

**DESCRIBING THE NEEDS OF NEW NURSING FACULTY IN MENTORING
RELATIONSHIPS**

A Thesis Submitted to the College of
Education
in Partial Fulfillment of the Requirements
for a Master's Degree
in the Department of Educational Foundations
University of Saskatchewan
Saskatoon

By
Emily Harder

PERMISSION TO USE

In presenting this thesis/dissertation in partial fulfillment of the requirements for a Postgraduate degree from the University of Saskatchewan, I agree that the Libraries of this University may make it freely available for inspection. I further agree that permission for copying of this thesis/dissertation in any manner, in whole or in part, for scholarly purposes may be granted by the professor or professors who supervised my thesis/dissertation work or, in their absence, by the Head of the Department or the Dean of the College in which my thesis work was done. It is understood that any copying or publication or use of this thesis/dissertation or parts thereof for financial gain shall not be allowed without my written permission. It is also understood that due recognition shall be given to me and to the University of Saskatchewan in any scholarly use which may be made of any material in my thesis/dissertation.

Requests for permission to copy or to make other uses of materials in this thesis/dissertation in whole or part should be addressed to:

Head of the Department of Educational Foundations

University of Saskatchewan

Saskatoon, Saskatchewan Canada

or

Dean of the College of Graduate Studies and Research

University of Saskatchewan

Room C180 Administration Building

105 Administration Place

Saskatoon, Saskatchewan, S7N 5A2, Canada

ABSTRACT

Currently there is a shortage of qualified nursing faculty in Canada, which is predicted to increase in the near future. Mentorship is one retention and recruitment strategy suggested to help manage the prevailing nursing faculty shortage issue. There is limited research that describes the needs of nursing faculty in mentoring relationships, particularly those that work in technical college settings. The purpose of this naturalistic inquiry was to describe, interpret, and connect the voices of nursing faculty, from a Canadian school of nursing, as nursing faculty shared their lived experiences in formal mentorship relationships. This research project was inspired by several faculty from this particular school of nursing that felt others may learn more about mentoring from their lived experiences.

Interpretative phenomenology was used as a framework to evaluate a range of individual experiences within a formal mentoring program from which commonalities were sifted; patterns were identified using comparative methodology, and incidental and essential themes were located. Investigative and interpretive endeavors focused on answering the research question: What do novice nursing faculty need in mentoring relationships at a Canadian School of Nursing? Five themes were identified: 1) *Conquering the Divide* described the multiple role transitions faculty faced when they need to master classroom teaching, laboratory instruction, and clinical teaching; *Self-serve Only* identified participants who were involved in informal mentoring relationships that were initiated by participants while they were in a mentee role prior to entering formal mentoring relationships; *Under Utilization of Mentoring Process* outlines how mentees unsuccessfully plan and evaluated goals with their mentors; *Outside Influences*

explains the effect that collateral hostility had on mentoring culture and how people outside a work climate could impact personal and professional growth; the final overarching theme, *Time*, tied all of the themes together by describing workload and work-life balance issues. All of the themes indentifies that formal mentoring relationships were meeting some of the needs of new nursing faculty but the program did not meet all of their needs. Key points of knowing and meaning that emerged from this project can be used to inform mentoring practices and as a basis for future research.

ACKNOWLEDGMENTS

Throughout my life, I had many mentors in my life that have inspired my passion and maintained conviction for this subject. I would like to acknowledge Elizabeth Allen and Claire Brown who saw a spark in me and challenged me to grow into a flame. Also, Lynn Sheridan, who embraced my novel ideas and has been there time after time to help me navigate obstacles to assist me in evolving to my next level of development. In addition, I must mention the many experienced staff that I have been privileged to work with. Last, but not least, I would like to recognize the patients, families and communities that I encountered in my nursing practice that have challenged, taught, and inspired me.

To the extraordinary nurse educators that have shared their stories and experiences with me, I cannot find enough words to convey my gratitude. You took the time out of your busy schedules to share your personal adventures, challenges and triumphs. Sharing your stories is an essential step in helping both nursing and advanced education to continue to develop mentorship cultures.

To my thesis supervisor and mentor, Dr. Linda Wason-Ellam, I am profoundly indebted to you for inspiring me to pursue a thesis course of study and dream of doctoral pursuits. You truly embody all of the ideal qualities of a mentor and maintain the dream even under trying circumstances. To my committee members Dr. L. Ferguson and Dr. K. Jessen Williamson, you have enriched and challenged me as I have grown through this process.

Dr. Lori Hanson, my external examiner, thank you for consenting to be a part of this process over our short Saskatchewan summer.

To my very special friends and colleagues, especially those in the nurse educator

community (Marian Morressy, Gwen Mahar, Natasha Hubbard Murdoch, Heather Shouse, and Karen Barss) who encouraged me to explore and share the stories of nurse educators. You all inspire me everyday when you all work so diligently and keep your eye on the prize: student learning.

To my mom, Mary Ann Slonowski, I am so honored that you inspired me to become a nurse. I am still not half the exceptional Registered Nurse that you are. To my deceased father, John Slonowski, I am eternally grateful for your silent adoration and for sharing your passion for debates with me. Kyle, my husband, who has abandoned his comfort zone, corrected my grammar, fixed my computer, and still loved me when I was the grumpiest human on the planet. I can not find words to tell you how important your unwavering support has been. I would have given up on this a long time ago it was not for you. Finally, Fatima, my Mexican *hija*, you have always been a ray of sunshine, even on the cloudiest days.

Dedication

This thesis is dedicated the new person on the job, in the school, in the classroom, or on the ward and everyone who will be a in a novice position again in the future. It is my profound hope that the results from this research will inspire you to mentor and for others to mentor you. One relationship at a time, the tide of challenging work environments can be over turned.

TABLE OF CONTENTS

CHAPTER ONE	1
Shortage of Registered Nurses	3
My Vocational Quest	4
Purpose of Study	5
So Many Questions	5
Research Question	5
Realities of Supply and Demand.....	6
Increasing the Number of Nursing Graduates.....	7
Diminishing Nursing Faculty	8
Help-Wanted: Immediate Opening, Full Time Available	9
Understanding Mentorship	10
Support for Mentorship and Nursing in Literature	11
Mentoring Means Many Things	15
Mentorship Defined	16
Introducing the Nursing School.....	21
Chapter Summary	23
CHAPER TWO.....	25
Nursing Education	25
The Cyclical Problem	29

Current Canadian Nursing Political Landscape.....	29
Strategies for Recruitment and Retention	30
Nursing Faculty and Mentorship Definitions Fit.....	32
General Resources	33
Business Perspectives.....	35
Education	39
Mentorship versus Preceptorship.....	41
Mentoring and Bedside Nursing.....	42
Post Secondary Faculty Perspectives	45
Nursing Faculty	48
Nursing Programs within Technical Colleges	52
Connecting Mentorship and Retention and Recruitment of Nursing Faculty	54
Chapter Summary	55
CHAPTER THREE	57
Pondering, Poking, and Probing: The Quest for Answers.....	57
Selecting a Qualitative Research Approach	57
Phenomenology	59
Ethics Approval.....	63
Participant Selection and Sample Size.....	64
Interview Bias.....	65
Interview Process	68
Data Analysis.....	70
Chapter Summary	75

Chapter Four	76
Jody's Story: From Famine to Feast	77
Jody's First Year as a Nurse Educator	77
The Perfect Mentor	79
Discovering Disharmony	80
Happy Endings.....	82
New Information Leads to More Questions.....	83
Next Steps	83
Key Ideas.....	84
Beginnings: Conquering the Divide.....	84
Now What	86
Self-Serve Only.....	87
Goals Met, Partially Met or Not Even Started	88
Outsiders	90
Collateral Violence: the Same Old Song	91
Influence of Other	92
Time.....	93
Multiple New Roles and Self-serve Mentoring	93
Poor Goal Setting: Think, Plan, Do, and Reflect.....	94
External Factors	95
Location, Location, Location	95
Streaming the Process	96
Schedule Battles.....	97

Bringing All of the Pieces Together.....	98
Chapter Summary	99
CHAPTER FIVE	101
Reflecting on the Journey.....	101
Discussion of Themes.....	102
Conquering the Divide.....	103
Clinical Faculty: Maintaining the Connection.....	104
Interchangeable Roles.....	106
Concurring the Divide Summary	107
Self-serve Only	107
Under Utilization of Mentoring Relationships	110
Outside Influences.....	111
Relationality Summary.....	113
Time.....	114
Other Areas for Future Consideration and Research	117
Theory Generation Versus Meaning.....	118
Journey's End.....	120
Concluding Thoughts.....	122
REFERENCES	124
APPENDIX A: SEMI-STRUCTURED INTERVIEW GUIDE.....	141
APPENDIX B: INTERVIEW CONSENT FORM	142
APPENDIX C: TRANSCRIPT/DATA RELEASE FORM	145

APPENDIX D: LEVELS OF NURSING CARE	146
APPENDIX E: MENTORSHIP DEVELOPMENT MODEL	147

CHAPTER ONE

The nursing profession is about caring. Nurses give care in a variety of settings and throughout all stages of life. They witness birth, pain, triumph, and death. Nurses are able to make decisions about caring based on their educational background. Many nurses say that they practice the *art* and *science* of *nursing*. The term *art* refers to the care that nurses' share with their patients when they interact and the *science* refers to the research-based decisions that nurses make in facilitating the care of individuals, families, and communities.

No one really knows when nursing started. The concept probably emerged when particular individuals within a social unit started to provide special services and care for others who were injured or ill. Today, nursing is defined in lay terms by Dictionary.com as "a person formally educated and trained in the care of the sick or infirm"(nursing, n.d.). This definition is broad but mirrors Registered Nurses' current extensive of scope practice.

As modern Western Medicine developed, a need for standards, rules, and regulations emerged. During this evolution, nursing moved from a familial duty to an opportunity for professional practice. Nurses took advantage of this political movement and utilized it to evolve into a profession, create their own associations, and lobby for the right to regulate their membership. In time, Nursing Associations decided that their members should be registered and the term Registered Nurse (RN) became a formal designation (Rafferty & Webster, 1988).

There is a shortage of nurses and nursing faculty in Canada (CNA, 2007). Dwindling numbers of nursing faculty limits the abilities of nursing schools to produce

adequate numbers of new graduates to meet current human resource needs. Researchers and nursing faculty have articulated that mentorship frameworks can be employed to recruit and retain nursing faculty. This study was completed to describe the needs of novice nurse educators in a formal mentorship program at a Canadian school of nursing. Understanding what new nursing faculty members need within mentoring relationships may provide insight and strategies that can be utilized in addressing the shortage of faculty and in turn the shortage of nurses.

All RNs in Canada are required belong to a professional organization that is called the Canadian Nurses Association (CNA). As a collective group, RNs' define their role as:

self-regulated health-care professionals who work autonomously and in collaboration with others. RNs enable individuals, families, groups, communities and populations to achieve their optimal level of health. RNs coordinate health care, deliver direct services and support clients in their self-care decisions and actions in situations of health, illness, injury and disability in all stages of life. RNs contribute to the health-care system through their work in direct practice, education, administration, research and policy in a wide array of settings. (p. 6, CNA, 2007)

The definition put forward by the CNA builds upon the basic ideas expressed in the lay definition listed above, but goes much further in providing a more explicit exploration of a RN's role.

Moving from a lay definition to a professional perspective is important in framing a major issue that is challenging RNs, the patients, families, groups, and communities

they work with. The issue is a global nursing shortage, and the solutions for this problem are not simple.

Shortage of Registered Nurses

There is a shortage RNs. This human resource crisis is not a civic, provincial, or national issue but a global concern. Many authors have articulated that there is a gap between current health care systems' needs for RNs and the number of graduating nurses in Canada (Canadian Association of Schools Nursing, 2010; Canadian Institute for Health Information, 2010) and in the United States (Griffen-Sobel, 2006; Larson, 2006; Clearly, James, Lucy, & Nooney, 2007; Schaffer, 2006; Jackson, 2006). The International Council of Nurses (ICN) has investigated the deficit of RNs and has reported that the shortfall has negatively impacted health care services around the world (Buchan & Calman, 2004; Canadian Association of Schools Nursing, 2010; Canadian Institute for Health Information, 2010). There are clearly not enough nurses to meet the health needs of the world's population.

The scope of the nursing shortage is daunting and problem solving the issue on global level borders on being impossible. Therefore, it becomes critical to look at the issue in a more local context. When I started my study, I focused on nursing human resources in Canada. One of the common approaches to solving the nursing shortage issue in Canada has been increasing the number of new nursing graduates (Cowan, 2007). This method has resulted in a greater demand for nurse educators to provide education to larger numbers of students. This study will look at one specific retention and recruitment strategy that has been utilized by one Canadian School of Nursing to attract and retain nurse educators at time where RNs have numerous employment opportunities. The

pseudonym Canadian School of Nursing (CSN) will be used to throughout this thesis to refer to the institution that this study took place in to protect the identity of the participants.

This work is of paramount importance as 70 full time faculty positions were not filled in 2008 and 734 faculty were eligible to retire (Canadian Association of Schools Nursing & Canadian Nurses Association, 2009). Furthermore, Canadian Association of Schools Nursing (2009) identified that many of the nursing schools reported difficulty retaining faculty due to sparse supply of masters and doctoral educated nurses, noncompetitive salaries, and a lack of program funds to create permanent positions. In addition, this same organization reported that only 25% of nursing educators had permanent full time positions in 2008.

According to an internal report from the CSN, their RN program was only able to accept 35 % of qualified applicants in 2009 and 30% in 2010. If nurse educator positions are not filled at the CSN and current faculty maintained, it will not be possible to provide education to the number of students currently accepted into the program, let alone expand to include other applicants.

My Vocation and Quest

I am a RN. During my career, I moved from being an expert in my clinical practice to becoming an experienced nurse educator. Within the profession of nursing clinical practice is often used to refer to any place a RN uses his or her skills, knowledge, or experience to maintain or improve the health of others. The term nurse educator is a general term that is often used to describe an individual who facilitates educational experiences for nursing students. When nurse educators are referred to as a collective

group, the term nursing faculty is often employed. I will use the terms as described above within this thesis.

My journey from clinical practice to my current teaching profession was not an easy transition. It was only thanks to my mentor and other experienced colleagues that I survived my first difficult year as a nursing instructor. After completing my first year as a nurse educator, I began to wonder if other new nursing faculty experienced the same challenges and joys that I had encountered. I firmly grasped onto my curiosity that led me to start studying the experiences of other nursing educators within my professional network.

Purpose of the Study

There is limited research available that describes the experience of new nursing faculty and there is only one research project that has looked at experiences of new nursing faculty in a technical college setting in Canada (Sheridan, 2010). The purpose of my study was to conduct a preliminary investigation that *described* the experiences of nursing faculty in a formal mentorship program: in essence to capture this groups' story. In order to describe the experiences of nursing faculty, I conducted this qualitative research project to give participants who are virtually silent in the literature, a voice that will ring with their own wisdom. In addition, my research has attempted to fill in some gaps in knowledge on this topic.

Research Question

When I was younger, my mother often accused me of asking too many questions. Today some of my peers may also agree. My experiences in a successful formal mentoring relationship led me to wonder whether mentoring can help alleviate the

nursing shortage. Now that I am a nursing educator, I am able to pose questions in a more scholarly manner. In order to satisfy my current curiosity I pose the following research question.

The overarching research question that framed my study is:

What do novice nursing faculty need in mentoring relationships at a Canadian School of Nursing?

Without a doubt, you would like to know more of the background that spurred me to ask this question. I would like to take some time to frame my understanding of 1) mentorship, 2) nursing faculty, and 3) the possible impact mentoring initiatives could have on starting to solve the complicated matter of not being able to meet the current health care system's human resource needs.

Realities of Supply and Demand

It is generally understood that most business transactions can be boiled down to the cyclical flow of supply and demand. When consumers abundantly demand a product, it makes sense to increase production of a desired commodity or raise the value of a commodity in order to limit the number of individuals that are able to demand the product (Cadmus, 2006). If we apply this train of thought to the nursing shortage issue, there are only two methods that can be employed to solve this problem.

One method would be to substantially increase the wages of RNs to limit the number of individuals that could gain access to their services. While this method might work for television sets and vehicles, many people would argue that this is a very irrational approach that would mean that many individuals would not be able to access health care. Another more humanistic approach to the problem would be to increase the

supply of the product to meet the demands of health care consumers. In order to accomplish an increase in the number of nurses, colleges and universities would have to increase the number of students graduating from their programs. Currently, this is one of the human resource management strategies that have been employed by governments in North America (Larson, 2006; Jackson, 2006) and in Canada (Cowan, 2007).

As both a RN and an experienced nursing instructor, I am interested in the entire issue of nursing retention and recruitment. When I take my students into acute care centers, I see my peers exhausted and struggling to provide safe care to critically ill patients. When I am on a nursing unit, I feel pulled in two directions. If I were to abandon my career as a nurse educator, I could resume a full time clinical job, and provide some relief for a nursing unit. Even though this is feasible, I could only make a difference for only one care area. As a nursing educator, I can also make a difference, but it takes four years before the change is actually felt by the health care system. When my teaching efforts are combined with those of my educator peers, the anticipated outcome can be far greater for the health care system. Instead of assuming the role of one full time nurse, I assist in the process of producing a potential of over 200 full time nurses per year.

Increasing the Number of Nursing Graduates

The number of seats in nursing schools have increased with the expectation of producing more graduates to enter the workforce (Larson, 2006; Jackson, 2006). Nursing schools in Canada have also increased the number of new students enrolled in their programs over the last several years (Canadian Association of Schools of Nursing & Canadian Nurses Association, 2009). I recognize that increasing the number of nursing students is important and this allows me to ask a critical question. Are there enough

individuals interested in becoming nurses to fill an increased number of seats in diploma and undergraduate RN programs? According to current literature from the United States there are more qualified applicants to the nursing programs than there are available seats (Griffin-Sobel, 2006; Larson, 2006; Jackson 2006). As indicated earlier, the CSN faces a similar challenge.

As I have illustrated in the above paragraphs, there are enough interested applicants to start the process of curtailing the nursing shortage. However, once new students are enrolled in a professional nursing college, they require high quality education and students need qualified faculty to facilitate this process. When nursing schools increase the number of students they admit, it is logical to assume that the schools must also increase the number of educators they employ. After pondering this information, it is logical to examine the some of the reasons there are inadequate numbers of qualified individuals to fill the current and expanding demand for nursing faculty.

Diminishing Nursing Faculty

There are not enough qualified individuals to meet the current or future needs for nursing faculty (Griffen-Sobel, 2006; Larson, 2006; Clearly, Bevill, Lucy, & Nooney, 2007). This is also supported in Canadian nursing literature (Bartfay & Howse, 2007; Canadian Association of Schools of Nursing & Canadian Nurses Association, 2009). While there is an increasing demand for qualified nursing faculty, there are several elements that are slowly eroding their current numbers. According to Larson (2006), in the United States there are a number of faculty that are nearing retirement age, and many faculty have opted to work in part time positions. Larson (2006) and Schaffer (2006) also point out that many nurses in the United States can make more money in the field than

they can as teachers. Across the border in Canada, similar trends are occurring. Bartfay and Howse (2007) and Canadian Association of Schools of Nursing and Canadian Nurses Association (2009) have identified that many nursing faculty are close to retirement. There are also salary issues, and workload issues that are highlighted as key contributing causes to the nursing faculty depletion.

The retention of experienced faculty is critical. Previously, I outlined several reasons for experienced nurse educators leaving their vocation. This topic will not be explored to any depth in my work. The fundamental issues that contribute to experienced nursing faculty attrition are numerous, as are the number of feasible interventions that could be implemented to curtail the exodus. Due to linkages within the issue, the theme of retaining experienced nursing faculty emerge in this work from time to time; however a complete review of this issue is outside the scope of my work.

Help-Wanted: Immediate Openings, Full-Time Available

In Canada, researchers have identified a need to attract new faculty to nursing schools, and to retain experienced faculty as well. It is important to create environments that encourage "individuals to want to become part of the profession, remain or return to the profession" (Stewart, 2006, p. 113) The least labor intensive and most cost effective approach would involve a method that would tackle both of these issues. Several sources have suggested that mentorship could be employed as a methodology (Cawyer & Friedrich, 1998; Austin, 2002; Stewart, 2006; Bartfay & Howse, 2007). Mentorship sounds great, but is it important to understand what mentorship is and why is it a popular strategy.

Understanding Mentorship

In many professional circles, mentorship is viewed a recent human resource management approach (Smith & Zsohar, 2007; Mullen, 2009; Hurria, et al 2008). Also, mentorship has received recent acclamations that has lead some people to think that it is recent innovation, but this is not the case. The origins of mentorship are linked to classic work of the Greek poet Homer, who wrote about a character named Mentor in his epic work entitled Odyssey (Thorpe & Kalischuk, 2003; Stewart, 2006; Carrol, 2004).

According to Morton-Cooper and Palmer (1993) the story unfolds like this:

Mentor, the trusted son of Alimus, was appointed by Ulysses to be tutor-adviser to his son, Telemachus, and guardian of his estates while he was away fighting the Trojan wars. Mentor became more than a guardian, teacher and adviser. He had considerable influence and personal responsibility for the development of young Telemachus. Homer further informs the goddess Athena assumed the disguise of Mentor to act as adviser to the youth. (p. 57)

These same authors convey that it was traditional for young Greek men to be partnered with older, accomplished males for the purpose of instilling certain desired values and characteristics of the mentor. They also state there are few other records on this topic until 1978 when Levinson identified mentorship as an important element of adult development.

The revitalization of mentorship in the 1970s aligned ...itself with long established male apprenticeship professions such as philosophy, arts, letters, military, medicine, law and sports... It is no secret, a male-dominated business world recognized the value of building the capabilities of management personnel

by linking the novice with the expert, in order to develop competencies.

(DeMarco, 1993, p. 1243)

In addition DeMarco indicates that the spark for including women into the mentorship equation occurred in the mid-1970s as a result of affirmative-action lawsuits that focused on women and minority groups who had a poor record of corporate success.

The profession of nursing identified similar minority groups who are underrepresented in their ranks. DeMarco (1993) cites this a major contributing factor in two decades (now three decades) of "woes of educational, staff recruitment and retention challenge"(p. 1243). Additionally DeMarco relates that nursing organizations at this time began to scrutinize their homogenous make up and began to question how nurse scholars, academics, and administrators are prepared for their vocations.

Support for Mentorship and Nursing in Literature

Understanding some aspects of mentorship helped me focus for my inquiry based research. My work examined whether or not mentorship is an effective framework for recruiting and retaining new faculty. As mentioned earlier, mentorship is enjoying the popularity of being a favored trend in both business and in other professional circles (Hurria et al., 2008; Mullen, 2009). While there may be other strategies and frameworks that may be equally effective in aiding new faculty adjust to their roles, it is critical to look at mentorship and how it is utilized.

There have been a large number of anecdotal and theoretical works that have been generated on mentorship, but this topic has not received a lot of attention as far as vigorous research is concerned. Developments in mentorship need to be closely regarded in the future to determine whether it will become a fad that emerges every 20 years, or if

it is an effective human resource methodology that will stand the test of time.

Many sources indicate that mentorship is an appropriate model to aid the profession of nursing to tackle its human resource deficits. In sifting through the literature, I found two major classifications of mentoring. These are informal mentorship and formal mentorship. Informal mentoring relationships occur when two people discover a mutual identification or chemistry. Each pairs' interactions tend to be unstructured and centered on the protégé accomplishing long-term career goals. In other words, individuals initiate the relationship and negotiate with one another in order to set and meet their goals (CNA, 2004). Formal mentoring is an affiliation that is "more structured in purpose and duration and usually involves organizational support" (CNA, 2004 p. 18). The purpose of formal mentorship is for the mentee to become socialized in the organization's culture and to develop appropriate competencies for patient care (CNA, 2004). Within a formal mentoring relationship both members of the pair have to work to meet the objectives of their program.

These definitions aid in understanding different approaches that have been taken in implementing mentoring programs. Now that formal and informal mentoring approaches have been described, I will share some examples of mentoring that are found in nursing literature.

One researcher looked at the role that mentoring has played in nursing faculty development over a 12-year period at a university-based nursing school in the United States (Brown, 1999). This author introduced her research by indicating that "there have not been formal ways of helping faculty ascribe to the role and the transition to a new culture is difficult"(p. 48). Brown's (1999) evaluative research project analyzed data

collected from questionnaires collected from 33 mentors and 38 mentees that participated in a formal mentorship program. Both the mentors and the mentees evaluated their relationships as being positive. Brown indicates that the data from this study is site specific to her educational institution, but it is a good example of a well-established mentorship program.

