faculty?

Interviewee: [laughs] I had two hours of orientation when I first started teaching clinical, and I was oriented with this amazing woman, who had been in nursing instructor for 30 years at that point. And after two out two hours. She said you got this, I'm out of here. So, that was my experience. And that's the only orientation I had my entire nursing education career, and I've worked in nursing education for 31 years.

Interviewer: Wow. Wow. So as you were moving into the clinical set of academia, what were some of the things that you experienced?

Interviewee: I, you know I told you my mom was a teacher and she tasks special education. I spent a lot of time talking to her about classroom control and how to move things forward. I also talked to her about how do you communicate with someone who's struggling and my mom was just a wealth of information. She had come up during assertiveness training when that was all being formulated she's was one of the first people to implement that. And I would say even though she taught at a very different level than I did, much of what she passed on to me was

helpful. And then, when I was in my master's program, I took every class they offered on education, even though my technical degree was in administration.

My professors at [redacted] were beyond absolutely amazing, and I gleaned an awful lot from all of them on how to conduct yourself in the classroom and what to do, and how to really engage people. And I think he's dead now, but [redacted], I know he's passed away. But he was just fabulous and [redacted], the just amazing teachers who changed my life, really changed my life and my perceptions.

Interviewer: That's great. So you, those experiences that you had, how did they shape your transition into academia?

Interviewee: Really by when I took those classes in curriculum development and how to present in class and all those that there were several of them. That really was what changed, it gave me freedom. So I've been somebody who implemented the flipped classroom back in the 90s.

Interviewer: Wow, and I have always a buzzword.

Interviewee: Oh, yeah, it wasn't even a thing. But I've always liked to interact with the students, and I know that people don't learn from sitting and so I've always been somebody who tried a lot of crazy things and I was fortunate [redacted], I team-taught with a woman who was just like me and so we did all kinds of crazy stuff and turned our Sim lab into a hospital with six different patients all going at the same time. All with different diagnoses. I've been fortunate that I'm never afraid if I make a mistake to say in class, Oh gosh, that didn't work out very well, we do that again. So I think that's what it influence was it really gave me the freedom to try all kinds of new things. I went to every seminar I could, every year I went to the down at a cell or they just have these big teaching seminars. I went to every single one. I listened to every teacher who was talking and gleaned as much as I could from people who were more experienced than me.

Interviewer: Right, right. That's great. So you have been in education for a long time and are now in a director position. And so I imagine you've had the opportunity to work with a lot of novice faculty as they start transitioning. So what are some of the things that you have noticed that novice faculty experience as they're transitioning from the hospital into the academic setting?

Interviewee: Well, I want to preface it by saying. I worked not only during an academic setting, I worked for [redacted]. Okay, very different. Yes, then like a private college and so I have a lot of different rules and regulations and we are our student population where I work right now is very, they're very financially challenged. And they haven't had a lot of privilege and so we really spend a lot of our time making sure they're okay. We've had people who are living in their cars. And it's a big burden for all of us to take care of our students, make sure they're okay.

And I noticed that's a big change for some people to change how they think about the way we need to nurture these students and bring them into nursing and protect them. They are little ducklings, you know, and so that change is difficult. I think the politics at a school are very different than the politics at a hospital. And also recognizing, it's a huge demand of work, people come all the time and think, oh, I'm going to sit around and eat bonbons and do my three hours

of teaching, and then I'm done. And it's just not like that at all. It's a 48-hour commitment and my friends and I used to joke and say, nursing education is a lifestyle. Yes, not always a great lifestyle, but it's a lifestyle. You know, when you're gonna put the time in to be good at it and it's like you, you said you loved school, me too I love school. So do I mind studying crazily? No, I love it. That's what I like to do. And if you don't, you don't last as a nurse educator. I hope that answered your question.

Interviewer: Yes, yes. So how do you think schools of nursing could help support some of these faculty, the novice faculty as they're transitioning and they're experiencing a new political scene, and new expectations, and just a lifestyle change, right? It is a lifestyle change. How do you think that we could help them overcome some of those things?