Others authors supported RNs using mentorship at work in their clinical practice (Block, Claffey, Korow & McCaffrey, 2005). Their article offers an overview of research on the value of mentorship for participants in mentoring relationships and healthcare organizations. Block et al. (2005) recommends that formal mentorship programs are an answer to keeping new nurses working at the bedside. Peters and Boylston (2006) have written about mentoring adjunct faculty (relief and term contract positions) in university settings, their descriptive article outlined how a formal mentoring program for mentoring adjunct faculty could be developed and highlighted important things to consider in setting up such a program. They suggested many helpful strategies such as providing adjunct faculty with an orientation binder, having a mentor assist in the development teaching resources, and using on line forums to communicate and create online communities; ultimately, none of the authors provide any solid evidence that any of the proposed programs elements have been implemented successfully with nursing faculty mentorship cohorts.

Another article, by Gazza and Shellenberg (2005), collected ideas and strategies to facilitate enculturation of new nursing faculty. One of the numerous orientation techniques put forward by these authors was mentoring. Gazza and Shellenberg (2005) stress that planned initiatives need to take place in order to retain new nurse educators.

More recently, Falk (2007) focused on the retention of experienced nursing faculty. This author compiled evidence from a variety of articles that supported retaining seasoned faculty by acknowledging valuable work they contribute, having organizations value the health and wellness needs of aging faculty, and providing appropriate financial incentives. Falk (2007) maintains throughout her article that seasoned faculty are critical in maintaining numbers of faculty and for mentoring new nurse educators.

Mentorship usually involves two or more people that enter into a relationship. Every individual involved in a mentorship relationship brings unique assets, skills, and learning needs. Smith and Zsohar (2007) explored their experiences as nurse educators in an *assigned* mentoring relationship in their informational article. The mentee in this particular relationship related that she did not learn about great mentoring from studying the subject but by actually experiencing it. Both of these authors concluded that "effective mentoring relationships not only improve the quality of nursing education by new educators, but also increase the likelihood that educators will be retained in their faculty role" (p. 186). This article is not grounded in research but does provide a glimpse into how one nurse educator-mentoring relationship has unfolded.

One nursing education program in the northeastern United States has a comprehensive formal mentoring program that incorporates a three-sphere orientation model (Suplee & Gardner, 2009). A small sample (n=26) evaluative study assessed the six-week orientation process via a survey with Likert scale and opened questions. This study found that most participants in the program found their assigned mentor was helpful, others stated that their mentors did not make any difference in their orientation, and some participants stated they would have preferred to select their own mentor. These

same authors concluded that orientation programs that include mentoring are essential to effective transitioning of nurse educators into their new roles.

Mentoring has also been put forward as a means of addressing barriers faced by nursing faculty of color. Mkandawire-Valhmu, Kako, and Stevens (2010) indicated that nursing faculty of color face extra burdens of being perceived as being experts on cultural diversity and are often overwhelmed with requests from students of color for mentorship due to a lack of appropriate role models within a population of nurse educators. In addition, these authors pointed out that female faculty of color are challenged about their credentials and do not get assistance with tenure track policies that may not be clearly laid out. Mkandawire-Valhmu et al. (2010) suggested that mentoring can help break down some of the barriers that diverse faculty face, in light of their own successful mentoring relationship. In particular, they advocated for group mentoring as the structure of the relationship creates a wider support system for the individuals that are involved.

It is affirming to see scholarly evidence that supports the efforts of the CSN that undertake a mentoring program, but critical analysis and reflection are also needed. One of the greatest limitations that I have found with published nursing mentorship literature is that there are few critical reviews to be found. Many challenges are highlighted in a few sources that I have read but no outright critiques of mentorship itself. The issues that can be encountered in mentoring relationships are an important topic but will be looked at in more detail later in this thesis. Prior to burrowing any deeper into this topic, it is important to take a closer look at mentorship definitions within a nursing context.

Mentoring Means Many Things

There are many definitions and descriptions of mentorship that can be drawn from

the literature. As I have read about mentorship it has become readily apparent that mentoring means many things to many people (Kelly, 2000). I have unearthed a variety of mentorship definitions that demonstrated this. When individuals and groups have the ability to select and evaluate a variety of definitions, it provides choices and options that they can work with to create meaning and structure for themselves. Gordon & Mitchell (2004) declared that if published definitions are too constrictive or prescriptive, desired elements from several sources can be fashioned together in order to provide the desired image or meaning. In contrast to this perspective, it has been suggested that fluid definitions can cause conceptual confusion (Narayanasamy, 2004) and can create barriers in facilitating qualitative and quantitative research as well as program development.

The profession of nursing generally prefers concrete definitions as it is currently responding to a heightened call for the promotion of scholarship and standards of excellence through evidence based practice (Koehn & Lehman, 2007; Porter-O'Grady, 2010). Documentation, research, competencies and praxis are only part of the reason that mentoring definitions are important.

Historically nurses have been notorious for their lack of support for their new peers, a situation that has resulted in the phrase *nurses eat their young* (Carroll, 2004; Dalpezzo, 2009; Thomas, 2010). Mentorship has been looked to as a way to address horizontal violence that many nurses experience (DeMarco, 1993; Morton-Cooper & Palmer, 1993; Mkandawire-Valhmu et. al, 2010; Murrell, Blake-Beard, Porter, & Perkins-Williamson, 2008). Mentorship has many descriptions and as a result, it can be interpreted in many different ways. Alterations in interpretation lead to great variations in implementation. Adaptations in the implementation of mentoring can foster innovation

but also has the potential to foster unsupportive and hierarchical relationships between individuals and in turn maintain and perpetuate this cycle of submissive behavior.

It is not my intent to advocate for universality in mentoring definitions. There are distinct advantages to having choices and opportunities for development and progression of research and implementation. I am advocating that a common understanding and guiding principles are inherently important in the execution of mentoring programs, relationships, and research. To that end the following mentorship definitions are highlighted.

Mentorship Defined

There is one element that links all Canadian Registered Nurses together. This is their national professional organization, the Canadian Nurses' Association (CNA). Previously many RNs voiced concerns about the confusion between mentorship and preceptorship to their professional association. In response to this identified learning need, the CNA published a document that provided a concrete definition and direction in relation to both of these topics for all RNs in Canada. The CNA (2004) described mentorship as an interpersonal relationship that involves a mentor and a mentee (or protégé). This same source goes on to say a mentor is typically an individual that is experienced and knowledgeable in a profession or specialized field that a protégé is interested in learning more about. The person who is seeking the specialized knowledge is referred to as a mentee or a protégé. The terms mentee and protégé are used interchangeably throughout the literature. Like the literature, I will use both mentee and protégé in my research.

Out of respect for the work and leadership that the CNA has put into addressing a

very important issue, I have opted to use their definitions of mentoring, mentor, and mentee in the body of this research. Respect itself is not a sound reason for selecting a specific perspective. Below I have shared some other perspectives of mentoring definitions in order to demonstrate that the CNA's perspective does indeed reflect current literature on this subject.

Neufeld (2003) shares this definition that described mentors as the following:

They are "wise and trusted advisors" who are "sage-like and streetwise". They are persons who are willing to meet with others and pass on their wisdom and experience. They are good listeners, and don't give advice directly; rather they help others to think through options. (p.3)

Neufeld's definition expands the boundaries of knowledge from the scholarly pursuits of academia, and includes all types of life experience and knowledge. It makes a broad statement indicating that everyone has the potential to be a mentor. He (2003) opened the door for a universally inclusive representation of a mentor. My only concern is that Neufeld's definition is too universal to enable research.

Other writers who have published in this subject area have taken a different approach in their examination of mentorship. Klein and Dickenson-Hazard (2000) have looked at mentorship from a holistic perspective and describe mentorship as "...a lifelong process, requiring commitment of self and time to be successful" (p.18). This reference looks at mentorship through a lens of spirituality and their perspective is reflected in their definition that views mentorship as a vocation. The authors explained how the mentoring relationship works: "[it is] a reciprocal process of learning that culminates the rewards of reaching goals and growing together...[it involves] mutual sharing, learning and growth

occurring in an atmosphere of respect and affirmation" (p.18). This description reflects the needs of a nursing educator mentorship program. It includes the notion of life-long learning and partnership, and suggests that benefits of the mentoring relationship extend past the mentoring pair and into the *atmosphere* or larger working environment.

Megginson, Clutterbuck, Garvey, Stokes and Garrett-Harris (2006) portrayed mentorship as an "off-line help by one person to another in making significant transitions in knowledge, working or thinking" (p. 4). The wording of this statement is simplistic, but the concepts that drive this approach require some further exploration. The term *off-line* refers to the idea that mentorship should not be carried out by front line managers. They suggest that mentors should have more seniority and experience than the learner. This concept echoes notions that were evident in previous definitions. An emphasis is placed on the assistance that is needed to overcome significant transitions. Navigating a transition is portrayed as being required "to help the learner grasp the wider significance of whatever is happening, where at first sight it might appear to be trifling or insignificant" (Megginson et al., 2006, p.5). This definition is too technical with its computer related jargon. According to the definition, a mentor is the all knowing wise one and a mentee is a person who possess little or no life skills and walks around with blinders on his or her eyes. I believe that this definition is not suitable for nurses that have a history of experienced members holding all of the power, and the inexperienced members having *to pay their dues* in order to have a voice.

Peters and Boylston (2006) looked specifically at mentoring and nursing educators, and portray a mentor as an " 'experienced teacher who is assigned to a novice for the purpose of providing individualized, on-going professional support'" (p. 61). They

continued to describe a mentor as a sounding board, coach, referee, devil's advocate, and networker. According to this source, mentors have an opportunity to facilitate another's professional growth while engaging in a relationship that is collegial and that emphasizes mutuality. This is the first definition that I have found that indicates that mentoring relationships are not all the same. The broad description of a mentor indicates that the mentor can adapt their role as the relationship changes to meet the needs of the protégé. However, these authors do not delineate how professional support differentiates from collegial support or personal support.

Stewart (2006) looked at mentoring in nursing from an intergenerational point of view. She described mentorship as a "process that awakens our confidence and our abilities" (p.113). From here she went on to depict that a mentor is typically a "person who takes responsibility for guiding the development of another younger person" (Stewart, 2006, p. 113). After making this statement the author was quick to point out that there are times where *younger* and *less experienced* individuals have skills and life knowledge that they can share with people who would traditionally be viewed as *teachers*, those who possess all of the knowledge. I have personally encountered this when I was a new graduate nurse, and I had experienced nurses approaching me with questions about computers and new pieces of technology they were required to learn to use in patient care. This source highlights the reciprocal nature of the learning in a mentoring environment.

There are many other variations of mentoring definitions that can be found in academic literature. Exploring all of these definitions is beyond the scope of my research: however exploring several different opinions is useful in establishing wide variances in

the literature. The sum and substance of the above definitions are that they support the CNA's frame of reference. This support strengthens my position in selecting the CNA's framework from an academic perspective

Outlining current nursing education trends, nursing mentorship research, and mentoring definitions are important in framing an issue faced by the CSN. One significant issue the CSN faced was recruiting and retaining new faculty. The following section will convey the intricacies of what the RN program was facing.

Introducing the Nursing School

In order to carry out research about the effects of mentorship on nursing faculty, I needed to find a central source of information. After exploring my professional network I found one nursing school that had a mentorship program in place. The name of the nursing school will not be mentioned in this project in order to create anonymity for the participants that contributed their experiences. This particular program was selected because it offers a formal mentorship program to faculty and the organization permitted me access to conduct this research project. It is important to note that this is an example of one mentoring program that is utilized by nursing schools. In the following paragraphs I will describe the current climate, culture, and practices of the Nursing Program this study focuses on.

This particular RN program in Canada started to experience the impact of the nursing faculty shortage approximately five years ago. Prior to this, there had been minimal turnover in the faculty, and added one or two new faculty starting each year. It was typical at the time for the new faculty to have worked in a casual or part time position for a number of years prior to earning enough seniority for a permanent full time

position. As a result, new staff often had some experience as a clinical instructor or lecturer in the classroom prior to their entry to a full time position. At that time, seasoned full time staff were able to support and orientate one or two newcomers that had already had a chance to *get their feet wet*.

Slowly the faculty turnover rate of began to increase. Many of the existing full time staff at the RN program started to retire. Now instead of one or two new faculty starting each year, there were three to five new faculty. Some of the new employees did not have the benefit of having several years of casual or part time experience. In addition, several of the experienced faculty moved outside the organization to pursue other opportunities, and the remaining staff's ability to support their new colleagues was challenged for the first time. It became obvious that the current methods of orientating new staff were no longer viable. Retirements continued and there has been calls to increase the numbers of nursing students enrolling in the RN program, which meant that there was going to be an increased need to hire new nursing instructors. Something needed to change.

As a response to the need the RN program selected the model of mentorship as a means of orientating new faculty with the objective of increasing the success of both recruitment and retention of faculty during a nursing educator shortage. This group of nursing faculty chose this particular method to assist with the adult education needs of new employees because publications suggested it was a successful strategy.

Initially, interested faculty at the CSN formed a working group to develop a plan on how mentoring initiatives would unfold in their work place. The activities of the working group focused on scholarly endeavors of researching the literature and

developed a model, as well as fostering a positive social environment. Upon recommendation of the members of the working group, the director of the RN program was encouraged to ask experienced nurse educators to volunteer to be mentors. Once the mentors were identified, the director matched the experienced faculty to new faculty based on common teaching assignments, personal interests, and personality. The general expectation was that the mentoring relationships would last one year. All of these activities became the foundation of the formal mentorship at the SCN.

Over the last six years, the faculty and staff within all of the nursing departments at the CSN have worked together to build on the foundation outlined above. The working group has evolved into an established team and continues to work on both scholarly and social endeavors. In addition, a mentorship course has been developed to provide mentors and mentees with information that can be utilized to maximize their mentoring relationship. There is little doubt that there is an active mentoring culture at the CSN, but to date the mentoring program has not been thoroughly evaluated.

At this juncture, I must also point out that I have been privileged to be both a mentee and a mentor within the formal mentoring program at the CSN. Both of these relationships were very positive experiences for me. After talking with my colleagues, I knew that not all of the relationships started or ended in a positive way. This realization crystallized for me at the time I decided to pursue the thesis option of my master's studies and focusing on this particular mentoring program became a logical fit.

Chapter Summary

This chapter outlined a problem faced by the profession of nursing and in particular nursing faculty: the current nursing shortage. Mentorship has been suggested as

one retention and recruitment strategy that could be used in addressing this issue. There are studies that have looked at nursing faculty mentorship in university settings but little literature is available on the experiences of nursing faculty from technical colleges. The purpose of this study was to add to the sparse pool of knowledge that exists on the experiences of nursing faculty in mentoring relationships in a technical college setting. The next chapter will look at research and publications of the topic of mentorship from a variety of different disciplines. This information will provide a broader picture of the topic of mentorship.

CHAPTER TWO

Professional groups have a history, language, culture, and politics that influence or govern and shape their members' decisions and actions. The profession of nursing, like other professional groups, shares these characteristics. I will share an overview of nursing education and current nursing practice in Canada in order to create a general understanding of the nursing profession and frame the importance of mentorship in this occupation.

Nursing Education

Formal education programs have not always been available for RNs in Canada. Looking at the recent history of nursing education provides broader understanding of how the current nursing school systems in Canada operate. Looking at the historical backdrop of nursing education also helps explain how partnerships between technical colleges and university were established for RN program delivery.

Since 1982, all provincial and territorial nursing associations agreed that a baccalaureate degree should become the minimum level of education to become registered in Canada (CNA & Canadian Schools of Nursing Association, 2004). The process of making this decision a reality was often referred to as the baccalaureate as entry to practice movement. Baccalaureate as entry to practice movement created partnerships between several universities and technical colleges. These partnerships were formed in an effort to share valuable human and material resources that were required to accommodate an increased intake of nursing students into the new programs. Many of the partnerships are still in place and continue to function today (Davidson Dick & Cragg,

2006; Canadian Schools of Nursing Association, 2009). The CSN that this study focuses on is involved in a partnership with a local university.

Many small and large contributions have shaped the process of nursing education in this nation. It is not my intent to minimize any of these advancements, but further discussion of this topic resides outside the scope of my study. The next paragraphs look at the current state of nursing education and what occurs to students after they complete their programs.

The CNA invites individuals to join the nursing profession by describing the exciting opportunities for nurses, fair wages for level for education and a great future for employment (CNA, 2010). This organization describes a wide range of possible working environments that include such areas as home care, schools, hospitals, and rehabilitation centers. They also articulate that RNs in Canada can teach communities about health promotion, become teachers in nursing programs, and participate in research. This professional association claims, "The sky is the limit" within the nursing profession.

Following this glowing report of the great things that nurses can do, the CNA states that there are several paths a person can take in relation to completing his or her nursing education. In order to become registered, an individual must successfully complete an approved nursing program. There are two types of basic nursing programs: diploma and degree. The type of credential required for registration varies from province to province. Some provincial Nursing Associations accept diploma and degree graduates and others only accept degree graduates (CNA, 2010).

The CNA web site recommends that future potential nurses consider pursuing a degree versus a diploma because it provides individuals with the credentials for greater

career opportunities and the possibility of pursuing graduate studies. This professional association states that there is an increasing need for RNs to attain advanced preparation in the form of graduate studies in order to enable them to "act as leaders, researchers, or educators" (para 18, CNA, 2010).

After individuals complete their program, they must write the national licensing exam called the Canadian Registered Nursing Exam. While new graduates are waiting to write the exam and receive their score (pass or fail), they can apply for a temporary graduate license, which allows novice nurses to start working shortly after graduation. When candidates pass the licensing exam, they are eligible to apply for full registration and then will be able to use the title Registered Nurse (CNA, 1999).

Current Realities of RN Practice

RNs are the largest occupational group in Canada with a total number of members at 341,431, as reported in 2008 (Canadian Institute of Health Information, 2010). The size of the nursing work force has remained relatively stable, but the population of Canada has increased. An aging workforce, high retirement rates, and a lack of full-time positions for graduates have also affected the number of nurses available to Canadians. These demands have resulted in a decrease in the number of nurses per capita (Robinson, Vollman & Potter, 2006). In other words, there is a nursing shortage.

Canada is very proud of the fact that it offers a wide range of social programs including Medicare. Medicare is a universal program that is managed by an interlocking of services provided by a set of ten provincial and three territorial health care plans along with funding from the national government. Medicare does not cover all medical

expenses but provides essential services for all Canadians including nursing care (Robinson, Vollman, & Potter, 2006).

Since Canada offers a full spectrum of health care options, there are a variety of work settings that nurses can choose. Some examples of health care delivery settings include hospitals, long-term care facilities, psychiatric facilities, rehabilitation centers, community sector, public health, physician offices, community health centers and clinics, assisted-living, home care, adult day care centers, community and voluntary agencies, occupational health, hospice/palliative care, and parish nursing. Nurses offer five levels of nursing care: 1) health promotion, 2) disease and injury prevention, 3) diagnosis and treatment, 4) rehabilitation, and 5) supportive care (Robinson, Vollman, & Potter, 2006). For more a more detailed description of each level of nursing care please see Appendix D.

The paragraph above helps describe the vast variety, scope, and places from which nurses can choose to work, but also depicts the broad range of knowledge RNs need utilize in their practice. This diverse occupational landscape offers many opportunities but it also poses many challenges in relation to solving issues related to the current nursing shortage. With a variety of work settings to choose from, RNs benefit from being able to move easily from one patient care setting to another. The challenge that this poses is that there can be lots of movement throughout the health care settings that raises administrative issues about terms of orientation and potential fluctuations in experience levels within a RN team.

Current Canadian Nursing Political Landscape

The issue of declining human resources is not the only issue that currently challenges Canadian nurses. Many experts claim that our current rate of health care usage is not sustainable (Dahalla, 2007; Stuart & Adams, 2007). This challenge will only continue to grow as health care providers strive to include new technology into their practice, as new pharmaceuticals are developed, with an increase in chronic and new diseases, and as demographics change with a shift in the expectations of the health care system. While there is a continued desire by some Canadians to maintain and improve equity and access to the current Medicare system, there are others who call for a two-tiered approach to health care delivery that would allow more privatization of services (Robinson, Vollman, & Potter, 2006).

The Cyclical Problem

The information on the nursing shortage illustrated in previous section and in chapter one can be compared to an image of multiple levels of circular patterns that are fused together by entangled webs. Health care agencies require more nurses. This shortage has resulted in calls to increase the number of nursing graduates from nursing schools. As a result, governments have moved to increase the number of nursing students that enter nursing education programs every year. When the number of students increases, there is a need to augment the number of qualified nursing educators. The recruitment of nursing faculty in turn removes experienced nurses from clinical practice. When experienced nurses are removed from clinical practice, health organizations need to fill vacant RN positions. If junior or novice nurses fill the vacant positions, the professional knowledge that was brought to the work place by the experienced nurse will

not be replaced in that particular practice environment. When novice or junior RNs replace experienced nurses, they need support and mentoring from experienced staff; however this support may not be available. If experienced nurses have moved onto employment with nursing colleges they are no longer at the bedside to offer support to novice RNs. As the number of experienced RNs decreases, the pool of life experience that novice nurses can access also diminishes. When new RNs lack the resources to develop in their new professional roles, stress, anxiety, burnout, and compromised patient care are the result.

This is one perspective that I have constructed from the information that I have shared in this thesis. Many patterns and connections can be drawn depending on the practice environment, level of staff turn-over, and the social and political energies of the work environment. Providing a broader background to the current situational and professional realities that RNs face is important laying the foundation for taking a closer look at strategies used for RN retention and recruitment.

Strategies for Recruitment and Retention

Employers and governments are taking steps to address the current shortages and challenges that RNs face in the work environment. One approach that is being used is the development of retention and recruitment policies and programs. The terms retention and recruitment are used frequently in human resource circles. Retention and recruitment typically refers to any strategies that employers use to attract new employees and then encourage them to stay (Alberta Human Resources Department, 2003).

Nursing schools currently compete for qualified faculty and as a result, there are factors that administrators and human resource departments should consider when

recruiting. The first factor is that wages will need to be competitive, but authors are quick to point out that money is not the only thing that will attract and retain employees (Hessler & Ritchie, 2006; Alberta Human Resources Department, 2003). Both of these authors suggested that employees are also looking for positive work environments, recognition, and the ability to advance their careers.

Another major concern that surfaces in the area of recruitment and retention of nurse educators is the issue of workload. Grams and Christ (1992) analyzed the history of nurse educator workload through a critical social theory lens and stated that nursing faculty are an oppressed group because current organizational structures are controlled by administration and "reflect the political, economic, and value systems of those in control" (p.97). This article strongly suggested that control over work assignments should be returned to nurse educators in order to help retain faculty and increase moral. One method that the authors suggest to move this agenda forward is to implement a mentorship program to reduce workload issues for inexperienced teachers. This issues that this article brought forward are twenty years old, but remain unresolved in for nurse educators today.

Nursing education occurs in two venues, the classroom and the clinical setting (hospital, homecare, clinic, and community agencies). Oermann (1998) described challenges of role strain that clinical nursing faculty face. This researcher was concerned because no research had looked at the stressors that clinical faculty experience. The results from Oermann's (1998) descriptive explanatory study forwarded three major recommendations: clinical teachers a) receive orientation to the clinical setting, b) have consistency in their clinical assignments, and (c) receive support from colleagues.

Oermann (1998) also suggests that some nursing programs view their clinical faculty as being *invisible*, and strongly recommends this perspective should change. The last suggestion was that clinical faculty should be rewarded with promotion, tenure, and respect from colleagues and administrators. If all of these recommendations were to be implemented, it could radically change the current working climate for nurse educators.

The discussion in the previous paragraphs supports retention and recruitment strategies as an appropriate framework to tackling current issues of nursing and nursing faculty shortages. I have pointed out specific areas that need particular attention like addressing work expectations, providing orientation, ensuring autonomy, providing flexibility in work schedules, offer adequate pay, and recognize accomplishments. Mentorship programs and practices have been suggested as a means of addressing the complications faced in resolving nursing faculty recruitment and retention. In order to support my postulation, a more detailed look at mentoring literature is required.

Nursing Faculty-Mentorship Definition Fit

The origins of mentoring were outlined in chapter one. The CNA's definition of mentoring, which serves as the central definition for this project, was also presented in chapter one. However, a connection between the CNA's description of mentorship and nursing faculty has not been made. Here are a few key points that appear in nursing mentorship literature.

Madison (1994) defined mentorship as "an expert choosing to acquaint a novice with the customs, resources, and values of the organization. ...[where the mentor] assists the novice to understand and break down the political and social barriers within the organization"(p. 16). Another nursing perspective of mentorship states "mentoring in

nursing is a teaching-learning process acquired through personal experience within a one-to-one, reciprocal career development relationship between two individuals diverse in age, personality, life cycle, professional status, and/or credentials" (Stewart & Krueger, 1996, p. 315). Waters, Clark, Harris, Ingall, and Dean-Jones (2003) expanded on the subject by indicating that "mentoring involves a relationship between two people that has the specific purpose of one assisting the other to grow and develop and to increase their role effectiveness" (p. 513).

All of these definitions support the notion that mentoring can be a useful tool in meeting the demands of nursing faculty retention and recruitment. Definitions alone are not enough to support my proposal; it is important to look at how mentorship is being utilized in different environments. Mentorship literature from general reference books to scholarly pieces from business, education, nursing, post secondary faculty and nursing faculty are explored in the sections below. It is important to note that there is limited information available that specifically looks at mentoring nursing faculty in a technical college setting.

General Resources

Many publications offer information and guidance on mentoring relationships. Most are written for a general audience and claim to be universal in their application. Johnson and Ridley (2008) have written a book for mentors that has "distilled the vast mentoring literature" (p. x) into 65 key elements. The most recent edition of this book includes eight new elements: 1) being there, 2) fostering mentoring constellations, 3) giving the inside scoop, 4) respecting privacy and protect confidentiality, 5) establishing measurable goals, 6) shaping behavior using reinforcement, 7) resisting cloning, and 8)

balancing advocacy with gate keeping. Johnson and Ridley (2008) offered information on effective mentorship strategies for new and experienced mentors based off numerous studies and publications from the early 1980s to 2007. The references used in writing the book are listed at the back, but there are no citations or numbers in the text of the book to show how the research has been synthesized to create Johnson and Ridley's list of mentoring elements.

Another noted author that has produced resources on mentorship is Lois Zachary. Zachary had published three books that relate to the topic of mentorship. The first book that Zachary (2000) wrote centers on strategies and reflective exercises to assist an individual who is interested in assuming a mentor role make an educated decision to whether or not to engaged in a mentoring relationship. She then progresses to outline a mentor's responsibilities through four cyclical phases of her mentoring model: planning, negotiating, enabling, and closing. The second book that Zachary (2005) wrote explores mentorship programs and creating a mentoring culture within organizations. Zachary describes mentoring culture as a "vivid expression of organizational vitality...embraces individual and organizational learning, ... [and] promotes individual and organizational growth... mentoring strengthen[s] relationships throughout the organization; as these relationships deepen, people feel more connected to the organization" (p.4). In 2009, Zachary and Fischler wrote a book that mirrors Zachary's first book, but this time focuses on the developmental needs of mentees.

There are more publications that pull together research on mentoring. There is even a "Coaching and Mentoring for Dummies™" that offers a recipe style step-by-step approach to mentorship activities (Brounstein, 2000). While these publications may be

the first place mentors and protégés might go for assistance, resources books many not highly regarded by scholars as current research. A sample of current research on mentoring from a variety of disciplines is presented below.

Business Perspectives

Many professional groups credit the field of business for being the inventors of modern mentorship practices (Kram, 1983, 2007). It is important to take a look at the research generated in this sector in order to understand of some of the contributions business organizations have made to the practice and evolution of mentorship. There is a variety of works available that have been published by researchers in business and human resource management circles. The sources presented here are just a sample of what is available.

The work of one author is considered by to be the Rosetta Stone of modern mentorship research. Kram (1983) is cited in many of the articles that I have read. This author used data from a qualitative study and adult developmental principles to support a theoretical construct that she was creating. She describes her model as a "dynamic perspective [that] delineates how a mentor relationship can enhance both individuals' [mentor and mentee] development as it unfolds" (p. 621). The model describes how a more experienced person can assist with both the psychosocial and career functions of a less experienced employee. Kram (1983) indicated that although she was very excited about mentoring relationships, she also recognized that situations might exist would make this type of relationship unfeasible, as for example, a new work setting where all colleagues start out at relatively the same experience level.

More recently, Kram and Ragins (2007) have authored and edited a book that pulls together writings from expert mentor scholars in many disciplines. Kram and Ragins (2007) commented on the how the changing work environment has affected the usefulness and application of previous mentoring studies.

Seismic changes in technology, globalization, organization structures, career paths and diversity require critical analysis and reassessment of the field. In addition to these massive structural changes, new hybrid forms of mentoring were being offered by organizations without guidance or connection to empirical research. Clearly, the time is right for... us to reflect on our past and plan for our future (p.4).

The words above from Kram and Ragins (2007) set the stage for critical evolution of mentorship principles that were developed for a climate where individuals often stayed in the same job for their entire careers. Unfortunately, a complete review of this resource is not possible within the space of my thesis but select chapters will be highlighted throughout the remainder of this thesis.

Ragins and Scandura (1999) investigated the role of the mentor, which they indicated had not been previously explored in research. These researchers noted that mentors who never participated in a mentoring relationship (either as a mentor or as a mentee) perceived the personal cost of investing in a mentoring relationship to be high. Individuals that had only been a mentee believed that mentors should get more rewards, benefits, and recognition than individuals that had never been involved in a mentoring relationship. They also discovered that respondents who had the opportunity to be both a

mentor and a protégé stated that the personal investment made by the mentor was far smaller than the gains the mentee experienced.

Lankau and Scandura (2002) looked at new employee learning styles when they start their new jobs. These authors state that traditionally new employees sought three types of information: "technical (how to perform tasks), referent (about what others expect from them), and normative (about expected behaviors and attitudes)" (p. 779). They also advocated that in response to the current overwhelming environmental changes in the business world that "individuals must strive toward the development of higher-level mental models"(p. 779). Higher-level mental models describe "knowledge acquisition contributing to individual development, including the interprofessional competencies of self-reflection, self-disclosure, active listening, empathy and feedback" (p. 780). They emphasized that this type of learning can only occur in a social environment and suggested that mentoring may be a very viable way for this learning to occur. These researchers tested their hypothesis out in a pilot quantitative study where they had a sample of 235 undergraduate students that were employed part time while also being enrolled in a junior-level business program. The results of their study supported their hypothesis that mentoring is an important resource to facilitate new employees with their learning, and mentoring activities should have objectives that go beyond basic orientation.

The three works by Kram (1983), Ragins and Scandura (1999) and Lankau and Scandura (2002) are all relatively old publications but as theoretical underpinnings of mentorship for they address primary sources of important concepts like psychosocial and

career functions, that are still referenced in current writing. However, there are many current resources that are available from the business world as well.

Bozeman and Feeney (2008) have drafted a new model that focuses on the effective matching in informal mentoring relationships. These authors have created two neologisms: *organic mentoring* that they use to describe informal mentoring relationships, and *goodness of fit* refers to an acceptable match between a protégé's and mentor's preferences, incentives, and values. Their new model has been duly named the Goodness of Fit Model. Bozeman and Feeney (2008) summarized their model as a social exchange in which

the mentor has the knowledge preferred by the protégé, has a value for transmitting that knowledge, and does so effectively to a protégé who has the capability to understand the knowledge transmitted and the learning skills to fully expropriate the knowledge being transmitted (p.473).

Bozeman and Feeney (2008) ended their article with a long list of potential research hypotheses and calls for conducting more rigorous research using their model.

North America is not the only part of the world that has adopted mentoring approaches. Wang, Noe, Wang and Greenberger (2008) carried out a study in a large service organization in Southern China with the purpose of examining two concepts: 1) how attachment styles influence individuals in formal mentoring relationships, in their decision on whether to mentor in the future, and 2) to help in understanding the generalizability of Western mentoring theory to Chinese relationships. After surveying mentors (n=174) and mentees (n=191), the researchers found that highly avoidant and anxious people were less willing to mentor in the future while low avoidant and anxious

individuals were more likely to mentor, and that time spent in mentoring relationships positively related to mentee willingness to mentor in the future. Wang et al. (2008) concluded since the majority of the study hypotheses were supported, that Western-culture-based mentoring research results are generalizable to Chinese culture.

Business orientated mentorship scholars are credited for founding modern mentorship research. The results of this research have divided mentoring outcomes into psychosocial and career functions, examined how changes in working environments have changed accepted views of mentorship, demonstrating that mentoring can play a role in interprofessional interactions, and shown that past experiences in mentoring plays a role in how mentors and mentees view the outcomes of their relationship. Business mentorship approaches represent only one perspective, so there is a need to explore past this collection of information.

Education

The disciple of education has also utilized mentoring approaches to facilitate recruitment, orientation, and retention of teachers within the grade school system. The following two recent articles are presented here as they show case innovate ways that mentoring initiatives are being carried out.

McLaughlin, Bradly, Lee, and Russel (2007) examined the use of peer-to-peer mentioning in pre-service secondary school teachers in Australia. These authors described peer to peer mentoring as a relationship where partners have equal status and are matched according to the following terms: 1) age, and 2) experience and power to provide task support, counseling, and friendships. McLaughlin et al. (2007) collected data from 19 students that used an on-line discussion forum (blog) and participated in focus

groups. Following content analysis of all sources of data, the authors concludes that peer-to-peer e-mentoring activities provided flexible, democratic, and dynamic environments that facilitated mentoring amongst pre-service teachers. This study focused on senior education students and not faculty, but it is noteworthy as the study discusses how individuals at a similar skill level can support each other's learning needs and established technology can be used to bridge mentoring activities over geographical distances.

Solansky (2010) evaluated 303 mentees in a leadership development program and 41 leadership mentors at a school administrator course that utilized a formal group-mentoring format. Leadership skills and leadership mentoring were measured using a 360-degree assessment that included both self-reporting and observer reports of the respondent's skills and behavior. Solansky (2010) found two key ideas in the mentorship portion of the study: 1) having a mentor in place did not guarantee that the relationship would be effective, and 2) the more time a mentor spent communicating with a mentee, the more likely he or she would share information and openly discuss mentorship issues. This study identifies that mentoring relationships, like many other human relationships, are not always successful, and require commitment and an investment of time.

The discipline of education has offered different insights into mentoring activities. Neither of the articles referred to traditional hierarchal mentoring dyads but used peer-to-peer and group approaches to meet mentoring needs. These authors also explain that mentoring can occur over distances, require an investment of time and may not be successful.

Mentorship Versus Preceptorship

At first glance, there are number of publications on mentorship from Great Britain; however these articles do not match the concept mentorship within nursing in North America. In Great Britain, the term mentorship refers to partnerships between senior nursing students and practicing RNs for the purpose of completing educational requirements. In Canada, this relationship is referred to as *preceptorship* (CNA, 2004). The CNA describes preceptorship as relationship where an experienced RN is partnered with a nursing student and required to assist in the assessment and grading of the student. A few examples of precepting literature from Great Britain will be presented to help illustrate the difference.

Wright (1990) explored the effect of mentoring relationships between fourth year nursing students and experienced nurses in the clinical setting in Great Britain. The mixed method yielded data that supported *mentorship* as an educational approach. During the seven weeks that the students were paired with RNs, the students reported they gained confidence in basic nursing practice. In turn, the RNs learned from the students and ensured that the students met the goals of their learning contracts. Wright (1990) does explain that with traditional mentoring relationships, formal evaluation or grading is not within the purview of the mentor.

In Great Britain, Earnshaw (1995) used a mixed method survey of third year nursing students in *mentorship* relationships with experienced nurses for a period of seven weeks. The results described relationships that closely resembled precepting. The study did yield findings that echo themes presented in other literature: 1) mentoring relationships that are initiated by the mentor or the mentee tend to work better than those

that are set up by a third party, 2) students found it easier to relate to nurses who graduated a few years ago, 3) mentoring relationships helped the student adjust to the culture and climate of the ward they were working on, and 4) students who did not have a positive relationship with their mentor felt that it was better to have an identified person to be connected to than no one at all, but typically sought out other relationships.

In North America, the above relationships would have been described as preceptorship, but the ideas expressed in the above articles support general mentoring principles. Wright (1990) identified that both the students and the experienced RNs learned from each other. Reciprocal learning is expected in mentoring relationships. Earnshaw (1995) pointed out that students appreciated being connected to an ineffective mentor rather than having no connection at all. This particular finding inspired me to pose the following question: Is any mentor at the SCN better than no mentor?

Mentoring and Bedside Nursing

Nurses that are involved in direct patient care have also utilized mentorship. When first examining publications within nursing, some confusion can initially occur. The term mentorship is utilized in a variety of ways and can be confused with preceptorship. Both terms were explained in the last section. Several examples of actual nursing mentorship literature are examined below.

Waters, Clark, Harris Ingall, and Dean-Jones (2003) evaluated a pilot program that facilitated the mentoring of new nurse managers in Australia. The program changed over time from formal mentor pair assignments to informal assigning of pairs. The participants indicated that mentoring relationships assisted them in assimilating into their new managerial role with few variations noted in responses from rural and urban

participants. The authors explored many options for improving the program including distance mentoring (via phone or e-mail) and setting up an on-line database that would allow mentees to select mentors with specific skills when mentees felt that they had career goals or learning needs with which they required guidance.

Tourigny and Pulich (2005) compared and contrasted research on formal and informal mentorship approaches used by nurses in clinical practice. These authors suggested that informal mentoring offers nurses the following: 1) an avenue to gain tacit knowledge, 2) long term relationships (up to 6-7 years), 3) potential for increased learning, 4) clear role delineation, and 5) opportunity to have a mentoring relationship when no formal program is available. Tourigny and Pulich indentified four disadvantages of informal mentorship: 1) a potential for favoritism, 2) few opportunities for vocational support, 3) lack of recognitions of efforts, and 4) limited ability to incorporate organizational and the nursing profession interests as the outcomes of informal mentoring relationships center on the needs of the protégé and mentor. These authors also described the benefits of formal mentorship: 1) vocational support aligned with the needs of the organization, 2) higher levels of job satisfaction, 3) mentors recognition, and 4) organizational communication about how highly they value the nursing profession. The disadvantages of formal mentoring were presented as follows: 1) mentors may not have the skills required to be effective in their role, 2) the potential for role conflict exists, and 3) mentorship involves shorter term relationships (typically lasting six months-one year). Tourigny and Pulich (2005) state that informal mentoring serves a function in advancing knowledge acquisition for clinical nurses but encouraged organizations to establish formal programs that ensure that explicit institutional and

professional knowledge was provided to nurses as well. These authors end their article by making multiple suggestions on setting up formal programs. Their suggestions included things like establishing criteria for selecting mentors and protégés, offering training for mentors, and providing compensation for mentors.

Ronsten, Andersson, and Gustafsson (2005) in a Swedish study looked at the role mentoring relationships played in increasing the self-awareness of recent graduate nurses. The authors linked Benner's Novice to Expert model and the Sympathy-Acceptance-Understanding-Competence model (SAUC) to explain that self-awareness is linked to developing professional competence. The results of their study indicated that the one-year mentoring relationship did facilitate " [the] acquisition of greater professional nursing competence and collaboration competence [which in turn] did affect motivation with regard to certain tasks" (p. 320) for of eight participants.

Cooper and Wheeler (2010) designed a mentoring tool that they entitled the "Five-Phase Mentoring Relationship Model." The five phases of the model are purpose, engagement, planning, emergence, and contemplation. Cooper and Wheeler (2010) presented their model by relating it to two mini case studies: the first case is about a staff nurse who wants to learn about leadership, and a second focuses a nurse manager who realizes he is ready to assume the role of a mentor. At the conclusion of the article, the authors advocated that their model can "provide the foundation for a rewarding shared professional endeavor" (p. 35). There is no evidence presented by the authors that this model is effective and they do not list any resources that they have used in constructing it. While this model may be helpful for mentoring pairs, it is one more published work that does not evaluate the purposed mentoring approach.

Individuals and groups within the profession of nursing have carried out mentoring activities and research. These authors have added to the understanding of mentoring practice by indicating that nursing students are exposed to mentoring-like experience (preceptship) in their senior years of study, that a mentoring program has moved from formal pairing to informal pairing, that informal mentoring process offer valuable learning opportunities where as formal mentoring processes promote organizational and professional values, and that model development for mentorship is occurring. Nurse educators all were clinical nurses at one point in their careers, but now traverse a bridge between nursing sciences and educational theory and practice. With that thought in mind ,a selected review of post-secondary articles are reviewed in the following section.

Post Secondary Faculty Perspectives.

Nursing education is carried out in post secondary educational facilities and as a result, there is value in examining information from several studies that have been carried out that relate to post-secondary learning organizations. Henry et al. (1994) reviewed a faculty mentorship program that was established in an attempt to recruit more female tenure track faculty. Evaluation of the program was carried out using a mixed method approach, due to low quantitative responses. The authors recommended changes to the program and stated that successes needed to be celebrated. It is important to note that there are other faculty groups that have explored and implemented mentorship programs with the objective of recruitment.

Boyle and Boice (1998) looked at systematic mentoring as an approach for welcoming new faculty and teaching assistants to their positions. The authors of this

work strongly support the idea of formal mentoring, stating that it created a framework for describing the stages an organization needs to go through in order to establish a viable mentoring program. The stages that they identified were planning, structure, and assessment. According to the work of these authors, I would have to state that the mentorship program at the CSN is still in the planning stage. These same authors also strongly suggested that having a mentor can significantly help faculty save time.

Hansman (2001) and Garvey and Alred (2000) suggested using mentorship as an alternative to structured continued professional education. This is noteworthy as many RNs in Canada are required to develop continuing competency learning plans (Registered Nurses Association of Northwest Territories and Nunavut, 2010; Saskatchewan Registered Nurses Association, 2008). Using mentorship as a continuing competency approach may provide learning that is more meaningful for mentors and mentees than traditional attendance at workshops and conferences.

Galbraith (2003) looked at adult education professors as mentors. His work articulated that not all professors have the skills to become mentors and suggested that if professors wish to measure whether or not they have the skills and inclination to be a mentor, they should assess themselves with the Complete Mentorship Scale. Galbraith described the scale but did not provide a practical version for the reader to try. He recognized that mentorship activities are not extensively researched. This work provided an important connection to the interviews of the faculty at the CSN, in relation to evaluation of mentoring activities, which will be described further in chapter four.

Gelmon and Agre-Kippenhan (2002) described the term mentor in the context of skill acquisition in developing community-based learning opportunities. These authors

utilized the Dreyfus Model of Skill Acquisition, which includes four stages that are labeled explorer, novice, manager, and mentor. This model was incorporated in Benner's Novice to Expert model that is one of the founding models the mentorship program at the CSN. Benner's (2001) model is comprised of five ascending levels that are labeled novice, advanced beginner, competent, proficient, and expert. Each level is a prerequisite for the next where a nurse moves from using abstract concepts to concrete experiences as a paradigm. Benner (2001) suggested that progression from novice to expert takes approximately five years of clinical practice.

Gagliardi et al. (2009) have published a preliminary report on a research project to determine whether or not mentoring approaches can be used to facilitate knowledge transfer in health care professionals. The authors described knowledge transfer as an iterative process "for improving health care delivery and associated outcomes by promoting research utilization in decision making" (p. 2). Gagliardi et al. (2009) plan to use the grounded qualitative methods to interpret data collected from ten faculty from a variety of health disciplines to support a theoretical framework they have developed that combines mentoring characteristics, program design, mediators (constraints and enablers), and impact of mentoring relationships. These same authors speculated that universities, research institutions, funding agencies, and professional organizations will be able use the findings from their study with in Canada or elsewhere.

Kanuka (2010) looked at formal mentoring relationships at Canadian universities. The study focused on collecting data in four areas: 1) roles and characteristics of effective mentors, 2) current mentoring activities of new faculty, 3) past mentoring activities for mid-to late-career faculty, and 4) appropriate mentoring preparation, assignments, and

rewards. After examining 1361 surveys returned by university faculty and conducting focus groups, the findings of the project were that more new faculty were being mentored and fewer spontaneous mentoring relationships are being formed. The survey results also indicated that mentors needed to provide new faculty with information of formal institutional rules, and constructive feedback on teaching, research, and committee work. It was not clear from the results of the survey on how mentors should be rewarded or recognized. Kanuka (2010) concluded that, "the current process of academic evaluation, which rests on evaluating academics' productivity against their peers, makes it highly unlikely that mentoring activities aimed to support new and early academics will be effective and/or sustainable" (p. 9). The author of this study pointed out that mentoring has been useful in assisting new faculty, but also states organizational policies and faculty evaluation systems need to be reexamined.

The above sources provide an idea of mentoring activities and research that have taken place at university settings over the last two decades. Many of the publications support formal mentoring approaches, advocate that mentoring activities can save faculty time, and state that mentorship can be used as a means to conduct continuing professional development. Mentorship scholars in post secondary institutions are so excited about their models and research that they are publishing about their efforts prior to data collection.

Nursing Faculty

There limited in-depth research available on mentoring and nursing faculty. The following are some examples of what I discovered in my literature review.

Kavoosi, Elman, and Mauch (1995) investigated mentoring activities carried out by nursing faculty and the amount of support nursing faculty received from administration in relation to mentoring initiatives. Their findings were based on two separate surveys. The majority of the respondents stated they were engaged in informal mentoring relationships. These researchers found that faculty were likely to participate in mentoring that focused on both career and personal development. Mentoring pairs engaged in three common activities: 1) teaching about the job, 2) demonstrating trust, and 3) giving challenging tasks. Administrators supported the informal relationships by modeling mentoring behavior, using effective oral and written communication, and allowing for flexibility in scheduling mentoring connections. The authors of this work suggested that administrators are more likely to support mentorship if clear cost benefit data was available. No relationship was found between the level of support that administrators provided and the outcomes of the mentoring relationships. Kavoosi, Elman, and Mauch (1995) recommended increasing the number of mentoring relationships available to nursing faculty.

Stewart and Krueger (1996) used an evolutionary concept analysis methodology to examine 100 randomly selected journal articles and unpublished abstracts within the nursing field in order, "clarify the meaning of mentoring in nursing and to develop a theoretical definition" (p. 312). Through their analysis they discovered that mentorship in the profession of nursing has six essential attributes: 1) it is a teaching learning process, 2) the roles of the mentor and the mentee are reciprocal, 3) it is a career development relationship, 4) there is a knowledge or competence difference between the participants, 5) the relationship should last several years, and 6) it creates a resonating phenomenon.

The authors advocate that this type of relationship best suits nursing graduate students and nurses in administrative positions.

Short (1997) looked at mentorship in nursing leaders by surveying nursing school administrators to determine whether or not a mentor had contributed to the career success of respondents. This study indicated that 70.6% of the 324 respondents did identify having a mentoring relationship in their lives, but only 27.2 % had a mentoring relationship in their move from educator to administrator. The respondents identified that they did not have access mentors with the knowledge and skill set that the respondents required. Nursing school administrators also identified that the psychosocial functions of mentoring were more important than the career functions.

Neese (2003) used narrative self-study to explore her experience as she moved from a clinical practice to that of nurse educator. She recounted having mentors in her graduate education who helped prepare her for her role as nurse educator. Many of the educators at the CSN are still in the process of finishing their graduate studies when they are initially hired. In another study Morin and Ashton (2004) stated that the shortage of nursing faculty was more severe than the shortage of clinical practice nurses. After completing a synthesis of research on orientation of new nursing faculty, these authors recommended mentorship as one framework that could facilitate the orientation process.

Rosser, Rice, Campbell, and Jack (2004) analyzed a program in the United Kingdom that used mentorship to assist Clinical Nurse Specialists adjust to the expectations of their new positions. This is significant because the participants in this study were experienced nurses that changed their area of practice, that is to say that they moved from an expert position to a novice position. This situation mirrors the expert

nurse moving from his or her clinical role and transitioning to a novice role as nurse educators. This mixed method study articulated that mentorship had a positive influence on the transition. In addition, the authors claim that mentoring increased the mentors' enthusiasm for their work and that the mentees benefitted from increased socialization and less stress.

An Australian study looked at how effective of mentoring initiatives were as means for increasing the research productivity of nursing faculty (Turnbull & Roberts, 2005). The results of their study indicated that mentoring did not have an impact on research productivity but did influence the academic stature of new nurse educators. These authors suggested that current work climates do not facilitate collegiality required for mentorship to take place. Turnbull and Roberts (2005) critically articulated that there is too much emphasis on research within university cultures and there is very little value placed on teaching. The National League for Nursing (NLN), an American organization dedicated to promoting excellence in nursing education, published a position statement the supports mentoring as a method for curtailing the nurse educator shortage. This organization advocates that nurse educators can benefit from mentoring throughout their careers. The NLN (2006) recommended that nurse faculty contribute to the development of mentoring programs, be open and friendly to new faculty, and be sensitive to existing and potential academic community practices that exclude new faculty members.