Interviewee: Well, one thing we're doing, we did two really great things this time because I just brought in for new faculty. We always assign a mentor and I try to assign the mentor in the same semester as them. So that person is really accessible to them and they can use that person to guide them and then we did our... So we have a sister school because I work in a district. With our sister school, we did every Monday or every other Monday we did about a three-hour class where they would meet with other new instructors and they got to learn the kind of the ropes, [redacted] and how we function and what we do and what's important and those instructors who went through that program. They just have done so well.

Interviewer: That's great to hear that. Great to hear that.

Interviewee: It's making a difference.

Interviewer: And is it something that's optional? Or is it something that's required for your[?]

Interviewee: We can't require it because we're [redacted] right. We can't make those kinds of demands. But the person that's didn't do it is really having a hard time. That's all I say. I'd love to require it.

Interviewer: Yes. So for those people who have gone through it, what are some of the benefits that you've noticed?

Interviewee: They understand the workload and they're better functioning part of their team, and they know how to manage clinical, that was one of the focuses we had. So, you know, when a student is struggling clinical, we have a process, you write it, and I need improvement. And then, you move to an ad agreement, but they know how to do that and know what to look for in someone that's struggling and I think the other instructors don't the one who didn't go through she doesn't, she doesn't know how to do those things that she doesn't know how to manage and she's really having a hard time.

Interviewer: Okay. Okay. Did you. Did you experience any barriers to implementing your program at all? So what were those barriers?

Interviewee: Yeah. Money. Money's always a barrier, right? So, just finding all the resources that

we needed. That was tough. And then the biggest barrier for that person who didn't come is that she's working full-time at another job and so she never had time to come to those classes. And so those were I would say, were the two biggest barriers.

Interviewer: Right. And so the resources that you ended up using, are you? I know some of the other individuals that we've talked about barriers and it comes down to release time and that kind of thing. And so how are you managing those resources that you need to support the program? What is it that you guys did to make it to be able to do it?

Interviewee: We were very fortunate that we had, there's an organization called HWI. Have you heard of them?

Interviewer: No.

Interviewee: Okay, Health Workforce Initiative. So they used to and they're kind of going away that they were able to have some additional funding. And so they were able to put that funding towards our program and they basically paid everybody for us.

Interviewer: Oh, that is wonderful.

Interviewee: So grant... We usually rely on grant funding. That's how we get stuff done.

Interviewer: Okay, and so is this the very first time you guys have done this program?

Interviewee: No, we did it one other time but we did a different format and that was also paid for by HWI.

Interviewer: Okay. And so if HWI is going away?

Interviewee: We'll use a- we have other grant funding. I just finished a five hundred thousand dollar grant. I'm constantly writing grants, constantly, it's part of my job.

Interviewer: That is wonderful. That is wonderful. Good. Those actually are all the questions that I have for you.

Interviewee: Awesome. Perfect.

Interviewer: So I really appreciate your time because I know it's valuable. So thank you so much. Is there anything you wanted to add before we end?

Interviewee: I would add that I've had people say to me thank you for your service. And I can't think of anything else I would have wanted to do with my career, my life than be a nursing educator. And when I see my students go on to be successful. In my career, there has been no greater fulfillment. In my DNP program, the first day I had someone tap me on the shoulder and say, do you know who I am? And I was like, I should know who you are, and she said you were my instructor 12 years ago. We went through our DNP program together. We are dear friends to

this day and those experiences I could go on and on I've had many of them.

That's what the reward is, and people go, well they don't pay you to be a nursing instructor. They don't this, they don't that, none of it matters because the rewards of what you're doing far outstrip anything I have ever done other than this. And I wish I could tell everyone that. And I don't think people realize that the rewards that you get from being a teacher and helping give someone else a leg up, have nothing to do with money. They have nothing to do with money, right? So yeah. Yeah, that would be my closing remarks.

Interviewer: Well, thank you. I appreciate it.

Interviewee: And good luck with your research. I'd love to see when you get it all together. I hope you can publish.

Interviewer: Thank you.

[END]