The majority of the information in the above paragraphs resonated with what happened at the CSN. It is important to point out that there is one distinct difference between technical colleges and universities: the process in which permanent positions are granted. At the Northern Alberta Institute of Technology, new educators are hired and are

monitored for the first twelve months of employment, and after the first twenty-four months the position becomes permanent (Personal communication, D. Foerster, Sept. 20, 2010). The participants of this study have indicated that a similar process for achieving a permanent position exists within their institution. However, this is not how educators at universities gain permanent positions. Many universities require their faculty to progress through a tenure process that involves examination of both research and teaching accomplishments by the applicant's department, which then progresses for review through two other university level committees (Westmoreland, 2008). Professors that are trying to achieve tenure have their work compared to their peers with most of the emphasis is placed on research and grant attainment (Westmoreland, 2008; Drakich, 2009; Kanuka, 2010). The process for gaining tenure is specific to each university. In addition, politics play a role in how tenure decisions are made, and expectations are not always clear to professors that are engaged in the process. Tenure attainment is a competitive process that may create caustic interpersonal interactions (Kanuka, 2010) that would not take place at a technical college were permanent positions are granted on individual merit.

After considering this information in its totality, I have formulated a significant question. Are the experiences for new faculty in the technical college different than those experienced by the faculty at other post secondary schools?

Nursing Programs within Technical Colleges

To date there is only one research project that I have been able to locate that looks at mentoring initiatives at a technical college setting that houses a RN program. Sheridan (2010), in a master's thesis, conducted research with the purpose of understanding how e-

mentoring can facilitate the transition of new faculty from novice to expert educators. Within the thesis, e-mentoring is described as 'The integration of online communications within a mentoring relationship. Other terms used for e-mentoring including virtual mentoring, telementoring, and cyber mentoring "(p.23). This approach to mentoring was described earlier in this chapter.

This researcher used the Mentorship Development Model as a theoretical framework for her research. The Mentorship Development Model (Sheridan, 2010) was developed to describe the multiple roles that nurse educators must juggle. It combines the five stages of Benner's novice to expert theory and Byoer's scholarship model. As a novice educators transition through the subsequent stages to become experts they encounter the six spokes of the Mentorship Development Model. The spokes are scholarship, education, professional development, mentorship, organization, and leadership. A graphic representation of this model can be found in appendix E.

Sheridan (2010) used the data collected from convenience sample of 13 participants in focus groups, from the Nursing Division at the Saskatchewan Institute for Applied Science and Technology, to answer the following four research questions:

1. What is the nature and characteristics of the e-mentoring relationship?
2. How effective is e-mentoring in supporting the faculty development of nurse educators in the SIAST Nursing Division?
3. How are educators using technology to facilitate communication in their mentoring relationships?
4. What considerations are involved in the decision to use technology to communicate in a mentoring relationship? (p.18)

Following transcription and coding of the data using grounded theory procedures in addition to open axial coding, four major themes were developed: 1) nature of the relationship, 2) confidence as an educator, 3) positive aspects of using technology, and 4) negative aspects of using technology. Two of the four major themes had sub themes. Under the theme of nature of the relationship the five child nodes were listed: a) formal versus informal, b) establishing a relationship, c) relationship qualities, d) trust, and e) conflict. Then under the major heading of positive aspects of using technology, five additional child nodes were given: a) e-mail, b) Skype, c) telephone, d) texting, and e) discussion boards. Due to the small sample size, not enough data was collected to create a theory and Sheridan states that additional theoretical sampling and hypothesis development needs to be conducted. On the whole, the participants in the focus groups were positive about mentoring relationships.

Connecting Mentorship to Retention and Recruitment of Nursing Faculty

In an article entitled "Too much material, too little time: I'm drowning as a novice faculty member," Boswell and Cannon (2005) pointed out that novice nursing educators feel overwhelmed. Many of the nursing faculty articles reviewed are centered on using experienced faculty as a means of ensuring new recruits have the support to adjust and function in their new surroundings. Many of the authors above state that mentoring creates a synergy through which both the experienced individuals and novice individuals learn from each other. Individuals typically want to stay in their jobs when they find their work enjoyable and rewarding. It has been suggested that mentors who enjoy their mentoring relationship are more likely to stay in their current job. As Hessler and Ritchie (2006) and Kram and Ragins (2007) pointed out, the paycheck is not the only element of

a job that keeps us reporting for work every day. In light of all of this information, I would like to suggest that there is a strong relationship between mentoring nursing faculty and retention and recruitment initiatives.

Chapter Summary

There is limited research available that describes the experiences of new nursing faculty, and only one research project that has examined the experiences of new nursing faculty in technical colleges in Canada. In a desire to discover where each participant journeyed in a formal mentoring program, this research project was initiated to give participants a voice and to fill in some of the gaps in knowledge.

In my lifetime, I have learned a great many things by listening to the stories of others. While mentoring may vary a little across the spectrum, there are common themes that make all mentoring partnerships recognizable from other types of relationships. Galbraith (2003) emphasizes that there is a need to celebrate the variety of different mentoring relationships. This author advocated that mentorship has "the potential ...to enhance our growth and development within our individual personal, professional, social and psychological worlds. Mentoring can have the power of extending lifelong learning opportunities for all of us as well as for generations to come" (p. 3). The purpose of this study was give voice to needs of nurse educators in a technical college setting by highlighting the unique mentoring relationships and narratives shared by the participants.

This chapter presented information that help establish the context and importance that framed this study. An overview of nursing education, practice, and political environment was outlined to provide background information for readers who are members of the nursing profession. A literature review on mentorship started out with a

broad scope from general reference pieces and progressed to a specific focus on research that pertained to nursing faculty in technical college settings. Finally, the information from the literature review was connected to the purpose of the study. The next chapter describes this study's research methodology.

CHAPTER THREE

Pondering, Poking and Probing: The Quest for Answers

The term research is an oxymoron. When I was first introduced to the concept of research, I visualized it as a linear process with a distinct beginning and end. However, when I delved deeper into research, I realized it is actually cyclical with no defined point of commencement or termination. It has become my lived experience that by posing a question and then discovering an answer usually leads to my asking another question; thus the cycle starts anew.

Within this section of my work I will outline the process that I used to locate findings to my research question. I probed participants in order to answer my research question. When I posed questions and had a handful of responses, I still had more questions that will encourage me to explore at a deeper level.

Selecting a Qualitative Approach

I never intended to conduct research as a part of my master's studies. While engaging in dialogue with my peers about what type of project to pursue, a central group continually encouraged me use their experiences in mentoring relationships as a research project. After a time, I listened to my peers and changed my course of study to a thesis stream. Keeping in mind my initial motivation and after reviewing studies that are currently available on the topic of mentoring and nursing faculty, the only logical approach for my study was qualitative methodology. Here are some of the principles that guided my decision.

Qualitative research is an inductive research process that focuses on the relationship between theory and research. In contrast to a natural science model where

theory-driven hypothesis statements direct research; qualitative research stresses an understanding of the social world by examining the participants' interpretations of their world (Bryman & Teevan, 2005). This description of qualitative research ideally describes the focus of my research: an examination of the social world interaction between a mentor and a mentee.

Clark (2010) has researched what motivated researchers to conduct qualitative research. Participants in this study identified several individual reasons for selecting a qualitative research approach: subject interest, enjoyment, curiosity, introspective interest, social comparison, therapeutic interest, material interest, and economic interest. At a collective level, qualitative researchers indicated that they were motivated to represent a phenomenon, provide support for political empowerment, and inform change. On a personal level I engaged in this research out of personal interest and curiosity, which was also tightly bound to a scholarly obligation, I felt to represent the phenomenon of nursing faculty at a technical college in Canada that and to voice their experiences in a formal mentoring program.

Mack, Woodsong, MacQueen, Guest, and Namey (2005) state that qualitative research provides "complex textual descriptions of how people experience a given research issue... provides information about the "human" side of an issue... [and is] also effective in identifying intangible factors... in the research [that] may not be readily apparent (p. 1). Mentoring is a human relationship in which mentors and mentees interact in a variety of different ways to meet the learning needs of mentees; this is what is readily apparent. Qualitative research, in following with the words of Mack et al., is a

methodology that allowed me as a researcher to delve deeper into the experiences of mentees in a mentoring relationship.

Qualitative research was clearly a good fit with my topic and research question. Once I had navigated the quantitative or qualitative choices, further decisions needed to be made. There are many different ways to implement qualitative research; some examples are grounded theory, ethnography and phenomenology. The next section outlines the rationale selecting phenomenology as a framework for this study.

Phenomenology

There are many ways to conduct qualitative research, but it is very important for a researcher to select the best framework for the phenomenon to be studied. When I started my research project, I knew that I wanted to interview several mentees from the CSN and relate their stories within my master's thesis. I had not conceptualized how this process was going to take place. My thesis adviser, Dr. Linda Wason-Ellam, a very experienced qualitative researcher, indicated that the best method for my project was phenomenology for it seeks through systematic reflection to determine the essential properties and structures of consciousness and conscious experience. Looking at a couple of other options I had, will help strengthen her position.

An example of another path I could have taken with this project would have been ethnography or participant observation. Researchers using this method immerse themselves in a social setting for some time observing and listening to behavior with a view to gaining an appreciation of the culture of a social group (Bryman & Teevan, 2005). It may be possible to observe mentoring interactions, but would likely create an awkward and unnatural situation for a mentoring pair to meet and have a third person

observing their meetings. Secondly, timing was an issue. When I was first approached with the idea of interviewing mentees, I had not even committed to doing a research project. This approach was not a good fit.

Another plausible method for this project could have been grounded theory. Glasser and Strauss (1999), who developed this approach, described grounded theory as a process that explains, " how the discovery of theory from data-systematically obtained and analyzed in social research-can be furthered," (p.1). These authors advocated that grounded theory provides relevant predictions, explanations, interpretations, and applications. Theory generation is an important component of scholarly inquiry; however this was not a desired outcome of this research project. Theories imply that there is some type of generalizability of a phenomenon. In chapter two, I established that the interactions within mentoring relationships of nursing faculty in technical colleges had not been studied. Prior to starting my research, no commonalities or relationships had been established for mentoring activities for this cohort. If the experiences of nursing faculty at the SCN were not markedly different from university faculty, it was unclear if theory development would be a relevant endeavor.

After exploring some of the options, it was apparent no other methodology was an appropriate fit. Phenomenology was truly the best method for answering my research question: What do novice nursing faculty need in mentoring relationships at a Canadian School of Nursing? I used a phenomenology to look at mentoring relationships in an endeavor to understand the significance, the events, and interactions that did or did not meet mentee needs. Phenomenology is the study of phenomena as they appear in one's experience. van Manen's (1982) phrases this more eloquently in saying

"Phenomenology...is that kind of thinking which guides us back from theoretical abstractions to the reality of lived experiences-the lived experience of a...[person's] world"(p.296). The phenomenological method is rooted in intentionality, as described in Husserl's theory of consciousness. Intentionality represents an alternative to the representational theory of consciousness which holds that reality cannot be grasped directly because it is available only through perceptions of reality which are representations of it in the mind (Husserl, 2001).

There are two major schools of thought or methods associated with phenomenological research. The descriptive phenomenological approach to inquiry, which developed from Husserl's ideas of how science should be conducted, relates "that experience as perceived by human consciousness has value and should be an object of scientific study...subjective information should be important to scientist seeking to understand human motivation because human actions are influenced by what people perceive to be real" (Lopez & Willis, 2004, p. 727). Researchers who use a descriptive phenomenological method often do not conduct detailed literature reviews prior to initiating their study and maintain a goal of transcendental subjectivity. Transcendental subjectivity is a process where the researchers constantly assess their impact on a study by neutralizing biases and preconceptions so that they do not influence the object of the study" (Lopez & Willis, 2004).

Interpretive phenomenology, which is also referred to as hermeneutic research tradition, is both a method and a process for

bringing out and making manifest what is normally hidden in human experience and human relations. ...[However] hermeneutics goes beyond mere description of

core concepts and essences to look for meanings embedded in common life practices. These meanings are not always apparent to the participants but can be gleaned from the narratives produced by them. (Lopez & Willis, 2004, p. 728).

The methodology I used in this research project may be described as hermeneutic phenomenology. In this case, I explored the experiences and anecdotes nursing faculty shared about their move from *clinical practitioner to nurse educator* and the role that mentoring played in each participant's transition.

Information that can be found in some studies supports the use of phenomenology in this thesis. Quantitative studies have examined nursing faculty and mentoring relationships, but their data has not been particularly helpful in illuminating the experiences of mentors and mentees within their relationships. Madison (1994) evaluated mentorship relationships in a quantitative manner; most of the respondents that were involved in mentoring relationships stated that the pairing was a positive experience and that it affected their career paths. This data contributes to the general understanding of mentorship but it fails to edify what mentoring relationships were actually like for the respondents.

Many authors have written about mentorship and have indicated that qualitative data is the most helpful in describing mentoring relationships. Ecklund (1998) supports this perspective when she stated that the most valuable data that she collected from her comparative-descriptive study was the responses to the open-ended questions. The work of Neary (2000) also demonstrated the importance of hearing the voice of the individuals that are in mentoring relationships. Additionally, Turnbull and Roberts (2005) used a mixed method approach to determine whether nursing faculty would increase their

research productivity if they had a mentor. Even though they did not have a large sample (n= 156), these authors relied heavily on qualitative data to clearly articulate their points rather than their statistical data. In another study Jackson, Palepu, Szalacha, Caswell, Carr and Inui (2003) stated that "to date [research in this area is] primarily quantitative... although [this is] helpful, [these studies] give only limited insight in the experiences of the protégé in this complex relationship" (p. 329). All of these perspectives strengthen the choice of a phenomenological approach for a group that currently has no voice in the literature on the unique and intricate interactions that actually occurred in mentoring relationships.

Summing up, phenomenology truly was the *best fit* for this research project. Phenomenology offers scholars an approach to inquiry that renders findings that describe "understanding unique individuals and their meanings and interactions with others and the environment" (Lopez & Willis, 2004, p. 726). Every mentoring relationship is unique. This distinctiveness stems from many factors that include the type of mentoring relationship, the objective of the mentoring relationship, the context in which the relationship takes place, and the life skills and personalities each person brings into the relationship. In order to capture the mentee needs, a very individualized phenomenon, within the context of a nonreplicable relationship, phenomenological methodology was the only logical choice.

Ethics Approval

Once my research path had been determined obtaining ethics approval was the next step. Ethics approval was obtained from the University of Saskatchewan prior to carrying out interviews with the nursing faculty. The interviewees filled out a consent

form prior to each interview. All participants were aware that they could stop the process at any time without experiencing any repercussions.

Participant Selection and Sample Size

Conventionally speaking, I used a convenience sample of individuals within my peer network. Bryman and Teevan (2005) defined a convenience sample as an individual or group that is simply available by virtue of its accessibility. This method was chosen for several reasons. When I started my project, I had no other knowledge of any other nursing faculty groups that utilized mentoring programs in technical college via literature and Internet searches. While it would have been possible to contact all technical colleges with nursing programs to determine whether or not mentoring programs were in place, this would have meant employing different research approaches, which may have precluded giving voice to this cohort. The second reason I used a convenience sample is that most of my participants volunteered to be participants prior to my decision to even start this research project. The final reason that this sample method was chosen was due to timelines related to completion of this thesis.

I must point out that only two of my participants volunteered before the inception of my research project. The other two participants were contacted by e-mail and replied initial interest in the same manner.

One element that is often scrutinized in both quantitative and qualitative research is sample size. Selection of an appropriate number of participants in qualitative research is not clearly delineated by the research or analytical method employed, rather the number depends on variables of cost, time and the research objectives and characteristics (Mack, 2005; Bryman & Teevan, 2005). Four participants were recruited. The rationale

for the section of this cohort size: 1) advisement from my thesis supervisor; 2) limited selection of participants within the CSN; 3) timing of data collection (many of the faculty were not on campus at this time); 4) after reviewing the four interviews I perceived that I had reached saturation with my data collection; and 5) time variables.

No direct consideration was given to selecting individuals that represent diversity groups in this study. This may appear to be a misnomer considering the minimal amount of mentoring for individuals of diversity experience (Mkandawire-Valhmu, Kako, & Stevens (2010). However, the nursing faculty at the CSN are a relatively homogenous group and diversity representatives were not readily apparent. There is one visible minority group within the nursing faculty: men. Less than one percent of this cohort is comprised of male educators. One male participant was purposefully recruited to bring a variety of perspectives to the collected data.

Interviewer Bias

In phenomenological studies, there is often a concern that researchers' opinions and prejudices will color the collection and the interpretation of data that they collect. In order to minimize this effect, qualitative researchers attempt to objectively study the "subjective states of their subjects" (Bogdan & Biklen, 2003, p. 33). The authors state on the same page that a "researcher spends considerable time in the empirical world laboriously collecting and reviewing piles of data." Since this data will be analyzed and interpreted by individuals other than the writer, Bogdan and Biklen (2003) state that the researcher must consistently confront his or her own biases within the data. In contradiction to this approach, LeVasser (2003) articulates that it is contrary to human nature to examine phenomenon in isolation from your perceptions and experiences. In

classical models of phenomenology, it was considered necessary to "suspend one's natural assumptions about the world" (LeVasser, 2003, p. 411) in order to understand a phenomenon without prejudice. When a researcher is able to suspend their assumptions in this manner, it is referred to as bracketing. According to van Manen (1997) bracketing is "the act of suspending one's various beliefs in the reality of the natural world in order to study the essential structures of the world" (p. 175). Before I carried out my research, I needed to explore some of my assumptions that needed to be bracketed while I carried out my research.

In light of guidance from the above sources, I surveyed some of my assumptions that I brought with me into this research project. First of all, I must state that I am an educated Caucasian woman of privilege. In addition, I have an undergraduate degree in nursing and am currently registered with my provincial nursing association. In my senior years of my undergraduate degree, I sought a framework that could modify some of the caustic clinical working environments that I discovered during practical rotations in my courses. My search connected me with the concept of mentoring. At the time the amount of information available was limited and my search parameters were narrow, so my understanding of the topic was shallow.

After I graduated, I was able to use some of the theory that I had learned to help me to find my own mentors in my clinical work, and in turn use it to help some new graduates who followed my example. As time passed, I realized that I wanted to teach nursing. I started to wonder if the concept of mentoring could fit into the academic side of nursing. If new nursing faculty were successfully mentored into their positions, would they be more effective teachers than a professor from one of my undergraduate classes

that we nicknamed the *dragon lady*? I also learned that there was going to be a shortage of nursing educators in the near future as nursing schools were being called on to expand programs and older faculty are getting closer to retiring. Then I started to wonder if mentoring could help keep new nursing faculty in their new positions, or help with retention and recruitment issues.

In order to find some of the answers to my questions I enrolled in a Master's course on adult education. Through my studies, I learned that I could do a research project that could assist me in finding some answers to the questions that I posed. Even though I am a strong believer and supporter of mentorship principles, I became aware that not all mentoring relationships work out, and in some work environments they are not feasible.

A year after I started my master's studies I received my first nursing faculty position at the CSN. During my first year, I was assigned a mentor who helped me manage the leap from being an expert in my clinical practice to being a novice teacher. While sharing my admiration of my mentor with my peers that started at the same time I did, I found out that not all of the mentoring relationships were going as well as mine. I wanted to know why.

The above words represent all of the frameworks and conceptions that I identified prior to conducting my research. While I conducted my interviews and interpreted the data generated from the interviews, I attempted to focus on the voices of the participants and not on what I knew and believed.

Interview Process

Once all four participants were approached either in person or by e-mail for initial interest in participating in the interview process, times and dates for meeting were established. I began each interview by telling each interviewee that I was interested in hearing about their experiences as a mentee. Then I proceeded to review the consent form, the participant's right to withdraw at any point, and how the data would be used. Once the consent forms were signed the data collection began.

When I planned for the interviews, I chose to use semi-structured interviewing techniques (Bogdan & Biklen, 2003) to facilitate the interviewee sharing their lived experiences while I had the opportunity to provide some structure during the process. The questions I drafted served as an interview guide but the process was unstructured enough to also allowed me to ask for clarification if there are some parts of the story that was not clear during the interview (Bryman & Teevan, 2005). Classical phenomenological researchers often engage in in-depth interviews and do not use semi-structured methods; however, the interview guide was essential in providing guidance for me as an inexperienced researcher.

Semi-structured interviewing also provides researchers with confidence of getting comparable data across participants using a list of general questions. In response to participants' comments, I also used open-ended questions as a probe in order to gather a wide range of perspectives. In-depth interviewing is designed to elicit a rich understanding of the participants' way of communicating their own lived experiences. These interviews are less structured than a typical interview and involve the researcher probing into topics that the participant may bring up. The researcher can frame

appropriate questions to find new insights while using conversational interviewing to elicit discussion about opinions or values that the participant deems relevant or meaningful to the topic. Such conversational questioning alerts a researcher to aspects of their topic that otherwise are overlooked.

Field notes were gathered prior, during, and after each interview. In addition, I utilized personal communications and other internal documents and reports from the CSN to support my work. Ragins, Cotton, and Miller (2000) stated that "mentoring is not a simple, all-or-none matter but falls along a continuum of effectiveness" (p. 1190). By using a variety of data, I was able to construct a broader picture of the rich mentoring experiences that occurred at the CSN.

Each interview was audio-recorded and approximately one hour in length. The lengths of interviews are also often scrutinized in qualitative research. Bryman and Teevan (2005) pointed out that

there is a large amount of variation in the time that interviews take...It should not be assumed that shorter interviews are necessarily inferior to longer with the exception of those marked by interviewee non-compliance or anxiety...even short interviews are quite revealing (p. 191).

As I mentioned earlier in this chapter, after all four interviews were completed, they were reviewed and saturation of data was identified so no further interviewing was deemed required by both my thesis supervisor and myself. In addition, this was the approach that I outlined in my request for ethics approval. The length and number of interviews would have been higher if I had no previous knowledge of the working environment, culture, and mentoring practices at the CSN. The focus of the research question also limited the

length of the interviews. If my research question focused on all of the experiences the participants had in mentoring relationships at the CSN, instead of just looking at the needs of mentees, invariably most of the participants would have provided more information.

In keeping with respectful research, participants had the opportunity to read the transcribed interviews for clarification and signed a Data Transcript Release (see Appendix C). The participants were given an opportunity to read what was said about their participation and were aware that all identifying information was excluded from this thesis. Participant review of transcripts also served as a form of respondent validation (Bryman & Teevan, 2005).

Data Analysis

It is important to point out that the analysis of phenomenological research is not the same as merely reading an autobiography or a biography. As Burch (1989) explained, phenomenology

does not simply iterate what is already given and understood in lived experience in the way that it is given and understood. It seeks a transcending theoretical understanding that goes beyond lived experience to situate it, judge it, to comprehend it, endowing lived experience with new meaning (para 15).

There is no established set of guidelines for conducting an analysis of data in any type of phenomenological study. Writing and rewriting typify the interpretative process. van Manen(2002) explained:

Writing is the way that phenomenology is practiced...Phenomenological research does not merely involve writing: research is the work of writing--writing is at the

very heart of the process. For scholars such as Husserl, Heidegger, Sartre, and Merleau-Ponty, the activities of researching and reflecting on the one hand, and reading and writing on the other hand, are indeed quite indistinguishable.

...interestingly, Husserl himself has had little to say about written language and the actual process of phenomenological writing. (Writing, para 1)

In an earlier work, van Manen (1991) described the writing process as an intuitive method that involved the use of different frameworks that eclectically and creatively unfold during the writing process. The term for this approach is *flexible narrative rationality*, which is described by van Manen (2002) where "one must experiment with a methodologically informed inventiveness that fuses the reflective and the prereflective life of consciousness. This rationality should strive to present phenomenological meanings in textual forms "re-cognizable" (feelingly knowable)" (para 1). The analyses phase of my research comprised of structured and purposeful mindsets and writing flowed from some point of curiosity that I needed to follow until the point became a larger image. The next paragraphs describe intentional positions from which the data of this study was viewed and illuminated some of the intrinsic hunches that also guided the process.

The central underpinnings used for this thesis were Moustakas's approach (Moerer-Urdahl & Creswell, 2004), which is described as

the way of analyzing phenomenological data... [is following] a systematic procedure that is rigorous yet accessible to qualitative researchers. The inquirer describes their own experiences with the phenomenon (epoche), identifies significant statements in the database from participants, clusters these statements

into meaning units and themes. Next, the researcher synthesizes the themes into a description of the experiences of the individuals (textual and structural descriptions), and then constructs a composite description on the meanings and the essence of the experience (p.22).

The above quote outlines the basic process that I followed, but does not really capture the essence of the interpretive practice used in this thesis.

During the interview phase of my project, the narratives of each participant was captured on an audio recording device and then transcribed. I read the transcription of each interview first for understanding and then reread to start looking for significant statements. This process is often referred to as *horizontalization* in which specific statements are identified that provide information of the participants' experiences (Moerer-Urdahl & Creswell, 2004). After the horizons of my study were identified, I attempted to start coding the experiences. The first apparent connections I found in the data were that all participants had successes and challenges in their first year of teaching. This first attempt at reflection did not yield any insights that would lead to theme development; however it did shift my reflective process from centering on each anecdote. This process of reflection can be likened to the *hermeneutic circle*, where an object or phenomenon is portrayed as it is lived and experiences, looked at as a single event, and then looked at as a part of a whole experience (Annells, 1996). This was the first time that I used hermeneutic circling in my analysis and the practice continued throughout the subsequent phases of analysis.

I utilized the framework of isolating thematic statements in the second phase of purposeful analysis. Isolating thematic statements involves a reduction technique that is

comprised of three directional approaches: 1) the holistic or sententious approach, 2) the selective or highlighting approach, and 3) the detailed or line-by-line approach (van Manen, 1991). The first approach closely reflected the method I utilized in my first phase of analysis, so I progressed onto a selective or highlighting approach. Writing from this approach helped me centered on two key ideas: 1) shared experiences during the first year of teaching, 2) and activities conducted in mentoring relationships that were either supportive or unsupportive. When I compared these ideas with my research question, they appeared thin and translucent so I decided to look at my data again. Then I proceeded to look at the data line by line, but no new connections were revealed.

The third purposeful phase involved using van Manen's (1991) *four existentials* of phenomenology to guide my reflection. The four existentials are "*lived space* (spatiality), *lived body* (corporeality), *lived time* (temporality), and *lived human relation* (relationality or communality)" (p. 101). Spatiality refers to how a space or environment makes a person feel. For example, a small space can make one feel confined and trapped. Corporeality reminds the researcher that all of the experiences related by participants are always bodily in the world. Temporality looks at time in a subjective manner rather than time conceptualized in minutes and hours. Finally, relationality deals with the lived relation that one maintains with others in the interpersonal space that is commonly shared by the connected parties. Using this framework, in addition to the other approaches I previously used, started to render groups of ideas that had substance and a corporeal essence in meaning. Upon advice from my supervising professor, I centered on one anecdote that spoke to me more than the rest and then wove the accounts of the other participants while rewriting during this phase. Finally, I compared each cluster of ideas

with the theme of "time" that emerged from a mini qualitative research project that I had completed a couple of years earlier. The concept of time as a theme and not just an existential guide was a paramount step in the final rendering of the data from this study that is outlined in detail in chapter four.

From analyzing and identifying key common lived experiences of the nursing faculty, I was able to combined and create a collective narrative. The change from a single narrative to a multiple perspective can be likened to the difference of listening to the voice of one singer versus the multiple voices of a choir. To be more specific, the process I used focused on the whole experience rather than specific parts. I looked for meaning in the statements of my participants rather than looking for universal regulations. When I collected all of the data, I treated it as integral parts of one entity. Shank (2002) indicated that all of these elements are essential to phenomenological work.

More intensive than summarizing the patterns was rendering the interpretation of the study, which required me to think and reflect in new and dialogical ways. Interpretation involved redesigning old categories, formulating new relationships by combining elements in novel ways, projecting beyond what actually exists, and conjuring up probable connections. Through the processes of writing and rewriting, I was able to distance myself from the lived world of my participants, yet was more closely drawn into their lifeworld (van Manen, 1990). Critical findings were integrated with those of related and relevant studies, to establish how these results related to broader theoretical frameworks, to explicate what the study means outside of the one context, and to make recommendations and transfer of knowledge to the nursing profession, post-secondary institutions, and the community.

Chapter Summary

This chapter has outlined the process that I used in conducting this research project. I started by describing the reasons that qualitative and then a phenomenological methodology was the most appropriate methods for addressing my research question. Phenomenological methods and approaches were explained in terms of how they were used in this project and supporting theory on phenomenology found in literature was shared. Then gaining ethics approval, participant selection and sample size were addressed. Bracketing was explained and my biases and internal frameworks entering into the study were presented. Finally, the interviewing process of semi-structured interviews was outlined and the process of data analysis was described. Chapter four will take a closer look at data analysis and the identification of themes.

Chapter Four

This chapter of my thesis focuses on the research findings based on the narratives of four participants, field notes, and document analysis. All identifying information has been removed from the participants' narratives and each participant has been given a pseudonym. The findings are presented as individual stories that blend into one account. The perspective of each participant rang with its own wisdom and then progressed into deeper and richer tones as common ideas were combined into central ideas. Information found in the literature has been interwoven into the findings of this study to provide structure, enhance meaning and enhance clarity.

The faculty that I interviewed and I all had to start at the *very* beginning when we started our careers as nurse educators. When you make a career change, the beginning is really the only place to start. The main focus of my research work was to look at how a formal mentoring program met the needs of neophyte-nursing faculty by asking them to reflect on the initial phase of their educator careers. However, this is not the only inauguration that my work touches on. I am a novice qualitative researcher in phenomenology. My *beginnings*, journey, and experiences will also be reflected here.

The idea of *starting* led me to develop my first and very essential interview question: Can you tell me about your first year of teaching? The exact wording of the question varied from interview to interview, but the intended meaning was always the same. After I established an outline of questions, it was time to embark. With my recording device in hand and a swarm of butterflies in my stomach, my quest began. Once I pressed the record button for the first time, a rich learning experience commenced.

Jody's Story: From Famine to Feast

All of the experiences that my participants shared with me are phenomenal, unique, and inspiring, but one in particular stands out. When I came to this conclusion, I asked myself why this particular recount was so meaningful to me. The only answer that I could come up with was that it reminded me of a fairy tale. It started out with dire circumstances and as the plot progressed, things went from bad to worse but somehow there was still successful conclusion.

I would like to present Jody's story; the tale of the starving mentee who became the mentor that offered a feast. Jody started her career at the CSN after many successful years of practice as a RN. Prior to starting her full time job, Jody had a chance to pick up some part time contracts teaching nursing in other nursing programs, so she did have limited experience as a nurse educator.

Jody's First Year as a Nurse Educator

Even though Jody stated she had previous experience in providing nursing education, she still faced many trials during her first semester of teaching. One challenge she faced was developing resources and communication with a practice education setting that was not only new to Jody but also new to the CSN. Jody had to learn about the facility and orientate the staff at the facility to the process for providing practice education for nursing students. Another challenge Jody encountered during her first term was preparing material for labs that were new to her.

Oddly enough, Jody stated that her first term of teaching was easier than her second, and described the latter half of the year as being a "nightmare." The greatest and most daunting obstacle Jody encountered during her second term was tackling the

responsibility of being a *course supervisor* for one of the hardest classes in the program. She related that as a course supervisor she was required to " put together lectures with Power Point ©, coordinate facilitators, and prepare exams." All of these teaching responsibilities along with the course content were new to her. She reported, " it was sort of like groping in the dark."

Unfortunately, Jody ended up facing most of these novel and unknown situations on her own. Jody's assigned formal mentor, Alice, was not available to Jody. Alice had her own fulltime workload in addition to a commitment to finish her master's studies. Jody was also promised another mentor by the Director of the RN program to assist her in learning her responsibilities of a course supervisor. This arrangement ended when Jody's second mentor left for an extended period of time on medical leave. Jody's was left to face the challenges of being a course supervisor for the first time on her own.

Amongst all of this chaos, Jody was able to find some joy. She described her days with students in the clinical setting as the only thing that she truly enjoyed in her first year of teaching. The clinical area Jody was assigned to take her students was a similar to a patient care area that she had worked in for most of her career. Jody quickly found that she was able to bring her substantial nursing knowledge into the new facility and use it to assist nursing students and staff to further their learning. She reflected, "I found it challenging but was very interesting because I love [a]... care [environment] that allows me to spread my wings." When Jody shared her experience of being able to transfer her considerable nursing experience to a new health care organization, her whole face lit up during our interview.

The Perfect Mentor

Even though Jody's mentoring relationships did not turn out, I felt it was important to get a comprehensive view of Jody's experiences and personal conceptualizations of mentoring. I started out with enquiring whether or not Jody had any mentors in the past. When Jody replied to my question, she did not acknowledge any previous mentors but she did mentioned situations where she had mentored other people. This also raised questions for me about what Jody's expectations of her mentors may have been.

When asked about what her expectations of her mentor has been, Jody stated that she was, "...looking for some guidance from somebody...my goals were to be able to understand how to create effective lectures using PowerPoint and how to put together an examination that was fair." Jody's aspirations were straightforward; she had set reasonable goals of acquiring basic post secondary educator skills. It is possible that any number of individuals in the nursing department or in other departments in the college could have helped Jody with her needs.

I also felt it was important to discover what type of person or personality traits Jody would have looked for in a mentor. Like Jody's goals, her expectations of her mentor were also very forthright. She wanted,

someone who is open to listening to your questions and your concerns. Someone who if they cannot answer or did not have the time, that they could point you in the right direction. Somebody that is willing to be there, even though you cannot meet on a formal basis. Someone that is willing to say "hi" in the halls so that

you know that connection is there so you do not feel like a helium balloon that somebody has lost the grip on and now you are just on your way up.

Jody's words paints very vivid picture here.

When I imagine myself being the balloon that Jody described, floating up and out of control, depending on the wind to move me with no option of returning to earth, it makes me feel awkward and abandoned. As a child, I had to deal with the tragedy of losing a balloon. It is even more tragic when professionals do not use their considerable knowledge and expertise to *hold on to* one of their colleagues so he or she is not left drifting along the air currents with a wistful desire just to connect.

Discovering Disharmony

During our conversation, Jody offered some information on what she thought could impede mentoring relationships. She indicated that assertiveness that crossed over the line to become aggressiveness was a real barrier. She gave me an example of a time when an experienced coworker provided Jody with critical feedback on the course content in the class she was teaching. Jody indicated that after this encounter she felt, "quite deflated." She explained that,

I had spent quite a lot of time and effort... [preparing my lecture]. So I found that person just a bit too assertive/aggressive instead of saying why did you do this, what [is the] purpose? [He or she] just...told [me it was a] "waste of time – don't do it."

Jody's critic articulated that he or she was not happy with the course content, the approach Jody was using to teach, and the fact that Jody was spending extra time to bring new approaches to the classroom. Yet the critic focused his or her issue on Jody. While

this example did not come from a formal mentoring relationship, it does shed some light on how one individual chose to tackle a key mentoring moment for Jody. The critic's behavior does not resonate with what people would expect of a professional or a postsecondary educator. The behavior looks even worse when you consider the fact the critic is also a nurse and a part of a professional group that supposedly cares for others.

The other major concern that Jody identified as a barrier was the behavior of "going straight to the boss" when a conflict arises rather than directly confronting the individual involved. Jody provided the following example.

I had an instance where someone went and talked to someone above me rather than addressing me with concerns. When my boss called me, I found that rather alarming. I felt that I was trying to mentor this person quite well. I had invited them to come to discussions in preparation for labs and invited them to come to my office at any time to discuss preparation when indeed that is what had happened. This individual stated he was extremely busy had not had time to prep, found one or two labs extremely difficult, and instead of coming to me and saying "I'm overwhelmed" went to my boss with some indications looking like there was a problem because I wasn't laying things out.

I am keenly aware that the individual Jody was challenged by was an adult; however this anecdote reminds me of many altercations that occur on a playground.

All of Jody's examples did not come from experiences that she had in a formal mentoring relationship but are very important to note because they paint a very colorful picture of what the mentoring culture is like at the CSN. The term mentoring culture refers to the underlying ideas, beliefs and practices that support or hinder any type of

mentoring relationship (Zachary, 2000). Jody's comments indicate that there are definite moments where the underlying mentorship culture is dysfunctional and caustic. This makes me seriously question how widespread this abrasive current is within the workplace culture at the CSN.

Happy Endings

After all of the obstacles Jody faced, I wondered if she actually saw any benefit in having a formal mentoring program in her place of employment. To my great surprise, she did. Jody explained, "You certainly need formal mentorship so you have somewhere to go. [So] you don't feel like you're lost." Even though Jody did not have an excellent or even acceptable mentoring experience herself, she had the personal and professional insight to recognize that mentoring relationships can be helpful to others. Jody encountered many challenges, but I think she viewed the formal mentoring program as the best approach for mitigating similar experiences from happening to other mentees in the future.

Several times during our interview, Jody disclosed that she had taken on the role of being a mentor in her clinical practice and as a nurse educator. After hearing Jody relate both positive and negative experiences while assuming the mentor role, I became curious as to how she was going to answer my last question. With great anticipation I asked Jody if she would consider mentoring again. To my great surprise Jody said that "absolutely" she would mentor again. She went on to say "... I would do exactly the same as I did last year and the year before. I would say to my assigned mentee 'what are your expectations.'" I was very encouraged by Jody's response taking into consideration everything that she shared in during our interview.

New Information Leads to More Questions

After learning a great deal from Jody, I am left with more questions that I wish I had the answers to. At one point in our discussion Jody stated that she found help outside of her arranged mentoring relationship because she was able to approach anybody in the nursing department for help. This comment is a stark contrast to some of the malicious encounters Jody highlighted in other parts our dialogue. This line of reasoning also lead me to wonder whether or not the open and sharing culture that Jody described really exists or whether her peers are just going through the motions? I thought that I might find the answers to these queries in the recounts of the other participants in my study.

Next Steps

During the interview stage of my research, I already started to categorize some of the experiences that emerged from each participant's narrative. I soon became aware that analysis and interpretation were ongoing, not summative. Some individuals were very strongly supported and others had to find their own way even though they were assigned a formal mentor. However I was not naïve enough to believe that all of the experiences that were shared with me could be summed up as pros and cons.

After combing through the details of Jody's comments, wrestling with some unanswered questions, and identifying some concerns I was compelled to delve deeper into this phenomenon. In reviewing Jody's story, I started to see some key ideas emerging from her words. I will now take a look at these ideas more closely and relate them to the other participant's experiences to determine whether or not these key ideas are actually themes.

Key Ideas

This next section looks at the initial key themes that started after comparing key experts from participant narratives. In the following paragraphs the key ideas are named and supported with the words from the data transcripts.

Beginnings: Conquering the Divide

The key idea that I would like to explore strongly connects with how I opened this chapter, starting at the beginning or starting over. No matter how many years of nursing experience or nursing education experience my participants had, they all left the comfort of being experts in their previous jobs and start over again in a novel work environment at the CSN. Two of my participants had several beginnings with which to contend. Tamera started of her teaching career in a much different setting than the rest of the participants.

The first year I was teaching, I was teaching in a brand new program and had never taught nursing before plus we were busy doing curriculum development ... We were, I believe, fortunate to have a ...[director of nursing] that was quite involved in having meetings with us and ensuring that things were done the way they should be done and I think there was a lot of peer mentoring going on at that time. There was no formal mentoring but more informal peer mentoring...

This is an impressive list of obstacles for a neophyte nurse educator to face especially without the benefit of having experienced faculty on hand.

Another participant had a double dose of *beginnings* as well. Laura recounted that she was required to work with two clinical groups in her first term at the CSN. Some new faculty teach the entire first semester at the nursing school campus or end up taking their

clinical groups to a part of the healthcare system where the nurse educator had not worked prior to accepting a teaching position. This meant that she not only had to learn about the inner workings of the CSN but also orientate to a new patient care environment where she needed to facilitate practice education for nursing students. Orientation to one new work place is challenging, but Laura had to navigate two at the same time.

Twedell and Jackson Gray (2007) looked at career changes and referred to this process as *role transition*. They articulated that role transitions could be stressful. The same authors indicated that organizations that have individuals who are in a state of transition have a huge role to play in whether or not the process is successful. The author also emphasized that "changes in roles can either be painful or exciting and depend largely on the work culture and support provided" (p. 517). This is a helpful perspective. With this in mind, the question I posed was did the CSN stretch all of their new nurse educators too far by asking them to take on more than one new role at a time?

Unlike some of his peers, Tom described his first year working as a nurse educator a little differently. He stated,

It was exciting, starting a new career, big transition from the hospital and a big kind of change of pace but that is what I was looking for so I was very happy to find that. ... it was a great overall learning experience.

If I relate Tom's comments back to Twedell and Jackson Gray's notion of role transition, Tom was either supported by his mentor and or via the culture of his work environment.

The assumption I made that Tom received a lot of support weakened when I looked a little deeper into his narrative. Tom shared that,

There were times when I didn't know if I wanted to keep teaching. At times there was a very manageable workload, and ... [at other times] my workload is through the roof... [it was] barely manageable and I was doing some very long days. That was a big thing in my first year – adjusting to the workload and the time.

[Another thing was]... having that autonomy in the workplace. ... I was always used to working as a team ... rather than saying here is your assignment, you can have all the freedom you want to make it work as long as it's within these parameters. I found I really liked that but it took a little getting used to just that level of increased independence or autonomy.

In these words Tom has identified the work culture itself was his biggest hurdle. Tom was pulled in one direction by how much he enjoyed changing his career and another direction in managing the unknown demands that surfaced once he started.

Now What?

The practice of reflecting upon data is multi-faceted and includes forms of ongoing analysis and interpretation. All of the participants in my study had a wide range of experiences that hallmarked the beginning of their role transitions when they started their jobs at the CSN. The one element that resounds in all of the participants' words is that they all were required to divide their physical, psychological, and intellectual energy into several major directions at the same time. For most people, making a role transition is a major life hurdle but the demands placed on the shoulders of the new nursing faculty are equivalent to starting two or more new roles at once. Multiple new role demands compounds the personal impact of assimilating to *one* new job.

Self-Serve Only

As data collection continued, I noted connections between ongoing and emergent themes, extensions of past meanings, and kaleidoscopic patterns. I generated questions to ask the participants, and used these questions to access meanings where the data seemed thin. During our discussion, Laura did not identify any specific mentoring relationships prior to starting her career as an educator but she indicated,

there were people in different positions that I was drawn towards that were definite mentors and role models. They were probably the people I would go to for questions and information and mentorship but it was never part of their job. It was never an expectation.

Laura's words indicate that she was able to find support but very clearly expressed that she had to initiate relationships with people that *she* was "drawn towards" and *she* would "go to." There was no mention of any one asking Laura if she needed or wanted any help. Nor did she point out anyone ever taking a particular interest in her abilities or her career advancement. Laura went to the *self-serve aisle* to get her needs met.

Laura is not the only one who related that her history with mentoring relationships involved a self-serve phenomenon. Tamera echoed similar ideas when she said,

Every time I started a new job, I would have some orientation period. You quickly find out in the job whom you could go to with questions and whom you probably want to stay clear of. I guess you call that informal mentoring where I would seek somebody out to get my questions answered.

Tamera found the support she needed because she was proactive enough to look for it and also discovered that it was not readily available from all of her co-workers. In a

profession that is known for caring, the lack of offered support and guidance is disturbing.

It must be pointed out that the approach to informal mentoring is in no way substandard to formal mentoring. There are times where informal partnerships can be more meaningful to the individuals involved than relationships formed in formal relationships. The point here is that prior to working at the CSN, the participants in this study had to find their own supports and that experienced peers in participants' previous work environments did not offer any support until they were asked.

Goals Met, Partially Met or Not Even Started

Education philosophy and theory indicate that learning experiences are often more meaningful and most time efficient when they are linked to clear and measurable objectives (Bastable & Doodly, 2008). From this frame of reference, I find it interesting that none of the individuals I interviewed had actually set any formal goals for themselves in their mentoring relationships. Laura stated that she did not know whether or not she had any formal goals, even though she and her mentor did write some down. She went on to say, "We never really reviewed [the goals] at the end. We talked about it but never ended up doing it. It was not a priority. I had accomplished what I wanted to." Now that I am able to reflect on this situation I find Laura's comment on completing her mentoring goals a little hollow. If you do not stop to see where you are, how do you know that you have reached your destination?

Later in our conversation she stated that she had lots of goals during her first year that revolved around reviewing course content and having a connection with someone. At the time I conducted the interview I was very satisfied with Laura's answer, but now I see

that her broad and general statements about exposure to course content and socialization were actually cues for me as the researcher to delve a little deeper. Laura may not have added any more detail to her recount, but I feel very remiss as a researcher for not giving her the opportunity to say more.

When I asked Tamera about her goals in her mentoring relationship this is what she had to say.

I think like most people that come into a new position, new job, and new course, you want to be able to do the job to the satisfaction of the students and those people around you. I think that was initially my first goal and be able to give lectures on the course material at hand.

Tamera's goals are similar to the goals voiced by Laura, and I can say with some certainty that these are probably pretty universal goals for most new teachers.

When I asked Tom about his mentoring relationship goals he was initially not sure of his answer. After a moment or two of quiet contemplation, he responded by saying,

I guess I had my professional goals as far as I wanted to increase my confidence in my ability to facilitate a small group like ...[in] a lab setting. I wanted to improve my ability to lecture in front of a large group... and thinking on the spot.

Again Tom's goals are not strange or surprising considering the fact that he was starting his teaching career.

The astonishing element that kept on recurring was that all of the neophyte faculty I interviewed had contemplated goals, normal reasonable goals and yet very little time, effort, evaluation or personal reflection occurred to facilitate or meet the learning needs

the participants identified. With all of the differences and commonalities in the goals that the mentees set, I find it very strange that none of the participants placed a greater importance on using their mentoring relationship to help meet their learning needs.

To date I have not found any good research articles that have extensively looked at the impact of goal setting and its importance in a mentoring relationship. The scope of my research project does not support a thorough examination of the topic, but it merits further study. Without a plan to meet professional learning needs, a formal mentoring relationship can only aid in mentee socialization. If you push the notion, you could also argue that enculturation may also be possible from using this same approach. There is no doubt in my mind that socialization is important but professional development is as equally important. Socialization alone does not offer enough support to assist an individual in the process of role transition.

Outsiders

When I pictured myself collecting data for this research project, I had envisioned sitting down in a nice quiet café in comfortable chairs with a nice cup of coffee. This did not happen. The café setting would not have provided privacy or create an environment conducive for audio recording. Instead I ended up conducting my interviews in offices with closed doors, in a kitchen, and an anatomy lab room. All of these settings left me feeling like I had intruded on my participants' lives. I did not realize how big an impact this one *external* element had on me until I started reviewing my field notes. This revelation inspired me to look at my participants' stories from the perspective of external forces impacting the mentoring relationships at the CSN.

Collateral Violence: the Same Old Song

In both chapter one and chapter two, I indicated that the profession of nursing has a history of collateral violence. There are several compelling examples of caustic interactions that were highlighted in Jody's words. Unfortunately Jody was not the only one to experience this phenomenon. Tamera described this scenario in our interview.

In one of the meetings where the [mentoring] pairing was announced, one ... mentor for whatever reason announced that he or she did not want to be a mentor after the pairing was announced, which I think was very embarrassing and uncomfortable for the mentee. [Another person at]...the meeting had said, "How come I wasn't part of mentoring last year. I would have really enjoyed being a mentor." ... [This person] ended up mentoring the "rejected" mentee. In the end the mentee didn't want the new mentor and they didn't really get along at all. Even though this event did not directly involve Tamera, it certainly made a strong enough impact on her to disclose it in her interview.

Laura had a similar tale to tell. "That first year, I remember talking to a few new people. There were a couple of people that weren't having a good experience in their mentoring relationships with not having someone as available." These words strengthen the notion that negative interactions among co-workers create rippling effects that can impact an entire group.

The insights and experiences that these participants shared indicate that below that mentoring mantle, caustic interpersonal currents flow within the work culture at the CSN. Some individuals are choosing not to embrace moments to share and dialogue in manner that honors professional etiquette and mentoring culture principles. This

reinforces the fact that some of the faculty at CSN may be utilizing antiquated or ineffective coping strategies that perpetuate poor interpersonal relationships.

It appears that the profession of nursing is still capable of eating its young, especially those who do not have an active mentoring relationship. There is not enough data in my interviews to ascertain the extent of or at what level the collateral violence existed or exists at the CSN, but it is important to note that collateral violence is certainly still one villain that plots the story lines of nursing educators' lives.

Influence of Others

Luckily there are positive external factors that I uncovered as well. Tom shared that he had many informal mentors prior to starting his job at the CSN. He stated that his past informal mentors included a nurse manager and nursing faculty that he had approached when he was a student. The person that Tom spoke about the most when asked about previous experience with mentoring was his older brother. Tom affirmed this when he said,

He [Tom's older brother] was always great in just giving me the time and the "big brother" type of advice I needed to hear some times – good or bad. You know, a pat on the back when I did something positive and sometimes that questioning look or "what the heck are you doing here" kind of statement to make me think about "am I going down the right path" and sometimes challenge my decisions to make sure that I am okay with what is occurring around me.

This relationship is obviously very important to Tom and definitely fits nicely into mentoring theory that states a mentor needs to both support and challenge their mentee in order for growth to occur (Zachary, 2000).

It is fantastic that Tom has a meaningful relationship with his brother, because all humans need support and understanding from others, but it raises a lot of questions. Was there not an opportunity for Tom to find equally meaningful relationships within the profession of nursing? Another question is whether or not professional relationships can provide that intimate and meaningful support that some individuals may be looking for? The last question it raised for me was whether or not Tom had access to relationships that were meaningful due to the fact there are a large number of females and small number of males found in nursing?

At this moment, I am wishing that I had the skills of a magician. It would be amazing if I could just wave my wand and answer all of the questions that I posed in my last paragraph, but it is not currently possible. The key idea here is that there are many external factors that can affect mentoring relationships. The external factors can be a part of the work environment or can come from personal relationships, just to name a few. When examining the needs of mentees in formal mentoring relationships at the CSN, it is certainly a factor that cannot be ignored.

Time

Now I would like to present one last key idea: time. When you look at all of the narratives and all of the other key ideas that I listed, there is one overarching concept that binds the whole package together and that is time. Insightful elements from participant narratives are presented below to connect the concept of time to the other key ideas.

Multiple New Roles and Self-Serve Mentoring

As outlined earlier, many of the new faculty have to manage several new role transitions when they move from working in a clinical setting to assuming the role of a

nurse educator. This process would take more time than navigating one role transition. Duplicate learning activities occur like 1) acquiring teaching skills for a classroom and a different set for the clinical setting, 2) physical orientation to two or more facilities, and 3) establishing psychosocial networks with two or more groups of peers. All of this duplication would require at least twice the amount of time it would take to orientate to one new role.

In the formal program at the CSN, all new faculty are matched with an experienced individual. No time investment is required on the part of mentee to initiate the process. When a prospective mentee needs to locate a mentor, which many of the participants needed to prior to starting their careers as educators, a considerable amount of time would be required to become acquainted with protective mentors. Once a prospective mentee in an informal relationship had selected a group of potential mentors, they would then need to spend time enquiring as to whether or not the potential mentors were interested in pursuing a mentoring relationship. In addition the mentee would also have to conduct research on literature to support and guide the mentoring relationship. This journey of self-directed learning and use of personal resources may be rewarding to a mentee, but it would definitely be time consuming.

Poor Goal Setting: Think, Plan, Do and Reflect

While looking the idea of time it is important that I refer back to the key idea of goal setting. Previously in this chapter I indicated that many of the participants in the mentoring program did not set specific goals for themselves in their relationships. However Zachary (2009) articulates,

[that] taking the *time* to reflect on your experience and you hopes for the future is critical to the success of your [mentoring] relationship. [Where] ...reflection in [a mentoring relationship] ... is the ability to critically examine your current or past practices, behavior, actions and thoughts in order to more consciously and purposefully develop yourself personally and professionally (p. 18).

It is not clear if any of the participants were aware of how reflection could maximize both time investments and outcomes in their mentoring relationship. The other possibility is that they did not feel that they had *time* to reflect. When many of the participants identified that they were trying to learn two new jobs at once I honestly think that *time* really was a factor here.

External Factors

The data from this study identifies that the external factors of location, access to multiple mentors in mentoring teams and work schedules can play a significant role in the amount of time needed for mentoring relationships. The following paragraphs will help illustrate this point.

Location, Location, Location

When I asked Tamera what she and her mentor did together to meet her learning needs, she was very succinct in her response. She very clearly stated that, "[we had a] very spontaneous relationship...our offices were almost across the hall from each other. We would walk in and out of each other's offices all the time with questions." Tamera did state that there were a few times that she and her mentor did go out for lunch or to a

social event, but concluded again emphasizing the importance of close proximity to her support person.

There is a certain sense of security people often feel when they know that help is right around the corner. Tamera was fortunate not only to have a *good neighbor* but a mentor that was always readily available to her. The relationship did not only provide *easy access*; it also saved Tamera a lot of time. This combined with the facts that Tamera and her mentor had a previous social history and were also involved in teaching the same course allowed for a quick connection and mobilization of what Tamera felt was a very successful relationship.

In direct contrast to Tamera's experience Laura commented on a very different situation. Laura highlighted that faculty office spaces were located in two physical locations on the CSN campus. This in itself may not have been a huge issue but at the time of our conversation Laura stated that new faculty were housed in one place and the experienced faculty in another. This physical divide would make it next to impossible for a mentor and a mentee to experience the rewarding and *time saving* partnership that Tamera and her mentor enjoyed.

Streamlining the Process

The year that Laura started her job at the CSN was the only year that mentoring teams were used. Laura indicated that her junior mentor was very instrumental in guiding her through processes things like filling out time sheets and other essentials. The main focus for Laura and her junior mentor was to navigate the challenges of teaching a physical assessment class; as a result quite a few of their meetings centered on reviewing anatomy. Being a part of a mentorship team also gave Laura a chance to interact with

another mentee, junior mentor and a senior mentor. Laura's team would periodically meet for lunch. She commented that this was a "great way to debrief from clinical or just *perception check* about some things." Some of these lunchtime gatherings would draw in peers who were not part of the team into the conversation and sharing.

The relationship that Laura described also would have saved her time, especially when it came to reviewing anatomy. The lunchtime meetings that Laura and the rest of her team participated in gave the entire team a chance to connect over one lunch break instead of having several independent meetings. The other key time saving factor is that any member of the team could approach another member at any time, so if Laura's junior mentor was not available she could go to the other junior mentor or the senior mentor on the team.

Schedule Battles

In our discussion Laura shared some thoughts on what she felt could be barriers in mentoring relationships. One major barrier that Laura identified was work schedules. She explained a recent change in the scheduling of classes, labs, and practice education had made it very difficult to schedule faculty meetings and lunchtime mentoring events at times where everyone could attend. Laura did not state whether the new schedule made it difficult for mentors and mentees to connect, but it is certainly within the realm of possibility. She did indicate that all of these changes are having an impact on her peers when she stated, "I've talked to people and [they have told me] how detached...[they] feel." While all of this strongly resonates with the idea of time, it also very strongly connects with the notion of external elements as well.

Bringing All of the Pieces Together

Before I started my Master's thesis I thought that I had a strong understanding of what mentorship was about both in theory and practice. Once I started my research I was still confident that my participants' stories and thoughts would only support the knowledge that I already had. I could not have been more wrong. There are so many things that I have learned through this journey. I am unsure that I could capture it all on paper in my lifetime, but I have been able to capture key elements and major themes here.

Throughout the data collection, I lived within a matrix of fluttering and shifting meanings. My reflections upon the interviews included questions, feelings, speculations, hunches, ideas, analogies, impressions, clarifications, and evoked revelations of my own thinking in and through the notes that served the purpose of crystallizing the meanings. The overarching theme of time touched on saving time and things that could not be accomplished because of a lack of time. Some of the participants found that the key time saving approaches were having office spaces in close physical proximity for mentors and mentees and being in mentoring teams. Schedule revisions hindered participants in being able to meet as a faculty group and may have similarly impeded mentoring pairs from also connecting. These same time demands have also impacted the ability and or the desire for faculty at the CSN to formalize learning goals in their formal relationships, evaluate and most importantly reflect on their experiences.

Under the major theme of time, I discovered four sub themes. The first sub-theme was navigating the division of personal resources that most of my participants had to make when they were actually starting two or three new jobs at once. The second sub-theme identified was that within informal nursing mentorship relationships, there was a

self-serve only policy where the mentees were only offered help when they requested it. The third sub theme highlighted that the mentors and mentees were underutilizing their formal mentoring relationships by not establishing formal learning goals and then evaluating their progress. The last sub theme looked at external factors influencing on mentoring experiences and highlighted continuing collateral violence and supports offered by mentors and outside the work environment.

As I represent the study in a rhetorical style, I employed reflexive accounts of myself, meanings, and the processes through which meanings emerged. The range of meanings is inherently eclectic and evolving; however, I have particular understandings from my relational vantage points. There is no doubt that the formal mentorship program is has met some needs of on novice nursing faculty at the CSN. It is evident from the narratives of my participants that some of the outcomes have been less than desirable and others aided mentees in their role transition. The ultimate testimony to whether or not formal mentoring program was meeting mentee needs was that all four participants eagerly agreed that they would like to contribute to the process in the future by taking on the role of being a mentor.

Chapter Summary

This chapter looked at the addressed data that was collected for this research project. After sifting through the rich experiences that each participant provided and using a constant comparative methodology, the four voices combined into one from which five key ideas unfolded. The patterns within the participants' narratives were presented to illustrate how the key ideas were formed. That being said, there are number of things that the CSN might want to look at to improve and streamline their program. In

addition this project has raised some critical questions that remain unanswered and call for further research to be carried out. Both of these elements are explored in my next chapter.

CHAPTER FIVE

Reflecting on the Journey

Chapter four highlighted data collected from this study, which was analyzed, and formed into key ideas. Clustering data alone does not facilitate learning and enlightenment. Moving from what was understood to how understandings can be used in the future is an essential part of closing a cycle of reflection. Howard (n.d.) explains,

In one sense I can understand our need to look back that day. After all, it is what we humans do. We look back to re-live experiences. We interpret the events, make sense of what has happened, make connections, speculate, and weave stories. And all of this revisiting of experience is a manifestation of memory. ...

Looking back guides our way forward. In a life, as in a career, there are times when we are more likely to turn around and survey the landscape behind us.

Memory informs the future. It provides a depth of field (para 6).

This chapter will expand on the five themes listed in the last chapter by identifying meaning, looking at how the themes fit into a larger context, examining some of the critical questions raised, and highlight areas for future research. This chapter advances the participants' narratives from a state of personal memory to an understanding that provides depth in the field of mentoring research that may serve as context for shaping the future.

Twelve years ago, I started a journey, perusing a concept that captured my attention. Mentoring within the nursing profession was the concept that had enthralled me and gave me hope that welcoming and nurturing behaviors could become a part of this

profession's culture. When I reflect on the evening when mentorship first caught my attention, it feels like it was a lifetime ago. My nostalgic thoughts and feelings about that night in turn bring me back to an article that I read earlier in my research work. In that article, van Manen (2006) discussed phenomenology by relating it to an ancient Greek myth about Orpheus. My first curious inquiries into the idea of mentorship now are starting to feel like ancient myth to me. I have learned and changed a great deal since that time. Naively I also envisioned that nursing culture and professionalism, as a whole, would have followed suit in its own evolution. However, I have become painfully aware that the growth of a group is much slower than it is for an individual.

That being said, the formal mentoring program at the CSN has evolved to meet some of the needs of new nursing faculty and has created ripples that move from the mentoring pairs into an integrated part of the entire mentoring culture of the RN program. I have been able to explore my initial question about what the needs of new faculty in a formal mentoring program were and discovered some interesting and troubling issues. Acknowledging these things is not enough. It is essential in scholarly work that new learning is closely tied to application and suggestions for future research. Therefore, without further delay, I will look at where the information from this study may take us.

Discussion of Themes

The next several sections of this chapter will take a closer look at what the identified themes of meaning with the context of this study, within a larger context, and areas for future research will be suggested. van Manen (2002) explained

A phenomenologist does not present the reader with a conclusive argument or with a determinate set of ideas, essences, or insights. Instead, he or she aims to be

allusive by orienting the reader reflectively to that region of lived experience where the phenomenon dwells in recognizable form. More strongly put, the reader must become possessed by the allusive power of text-taken, touched, overcome by the epiphanic effect of its reflective engagement with lived experience (Touching, para 4).

It is important to note that the findings of this study are not generalizable to all nursing faculty, but serve as points of *knowing* that can aid in illuminating unknown variables, planning mentoring activities, planning retention and recruitment initiatives, and conducting future research.

Conquering the Divide

Phenomenology relies upon complex descriptions of the life world, but goes beyond lived experience or empirical data in translation. The goal of phenomenological research is to uncover hidden truths about mundane lived experiences and occurrences (Shank, 2002). I felt on the cusp of understanding throughout the entire research experience with meanings growing and extending beyond. This certainly is true with one of the themes that emerged from my research. One theme I uncovered from this research project was conquering the divide which focused on how new nursing faculty were having to physically, emotionally and intellectually divide up their attention amongst starting the equivalent to two or three new jobs at the same time. Participants accepted the practice of dividing their energy as being a normal requirement of their jobs. The personal tug of war that nursing faculty at the CSN face is not novel to their practice environment.

The faculty at the CSN has normalized chaotic and heavy demands that are placed on neophyte nursing faculty. The exact practices, policies, and attitudes that contributed to the normalization of this phenomenon were not identified by this study. Due to the attitude of acceptance by established faculty, which is later adopted by novice faculty, this group of nurse educators may not even be aware that this is an issue.

This horizon expands when Savage, Karp and Logue (2004) stated that, "new faculty are [also] faced with increased teaching and advising responsibilities while they also are dealing with rapid technological changes" (p. 21). These authors highlighted even more new faculty role responsibilities than my research suggested. Hermeneutic circling of this phenomenon rendered information that could be vital for post secondary administrators to consider when assigning new nurse educators to their teaching duties. Innovative and creative scheduling may need to be looked at in order to decrease the orientation demands being placed on new faculty.

Clinical Faculty: Maintaining the Connection

If I asked you to close your eyes and imagine nurses at their jobs, you would probably picture them involved in some type of patient care or the praxis of nursing theory. Every nursing program that I am aware of requires students to take courses that focus on the students taking knowledge and skills that they have learned in classrooms and labs and applying it to patient care settings. These courses are often referred to as clinical rotations. Like other learning opportunities, clinical rotations involve nursing faculty being present to teach and evaluate student progress. Nurse educators that work with students in practice education settings are often called clinical faculty. Three out of the four participants spoke at length about their experiences as clinical faculty during

their first year of work. The lifeworld existential of lived space helped connect experiences expressed in all three narratives and pointed to disconnection from resources and psychosocial support from other nurse educators. The following paragraphs will help illustrate this point.

It is important to note that clinical rotations all occur in agencies outside the CSN. Oermann (1998) explained, "in some programs clinical teachers are 'invisible' faculty" (p. 333). When new nurse educators leave the CSN campus with a group of students for practice education in clinical rotations, they disappear out of sight and mind of faculty teaching on campus or teaching in other clinical sites. This was especially true for Laura, who was assigned two clinical groups in her first term. With the majority of Laura's assigned work time off campus, she did not have as much *time* to connect with experienced individuals.

Adding to the complexity of the clinical issue, many participants identified that they were required to carry out practice education in patient care environments in which they were not familiar. When RNs move to a new clinical environment or practice area, they require many hours of education and orientation. Rosser, Rice & Campbell (2004) describe a mentoring program that was designed to help experienced RNs adjust to new specialized care area. The mentoring relationships these authors described involved a considerable amount of *time*, skill acquisition, and knowledge development taking place prior to mentees feeling comfortable in their new role. Shockingly, the participants of this study only alluded to having one or two days of orientation to a new patient care setting before they were to bring inexperienced students to carry out patient care. This is definitely another issue for consideration by the CSN.

This challenge is not unique to the RN program that this study examined. Case and Oremann (2005) explained that having clinical faculty that are well acquainted with patient care settings that are used for student practice education is critical. "Effective clinical teachers ...cement their relationship with the unit staff and leadership by demonstrating clinical competence" (Case & Oremann, 2005, p. 136). From personal experience, I know that when I started a job on a new nursing unit I would not have claimed to have *clinical competence* after one or two orientation shifts.

Steps need to be taken to address this issue. Placing faculty in health care settings that match their skills set would be an easy place to start. Then focusing on adequate orientation to new care environments, consistent assignment to the same clinical teaching site, and collegial support are important steps to take (Oermann, 1998). The suggestions that Oermann (1998) made may be useful for any nursing program to take a look at when creating clinical assignments for novice faculty.

Interchangeable Roles

There is one more notion that supports the theme of conquering the divide. In chapter four, I identified several roles that new nurse educators could need to master in their first year of teaching. These included lab instruction, clinical instruction, classroom teaching, and course supervising. Jody was the only participant in this study that indicated that she was required to assume all of these roles in her first year of teaching. The experiences that Jody shared in her narrative clearly indicate that the skills she acquired in the first semester did not prepare her for the additional roles that she needed to tackle in the second semester. Jody provides only one voice to this experience, yet there is strength in her words. When I removed Jody's experience from this theme, it

weakened and lost a layer of meaning. The faculty and administration that the CSN need to recognize that the teaching skills required in each of these roles is different (Englemann, 2005) and that each new teaching environment presents its own learning curve.

Examining different problem solving strategies like providing extra time and resources for helping all nurse educators adjust to each new role they assume including that of mentoring-be that as mentee or mentor-may be helpful. More research is needed to properly define and specifically articulate the differences between these roles so that administrators and educators alike can make informed decisions about assuming new roles within their careers as nurse educators. In addition, administrators who plan work assignments for their educators may want to ensure and/or that educators do not take on more than one new role at a time.

Concurring the Divide Summary

Novice nursing faculty are pulled in many directions when they transition from their roles as an experts at the bedside to beginners as educators. The tug and strain that neophyte nursing faculty face appears to be an accepted norm, at least at the CSN. The information presented above suggests that there are other options that could be employed to mitigate the forces that pull at new nurse educators, but that further deconstruction of this concept and more research is required to understand this phenomenon.

Self- Serve Only

Another theme that emerged from this study was notion self-serve only policy of informal mentoring in nursing. All participants in this study were asked about their mentoring experiences prior to entering their careers as nurse educators. The rationale for

asking this question was to identify some of the expectations and/or preconceived notions that participants may have possessed at the beginning of his or her mentoring relationship at the CSN. In essence, I was hoping to reveal and to some extent bracket previous experiences and ideas that participants had prior to initiating their mentoring relationship as nurse educators. The success of this maneuver is debatable; however participants' responses provided the foundation from which this theme grew.

Three of the four participants recounted they had experienced informal mentoring prior to starting their positions at the CSN, and one did not acknowledge having any mentors at all. This in itself is not unusual; the unexpected finding was that participants initiated the majority of these relationships when participants were in the mentee role. In other words, experienced individuals were not actively looking for opportunities to support novices, but might oblige if they were approached.

This may mean that mentee initiation of informal mentorship relationships is a cultural norm in nursing. To my knowledge, there has not been any research that has looked at or uncovered this concept. Yet there certainly are authors that have hinted at it. Thorpe and Kalischuk (2003) explained that,

in the busy-ness of the daily work setting, it is easy to concentrate on our tasks at the expense of spending time with colleagues. ...In our professional lives as ...we often have felt overwhelmed by the many demands placed on us, ...we recognize our own isolation, which placed an even greater burden on each of us to achieve success (p. 8).

These authors are suggesting that heavy workloads may be pushing individuals to manage on their own.

It is also surprising that nurses are not recognizing that new individuals need support. One of the fundamental theories taught to nursing students is the nursing process, which is a systematic approach that is used to assist nurses in making decisions. The nursing process consists of five primary elements that include assessment, diagnosis, planning, intervention and evaluation (Quan, 2009). This approach reflects the scientific process, educational process, and other basic decision making models that are used by a wide variety of professional groups. The first step of the process is to carry out an assessment of a client, family, group or community to discover the underlying issue or issues (Quan, 2009). I find it incredibly strange that nurses, who are so steeped in the concept of assessment, do not stop to assess the needs of its newest members.

Phenomenologists *seek* meaning (van Manen, 2002). By sifting through and reflecting on the texorium generated from this study, the above discussion reveals that participants were accustomed to finding their own mentors as when they worked as bedside nurses. When they started their new careers as nursing faculty, mentors were provided for them, which would have saved the participants a considerable amount of *time* and effort that would have been required to find their own mentors. The ease and ready access to mentors may have skewed the participants' evaluation of the formal mentoring program meeting their needs. It is definitely a common factor that warrants close attention.

Authors from the business world advocate that informal mentoring relationships are more effective and meaningful than formal mentoring relationships. They also advocate that formal mentoring programs are geared to meeting organizational needs and cannot replicated the same superior outcomes that can be achieved through informal

relationships (Baugh & Fagenson-Eland, 2007). There was no data provided by the participants that indicated whether formal or informal relationships were more beneficial for the participants. During my interviews, I did not delve deeper into this topic as I was focused on assessing the needs of the participants in a formal mentoring relationship. The topics of mentees having to find their own mentors or *self-serve mentoring* and the differences between formal and informal mentoring in nursing and nursing education certainly would benefit from further investigation.

Under Utilization of Mentoring Relationships

The third sub theme of this research project centered on the fact that some individuals at the CSN were not taking full advantage of their mentoring relationships because they had not set clear goals. This strongly suggests that either the formal mentoring program at the CSN was not providing mentees with the information they need to be successful in their relationships, mentees chose not to follow provided information, or that they feel they did not have enough *time* to set goals. Only one participant identified that she had set goals for her mentoring relationship, so a lack of knowledge certainly may play the greatest role in poor goal setting in mentoring relationships.

New nurse educators may not be aware of how to access educational opportunities. Many of the RNs that work at the bedside or other areas of practice have access to Clinical Nurse Educators (CNE) or Clinical Nurse Specialists (CNS) in their particular area of practice. CNSs

promote excellence in nursing practice and serve as role models and advocates for nurses by providing leadership and by acting as clinicians, researchers, consultants and educators. ...they assist in providing solutions for complex

health-care issues at all levels with clients, ...[and] are leaders in the development of clinical guidelines and protocols, and promote the use of evidence, provide expert support and consultation, and facilitate system change (CNA, 2009)

CNEs fill a similar role but do necessarily not have advanced degrees.

Nurse educators who that leave their clinical practices are accustomed to accessing assistance of these expert nurse clinicians when they encounter patient care issues, educational needs, or need assistance with policy reviews. There is no equivalent to this position at the CSN or any other nursing school that I have researched. This shift may have a huge impact on neophyte faculty as they may feel that they need to solve complex student issues and develop ongoing learning opportunities independently. Tom certainly found this to be an issue at some level as he commented on the fact there was not just one person he could go to for help as he had in his clinical practice. He indicated that it would be helpful if there were an equivalent to a CNE or CNS at the CSN where everyone could go for consistent answers and assistance in meeting continuing professional development needs including goal setting. With the continued forecasts of nursing faculty shortages (Canadian Association of Schools of Nursing, 2010; Reinhard & Hassmiller, 2009) having familiar support systems in place to assist with goal setting and role transition could be an important consideration. These factors may become critical components in facilitating the recruitment and retention of new nurse educators.

Outside Influences

The fourth sub theme focused on outside influences. The next couple of paragraphs will take a closer look at this sub theme.

All through the study, I found myself perpetually within transitive understandings; yet, I am challenged to render this shifting essence of meanings as I frame particular life clips within a dynamic social context. Collateral violence, an ever-persistent villain on the nursing stage, is one of the most pervasive external forces that was identified. Naming collateral violent behaviors is not enough; it is like cleaning a dirty floor and instead of disposing of the debris, a person just sweeps it under the rug. The meanings of the experiences of each participant did not emerge all at once, but accrued throughout the research study.

A recent commentary rearticulated that all nurses have a responsibility to be civil to new graduates and new hires (Heppeli, 2009). I certainly agree with this author in that drafting a policy or having management take leadership on the issue will not simply resolve the problem of interpersonal conflict. Heppeli (2009) suggested that a buddy system is an effective way to manage this problem. The recounts that the participants shared would suggest that this alone might not enough.

It is imperative that further research be conducted on collateral violence within the profession of nursing. Ideally, this research should include where and how often the conflicts are occurring, in what type of work settings, and what is being done to decrease the occurrences. While mentorship may play a role in minimizing the impact of negative social factors in a work environment, it is only one approach, to a very complicated problem.

The CSN and other nursing faculty groups may want to look at innovative strategies that various health care settings have implemented to try to increase the quality of work-life balance for nurses. The Quality Worklife Quality Healthcare Collaborative

(QWQHC) is an organization that has set standards for improving the worklives for individuals who are employed in healthcare settings (2007). QWQHC has not only set standards, it has also developed frameworks, assisted in implementing programs and demonstrated passion about sharing successful strategies for interested parties on a national level (2007). Parallel program construction and use of similar strategies may be successfully implemented in academic settings. Imagine what it might be like if nursing students were introduced to a working culture where nursing faculty felt valued, empowered, and challenged but not overworked. Would that not be refreshing?

Part of work-life balance involves recognizing the value of family, friends, and extracurricular interests that nursing faculty have. Tom indicated in his interview that his relationships outside the work environment were not only important, but that his older brother was even a mentor to him. It is imperative that nursing faculty work cultures develop an awareness of the importance that extracurricular activities and family hold for faculty. Tom also indicated that he would choose a person that has interests outside of work as a mentor before he would select someone who was *married to their career*. Both of these comments point to a need to conduct further research on the number and types of external factors that have an impact on mentoring relationships.

Relationality Summary

The themes of *self-serve only* and *poor goal setting* emerged from participants' narratives when each was examined with the lifeworld existential of relationality. It is not surprising that two themes were rendered through the reflecting on the *lived human relation* or relationality that focuses on "our lived relation to other human beings" (van Manen, 1990, p. 185). The very essence of mentorship focuses on relationships. The

horizon of the mentoring relationships was rich with data and therefore illuminated more themes than the other lifeworld existentials. Mentoring relationships initiated in a *self-serve only* style may be a cultural norm for bedside nurses and may frame expectations of neophyte nurse educators in formal mentoring relationships. Dynamics within formal mentoring relationships have certainly played a role in *goal setting* for participants in this study. The existential of corporeality alone did not directly resonate with the data collected in this study; however temporality played a major role. The last theme of this study and the existential of temporality are examined in the paragraphs that follow.

Time

During the analysis phase of this study, I was confronted with a consistent and lingering irritation that drove my writing and rewriting process. The irritation I felt can be likened to a lump in bedding or a sliver just under the skin. I was able to sense the irritation, but not able to readily identify or *touch* the phenomenon. When I used the existential of temporality to interpret data from this study, the sense of irritation intensified. Multiple and overlapping elements from all the narratives repeatedly emerged when examined within the context of temporality. Frustration mounted, as I knew I had identified a phenomenon, but could not put a name or label to the noematic object. Finally, after reviewing a mini phenomenological study I had completed in one of my master's courses, did my persistent irritation finally abate. Temporality was not only the existential framework I had been contemplating, but also was the label I had been grasping for. All of these revelations identified the theme of *time* as an overarching theme. The theme of time will be examined in this section and future research recommendations that relate to this theme are made.

The practice of critical thinking is often touted as being the most important skill and competency a nurse can have. Critical thinking "is the ability to think in a systematic and logical manner with openness to question and *reflect* on the reasoning process used to ensure safe nursing practice and quality care" (Heaslip, 2008, para 2). I would like to suggest that this definition also equally applies to nurse educators with the addition of the words *provide quality education*. In order for nurse educators, both new and experienced, to teach and role model this essential skill for their students, they need time to reflect on teaching methods and approaches. All of the participants reported not formally evaluating the outcomes of any of the goals they had set. None of the educators I talked to specified why they had not evaluated their progress. Instead, they made vague statements about increased confidence and therefore assumed that their goals had been met. I find this to be hypocritical. As nurse educators, we ask our students to spend hours contemplating their choices and what they have learned, and yet we do not take the same *time* to stop and look at what we have learned and accomplished.

One major element that may be causing this to happen is that nurse educators find that they are not given enough time to think, plan and reflect (Gazza & Shellenberg, 2005). This may be a clue as to why so many mentees did not take the time to maximize their formal mentoring relationships by establishing formal learning goals. More research is needed to look at the reflective practices of nurse educators and how it influences participation in mentoring relationships and ultimately, faculty-student interactions.

I currently work as a nurse educator, and there is no doubt in my mind that it is a very time-consuming occupation. There are times when I wonder whether the work that we are doing is truly important in facilitating student education. Many of the assignments

and other methods of assessing student achievement have not changed since I graduated over 11 years ago. Are more efficient ways to carry out the business of nursing education?

About a year ago I was introduced to a new patient care approach being used in acute hospital settings called Releasing Time to Care (Institute for Innovation and Improvement, 2009). The concept behind this patient care approach is that nursing staff analyzes one aspect of patient care in order to isolate activities and other investments of time and energy that do not facilitate a particular goal of patient care. The creators of this relatively new program, to date, are impressed with the progress and outcomes. I am very encouraged to see that measures are being taken to use nurses to their full scope of practice and maximizing their time and energy. This innovative approach got me pondering whether or not this approach could be applied elsewhere. Do nurse educators *really* have to be as busy as they are?

All of the participants indicated that they would be interested in facilitating the role of mentor but were concerned about *time* constraints and maintenance of a work-life balance. It is possible that both formal mentoring and informal mentoring are not occurring as frequently as they could, if individuals feel too bogged down by the obligations of their assigned teaching duties to do anything else. Nurse educator workload is one area that certainly needs more in-depth research, especially in the area of maximizing efficiency of nursing faculty activities. Information from this vein of research would also undoubtedly shed light on mentoring relationships and culture among nursing faculty groups. The CSN and any other organization that has or is

considering the use of a formal mentorship program would benefit from taking a close look at the factor of *time*.

The above information along with all of the word *time* highlighted several times in the discussion of the other four sub themes support time as the over arching theme of this research project. The concept of time has been approach from several different angles within this research project; however it is quite possible that time mediates more variables in mentoring relationships than goal setting, having time to connect and so on. The variable to time and how it effects meeting the needs of mentees and other aspects of nursing faculty mentoring relationships is another area that could be examined in future research projects.

Other Areas for Future Consideration and Research

There are two other concepts that were indirectly related to this research project that I would also like to suggest require closer examination. The first topic is the concept of gender in mentoring relationships. The majority of research on gender and mentoring has center on the experiences of women in mentoring relationship in the field of business (McKeen & Bujaki, 2007). This pool of knowledge may be insightful in business circles where the majority of supervisors and management personal are mostly men. However, the opposite is true for nursing faculty where women make up the majority and men are in a minority position. There was one male participant in this study, but there were no notable differences in the experiences he shared in comparison with the other three female participants. Due to the marked difference noted in experiences reported by females and males in business (McKeen & Bujaki, 2007), it would make sense that when the variables are reversed that different experiences could be identified. The experiences

of gender in mentoring relationships, particularly male nursing faculty, is another topic that requires more investigation.

The concept of diversity has appeared from time to time in this research project. Earlier, I identified that the group of faculty at the CSN was a relatively homogeneous group and the diversity did not play an overt role in mentoring activities at time I collected data. This has recently changed with the addition of a faculty member who represents a minority group. More individuals that represent diverse populations may join this group of nursing educators as well. As Mkandawire-Valhmu et al. (2010) outlined in chapter one, mentoring and diverse nursing faculty is a poorly understood phenomenon. The business world has studied the concept more broadly than any other group that I have found, and suggest that race continues to be a critical factor in mentoring relationships (Blake-Beard, Murrell, & Thomas, 2007). Most of the research in this area comes from the United States and looks at African American and Hispanic individuals. The ideas expressed by Mkandawire-Valhmu et al. (2010) and Blake-Beard, Murrell, & Thomas, 2007 may be helpful in assisting the CSN and other organizations that offer formal mentoring programs examine factors that are unique for individuals from diverse populations. If diversity is not considered, mentoring may be viewed as a means of *normalization*, which preserves the dominant group as the only accepted standard (Blake-Beard, Murrell, & Thomas, 2007). Again, this is area requiring more research.

Theory Generation Versus Meaning

The findings from this study were not generated with the purpose of creating theory. The goal of this research was to point a spotlight on the *needs*, the lived basic driving force in any mentoring relationship, of neophyte nursing educators in formal

mentoring relationships at a technical college. In essence, it was to capture a snippet of each participant's lived experience. The only theory that I was able to locate that focused nurse educators and mentorship in technical colleges was in the work by Sheridan (2010). The Mentorship Development Model (Sheridan, 2010) only connects with the data collected from this study on a few points. The first point was participants all alluded to progressing in their comfort level as nurse educators. This may mean that they progressed from the stage of novice to that of advanced beginner. The narratives the participants in this study shared, hint at connections with several of the spokes in the model. The clearest connection was with the mentorship spoke and education spoke of the model. There were suggested connections with the professional development spoke and organizational spoke. No connection was made with the leadership or scholarship spokes. These connections in no way prove or disprove this theory, but do suggest that future investigation using this model with nursing educators would be prudent. The Mentorship Development Model (Sheridan, 2010) may also be a useful tool for formal mentoring program development and evaluation (see Appendix E).

Additional theory development on mentorship and nursing faculty at technical colleges needs to be developed and explicated. While models from other disciplines may be helpful not all elements of the models will apply to every group. "When we gather a great deal of information about one group and use that information to generate theories and policy that we then apply to the other groups, this exclusion inevitably leads to faulty generalization or incomplete models and theories" (Blake-Beard, Murrell, & Thomas, 2007, p. 226). The faculty at the CSN differ enough from: 1) business which is driven from profit, 2) education that focuses on pedagogy for children and adolescents, 3)

clinical nursing practice that centers on patient care, and 4) university based nursing faculty, which need to achieve tenure; that independent theory generation would be prudent.

While this thesis did not generate theory, it does offer something else: meaning. Writing about the needs of new nurse educators in formal mentoring relationships has rendered "understanding [that] is distinctly existential, emotive, situational, and nontheoritic" (van Manen, 1997, p. 346). The information that has unfolded from this analysis transcends the known needs of individuals in the process of role transition, such as duties, location of the lunchroom, and pay dates. Through the process of writing, the lived experience of four individuals has been captured and named before it evaporated into the oblivion of thought and memory.

Journeys End

It may be unconventional to bring my methodology back into this chapter at a point where I am preparing to close my thesis. However, after spending a considerable amount of time with the subject of phenomenology I have come to the understanding that it is very flexible. This discipline of inquiry will survive my *creativity*.

Many unanticipated meanings were revealed, and questions continuously arose in my mind during the course of the interviews depending upon what the informants said or did not say. In chapter four, I acknowledged that I felt I had a strong understanding of mentoring theory, research, and application prior to starting my research but after analyzing the data from the interviews, I realized that I still had a lot to learn. This was a hard lesson to swallow but a necessary step in my evolution as a phenomenological researcher. As LeVasser (2003) pointed out phenomenological thinkers must

assume that we do not know or understand something in order to attain the philosophical attitude. When we begin to inquire in this way, we no longer assume that we understand fully, and the effect is a questioning of prior knowledge. (p.417).

I can find no better words to describe the mental framework that I used to bracket my previous knowledge and assumptions. Throughout this entire process, I was continually astonished at how writing about others' experiences could change my normal patterns of thinking.

At this juncture, it is appropriate to take a few steps back from theoretical abstractions and future application and take a holistic view of what has transpired here (van Manen, 1982). The simple act of pairing an experienced person with an inexperienced person for the purpose of sharing knowledge is a relatively simple and common occurrence. When this interaction is viewed through a phenomenological lens, the simplicity fractures into multiple different fragments and hues. Where understanding moves "between name and reference, perceived objects and mental objects ... toward the changing contexts of meaning"(p. 714, van Manen, 2006). This is exactly what has occurred with the concept of mentorship in this research project.

As a phenomenological researcher I do not claim generalizability of findings and do not problem solve. Instead, the questions posed are meaning questions that "point to" and "point out" (van Manen, 1997, p. 26) that reveal not only events themselves, but the meanings underlying events including assumptions, beliefs, and positionality in the lived world of nursing. Via probing the defined and understood parameters of mentoring relationships at the CSN, the lived experiences of Jody, Laura, Tamera, and Tom were

rendered anew (Burch, 1989). Reflective analysis of their words and experiences has clarified and given structure (van Manen, 1990) to what some may argue is just a formalization of civil human communication and interaction. After teasing out knots of insight, mentorship becomes more than an occupational orientation tool. It becomes an established pathway that provides direction from which the lived experiences of others can be viewed.

Concluding Thoughts

The purpose of this research project was to determine what the needs of new nursing faculty were in mentoring program at a CSN. After interviewing four nurse educators that had been working in the RN department for over one year I was able to determine that the program is definitely met some of their needs. Some of the outcomes the participants reported were positive and aided neophyte nurse educators in adjusting to their role to some degree. The supportive outcomes centered on psychosocial functions of mentoring and no clear identification of career functions were identified (Kram, 1983). The organizers of the mentorship program at the CSN have many areas where program improvements can be made. This study also uncovered numerous areas for further research and theoretical development, which need to take place in order to have a holistic understanding of how this educational approach really shapes the experiences of nurses that move from the bedside to the classroom.

The practice of mentoring was first captured in Greek mythology, but has been a social norm in one fashion or another since the dawn of human evolution. Basic tenets of mentoring behavior can even be observed in other species as mothers and other members of animal social groups teach survival skills to their young that augment those that cannot

be conveyed through instinct alone. In a time where human society is spinning in faster and faster circles that create centrifugal forces that inhibit our natural desires to connect, share, and reflect, it is not surprising that many individuals are drawn to a framework that is strongly grounded in history and has strong links to nature. Unlike our animal neighbors, the act of mentoring does not come as naturally to all individuals in our society. Mentoring can serve as an instrumental perspective in aiding in the evolution of human thought, behavior and interaction when there is more knowledge generated and disseminated to facilitate the buying into and role modeling of constructive mentoring outcomes. Mentoring alone cannot change the work climate within the nursing profession and educational institutions, but it can create a positive change one relationship at a time.

References

- Alberta Human Resources Department (2003). Finders keepers: Recruitment and retention strategies. Edmonton, AB, Canada: Government of Alberta. Retrieved from: <http://alis.alberta.ca/pdf/cshop/FindersKeepers.pdf>
- Annells, M. A. (1996). Hermeneutic phenomenology: Philosophical perspectives in nursing research. *Journal of Advanced Nursing*, 23(4), 705-713. doi:10.1111/j.1365-2648.1996.tb00041.x
- Austin, A.E. (2002). Creating a bridge to the future: Preparing new faculty to face changing expectations in a shifting context. *Review of Higher Education*, 26 (2), 119-144. doi: 10.1353/rhe.2002.0031
- Bartfay, W. J. & Howse, E. (2007). Who will teach the nurses of the future? *Canadian Nurse*, 103(7), 24-27.
- Bastable, S. B., & Doodly, J. A. (2008). Behavioral objectives. In S. B. Bastable (Ed.) *Nurse as educator: Principles of teaching and learning for nursing practice (3rd ed.)*(pp.383-422). Mississauga, ON, Canada: Jones and Bartlett Publishers.
- Baugh, S.G., & Fagenson-Eland, E. A. (2007). Formal mentoring programs: A "poor cousin" to informal mentoring relationships? In B. R. Ragins, & K. E. Kram (Eds.), *The handbook of mentoring at work: Theory, research, and practice* (pp.197-222). Thousand Oaks, CA: Sage Publications Incorporated.
- Benner, P. (2001). *From novice to expert: Excellence and power in clinical nursing practice (Commemorative Edition)*. Upper Saddle River, NJ: Prentice Hall Health.
- Blake-Beard, S. D., Murrell, A., & Thomas, D. (2007). Unfinished business: The impact of race on understanding mentoring relationships. In B. R. Ragins, & K. E. Kram

- (Eds.), *The handbook of mentoring at work: Theory, research, and practice* (pp. 223-248). Thousand Oaks, CA: Sage Publications Incorporated.
- Block, L.M., Claffey, C., Korow, & M.K., McCaffrey (2005). The value of mentorship within nursing organizations. *Nursing Forum*, 40(4), 135-140.
doi: 10.1111/j.1744-6198.2005.00026.x
- Bogdan, R. C., & Biklen, S. K. (2003). *Qualitative research for education: An introduction to theories and methods* (4th ed.). Boston, MA: Chestnut Hill Enterprises, Inc.
- Boswell, C., & Cannon, S. (2005, July). Quick reads. Too much material, too little time: I'm drowning as a novice faculty member. *Nursing Education Perspectives*, 26(4), 208-208. doi: 10.1043/1094-2831(2005)026[0208:QR]2.0.CO;2
- Boyle, P., & Boice, B. (1998). Systematic mentoring for new faculty teachers and graduate teaching assistants. *Innovation Higher Education*, 22(3), 157-178. doi: 10.1023/A:1025183225886
- Bozeman, B., & Feeney, M. K. (2008). Mentor matching: A "goodness of fit" model. *Administration and Society*, 40(5), 465-482. doi: 10.1177/0095399708320184
- Brounstein, M. (2000). *Coaching and mentoring for dummies*. New York, NY: Wiley Publishing Incorporated.
- Brown, H. N. (1999). Mentoring new faculty. *Nurse Educator*, 24, (1), 48-51.
- Buchan, J., & Calman, L. (2004). *The global shortage of Registered Nurses: An overview of issues and actions*. Geneva, Switzerland: International Council of Nurses.
Retrieved from <http://www.hrhresourcecenter.org/node/596>
- Burch, R. (1989). Phenomenology and its practices. *Phenomenology and Pedagogy*,

- 7, 187-217. Retrieved from <http://www.phenomenologyonline.com/>
- Bryman, A., & Teevan, J.J. (2005). *Social research methods: Canadian edition*. Don Mills, ON, Canada: Oxford University Press.
- Cadmus, E. (2006). Succession planning: Multilevel organizational strategies for the new Workforce. *Journal of Nursing Administration*, 36(6), 298-303.
- Canadian Association of Schools of Nursing (2010). The case for healthier Canadians: Nursing workforce education for the 21st century. Published by author. Retrieved from http://www.casn.ca/en/Whats_new_at_CASN_108/items/82.html
- Canadian Association of Schools of Nursing, & Canadian Nurses Association (2009). *Nursing education in Canada statistics 2007-2008; Registered nurse workforce, Canadian production*. Published by authors. Retrieved from <http://www.casn.ca/vm/newvisual/attachments/856/Media/RNEduStatRptEDecemberRevisionb.pdf>
- Canadian Institute of Health Information (2010). *Regulated nurses: Canadian trends, 2004-2008*. Published by author. Retrieved from http://secure.cihi.ca/cihiweb/disPage.jsp?cw_page=hhrdata_nursing_e
- Carroll, K. (2004). Mentoring: A human becoming perspective. *Nursing Science Quarterly*, 17(4), 318-322. doi: 10.1177/0894318404269370
- Case, B., & Oremann, M. H. (2005). Teaching in a clinical setting. In L. Caputi, & L. Englemann (Eds.), *Teaching nursing: The art and science (Vol. 1)* (pp. 126-177). Glen Ellyn, IL: College of DuPage Press.
- Cawyer, C.S., & Friedrich, G.W. (1998). Organizational socialization: Process for new communication faculty. *Communication in Education*, 47, 237-245. doi: 10.1080/03634529809379128

- Clark, T. (2010). On 'being researched': why do people engage in qualitative research. *Qualitative Research*, 10(4), 399-419. doi: 10.1177/1468794110366796
- Clearly, B., Bevill, J.W., Lacey, L., & Nooney, J.G. (2007). Evidence and root causes of an inadequate pipeline for nursing faculty. *Nursing Administration Quarterly*, 31(2), 124-128. doi: 10.1097/01.NAQ.0000264860.41594.6a
- CNA. (1999). *RN education*. Retrieved from http://www.cna-/CNA/nursing/education/graduate/default_e.aspx.
- CNA. (2004). *Achieving excellence in professional practice: A guide to preceptorship and mentoring*. Ottawa, ON: Canadian Nurses Association. Retrieved from http://www.cna-aiic.ca/CNA/nursing/education/mentorship/default_e.aspx
- CNA. (2007). Framework for the practice of registered nurses in Canada. Ottawa, ON: Canadian Nurses Association. Retrieved from http://www.cna-aiic.ca/CNA/documents/pdf/publications/RN_Framework_Practice_2007_e.pdf
- CNA. (2009). Position statement: Clinical nurse specialist. Ottawa, ON: Canadian Nurses Association. Retrieved from http://www.cna-aiic.ca/cna/documents/pdf/publications/ps104_clinical_nurse_specialist_e.pdf
- CNA. (2010). *Becoming a Registered Nurse*. Ottawa, ON: Canadian Nurses Association. Retrieved from http://www.cna-nurses.ca/CNA/nursing/becoming/default_e.aspx
- Cowan, P. (2007, January 5). Gov't has plan to conquer nursing shortage. *Saskatoon Star Phoenix*. Retrieved from <http://www.canada.com/saskatoonstarphoenix/news/local/story.html?id=380a9be2-a3e5-47b9-ad1c-a1e75ae4054f>
- Cooper, M., & Wheeler, M. M. (2010). Building successful mentoring relationships.

Canadian Nurse, 106(7), 34-35.

Dahalla, I. (2007). Canadian health care system and the sustainability paradox. *Canadian Medical Association Journal*, 177(1). doi:10.1503/cmaj.061064.

Dalpezzo, N. K., & Jett, K.T. (2010). Nursing faculty: A vulnerable population. *Journal of Nursing Education*, 49 (3) 132-137. doi: 10.3928/01484834-20090915-04

Davidson Dick, D., & Cragg, B. (2006). Undergraduate education: Development of politics. In M. McIntyre, E. Thomlison, & C. McDonald (Eds.), *Realities of Canadian nursing: Professional, practice and power issues* (4th ed. pp. 189-208).

DeMarco, R. (1993). Mentorship: A feminist critique of current research. *Journal of Advanced Nursing*, 18, 1242-1250. doi: 10.1046/j.1365-2648.1993.18081242.x

Drakich, J. (2009, May 23). Faculty recruitment A-Z. *University Affairs*. Retrieved from <http://www.universityaffairs.ca/faculty-recruitment-a-to-z.aspx>

Earnshaw, G. J. (1995). Mentorship: The students' views. *Nurse Education Today*, 15, 274 – 279.

Ecklund, M. M. (1998). The relationship of mentoring to job satisfaction of critical care nurses. *Journal of the New York State Nurses Association*, 29(2), 13-15.

Engelmann, L. (2005). So you're a teacher: now what do you do? In L. Caputi, & L. Engelmann (Eds.) *Teaching nursing: The art and science* (pp. 20-37). Glen Ellyn, IL: College of DuPage Press.

Falk, N.L. (2007). Strategies to enhance retention and effective utilization of aging nurse faculty. *Journal of Nursing Education*, 46(4), 165-170.

Gagiardi, A.R. , Perrier, L., Webster, F., Leslie, K., Bell, M., Levison, W., ...Straus, S. E.

- (2009). Exploring mentorship as a strategy to build capacity for knowledge translation research and practice: Protocol for a qualitative study. *Implementation Science*, 4(55), 1-8. doi: 10.1186/1748-5908-4-55
- Garvey, B., & Alred, G. (2000). Educating mentors. *Mentoring and Tutoring: Partnership in Learning*, 8(2). 113-126. doi: 10.1080/713685525
- Gazza, E. A., & Shellenberg, T. (2005). Successful enculturation: Strategies for retaining newly hired nursing faculty. *Nurse Educator*, 30(6), 252-254.
- Galbraith, M. W. (2003). Celebrating mentoring. *Adult Education*, 14(1), 9-11.
- Glaser, B. G., & Strauss, A. L. (1999). *The discovery of grounded theory: Strategies for Qualitative Research (2dn ed.)*. Hawethorne, NY: Walter de Gruyter, Inc.
- Gelmon, S.B., & Arge-Kippenhan, S. (2002). A developmental framework for supporting evolving faculty roles for community engagement. *The Journal of Public Affairs*, 6(1) 161-183.
- Gordon, T., & Mitchell, D. (2004). A competency model for the assessment and delivery of spiritual care. *Palliative Medicine* (18), 646-652. doi: 10.1191/0269216304pm936oa
- Gram, K.M., & Christ, M. A. (1992). Faculty work load formulas in nursing education: A critical theory perspective . *Journal of Professional Nursing: Official Journal of the American Association of Colleges of Nursing*, 8 (2), 96-104. doi:10.1016/8755-7223(92)90069-B
- Griffin-Sobel, J.P. (2006). Nursing education in peril. *Clinical Journal of Oncology Nursing*, 10 (3), 309. doi:10.1188/06.CJON.309

- Hansman, C. A. (2001). Mentoring as continuing professional education. *Adult Learning*, 12(1), 7-9.
- Heaslip, P. (2008). Critical thinking: To think like a nurse. The Critical Thinking Community. Retrieved from <http://www.criticalthinking.org/resources/HE/ctandnursing.cfm>
- Henry, W., Schoen Stockdale, J., Hall, M.S., & Deniston, M. (1994). A formal mentoring program for junior female faculty: Description and evaluation. *Initiatives*, 56(2), 37-45.
- Hensinger, B., Minerath, S., Parry, S., & Robertson, K., (2004). Asset protection: Maintaining and retaining your workforce. *Journal of Nursing Administration*, 34(6), 268-272.
- Hessler, K., & Ritchie, H. (2006). Recruitment and retention of novice faculty. *Journal of Nursing Education* 45(5), 150-154. doi:1069218601
- Hippeli, F. (2009) Nursing: Does it still eat its young, or have we progressed beyond this? *Nursing Forum*, 44(3), 186-188. doi:10.1111/j.1744-6198.2009.00141.x
- Howard, P. (n.d.). *Looking back together: Phenomenology and nurturing the reflective lens in student writing*. Retrieved from http://www.langandlit.ualberta.ca/archives/vol51papers/0305_how_pat/index.htm
- Hurria, A., Baldicci, L., Naeim, A., Gross, C., Moile, C., Klepin, H, ...Figlin, R. (2008). Mentoring junior Faculty in geriatric oncology: Report from the cancer and aging research group. *journal of Clinical Oncology*(26)19, 3125-312. doi:10.1200/JCO.2008.16.9771
- Institute for Innovative Improvement (2010). The productive ward: Releasing time to

- care. Retrieved from http://www.institute.nhs.uk/quality_and_value/productivity_series/productive_ward.html
- Jackson, R. (2006). The nursing shortage continues. *Health Care Food and Nutrition Focus*, 23(7), 7-10.
- Jackson, V. A., Palepu, A., Szalacha, L., Caswell, C., Carr, P. L., & Inui, T. (2003). Having the right chemistry?: A qualitative study of mentoring in academic medicine. *Academic Medicine*, 78(3), 328-334. doi: 10.1111/j.1525-1497.2005.05007.x.
- Johnson, J. B., & Ridely, C. R. (2008). *The elements of mentoring* (Revised edition). New Your, NY: St. Martin's Press.
- Kanuka, H. (2010). Developing communities through mentoring. *Improving university teaching conference papers*. Washington, DC: Improving University Teaching Conference. Retrieved from http://www.iutconference.org/papers/CommunitiesOfInquiry_%20LearningTogether/Kanuka.pdf
- Kavoosi, M. C., Elman, N. S., & Mauch, L. E. (1995). Faculty mentoring and administrative support. *Journal of Nursing Education*, 34(9), 419-426.
- Kelly, L. S. (2000). Where leaders are born. *Reflections on Nursing Leadership*, Third Quarter, 8-9.
- Kirschling, J.M. & Green, A. (2007). Capturing good ideas, you can make a difference! *Journal of Nursing Education*, 46 (4), 152.
- Klein, E., & Dickenson-Hazard, N. (2000). The spirit of mentoring. *Reflections on Nursing Leadership*, Third Quarter, 18-22.
- Koehn, M .K., & Lehman, K. (2007). Nurses' perceptions of evidence-based nursing

- practice. *Journal of Advanced Nursing: Original Research*, 22, 209-215.
doi: 10.1111/j.1365-2648.2007.04589.x
- Kram, K. E. (1983). Phases of mentor relationship. *Academy of Management Journal*, 26, 608-625.
- Kram K. E., & Ragins, B.R. (2007). Gender and mentoring. In B. R. Ragins, & K. E. Kram (Eds.), *The handbook of mentoring at work: Theory, research, and practice* (pp.197-222). Thousand Oaks, CA: Sage Publications Incorporated.
- Lankua, M. J., & Scandura, T. A. (2002). An investigation of personal learning in mentoring relationships: Content, antecedents, and consequences. *Academy of Management Journal*, 43(4), 779-790.
- Larson, L. (2006). Who will teach the nurses that we need? *Hospitals and Health Networks*, 80(10), 52-56. Retrieved from http://www.hhnmag.com/hhnmag_app/jsp/articledisplay.jsp?dcrpath=HHNMAG/PubsNewsArticle/data/2006December/0612HHN_FEA_Nursing&domain=HHNMAG
- LeVasser, J. J. (2003). The problem of bracketing in phenomenology. *Qualitative Health Research*, 13 (3), 408-420. doi:10.1177/1049732302250337.
- Lopez, K. A., & Willis, D. G. (2004). Descriptive versus interpretive phenomenology: Their contributions to nursing knowledge. *Qualitative Health Research*, 14(5), 726-735. doi:10.1177/1049732304263638
- Mack, N., Woodsong, C., MacQueen, K. M., Guest, G., & Namey, E. (2005). *Qualitative research methods: A data collectors field guide*. Research Triangle Park, NC: Family Health International. Retrieved from <http://www.fhi.org>
- Madison, J. (1994). The value of mentoring in nursing leadership: A descriptive

- study. *Nursing Forum*, 29(4), 16 – 23. doi: 10.1111/j.1744-6198.1994.tb00170.x
- McLoughlin, C., Brady, J., Lee, M. J. L., & Russell, R. (2007, November). *Peer-to-peer: An e-mentoring approach to developing community, mutual engagement and professional identity for pre-service teachers*. Paper presented at the meeting of the Australian Association for Research in Education, Fremantle, Australia.
- McKeen, C., & Bujaki, M. (2007). Gender and mentoring. In B. R. Ragins, & K. E. Kram (Eds.), *The handbook of mentoring at work: Theory, research, and practice* (pp.197-222). Thousand Oaks, CA: Sage Publications Incorporated.
- McLough, C., Brady, J., Lee, M. J., & Russell, R. (2007). Peer-to-peer: An e-mentoring approach to developing community, mutual engagement and professional identity for pre-service teachers. *Australian Association for Research in Education Conference*, 25-29. Retrieved from <http://www.aare.edu.au/07pap/mcl07393.pdf>
- Megginson, D., Clutterbuck, D., Garvey, B., Stokes, P., & Garret-Harris, R (2006). *Mentoring in action: A practical guide* (3rd ed.). London: Kogan Page Limited.
- Mkandawire-Valhmu, L., Kako, P.M., & Stevens, P. E. (2010). Mentoring women faculty of color in nursing academia: Creating an environment that supports scholarly growth and retention. *Nursing Outlook*, 58(3), 135-141. doi: 10.1016/j.outlook.2010.02.001
- Moerer-Urrhal, T., & Creswell, J. W. (2004). Using transcendental phenomenology to explore the "ripple effect" in a leadership mentoring program. *Journal of Qualitative Research*, 3(2), 19-35. Retrieved from <http://ejournals.library.ualberta.ca/index.php/IJQM/article/view/4470/3594>
- Morin, K. H., & Ashton, K. C. (2004). Research on faculty orientation programs:

- Guidelines and directions for nurse educators. *Journal of Professional Nursing*, 20(4), 239-250.
- Morton-Cooper, A., & Palmer A. (1993). Mentoring. In *Mentoring and preceptorship: A guide to support roles in clinical practice* (pp. 56-97). Oxford, England: Blackwell Science Limited.
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.
- Mullen, C. A. (2009). Re-imagining the human dimension of mentoring: A framework for research administration and the academy. *The Journal of Research Administration*, (10)1, 10-32. Retrieved from http://www.srainternational.org/sra03/uploadedfiles/journal/09/JRA_Vol_40_1.pdf#page=12
- Murrell, A. J., Blake-Beard, S., Porter, D.M. Jr., & Perkins-Williamson, A. (2008). Interorganizational formal mentoring: Breaking the concrete ceiling sometimes requires support from the outside. *Human Resource Management*, 47(2), 275-294. doi: 10.1002/hrm.20212
- National League of Nursing (2006). *Position statement: Mentoring of nurse faculty*. National League of Nursing. Retrieved from http://www.nln.org/aboutnln/positionstatements/mentoring_3_21_06.pdf
- Narayanasamy, A. (2004). The puzzle of spirituality for nursing: a guide to practical assessment. *British Journal of Nursing*, 13(9), 1140-1145.
- Neese, R. (2003). A transformational journal from clinician to educator. *The Journal of Continuing Education in Nursing*, 34(6), 258-262.

- Neufeld, V. (2003). Leadership and management program: Mentoring. *Module Seven, Version 1*. Philadelphia, PA :International Clinical Epidemiology Network Incorporated.
- nursing. (n.d.). Dictionary.com Unabridged (v 1.1). Retrieved from Dictionary.com website: <http://dictionary.reference.com/browse/nursing>
- Oermann, M. H. (1998). Role strain of clinical nurse faculty. *Journal of Professional Nursing, 14*, 329-334. doi:10.1016/S8755-7223(98)80074-4
- Peters, M.A., & Boylston, M. (2006). Mentoring adjunct faculty: Innovative solutions. *Nurse Educator, 31*(2), 61-64.
- Porter-O'Grady, T. (2010). A new age for practice: creating the framework for evidence. In K. Malloch & T. Porter-O'Grady (Eds.), *Introduction to evidence-based practice in nursing and health care (2nd ed.)* (pp. 1-31). Glen Ellyn, IL: College of DuPage Press.
- Quality Worklife Quality Healthcare Collaborative (2007). Within our grasp: A healthy workplace action strategy for success and sustainability in Canada's healthcare system. Canada: Canadian Council on Health Services Accreditation. Retrieved from <http://www.qwqhc.ca/docs/2007QWQHCCWithinOurGrasp.pdf>
- Quan, K (2009). The nursing process. Retrieved from <http://www.thenursingsite.com/Articles/the%20nursing%20process.htm>
- Rafferty, A.M., & Webster, C. (1988). *An introduction to the social history of nursing* (chap. 2). London. Publication Year: 1988. Retrieved October 16, 2008 from <http://www.questia.com/read/103529943?title=An%20Introduction%20to%20the%20Social%20History%20of%20Nursing>

- Ragins, B. R., & Cotton, J. T. (1999). Mentor functions and outcomes: A comparison of men and women in formal and informal mentoring relationships. *Journal of Applied Psychology*, 84(4), 529-550.
- Ragins, B.R., & Scandura, T. A. (1999). Burden or blessing? Expected costs and benefits of being a mentor. *Journal of Organizational Behavior*, 20(4), 493-509. doi: 10.1002(SICI)1099-1379(199907)20:4<493::AID-JOB894>3.0.CO;2T
- Registered Nursing Association of Northwest Territories and Nunavut (2010). *Continuing competency*. Retrieved from <http://www.rnntnu.ca/ContinuingCompetencePDP/tabid/57/Default.aspx>
- Reinhard, S.C., & Hassmiller, S.B. (2009). Partners in solutions to the nurse faculty shortage. *Journal of Professional Nursing* 25(6), 335-339. doi: 10.1016/j.profnurs.2009.10.005
- Robinson Vollman, A., & Potter, P. A., (2006). The Canadian health care delivery system. In P. A. Potter, A. G. Perry, J. C. Ross-Kerr & M. J. Woods (Eds.), *Canadian fundamentals of nursing* (pp. 18-33). Toronto, ON, Canada: Elsevier Canada.
- Ronsten, B., Andersson, E., & Gustafsson, B. (2005). Confirming mentorship. *Journal of Nursing Management*, 13 (4), 312 – 321. doi: 10.1111/j.1365-2934.2005.00541.x
- Rosser, M., Rice, A. M., Campbell, H., & Jack, C. (2004). Evaluation of a mentorship program for specialists practitioners. *Nurse Education Today*, 24, 596-604. doi:10.1016/j.nedt.2004.07.012

- Saarikoski, M. (2003). Mentor relationship as a tool of professional development of student nurses in clinical practice. *The International Journal of Psychiatric Nursing Research*, 9(1), 1014-1024.
- Saskatchewan Registered Nurses Association (2010). *Competence assurance process*. Regina, SK, Canada: Saskatchewan Registered Nursing Association. Retrieved from http://www.srna.org/images/stories/pdfs/competence_assurance/complaints_handling.pdf
- Savage, H. E., Karp, R. S., & Logue, R. (2004). Faculty mentorship at colleges and universities. *College Teaching*, 52(1), 21-24. doi: 10.3200/CTCH.52.1.21-24
- Schaffer, M. (2006). Framing the future. *The Society of Gastroenterology Nurses and Associates*, 29(6), 487-488.
- Shank, G.D. (2002). *Qualitative research: A personal skills approach*. Upper Saddle River, NJ: Merrill Prentice Hall.
- Sheridan, L. (2010). *Integrating technology and mentoring for faculty development*. (Unpublished master's thesis). Athabasca University: Athabasca, Alberta, Canada.
- Short, J. D. (1997). Profile of administrators of schools of nursing, part II: Mentoring relationships and influence activities. *Journal of Professional Nursing*, 13(1), 13-17.
- Smith, J. A. & Zsoar, H. (2007). Essentials of neophyte mentorship in relation to the faculty shortage. *Journal of Nursing Education*, 46(4), 184-186.
- Solansky, S. T. (2010). The evaluation of two key leadership developmental program components: Leadership skills and leadership mentoring. *Leadership Quarterly*, 21, 675-681. doi: 10.1016/j.leaqua.2010.06.009

- Stewart, B. M., & Krueger, L. E. (1996). An evolutionary concept analysis of mentoring in nursing. *Journal of Professional Nursing* 12(5), 311 - 321.
doi:10.1016/S8755-7223(96)80011-1
- Stewart, D. W. (2006). Generational mentoring. *The Journal of Continuing Nursing Education*, 37(3), 113-120.
- Stuart, N., & Adams, J. (2007). The sustainability of Canada's health care system: A framework for advancing the debate. *Health Care Quarterly*, 10(2), 96-103.
Retrieved from <http://www.longwoods.com/content/18839>
- Supple, P.D., & Gardner, M. (2009). Fostering a smooth transition of the faculty role. *The Journal of Continuing Education in Nursing*, (40)11, 514-520. doi:10.3928/00220124-20091023-09
- Thorpe, K., & Kalischuk, R.G. (2003). A collegial mentoring model for nurse educators. *Nursing Forum*, 38 (1), 5-15. doi: 10.1111/j.1744-6198.2003.tb01198.x
- Thomas, C. M. (2010). Teaching nursing students and newly registered nurses strategies to deal with violent behaviors in the professional practice environment. *The Journal of Continuing Education in Nursing*, 41(7), 299-308. doi: 10.3928/00220124=20100401-09
- Tourigny, L., & Pulich, M. (2005). A critical examination of formal and informal mentoring among nurses. *The Health Care Manager*, 24(1), 68-76.
- Twedell, D.M., & Jackson Gray, J. (2007). Role transitions. In P.S. Yoder-Wise (Ed.), *Leading and managing in nursing* (4th ed, pp. 515-530). St. Louis, MO: Mosby Incorporated.

- Turnbull, B. J., & Roberts, K. (2005). Nurse-academics' mentorship: Rhetoric or reality. *Collegian*, 12(2), 33-38.
- van Manen, M. (1982). Phenomenological pedagogy. *Curriculum Inquiry*, 12(3) 283-299.
- van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. Albany, NY: State University of New York Press.
- van Manen, M. (1997). From meaning to method. *Qualitative Health Research*, 7 (3), 345-369. doi: 10.1177/104973239700700303
- van Manen, M. (2002). *Phenomenology online*. Retrieved from <http://www.phenomenologyonline.com/inquiry/1.html>
- van Manen, M. (2006). Writing qualitatively, or the demands of writing. *Qualitative Health research*, 16(5), 713-722. doi: 10.1177/104973230686911
- Wang, S., Noe, R. A., Wang, Z. M., & Greenberger, D.B. (2008). What affects willingness in the future?: An investigation of attachment styles and mentoring experiences. *Journal of Vocational Behavior*, 74, 245-256. doi: 10.1016/j.jvb.2008.12.002
- Waters, D., Clarke, M., Harris Ingall, A., & Dean-Jones, M. (2003). Evaluation of a pilot mentoring program for nurse managers. *Journal of Advanced Nursing*, 42(5), 516-526. doi: 10.1046/j.1365-2648.2003.02651.x
- Westmoreland, M. (2008, May 16). Tenure rough road for professors. *The Daily Princetonian*. Retrieved from <http://www.dailyprincetonian.com/2008/05/16/21215/>
- Wright, C. (1990). An innovation in a diploma program: The future potential of mentorship in nursing. *Nurse Education Today*, 10, 335 – 359.

Zachary, L.J. (2000). *The mentor's guide: Facilitating effective learning relationships.*

San Francisco, CA: John Wiley & Sons Inc.

Zachary, L. J. (2005). *Creating a mentoring culture: The organization's guide.* San

Francisco, CA: John Wiley & Sons Inc.

Zachary, L.J., & Fischler, L.A. (2009). *The mentee's guide: Making mentoring work for*

you. San Francisco, CA: John Wiley & Sons Inc.

APPENDIX A: Semi Structured Interview Guide

Can you tell me about your first year or teaching?

- Have you ever been in a mentoring relationship before you started your position at the Western Canadian School of Nursing?
- Did you have any personal goals that you wanted to accomplish in your mentoring relationship?
- What types of activities did you and your mentor engage in to meet your goals?
- Were there any personality traits of your mentor that facilitated your relationship or some that created barriers?
- Are you likely to participate in the role of a mentor within your current duties at the Nursing School? What elements will help you make your decision?

APENDEX B: LETTER OF INFORMED CONSENT FOR PARTICIPANTS

(Nursing Faculty)

I appreciate your participation in the research study: Describing the Needs of New Nursing Faculty in Mentoring Relationships

Although there are no direct benefits to you, the study will give insights to both my experiences as a novice nursing faculty member and the importance my mentoring relationship played in my role adjustment to my new career. I will adhere to the following guidelines which are designed to protect the interests of everyone taking part in the study.

1. I will interview you once for one hour to discuss your past experiences in your mentoring relationship. Each interview will be audio recorded. After your interview, the audiotape will be transcribed and analyzed to discover the major themes, which were discussed. There are no risks or stress in responding to the questions. You may turn off the tape recorder at any time during the interview if you so wish. Participation in the study is voluntary, you may choose not answer any question if you so wish and you may withdraw at any time without penalty. If this happens, the tape recordings and interview data will be destroyed.

You will be able to check the transcriptions to clarify and add information in your own words so as to construct the meanings that become "data" for later interpretation by the researcher.

You will be asked to sign a data release form. Later, in discussing the data with me you may delete anything you do not wish to be quoted in the study. You will be able to see a

copy of your contributions to the study before the final draft and you will receive a copy of the study.

2. The tape recordings and transcriptions made during the study will be kept in a secure place and will be held with my Supervisor, Dr. Linda Wason-Ellam, College of Education, at the University of Saskatchewan for five years according to the University of Saskatchewan guidelines before being destroyed.
3. Since this is a study in your home or at my home, your participation will be anonymous and your contributions will remain confidential. The results of the study will be disseminated at scholarly conferences, in journal articles, and community newsletters etc. To assure confidentiality, pseudonyms will be used for your name and all identifying information about your employment will be excluded.

The proposed research project was reviewed and approved on ethical grounds by the University of Saskatchewan Behavioural Research Ethics Board on January 26, 2009.

If at any time you have any questions about this study or your rights as a participant, you can contact me, Emily Harder, Department of Educational Foundations, College of Education; telephone: 306-659-4239 (home 306- 688-0353), or e-mail:

trollhovel@sasktel.net; or my supervisor, Dr. Linda Wason-Ellam, 966-7578, linda.wason-ellam@usask.ca; or the Research Ethics Office, University of Saskatchewan at 306-966-2084.

I, _____, agree to participate in the above study as explained to me. I understand the guidelines outlined above. I have received a copy of the consent form for my records.

Date: _____

Participant's signature: _____

Date: _____

Researcher's signature: _____

APPENDES C: TRANSCRIPT/DATA RELEASE FORM

For the study: Describing the Needs of New Nursing Faculty in Mentoring Relationships

I, _____ have read my transcripts and agree to release them. I have had the opportunity to read the transcripts to clarify, add or delete information so it will accurately represent my words. The procedure and its possible risks have been explained to me by Emily Harder, and I understand them.

I understand that my participation is completely voluntary that I may withdraw from this study at any time without a penalty. I also understand that although the data from this study may be published, and/or presented at seminars and/or conferences, my identity will be kept completely confidential in the writing.

Date: _____

Participant's signature: _____

Date: _____

Researcher' signature: _____

I have retained a copy of this form for my records.

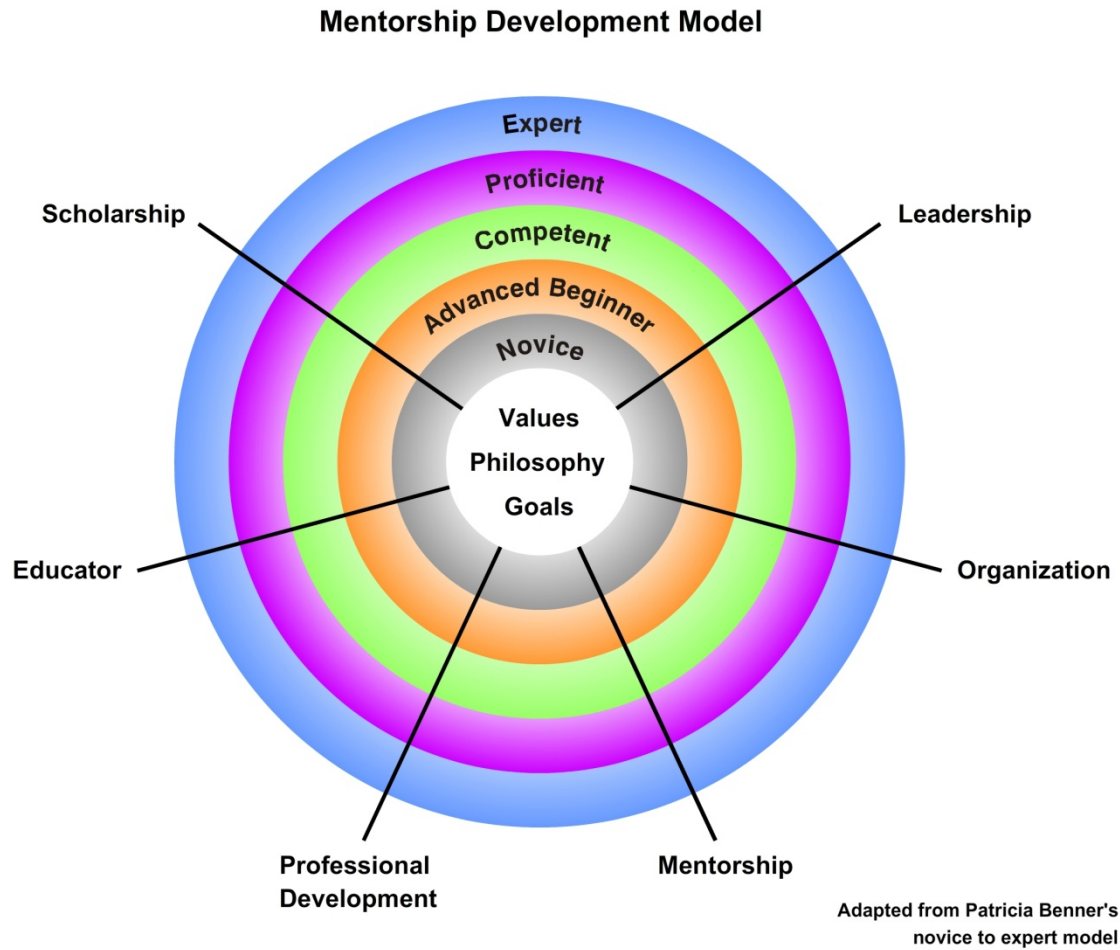
APPENDES D: LEVELS OF NURSING CARE

Levels of Nursing Care

Level of Nursing Care	Description
Level 1: Health Promotion	-includes services and activities designed to improve or maintain health status
Level 2: Disease and Injury Prevention	-includes illness prevention services to help clients, families, and communities reduce risk factors for disease and injury
Level 3: Diagnosis and Treatment	<p>In this level there are three sub levels</p> <p>Primary care-in the first contact a client makes with the health care system that leads to a decision regarding a course of action to resolve any actual or potential health problems.</p> <p>Secondary care-refers to specialized medical service by a physician specialist or a hospital on referral from a primary care practitioner.</p> <p>Tertiary care-is specialized and highly technical care in diagnosing and treating complicated or unusual health problems.</p>
Level 4: Rehabilitation	-is the restoration of a person to the fullest physical, mental, social , and vocational functioning possible
Level 5: Supportive Care	-describes a collection of health, personal, and social services provided over a prolonged period to people who are disabled, who never were functioning independently, or who have a terminal disease

(Robinson Vollman & Potter, 2006).

APPENDES E: MENTORSHIP DEVELOPMENT MODEL



(Sheridan, 2010)